September 17, 2015

Dr. Blanca Enriquez
Director Office of Head Start
Administration for Children and Families
U.S Department of Health and Human Services
1250 Maryland Ave. S.W. Suite 8000
Washington, D.C. 20024

Submitted via: http://www.regulations.gov
RE: Comments of the Illinois Head Start Association on RIN 0970-AC63, "Head Start Performance Standards"

Dear Dr. Enriquez:

"Head Start changed my life by making me realize I am worth it. Head Start gave me hope for the future success for my children. Head Start gave me the hope for future success for myself. Not only am I a parent, I am a Head Start parent and a proud Head Start parent".

Tiana Lain, Illinois Head Start parent

Thank you for the opportunity to submit comments regarding the Notice of Proposed Rulemaking for the Head Start Program Performance Standards. The scope and passion regarding our comments is reflected in this quote by one of our Illinois parents. The fifty-four Illinois Head Start and Early Head Start Grantees are funded to serve 42,230 children with a funding level of $338,822,771. The Illinois Head Start and Early Head Start grantees employ well over 8,000 staff. In many of our rural communities Head Start is one of the larger employers.

During the months of July and August the Illinois Head Start/Early Head Start community, including directors, staff, parents and community partners, gathered to review and discuss the proposed rules. In general, we appreciate the effort to “streamline and reorganize the regulatory structure to improve regulatory clarity and transparency”. We also strongly believe in “quality services so that programs have a stronger impact on children’s learning and development".

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Even though our comments focus on only the recommendations for those proposed standards we would like to see changed, we do appreciate many of the revisions and dedication to accomplishing this massive undertaking.

We are deeply concerned about the cost to implement several of the proposed revisions. The proposed “optimized dosage” relating to program structure would have a tremendous impact as we currently only serve about 33% of our children in a full day setting. The remainder are in double sessions across the state. We estimate that about 12,000 Illinois children and families, about 28% of our funded enrollment, would lose opportunities to quality Head Start and Early Head Start services impacting our state’s ability to meet school readiness goals established as a part of our Race to the Top/Early Learning Challenge grant. Thousands of Illinois children and families would enter kindergarten unprepared.

We believe that several proposed revisions relating to parent and family services, program governance, program structure, local flexibility and the “essence” of Head Start services, do “result in the reduction in quality and scope of services”. We have highlighted these areas in our comments by providing additional language, discussing the impact and providing solutions. Together, the Illinois Head Start/Early Head Start community offer the following response to the Notice of Proposed Rulemaking (NPRM).

1301 Program Governance: (Pages 35526 – 35527)

1301.4 (Page 35526, column 3) Policy councils and policy committee’s

Recommendation:

Add back language on Parent Committees

Why? Parent Committees are an integral component to establishing the Policy Council. This is an “essence” of Head Start/Early Head Start services. Many times it’s the first opportunity a parent has to be engaged in a leadership position. Illinois parents strongly believe that this empowers them as a leader and moves them to become more engaged in their child’s development. We recommend innovative ideas be shared on ECLKC on how best to engage parents in Parent Committee’s. Also, to suggest that eliminating parent’s in-kind time spent on parent committees is a cost-saving (page 257) demonstrates a lack of understanding of Head Start’s mission. We believe this will “result in the reduction in quality and scope of services”.

1301.3 (Page 35526, column 2) Governing body

Recommendation:

Add text from the Act to the standards to further clarify the responsibilities of the Governing Body and Policy Council

Why? Make language easier for all to understand and reduce conflict in this area.
1301.5(b) (Page) 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.

Recommendation:

We believe this language undermines the role of the Policy Council and instead should include language regarding the collaborative means for reaching agreement.

Why? The current language implies specific control and lessens the opportunity for mediation in a collaborative manner.

Subpart E – (Pages 35539-35540) Family and Community Partnership Program Services

Overall Recommendation:

Families and communities are integral to any effort to support children’s successful learning and development and we believe this needs to be elevated in the proposed rules. To this end we propose moving Family & Community Partnership Program Services from Subpart E of Program Operations to Subpart A to highlight the importance of families within communities. The parent, family and community are the context and the most critical factors impacting the environment within which children live. Children are connected to families and families are connected to the community. All services begin here.

To focus all the parent/family engagement standards on child development alone represents a “reduction in quality and scope of services”. Instead we recommend to fully utilize the standards in the PFCE Framework and address the two-generation approach of our work with the child and family.

Why? The Advisory Committee on Head Start Research and Evaluation Report indicates, “Parent, family and community engagement (PFCE) has been a cornerstone of Head Start since its inception in 1965. The developers of the Head Start program understood that to improve outcomes for children, the program needed to address all aspects of children’s development as well as the context of parent, family and community within which children live”.

The current OHS PFCE framework and focus on the parent/family is a step in the right direction. This cornerstone of our work is so much more than engaged parents, but advancing the outcomes for children and parents together. Research has confirmed that impacts on family stability have a tremendous impact on child outcomes. Children’s outcomes are deeply related to their family context.

The Advisory Committee on Head Start Research and Evaluation Report also suggested that Head Start expand the focus on implementing PFCE Framework Performance Standards to include building program capacity for using data for continuous improvement and progress on
the seven outcomes defined in the PFCE Framework. With the PFCE Framework there is a chance to develop theories and practices to achieve desired parent and family outcomes.

In addition, supporting the Parents of Young Children, an ad hoc committee under the auspices of the Institute of Medicine and the National Research Council is conducting a study that will inform a national framework for strengthening the capacity of parents of young children birth to age 8. What we learn from the committee’s research to identify a core set of parenting knowledge, attitudes, and practices (KAPs) tied to positive parent-child interactions and child outcomes, as well as evidence-based strategies that support these KAPs universally and across a variety of specific populations will be helpful to guide further work with parents. The resulting report will serve as a "roadmap" for the future of parenting and family support policies, practices, and research in this country. The standards in keeping with the PFCE Framework should lay the foundation on which to begin this roadmap. It is therefore our strong recommendation that the revised Head Start Performance Standards reflect, in both structure and content, the critical roles of parents, family and community in shaping child outcomes by giving due emphasis and focus to this vital aspect of our work.

1302.50(b) (1-6) (Page 35539, column 2-3)) A program must:

Recommendation:
Include additional standards that build on family engagement as it relates to child development. We recommend including the rest of the PFCE Framework here to reinforce a broader perspective of work with families. Include the following:
1. FAMILY WELL-BEING: Parents and families are safe, healthy, and have increased financial security.
2. POSITIVE PARENT-CHILD RELATIONSHIPS: Beginning with transitions to parenthood, parents and families develop warm relationships that nurture their child’s learning and development.
3. FAMILIES AS LIFELONG EDUCATORS: Parents and families observe, guide, promote, and participate in the everyday learning of their children at home, school, and in their communities.
4. FAMILIES AS LEARNERS: Parents and families advance their own learning interests through education, training and other experiences that support their parenting, careers, and life goals.
5. FAMILY ENGAGEMENT IN TRANSITIONS: Parents and families support and advocate for their child’s learning and development as they transition to new learning environments, including EHS to HS, EHS/HS to other early learning environments, and HS to kindergarten through elementary school.
6. FAMILY CONNECTIONS TO PEERS AND COMMUNITY: Parents and families form connections with peers and mentors in formal or informal social networks that are supportive and/or educational and that enhance social well-being and community life.
7. FAMILIES AS ADVOCATES AND LEADERS: Parents and families participate in leadership development, decision-making, program policy development, or in community and state organizing activities to improve children’s development and learning experiences.
Why? Family well-being is a powerful predictor of positive child outcomes and directly impacts children’s school readiness.

1302.52(e) (Page 35540, column 1) Individualized family partnership services and supports.

Recommendation:

We understand that the process is more important than checking a box to say it’s been completed. But we also know the Family Partnership Agreement identifies the process needed to formalize a structure to meet the proposed language, establishing family needs and goals, implementing strategies, measuring progress and evaluating if needs or goals have been met. In addition, the family partnership services and supports should be focused not only on child development and school readiness but on family stability and self-sufficiency.

Why? When parent and family engagement activities are systemic and integrated across the PFCE Framework Program Foundations and Program Impact Areas, better family outcomes are achieved. The Family Partnership Agreement helps formalize this process. We recognize that strong families are at the heart of children’s success.

1302.50 (Page 35540) Community partnerships.

1302.53(e) (Page 35540, column 3) 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 the Head Start programs are able to participate in the same way as other early childhood programs in the state.

Recommendation:

This should not be a requirement as Illinois programs have limited access for participation. We recommend using language that would encourage participation. As currently written this language raises potential problems. Who determines if the state or local system meets all the listed conditions? This standard is too widely open to interpretation and potentially involves the Office of Head Start in evaluating and ruling on State systems.

Why? Barriers to participation.

Eligibility, Recruitment, Selection, Enrollment and Attendance – Subpart A (Page 35527-35531)

In order for ERSEA to be successful you must have a solid foundation within the community and have built a trusting relationship with the parent.
1302.11 (b)(2) (Page 35528, column 1) A program must annually review and update the community assessment to reflect any significant changes including increased availability of publicly-funded full-day prekindergarten.

Recommendation:

We suggest that an annual review include a broader analysis to determine other needs for children and families beyond a publicly funded full day prekindergarten. Illinois was awarded a PreK Expansion Grant and the definitions for comprehensive services are defined differently than comprehensive services in Head Start. Include other services important to the outcomes for children and families served. (i.e. health, nutrition, mental health, social services, child care, etc.)

Why? We recognize that strong families are at the heart of children’s success. Including other comprehensive services (health, nutrition, child care, mental health, social services, etc.) in the analysis provides the comprehensiveness needed to serve our families. The two-generation approach has proven impacts on successful outcomes for both the child and parent. As currently stated the standard is unbalanced in its emphasis on a single data point that could impact how Head Start services and resources should be deployed in terms of program design.

1302.14(a)(3) (Page 35530, column 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.

Recommendation:

Define high quality. A majority if not all Pre-K programs in Illinois do not offer the range of comprehensive services provided by Head Start and we know from research that these comprehensive services are needed to support better outcomes for the most vulnerable children and families. Building solid partnerships that include a coordinated intake process is a better solution. Encourage local communities to collaboratively work together to screen and assess placement options for children and families. Use language that enhances our working together to better meet the needs of the hardest to reach children or most vulnerable children and families.

Why? More than one funding stream is needed in many instances to provide high quality and serve the most vulnerable. Without further clarification this standard levels too many open ended questions to be useful as a guide to Head Start providers.

Section 1302.16(a)(1-2) (Page 35531, column 1) 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 parent...
Recommendation:

Remove the 1 hour of program start time. Local flexibility is needed to design systems for prompt follow up with families with attendance concerns. Calling a parent within an hour of an absence may be helpful in some cases but may be counter-productive in other cases in terms of promoting regular attendance.

Why? This allows programs who understand their community culture, geographic challenges and varied ethnicity to use what works and still represent best practice.

Program Structure: Subpart B (Pages 35531 – 35534)

Overall Recommendation:

Locally designed options allow programs the ability to serve children and families based on needs as identified in their community assessment. Models that dictate a “cookie cutter” approach do not allow programs to meet the variety of needs identified within their community assessment. Illinois programs offer a “menu of service options” (more than one program option) to accommodate the needs of families within local communities. Suggesting a waiver for locally designed options adds to the regulatory burden that the proposed revisions are trying to alleviate.

Section 1302.20 (Page 35531-35532) In General

Recommendation:

Although, we serve a small percentage of children and families above thirty-six months in the home based option, those that we do serve in this age range need and request the home based option.

Why? Many times families are not ready to send their child to a center based setting and offering the home based model allows programs to honor this perspective, support the family, and offer services that immediately impact children’s learning and development.

1302.20 (a) (1) (Page 5531, column 3 and 35532, column 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-working days slots, extending services to a full calendar year, or conversion of existing preschool slots to Early Head Start slots.

Recommendation:

Eliminate as this carries an unnecessary bureaucratic burden on the program.

Why? Programs annually update their Community Assessment and reflect on changes and adapt as needed by submitting requests for changes to OHS.

1302.24(b) (Page 35533, column 3) A request for operating a locally-designed variation must be approved by the responsible HHS official every two years.
Recommendation:

Eliminate as this carries an unnecessary bureaucratic burden on the program.

Why? This should be included in the five-year grant process, with flexibility to make changes based on community needs as necessary by submitting the appropriate requests to OHS.

**Section 1302.21 (Page 35532, columns 2 and 3) Center-base option**

We know that research indicates the benefits of dosage of Head Start services from 128 to 180 days and 6 hours (1080 hours per year). We also know in Illinois that thousands of children and their families would not receive services if required to meet this standard.

Besides the lack of resources to implement this proposed regulation it would also disrupt the many partnerships between Head Start and child care or pre-k across our state. Our already fragile early learning system would be jeopardized. As child care businesses struggle to meet budget demands throwing this into the mix puts their business in further jeopardy.

In Illinois, a child in a licensed setting must be offered a nap time. If Head Start moves to a six hour day the additional hours would be dedicated to a nap time based on our state licensing regulations. Any child in a setting more than five hours must be offered a naptime of at least ninety minutes. This implies in a 6-hour day, only 4.5 hours are available for instruction time. Thus, not even an hour of extra “optimized dosage” would be achieved with this model. In addition, in the summer months many families prefer to keep children home with older K-12 children. Illinois programs who offered summer options in the past found that enrollment and attendance were too low to justify the costs involved.

**Recommendation:**

Program operation days should reflect all the activities designed to support the child’s growth and development. As noted previously, “the developers of the Head Start program understood that to improve outcomes for children, the program needed to address all aspects of children’s development as well as the context of parent, family and community within which children live”.

Define program operation days to include time in the classroom/child contact days and also the comprehensive family and intervention services. This creates a total comprehensive scope of work with the parent and child together. This solution recognizes what we know about best practice and what research tells us regarding the important work with child and parent together.

We also recommend to move total hours or days to allow programs flexibility to match calendars to their local school districts. In addition, it is important to consider time for coaching, data analysis and professional development as drivers of child and family outcomes into overall hours/days.

Allow programs to offer a “menu of services” or varied program models based on community assessments with the ability to shift slots among the models over the course of the grant as needs arise in our fast changing environments. This allows program flexibility to meet struggling families wherever they are and maintain services when life changes occur.
Targeted intensity based on assessment data would allow programs to structure more “dosage” and focused support. Allow the flexibility for programs to determine how best to support the intensity of services. Perhaps a small amount of quality dollars could provide innovation models to “jump start” creative ideas.

**Why?** Recognizes the importance of the two-generation approach, work with the parent and child together in order to best meet their needs. Many of our highest need families require intensive outreach and support before they are able/willing to engage in services for their children.

**1302.22 (Page 35533, column 1) Home-based option**

**Recommendation:**

Simply base program options on community assessment data to determine the need of home base services for Head Start. This may be a small number but it is part of the “menu of services” programs offer families to meet the varied need among our different geographic areas, cultural and linguistic needs.

**Why?** As noted in 1302.20 (general section) we recommend the home based option remain for children above 36 months without the need to apply for a locally designed option waiver. In addition, programs may use the home base option when a child is experiencing behavioral challenges in the classroom where functioning within a group setting is difficult. Allowing this alternative while working with mental health staff and interventions to support the child allows the child to succeed and then transition back into the center base setting.

**Education and Child Development Program Services, Subpart C (Pages 35534- 35537)**

**Section 1302.31 (page 35534, columns 1-3)) Teaching and the Learning Environment**

**Recommendation:**

Add language that protects the balance between teacher-directed and child-directed instruction.

**Why?** Child directed instruction is as important as teacher directed instruction. Not acknowledging the balance may result in classrooms that are developmentally inappropriate.

**1302.31(e)(2) (Page 35534, column 3) A program must approach snack and meal times as learning opportunities that support staff-child interactions and foster conversation that contribute to a child’s learning, development and socialization.**

**Recommendation:**

Family style meals are an “essence” of Head Start services. The Child and Adult Care Food Program recommend this as best practice. Family style meal service should remain.

**Why?** Supports the home school connection as parents have indicated this activity builds the excitement of sitting around the table during meals at home. The fine motor, language and
social emotional skills that are developed through family style meals support lifelong lessons that contribute to overall good health and sound nutritional practices.

1302.33(a)(5) (Page 35535, column 2) 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 the 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.

Recommendation:

Illinois utilizes the Response to Intervention (RTI) system and many children are not identified with a disability. Head Start programs provide the necessary actions and resources to support the RTI process. This proposed revision to the Performance Standards increases the current demand on diminishing resources and creates additional paperwork requirements.

Why? Illinois already has a complex system and the RTI process already exists to meet this standard. With RTI Illinois programs have experienced difficulty meeting the ten percent disability percentages. We believe that OHS should recognize current changes in the work with children with disabilities and accept children with significant delays under the ten percent disability percentage.

Section 1302.43 (Page 35538, column 1) Tooth Brushing

Recommendation:

Remain as is – Essence of Head Start. Many of our health partners and parents believe this establishes a foundation for good oral health practices.

Why? Parents and health providers claim this sets the foundation for good oral health practices.

Human Resource Management: Subpart I (Pages 35542-35544)

1302.90(b)(1-2) (Page 35542, column 3 - 35543, column 1) Before an individual is hired, a program must conduct an interview, verify references, and obtain the following to ensure child safety: (1) 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.
Recommendation:

Delays in Illinois for completing the fingerprint checks average between 2-4 months. This undue hardship results in challenges of hiring the best, qualified candidate. Most programs pay extra to complete the fingerprinting process resulting in the process being completed twice. Adding the new CCDBG regulation on to this already slow system will create a bigger “log jam” resulting in even bigger delays. We recommend flexibility and further dialog on how to ensure programs are not penalized for state delays.

Why? Recognizes the need to work within state system to complete background checks.

1302.90(b)(4) (Page 35543, column 1) A program must conduct a completed background check as described in paragraph (b) of this section for each staff member at least once every five years.

Recommendation:

Illinois already has an existing system that automatically notifies the employers who have previously requested a background check of any new arrests or convictions. An additional background check as mandated would cause programs to incur an unnecessary cost.

Why? Recognizes the need to work within the state system.

1302.91 (Page 35543, column 2-3 and 35544, column 1) Staff Qualification Requirements

Recommendations:

Low salaries remain and create an unstable workforce. In fact, the school districts have offered sign on bonuses this year as a recruitment strategy. Before we move to increase degrees and credentials we have to pay higher salaries. So, although we want to suggest minimal requirements for Family Service Workers, it’s difficult without additional revenue to offset the costs.

Add competencies for Family Service Workers –

Professional development that is consistent and aligned with the Relationship-Based Competencies can increase positive outcomes for families. An ideal professional development approach includes intensive study, training, consultation, experiential learning, and mentoring. States (including Illinois) have utilized these competencies to build family service credentials. It provides a reference to the important work of family service staff. Also, by not including or identifying needed skills, knowledge and competencies speaks to the perception that work with families is not important. The emphasis on parent engagement within their child’s classroom is important, but the two-generation approach where work with family and work with the child together, is critical to the success of our work with the most vulnerable. We recommend adding the following Head Start and Early Head Start Relationship-Based Competencies for Staff and Supervisors Who Work with Families developed by OHS National Center on Parent Community Family Engagement.
1: POSITIVE, GOAL-ORIENTED RELATIONSHIPS: Engages in mutually respectful goal-oriented partnerships with families to promote parent-child relationships and family well-being.

2: SELF AWARE AND CULTURALLY RESPONSIVE RELATIONSHIPS: Respects and responds appropriately to the culture, language, values, and family structures of each family served.

3: FAMILY WELL-BEING AND FAMILIES AS LEARNERS: Supports families’ safety, health, financial stability, life goals, and aspirations.

4: PARENT-CHILD RELATIONSHIPS AND FAMILIES AS LIFELONG EDUCATORS: Enhances parent-child relationship and supports parents’ role as the first and lifelong educators of their children.

5: FAMILY CONNECTIONS TO PEERS AND COMMUNIT: Facilitates networks and group activities that support families’ strengths, interests, and needs.

6: FAMILY ACCESS TO COMMUNITY RESOURCES: Supports families in using community resources that enhance family wellbeing and children’s learning and development.

7: COORDINATED, INTEGRATED AND COMPREHENSIVE SERVICES: Acts as a member of a comprehensive services team so that family service activities are coordinated and integrated throughout the program.

8: DATA DRIVEN SERVICES AND CONTINUOUS IMPROVEMENT: Collects and analyzes information to find new solutions to challenges as part of ongoing monitoring in order to continuously improve services.

9: FOUNDATIONS FOR PROFESSIONAL GROWTH: Participates actively in opportunities for continuous professional development.

Why?

A well-compensated, educated, trained and experienced workforce positively influences the development of young children and their family. We recognize that strong families are at the heart of children’s success.

1302.92(b)(3) (Page 35544, column 1-2) 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 of 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 . . . .

Recommendation:

Define research based or delete and replace it with culturally and linguistic appropriate approaches to professional development. The document “Transforming the Workforce for
Children Birth through Age 8” suggests a number of factors contribute to development and to quality professional practice. Higher education programs, mentoring and coaching, and in-service professional development are all important mechanisms for developing and sustaining the knowledge and competencies of professionals.

**Why?** A balanced approach to professional development to include informed leadership, access to high-quality degree-granting programs, ongoing professional learning opportunities, practice environments that enable and reinforce the quality of their work, and attention to working conditions, well-being, compensation and perceived status or prestige supports staff and improves outcomes for children and families.

1302.92(b)(4) (Page 35544, column 2) **A coordinated coaching strategy that aligns with the program’s school readiness goals, curricula, and other approaches to professional development.**

**Recommendation:**

Coaching is an important aspect for professional learning during ongoing practice. Although, without additional resources, incorporating best practice coaching models are difficult to implement for Illinois programs. In addition, other factors that contribute to adult learning should be considered. Also, the narrow focus on education staff should be expanded to include others, an interdisciplinary approach, as defined in the “Transforming the Workforce for Children Birth through Age 8” report.

**Why?** Programs should be encouraged to implement an ongoing coaching system but still have local flexibility to design and deliver internal training and technical assistance in ways that are financially and practically feasible. Mandated coaching without additional funded means less children and families will be served.

§1302.102(d)(1)(ii) (Page 35546, column 1) **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.**

**Recommendation:**

We recommend only the need to document that we have reported and been cleared by the state licensing agency based on this agencies regulations. In Illinois this would be the Department of Children and Family Services. While it does not address the problem of inconsistent regulations between states, it could help reduce over reporting and risk conflicting standards about what should be reported. OHS needs to clarify regulatory text about what “risk affecting the health and safety of program participants” should entail.

**Why?** This standard is too vague to be practical. Illinois has a state licensing process in place through the Illinois Department of Children and Family Services and this vague standard risks conflicts among standards about what should be reported.
**Recommendation:**

✓ Outcomes driven vs. compliance driven. Moving to an outcomes driven system is promising and we are hopeful that the implementation process truly supports an outcomes driven process.

✓ Lack of funding equals limited resources to carry out many of the proposed revisions. Cutting thousands from services would cause additional instability in already fragile Illinois communities. Movement to an “optimized dosage”, coaching, credentials, facilities, mental health services, and many others changes carry a large cost for true implementation. Allow flexibility by using community assessments and child assessment data to design and support other strategies to reach the intensity of services rather than the duration of services. Dosage is intimately intertwined with other important factors related to program implementation such as fidelity, content, quality and exposure. (Daro, 2010; Pausell et al, 2010; Downer and Yazejian, 2013)

✓ Limiting the amount of waiver requests required reduces the bureaucratic burden on programs and the Federal government and should be held to a minimum.

✓ Recognize the importance of work with families. Over the years there has been a long standing recognition that child development is influenced by conditions facing families and in turn families are influenced by the community around them. A two-generation approach includes interventions directly focused on young children as well as a continuum of interventions that support families. As we invest in our classrooms we need to reinforce this two-generation approach by ensuring that we plan services in a way that builds on multiple platforms and integrates services for children with services that support their families.

✓ Promote innovation and learning by increasing targeted use of Federal Training and Technical Assistance dollars. Allow programs the flexibility to develop programs that meets the needs of individual communities rather than assume giving the same service in the same way to each family (“cookie cutter approach”) will result in better outcomes.

**Summary:**

We hope our comments support the Office of Head Start as they work to refine and improve the Head Start Performance Standards. The dedication and energy of the Illinois Head Start community to reflect, analyze and collectively organize their recommendations was an important process. We believe our recommendations lead to “better quality services so that programs have a stronger impact on children’s learning and development” and “improve regulatory clarity and transparency”

Thank you for your time and consideration.
Sincerely,

Lauri Morrison-Frichtl

Lauri Morrison-Frichtl

Executive Director
Illinois Head Start Association

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**IL Head Start/Early Head Start Programs:**
- Tri- County Opportunity Council
- Champaign County Regional Planning Commission Head Start/Early Head Start
- PACT for West Central Illinois
- City of Rockford Head Start/Early Head Start
- Quincy Public Schools
- BCMW
- Catholic Charities
- Western Egyptian
- Kankakee School District #111
- IL Valley Economic Development
- Embarras River Basin Agency
- Rock Island/Milan School District #41
- Governors State University
- Chicago Commons Early Head Start
- West Central Community Services
- Wabash Area Development, Inc.
Riverbend Head Start and Family Services
Peoria Citizens Committee for Economic Opportunity
Tazewell Woodford Head Start
CEFS Economic Corporation
Two Rivers Head Start/Early Head Start
Southern Illinois University @ Carbondale Head Start/Early Head Start
Southern Illinois University @ Edwardsville Head Start/Early Head Start
Trinity United Church Head Start/Early Head Start
Joliet Child Care Resource and Referral

Illinois Head Start Association Members:
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