November 17, 2025

Tala Hooban, Acting Director
Office of Head Start, Administration for Children and Families
Department of Health and Human Services
Mary E. Switzer Building
330 C Street, S.W.
Washington, D.C. 20201

Submitted electronically via email

RE: Proposed Revisions to An Approved Information Collection: Head Start Program Information Report (PIR) (90 FR 44825)

Dear Acting Director Hooban:

On behalf of Akin and Brightpoint please accept the written comments below in response to the proposed notice and comment period "Proposed Revisions to An Approved Information Collection: Head Start Program Information Report" or the Head Start PIR. Akin and Brightpoint are partnering on these comments because we share a commitment to strengthening families through comprehensive, community-based services and have extensive experience delivering Head Start and Early Head Start (HS/EHS) programs.

Brightpoint is a community-based child and family service agency serving over 34,000 children and families each year in 70 counties across Illinois, including working with Subcommittee Chair Darin LaHood (R-IL-16) to reach his constituents in DeKalb, McLean, Peoria, Tazewell, Woodford, and surrounding counties. Since starting HS/EHS services in 2013, Brightpoint has grown programming to six HS/EHS child and family centers and home-based EHS in nine counties, employing over 300 staff for HS/EHS alone. Brightpoint leads state and federal policy work at the intersection of early childhood care and education, family strengthening, and child welfare, including championing recent state pilot funds for kinship care support.

Similarly, Akin brings deep roots and extensive reach to family-centered services in Washington state. For more than 125 years, Akin has been a community-based child and family agency supporting and strengthening families across the state. Akin provides services across behavioral health, early learning, and child welfare intervention and prevention to more than 12,000 families in 17 locations, including in Spokane and Walla Walla counties, and employs a staff of more than 400. For more than ten years, Akin has provided high-quality HS/EHS across multiple locations, served as a federal grantee under the Early Head Start – Child Care Partnership, and since 2020 has directly supported the national HS/EHS workforce via the Akin-led Center for Early Relational Health. Between our two organizations live decades of experience in child development, family nutrition, chronic disease prevention, and workforce development that we leverage to advance evidence-based policy.

Among other early learning, family strengthening, and child welfare services, Brightpoint and Akin provide HS/EHS to over 2,100 children and their families across Washington and Illinois each year. We are proud to serve expectant families and families with young children with a multi-generational model of support that promotes children's success via early childhood education and addressing families' needs. We employ dedicated family support staff who work with parents in their children's education and development; offer mental health, employment, and education resources; and promote healthy eating habits. In alignment with U.S. Department of Health and Human Services (HHS) Secretary Robert F. Kennedy, Jr.'s Make America

Healthy Again promise, HS/EHS have proven the value of prioritizing prevention over treatment; programs demonstrate improved child development and school readiness;[1] less hyperactivity and aggression;[2] and increased high school graduation rates, higher education attainment, and higher incomes as adults.[3]

For Akin and Brightpoint, our HS/EHS programs are complemented by our expertise in child welfare prevention and family preservation. Brightpoint operates foster care, extended family support, and the IL Department of Children and Family Services Intact Family Services program across the state and has provided child welfare services in Illinois since our foundation in 1883.[4] Akin has extensive experience in Washington state's child welfare system, with involvement at direct service and state policy levels. Akin operates primary and secondary prevention services across the state and has been active at the State Capitol on family reunification and promotion of positive child and family outcomes. These parallel programs and partnerships in HS/EHS and child welfare have allowed us to drive innovation and build on existing positive child welfare outcomes for children in HS/EHS.

Because HS/EHS is a multi-generational model combining early education with family strengthening, the program is uniquely successful in preventing child abuse and neglect.[5] Children in EHS are 22% less likely to be involved in the child welfare system, and similarly less likely to experience physical or sexual abuse in their childhood.[6] EHS participation is also shown to improve parenting practices, parenting stress, child development, and reduced family conflict, supporting those long-term reductions in child maltreatment.[7] Across EHS and HS, participating children were 93% less likely to be removed from the home and placed in foster care, a buffer far more effective than other child care programs or parental and relative care.[8] The opportunity for HS/EHS to improve outcomes for child welfare-involved families has already been recognized by Congress and the Agency, with the Head Start Performance Standards affording children in foster care categorical eligibility since the George W. Bush Presidency. In alignment with the Trump Administration's priorities for federal program efficiency, we see opportunities to ensure valuable and efficient data collection as well as increased prevention and replication of positive outcomes by expanding foster care eligibility to include "candidates for foster care" as defined in P.L. 115-123 the Family First Prevention Services Act, signed into law by President Trump in 2018.[9]

In turn, we graciously provide requested comments on proposed changes for the Head Start 2026-2027 PIR and future PIRs. In our comments below, you will find several supportive statements related to the proposed changes to clarify and strengthen PIR reporting as well as feedback on the level of burden for additional reporting in 2027 and beyond. We look forward to working with you in the future to continue to improve information collection on Head Start as well as bolstering partnerships between HS/EHS and the child welfare prevention system. We welcome follow-up to further discuss these comments and would be glad to connect directly at pcorriganhalpern@brightpoint.org and janica.lockhart@akinfamily.org.

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[1] Office of Head Start. (2025). *About Head Start*. U.S. Department of Health and Human Services, Administration for Children and Families.
[2] National Head Start Association. (2025). *Head Start and school readiness*.
[3] Ibid.
[4] Illinois Department of Children and Family Services. (2019). *Intact family services program*.
[5] National Head Start Association. (2022). *The Head Start Advantage: Success in Child Welfare.*
[6] Green, B. L., Ayoub, C., Bartlett, J. D., Von Ende, A., Furrer, C., Chazan-Cohen, R., Vallotton, C., & Klevens, J. (2014). The effect of Early Head Start on child welfare system involvement: A first look at longitudinal child maltreatment outcomes. Children and Youth Services Review, 42, 127–135.
[7] Green, B. L., Ayoub, C., Bartlett, J. D., Furrer, C., Chazan-Cohen, R., Buttitta, K., Von Ende, A., Koepp, A., & Regalbuto, E. (2020). Pathways to prevention: Early Head Start outcomes in the first three years lead to long-term reductions in child maltreatment. Children and Youth Services Review, 118, 105403.
[8] Klein, S., Fries, L., & Emmons, M. M. (2017). Early care and education arrangements and young children's risk of foster placement: Findings from a National Child Welfare Sample. Children and Youth Services Review, 83, 168–178.
[9] Family First Prevention Services Act, Pub. L. No. 115-123, div. E, tit. VII, 132 Stat. 64, 236-264 (2018).

Sincerely,

Paula Corrigan-Halpern
Chief External Affairs Officer, Brightpoint

Dave Newell
President/CEO, Akin

SECTION 1: PROPOSED FUTURE INFORMATION COLLECTIONS

I. Child Turnover and Transition

Akin and Brightpoint agree with OHS' goal to better understand HS/EHS retention challenges and support information collection on why children are leaving HS/EHS and which type of program they are transitioning to. Overall collecting data on families' program departures would be possible for agencies like ours, however, requiring follow-up and reporting on families no longer with the programs would be burdensome and costly for agencies.

Currently the PIR collects total counts of (1) children who left the program, disaggregated by HS/EHS programs; (2) children who were enrolled for fewer than 45 days; and (3) the numbers of children that aged out of the program and transitioned to kindergarten or alternative care. In order to meet current PIR requirements, our agencies already collect data on families leaving the program, disaggregated by HS and EHS programs. In turn, the information suggested in the Public Comment would be feasible to provide OHS via the PIR. However, the current data collection system presents a significant limitation: the existing categories "program requirements not met" and "other reason" represented approximately fifty percent of all child departures from some HS/EHS programs in one Akin program year.[10] These broad categories lack the specificity needed for OHS to conduct effective analysis and strategic intervention regarding departures. While individual follow-up and reporting with families would be required for these cases, our programs almost always cannot secure the child's specific subsequent placement setting due to lack of family response to outreach. Mandating that HS/EHS agencies follow up and report on the future placement of departed children would be extremely burdensome if not impossible to consistently complete, require a substantial increase in staffing costs, and redirect staff time away from serving currently enrolled children.

A. <u>Enhance OHS' PIR Categories to Obtain Specific Exit Data</u>

The majority of HS/EHS providers, including both of our agencies, utilize data management software called ChildPlus by Procare Solutions. The transfer of data from ChildPlus to the current Head Start PIR is relatively efficient and it would be manageable should the Head Start PIR add data collection on reasons for leaving aligned with existing ChildPlus categories.

Currently the software collects the following reasons for a child leaving an HS/EHS program:

a. Attending other preschool,
b. Changed programs – outside agency,
c. Changed programs – within agency,
d. Death,
e. Moved,
f. Not satisfied with program,
g. Program requirements not met, and
h. Other reason.

Within the current ChildPlus options, "program requirements not met" and "other reason" function as broad, catch-all categories that comprise a significant proportion of families. In one Akin EHS program year, 55% of families who left the program were listed within one of those two categories.[11] Currently, the "program requirements not met" option is inclusive of families who do not meet attendance requirements, families who stop responding to contact, and families whose HS/EHS eligibility is redetermined and found to be no longer eligible. The "other reason" option often includes family work schedule conflicts,

[10] Akin. Internal Program Data. Fiscal Year 2024.
[11] Ibid.

transportation issues, and prenatal complications. Therefore, we recommend breaking those options into additional categories in the PIR. Additionally, ChildPlus' current reasons for leaving categories include true reasons for leaving (moved, not satisfied, etc.) as well as categories indicating where the family is going or planning to go (attending other preschool, etc.). **To address both the ambiguity and differentiate the *why* from *where,* we recommend the following categories:**

a. Reasons for leaving
    a. Moved
    b. Death, miscarriage, or stillbirth
    c. Attendance requirements not met
    d. No contact from family
    e. Family/child no longer eligible
    f. Not satisfied with program
    g. Logistical access challenges (inclusive of family work schedules, additional child care availability, and transportation challenges)
    h. Found alternative program that better met family's needs
    i. Other reason – use comment
b. Intended care plan
    a. Alternative preschool
    b. Alternative program – outside agency
    c. Alternative program – within agency
    d. Care at home (inclusive of care from family, friend, or neighbor)
    e. Other care – use comment
    f. Unknown

It would be possible but time-consuming for agencies to adjust their current data management systems, like ChildPlus, to map these new PIR dropdown options. We estimate that building out the new functionality on the agency's end, rolling the change out to staff, and manually updating current data would take a minimum of three months and over $700 in staff time costs.

B. Address Root Causes of Turnover by Reducing Redetermination Bureaucracy

In addition to PIR-specific recommendations, we recommend OHS work to address some of the root causes of HS/EHS participant turnover and transition to improve efficiency and effectiveness in use of funds. The current HS/EHS enrollment and eligibility verification process is extremely burdensome and inefficient for staff and families, with each family waiting up to six weeks from application to enrollment.[12] Eligibility requires redetermination every two years, upon a child's transitions from EHS to HS, and again if the family transfers to a new HS/EHS program. The burden of eligibility redetermination can push families to leave their program, driving child turnover and transition. When children suddenly leave HS/EHS services, families face immediate child care crises that threaten parental employment, children lose educational continuity during foundational learning years, and households are cut off from integrated health, nutrition, and family support services. To reduce the bureaucratic strain of redetermination, we recommend the following:

1. **OHS provide guidance on eligibility paperwork transfer between HS and EHS grantees**
   The mobility of enrolled families and the process of connecting waitlisted families to alternate programs necessitates streamlining the eligibility process. For example, 29% of families leaving the Akin EHS program cited moving as the reason. To reduce staff administrative burden and family service wait times, we recommend OHS issue guidance on transferring eligibility paperwork between HS and EHS providers and grantees to reduce staff time and family wait for eligibility redetermination. While this won't guarantee that the moving family will be determined eligible for the new program or that they will meet the new program's specific selection/prioritization criteria,

[12] Indianapolis Mayor's Office. (2024). *What is Head Start and how can my child attend?*. GreatSchools.

it will significantly expedite the process for the majority of moving families and significantly reduce the burden on agency staff.

2. **OHS revise regulations to permit transfer of eligibility from EHS to HS within the same HS/EHS provider system**
   62% of Head Start grantees provide both EHS and HS services,[13] meaning that children regularly graduate as an EHS participant directly into an internal HS program, which triggers an agency to redetermine their eligibility. Such requirement is often wasteful and unproductive. Redetermination is rarely necessary (greater than 99% of redeterminations at our agencies find a family still eligible)[14] yet each consumes 1 hour of staff time and costs the taxpayer $30 per instance. For the 200+ redeterminations completed by our agencies each year, the cost amounts to $6,400.[15] Since this requirement is based in regulation, and not statute, we recommend OHS amend the Head Start Program Standards in 1302.12(j)(3)[16] to permit automatic eligibility transfer for a child moving internally between EHS and HS within the same grantee provider's system.

In summary, Akin and Brightpoint support OHS' efforts to better understand retention challenges and are prepared to provide data on why families leave Head Start and Early Head Start programs. While our agencies can readily report reasons for departure using existing ChildPlus categories, we cannot reliably track children's subsequent care arrangements once families have left the program. We recommend OHS align PIR data collection with enhanced ChildPlus categories that clearly differentiate reasons for leaving from intended care plans, improving data quality and specificity. Beyond data collection improvements, we urge OHS to address the root causes of turnover by streamlining eligibility redetermination processes—specifically by facilitating paperwork transfers between grantees when families move and permitting automatic eligibility transfer from EHS to HS within the same provider. These regulatory adjustments would reduce administrative burden on staff and families, decrease unnecessary turnover, allow programs to focus resources on serving children, and be more effective and efficient use of government resources.

II. Personnel

Akin and Brightpoint encourage OHS to prioritize the use of existing financial review data for personnel and labor information already documented in HS/EHS grantee financial reviews, as this information is routinely provided and would avoid duplicative reporting burdens. If OHS determines that additional PIR reporting is necessary, we would support reporting limited to broader "labor category" structure proposed by OHS and strongly urge against the highly granular reporting disaggregated by "personnel type" or "personnel content area" classifications due to the administrative burden it would impose on the given the cross-functional nature of many Head Start positions.

A. Utilize Existing Financial Documentation

We recommend that OHS rely on existing grantee financial review data provided to OHS for staff personnel and labor data whenever possible. HS/EHS grantees already provide comprehensive documentation on staff positions, locations, allocations, and FTE hours in their annual budgets, grant submissions, and routine staffing documentation. Utilizing this information avoids duplicative reporting burdens and administrative inefficiency by leveraging established reporting channels. If new data collection is required, the proposed level of detail is infeasible because current software, such as ChildPlus and HR systems, are not structured

[13] Office of Head Start. (2024). *Head Start program facts fiscal year 2024*. U.S. Department of Health and Human Services, Administration for Children and Families.
[14] Akin. Internal Program Data. Fiscal Year 2024.; Brightpoint. Internal Program Data. Fiscal Year 2024.
[15] Ibid.
[16] Determining, verifying, and documenting eligibility, 45 C.F.R. § 1302.12 (2016).

for granular categorization and would require a costly system overhaul. Furthermore, many staff – including senior leadership, supervisors, and support staff such as family navigators and mental health counselors – have cross-functional roles whose responsibilities frequently shift based on program needs and enrollment fluctuations, making granular data tracking inaccurate and impractical.

Achieving the level of reporting OHS proposes would require significant time, effort, and financial investment, including overhauling HR system technology, policy changes, and extensive staff training. Beyond system updates, much of the data, especially the highly burdensome salary and specific hours reporting, would require substantial manual work from team members and supervisors to accurately categorize cross-functional staff. The proposed "personnel type" and "personnel content area" classifications would exacerbate these challenges, requiring even more granular tracking that does not reflect the operational reality of how HS/EHS programs function or how staff allocate their time across multiple content areas and roles.

B. Contingent Recommendation: Limit Additional Reporting to Broader Categories

If additional PIR reporting is required, we recommend limiting collection to counts of personnel, hours worked, staff turnover rates, salary information, and FTE disaggregated only by the four broader "labor categories" structures proposed by OHS (Executive Staff, Non-Executive Administrative and Management Staff, Educational and Child Development Staff, and Other Remaining Support Staff). This level of detail is comparatively easier to provide. While salary and specific hours reporting remains burdensome, counts by these broad categories would reduce manual work compared to more granular reporting.

In conclusion, we recommend that OHS rely on existing financial reporting mechanisms for personnel data whenever possible, as grantees already provide this information through established channels as a cost-effective and efficient solution to meet OHS' needs. If OHS determines that additional PIR data collection is necessary, we support disaggregation only by the four broader "labor category" classifications proposed—Executive Staff, Non-Executive Administrative and Management Staff, Education and Child Development Staff, and Other Remaining Support Staff. We strongly urge against the use of OHS' proposed "personnel type" and "personnel content area" categories, as they are too granular and do not account for the cross-functional work that is standard practice at EHS and HS programs. Requiring this level of detail would impose a significant administrative burden on programs without yielding proportionally valuable insights for OHS, ultimately diverting resources away from direct services to children and families and increasing overall costs to the program.

III. Transportation

Neither of our agencies provide or subsidize transportation, however we agree with OHS on the importance of transportation and are supportive of OHS' creativity in reducing program travel distances via better state coordination.

IV. Layered Funding

A. Utilize Existing Data Collected from Grantees for Layered Funding Reporting

Brightpoint and Akin support OHS' goal of understanding layered funding utilization to maximize available resources. We recommend OHS create a process to utilize the existing data collected from grantees through financial reviews, Focus Area One and Focus Area Two Reviews, annual budgets, grant submissions, and other monitoring, as these mechanisms already capture comprehensive information on how programs utilize

multiple funding streams to support enrolled children and families. Utilizing these established reporting channels avoids duplicative reporting burdens and administrative inefficiency.

B. Contingent Recommendation: Limited Data Collection on Primary Funding Source by Child or Classroom

If OHS determines that additional PIR data reporting is necessary, we support limited data collection on the primary funding source by child or by classroom, which can be accomplished with existing ChildPlus systems and minimal additional burden.

We agree with OHS' goal of understanding non-Head Start funding stream utilization to better support programs in maximizing available resources. However, we strongly urge against data collection disaggregated by service type (e.g., health, mental health, education, etc.). Head Start and Early Head Start programs operate under widely varying, often braided funding structures (including Child Care and Development Fund at HHS ACF, Child and Adult Care Food Program at the USDA Food and Nutrition Service, state preschool funds, independent school district funds, additional city and state subsidies, and other public and private sources).[17] It is very common for HS/EHS programs to leverage state or district education funding to supplement federal HS/EHS funding. These partnerships do not lend themselves to the granular service-by-service tracking OHS proposes. Programs that are not managing significant non-Head Start funding are even less likely to have systems in place to report out on layered funding by child or classroom, and implementing such systems would require substantial infrastructure investments.

Reporting at the service level, such as mental health and IDEA services, would require building entirely new tracking systems and would be extremely burdensome and impractical to implement. This level of detail would impose an unreasonable administrative burden, potentially requiring the hiring of additional dedicated staff, ultimately diverting limited resources away from direct services without yielding proportionally valuable insights.

In conclusion, we recommend OHS continue to rely on the existing reporting structures through annual budgets, grant submissions, and financial reviews to understand how programs utilize layered funding. If additional PIR reporting is deemed necessary, we support reporting primary funding sources at the child or classroom level, as this can be accomplished with existing systems and minimal additional burden. However, reporting at a level beyond child or classroom – particularly disaggregated by service type – would require a significant amount of time, resources, and system development. We have strong concerns about implementing such requirements, as they would impose an unreasonable administrative burden on programs without yielding proportionally valuable insights for OHS, ultimately undermining our shared goal of maximizing resources available for comprehensive services to children and families.

V. IEPs and IFSPs

Akin and Brightpoint support OHS' goal of understanding the pathway to services for children eligible under the Individuals with Disabilities Education Act (IDEA) and identifying persistent barriers. Our key recommendations address both data quality and underlying workforce/funding issues.

A. Add a New PIR Category for Parental Engagement to Enhance Data Collection

[17] Pratt, E., Minton, S., & Giannarelli, L. (2025). *Head Start braided funding: How programs leverage multiple funding streams*. Urban Institute.

We agree with OHS that enhanced PIR data is necessary to identify bottlenecks. We support enhanced PIR reporting on children referred, children evaluated, eligibility determination, and service receipt status, including the reasons for service gaps. The existing PIR categories – "evaluation is pending" or "parents refused evaluation" – do not fully capture the complexity of the evaluation referral process. For example, sometimes parents initially agree to an evaluation and later change their mind or do not respond to subsequent outreach from program staff or evaluation providers. **We recommend adding one new category to the PIR**: **"Parent(s) did not respond to follow-up contact."** This addition will more accurately capture data on children who are referred but do not receive an evaluation due to a lack of parental engagement rather than explicit refusal.

B. Improve HS/EHS Workforce and Financing

Workforce shortages and resource limitations pose significant barriers to service delivery, even after a child is deemed eligible. For preschool-aged children (Part B), the process between referral and service delivery averages 16 calendar weeks, a timeline frequently extended by external provider shortages and logistical issues. On average, the process follows this sequence: a child is referred, then there is a 25 school day wait; the child is screened, then there is a 35 school day wait; the child is evaluated; if the child qualifies, the team develops an Individualized Education Program (IEP), which takes 30 calendar days; and finally the child is placed for services. Additional setbacks can be caused by delays in parental consent to move to the next step, scheduling difficulties with parents' work schedules, family illness or other logistical and operational challenges. Among eligible children, waiting periods or denial of services often result from a lack of qualified external teachers and therapists, particularly those with appropriate language proficiency or specialized training in early childhood special education.

Additionally, there is a lack of teachers and therapists available at school districts and through state Early Intervention systems to meet the demand for services. The therapists and teachers who meet IEP and IFSP needs are most often employed by school districts or the governor-designated IDEA Part C agency, most often the state's Department of Health. Most of the staff who work with children with IEPs are employed by the school district, while IFSP needs are most often met by Early Intervention therapists employed by state agencies or contracted providers. Both sets of staff are external to the Head Start provider and grantee, which increases wait time between evaluation and receipt of services and limits Head Start programs' ability to expedite or control the timeline. Wait lists can also be longer for in-person therapists, as there is greater availability of virtual and telehealth services. If a family prefers to wait for in-person services rather than accept virtual options, the wait time can be significantly extended.

It is important to note the significant increase in children with IDEA eligibility, especially since 2020, which has strained the capacity of the workforce. The number of IDEA-eligible children increased significantly from 2022 to 2023.[18] For children birth through age 2, the number of children served under IDEA Part C increased by 4.8% from 2022 to 2023. For children aged 3 to 5 (but not yet in kindergarten), the number of children served under IDEA Part B increased by nearly 10% from 2022 to 2023. This rapid increase in eligible children has not been matched by a corresponding increase in qualified staff, exacerbating wait times and service gaps.

We have also observed that classroom support aides play a critical role in classrooms with a high percentage (30% or more) of children eligible for IDEA services, providing individualized attention and support that allows teachers to effectively meet diverse learning needs. However, current funding constraints do not cover the cost of this additional staffing, and therefore eligible children do not receive the comprehensive wraparound services they need to thrive.

[18] U.S. Department of Education, Office of Special Education Programs. (2024). *IDEA Section 618 data products: State level data files*.

To address these critical challenges, we urge OHS to focus on the following:

1. **Prioritize professional development and infant mental health consultation for EHS and HS workforce supporting IDEA-eligible children.**
   We recommend that OHS prioritize greater professional development and infant mental health consultation for Head Start staff working with children with disabilities. This is crucial for ensuring that staff have the specialized skills needed to support children with IEPs and IFSPs within inclusive classroom settings.

2. **Increase financing for classroom support aides**
   We recommend increased funding flexibility to sustain classroom support aids in classrooms serving a high percentage (30% or more) of children eligible for IDEA services. These aides play a critical role in providing the individualized attention and comprehensive wraparound support that current funding constraints fail to cover, despite the significant increase in IDEA-eligible children (e.g., a nearly 10% increase for 3- to 5-year-olds from 2022 to 2023).

VI. Clarity of Definitions

Brightpoint and Akin appreciate the opportunity to receive additional clarity on existing PIR definitions. Within our agencies there has been some confusion regarding the section "*Medical and wellbeing services – pregnant women (EHS programs)"*, in particular question C.14. This question requests grantees report on enrolled pregnant women who received services while enrolled in EHS, including those who received services directly through the EHS program or through referrals.

Recommendation: We recommend that OHS provide clarity on whether we should include pregnant women who received services while enrolled in EHS, but the services were neither directly through the EHS program or through EHS referral. For example, if a pregnant woman is already receiving prenatal health care when she enrolls in EHS, should she be counted for the purposes of C.14.a. **For clarity purposes, we would recommend that only families receiving services directly through the EHS program or through EHS referral be counted in C.14.**

VII. Licensing IDs (not the PIR)

Brightpoint and Akin agree that providing the licensing ID number in a text box in addition to uploading licensing documentation is not an increased burden and is an acceptable change.

SECTION 2: PROPOSED CHANGES FOR 2026-27 PIR

I. Introductory language that the PIR is not used for compliance

We support the proposed language noting that the PIR does not assess compliance or use data for compliance purposes, as this clarification is helpful for HS/EHS grantees as they complete the PIR.

II. Transition and turnover (HS Preschool programs)

We support the proposed clarification that the count of children requested in A.18 does not include those reported in A.17.

III. Transition and turnover (EHS programs)

We support the proposed change to divide A.19 into two questions.

IV. Primary language of family at home

We support the proposed change from "Native North American/Alaska Native Languages" to "Tribal/Native Languages" for accuracy.

V. Language groups in which staff are proficient

We support the proposed change from "Native North American/Alaska Native Languages" to "Tribal/Native Languages" for accuracy.

VI. Additional education and related services for children

We support the proposed change to "determined eligible for services" for accuracy and clarity.

VII. Reasons children that are referred for an evaluation to determine IDEA eligibility did not receive it

We support the proposed addition of "child left the program" as a reason that a child referred for an evaluation to determine IDEA eligibility did not receive it. In addition, as noted above in Section 1(V)(A) Enhanced Data Collection to Add a New PIR Category for Parental Engagement, we recommend an additional reason category for this question: "Parent(s) did not respond to follow-up contact," to capture data on children who are referred but do not receive an evaluation due to lack of parental engagement rather than explicit refusal.

VIII. Part B IDEA Services – Ages 3-5

We support the proposed open text box question to capture the primary reason(s) why children with IEPs did not receive services.

Recommendation: If OHS would prefer more specific quantitative data, we would instead recommend a separate PIR question to specify the reason a child with an IEP did not receive such services. Below is a draft for your consideration:

"C.25 Of those reported in C.24.b, specify the primary reason(s) that children with an IEP did not receive services:

a. Services are pending and not yet completed by responsible agency
b. Insufficient therapist availability
c. Insufficient availability for in-person services
d. Insufficient availability of staff with required language proficiency
e. Parent(s) declined services or did not respond to follow-up contact
f. Delays in coordination between HS grantee and external service provider
g. Child transitioned out of program before services began
h. Other reason – use comment"

IX. Part C IDEA Services – Ages 0-3 (EHS and Migrant and Seasonal Programs)

We support the proposed open text box question to capture the primary reason(s) why children with IFSPs did not receive services.

Recommendation: If OHS would prefer more specific quantitative data, we recommend a separate PIR question to specify the primary reason(s) the child with an IFSP did not receive such services. Below is an example for your consideration:

"C.27 Of those reported in C.26.b, specify the primary reason(s) that children with an IFSP did not receive services:

a. Services are pending and not yet completed by responsible agency
b. Insufficient Early Intervention therapist availability
c. Insufficient availability for in-person services
d. Insufficient availability of staff with required language proficiency
e. Parent(s) declined services or did not respond to follow-up contact
f. Delays in coordination between EHS grantee and external service provider
g. Child transitioned out of program before services began
h. Other reason – use comment"

X. Preschool primary disabilities (HS Preschool and Migrant and Seasonal Programs)

We support the proposed change to better align with definitions under IDEA.

XI. Special education and related services under Section 504

We are neutral on the proposed clarification that children eligible for a 504 plan who are not otherwise eligible for services under IDEA, are excluded from being counted for the purposes of the requirement that IDEA-eligible children comprise 10% of total actual enrollment. We support the proposed additional PIR question to count the number of children with a 504 plan as they have individualized needs just as IDEA-eligible children do.

XII. Use of "program year" in place of "enrollment year"

We support the proposed change for clarity.

XIII. Waiting list data collection field and definition in monthly reporting

We support OHS assessing HS/EHS enrollment issues which are often marked by program wait lists. However, we strongly caution OHS against using official wait list data to infer true program demand. Many HS/EHS providers work hard and spend significant time trying to reduce wait lists by referring families to external services, connecting them with coordinated intake systems, and other strategies to ensure families' needs can be met. Consequently, the official wait list numbers do not accurately reflect the total number of families who are interested in but unable to access the HS/EHS programs.

XIV. Federal or other assistance (C.40-43)

In addition to the proposed changes in OHS' request for comments, we would recommend an additional question in the PIR section "Federal or other assistance (C. 40-43)". Currently this section assesses total number of families receiving services via Temporary Assistance for Needy Families (TANF); Supplemental Security Income (SSI); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and Supplemental Nutrition Assistance Program (SNAP), respectively. However, these four categories of federal assistance programs do not capture the number of families receiving prevention and family preservation services through Title IV-E (demonstrated via a child safety plan from the state child welfare authority). As the Administration works toward increasing family stability and preventing child abuse and neglect, adding this data collection number will help OHS to better evaluate the programs' success in preventing children from entering the child welfare system.

Recommendation: We propose the collection of total number of families receiving services via child welfare system involvement (as a candidate for foster care or via a child safety plan from the state child welfare authority).

Below provides a recommendation on how to revise PIR section "Federal or other assistance (C. 40-43)":

"C.44 Total number of families receiving services via child welfare involvement:
(1) # of families at enrollment
(2) # of families at end of enrollment"

SECTION 3. ADDITIONAL SUPPORT AND COMMENTS

I. Strategic Investment: Aligning HS/EHS Eligibility to Prevent Foster Care Placement

Akin and Brightpoint recommend that OHS broaden existing eligibility via foster care[19] to embrace the prevention-focused framework of Family First Prevention Services Act (FFPSA) signed into law by President Trump. Specifically, OHS should include **"candidates for foster care" as defined in the FFSPA (42 USC 675(13)).**[20,21] This critical regulatory adjustment is a strategic investment that achieves three main goals: (1) aligns HS/EHS with the prevention-focused framework successfully implemented by the FFPSA, (2) maximizes the return on federal investment by preventing costly foster care placements, and (3) optimizes the HS/EHS program by serving the highest-need families and filling vacant slots nationwide.

A. The Case for Prevention and Financial Savings

The current categorical eligibility for children in foster care is derived from the Secretary's regulatory authority in the Head Start Act, with foster care eligibility being the only eligibility category not written in Head Start statute.[22,23] Current regulations limit this eligibility to children already in foster care.[24] However, Head Start's own evidence shows that children referred to the child welfare system who enroll in the program are 93% less likely to be placed in foster care. This means that under the current policy, families must experience a child removal before qualifying for services that evidence shows could have prevented that placement.

The success of the FFPSA has led to more children safely remaining with their families, which is excellent public policy. Yet, this success has also resulted in a 29% decline in foster care categorical enrollment since 2019.[25] Expanding eligibility now is the perfect opportunity to deploy these existing federal resources to families at imminent risk, continuing to serve the populations in highest need while supporting a prevention model.

This is a profound financial advantage for the federal government. While annual HS/EHS costs average about $7,000 per child, a single averted foster care placement saves state and federal governments an estimated **$32,000 per year per child**. Research shows that investment in a child's five years of HS/EHS services (a maximum cost of $35,000) could lead to an estimated **$576,000 in averted foster care costs** through age 18, representing an extraordinary **return on investment exceeding 1,600%**.

Recommendation: Using the Secretary's existing authority under Section 645(a)(1)(A) of the Head Start Act,[26] we recommend aligning the eligibility for children in foster care to include "children who are candidates for foster care" as defined in 42 USC 675(13).[27] To do this, we **recommend adjusting the language in 45 CFR §1302.12 to include "or is a candidate for foster care" within the eligibility criteria and the verification requirements.**[28] This allows for clear program staff verification via a written

[19] In the law, this is referred to as "categorical eligibility."
[20] Definitions, 42 U.S.C. § 675 (2018).
[21] Family First Prevention Services Act, Pub. L. No. 115-123, div. E, tit. VII, 132 Stat. 64, 236-264 (2018).
[22] Participation in Head Start Programs, 42 U.S.C. § 9840 (2024).
[23] The three other prongs of Head Start eligibility are homelessness, income, and eligibility for public assistance. All three of these categories are specifically written into the Head Start Act.
[24] Determining, verifying, and documenting eligibility, 45 C.F.R. § 1302.12 (2016).
[25] U.S. Department of Health and Human Services, Office of Head Start. (2008-2024). *Services Snapshot: National All Programs.*
[26] Participation in Head Start Programs, 42 U.S.C. § 9840 (2024).
[27] Definitions, 42 U.S.C. § 675 (2018).
[28] Eligibility, recruitment, selection, enrollment, and attendance in Head Start programs, 42 U.S.C. § 9840 (2007).

statement from a government child welfare official. Importantly, expanding eligibility does not guarantee automatic enrollment; programs will continue to use their recruitment and selection criteria to prioritize those who may benefit most from HS/EHS services. The sole purpose of this recommendation is to ensure children facing imminent removal are eligible to receive Head Start as a critical prevention measure.

The statutory definition for "children who are candidates for foster care" under the Social Security Act is:

> "a child who is identified in a prevention plan under section 671(e)(4)(A) of this title as being at imminent risk of entering foster care (without regard to whether the child would be eligible for foster care maintenance payments under section 672 of this title or is or would be eligible for adoption assistance or kinship guardianship assistance payments under section 673 of this title) but who can remain safely in the child's home or in a kinship placement as long as services or programs specified in section 671(e)(1) of this title that are necessary to prevent the entry of the child into foster care are provided. The term includes a child whose adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement."

We recommend adjusting language as follows in 1302.12 Determining, verifying, and documenting eligibility:[29]

> "(c)(1)(iv) The child is in foster care **or is a candidate for foster care**…
> (i)(4) To verify whether a child is in foster care **or is a candidate for foster care**, program staff must accept either a court order or other legal or government-issued document, a written statement from a government child welfare official that demonstrates the child is in foster care **or is a candidate for foster care**, or proof of a foster care payment."

This regulatory clarification would also address a critical gap for children exiting foster care. In addition to bolstering prevention, President Trump's FFPSA strengthened pathways to reunification and adoption for children leaving foster care. However, when children exit foster care—whether through reunification, adoption, or guardianship—they lose their foster care-derived categorical eligibility for Head Start, which can disrupt their early learning and child care services at a vulnerable transition point. Including "candidate for foster care" in the eligibility criteria would cover these children whose permanency arrangements are at risk of disruption or dissolution, as explicitly referenced in the statutory definition. By maintaining Head Start eligibility during these critical periods, programs can provide stabilizing support that strengthens reunification, adoption, and guardianship outcomes, ultimately supporting the permanency goals central to FFPSA.

This eligibility expansion does not guarantee automatic enrollment; programs must still use their recruitment and selection criteria (45 CFR §1302.13) to prioritize the highest-need families. The sole goal is to allow children who are candidates for foster care to access Head Start as a prevention and stability measure, avoiding the social and financial costs of placement. By expanding eligibility, OHS supports the Family First Act's prevention and permanency framework, maximizes Head Start's proven benefits, and achieves significant federal cost savings while keeping children safely with their families.[30]

[29] Determining, verifying, and documenting eligibility, 45 C.F.R. § 1302.12 (2016).
[30] Family First Prevention Services Act, Pub. L. No. 115-123, div. E, tit. VII, 132 Stat. 64, 236-264 (2018).

SECTION 4. CONCLUSION

Akin and Brightpoint share OHS' commitment to reducing program burden while ensuring that all eligible children receive timely, comprehensive services. Throughout this comment, we have sought to provide constructive feedback that balances OHS' need for actionable data with the operational realities facing Head Start providers. We support data collection efforts that leverage existing reporting systems (like ChildPlus), reporting mechanisms, and focus on actionable insights that can drive meaningful improvements in service delivery. We have concerns about data collection requirements that would impose significant new administrative burdens without proportional benefit, particularly those that would demand extensive system overhauls, manual tracking, or granular disaggregation that does not align with program functions. Our recommendations are guided by the principle that every dollar and every staff hour should be directed toward serving children and families rather than duplicative or overly burdensome reporting.

We thank OHS for the opportunity to provide feedback on the proposed revisions to the Program Information Report (PIR) and for thoughtful consideration of our recommendation on eligibility for candidates for foster care. We look forward to reviewing the finalized 2026-2027 PIR and future data collection efforts, and we remain committed to partnering with OHS to ensure that Head Start and Early Head Start programs can continue to provide high-quality, comprehensive services to the nation's most vulnerable children and families.