**Head Start Program Performance Standards**

**Timeline for Compliance with Updated Requirements**

**Final Rule Publication Date: August 21, 2024**

**FL Head Start Program Progress to Compliance**

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| Citation | Performance Standard Summary | Progress/How are we meeting this | OHS Compliance Date/BFR Completed |
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| 1302.12(e)AIAN Income Eligibility | All families in an American Indian and Alaska Native (AIAN) program’s service area with age-eligible children, or pregnant women, are eligible for Head Start services, regardless of income. |  | Immediately (Statutory change fromMarch 2024) |
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| 1302.12(f)MSHS Income Eligibility | Migrant and Seasonal Head Start (MSHS) programs may serve any child who has one family member whose income comesprimarily from agricultural employment, regardless of total family income. |  | Immediately (Statutorychange from March 2024) |
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| 1302.14(a)(2), (3)AIAN and MSHS Selection Criteria | Tribes may prioritize children in families for which a child, a family member, or a member of the same household, is a member of an Indian tribe.MSHS programs may give priority to children whose families candemonstrate they have relocated frequently within the past two years to pursue agricultural work. |  | Immediately (Statutory change from March 2024) |
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| 1302.12(i)(1)Housing Adjustment | A program may adjust a family’s income to account for excessive housing costs when determining eligibility. |  | October 21,2024 |
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| 1302.12(j)MSHS Eligibility Duration | In MSHS programs, once an infant or toddler and their family are deemed eligible, they are eligible until they turn three years old. This is consistent with the requirement that children participating in the Early Head Start program remain eligible for the duration of the program. |  | October 21,2024 |
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| 1302.13Modernizing Recruitment | A program must include modern technologies to encourage and assist families in applying for admission to the program, and to reduce the family’s administrative and paperwork burden in the application and enrollment process. |  | October 21,2024 |
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| 1302.14(a)(6)Children of Staff Members | A program may consider the enrollment of eligible children of staff members as part of the selection criteria. |  | October 21,2024 |
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| 1302.14(b)(1)Children with Disabilities Enrollment | A program must ensure at least 10% of its actual enrollment is filled by children eligible for services under the Individuals with Disabilities Education Act (IDEA). |  | October 21,2024 |
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| 1302.15(g)Modernizing Enrollment | A program must regularly examine their enrollment processes and implement any identified improvements to streamline the enrollment experience for families. |  | October 21,2024 |
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| 1302.17(a), (b)Suspension and Expulsion | Suspension continues to be a measure of last resort only when there is a serious safety threat. Programs must first engage with a mental health consultant, collaborate with the parents, and use appropriate community resources. Programs must explore and document all steps taken to address the behaviors and supports needed to facilitate the child’s safe reentry and continued participation in the program. |  | October 21,2024 |
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| 1302.34(b)(9)Modernizing Communication | A program must ensure it uses accessible communication methods and modalities that meet the needs of the community when engaging with prospective and enrolled families. |  | October 21,2024 |
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| 1302.40(b)Health and Mental Health Services AdvisoryCommittee | Programs must establish and maintain a Health and Mental Health Services Advisory Committee. |  | October 21,2024 |
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| 1302.411302.42(b)1302.46(b)Mental Health Integration | These program requirements consistently integrate mental health into all aspects of program service delivery. |  | October 21,2024 |
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| 1302.45(b)Mental Health Consultants | A program must ensure mental health consultants provide consultation services that build the capacity of adults in a child’s life to strengthen and support the mental health and social andemotional development of children. |  | October 21,2024 |
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| 1302.47(b)(5)Safety Practices | Programs must ensure all staff, consultants, contractors, and volunteers follow appropriate practices to keep children safe. Aligns the definition of *child abuse and neglect* with Child AbusePrevention and Treatment Act (another federal statute). |  | October 21,2024 |
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| 1302.47(b)(10)Safety Practices – Lead | In facilities where lead may exist, programs must regularly inspect and test for the presence of lead and, as needed, conduct remediation and abatement. |  | October 21,2024 |
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| 1302.50(a)Modernizing Engagement with Families | Programs must communicate with families in a format that meets the needs of each individual family. |  | October 21,2024 |
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| 1302.53(b)(2) QRIS | Programs should participate in their Quality Rating and Improvement System (QRIS) to the extent practicable if the state or local area has strategies in place to support their participation. |  | October 21,2024 |
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| 1302.80(d)Newborn Visit | A newborn visit must, at minimum, include a discussion of the following: maternal mental and physical health, safe sleep, infant health, and support for basic needs. |  | October 21,2024 |
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| 1302.81Mental Health Information and Services Integration forExpectant Families | Programs must ensure the required prenatal and postpartum information, education, and services are provided to enrolled pregnant women, mothers, fathers, and partners or other family members. |  | October 21,2024 |
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| 1302.82(a)Maternal Health Curriculum | If a program uses a curriculum in the provision of services to pregnant women and pregnant people, it should be a maternal health curriculum to support prenatal and postpartum education needs. |  | October 21,2024 |
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| 1302.90(c)Standards of Conduct | Programs must ensure that staff, consultants, contractors, and volunteers do not maltreat or endanger the health or safety of children, and that they report reasonably suspected or known incidents of child abuse and neglect. |  | October 21,2024 |
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| 1302.91(e)(8)(ii)Mental Health Consultants' Licensure | A program must ensure all mental health consultants are licensed or under the supervision of a licensed mental health professionals.Programs also must use mental health consultants with knowledge of and experience in serving young children and their families. |  | October 21,2024 |
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| 1302.92(b)(1)Professional Development Plans | Programs must develop professional development plans for full- time staff providing direct services to children, as required in Section 648A(f) of the Head Start Act. |  | October 21,2024 |
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| 1302.92(b)(2–3)Annual Training | Programs must ensure staff receive annual training on* Mandatory reporting
* Positive strategies to understand and support children’s social and emotional development

The knowledge, experience, and competencies to improve child and family outcomes |  | October 21,2024 |
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| 1302.93(d)Culture of Wellness | A program should cultivate a program-wide culture of wellness that empowers staff as professionals and supports staff toeffectively accomplish their job responsibilities in a high-quality manner. |  | October 21,2024 |
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| 1302.101(a)(2)Employee Engagement | A program must comply with enhanced requirements for employee engagement to promote more responsive management styles designed to identify and resolve barriers to high-quality job performance. |  | October 21,2024 |
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| 1302.101(a)(5)1302.102(d)Training on Incident Reporting | A program must submit reports, as appropriate, to the responsible HHS official immediately but no later than seven calendar days following a health or safety incident. All staff are required to be trained to implement reporting procedures. |  | October 21,2024 |
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| 1303.42Suitable Facilities | Grant recipients are no longer required to have a written statement from an independent real estate professional confirming the lack of other suitable facilities in the area. |  | October 21,2024 |
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| 1303.43Use of Grant Funds | If a recipient seeks to use federal funds for reasonable fees and costs necessary to submit an application under §§1303.42 and 1303.44, they must be granted approval from the responsible HHS official. Once approval is granted, the funds are allowable regardless of the outcome of the preliminary eligibility determination. |  | October 21,2024 |
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| 1303.44Application Requirements | Programs must adhere to updated application requirements, including the facility’s value and additional information HHS officials may request as part of the 1303 process. |  | October 21,2024 |
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| 1305.2Definitions | Programs must use new and revised definitions for *Early Head Start*, *Federal interest*, *Grant recipient*, *Head Start*, *Head Start agency*, *Head Start Preschool*, *Housing costs*, *Income*, *Major renovations*, *Migrant family*, *Poverty line*, *Purchase*, and *Suspension*. |  | October 21,2024 |
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| 1302.80(e)Pregnant Women | A program must track and record services an enrolled pregnant woman or pregnant person receives, both from the program and through referrals, to help identify specific prenatal care services and resources needed to support a healthy pregnancy. |  | December 19,2024 |
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| 1302.80(f)Promoting Healthy Birth Outcomes | Programs must help address disparities in maternal and birth outcomes across racial and ethnic groups. |  | February 18,2025 |
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| 1302.11(b)Community Assessment | A program must collect relevant data while maintaining the community assessment’s content focus on geographic location, race, ethnicity, etc. Requires programs to conduct annual updates only as needed, such as if there are significant shifts in community demographics. |  | August 1, 2025 |
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| 1302.14(d)Barriers to Enrollment | A program is required to use data from the community assessment to identify potential barriers to enrollment and attendance, including using data to understand access to transportation for the highest need families. |  | August 1, 2025 |
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| 1302.16(a)(2)(v)Barriers to Attendance | A program must examine barriers to regular attendance, such as access to safe and reliable transportation, and where possible, provide or facilitate transportation for the child if needed. |  | August 1, 2025 |
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| 1302.23(b)(2–4)Family Child Care Option | Family child care (FCC) services must comply with specified child ratios and group sizes for programs. There is no longer reference to the term *assistant provider*. All FCC providers who count toward ratios must meet the qualification requirements for FCC providers described in §1302.81(e)(4). |  | August 1, 2025 |
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| 1302.45(a)Multidisciplinary Approach | Programs must use a multidisciplinary approach to mental health and wellness supports. Mental health consultation services must be available at a frequency of at least once a month; if a mental health consultant is not available to provide services at least once a month, programs must use other licensed mental health professionals or behavioral health support specialists who coordinate with a mental health consultant. |  | August 1, 2025 |
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| 1302.52(d)Family Partnership Services | Programs must ensure family service worker assignments do not exceed 40 families per family service worker. Programs may temporarily exceed the maximum during periods of staff absence and in emergency or recovery circumstances. A waiver is required to exceed the ratio of family assignments to family service worker if it will extend beyond a temporary period. |  | August 1, 2027 |
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| 1302.93(c)Staff Breaks | A program must provide, for each staff member, regular breaks of adequate length and frequency based on hours worked. During breaks, one teaching staff member may be replaced by one staff member who does not meet the teaching qualifications required for the age, provided that this staff member has the necessary training and experience to ensure safety of children and minimaldisruption to the quality of services. |  | August 1, 2027 |
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| 1302.90(f)Benefits | For full-time staff, programs must:* Provide or facilitate health care coverage
* Provide short-term, free, or low-cost behavioral health services
* Provide paid leave

Part-time staff must be connected with health insurance options in the Marketplace.Programs must connect eligible staff with child care subsidy programs and the Public Service Loan Forgiveness Program.Small Head Start agencies with 200 or fewer slots are exempt from most of the benefits requirements, but these agencies must still make measurable improvement in benefits for Head Start staff over time. |  | August 1, 2028 |
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| 1302.90(e)Wages | Programs must:* Establish or update a pay scale for all positions
* Pay Head Start educators comparable to public school preschool teachers (or 90% of kindergarten teachers), as a marker of progress to pay parity for Head Start staff with K–3rd grade teachers
* Pay all staff a wage at least sufficient to cover basic costs of living
* Pay comparable wages across Head Start Preschool and Early Head Start

Small Head Start agencies with 200 or fewer slots are exempt from most of the wage requirements, but these agencies must still develop or update a pay scale that promotes competitive wages for all staff and make measurable progress toward reducing disparities in wages between Head Start educators and public preschool teachers over time.The final rule includes an option for the Secretary of the Department of Health and Human Services (HHS) to establish in 2028 a limited waiver process for most of the wage requirements for eligible programs, if the prior four years of appropriation increases for Head Start are less than an annual average of 1.3%. |  | August 1, 2031 |