



**AMERICAN
PSYCHOLOGICAL
ASSOCIATION**

January 19, 2024

Khari Garvin
Director, Office of Head Start
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, SW, 4th Floor
Washington, D.C. 20201

RE: Notice of Proposed Rulemaking; Supporting the Head Start Workforce and Consistent Quality Programming – Docket No. 2023-25038

Dear Mr. Garvin:

On behalf of the American Psychological Association (APA), I am writing to offer public comments on the Notice of Proposed Rulemaking (NPRM) titled Supporting the Head Start Workforce and Consistent Quality Programming, published in the Federal Register by the Office of Head Start on November 20, 2023, [Docket No. 2023-25038](#). APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 157,000 members and affiliates who are clinicians, researchers, educators, consultants, and students in psychological science.

Since its inception, Head Start (throughout, Head Start refers to Head Start, Early Head Start, American Indian and Alaska Native, and Migrant or Seasonal Head Start) has been committed to providing early learning opportunities and comprehensive supports, including access to healthcare services, to children ages birth to 5 from underserved backgrounds to help them and their families achieve long-term stability and success. This mission squarely aligns with APA's commitment to population health approaches to treatment.ⁱ Population health focuses on improving the health, equity, safety, and well-being of entire populations, including individuals within those populations, and aims to address the cultural, economic, systemic, historical, environmental, relational, and occupational contexts that influence health status, well-being, and functioning across an individual's lifespan.

Early childhood education, including center-based, family child care, and home visiting services, is critical to laying the foundation for a child's entire life by developing their cognitive, social, and emotional skills, as well as their ability to engage and relate to others.ⁱⁱ Early childhood education has been shown to improve economic, health, and socioeconomic outcomes throughout the lifespan.ⁱⁱⁱ Data show that achievement gaps can be avoided if children start preschool before age 2, and that high-quality early childcare and education improve language and math outcomes for children from kindergarten through third grade.^{iv v} Children with neurodevelopmental disabilities such as autism—who may already exhibit delays in language development and social interaction—also exhibit clear benefits from preschool programs.^{vi}

However, most children lack access to high quality preschool, in part due to a lack of investment, including from the federal government. Over the last 20 years, preschool enrollment more than doubled, yet spending per child remained relatively flat.^{vii} In fact, the U.S. spends less than half a percent of its gross domestic product on childcare and early childhood education, a statistic that puts us well behind other developed nations.^{viii ix}

This lack of access disproportionately impacts children from families experiencing poverty, students of color, children with disabilities, children whose families are homeless, and recent immigrants or those who speak a language other than English. While Black and Hispanic children enroll in early childhood education programs at about the same rate as their White Non-Hispanic peers, they are less likely to attend high-quality preschools.^x Often, this is correlated with barriers to access such as proximity to the school. While roughly half the neighborhoods in the country are considered “childcare deserts,” data show that children who are Black lived about a quarter of a mile farther than their White peers from the nearest high-quality early childhood education program.^{xi xii}

Much of this is further exacerbated by the challenges facing the early childhood education workforce, including nationwide shortages of professionals, with tens of thousands leaving the field over the past several years.^{xiii} A pervasive lack of adequate compensation, including among Head Start staff, has created one of the most underpaid workforces in the nation, making it exceedingly difficult to recruit and retain highly qualified providers.^{xiv} Additionally, early childhood educators experience high levels of stress and burnout and are likely to have challenges meeting basic needs, such as food security.^{xv xvi} Among those considering leaving the profession, nearly half cite mental health as a reason.^{xvii}

Taken in aggregate, these data point to a national imperative for action on childcare and early childhood education, beginning with Head Start, as the premiere federal program for children, ages birth to 5. APA strongly supports the NPRM’s efforts to address many of these longstanding challenges, particularly as it relates to addressing the mental health and well-being of children, educators, and other staff; improving family engagement; ensuring that pregnant people receive high quality services through Head Start; and adequately compensating Head Start staff for the hard work they do.

However, we do have several recommendations for the Office of Head Start (OHS) to consider as you finalize the update to the Head Start Program Performance Standards (HSPPS). This includes providing programs more flexibility and direction on implementing proposed changes; further embedding mental health, well-being, and cognitive development throughout the document; explicit inclusion of services provided to children with neurodevelopmental disabilities, such as autism; and ensuring that the new HSPPS are fully reflective of the broad range of populations and lived experiences of children and families Head Start serves.

General Recommendations

While the overall goals of the NPRM are commendable and well-intentioned, APA urges OHS to be mindful of any unintended consequences that may arise. The final rule must not be overly prescriptive nor take a “one-size-fits all” approach, which can be particularly harmful to rural programs, including American Indian/Alaska Native and Migrant and Seasonal Head Start programs. Staffing shortages and “childcare deserts” hit rural areas the hardest.^{xviii} Any changes that are made must recognize this and work to ensure that rural Head Start programs are able to remain open, rather than further limiting access to childcare and early childhood education among these communities. The final rule must balance necessary oversight and quality control with bureaucratic compliance and overreporting. OHS should consider allowing for waivers or exemptions and increasing technical assistance for small or rural programs while also providing more clarity in terms of implementation of requirements.

As the aforementioned data show, and as the NPRM itself asserts, increased pay for Head Start staff is both a moral and logistical imperative. However, as necessary as the proposed changes to staff compensation are, they also come with a substantial cost when fully implemented. It is unclear where the additional funding will come from, and there are concerns that instituting a pay increase, without a corresponding increase in resources, will lead to programs limiting slots, which is something the NPRM also acknowledges. Once again, this would disproportionately impact small and rural programs. This is

not a hypothetical scenario, as there is evidence from around the country of Head Start programs reducing slots to increase compensation and retain staff.^{xxix xx} Any pay increases for direct service staff must be implemented while also maintaining, if not expanding, access to Head Start. In addition, APA recommends that OHS conduct a review of pay across Head Start to better ascertain the needs for equitable competition among various staff positions.

While APA agrees that it is vital for Congress to appropriate the funds needed to implement the workforce compensation and benefit provisions in the proposed rule, much of the NPRM is predicated on future increases in annual federal funding. Considering the history of underfunding for Head Start and the challenges Congress is having in passing yearly appropriations, we are skeptical that programs will receive the funding necessary to accomplish these very well-intended but lofty requirements. In fact, as of this writing, Congress is still unable to pass Fiscal Year 2024 appropriations, with the Senate proposing to keep funding for Head Start relatively flat, while the House looks to institute a \$750 million cut, which alone would result in more than 50,000 children losing access to Head Start programs.^{xxxi} Thus, despite the good intentions, to avoid creating an unfunded mandate many Head Start programs will be unable to meet, OHS should consider a broader implementation period, tied directly to availability of funds.

Specific Recommendations

§1302.17 Suspension and expulsion.

Although the statistics on the disproportionate use of exclusionary disciplinary practices in K-12 schools are well documented, many are unaware that rates of suspension and expulsion in pre-K and childcare settings exceed those of grades K-12.^{xxii} The most recent Civil Rights Data Collection (2020–2021) shows that while Black preschool children accounted for 17 percent of preschool enrollment, they represented 31 percent of preschool children who received one or more out-of-school suspensions and 25 percent of those expelled.^{xxiii} Although children with neurodevelopmental disabilities represent a small minority of the total preschool population, one out of six children with autism had been expelled from a preschool or child-care setting prior to elementary school.^{xxiv}

Disparities in school discipline are of great concern, as research shows the correlation between school discipline and involvement in the criminal justice system.^{xxv} Students who experience even just one suspension are twice as likely to be involved in the criminal justice system and four times more likely to report being arrested than those who receive no harsh discipline.^{xxvi} Cumulatively, such policies, including at the preschool level, can have profound implications for the trajectory of a child's life, including inequities in educational attainment, employment, and health outcomes.^{xxvii}

APA strongly supports the NPRM's aims to improve efforts to eradicate such disciplinary practices, and offers several recommendations to strengthen the language:

- **(a)(2)**: Both in this section and throughout the HSPPS, it would be appropriate to define "parents" to be inclusive of "caregiver." In many cases this may be a grandparent, other family member, foster parent, or other legal guardian.
- **(a)(3)**: The term "behavior coaches" is unclear and should be changed to "behavior specialist," which would align it with similar hiring efforts across Head Start programs.^{xxviii} Additionally, "mental health" should be added to read, "other appropriate mental health specialists."
- **(b)(2)(ii)**: Change "parental consent" to "consent of parent or legal guardian."
- **(b)(3)**: Change "continued serious safety threat to the child or other enrolled children" to "continued serious safety threat to the child, other enrolled children, or program staff."

- Additional training should be provided to help staff recognize and mitigate bias when developing disciplinary policies and making disciplinary decisions.

§1302.42 Child health status and care.

- **(a)(1), (b)(1)(i), and (b)(1)(ii):** Add “mental health” wherever health or healthcare is mentioned.
- **(a)(1):** It is important to consider that children who are housing insecure could have greater needs for a visit. Change “receives a home visit” to “receives a visit to temporary or permanent housing.” This should be done throughout the NPRM wherever housing is mentioned. There needs to be a more systemic inclusion of housing insecurity throughout the document.
- **(d)(1):** Replace “health problem or developmental delay” with “health, mental health, social and emotional, or developmental problem.”
- **(d)(2):** Add “mental health” after “health” and before “oral health.”
- **(e)(2):** Add “behavioral and developmental services” to “medical and oral health services.”

§1302.45 Supports for mental health and well-being.

While APA strongly supports the inclusion of mental health alongside health in portions of the HSPPS, there are a number of instances throughout the NPRM where mental health has been left out. We have provided specific examples in these comments of sections where it should be included. Doing so would further administration-wide efforts recognizing that mental health *is* health, which we applaud. Our nation’s mental health continues to be in a state of crisis. Data collected by APA show a population experiencing extraordinarily high levels of stress and anxiety, with a quarter of U.S. adults reporting levels of stress that impede regular activities.^{xxxix} Unsurprisingly, psychologists report that demand for treatment for anxiety and depression remains high, especially among populations of color and young people.^{xxx}

Our children and adolescents are not immune to these stressors. In fact, their mental health is frequently tied to the overall health, safety, and stability of their surroundings, including their homes, communities, and schools. Data show that social determinants of health—the non-medical conditions in which people are born, grow, work, live, and age, that influence health outcomes—affect a child’s development, including their mental health and cognitive well-being.^{xxxi}

Nationally, nearly 4 million children experienced depression in the last year, with diagnoses of depression, anxiety and post-traumatic stress disorder in children and teenagers increasing by 12 percent between 2020 and 2021.^{xxxii xxxiii} This includes young children who exhibit clear characteristics of significant mental health problems, including anxiety, attention-deficit/hyperactivity and/or conduct disorders, depression, posttraumatic stress disorder, and neurodevelopmental disabilities. About 16 percent of children under 6 years of age have clinically significant mental health challenges.^{xxxiv} These troubling statistics are even more pronounced among children from historically minoritized populations, including children of color and LGBTQ+ youth, who also face disparities in access to behavioral health care.^{xxxv xxxvi xxxvii}

Meeting children where they are is often a good way to address these growing mental health needs, including in educational settings such as schools and preschools and through home visits, particularly as they can be key resources in prevention and early intervention efforts.^{xxxviii} APA strongly supports the NPRM’s aims to improve mental health services in Head Start programs, and offers several recommendations to strengthen the language in the final rule:

- **Program-wide wellness supports.**

- In addition to mental health and well-being, “developmental” should be added throughout this section. For example, in **(a)(2)** and **(a)(4)**, add “developmental” among the already listed concerns. Developmental issues are distinct from mental health and well-being. For example, neurodevelopmental disabilities such as autism are typically considered developmental, rather than mental health, disorders. It is important to be mindful that mental health also encompasses care of intellectual and/or cognitive development, which is not clear from the current language in the NPRM. While both the current HSPSS and the NPRM do well to cover services for children with disabilities, the final rule, as a whole, should be more explicit in its inclusion of children with all types of neurodevelopmental disabilities.
- **(a)(5)**: Add “mental health” to list of services.
- Although we appreciate efforts to limit excessive disciplining of students, APA is concerned with the removal of language on providing support for effective classroom management and urges OHS to reverse this change in the final rule. Research into the psychology of teaching shows that effective classroom management is a core principle of successful teacher preparation, both at the pre-service and professional development levels.^{xxxix} Expectations for classroom conduct and social interaction are learned and can be taught using proven principles of behavior and effective classroom instruction. Successful classroom management is based on setting and communicating high expectations, consistently nurturing positive relationships, and providing a high level of student support. When educators are given the proper training, they will have the necessary skills to effectively manage student behavior, helping them to self-regulate without resorting to exclusionary disciplinary practices. APA has several resources to help educators effectively manage their classroom.^{xl}

- **Mental health consultants.**

- **(b)(1)**: Add “and well-being” and add “developmental” along with “mental health and social and emotional concerns.”
 - **(b)(2)**: Add “cognitive” along with “mental health, social, and emotional development.” It is also unclear if “child and family services staff” includes teachers. The language should specify.
 - **(b)(3)**: Add “intellectual and developmental concerns” after “including.” Change “risk” to “both classroom presentation and risk for concerns.”
 - **(b)(4)**: Add “in early childhood” after “to understand mental health.”
- APA is concerned with the lack of focus throughout the NPRM on trauma including adverse childhood experiences (ACEs), which are potentially traumatic events that occur in childhood, starting at birth. Trauma, including that which stems from ACEs, often has downstream effects on the well-being of young people, and can lead to substance use, affect brain development, and cause chronic illnesses such as heart disease or cancer.^{xli} There is also a wide array of literature linking social determinants of health to ACEs.^{xlii xliii} OHS should include screening for ACEs and training for staff on recognizing signs of ACEs as part of the expanded mental health services covered by Head Start.
 - When finalizing the rule, OHS should be mindful of the pervasive shortages of mental health providers throughout the country and how that will impede efforts to expand mental health services at Head Start programs. The U.S. has long faced a serious nationwide shortage of mental

and behavioral health care providers, including psychologists, with every state having documented mental health professional shortage areas. It is estimated that 158 million U.S. residents—nearly half of the population—live in a mental health workforce shortage area.^{xliv} By 2030, these shortages are projected to worsen significantly, with rural communities facing major challenges in recruiting licensed mental and behavioral health care professionals.^{xliv xlv xlvii} For this reason, OHS should provide a level of flexibility to certain Head Start programs, particularly those in rural areas, in meeting the proposed mental health requirements, while also working with partners in the administration and Congress on efforts to grow the mental health care workforce.

§1302.46 Family support services for health, nutrition, and mental health.

- **(a)**: Add “and language and/or cultural barriers” after “literacy.”
- **(b)(1)(iii)**: For consistency in word use, remove “concerns” to align with “depression and anxiety.”
- **(b)(1)(iv)**: Add “cognitive” in “child’s social and emotional development.”
- **(b)(2)(iv)**: Add “culturally and linguistically responsive developmental and” after “evidence-based” and before “mental health services.”

§1302.47 Safety practices.

- **(b)(5)(2)**: For safe sleep practices, include best practices for placing infants on their backs to sleep, as per sleep guidance from the American Academy of Pediatrics.^{xlvi}
- As the epidemic of gun violence continues to harm children, OHS should consider adding language providing information to parents, guardians, caregivers, and family childcare providers on safe gun storage. In 2020 and 2021, firearm injuries were the leading cause of death among children and teens ages 1-19, with the number of children and teens killed by gun violence nationally increasing by 50 percent between 2019 and 2021.^{xlvi} Providing training on safely storing firearms—which means storing them unloaded, locked, and separate from ammunition—can make homes and communities safer. Research shows that secure storage practices are crucial to preventing unintentional injuries and self-harm, including among children and adolescents, among whom hundreds of deaths could be prevented each year.^{li}

§1302.50 Family engagement.

- APA recommends inclusion of guidance, throughout this section, on ways to account for lived experience when engaging families and communities, which is considered a best practice.^{liii} Lived experiences play a critical role in system improvement efforts by providing insights and perspectives on what is needed and working, as well as what is not. This includes a family-driven approach which aims to center the family as a primary decision-maker in both the care of their own children and around policies that impact all children and families.^{liv} When done meaningfully and intentionally, solutions informed by lived experiences can engender larger community buy-in, making it more likely that they are implemented and sustained.^{lv} In recent years, as part of an effort to increase family engagement, more mental health, child welfare, juvenile justice, and education programs have adopted family-driven approaches.^{lvi}

§1302.51 Parent activities to promote child learning and development.

- **(a)(1)**: Add “enhancement of pre-reading skills” among offered activities.

§1302.52 Family partnership services.

- **(b)**: Add “and resilience” after “family well-being.”
- **(d)(1)**: Add “culture” among factors to account for.

§1302.53 Community partnerships and coordination with other early childhood and education programs.

- **(a)(2)**: Add "education" after “substance abuse.”

§1302.80 Enrolled pregnant women.

APA supports the NPRM’s efforts to broaden the scope of awareness of the health and mental health information, services, and education that may be helpful for expectant families, including the requirement for programs to track and record interactions with pregnant people in Early Head Start. In addition, we recommend the following changes to the language:

- Along with mothers and pregnant women, “birthing people” should be included as a category, to ensure that the final rule is inclusive of all individuals that are able to birth children, such as nonbinary individuals and transgender men. This should be adjusted in all sections of the NPRM where mothers and pregnant women are mentioned.
- **(d)**: Add “safe sleep” among items to discuss during a visit.

§1302.81 Prenatal and postpartum information, education, and services.

- Change “Prenatal and Postpartum” in the heading of this section to “perinatal,” as it also encompasses the period before conception. This change should be made in all sections of the NPRM where “prenatal and postpartum” is mentioned, including subsection **(a)** of this section.
- **(a)**: APA does not recommend removing “parental depression” from among the prenatal and postpartum information, education, and services programs must provide. Parental depression is a known risk that has implications for children’s well-being, and screenings for parental depression should increase, not decrease.^{lvii} In addition, add “infant development (physical, cognitive, social, emotional)” among the information, education, and services provided.
- **(c)**: Add “that promotes infant development” after “responsive caregiving.”

§1302.82 Family partnership services for enrolled pregnant women.

- **(a)**: To be more inclusive, change "such as fathers " to “such as fathers, partners, and extended family members." This should also be changed in other parts of the NPRM which currently employ only the term "father."

§1302.90 Personnel policies.

- **(c)(1)(iv)**: Consider adding enhanced training to improve awareness of implicit bias and racism.
- **(d)(2)**: In addition to ensuring that communication is equitable for dual language students and families, the final rule should also include information on how communications with Deaf students and families will be conducted. This is currently missing from the NPRM.

§1302.91 Staff qualifications and competency requirements.

- **(e)(8)(ii):** Add “community resources” among the knowledge mental health consultants should have.

§1302.92 Training and professional development.

- **(b)(6):** Add “identification and referral for suspected intellectual and developmental delays” among the professional development education staff should receive.

§1302.93 Staff health and wellness.

Educators continue to face unique challenges and pressures due to the ever-changing landscape of the educational system. Teachers and other critical school personnel feel stressed, burnt out, and undervalued.^{lviii} Educator well-being is intrinsically linked to that of their students. Teachers and staff who exhibit strong personal social and emotional skills provide better school climates and improve social, emotional, and academic development of their students.^{lix lx} As noted above, this also extends to early childhood educators, who are themselves experiencing increased levels of stress, anxiety, burnout, and mental health concerns, which impacts both their ability to do their jobs and their desire to remain in the profession.^{lxi}

APA strongly supports the NRPM’s efforts to address the mental health and well-being of Head Start staff. Yet, we caution OHS from being overly prescriptive and advise allowing for some flexibilities, particularly for programs in rural and underserved areas.

APA appreciates the opportunity to provide public comment and looks forward to seeing a final rule. If we can be of further assistance, please contact Kenneth Polishchuk, Senior Director for Congressional and Federal Relations & Education Policy Lead, at kpolishchuk@apa.org.

Sincerely,



Katherine B. McGuire
Chief Advocacy Officer

ⁱ American Psychological Association. (2022). Psychology’s Role in Advancing Population Health. <https://www.apa.org/about/policy/population-health-statement.pdf>

ⁱⁱ Coalition for Psychology in Schools and Education. (2019). *Top 20 principles from psychology for early childhood teaching and learning*. American Psychological Association. <https://www.apa.org/ed/schools/teaching-learning/top-twenty/early-childhood/full-report.pdf>

ⁱⁱⁱ Heckman, James J. (2017). *Four Big Benefits of Investing in Early Childhood Development*. The Heckman Equation. https://heckmanequation.org/www/assets/2017/01/F_Heckman_FourBenefitsInvestingECDDevelopment_022615.pdf.

^{iv} Jacobson, L. (2023). *Starting School Before Age 2 Helps Children Avoid Achievement Gaps, Study Finds*. The 74 Million. <https://www.the74million.org/article/starting-school-before-age-2-helps-children-avoid-achievement-gaps-study-finds/>

^v Horm, D.M., Jeon, S., Clavijo, M. V., & Acton, M. (2022). Kindergarten through Grade 3 Outcomes Associated with Participation in High-Quality Early Care and Education: A RCT Follow-Up Study. *Education Sciences*, 12(12), 908. <https://www.mdpi.com/2227-7102/12/12/908>

^{vi} See, e.g., Fasano, R. M., Perry, L. K., Zhang, Y., Vitale, L., Wang, J., Song, C., & Messinger, D. S. (2021). A granular perspective on inclusion: Objectively measured interactions of preschoolers with and without autism. *Autism Research*, 14(8), 1658–1669. <https://doi.org/10.1002/aur.2526>

^{vii} National Institute for Early Education Research. (2022). *The State of Preschool Yearbook 2022*. Rutgers Graduate School of Education. <https://nieer.org/the-state-of-preschool-yearbook-2022>

^{viii} OECD. (2023). *PF3.1: Public spending on childcare and early education*. OECD Family Database. https://www.oecd.org/els/soc/PF3_1_Public_spending_on_childcare_and_early_education.pdf

- ^{ix} Ansel, B. & Markezich, M. (2017). *Falling behind the rest of the world: Childcare in the United States*. Washington Center for Equitable Growth. <https://equitablegrowth.org/falling-behind-the-rest-of-the-world-childcare-in-the-united-states/#:~:text=As%20for%20childcare%2C%20the%20United,are%20enrolled%20in%20formal%20childcare>.
- ^x Friedman-Krauss, A. Barnett, S. (2020). *Access to High-Quality Early Education and Racial Equity*. Rutgers Graduate School of Education, National Institute for Early Education Research. <https://nieer.org/wp-content/uploads/2021/02/Special-Report-Access-to-High-Quality-Early-Education-and-Racial-Equity.pdf>
- ^{xi} Malik, R., Hamm, K., & Schochet, L. (2018). *America's Child Care Deserts in 2018*. Center for American Progress. <https://www.americanprogress.org/article/americas-child-care-deserts-2018/>
- ^{xii} MDRC. (2023). *Study Provides New Evidence on Disparities in Access to Pre-K*. MDRC. <https://www.mdrc.org/news/announcement/study-provides-new-evidence-disparities-access-pre-k#:~:text=However%2C%20Black%2C%20Hispanic%2C%20and,in%20the%20highest%2Dquality%20schools>
- ^{xiii} Center for the Study of Child Care Employment (CSCCE). (2023). *Child Care Sector Jobs: BLS Analysis*. Berkeley University of California, Institute for Research on Labor and Employment. <https://cscce.berkeley.edu/publications/brief/child-care-sector-jobs-bls-analysis/>
- ^{xiv} McLean, C. (2020). *Increased Compensation for Early Educators: It's Not Just "Nice to Have" – It's a Must-Have*. Berkeley University of California, Institute for Research on Labor and Employment, Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/blog/increased-compensation-for-early-educators-its-not-just-nice-to-have-its-a-must-have/>
- ^{xv} Dynia, J. M., Koury, A. J., Bates, R. A., & McGinnis, C. P. (2021). *Food insecurity in a nationally representative sample of child care workers*. South Side Early Learning, The Center for Early Childhood Innovation. <https://sproutfive.org/food-insecurity-in-a-nationally-representative-sample-of-child-care-workers/>
- ^{xvi} Teaching Strategies. (2022). *Teacher Survey on Professional Learning, Burnout, and Retention*. https://teachingstrategies.com/wp-content/uploads/2022/10/TS-Teacher-Retention-flyer_Digital.pdf
- ^{xvii} *ibid.*
- ^{xviii} Rodriguez, J. O. (2024). *Child care gaps in rural America threaten to undercut small communities*. Chalkbeat. <https://www.chalkbeat.org/2024/01/08/rural-child-care-gaps-threaten-to-undercut-small-communities/>
- ^{xix} DeForge, J. (2023, July 24). *Head Start cuts enrollment, raises salaries to combat teacher shortage*. MassLive. <https://www.masslive.com/news/2023/07/head-start-cuts-enrollment-raises-salaries-to-combat-teacher-shortage.html>
- ^{xx} Monk, G. (2024, January 10). *Child care, preschool slots for CT children are dropping, report says*. Hartford Courant. <https://www.courant.com/2024/01/10/child-care-preschool-slots-for-ct-children-are-dropping-report-says/>
- ^{xxi} Appropriations Committee. (2023, July 13). *House Republican Funding Bill Kicks Teachers Out of Classrooms, Takes Away Job Opportunities, and Harms Women and Children*. U.S. House of Representatives. <https://democrats-appropriations.house.gov/news/press-releases/house-republican-funding-bill-kicks-teachers-out-of-classrooms-takes-away-job>
- ^{xxii} American Psychological Association. (2023). *Building Blocks for Preschool Success*. APA, Public Interest Directorate. <https://www.apa.org/pi/health-equity/resources/education>
- ^{xxiii} U.S. Department of Education. (2023). *2020-21 Civil Rights Data Collection: Student Discipline and School Climate in U.S. Public Schools*. U.S. Department of Education, Office for Civil Rights. <https://www2.ed.gov/about/offices/list/ocr/docs/crdc-discipline-school-climate-report.pdf>
- ^{xxiv} Blacher, J., & Eisenhower, A. (2023). *Preschool and Child-Care Expulsion: Is it Elevated for Autistic Children?* *Exceptional Children*, 89(2), 178-196. <https://doi.org/10.1177/00144029221109234>
- ^{xxv} National Institute of Justice. (2021, November 12). *Student Suspensions Have Negative Consequences, According to NYC Study*. <https://nij.ojp.gov/topics/articles/student-suspensions-have-negative-consequences-according-nyc-study>
- ^{xxvi} Rosenbaum, J. (2020). *Educational and Criminal Justice Outcomes 12 Years After School Suspension*. *Youth & Society*, 52(4), 515-547. <https://doi.org/10.1177/0044118X17752208>
- ^{xxvii} Meek, S.E., & Gillam, W. S. (2016). *Expulsion and Suspension in Early Education as Matters of Social Justice and Health Equity*. *NAM Perspectives*. <https://nam.edu/expulsion-and-suspension-in-early-education-as-matters-of-social-justice-and-health-equity/>
- ^{xxviii} Head Start. *Behavioral Specialist – Early Head Start/Head Start* [Job Posting]. <https://resources.finalsite.net/images/v1646945066/rvaschoolsnet/xwbtfkoqokzyvj0qbqcl/BehavioralSpecialist-EarlyHeadStartHeadStart.pdf>
- ^{xxix} American Psychological Association. (2022). *Stress in America: Concerned with the future, beset by inflation*. <https://www.apa.org/news/press/releases/stress/2022/concerned-future-inflation>
- ^{xxx} American Psychological Association. (2023). *Psychologists reaching their limits as patients present with worsening symptoms year after year: 2023 Practitioner Pulse Survey*. <https://www.apa.org/pubs/reports/practitioner/2023-psychologist-reach-limits>
- ^{xxxi} Xiao, Y., Mann, J. J., Chow, J. C., Brown, T. T., Snowden, L. R., Yip, P. S., Tsai, A. C., Hou, Y., Pathak, J., Wang, F., & Su, C. (2023). *Patterns of Social Determinants of Health and Child Mental Health, Cognition, and Physical Health*. *JAMA Pediatrics*, 177(12), 1294-1305. doi:10.1001/jamapediatrics.2023.4218
- ^{xxxii} Haeffele, P. (2022, November 11). *The kids are not all right: 10 states with the highest youth depression rates*. Becker's Behavioral Health. <https://www.beckersbehavioralhealth.com/behavioral-health-news/the-kids-are-not-all-right-10-states-with-the-highest-youth-depression-rates.html>
- ^{xxxiii} Haeffele, P. (2022, December 8). *Cost of virtual pediatric mental health appointments up 20,250% since 2019*. Becker's Behavioral Health. <https://www.beckersbehavioralhealth.com/behavioral-health-news/cost-of-virtual-pediatric-mental-health-appointments-up-20-250-since-2019.html>
- ^{xxxiv} Gleason, M. M. (n.d.). *Mental Health in Infants and Young Children: Pediatric Mental Health Minute Series* [Video]. American Academy of Pediatrics. <https://www.aap.org/en/patient-care/mental-health-minute/mental-health-in-infants-and-young-children/>
- ^{xxxv} McKnight-Eily, L. R., Okoro, C. A., Strine, T. W., Verlenden, J., Hollis, N.D., Njai, R., Mitchell, E. W., Board, A., Puddy, R., & Thomas, C. (2021). *Racial and Ethnic Disparities in the Prevalence of Stress and Worry, Mental Health Conditions, and Increased Substance Use Among Adults During the COVID-19 Pandemic — United States, April and May 2020*. *Morbidity and Mortality Weekly Report*, 70(5), 162-166. <http://dx.doi.org/10.15585/mmwr.mm7005a3>
- ^{xxxvi} Sheftall, A. H., Vakil, F., Ruch, D. A., Boyd, R. C., Lindsey, M. A., & Bridge, J. A. (2021). *Black Youth Suicide: Investigation of Current Trends and Precipitating Circumstances*. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(5), 662-675. <https://doi.org/10.1016/j.jaac.2021.08.021>

-
- xxxvii The Trevor Project. (2022). *2022 National Survey on LGBTQ Youth Mental Health*. https://www.thetrevorproject.org/survey-2022/assets/static/trevor01_2022survey_final.pdf.
- xxxviii Friedman-Krauss, A. H., & Barnett, W. S. (2023). *The State(s) of Early Intervention and Early Childhood Special Education: Looking at Equity*. National Institute for Early Education Research. https://nieer.org/wp-content/uploads/2023/05/SE_FullReport.pdf
- xxxix Lucariello, J., Graham, S., Nastasi, B., Dwyer, C., Skiba, R., Plucker, J., Pitoniak, M., Brabeck, M., DeMarie, D., & Pritzker, S. (2015). *Top 20 principles from psychology for preK–12 teaching and learning*. American Psychological Association, Coalition for Psychology in Schools and Education. <https://www.apa.org/ed/schools/teaching-learning/top-twenty-principles.pdf>.
- xl American Psychological Association. (2023). *Classroom Management*. <https://www.apa.org/education-career/k12/classroom>
- xli The National Child Traumatic Stress Network. (n.d.). *Complex Trauma: Effects*. <https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects>
- xlii National Human Trafficking Training and Technical Assistance Center. (2018). *Adverse Childhood Experiences and Social Determinants of At-Risk Populations: A Literature Review and Annotated Bibliography*. Department of Health and Human Services, Administration for Children & Families, Office on Trafficking in Persons. https://nhtta.acf.hhs.gov/system/files/2021-09/ACE_LitReview.pdf
- xliii The Health Equity Project. (2022). *Addressing Adverse Childhood Experiences (ACEs): An Overlooked Social Determinant of Health*. <https://projectthealthequity.org/wp-content/uploads/ACEs-FINAL.pdf>
- xliv Health Resources and Services Administration. (2023). *Health Workforce Shortage Areas*. U.S. Department of Health and Human Services. <https://data.hrsa.gov/topics/health-workforce/shortage-areas>
- lv U.S. Bureau of Labor Statistics. *Occupational Outlook Handbook, Psychologists*. U.S. Department of Labor. <https://www.bls.gov/ooh/life-physical-and-social-science/psychologists.htm#tab-6>.
- lvi Bureau of Health Workforce (n.d.). *Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling, and School Psychologists*. Health Resources and Services Administration. <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/psychologists-2018.pdf>
- lvii Rural Health Information Hub. (2021). *Rural Mental Health*. RHihub. <https://www.ruralhealthinfo.org/topics/mental-health>
- lviii American Academy of Pediatrics (AAP) (2023). *Recommendations for Preventive Pediatric Health Care*. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- lix Centers for Disease Control and Prevention. (2023). *Summary of Initial Findings from CDC-Funded Firearm Injury Prevention Research*. <https://www.cdc.gov/violenceprevention/firearms/firearm-research-findings.html>
- ¹ Gramlich, J. (2023, April 6). *Gun deaths among U.S. children and teens rose 50% in two years*. Pew Research Center. <https://www.pewresearch.org/short-reads/2023/04/06/gun-deaths-among-us-kids-rose-50-percent-in-two-years/>
- li American Psychological Association. (2013). *Gun violence: Prediction, prevention, and policy*. <https://www.apa.org/pubs/reports/gun-violence-report.pdf>
- lii American Academy of Pediatrics. (2019, May 13). *Study: Safe gun storage prevents child and teen deaths*. <https://publications.aap.org/aapnews/news/14000>
- liii Capacity Building Center for States. (2022). *Methods and strategies to engage people with lived experience*. U.S. Department of Health and Human Services, Children’s Bureau, Administration for Children and Families. <https://capacity.childwelfare.gov/states/resources/methods-and-strategies-to-engage-people-with-lived-experience>
- liv Youth.gov. (n.d.). *System Level: Engaging Families as Partners in System Improvement*. <https://youth.gov/youth-topics/system-level-engaging-families-partners-system-improvement>
- lv National Center for State Courts. (n.d.). *The Value of Including Individuals with Lived Experience*. https://www.ncsc.org/_data/assets/pdf_file/0031/78871/The-Value-of-Including-Individuals-with-Lived-Experience.pdf
- lvi Child Welfare Information Gateway. (2021). *Family Engagement: Partnering With Families to Improve Child Welfare Outcomes*. U.S. Department of Health & Human Services, Administration for Children & Families, Children’s Bureau. https://cwig-prod-prod-drupal-s3fs-us-east-1.s3.amazonaws.com/public/documents/f_fam_engagement.pdf
- lvii England, M. J., & Sim, L. J. (Eds.). (2009). *Associations Between Depression in Parents and Parenting, Child Health, and Child Psychological Functioning*. In *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK215128/>
- lviii Kurtz, H. (2021, May 14). *Teachers Are More Stressed Out Than Ever, Even Amid Promising Developments, Survey Shows*. Education Week. <https://www.edweek.org/teaching-learning/teachers-are-more-stressed-out-than-ever-even-amid-promising-developments-survey-shows/2021/05>.
- lix Greenberg, M. T., Brown, J. L., & Abenavoli, R. M. (2016). *Teacher Stress and Health: Effects on Teachers, Students, and Schools*. Penn State & Robert Wood Johnson Foundation. <https://prevention.psu.edu/publication/teacher-stress-and-health-effects-on-teachers-students-and-schools/>
- lx Thriving Schools. (n.d.). *Social Emotional Health*. Kaiser Permanente. <https://thrivingschools.kaiserpermanente.org/school-employees/social-emotional/>.
- lxi Stein, R., Garay, M., & Nguyen, A. (2022). *It Matters: Early Childhood Mental Health, Educator Stress, and Burnout*. *Early Childhood Education Journal*. <https://doi.org/10.1007/s10643-022-01438-8>