The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

The Honorable Robert F. Kennedy, Jr.
Secretary of United States Department of Health and Human Services
Washington, D.C. 20528

RE: Comment on Reducing Federal Burden for Head Start Programs (RIN: 0970-AD30; Docket ID: ACF–2026–0595)

Dear Secretary Kennedy,

I am writing on behalf of Pennsylvania Partnerships for Children in response to the Department of Health and Human Services' (HHS, or the Department) Notice of Proposed Rulemaking (NPRM, or the Proposed Rule) to express our **strong opposition** to the changes proposed to the Head Start Program Performance Standards (HSPPS, or the Standards), published in the Federal Register on August 7, 2026. By eliminating the overwhelming majority of the HSPPS and adding new burdensome requirements, the proposed changes will diminish the quality, scope, and type of services that Head Start families receive, and undermine the ability of Head Start programs to meet the diverse needs of their communities. Indeed, although the preamble attempts to justify the proposal using the language of flexibility and parental rights, its impacts will be to add burden to Head Start programs and reduce the opportunities for parents to influence and be full partners in their child's education. The Proposed Rule, the Department acknowledges, will lead to larger class sizes, fewer teachers, coaches, and home visitors, shorter program days, and reduced health, dental, and mental health care, home visits, and other services. Further, these highly consequential changes have been proposed by HHS without the consultation required by Congress and contrary to the explicit requirements in the Head Start Act that govern the scope of the performance standards. We strongly urge HHS to withdraw the proposed regulation in its entirety.

The changes to the Standards in this Proposed Rule will cause real harm for nearly 30,000 of Pennsylvania children and their families who participate in Early Head Start and Head Start Preschool.

Pennsylvania Partnerships for Children (PPC) is a strong, effective, and trusted voice to improve the health, education, and well-being of children and youth in the commonwealth. Throughout our over 30-year history, our public policy victories have helped countless children learn, thrive, and succeed. With a vision to ensure every child living in Pennsylvania can thrive and reach their full potential, PPC is committed to considering policy solutions that also improve maternal health and advance racial equity. Focusing on five core policy areas – child welfare, early childhood education, home visiting, K-12 education, and maternal and child health – PPC is statewide, independent, nonpartisan, and nonprofit.

Head Start is a pillar of excellence in early childhood education programming and an integral piece of Pennsylvania's early learning system. PPC is a principal partner in the Early Learning Pennsylvania coalition, whose mission is to secure adequate resources to ensure all Pennsylvania's children and families have access to voluntary, high-quality early learning care and education and healthy development opportunities that capitalize on a child's most rapid period of brain development- birth to age 5. Early Head Start and Head Start Preschool are

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essential programs in ensuring children and families throughout the commonwealth have access to a high-quality early learning program that provides them with the supports needed to be successful.

I. The Proposed Rule's Elimination of the Vast Majority of the HSPSS Guts the Core Principles of Head Start.

Head Start has been a powerful force in improving the outcomes for children furthest away from opportunity because the Standards ensure every Head Start program use research-based practices to provide comprehensive services, include children from all backgrounds and respond to their diverse needs, empowers parents, and provide pregnant women and infants the resources to support healthy development.

The Proposed Rule will weaken Head Start and harm the children and families that the program serves by eliminating the vast majority of the Standards. Making such far-reaching changes to the Head Start program without adequately consulting with Head Start families, program leaders, local governments, or experts, demonstrates complete disregard for people who depend on Head Start. The Proposed Rule threatens to destroy Head Start through gutting the very provisions that make it successful.

Today, Head Start serves nearly 800,000 children birth to five and pregnant women in 20,000 locations across every state in the country as well as territories and Tribal Nations.[1] Nearly every community has a Head Start program: rural and remote, Tribal, urban centers, and agricultural hubs with specialized programs for the children of agricultural workers. Head Start's efficacy has been demonstrated over time: children who attend Head Start benefit throughout their lifetime, including higher educational attainment, improved health and economic self-sufficiency, and reduced inequality, with some studies even documenting positive effects that carry into participants' own children.[2]

A. Importance of the Standards to the Purpose, Integrity, and Effectiveness of Head Start

In recognition of the core role of comprehensive, uniform, and clear Head Start standards, Congress mandated that the Secretary establish "program performance standards by regulation."[3] And ever since the Standards were first published in 1975, every Congress has repeatedly directed that any revision to the Standards must not result in standards that reduce or eliminate the quality, scope, or type of services that were required to be provided under prior versions of the Standards.[4]

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[1] PIR Summary Report 2025. All programs included (HS, EHS, EHS-CCP, AIAN, Migrant & Seasonal).

[2] *See generally*, Chloe Gibbs, Head Start Evidence, Head Start Impact — Chloe Gibbs (last visited Aug. 1, 2026) (compiling studies).

[3] 42 U.S.C. § 9836a(a)(1).

[4] Pub. L. 95–568 § 20(i), 92 Stat. 2425 (1978) ("[a]ny revision in [performance] standards shall result in standards which are no less comprehensive than those in effect on the date of the enactment of the Economic Opportunity Amendments of 1978."); Pub. L. 97–35, subchapter B, 95 Stat. 499 (1981) (section 651(b) of the Head Start Act) (same); Pub. L. 98-558, 98 Stat. 2878, 2880 (1984) ("Any revision in such standards shall not result in the elimination

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By establishing a national baseline for the services and supports children and families can expect, regardless of where they live, the standards ensure that every child and family in Head Start receives high-quality services that will lead to greater success in school and in life. And by providing regulatory clarity and transparency the HSPPS ensures that Head Start agencies can run a high-quality Head Start program and that potential Head Start agencies understand operational requirements.

Furthermore, Congress enumerated in statute that the Secretary is required to undertake consultations and considerations "[i]n developing any modifications to standards."[5] These procedures and considerations confirm that Congress required the performance standards to be comprehensive and address all aspects of the Head Start program, including early childhood education and development, child health services and physical development, family services, transition to school, communication with parents, program administration and financial management.[6] Congress also required that the standards address particular needs of children eligible for Head Start, including children who have disabilities and children who are homeless or in foster care, dual language learners, those living in rural areas, and those who are part of seasonal agricultural worker families.[7]

The HSPPS establish the required parameters within which *all* programs must operate to ensure programs incorporate both the structural and process features of quality that evidence shows lead to long-term positive impacts. As the Department has explained: the "Performance Standards are the foundation on which programs design and deliver comprehensive, high-quality individualized services to support the school readiness"[8] of young children and have played a central role in the Head Start program since the 1970s.[9]

By establishing clear, uniform standards for quality, scope, and types of services provided in Head Start, the HSPPS also allow for mechanisms through which programs will be held accountable for meeting these requirements. Clarity and uniformity of the standards is important to establishing program quality, addressing state-to-state disparities, and developing standards for early childhood education overall.

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of nor any reduction in the scope or types of health, education, parental involvement, social or other services required to be provided under the standards in effect on November 2, 1978."); Pub. L. 103-252, § 108, 108 Stat. 623, 632 (1994) ("ensure that any such revisions in the performance standards will not result in the elimination of or any reduction in the scope or types of health, education, parental involvement, nutritional, social, or other services required to be provided under such standards as in effect on November 2, 1978."); Pub. L. No. 105-285 § 106, 112 Stat 2702 (1998) (replacing "November 2, 1978" and inserting "the date of enactment of the Coats Human Services Reauthorization Act of 1998"); Pub. L. 110-134, 121 Stat. 1363 (2007) ("ensure that any such revisions in the standards will not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services required to be provided under such standards as in effect on the date of enactment of the Improving Head Start for School Readiness Act of 2007").

[5] 42 U.S.C. § 9836a(a)(2).

[6] *Id.*

[7] *Id.*

[8] Head Start Performance Standards, 81 Fed. Reg. 61294, 61295 (Sept. 6, 2016).

[9] Head Start Program, 61 Fed. Reg. 57186 (Nov. 5, 1996); *see* 40 Fed. Reg. 27562 (June 30, 1975).

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The Proposed Rule fails to consider the benefits of regulatory clarity and transparency that are undermined by the proposed rule, fails to explain why the proposal is consistent with Congress's direction for the Secretary to have comprehensive standards on a wide range of different topics, and entirely fails to "ensure" that its "revisions in the standards will not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services required to be provided under such standards as in effect on the date of enactment of the Improving Head Start for School Readiness Act of 2007."[10] In fact, nowhere does the Department even acknowledge this obligation nor discuss what standards were "in effect on the date of enactment of the Improving Head Start for School Readiness Act of 2007."

B. Research-Based Standards are Critical to High-Quality Programs

Head Start has been a powerful force in improving the outcomes for children furthest away from opportunity because it is a research-based program. The evidence on long-term effects of early childhood education and early childhood development programs overall is unequivocal—long-term effects occur only in the context of high-quality programs. The primary mechanism for ensuring high-quality programs is the creation of program performance standards.

The Performance standards codify two forms of quality in Head Start—structural and process. Structural features of quality are physical and human resource-based aspects, including physical infrastructure, safety, staff-child ratios, group sizes, teacher qualifications, workforce compensation, salary, working conditions and benefits, and the existence of learning and hygiene related materials. Process quality includes aspects that cover pedagogy and teacher-child interactions, including curriculum, and features of teacher-child interactions such as emotional climate, instructional support, and how the classroom, the preschool day, and small vs large-group activities as well as the range and variation in activities (e.g. circle time; book sharing; guided play; free play; activities related to particular skills such as arts, numeracy, early language and literacy, science) are organized and implemented. National studies of structural and process quality find that both are associated with children's cognitive, language, numeracy, and social-emotional development.[11]

The HSPPS establish the required parameters within which *all* programs must operate to ensure programs incorporate both the structural and process features of quality that evidence shows lead to long-term positive impacts. As the Department has explained: the "Performance Standards are the foundation on which programs design and deliver comprehensive, high-quality individualized services to support the school readiness"[12] of young children and have played a central role in the Head Start program since the 1970s.[13]

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[10] 42 U.S.C. 9836A(a)(2)(C).

[11] *See, e.g.*, NICHD Early Child Care Research Network, *Child-Care Structure→ Process→ Outcome: Direct and Indirect Effects of Child-Care Quality on Young Children's Development,* 13 Psychological Science 199, 199-206 (2002); Antje von Suchodoletz et al., *Early Childhood Education and Care Quality and Associations with Child*

[12] Head Start Performance Standards, 81 Fed. Reg. 61294, 61295 (Sept. 6, 2016).

[13] Head Start Program, 61 FR 57186 (Nov. 5, 1996); *see* 40 Fed. Reg. 27562 (June 30, 1975).

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By establishing clear, uniform standards for quality, scope, and types of services provided in Head Start, the HSPPS also allow for mechanisms through which programs will be held accountable for meeting these requirements.[14] The Standards structure the maintenance and improvement of quality in Head Start programs. For example, in 2022, Early Head Start directors indicated that 88.4% of their centers had been inspected or monitored for quality in the past 12 months.[15]

The Standards are deeply grounded in research to ensure that programs are developmentally appropriate and that children participating in the program develop the knowledge and skills to succeed. The two previous comprehensive revisions of the Head Start Program Performance Standards reflect the process necessary to ensure the Standards fulfill the Congressional mandate to be the Congressional mandate to be scientifically based." 42 U.S.C. § 9836A(a)(1)(B). The 1990s revision followed the Advisory Committee on Head Start Quality and Expansion and the Advisory Committee on Services for Families with Infants and Toddlers, as well as extensive expert and stakeholder consultation—including convening over 70 focus groups.[16] The 2016 revision expressly incorporated recommendations of the Secretary's Advisory Committee on Head Start Research and Evaluation.[17] Congress directed the Office of Head Start to sponsor a study by the National Academy of Sciences to review and provide guidance on appropriate outcomes and assessment for young children, and directed the Secretary to consider the recommendations of that study before modifying the Standards.[18]

Although the HSPPS have been updated and revised several times since the 1970s to incorporate child development research and to improve or update specific dimensions of the program, notably none of these revisions have ever substantively altered the Head Start model or removed the standards for any service requirement. Reducing standards doesn't create efficiency — it reduces quality, weakens outcomes, and undermines the programs that families depend on.

The standards have also been crucial in Head Start's national role driving innovation and early childhood expansion in the states. In addition to the children it serves directly, Head Start Program Performance Standards have served as an anchor and innovation center for quality across the early childhood sector. Because of the robustness of quality articulated in the HSPPS, they serve as the basis of quality in other early care and learning systems. For example, the

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[14] *See, e.g.,* Head Start Program, 61 Fed. Reg. 57186, 57186 (Nov. 5, 1996).

[15] Cassandra Baxter, Yang Xue, Anna Beckham & Brandan Pierce, *Changes in Early Head Start services, Staff, and Participating Families Over Time: 2018–2022*, OPRE Report 2024-345 (Dec. 2024).

[16] 61 Fed. Reg. 57186 (Nov. 5, 1996).

[17] 81 Fed. Reg. 61294, 61295, 61304 (Sept. 6, 2016) ("We began the rulemaking process with consultations, listening sessions, and focus groups with Head Start staff, parents, and program administrators, along with child development and subject matter experts, early childhood education program leaders, and representatives from Indian tribes, migrant and seasonal communities, and other constituent groups. We heard from tribal leaders at our annual tribal consultations. We studied the final report of the Secretary's Advisory Committee on Head Start Research. We consulted with national organizations and agencies with particular expertise and longstanding interests in early childhood education.")

[18] *National Academy of Sciences: Study of Early Childhood Assessment*, Office of Planning, Research & Evaluation, https://acf.gov/archive/opre/project/national-academy-sciences-study-early-childhood-assessment-2006-2008 [https://perma.cc/7ESB-GL7L?type=image].

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Every Student Succeeds Act requires that Title I funded preschool is aligned with Head Start's education standards.[19] Additionally, some states also integrate or align the HSPPS within their quality frameworks and structures.

Head Start has also driven professional development in early childhood. The Child Development Associate (CDA) credential grew out of the program and is now used widely across the sector, and Head Start's professional development and degree expectations have helped raise standards for the early childhood workforce overall.[20] The program has served as the field's research and development engine, testing and scaling practices in curriculum, coaching, and continuous quality improvement that ripple out to child care and preschool providers beyond Head Start itself. The Department's prior observation that the importance of the Program Performance Standards "to the Head Start program and to preschool education generally goes far beyond the typical role of Federal regulations,"[21] remain just as true today.

The Proposed Rule's elimination of the vast majority of the HSPPS undermines quality in Head Start programs. It radically transforms Head Start by entirely removing standards that guide the delivery of education and services for the first time since 1975. And it undertakes these drastic changes recklessly, abandoning the consultations, research, and process that have accompanied prior revisions to the HSPPS and that are required by the Head Start Act.[22]

C. Head Start programs and the communities they serve have relied on the existing standards for decades.

Having the rules and expectations about Head Start programs comprehensively laid out in one place enables Head Start agencies and their staff to meet the statutory requirements and deliver the goals and outcomes of the Head Start program. Head Start agencies rely on the HSPPS to understand both the requirements of the Act and how to operationalize those requirements. That has been the role of the HSPPS since they were first enacted in 1975.[23] Since the first HSPPS, Head Start programs have been instructed that the Standards are the directions, instructions, and operating manual on how to implement a Head Start program. The Standards establish minimal service requirements and provide the means by which programs understand whether they are in or out of compliance with the Head Start Act. These Standards are not

[19] 20 U.S.C. §6312(c)(7). In 2021-22, 818,689 children ages 3-5 (not yet in kindergarten) were served in Title I Part A, which include preschool services that are required to align with the Head Start standard. *See* U.S. Department of Education, ED Data Express (n.d.), EDFacts Title I Part A 2021-2022. Data Group 670 Public Schoolwide Programs. https://eddataexpress.ed.gov/dashboard/title-i-part-a/2021-2022?sy=2919&s=1035#tertiary.

[20] The CDA grew out of a task force convened in 1971 in response to the growth of Head Start. It was initially funded by ACYF, and eventually, ACYF funded the National Association for the Education of Young Children (NAEYC) to create a separate nonprofit organization to administer the CDA Credential, beginning in 1985. Zigler, E. and Kagan, S.L. (1981). The Child Development Associate: A Challenge for the 1980s. *Young Children*, 36(5), 10-15; CDA Council. (2020). *Facing Challenges and Change: 45 Years of the CDA.* https://www.cdacouncil.org/en/published-article/child-care-exchange/.

[21] Head Start Program, 61 Fed. Reg. 57186, 57186 (Nov. 5, 1996).

[22] 42 U.S.C. §9836a(a)(2).

[23] Head Start Programs Performance Standards, 40 Fed. Reg. 27562, 27562 (June 30, 1975) (purpose of the regulations is to provide "program performance standards necessary and required to attain those objectives" of the Head Start program).

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"procedural mandates" as the Department says[24]; they establish the very substance of the Head Start program.

It would be a significant and confusing change in practice for there to be requirements for Head Start programs that do not appear in the HSPPS. Given the decades of reliance on the HSPPS, the predictable result is that those things that are eliminated from the Standards will be less likely and less consistently provided by Head Start agencies, even if they are required elsewhere. Indeed, the Department appears to appreciate that one of the roles of regulatory guidance is "highlight the importance" of an issue.[25] And the Department has long recognized that providing clear standards that are easy for Head Start agencies to use contributes to quality services.[26] The Department fails to explain why it no longer believes Standards are important for quality. It also does not explain why Standards are important for nutrition but not Head Start's other components including education, parental involvement, and health.

Contrary to the Department's argument that the Standards are largely duplicative of statutory requirements and unnecessary, and that recission will reduce administrative burdens for programs, the Proposed Rule would result in increased administrative burdens and costs for Head Start programs and participants.

D. The Standards are the Basis of Monitoring for Quality and Safety

The Proposed Rule undermines Congress's instruction that HHS use monitoring and a designation renewal system to ensure Head Start agencies are offering high-quality programs by assessing whether agencies are meeting the standards.[27] Because under the proposal the Standards would no longer establish requirements for providing a high quality and comprehensive Head Start program—monitoring for the compliance with the Standards as changed by the proposal would no longer ensure high-quality programs.

By eliminating the vast majority of the Standards, the proposed rule hamstrings the ability of monitoring and the designation renewal system to ensure quality and safety in Head Start programs.

In the Head Start Act, Congress identified monitoring as necessary to "ensure the successful operation of programs"[28] and "help the programs identify areas for improvement and areas of strength as part of their ongoing self-assessment process."[29] Thus, Congress instructed the Secretary to "determine whether Head Start agencies meet *standards* described in subsection

[24] 91 Fed. Reg. at 51250.

[25] Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. 51248, 51269 (Aug. 7, 2026) (explaining "Prescriptive requirements pertaining to nutrition are proposed in contrast to the otherwise de-regulatory approach of this NPRM to highlight the importance associated with healthy eating.").

[26] *See e.g.*, Head Start Program, 61 Fed. Reg. 57186, 57190 (Nov. 5, 1996); *id.* at 57191 (noting that "having the regulations located together, along with cross-referencing, will assist readers in better comprehending the full body of standards.").

[27] 42 U.S.C. § 9836a(c); 42 U.S.C. § 9840a(g).

[28] 42 U.S.C. § 9840A(g)(1) (Early Head Start).

[29] 42 U.S.C. § 9836a(c)(1).

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(a)(1) established under this subchapter with respect to program, administrative, financial management, and other requirements."[30] Therefore, under Congress's design, the Standards are the basis for monitoring of programs. And because the HSPPS provide clear guidance on program expectations, they allow the Department to fulfill Congress's command that monitoring must "evaluate[] program performance, quality, and overall operations with consistency and objectivity" and be "based on a transparent and reliable system of review."[31] The current standards on monitoring provide further clarity.[32]

Congress also directed that the agency develop a system for designation renewal "to determine if a Head Start agency is delivering a high-quality and comprehensive Head Start program that meets the educational, health, nutritional, and social needs of the children and families it serves, and meets program and financial management requirements and *standards*."[33] Because the Standards for over 50 years have been the source of clear, uniform instruction on delivering "a high-quality and comprehensive Head Start program," monitoring whether programs were complying with the standards meets this goal. The HSPPS implement a Designation Renewal System (DRS) by establishing the procedures[34] and clear conditions that can justify requiring an agency to re-compete to be designated as a Head Start agency.[35]

The proposed rule undermines Congress's instruction that HHS use monitoring and DRS to ensure Head Start agencies are offering high-quality programs by eliminating the vast majority of the Standards. Because under the proposal the Standards would no longer establish requirements for providing a high quality and comprehensive Head Start program—monitoring for the compliance with the Standards as changed by the proposal would no longer ensure high-quality programs.

The proposal's elimination of the vast majority of the standards, including the standard on monitoring[36], makes it a less transparent and less reliable system of review. Indeed, Although "ACF anticipates that implementation of the proposed regulatory framework may require updates to monitoring protocols, tools, and guidance to align with the proposed structure of regulatory requirements" and that these changes "may influence how designation renewal conditions are assessed in practice," the Department does not even attempt to explain what these changes will be.[37] Because the proposal does not provide standards on monitoring even "ACF cannot predict or quantify how competition outcomes may change until monitoring protocols are aligned with a final rule."[38] The proposal also eliminates the current requirement that "ACF will give notice to grant recipients on Designation Renewal System status…at least 12 months before

[30] *Id.* (emphasis added).
[31] 42 U.S.C. § 9836a(c)(2)(G).
[32] 45 C.F.R. § 1304.2(a) (explaining that through monitoring, HHS will determines "a grant recipient fails to comply with any of the standards described in parts 1301, 1302, and 1303 of this chapter, the official will notify the grant recipient promptly in writing, identify the area of noncompliance, and specify when the grant recipient must correct the area of noncompliance.").
[33] 42 U.S.C. § 9836(c) (emphasis added).
[34] 45 C.F.R. § 1304.15.
[35] 45 C.F.R. § 1304.11.
[36] 91 Fed. Reg. at 51279.
[37] 91 Fed. Reg. at 51315.
[38] *Id.*

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the expiration date of a Head Start agency's current grant, stating" whether or not an agency will be required to complete for funding, and if so identifying why.[39]

E. The Proposed Changes Eliminate the Guarantee that Head Start Programs will have Funding to Provide Comprehensive Services and Threaten Their Capacity to Operate Program at all.

Funding for each Head Start program is based on "the approved costs of the assisted program or activities."[40] The Head Start Act requires that the Secretary "shall establish by regulation, criteria for determining… the total costs of such program."[41] The HSPSS do this by instructing Head Start agencies to "Determine the costs to develop and administer its program" and "categorize total costs as development and administrative or program costs."[42] Program costs are defined as "costs incurred in accordance with an approved Head Start budget which directly relate to the provision of program component services, including services to children with disabilities, *as set forth and described in the Head Start Program Performance Standards* (45 CFR part 1304)."[43] Therefore, under the current Standards, Head Start programs must be funded for the costs necessary to provide the program as described in the HSPPS. And that means children and families are guaranteed that their Head Start program will be able to provide all services described in the HSPPS.

The Proposed Rule eliminates from the Standards the "criteria for determining… the total costs of such program." Not only does this appear to conflict with the Head Start Act's requirements, it also leaves Head Start agencies with no understanding of how the Department will determine the total allowable costs of their program. The proposal's new definition of "program costs" says that they are the approved costs "which directly relate to the provision of program component services"—but remove any definition of what program component services include.[44] Therefore, it appears that under the proposal, the Department would be able to exercise complete discretion over what services to fund for each program. Although the NPRM repeatedly states that programs may choose to provide services that the Standards would no longer require, the preamble language binds no one. Nothing in the Proposed Rule would require the Department to fund services because a Head Start program believes that is what is best for their community.[45] And because there is no guarantee that services not required by the HSPPS will continue to be funded, Head Start children and families may be deprived of the comprehensive services they currently are provided, even where a Head Start program believes those services should be continued.

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[39] 45 C.F.R. § 1304.15(c).

[40] 42 U.S.C. § 9835(b).

[41] 42 U.S.C. § 9839(b).

[42] 45 C.F.R. §1303.5(a)(2)(i), (ii).

[43] 45 C.F.R. § 1305.2 (emphasis added).

[44] Proposed Rule § 1301.20.

[45] *See generally* 2 C.F.R. § 200.403(a) (allowable costs must be "necessary and reasonable for the performance of the Federal award").

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Additionally, the Proposed Rule's new 5% cap on funding that can be used to develop and administer a Head Start program threatens the capacity of Head Start programs to continue to operate at all. Head Start programs use administrative funding for the functions necessary to have a program that is staffed, has working and secure technology, and is fiscally responsible. Administrative costs include human resources, which is the capacity to recruit, screen, and hire teachers and home visitors; IT, which help programs communicate with families and each other; data analysis, which allows tailoring to individual communities; and fiscal, such as audits and grant administration.

The Head Start Act provides that up to 15 percent of total program costs may be used for developing and administering the program.[46] If "[i]n any case" the Secretary determines that the cost of administering a program is "excessive" even though it does not exceed 15 percent, the Secretary can "require the recipient of such financial assistance to take such steps prescribed by the Secretary as will eliminate such excessive administrative cost, including the sharing by one or more Head Start agencies of a common director and other administrative personnel."[47] The current regulation implements the Act's 15 percent ceiling.[48]

The Proposed Rule would establish a blanket cap for administrative and development costs of just 5 percent of total program costs, which include both federal and non-federal funds.[49] This is a massive change. The preamble acknowledges that currently, only 3.7 percent of programs operate at or below a five percent administrative cost threshold. The Department does not explain its basis for believing that 5 percent cap on development and administrative costs is adequate for Head Start programs.

The Department says that "[r]ather than representing a direct reduction in overall program costs, this policy is expected to shift how funds are allocated within programs, including toward direct services that promote the health, safety, and well-being of children and families"[50]—but that incorrectly assumes that Head Start agencies will be able to continue to operate Head Start programs at all if the total amount they can spend on the development and administration of the program is capped at 5 percent. The Department appears to believe that "other provisions of the final rule may affect administrative expenditures," and if these are "considered collectively" may allow programs to change the structure of their operations.[51] But the Department does not identify what changes it is relying on and admits it assessed these changes as "having marginal fiscal impact."[52] Nor does the Department identify how these changes would affect how "programs allocate administrative resources and structure operations" in a manner that would drastically reduce their need to spend on development and administrative costs.

F. The Proposed Rule Undermines Consistency and Continuity.

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[46] *See* 42 U.S.C. § 9839(b).
[47] *Id.*
[48] 45 C.F.R. § 1303.5(a).
[49] Proposed Rule § 1301.14.
[50] 91 Fed. Reg. at 51299.
[51] *Id.*
[52] *Id.*

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The Department incorrectly asserts that the Standards are "overly prescriptive [and] constrain flexibility."[53] However, one of the successes of the Head Start program is that because there are comprehensive, clear, and uniform program performance standards there is consistency across the nation even though the program is carried out by thousands of different organizations. That consistency enables measurable outcomes for the Head Start program. It allows for federal monitoring that ensures quality and safety, and that complies with the Head Start Act's requirement that the Secretary ensure reviews "are conducted in a manner that evaluates program performance, quality, and overall operations with consistency and objectivity."[54] It means that families who move between communities and states can transition between programs and families can know what they can expect from a Head Start program. This is particularly important for children who move frequently, including when their families are involved in seasonal agricultural work or are experiencing homelessness. And it means that agencies that operate Head Start programs in multiple communities or multiple states can have one consistent set of standards that apply to all of their programs.

G. The Proposed Rule Increases Instability of Head Start Programs that Families and Communities Depend On.

Through this proposal the Department gives to *itself* more discretion to determine whether Head Start agencies will be able to maintain their designation as a Head Start program and decreases the transparency of how Head Start programs can ensure they remain in good standing. For example, the proposed rule would give the Department the authority to trigger a competition for a Head Start program's grant not only for the seven currently enumerated conditions[55] but also for "any other measure as specified in the Head Start Act."[56] The NPRM also states that the Department will hold Head Start programs accountable through monitoring for compliance with the Head Start Act but eliminates the guidance on what, in the Department's view, the Act requires. And although the NPRM acknowledges that it is likely to change the "monitoring protocols" which may influence how it assesses designation renewal conditions, and the outcomes of that process, it does not even try to "predict or quantify" these changes.[57] The proposal also removes the procedural guardrails for when and how the Department can suspend Head Start programs.[58] These changes make Head Start programs less stable and increase opportunities for bias and favoritism.

II. The Proposed Rule Makes Drastic Changes to the Standards.

As a program/organization that advocates on behalf of Pennsylvania's youngest children and learners, we are extremely concerned that the changes will diminish the rights of children and families in our communities/that we serve and limit access to the program.

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[53] *Id*. at 51248.
[54] 42 U.S.C. § 9836a(c)(2)(G).
[55] 45 CFR 1304.11
[56] Proposed Rule § 1301.16
[57] 91 Fed. Reg. 91 Fed. Reg. at 51315.
[58] 91 Fed. Reg. 51279 (citing 42 U.S.C. 9841(a)(2), (5)); Proposed Rule § 1301.19

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

A. The Proposed Rule's Changes to the Standards that Ensure Programs Identify, Recruit, and Enroll Children with the Highest Needs

By contradicting and eliminating longstanding regulations that implement Congress's direction to tailor programs to children the most in need, the Proposed Rule removes established protections on which Head Start programs and participants have relied for decades. The changes sow confusion as to whether current practices aimed to support children from particular communities are still required, or, in some instances, even permitted.

1. The Proposed Rule's Changes to Community Review and Assessment Requirements

From the initial conception of Head Start, experts recognized that the program "should be tailored to the needs of the individual community and the individual child."[59] The Head Start Act codifies this insight by requiring Head Start agencies to undertake "a communitywide strategic planning and needs assessment,"[60] and that the Secretary must "ensure that reviews" of Head Start agencies include "a review and assessment of whether programs have adequately addressed population and community needs."[61]

The Proposed Rule entirely eliminates the current Standards on conducting community assessments, including, but not limited to, requirements to collect and utilize specific categories of data that describe community strengths, needs, and resources.[62] For example, the Proposed Rule removes Section 1302.11's requirement for programs to conduct community assessments at least once over the five-year grant period and to review and, where needed, update such assessments on an annual basis to identify populations most in need of services, inform the program's design and ensure "equitable, inclusive, and accessible service delivery that reflect needs and diversity of the community," inform the enrollment, recruitment, and selection process to prioritize the enrollment of those populations most in need of services, identify the strengths and resources of the community that can be leveraged for the program, and identify the communication methods and modalities that best engage with families in "accessible ways."[63] The Proposed Rule also removes Section 1302.11's requirement to collect and utilize demographic data about eligible children and expectant mothers; the education, health, nutrition, and social service needs of eligible children and their families; typical work, school, and training schedules of parents with eligible children; other child development, child care centers, and family child care programs that serve eligible children; resources available in the community to

[59] Dr. Robert Cooke et al., *Recommendations for a Head Start Program,* U.S. Department of Health, Education, and Welfare (1965), https://www.headstart.gov/sites/default/files/pdf/cooke-report.pdf [https://perma.cc/RY6W-67DC].
[60] 42 U.SC. § 9836a(c)(2)(D); 42 U.S.C. § 9835(g)(1)(C).
[61] 42 U.S.C § 9836a(c)(2)(C).
[62] *See* 91 Fed. Reg. at 51263-64, 51308.
[63] 45 C.F.R. § 1302.11.

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address the needs of eligible children and their families; strengths of the community; and gaps in community resources relevant to the needs of eligible children and their families.[64]

In addition, the Proposed Rule would eliminate Section 1302.14's existing requirements for programs related to the selection process, including the requirement for programs to annually establish selection criteria that weigh the prioritization of selection of participants based on the community needs identified in the assessment set forth in Section 1302.11, and including family income, whether a child is homeless or in foster care, the child's age, whether the child is eligible for special education and related services, and other relevant family or child risk factors.[65] The rescinded provisions also provide similar requirements for Indian tribes that operate Head Start programs, programs that serve migrant or seasonal families, and programs operating where Head Start Preschool eligible children can enroll in high-quality publicly funded pre-kindergarten for a full school day.[66] The removal of these provisions interfere with programs' ability to tailor their services to the needs of the families in their communities, as required by the Head Start Act.

2. The Proposed Changes to Recruitment and Enrollment

The Proposed Rule eliminates the current Standards provisions concerning recruitment of children without proposing any alternative standards. Notably, the Proposed Rule rescinds the existing requirements for programs to "develop and implement a recruitment process designed to actively inform all families with eligible children within the recruitment area of the availability of program services," and include "specific efforts to actively locate and recruit children with disabilities and other children in need, including children experiencing homelessness and children in foster care" for the program.[67] In doing so, ACF acknowledges "there may be costs to children and families," without addressing what those costs are or how programs can avoid such costs.[68] The removal of Section 1302.13 will undermine programs' recruitment efforts and obligations, with particularly devastating impacts on already-underserved communities.

The Proposed Rule rescinds the existing provisions governing eligibility set forth in Section 1302.12 and proposes several new burdensome requirements that undermine the core purpose and mission of Head Start. For example, proposed Section 1301.02 provides that self-attestation would no longer "satisfy the eligibility requirements," while estimating that "approximately eight percent of children may currently be enrolled in Head Start that would otherwise no longer be eligible for enrollment under this proposed policy change" unless their family members can satisfy the new documentation requirements.[69] Additionally, programs would no longer be allowed to "to account for excessive housing costs" when determining

[64] *Id*.
[65] 91 Fed. Reg. at 51264.
[66] *See* 45 C.F.R. § 1302.14.
[67] 45 C.F.R. § 1302.13.
[68] 91 Fed. Reg. at 51308.
[69] 91 Fed. Reg. at 51262, 51307.

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eligibility[70]—with the consequence that fewer children will be eligible for Head Start and programs will be less able to meet the needs of their community.[71]

Moreover, the Proposed Rule would impose several burdensome requirements for eligibility determination records, including, but not limited to, requiring programs to report staff who violate eligibility determination regulations to OHS and requiring programs to turn over its records to HHS upon request.[72] Contrary to the Department's reasoning that changes "would strengthen risk reduction strategies and mitigate the misuse of funds," these changes would harm Head Start programs and participants without any meaningful benefit for program integrity and risk reduction.[73]

B. The Proposed Rule's Changes to Standards that Ensure Head Start Programs Meet the Diverse Needs of Children.

The Proposed Rule undermines one of the core elements of Head Start: prioritizing children from families who are most removed from opportunity to help them succeed in school and in life. That core element requires tailoring Head Start's services to the needs of different children, including children from diverse cultural backgrounds, children who are dual language learners, children with disabilities, children experiencing homelessness, children in foster care, and children performing agricultural work.[74] The Standards establish expectations for how Head Start programs can and must effectively serve all of Head Start's diverse children.

The proposal eviscerates these important Standards—making it less likely that services will be tailored to the needs of diverse children—and it adds new requirements that are diametrically opposed to the goal of meeting the different needs of Head Start children.

1. Children and Pregnant Women from Diverse Cultural Backgrounds Including Dual Language Learners

The proposal's new English-only mandate[75] is contrary to robust research that shows that dual language learners who receive high quality instruction in their home language, alongside English, have better and faster English-language acquisition trajectories and higher gains in their academic skills, then dual language learners in English-only programs.[76] And the new English-

[70] 91 Fed Reg at 51308 ("The proposed rule also would remove the option to adjust families' income for housing costs for purposes of eligibility determination"). Although the NPRM claims that this provision "exceeded statutory authority," *id.*, but fail to explain this abrupt reversal in position. *See* 89 Fed. Reg. at 67763 (adding flexibility to allow programs to adjust for excessive housing costs in determining eligibility.

[71] 89 Fed. Reg. at 67763.

[72] 91 Fed. Reg. at 51262-63.

[73] 91 Fed. Reg. at 51262.

[74] 42 U.S.C. § 9836(d)(2)(L), (d)(2)(K).

[75] Proposed Rule § 1301.04(a).

[76] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence from Lottery Data*, 54 American Educational Research Journal 282S, 282S-306S (2017); Ellen J. Serafini, Nadine Rozell & Adam Winsler, *Academic and English Language Outcomes for DLLs as a Function of School Bilingual Education Model: The Role of Two-Way Immersion and Home Language*

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only mandate would undermine the ability of parents to be involved in their child's education, as well as program flexibility to determine how best to serve the communities they work with. The Proposed Rule also would eliminate the vast majority of existing standards concerning personnel policies that help to support children of diverse backgrounds and their families.[77] The combined effect of eliminating requirements for bilingual personnel and cultural competence while requiring all education to be only conducted in English may reduce participation, weaken family engagement, delay identification of developmental concerns, and undermine school readiness outcomes for dual-language learners.

Because providing culturally and linguistically appropriate education and services is an evidence-based practice that is critical to successful early childhood education, the Head Start Act requires programs provide "linguistically and culturally appropriate" services that foster children's learning and development.[78] In fact, Congress directs the Secretary to "base" the HSPPS on "guiding principles" from the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* (the "Framework")[79] that addresses the importance of tailoring Head Start services to different cultural backgrounds. For example, one principle recognizes that "every child has diverse strengths rooted in their family's culture, background, language, and beliefs. Responsive and respectful learning environments welcome children from diverse cultural and linguistic backgrounds. Effective teaching practices and learning experiences build on the unique backgrounds and prior experiences of each child."[80] The Act provides that "meet[ing] the diverse needs of the population served" and "meet[ing] the needs of limited English proficient children and their families" are necessary attributes of a Head Start agency.[81]

The HSPPS provide critical clarity to programs on what that statutory requirement looks like in practice. The HSPPS make clear that programs are responsible for ensuring "staff and program

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Support, 25 International Journal of Bilingual Education and Bilingualism 552, 552–570 (2022); Ilana M. Umansky & Sean F. Reardon, *Reclassification Patterns Among Latino English Learner Students in Bilingual, Dual Immersion, and English Immersion Classrooms*, 51 American Educational Research Journal 879, 879–912 (2014); *see* W. Steven Barnett et al., *Two-Way and Monolingual English Immersion in Preschool Education: An Experimental Comparison*. 22 Early Childhood Research Quarterly 277, 277–293 (2007); Carola Olivia-Olson, *Dos Métodos: Two Classroom Language Models in Head Start: Strengthening the Diversity and Quality of the Early Care and Education Workforce Paper Series*, Research Report. Urban Institute (2019), https://www.urban.org/research/publication/dos-metodos-two-classroom-language-models-head-start [https://perma.cc/9WH2-H7J8]; Lisa B. Hsin et al., *Relationship Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, First 5 California Dual Language Learner (2022), https://californiadllstudy.org/sites/default/files/2022-06/Instruction%20Brief%204%20Infants%20Toddlers.pdf [https://perma.cc/BP3M-VT9U].

[77] 45 C.F.R. §1302.90.

[78] *See, e.g.,* 42 U.S.C. § 9836a(a)(2)(A).

[79] "As described in the Head Start Act, the Framework is central to program operations that promote high-quality early learning environments (42 U.S.C. 9832(21)(G)(iv)(II)(aa), 42 U.S.C. 9835(o), 42 U.S.C. 9836(d)(2)(C), 42 U.S.C. 9836a(g)(2)(A), 42 U.S.C. 9837(f)(3)(E), 42 U.S.C. 9837a(a)(3), 42 U.S.C. 9837a(a)(14), 42 U.S.C. 9837b(a)(2)(B)(iii), 42 U.S.C. 9837b(a)(4)(A)(i), and 42 U.S.C. 9837b(a)(4)(B)(iii))." 45 C.F.R. § 1305.2.

[80] *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, Administration for Children & Families Office of Head Start at 3 (2015), https://headstart.gov/sites/default/files/pdf/elof-ohs-framework.pdf [https://perma.cc/7FAQ-8HTL].

[81] 42 U.S.C. § 9836(d)(2)(L), (d)(2)(K).

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consultants or contractors are familiar with the ethnic backgrounds and heritages of families in the program and are able to serve and effectively communicate, either directly or through interpretation and translation, with children who are dual language learners and to the extent feasible, with families with limited English proficiency."[82] "If a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak such language."[83] And for enrolled pregnant women Head Start programs "must provide services that help reduce barriers to healthy maternal and birthing outcomes for each family, including services that address disparities across racial and ethnic groups."[84]

These Standards are based on robust research shows that Dual Language Learners (DLLs) who receive high quality instruction in their home language, alongside English, have better and faster English-language acquisition trajectories and higher gains in their academic skills, then DLLs in English-only programs.[85] As the Department itself has stated: "Research … unequivocally shows the importance of intentionally supporting the acquisition of English *and* the home language in young children. Knowledge of the home language facilitates learning a second language."[86] The Department's own data analysis concluded that in English vocabulary development, approaches to learning, and cognitive-social skills, DLLs "appear to make great gains than their peers during their time in Head Start."[87] Additionally, the Department has recognized that loss of a home language creates negative consequences for children, including disrupting family communication, inhibiting relationship development, negatively affecting a child's self-concept, and potentially interrupting thinking and reasoning skills.[88]

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[82] 45 C.F.R. § 1302.90(d)(1).
[83] 45 C.F.R. § 1302.90(d)(2).
[84] 45 C.F.R. § 1302.80(f)
[85] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence from Lottery Data*, 54 American Educational Research Journal 282S, 282S-306S (2017); Ellen J. Serafini, Nadine Rozell & Adam Winsler, *Academic and English Language Outcomes for DLLs as a Function of School Bilingual Education Model: The Role of Two-Way Immersion and Home Language Support*, 25 International Journal of Bilingual Education and Bilingualism 552, 552–570 (2022); Ilana M. Umansky & Sean F. Reardon, *Reclassification Patterns Among Latino English Learner Students in Bilingual, Dual Immersion, and English Immersion Classrooms*, 51 American Educational Research Journal 879, 879–912 (2014); *see* W. Steven Barnett et al., *Two-Way and Monolingual English Immersion in Preschool Education: An Experimental Comparison*. 22 Early Childhood Research Quarterly 277, 277–293 (2007); Carola Olivia-Olson, *Dos Métodos: Two Classroom Language Models in Head Start: Strengthening the Diversity and Quality of the Early Care and Education Workforce Paper Series*, Research Report. Urban Institute (2019), https://www.urban.org/research/publication/dos-metodos-two-classroom-language-models-head-start [https://perma.cc/9WH2-H7J8]; Lisa B. Hsin et al., *Relationship Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, First 5 California Dual Language Learner (2022), https://californiadllstudy.org/sites/default/files/2022-06/Instruction%20Brief%204%20Infants%20Toddlers.pdf [https://perma.cc/BP3M-VT9U].
[86] Admin. For Child. & Fams, Dual Language Learning: What Does It Take? Head Start Dual Language Report at 1 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf
[87] Admin. For Child. & Fams, Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs at 20 (Nov. 13, 2020), https://acf.gov/media/8113.
[88] Admin. For Child. & Fams, Dual Language Learning: What Does It Take? Head Start Dual Language Report at 1, 15 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf

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Research also "shows that maintaining strong and positive racial, ethnic, and cultural identities is beneficial to youth of color's development. Similarly, research demonstrates the benefit of early childhood program practice that maintains continuity of cultural and linguistic characteristics and experiences between children's homes and their early childhood settings."[89] And research that shows "[l]arge racial disparities in maternal and infant health outcomes persist."[90]

Recognizing "parents' roles as children's lifelong educators,"[91] Head Start programs must "[c]onduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe."[92] This Standard is also based on rigorous research that shows reciprocal communication and understanding with interpretation support allows families who do not speak English fluently to be integrated and involved in the school community and form collaborative home-school partnerships[93], which is critical to children's well-being and learning, including their mental health and behavior.[94] Partnering with families who do not speak English fluently by reducing language barriers and creating a supportive environment through reciprocal communication is a scientifically-based requirement for a high-quality Head Start program.

In a study on the status of limited English proficient children and their families participating in Head Start programs that Congress required the Department to undertake, 42 U.S.C. 9844(h), the Department explained:

The Office of Head Start has long required programs to support children who speak languages other than English at home in ways that are culturally and linguistically responsive, including promoting both their home language and English language development, and providing comprehensive services in ways that are culturally responsive. These requirements are consistent with provisions of the Head Start Act), which emphasizes improving outreach, enrollment, and quality of services to children with limited English proficiency.[95]

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[89] Christine Johnson-Staub, *Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy*, CLASP at 11 (Dec. 2017), https://www.clasp.org/wp-content/uploads/2022/01/2017_EquityStartsEarly_0.pdf [https://perma.cc/3CWE-KHZT]. 2017), https://www.clasp.org/wp-content/uploads/2022/01/2017_EquityStartsEarly_0.pdf [https://perma.cc/3CWE-KHZT].

[90] Latoya Hill, Alisha Rao, Samantha Artiga, and Usha Ranji, Racial Disparities in Maternal and Infant Health: Current Status and Key Issues, KFF (Dec 3, 2025), Racial Disparities in Maternal and Infant Health: Current Status and Key Issues | KFF

[91] 45 C.F.R. § 1302.34(a).

[92] 45 C.F.R. § 1302.50(b)(5).

[93] Gillian Baxter & Anna Kilderry, *"We are not able to speak English, so we don't know what is happening:" Missed opportunities for families' engagement in their children's learning,* 152 Teaching and Teacher Education (2024); Carla Estefanía Vargas Valdés & Alejandra *Being the outsider: A systematic review of the links between migrant families and early childhood education and care centres,* Contemporary Issues in Early Childhood (2025).

[94] Susan M. Sheridan et al., *A meta-analysis of family-school interventions and children's social-emotional functioning: Moderators and components of efficacy*, 89 Review of Educational Research 296, 296-332 (2019).

[95] Admin. For Child. & Fams, Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs at 3 (Nov. 13, 2020), https://acf.gov/media/8113.

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In 2024 to 2025, 27.7 percent of children enrolled in Head Start the primary language of their family at home is not English.[96] For Migrant and Seasonal Head Start programs 76.9% of enrolled children's primary language at home is not English.[97] The numbers of dual language learners are increasing in Head Start programs in recent years.[98] Over 140 languages are spoken by Head Start children and families and they are enrolled in 84 percent of Head Start programs.[99] According to the Department's study, the overwhelming majority of these children (92 percent) were born in the United States.[100] The Department also found that "[m]ore than half of parents of DLLs in Head Start and Early Head Start report that they don't understand English well or don't understand it at all."[101]

The Proposed Rule abandons these requirements by adopting an English-only mandate[102] and eviscerating the requirements for Head Start programs to provide culturally and linguistically appropriate services.[103] The English-only mandate would undermine the ability of Head Start programs to prepare children for school and the ability of parents to be involved in their child's education. It eliminates the flexibility that Head Start programs have under the HSPPS to determine how best to serve the communities they work with.

The Proposed Rule also would eliminate the vast majority of Section 1302.90's existing standards concerning personnel policies that help to support children of diverse backgrounds and their families. For example, the Proposed Rule would rescind requirements for programs to ensure staff have familiarity with the ethnic backgrounds and heritages of enrolled families and can serve and effectively communicate with dual language learners and, to the extent feasible, families with limited English proficiency. Moreover, the Proposed Rule would no longer require that if a majority of children in a class or home-based program speak the same language, at least one class staff member or home visitor must speak that language. Like the provisions discussed above, the Proposed Rule's elimination of Section 1302.90 would undermine the Head Start

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[96] *Office of Head Start – Services Snapshot National All Programs (2024-2025)*, Admin. For Child & Fams., U.S.Dep't of Health & Hum. Servs., at 2-3, (last visited Aug. 22, 2026), https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20(2024-2025).pdf.

[97] *Office of Head Start – Services Snapshot Migrant and Seasonal Head Start (2024-2025)*, Admin. For Child & Fams., U.S. Dep't of Health & Hum. Servs., at 2-3, (last visited Aug. 22, 2026), https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20(2024-2025).pdf.

[98] Office of Head Start, Dual Language Learners in Head Start Programs, https://headstart.gov/sites/default/files/pdf/no-search/dual-language-learners-in-hs-infographic.pdf (2024).

[99] Admin. For Child. & Fams, Dual Language Learning: What Does It Take? Head Start Dual Language Report at 5 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf

[100] Admin. For Child. & Fams, Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs at 8, 40 (Nov. 13, 2020), https://acf.gov/media/8113.

[101] *Id.*

[102] Proposed Rule § 1301.04(a).

[103] 91 Fed. Reg. 51254 (noting 45 C.F.R. § 1302.50 under the proposed regulation is "removed"); 91 Fed. Reg. 51274 ("In alignment with E.O. 14151 *Ending Radical And Wasteful Government DEI Programs And Preferencing,* the proposed revisions also eliminate prescriptive regulatory requirements that require staff, consultants, or contractors demonstrate familiarity with the ethnic backgrounds and heritages of families served; and require at least one classroom staff member or home visitor to speak the non-English language spoken by a majority of children in a class or program.").

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Act's purpose and mandate for programs to provide "linguistically and culturally appropriate" services that foster children's learning and development.[104]

As the Advisory Committee on Head Start Research and Evaluation 2012 Report explained, culturally and linguistically appropriate education and services is "the heart of the program."[105] The Proposed Rule is diametrically opposed to this "heart" of the Head Start program, as well as the Head Start Act, and the Standards that programs and families have relied on for decades.[106] Eliminating these Standards, at the same time as HHS continues its efforts to enforce its ban on "Diversity, Equity, Inclusion, and Accessibility" is particularly likely to send the message to Head Start program that culturally and linguistically appropriate services are not only not required – but are in fact, prohibited. The fact that this proposal says these changes are necessary to implement Executive Order 14151[107] completely ignores the active Preliminary Injunction that expressly prohibits HHS from any agency-wide directive to implement Executive Order 14151 against Head Start agencies, program providers, and student or family participants.

Additionally, the Department does not explain how Head Start programs can both comply with the proposed rule and with the Head Start Act's requirement to align their programs with the Head Start Child Outcomes Framework, which as noted above, require among other things: "Responsive and respectful learning environments welcome children from diverse cultural and linguistic backgrounds."; "Effective teaching practices and learning experiences [that] build on the unique backgrounds and prior experiences of each child"; "The continued development of a child's home language in the family and early childhood program is an asset and will support the child's progress in all areas of learning"; "Teaching practices need to create learning environments that support children's diversity and use proven strategies that promote home language(s) and English acquisition."

2. Children with Developmental Delays and Disabilities.

The Proposed Rule shockingly eliminates all standards for meeting the needs of children with disabilities and replaces them with a single sentence: "A program must comply with all applicable Federal and state statutes and regulations regarding providing services for children with disabilities."[108] This proposal would reduce the scope of services Head Start programs have to provide to children with disabilities and developmental delays, such as providing individualized services while a child is being evaluated for IDEA eligibility, assisting parents to obtain services under the IDEA, and providing transportation for children with disabilities.[109]

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[104] *See, e.g.,* 42 U.S.C. § 9836a(a)(2)(A).

[105] *Advisory Committee on Head Start Research Evaluation: Final Report*, Off. of Plan., Rsch. & Evaluation, Admin. for Child. & Fams., 95 (2012), https://acf.gov/sites/default/files/documents/opre/eval_final.pdf.

[106] Admin. For Child. & Fams, Dual Language Learning: What Does It Take? Head Start Dual Language Report at 8 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf (cataloguing Head Start's recent history of serving dual language learners)

[107] 91 Fed. Reg. at 51274.

[108] Proposed Rule § 1301.10.

[109] 45 C.F.R. § 1302.62; *Id.* § 1303.75.

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

The Department acknowledges that the Proposed Rule will bring the agency out of compliance with the Head Start Act, which requires the Secretary of HHS to establish policies and procedures to ensure children who may have disabilities receive early support services.[110]

The Head Start Act requires that every Head Start agency serve children with disabilities and that the Secretary establish policies that ensure the needs of children with disabilities are met.[111] The HSPPS are critical to ensuring that every Head Start program across the country meets its obligation to provide equal access to education and services for children with disabilities.[112] For children with disabilities, the standards ensure inclusive and accessible classrooms, individualized assessments, resources, and services (including accessible transportation).[113] For students with mental health disabilities, the HSPPS ensure agencies use a multi-disciplinary approach that promotes "mental health, social and emotional well-being," provide ongoing mental health consultation, and build community partnerships to facilitate additional mental health resources.[114] For children with Individualized Family Service Plans (IFSPs) and Individualized Education Plans (IEPs), Head Start programs must assist with transitions in collaboration with parents and the local agency responsible for implementing the IDEA.[115]

Current HSPPS require that every child receive a developmental screening within 45 days of entry that covers "developmental, behavioral, motor, language, social, cognitive, and emotional skills" using research-based tools and family and teacher input.[116] When a screening identifies a concern, programs must refer the child to the state agency responsible for evaluations under the Individuals with Disabilities Education Act (IDEA) with parental consent, support the family through the formal evaluation process, and provide follow up services for children who show a significant delay but are found ineligible under IDEA.

The Proposed Rule eliminates all of those Standards for working with children with disabilities and developmental delays. This is a drastic change that will leave children with disabilities without essential supports, both because Head Start programs will no longer be required to provide the same scope of services, and because even when services are still required by statute, there will be much more confusion about what must be provided. In fact, in the preamble, ACF acknowledges that the Proposed Rule will bring the agency out of compliance with the Head Start Act, which requires the Secretary of HHS to establish policies and procedures to ensure children who may have disabilities receive early support services.[117] Even if, as promised, the Secretary establishes these policies and procedures later, children with disabilities will be harmed by the wait.

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[110] 91 Fed Reg. at 51271.
[111] 42 U.S.C. § 9835(d)(1).
[112] 45 C.F.R. § 1302.14(a)(5).
[113] *Id.* §§ 1302.61, 1303.75(a), 1302.31(d).
[114] *Id.* §§ 1302.45(a)–(b), 1302.46.
[115] 45 C.F.R. §1302.61.
[116] 45 C.F.R. 1302.33).
[117] Head Start Act § 640(d).

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The proposal also reduces the scope of services that Head Start programs have to provide to children with disabilities and developmental delays. The proposal eliminates requirements that children with disabilities receive services that allow them to fully participate in all aspects of the Head Start program, including receiving individualized services while they are being evaluated for IDEA eligibility. The Proposed Rule also eliminates requirements to assist parents of children with disabilities in obtaining services for their children and teach them how to navigate procedures under the IDEA.[118] Losing access to this education will disadvantage children who will rely on their parents to advocate for services throughout their K-12 education. In addition, the Proposed Rule removes requirements for the Head Start program to coordinate with the local agency in charge of implementing the IDEA, robbing the child of another ally and advocate.[119] The Proposed Rule removes the requirement for Head Start programs to ensure transportation for kids with disabilities.[120] Through removing the standards on developmental screening, the NPRM removes the universal scope of developmental screenings as well as the timeline, follow up, referral requirements, and family support during the process.

Instead of providing clear guidance to make sure children with disabilities and developmental delays have equal access to education, the proposed regulation requires Head Start programs to follow applicable federal and state statutes in providing services to children with disabilities. But removing the clarity provided by the Standards on what Head Start programs are required to do to serve kids with disabilities, will predictably lead to more confusion about what is required—and fewer services for kids with disabilities. Eliminating these Standards, at the same time as HHS continues its efforts to eliminate diversity, equity, inclusion, and accessibility, is particularly likely to send the message to Head Start programs that inclusion and accessibility for children with disabilities are not only not required – but are in fact, prohibited.

3. Children Experiencing Homelessness and In Foster Care.

Similarly, the Proposed Rule eradicates the Standards which require Head Start programs identify and prioritize children experiencing homelessness and in foster care. The proposal would make it more difficult for children experiencing homelessness to enroll, including by adding new documentation requirements[121]—and the new prohibition on self-attestations will in some cases make it impossible for these children to enroll. It also would mean programs are no longer required to locate and recruit homeless children,[122] no longer allowed to reserve a seat for a homeless child or a child in foster care,[123] and no longer guarantee that a child experiencing homelessness or in foster care can remained enrolled in Head Start if they move.[124]

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[118] 45 C.F.R. § 1302.62.
[119] *Id.* § 1302.63.
[120] *Id.* § 1303.75.
[121] Proposed Rule removes 45 C.F.R. § 1302.16(c)(1); *id.* § 1302.15(e); *id.* § 1302.12(i)(3).
[122] Proposed Rule removes 45 C.F.R. § 1302.13; § *id.* 1302.53(a)(2)(vi).
[123] Proposed Rule removes 45 C.F.R. § 1302.15(c).
[124] Proposed Rule removes 45 C.F.R. § 1302.15(b)(3).

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

The Head Start Act requires Head Start agencies "meet the needs of homeless children, including transportation needs, and the needs of children in foster care,"[125] and mandates that the Secretary "issue rules to establish policies and procedures to remove barriers to the enrollment and participation of homeless children in Head Start programs."[126] The HSPPS implement those statutory mandates. For example, the standards ensure that once a child experiencing homelessness or a child in foster care enrolls in a Head Start program, the agency must make efforts to maintain the child's enrollment regardless of whether the family or child moves to a different service area, and support children if they transition to Head Start programs in other locations.[127]

Research shows that for children in foster care participation in Head Start has positive effects on cognitive, social-emotional and health outcomes.[128] Access to Head Start is associated with lower household instability, and also reduced the association between household instability and higher acting-out behaviors among young children.[129]

Several of the Proposed Rule's provisions would undermine the Head Start Act's mandate for programs to "meet the needs of homeless children . . . and the needs of children in foster care," and appear to conflict with the Secretary's obligation to establish policies and procedures to remove barriers to the enrollment and participation of homeless children in Head Start programs."[130]

The Proposed Rule's new eligibility provisions would impose significant barriers for children experiencing homelessness and children in foster care by providing that self-attestation would no longer "satisfy the eligibility requirements," while estimating that "approximately eight percent of children may currently be enrolled in Head Start that would otherwise no longer be eligible for enrollment under this proposed policy change" unless their family members can satisfy the new documentation requirements.[131] Given the significant barriers to obtaining documentation when unhoused or when in foster care, this provision would undermine access to Head Start for children experiencing homelessness and children in foster care.

The Proposed Rule also entirely eliminates Section 1302.11, including its existing standards for collecting and utilizing data about children experiencing homelessness, and annually reviewing and updating community assessments.[132] The Proposed Rule also would eliminate Section 1302.14's existing requirements for programs to annually establish selection criteria that prioritize a child who is homeless or in foster care.[133] As a result, Head Start programs will face greater challenges in meeting the needs of children experiencing

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[125] 42 U.S.C. § 9836(d)(2)(O).
[126] 42 U.S.C. § 9835(m).
[127] *See e.g.*, 45 C.F.R. §§ 1302.15(b)(3), 1302.16(c), 1302.72(a).
[128] Kyunghee Lee, *Long-term Head Start Impact on developmental outcomes for children in foster care*, 101 Child Abuse & Neglect (2020).
[129] Elise Chor, *Head Start, Household Instability, and Children's Externalizing Behavior Problems*, 10 *AERA Open* 1, 1-19 (2024).
[130] 42 U.S.C. § 9836(d)(2)(O); 42 U.S.C. § 9835(m).
[131] 91 Fed. Reg. at 51262, 51307.
[132] *See* 91 Fed. Reg. at 51263-64, 51308.
[133] 91 Fed. Reg. at 51264.

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homelessness and children in foster care, in conflict with the Head Start Act's purpose and mandate.

In addition, the Proposed Rule eliminates the requirement for Head Start programs to make efforts to maintain a child's enrollment regardless of whether the family or child moves to a different service area or to transition the child to a program in a different service area, when the program serves homeless children or children in foster care.[134] The removal of this requirement will lead to disruptions for enrolled children experiencing homelessness and children in foster care, as programs would no longer be required to pursue continuity in children's enrollment.

The existing requirements also have specific provisions that programs must work with families of children experiencing homelessness to give them reasonable time to present immunization and other records and to get children immunized as soon as possible.[135] Programs also must "utilize community resources, where possible," to provide transportation for an enrolled child if the child is experiencing homelessness and unable to attend classes regularly due to lack of reliable transportation.[136] The elimination of these provisions – without offering any other alternatives or support – will negatively impact unhoused children and their families and interfere with their access to Head Start.

The Proposed Rule also rescinds Section 1302.70's comprehensive standards on transition services – including transitions between programs – on the basis that such standards are "largely duplicative" of statutory requirements and that rescission would "give programs more flexibility and reduce[] administrative burden." 91 Fed. Reg. at 51272. In doing so, ACF does not quantify the costs or impacts for families and programs because it "does not anticipate behavior change that would result in substantial costs or cost reductions." *Id.* at 51313. The elimination of these standards will be especially harmful for children experiencing homelessness and children in foster care, as they are more likely to be required to transition programs as a result of their circumstances.

4. Children from Families Performing Agricultural Work

The Proposed Rule also undermine the Standards that help programs meet the needs of children whose families migrate to perform agricultural work, providing the necessary labor to feed our nation. Under the proposal, the Standards would no longer require Head Start programs "to support effective transitions to other migrant or seasonal Head Start" programs[137] when children move seasonally. Nor will teachers be required to "make every effort to conduct home visits to engage the family in the child's learning and development."[138]

Children who migrate for their families' agricultural work, and provide the necessary labor to feed our nation, face unique challenges because of the nature of farmworkers critical

[134] 91 Fed. Reg. at 51308; *See* 45 C.F.R. § 1302.15(b)(3).
[135] 45 C.F.R. § 1302.16(c)(1).
[136] 45 C.F.R. § 1302.16(c)(2).
[137] 45 C.F.R. § 1302.72(c).
[138] *Id.* § 1302.34(b)(8).

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

work, which fuels 42 percent of the national agricultural economy.[139] In recognition of this need for employers and for families, Congress created the Migrant and Seasonal Worker Head Start ("MSHS") to provide services for the children of migrant and seasonal farmworkers.[140]

The HSPPS ensure MSHS programs can meet the particular needs of these families. For example, because children must move frequently, MSHS programs must "undertake efforts to support effective transitions to other migrant or seasonal Head Start."[141] To address the needs of parent farmworkers who work long hours in the fields, MSHS offers full-day care from 6 a.m. to 6 p.m. during the months of the harvesting season.[142] And teachers that serve migrant or seasonal families must "make every effort to conduct home visits to engage the family in the child's learning and development."[143]

The elimination of these standards will be particularly harmful to children of families performing agricultural work, who must move with more frequency and therefore transition between Head Start programs and are constantly having to form new relationships with programs and teachers.

5. Pregnant Women, Infants and Toddlers

Congress created Early Head Start in 1994 to establish a Head Start program for pregnant women, infants and toddlers, in recognition that "the time from conception to age three is a critical period of human development, as change occurs more rapidly than in any other period of the life span. Growth in these early years establishes the basic foundation for future development."[144] The Standards tailor the Head Start program to the unique needs of infants and toddlers,[145] and establish specific requirements for pregnant women and newborns.[146] The proposal eliminates the vast majority of these standards.

Early Head Start programs must "provid[e] family-centered services for low-income families with very young children designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency."[147] To

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[139] *Migrant & Seasonal Head Start Works*, Nat'l Migrant and Seasonal Head Start Ass'n at 5 (Apr. 2018), https://nmshsa.org/sites/default/files/2021-12/Final-White-Paper-2018-4.pdf [https://perma.cc/HMQ6-SNW2].

[140] 42 U.S.C. § 9835(a)(2)(B)(iii); 42 U.S.C. § 9832(17).

[141] 45 C.F.R. § 1302.72(c).

[142] *See* 45 C.F.R. § 1302.21(c)(3).

[143] *Id.* § 1302.34(b)(8).

[144] *The Statement of the Advisory Committee on Services for Families with Infants and Toddlers*, Department of Health & Human Services at 6 (Sept. 1994), https://files.eric.ed.gov/fulltext/ED395676.pdf [https://perma.cc/46M9-VFL6].

[145] *See, e.g.*, 45 C.F.R. § 1302.31 (teaching and learning environment); *id.* § 1302.44(a)(2) (nutrition); *id.* §1302.91 (teacher qualifications); *id.* §§ 1302.21(b) (staff child ratios), 1302.21(c) (center-based service duration); *id.* § 1302.22(c) (home based service duration); *id.* § 1302.70 (transitions); *id.* § 1302.80(d) (infant health); *id.* § 1302.81(a) (information, education, and services that address infant care and safe sleep practices).

[146] 45 C.F.R. § 1302.80.

[147] 42 U.S.C. § 9840a(a).

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support this program, Congress directed the Secretary to "establish standards for training, qualifications, and the conduct of home visits for home visitor staff in Early Head Start programs."[148] The performance standards tailor the Head Start program to the unique needs of infants and toddlers.[149]

Research shows that in the 0-3 period, the benefits of comprehensive services covering health, nutrition, family engagement and parenting support, and family services is just as strong as for the preschool period covered by Head Start.[150] For example, integrating parenting support programs with basic health programming improves child cognitive development.[151]

The Proposed Rule would impact access to Head Start for pregnant women, infants, and toddlers in myriad ways.

The Proposed Rule would rescind Section 1302.70's comprehensive standards for transition services from Early Head Start on the basis that standards governing transition services are "largely duplicative" of statutory requirements and that rescission would "give programs more flexibility and reduce[] administrative burden."[152] In doing so, ACF does not quantify the costs or impacts for families and programs because it "does not anticipate behavior change that would result in substantial costs or cost reductions."[153]

The Proposed Rule also would remove many requirements aimed at facilitating access to health care and other critical services for enrolled pregnant women with attendant negative consequences for infants and toddlers.[154] For example, the Proposed Rule would eliminate requirements for programs to determine whether enrolled pregnant women have accessible health care and insurance coverage; provide comprehensive services through referrals to oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in domestic violence cases; track and record such services; and provide services that help reduce barriers to healthy maternal and birthing outcomes, including those that address racial and ethnic disparities.[155] The Proposed Rule would further rescind requirements for programs to support pregnant women, mothers, fathers, partners, and other

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[148] 42 U.S.C. § 9840a(i)(1).

[149] *See, e.g.*, 45 C.F.R. § 1302.31 (teaching and learning environment); *id.* § 1302.44(a)(2) (nutrition); *id.* §1302.91 (teacher qualifications); *id.* §§ 1302.21(b) (staff child ratios), 1302.21(c) (center-based service duration); *id.* § 1302.22(c) (home based service duration); *id.* § 1302.70 (transitions); *id.* § 1302.80(d) (infant health); *id.* § 1302.81(a) (information, education, and services that address infant care and safe sleep practices).

[150] *Nurturing Care for Early Childhood Development: A Framework for Helping Children Survive and Thrive to Transform Health and Human Potential,* World Health Organization et al. (2018).

[151] Aisha K. Yousafzai & Frances Aboud, *Review of implementation processes for integrated nutrition and psychosocial stimulation interventions*, 1308 Annals of the New York Academy of Sciences, 33-45 (2013); Joshua Jeong et al., *Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis*, 18 PLOS Medicine (2021).; Linda M. Richter et al., *Investing in the foundation of sustainable development: pathways to scale up for early childhood development*, 389 The Lancet, 103-118 (2017).

[152] 91 Fed. Reg. at 51272.

[153] *Id.* at 51313.

[154] 45 C.F.R. § 1302.80.

[155] *Id.*

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family members to access mental health services and to address pregnant women's needs for appropriate supports for social and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.[156] *See* 45 C.F.R. § 1302.81. And although the Proposed Rule maintains the requirement for programs to provide newborn visits, it would eliminate important requirements regarding the timing and substance of those visits, including that they must be scheduled within two weeks after birth and include discussion of maternal mental and physical health, safe sleep, infant health, and support for basic needs.[157]

The Proposed Rule removed the requirement that family child care Head Start programs have a child development specialist on staff.[158]

C. The Proposed Rule's Changes to Standards that Establish the Quality, Scope, and Type of Comprehensive Services that Head Start Programs are Required to Provide

The Head Start Act requires Head Start agencies to "provide such comprehensive health, education, parental involvement, nutritional, social, and other services as will enable the children to attain their full potential and attain school readiness."[159] Core to the Head Start program is its "whole child" approach, built on scientific research[160] that shows children's health, social and emotional development, and the parent-child relationship are all important aspects for subsequent development and that they have complementary and mutual influences that support cognitive development.[161] The Head Start Act therefore requires Head Start agencies to "provide such comprehensive health, education, parental involvement, nutritional, social, and other services as will enable the children to attain their full potential and attain school readiness."[162]

To implement this directive, the Secretary must provide performance standards by regulation on "health, parental involvement, nutritional, and social services, transition activities . . . and other services."[163] These performance standards ensure the scope and quality of these services nationwide through establishing clear and measurable expectations for what services

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[156] 45 C.F.R. § 1302.81.
[157] 45 C.F.R. § 1302.80.
[158] 45 C.F.R. § 1302.23(e).
[159] 42 U.S.C § 9833; *see also* 42 U.S.C. § 9831.
[160] 42 U.S.C. § 9832(23), (22) (defining the terms "scientifically valid research" and "scientifically based reading research").
[161] The evidence is robust that cognitive stimulation, preventive health care, and nutrition early in life are critical for long-term skill development and positive health outcomes. *See, e.g.*, From Neurons to Neighborhoods: The Science of Early Childhood Development (Jack P. Shonkoff & Deborah A. Phillips eds., 2000). Research about early childhood interventions across multiple sectors (*i.e.*, health, nutrition, education, child protection, social protection) supports the importance of multi-faceted interventions that address multiple areas and risk factors simultaneously. *See, e.g.*, Pia R. Britto et al., *Nurturing care: promoting early childhood development*, 389 The Lancet 91, 91-102 (2017).
[162] 42 U.S.C. § 9833; *see also* 42 U.S.C. § 9831.
[163] 42 U.S.C. § 9836a(a)(1)(A).

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must be provided, the qualifications necessary for staff to effectively provide these services, and the training, professional development, and data analysis to support continuous improvement.[164]

The Proposed regulation is far more ambiguous than the current version and removes specific school readiness goals, learning frameworks, health and safety practices, reporting guidelines, and more. Moreover, the Department's assertions that these changes would restore state authority, return authority back to parents, reduce unnecessary burden and duplication, and maintain statutory accountability are inaccurate and misplaced.[165]

1. Safety

The Proposed Rule eliminates the existing safety standards. Under the proposal, no longer will the Standards require all staff, consultants, contractors and volunteers abide by a code of conduct that prohibits "engag[ing] in behaviors that maltreat or endanger the health or safety of children," including corporal punishment or physically abusive behavior, sexually abusive behavior, emotionally harmful or abusive behavior, and neglectful behavior,[166] and "ensure that no child is left alone or unsupervised."[167] Nor would Head Start programs be required to ensure facilities are free from firearms, pollutants, and drowning hazards; conduct staff background checks; train staff on safety; and create a disaster preparedness plan.[168] Other than lead exposure, the Proposed Rule leaves all other safety issues up to states and CCDF.[169]

Moreover, the Proposed Rule – specifically, proposed Section 1301.03 – would significantly curtail existing requirements concerning attendance that help to support the safety and well-being of enrolled children and their families. For example, the Current Rule requires programs to implement a process to "ensure children are safe when they do not arrive at school," as well as strategies to promote attendance through providing information, supporting families, conducting home visits, and examining barriers to regular attendance.[170]

For safety, the current standards require that Head Start programs ensure "there is at least one bus monitor on board at all times, with additional bus monitors provided as necessary."[171] The Proposed Rule would remove this requirement – because it is "overly specific and detailed."[172] The Department estimates that as a result of the NPRM Head Start programs will reduce bus monitors by ***50 percent***.[173] Although "ACF acknowledges that programs may choose to continue employing bus monitors to comply with applicable state or local requirements," it

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[164] 45 C.F.R. §§ 1302.102, 1302.30.
[165] 91 Fed. Reg. at 51249-50.
[166] 45 C.F.R. § 1302.90(c)(ii).
[167] *Id.* § 1302.90(c)(vi).
[168] *Id.* § 1302.47.
[169] Proposed § 1301.09
[170] *See Id.* § 1302.16.
[171] *Id.* § 1303.72(a)(4).
[172] 91 Fed. Reg. at 51270.
[173] *Id.* at 51292.

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does not say programs can choose to continue employing bus monitors when not required by state or local law.[174]

2. Education Services

The HSPPS lay out the elements that each Head Start program must provide in order to meet their statutory obligation to deliver "scientifically based and developmentally appropriate education performance standards related to school readiness that are based on the Head Start Child Outcomes Framework to ensure that the children participating in the program, at a minimum, develop and demonstrate" skills across a range of learning and developmental domains.[175] The Standards identify for Head Start programs the practices that research shows affect outcomes for children and families. Through Standards on staff to child ratios, minimum program operating hours, minimum staff qualifications and competencies, curricula implementation, screening and assessments, teaching and learning environment, and home visitors, the HSPPS ensure that agencies are able to maintain the quality and comprehensiveness of education services for all Head Start children and families. The Proposed Rule eliminates the vast majority of these standards and will lead to larger class sizes and fewer adult-child interactions, shorter program days, less qualified teachers and staff, less effective use of screenings and assessments, diminished teaching and learning environment, and lower-quality home visiting.

i. Staff to Child Ratios Ensure Quality and Safety

The HSPPS parameters for staff to child ratios and group sizes are important to high-quality education for the low-income children Head Start serves because they ensure adequate supervision and child safety, sufficient adult-child interactions to support learning and development, the time to provide individualized services (including for the 10% of children within each classroom who have disabilities), and the chance to build relationships with families.

Decades of evidence show that lower ratios mean children get more individual attention, better supervision and fewer injuries, stronger and more responsive teacher-child interactions and relationships, more language interaction, and calmer, less chaotic classrooms. Evidence shows that increasing child-staff ratios in child care may "endanger young children's health and safety, limit young children's development and learning outcomes, lead to further child care worker shortages by increasing teacher stress and turnover, and demand a level of workforce training not currently present in the field".[176] For 3-5 year olds, a meta-analysis of studies on staff-child ratios and class sizes in preschool program evaluations across a nearly 60 year period found "both class size and child–teacher ratios shape children's classroom experiences and their

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[174] *Id.*

[175] 42 U.S.C. § 9836a(a)(1)(B).

[176] Walter S. Gilliam, *Four Evidence-Based Reasons Why Increasing Child Care Ratios Would Be Dangerous and Counterproductive*, Buffett Early Childhood Institute (2025), https://buffettinstitute.nebraska.edu/resources/child-care-ratios-brief_digital.pdf [https://perma.cc/MCU2-NTP2].

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learning processes in different ways."[177] For infants and toddlers, as the Department previously recognized, ratios ensure "individualized program activities that protect the children's safety."[178] And by requiring infant and toddlers be assigned a "a consistent, primary teacher" the standards better "facilitate growth across different areas of child development."[179]

The Department previously found that "above certain class sizes, services to Head Start children and families in the center-based program option are not effective."[180] Based on this evidence, the HSPPS established child to staff ratios and groups sizes, which vary child the child's age. For center based programs:

- Four or five-year-old children class size must be no more than 20 children with a teacher and a teaching assistant or two teachers (a child to staff ratio of 1:10)[181]
- Three year olds must have no more than 17 children with a teacher and a teaching assistant or two teachers (a child to staff ratio of 1:8.5)[182]
- For infants and toddlers: a child to staff ratio of 1:4.[183]

For home-based programs, the Department previously found that the effectiveness of home based programs declined when "home visitors worked with more than 12 families"[184] and so established a maximum of 12 families for any individual home visitor.[185]

These standards have remained constant since the 1990s.[186]

Head Start programs will be able to determine ratios with no guidance other than not exceeding state regulations. In many states ratios for children ages 3-5 are above 1:10 and ratios for infants and toddlers are above 1:4.[187] The Department anticipates this change will result in larger class sizes—estimating an ***increase in the average number of children per teacher would be approximately 16 to 32 percent***—and fewer Head Start teachers—estimating Head Start will spend $668 million each year on fewer teachers. The Department does not address the years of research discussed above and cited in its previous rulemakings[188] that ratios are linked to quality.

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[177] Jocelyn Bonnes Bowne et al., *A Meta-Analysis of Class Sizes and Ratios in Early Childhood Education Programs: Are Thresholds of Quality Associated With Greater Impacts on Cognitive, Achievement, and Socioemotional Outcomes?*, 39 Educational Evaluation and Policy Analysis 407, 423-24 (2017), https://journals.sagepub.com/doi/full/10.3102/0162373716689489.
[178] *Id.* at 17768.
[179] Head Start Performance Standards, 80 Fed. Reg. 35430, 35464 (June 19, 2015).
[180] Head Start Program, 57 Fed. Reg. 58084, 58084 (Dec. 8, 1992);
[181] 45 C.F.R. § 1302.21(b)(3),(4); *see also* 57 Fed. Reg. 58084, 58094 (Dec. 8,1992).
[182] *Id.* at (b)(3).
[183][183] 45 C.F.R. § 1302.21(b)(2); 45 C.F.R. § 1302.23(b)(3). *see* 61 Fed. Reg. 57186, 57223 (Nov. 5, 1996).
[184] Head Start Program, 57 Fed. Reg. 58084, 58084 (Dec. 8, 1992); *see also* Head Start Program, 53 Fed. Reg. 49545, 49566 (Dec. 8, 1988).
[185] 45 C.F.R. § 1302.22(b); *see also* 57 Fed. Reg. 58084, 58095 (Dec. 8, 1992).
[186] Head Start Program, 57 Fed. Reg. 58084, 58084 (Dec. 8, 1992); *see also* Head Start Program, 53 Fed. Reg. 49545, 49566 (Dec. 8, 1988).
[187] First Five Years Fund, State Data: Child Care Ratios (last visited Aug. 15, 2026), https://www.ffyf.org/wp-content/uploads/2026/05/Ratios-By-State.pdf (showing state ratios for licensed CCDF center-based care, as set by each state as of their 2025-2027 CCDF State Pla).
[188] *See, e.g.*, Head Start Program, 61 Fed. Reg. 17754, 17772 (April 22, 1996).

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Instead, the Department argues that "state early childhood systems have evolved significantly, including through more robust licensing and oversight requirements,"[189] and cites a research paper that explicitly warns that its findings do not indicate that staff to child ratios should be relaxed.[190]

ii. Hours of Operation Necessary to Provide Sufficed Learning Opportunities

The HSPPS establish research-based minimum for how many hours Head Start programs must operate each year based on research that shows the necessary breadth and depth of high quality learning experiences that young children need to succeed in school and beyond.[191] These minimum requirements are based on a "strong body of research that demonstrates adequate exposure to learning opportunities is important for children at-risk for academic difficulties to make necessary gains"[192] and research linking "increasing the length of the program day and program year to improved children's outcomes."[193]

The Proposed Rule eliminate the minimum hours of operation for Head Start programs from the standards.[194] In doing so, the Department acknowledges that its existing requirement was based on research supporting the value of longer early education services for children, but that "[u]pon further consideration, ACF believes that prescribing a minimum annual number of service hours is not the most appropriate means of promoting positive outcomes," without providing any research or other support for its change in position.[195]

Although the Department states that this is about flexibility, and that programs can maintain their current hours of operation[196], they estimate that without the standards on service duration, children received ***132 fewer hours of Head Start programing***.[197] The Department believes that center based Head Start programs will reduce their hours as a result of the proposal, and because there will be reduced instructional hours, programs can pay teachers approximately $214 million *less* each year. Similarly, for home-based Head Start programs, ACF predicts that "Absent these requirements [that establish minimum expectations for visit frequency and duration], we anticipate programs will likely shorten home visits, increase caseloads, and adjust staffing."[198] As a result ACF predicts that Head Start programs will spend approximately $173 million less annually on home visitors. As ACF acknowledges, this proposed change will harm families who will have to secure alternative child care arrangements or miss work. Despite these

[189] 91 Fed. Reg. at 51267.
[190] Perlman, M., Fletcher, B., Falenchuk, O., Brunsek, A., McMullen, E., & Shah, P. S., Child-staff ratios in early childhood education and care settings and child outcomes: A systematic review and metaanalysis. PLoS One (2017), *available at* https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0170256.

[191] *See* 45 C.F.R. §§ 1302.21(c), 1302.22(c), 1302.23(c) (service duration requirements different Head Start program options).
[192] Head Start Performance Standards, 80 Fed. Reg. 35430, 35431 (June 19, 2015).
[193] Head Start Performance Standards, 81 Fed. Reg. 61294, 61401 (Sept. 6, 2016).
[194] 91 Fed. Reg. at 51267-68.
[195] 91 Fed. Reg. at 51267.
[196] *Id.* at 51268.
[197] *Id.* at 51290.
[198] *Id.* at 51291.

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significant harms, the Proposed Rule provides no meaningful explanation for its sudden departure from existing standards.

iii. Staff Qualifications and Competencies

The HSPPS on staff qualifications and competencies are essential to the quality of Head Start programs.

The standards ensure that "all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards."[199] These include degree/credential requirements for teachers, assistant teachers, family child care providers, and home visitors, as well as demonstrated competencies in "provid[ing] effective and nurturing teacher-child interactions, plan[ing] and implement learning experiences that ensure effective curriculum implementation and use of assessment and promote children's progress…, including for children with disabilities and dual language learners" and "build[ing] respectful, culturally responsive, and trusting relationships with families."[200] Additionally, the HSPPS set standards for staff training, professional development, and coaching.[201]

These Standards are research-based. A National Academy of Sciences report on the early childhood workforce summarized decades of evidence showing that teacher qualifications – education levels, certification, and training specifically in early childhood education – are associated with higher levels of teacher-child interaction quality and subsequently with better child learning and development.[202] Increases in Head Start teachers' qualifications and professional development activities is linked to improved classroom quality.[203] Research also shows that the positive impacts of home visiting on children and their families (i.e., improvements in maternal and child health, child development, parenting practices) rely on well-trained home visitors that effectively implement services.[204] As the Department has recognized for decades, "The competence of the Head Start teacher and home visitor is one of the most important determinants of the success of the program. It is the training and experience of this staff that enables them to provide high quality and age appropriate experiences to children."[205] Many studies show that coaching and on-site supervision with feedback improves both fidelity of

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[199] 45 C.F.R. § 1302.91(a).
[200] *Id.* § 1302.91(e)(5), (e)(6)(ii).
[201] 45 C.F.R. § 1302.92; 45 C.F.R. § 1302.32(a)(2).
[202] LaRue Allen and Bridget B. Kelly, Eds., *Consensus Study Report: Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*, National Academies of Sciences, Engineering, and Medicine. (2015), https://doi.org/10.17226/19401.
[203] Nikki Aikens et al., *Tracking Quality in Head Start Classrooms: FACES 2006 to FACES 2014*, Administration for Children & Families, Office of Planning, Research & Evaluation (Oct. 2016), https://acf.gov/sites/default/files/documents/opre/faces_tracking_quality_in_head_start_100716_b508.pdf.

[204] Peggy Nygren et al., *What's Happening During Home Visits? Exploring the Relationship of Home Visiting Content and Dosage to Parenting Outcomes*, 22 Maternal & Child Health J 52, 52-61 (2018), https://link.springer.com/article/10.1007/s10995-018-2547-5 [https://perma.cc/3VV8-Y4WF].
[205] 53 Fed. Reg. 49565, 49567 (Dec. 8, 1988).

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curriculum implementation and general teacher-child interactions in Head Start and in other early childhood education programs.[206]

The Proposed Rule would entirely remove many existing requirements related to staff qualifications and competency, including those set forth in Sections 1302.91 and 1302.92. For example, the Proposed Rule would eliminate Section 1302.91's standardized qualification requirements for non-teaching program staff responsible for the management and oversight of family services, health services, and services to children with disabilities, family child care providers, family services staff, home visitors, coaches, health professionals, Head Start directors, and fiscal staff – leaving programs "to determine appropriate qualifications, consistent with state, tribal, and local laws and their own operational needs."[207] To justify these changes, ACF argues, without any evidence, that they are unnecessary.[208] Because postsecondary education would not be required for these positions—including management positions—the Department says that Head Start programs will be able to pay these staff members less.[209]

Additionally, Family child care Head Start programs will no longer be required to have a child development specialist on staff "to support family child care providers and ensure the provision of quality services at each family child care home."[210] The Department says the "NPRM will result in many programs reducing or eliminating staffing for this role" and they expect a ***50 percent reduction in child development specialists.***[211] To justify this change, ACF says it will support its goal to "reduce prescriptive Federal oversight on local programs,"[212] but does not discuss how it would impact the quality of Head Start programs.

The proposal also adds new requirements for hiring that make it more difficult – and in some cases impossible – for Head Start programs to hire staff with "postsecondary education credits, hours, or credentials."[213] Specifically, the proposed rule appears to forbid programs from providing incentives for post-secondary education or requiring it unless they can make an individually based justification that this is the only way to get the skills. And programs *must* "provide explicit alternatives to postsecondary education for demonstrating required skills."[214] As noted above, the statute requires degrees and credentials for certain Head Start positions, and HHS does not address how to reconcile the different regulatory and statutory requirements.

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[206] Hirokazu Yoshikawa, Christina Weiland & Jeanne Brooks-Gunn, *When Does Preschool Matter?*, 26 The Future of Children 21, 21-35 (2016).
[207] 91 Fed. Reg. at 51294.
[208] *Id.* at 51274-75.
[209] 91 Fed. Reg. at 51294-95 (estimating "a six percent reduction … to current average salaries for Head Start management positions to estimate the potential floor salary, which assumes no degree requirements for these roles" and a nine percent reduction in salaries for positions where a CDA credential will no longer be required).
[210] 45 C.F.R. § 1302.23(e); 91 Fed. Reg. at 51317.
[211] 91 Fed. Reg. at 51291.
[212] 91 Fed. Reg. at 51268.
[213] Proposed Rule § 1301.12(c).
[214] *Id.*

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The Proposed Rule also would remove requirements related to staff training and professional development, including minimum professional development and annual training requirements.[215] For example, Head Start programs would not longer be required to "support staff to effectively implement curricula and at a minimum monitor curriculum implementation and fidelity."[216] Moreover, it would eliminate Section 1302.92's requirement for programs to "implement a research-based coordinated coaching strategy" for education staff, arguing that doing so would allow greater flexibility and "reduce the intensity and frequency of coaching activities in some programs."[217] As a result, the Department estimates a ***50 percent reduction in coaching activities***.[218] Reductions in such supports to teachers are likely to result in declines in quality. Coaching is particularly important for newer teachers. Given the high turnover in Head Start staff, and the provisions of the proposal that will further increase that turnover, the need of Head Start programs to provide coaching will increase.

iv. Child Screening and Assessments for Individualization.

The HSPPS ensure all Head Start programs use appropriate child developmental screening to identify concerns and structured assessment to better support individualized learning, improve teaching practices, and improve home visit strategies.[219] "Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities."[220]

There is widespread consensus among researchers that appropriate child screening and assessment are fundamental to effective early developmental and learning outcomes.[221] Child screenings and assessments serve as accountability measures for systems, improve children's learning and development, support the early identification of developmental delays and disabilities, and strengthen partnerships with families.[222] Research shows that these screenings are essential to link children to early interventions services, mental health services, and early supplemental learning programs. When they are combined with teacher and parent assessments, they are predictive of later learning difficulties.[223] Research also shows that to ensuring that the data collected are both valid and reliable, and to reduce misclassification, screening and assessments must be culturally and linguistically responsive.[224]

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[215] 45 C.F.R. § 1302.92; 45 C.F.R. § 1302.32(a)(2).
[216] 45 C.F.R. § 1302.32(a)(2).
[217] 91 Fed. Reg. at 51296.
[218] 91 Fed. Reg. at 51296.
[219] *Id.* at (b)(1), (2).
[220] 45 C.F.R. § 1302.33(c)(1).
[221] Catherine E. Snow & Susan B. Van Hemel, Eds., *Early Childhood Assessment: Why, What, and How*, National Academies Press (2008).
[222] Margaret Burchinal, *Measuring Early Care and Education Quality,* Child Development Perspectives, 12(1), 3-9 (2018).
[223] David G. Cairney et al., *The predictive value of universal preschool developmental assessment in identifying children with later educational difficulties: A systematic review*, 16 PLOS One (2021).
[224] Catherine E. Snow & Susan B. Van Hemel, Eds., *Early Childhood Assessment: Why, What, and How*, National Academies Press (2008); Sandra P. Laing & Alan Kamhi, *Alternative Assessment of Language and Literacy in Culturally and Linguistically Diverse Populations*, Language, Speech, and Hearing

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The Proposed Rule eliminates the Standard on screening and assessments, and with it the essential guidance about when evaluations must be conducted, when referrals must be made, what steps must be taken to support a child who is determined not to be eligible for IDEA—including using program funds for services that are not otherwise available, and how children who speak other languages will be evaluated. The Proposed Rule also eliminates protections against inappropriate uses of these sensitive evaluations and assessments.[225]

v. Curricula

The proposed rule removes the curricula standards set forth in 45 CFR 1302.32. HHS argues that these standards are not needed because the Head Start Act already requires a research-based curriculum. The Head Start Act requires that the curriculum promote school readiness, be based on scientifically valid research, be linked to ongoing assessment with developmental and learning goals and measurable objectives, and be aligned with the Head Start Early Learning Outcomes Framework and, as appropriate, state early learning standards (Section 642(f)(3)). In addition to reflecting these statutory requirements, the current HSPPS also require (1) a scope and sequence with plans and materials for supporting children's learning and developmental progression, (2) support for staff in implementing the curriculum along with training and professional development, (3) monitoring implementation for fidelity with appropriate supervision and continuous quality improvement, and (4) processes for making adaptations to a curriculum, including working with an external subject matter expert and monitoring progress toward school readiness goals. These provisions that appear only in current regulation would be removed under the NPRM.

vi. Teaching and Learning Environment

The HSPPS provide minimum requirements necessary to create a teaching and learning environment that effectively supports children's cognitive, physical, social and emotional development and provide accountability through assessment of classroom quality.[226] Specifically, the HSPPS set expectations for effective teaching practices (such as empathizing nurturing and responsive practices, integrating child assessment data into planning, and use of research-based practices for dual language learners), effective learning environments (such as providing adequate opportunities for choice, play, exploration, and experimentation), and effective materials and space for learning (such as age-appropriate equipment and a space accessible for children with disabilities).[227]

Services in Schools, 34(1), 44-5 (2003).; : Karla N. Washington et al, *The Cultural and Diagnostic Appropriateness of Standardized Assessments for Dual Language Learners: A Focus on Jamaican Preschoolers*, Language, Speech, and Hearing Services in Schools, 52(3), 807–826 (2021); Office of Head Start, U.S. Dep't of Health & Human Servs., Special Considerations: Developmental Screening of Children Ages Birth to 5 Who Are Dual Language Learners (DLLs), https://headstart.gov/child-screening-assessment/article/special-considerations-developmental-screening-children-ages-birth-5-who-are-dual-language-learners (Last Updated: January 13, 2025).

[225] 45 C.F.R. § 1302.33(d).

[226] 45 C.F.R. § 1302.31.

[227] *Id.*

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The Proposed Rule eliminates the all the standards about how to create an effective teaching and learning environment. The proposed § 1301.04 on "Teaching and learning environment" eliminates any mention of expectations for effective teaching practices, learning environments, materials and space for learning, and rest. The standards for teaching and learning are replaced with a new English-only mandate, as well as new mandates on physical activity and requirement regarding nutrition.[228]

ACF say it is making these changes "to reduce administrative burden, enhance program flexibility, and support more locally responsive service delivery."[229] But standards for effective teaching practices and effective learning environments do not require administrative paperwork—they establish minimum quality requirements. Nor do these standards inhibit the ability of Head Start programs to tailor their programs to their local community.

The sole justification provided for removing the current evidence-based standards on teaching practices that best help children whose home language is not English to learn and replacing it with a new English-only mandate is the statement that "the current requirements are at odds with E.O. 14224, *Designating English as the Official Language of the United States.*"[230] Despite the Head Start Act's requirement that the education performance standards must be "scientifically based and developmentally appropriate" and "based on the Head Start Child Outcomes Framework,"[231] the proposal does not even attempt to provide a scientific basis for its English Only mandate. Nor does it even acknowledge that the Head Start Child Outcomes Framework provides "Teaching practices need to create learning environments that support children's diversity and use proven strategies that promote home language(s) and English acquisition. The learning outcomes of children who are DLLs are best supported with opportunities to interact and learn in each of their developing languages."[232]

This change also contradicts the Department's long held position that it is important for Head Start programs to "intentionally support[] the acquisition of English *and* the home language in young children" and that the benefits of English Only education is a "myth."[233]

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[228] Proposed Rule § 1301.04.
[229] 91 Fed. Reg. at 51311
[230] 91 Fed. Reg. at 51265.
[231] 42 U.S.C. § 9836a(a)(1)(B).
[232] Head Start Early Learning Outcomes Framework: Ages Birth to Five at 4.
[233] Admin. For Child. & Fams, Dual Language Learning: What Does It Take? Head Start Dual Language Report at 1, 16 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf; *see also, e.g.*, U.S. Dep't of Health and Human Servs. & U.S. Dep't of Educ., Policy Statement on Supporting the Development of Children Who Are Dual Language Learners in Early Childhood Programs at 10 (June 2, 2016), https://eric.ed.gov/?id=ED566723 ("Multiple bodies of literature – including developmental and cognitive psychology, education research, and neuroscience – point to the benefits of supporting the home language of young children who are DLLs, alongside their English language development, in early childhood settings."); Office of Head Start, Home Language Support, (last visited Aug, 22, 2026) ("Research shows that young DLLs are more successful in school and later in life when they develop strong language and literacy skills in both their home language and English."): Office of Head Start, The Importance of Home Language Series (last visited Aug,. 22, 2026), https://www.headstart.gov/culture-language/article/importance-home-language-series ("School readiness and school success for children who are dual language learners are tied directly to mastery of their home language."); Admin. For Child. &

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Additionally, the proposal fails to give programs any guidance on how to comply with the English Only mandate and the numerous requirements of the Head Start Act to effectively support children and families with limited English proficiency, which the proposal acknowledges exist.[234] Nor does the proposal explain to Head Start programs how they can both have a curricula "based on scientifically valid research" that is "aligned with the Head Start Child Outcomes Framework," they must under the Head Start Act,[235] and comply with the English-Only mandate. The proposals conclusory assertion that programs must simultaneously comply with both fails to adequately explain how programs can do so.

vii. Standards for Home Visitors Enhance Quality, Especially for Infants and Toddlers.

The Head Start Act recognizes a home-based model for delivering the Head Start program, particularly for serving infants and toddlers in Early Head Start.[236] Home visitors are the key staff that deliver education in this model. Recognizing the key role of home visitors, Congress provided that "[i]n order to further enhance the quality of home visiting services provided to families of children participating in home-based, center-based, or combination program options under this subchapter, the Secretary *shall* establish standards for training, qualifications, and the conduct of home visits for home visitor staff in Early Head Start programs."[237] Further Congress enumerated the "Contents of the Standards" directing that "[t]he standards for training, qualifications, and the conduct of home visits shall include content related to—

(A) structured child-focused home visiting that promotes parents' ability to support the child's cognitive, social, emotional, and physical development;

(B) effective strengths-based parent education, including methods to encourage parents as their child's first teachers;

(C) early childhood development with respect to children from birth through age 3;

(D) methods to help parents promote emergent literacy in their children from birth through age 3, including use of research-based strategies to support the development of literacy and language skills for children who are limited English proficient;

(E) ascertaining what health and developmental services the family receives and working with providers of these services to eliminate gaps in service by offering annual health, vision, hearing, and developmental screening for children from birth to entry into kindergarten, when needed;

(F) strategies for helping families coping with crisis; and

(G) the relationship of health and well-being of pregnant women to prenatal and early child development."

Fams, Systems Framework to Support Dual Language Learning in Early Care and Education Settings, https://acf.gov/sites/default/files/documents/ecd/DualLanguageLearnerBrief_Quality-20240523-508.pdf ("Research shows that children who are DLLs need systematic exposure to English and ongoing support for their home languages to develop strong language and literacy skills and support school readiness skills"); Admin. For Child. & Fams, Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs at 20 (Nov. 13, 2020), https://acf.gov/media/8113.

[234] 91 Fed. Reg. at 51265.

[235] 42 U.S.C. 9835(o)

[236] 42 U.S.C. § 9832(10)42 U.S.C. § 9840a(i).

[237] 42 U.S.C. § 9840a(i)(1) (emphasis added).

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In compliance with Congress's command, the HSPPS include standards for the conduct of home visits. The purpose of these standards is to ensure home visits "implement a research-based curriculum that delivers developmentally, linguistically, and culturally appropriate home visits and group socialization activities that support children's cognitive, social, and emotional growth for later success in school."[238] Home visits must be jointly plan with parents and "reflect the critical role of parents in the early learning and development of their children," which requires "that the home visitor is able to effectively communicate with the parent, directly or through an interpreter."[239] Home visits must "promot[e] high-quality early learning experiences in the home and growth towards the goals described in the Head Start Early Learning Outcomes Framework: Ages Birth to Five," including "structured child-focused learning experiences," "[s]trategies and activities that promote parents' ability to support the child's cognitive, social, emotional, language, literacy, and physical development," "[r]esearch-based strategies and activities for children who are dual language learners," follow-up discussions with families to address concerns and inform strategies going forward, and use a research-based early childhood homebased curriculum and support staff in implementing that curriculum.[240] The standards also provide guidance on group socialization activities—including that they be jointly planned by families and provide screening and assessments.[241]

Despite the direction from Congress that the "Secretary shall establish standards for training, qualifications, and the conduct of home visits,"[242] the Department explains that "the proposed rule removes all of the Federal regulations found at § 1302.35 regarding home— based program design, instructional activities for home visits, curriculum, staff support, adapting curriculum, and group socialization structure."[243] In doing so, the Department argues only that the recission would increase program flexibility. Further, the Department acknowledges this change will diminish the quality, scope, and type of services provided to children and families because "Absent these requirements, we anticipate programs will likely shorten home visits, increase caseloads, and adjust staffing."[244] As a result of these changes, the Department expects "significant changes to staffing costs."[245] Indeed, HHS predicts a *50 percent* reduction in the home visitor workforce and approximately $174 million less spent on home visiting per year.[246]

3. Health

The HSPPS ensure that Head Start agencies "provide high-quality health, oral health, mental health, and nutrition services that are developmentally, culturally, and linguistically appropriate and that will support each child's growth and school readiness."[247] For each of these categories, the Standards establish the minimum requirements for the scope, type, and quality of

[238] 45 C.F.R. § 1302.35(a).
[239] *Id.* § 1302.35(b)(1).
[240] *Id.* §§ 1302.35(c), (d).
[241] *Id.* §§ 1302.35(e), (f).
[242] 42 U.S.C. § 9840a(i)(1).
[243] 91 Fed. Reg. at 51268.
[244] 91 Fed. Reg. at 51291.
[245] *Id.*
[246] *Id.*
[247] 45 C.F.R. § 1302.40(a).

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services that Head Start programs must deliver for enrolled children and pregnant women. Additionally, the standards ensure that in providing these services "programs must collaborate with parents as partners"[248] in a linguistically and culturally appropriate, timely, and effective manner. As a result of the proposal, the Department estimates ***$111.3 million less*** will be spent on health and mental health services every year.

i. Health and Oral Health:

The standards ensure that within 30 days of a child's first interaction with a Head Start program they are connected with health care if needed. Programs must help parents to follow medically recommended schedules of well-child and oral health care, and provide diapers and formula for infants and toddlers as needed. The standards ensure that participating children are up to date on immunizations, are screened for vision and hearing, have health insurance, and have access to continuous healthcare and dental care.[249] They also mean that recurring developmental, medical, oral, nutritional or mental health concerns will be identified and addressed, in collaboration with families.[250] To meet these requirements, programs must ensure all health staff meet minimum qualifications and establish collaborative relationships and partnerships with health professionals.[251] The standards ensure that screening and assessments are high quality and ensure that children are receiving the medical interventions they need.[252]

The Proposed Rule will erode Head Start programs' ability to ensure children receive primary and preventive care. Under the proposal, there would no longer be a established set of health, dental, and mental health services that Head Start children receive in the program.[253] The Proposed Rule eliminates requirements for programs to ensure that children are up to date with key preventive and primary health care, to provide vision and hearing screenings within a certain time frame, to monitor children's health, and to assist parents with obtaining prescription medication and aids, among others.[254] Head Start programs will also no longer be required to provide fluoride supplements, diapers, and baby formula to children who need them[255] or help children brush their teeth once a day.[256] The Proposed Rule would remove existing standards for the qualifications of health professionals, including mental health consultants and staff who provide nutrition services.[257] The loss of these requirements will harm children and make it difficult for programs to comply with the Head Start Act's general mandates for programs to ensure kids receive health services.[258]

The Proposed Rule removes the requirement for programs to establish and maintain a Health and Mental Health Services Advisory Committee that includes Head Start parents,

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[248] *Id.* § 1302.41(a).
[249] *Id.*
[250] 45 C.F.R. § 1302.40.
[251] *Id.* §§ 1302.91, 1302.53.
[252] 45 C.F.R. § 1302.33.
[253] 45 CFR 1302.42
[254] 45 C.F.R. § 1302.42.
[255] 45 C.F.R. § 1302.42(c)(3) (fluoride) and (e) (diapers & formula).
[256] 45 C.F.R. § 1302.43.
[257] 91 Fed. Reg. at 51273-74 (removing 45 C.F.R. § 1302.91).
[258] Head Start Act § 645A(b)(5); *Id.* § 642(f)(9); *Id.* § 645A(i)(2)(E).

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professionals, and other volunteers from the community,[259] because in its view it is "overly prescriptive."[260]

The Proposed Rule also would remove important provisions related to health and wellness for staff and volunteers that are aimed at keeping children healthy. For example, the Proposed Rule would eliminate requirements that programs to ensure that staff undergo health examinations,[261] and volunteers be screened for communicable diseases,[262] to protect the health and safety of those in the program.

ii. Mental Health:

The proposed rule would eliminate the current mental health requirements. To promote mental health, social and emotional well-being, programs must provide mental health consultation services that support the mental health and social and emotional development of children, multidisciplinary coordination and collaboration between mental health and other relevant program services, and ensure children receive adequate screening and appropriate follow-up.[263] Programs must also provide coordinated mental health support for both children and adults and examine their consultation approach annually. Programs must offer families education on child mental health and on treatment options for parental depression, anxiety, and substance use.[264] In addition to traditional treatment or counseling services for those children or parents showing evidence of mental health distress or behavioral problems, the Standards require behavioral screenings using validated measures and encourage prevention programing,[265] which has been shown to have positive impacts on reduced child behaviors and increased social-emotional development indicators.[266]

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[259] 45 C.F.R. § 1302.40.
[260] 91 Fed. Reg. at 51312.
[261] 45 C.F.R. § 1302.93.
[262] 45 C.F.R. § 1302.94.
[263] 45 C.F.R. § 1302.45.
[264] 45 CFR 1302.46
[265] Hirokazu Yoshikawa & Jane Knitzer, *Lessons from the Field: Head Start Mental Health Strategies To Meet Changing Needs*, National Center for Children in Poverty & American Orthopsychiatric Association (1997); Hirokazu Yoshikawa & Edward Zigler, *Mental Health in Head Start: New Directions for the Twenty-First Century*, 11 Early Education and Development 247, 247-264 (2010).
[266] Carolyn Webster-Stratton, M. Jamila Reid & Mary Hammond, *Preventing Conduct Problems, Promoting Social Competence: A Parent and Teacher Training Partnership in Head Start*, 30 Journal of Clinical Child Psychology 283, 283-302 (2001); Carolyn Webster-Stratton, M Jamila Reid & Mike Stoolmiller, *Preventing Conduct Problems and Improving School Readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in High-Risk Schools*, 49 Journal of Child Psychology and Psychiatry 471, 471-488 (2009); Karen L. Bierman et al., *Promoting Academic and Social-Emotional School Readiness: The Head Start REDI Program*, 79 Child Development 1802, 1802-1817 (2008); Stephanie M. Jones, Kristen L. Bub & C. Cybele Raver, *Unpacking the Black Box of the CSRP Intervention: The Mediating Roles of Teacher-child Relationship Quality and Self-regulation*, 24 Early Education & Development 1043, 1043-1064 (2014); C. Cybele Raver, *CSRP's Impact on Low-Income Preschoolers' Preacademic Skills: Self-Regulation as a Mediating Mechanism*, 82 Child Development 362, 362-378 (2011).

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The Proposed Rule would eliminate these requirements on mental health consultation, consultant qualifications, and family education on mental health. Eliminating these regulations will make children and their parents more vulnerable to mental health issues.

iii. Maternal and Infant Health

Pregnant women are eligible to participate in Early Head Start.[267] Early Head Start programs must "ensure a comprehensive array of services (such as health and mental health services and family support services)"[268] and the Secretary must establish standards for home visits that related to "the relationship of health and well-being of pregnant women to prenatal and early child development."[269] Early Head Start serves approximately 16,000 expectant families during pregnancy and the postpartum period.[270]

The proposal eliminates nearly all prenatal and postpartum service requirements for pregnant women and new parents in Early Head Start.[271] Early Head Start serves approximately 16,000 expectant families during pregnancy and the postpartum period.[272]

Current HSPPS require programs to determine within 30 days whether a pregnant woman has a source of continuous prenatal care and health insurance, and to identify a source of ongoing care as quickly as possible if needed. The HSPPS require programs to facilitate services through referrals that must include, at a minimum, "nutrition counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence."[273] Current HSPPS also require programs to track the prenatal and support services that a pregnant woman receives and to provide services to reduce barriers to healthy maternal and birthing outcomes for each family, including services to address disparities across racial and ethnic groups.[274] When the baby is born, the current HSPPS require a newborn visit within two weeks that addresses physical and mental health, safe sleep, infant needs, and basic needs. The current HSPPS include a requirement to support pregnant women and postpartum women, as well as their partner or family members, with mental health challenges and to support responsive care for the mother and infant.[275] Existing requirements direct programs to identify and address family needs that support the family with prenatal and postpartum care and healthy infant development, including during the infant's transition to an early childhood program. Programs are authorized to use Head Start funds for diapers and formula during the program day.[276]

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[267] 42 U.S.C. § 9840a(c)(1).
[268] *Id.* § 9840a(b)(5).
[269] *Id.* § 9840a(i)(2)(G).
[270] Office of Head Start, Head Start Program Facts: Fiscal Year 2024, https://headstart.gov/program-data/article/head-start-program-facts-fiscal-year-2024
[271] 45 CFR 1302.80–1302.82
[272] Office of Head Start, Head Start Program Facts: Fiscal Year 2024, https://headstart.gov/program-data/article/head-start-program-facts-fiscal-year-2024
[273] 45 C.F.R. § 1302.80.
[274] 45 C.F.R. § 1302.80.
[275] 45 C.F.R. § 1302.81.
[276] 45 CFR 1302.42(e)

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The proposal would eliminate nearly all of these Standards—most of which exist only in the Standards.[277] The only two services the Proposed Rule would require are newborn visits and educational information, but even for these, the proposal would reduce the quality.[278] Under the proposal, the timing and substance of those visits of newborn visits would be removed, including that they must be scheduled within two weeks after birth and include discussion of maternal mental and physical health, safe sleep, infant health, and basic needs.[279]

HHS's stated goal of promoting flexibility for programs conflicts with the very purpose of including maternal health programming in Head Start and creates inconsistencies in program implementation that could be dangerous to infant and maternal health. Here, flexibility would mean that the infants and mothers who are relying on Early Head Start to connect them with timely resources may not receive critical care at the medically- and developmentally-appropriate times. This will harm children. For example, research shows that the comprehensiveness of services offered to pregnant women at the program level is associated with lower behavior problems among children at age 2.[280]

4. Nutrition

To ensure high-quality nutritional services, the standards specify a program "must design and implement nutrition services that are culturally and developmentally appropriate, meet the nutritional needs of and accommodate the feeding requirements of each child, including children with special dietary needs and children with disabilities."[281] Specifically, programs must provide breakfast for children who have not eaten, provide children with meals and snacks that meet their nutritional needs, and make safe drinking water available to children.[282] Additionally, programs must "provide sufficient time for children to eat, not use food as reward or punishment, and not force children to finish their food."[283]

Food insecurity among children remains alarmingly high in the United States. In 2024, over 14 million children live in food-insecure households, including over 2 million very young children under the age of three.[284] Head Start fills a gap in providing a consistent source of nutritious meals for children throughout the day, and has proved to improve nutrition outcomes.[285]

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[277] *See* 42 U.S.C. 9840A
[278] Proposed § 1301.11
[279] 45 C.F.R. § 1302.80.
[280] Eleanor Fisk et al., *Early Head Start Prenatal Services and Toddlers' Socioemotional Skills: The Role of Program Approach*, 54 Early Childhood Education Journal 893, 893-903 (2026).
[281] 45 C.F.R. § 1302.44(a)(1).
[282] *Id.* at 1302.44(a)(2). *Compare* current 45 C.F.R. § 1302.44 *with* Proposed Rule § 1301.04.
[283] 45 C.F.R. § 1302.31(e)(2).
[284] Matthew P. Rabbitt et al., *Household Food Security in the United States in 2024,* Economic Research Service, U.S. Department of Agriculture (Dec. 2025), https://www.ers.usda.gov/media/9161/err-358.pdf?v=85801 [https://perma.cc/VF3A-9LCE].
[285] Colleen Heflin, Irma Arteaga & Sara Gable, *The Child and Adult Care Food Program and Food Insecurity*, University of Kentucky Center for Poverty Research, Discussion Paper Series, https://uknowledge.uky.edu/cgi/viewcontent.cgi?article=1028&context=ukcpr_papers.

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The proposal would add a new requirement that staff must discuss with parents "and the negative health consequences of sugar sweetened beverages and grain-based desserts,"[286] but it removes the requirements to serve breakfast for children who have not eaten, provide children with meals and snacks that meet their nutritional needs, and make safe drinking water available to children.[287]

5. Parental Involvement

Head Start recognizes that families are central to children's school readiness. The Standards protect this central role for parents by giving parents formal governance authority over program design and operation, encouraging parent and family engagement, requiring high-quality family partnership services, and helping families access social services necessary for security and stability. The proposal would weaken the role of parents in Head Start by reducing their role in governance, eliminating the standards on family engagement and family partnership services, and removing requirements to support family security stability through connections with social services.

i. Shared Governance

Head Start is built of the concept of shared governance. The HSPPS require that Head Start programs "must establish a parent committee comprised exclusively of parents of currently enrolled children." Parent Committee, at minimum, has the responsibilities to (1) "advise staff in developing and implementing local program policies, activities, and services to ensure they meet the needs of children and families," (2) "have a process for communication with the policy council and policy committee," and (3) "participate in recruitment and screening of Head Start employees," within established guidelines.[288] The parent committee gives parents meaningful opportunities to be involved in decisions regarding their children's education and development. Additionally, parent committees give parents the opportunity to plan, conduct, and participate in informal and formal programing. The parent committee advises and provides feedback to members of the policy council, which is the body responsible for the direction of the Head Start program. Because the parent committee is required, and must be given minimum responsibilities, these opportunities are formalized and prioritized. For example, members of the parent committee receive training and a budget.

Additionally, the HSPPS include impasse procedures that describe the resolution process for what happens when the Policy Council, which is composed of majority parents, and the Governing Board do not agree. This standard protects the role of parents as decisionmakers in Head Start.[289]

The proposed rule weakens the role of parents in the governance of Head Start programs. By making the parent committees optional, no longer will every Head Start parent

[286] Proposed Rule § 1301.08(b).
[287] *Compare* current 45 C.F.R. § 1302.44 *with* Proposed Rule § 1301.04.
[288] 45 C.F.R. § 1301.4(a), (b)(1).
[289] *Id.* § 1301.6

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have an opportunity the shape their child's Head start program.[290] Head Start programs that do choose to have parent committees no longer would have to recognize minimum responsibilities for the committee—instead programs would "determine the bylaws of any committee."[291] By eliminating the impasse procedures, the proposal removes the required resolution process without replacing it, leaving governance disputes with no mandated path to resolution.[292] That change undermines the role of the Policy Council— the mechanism through which parents are able to make decisions regarding their children's education and development—because it makes it more likely the Governing Board can override the Policy Council in any dispute. The proposal also and removes the provision that explicitly allows low-income parents to be reimbursed for time and expenses related to their participation in program governance, which will make it less likely that the parents served by Head start will be able to participate.[293]

ii. Parent Engagement in Education and Family Partnership

The proposal removes the parent and family engagement requirements in 45 C.F.R. § 1302.34 and § 1302.50, which include an open-door policy for parents during all program hours, at least two parent conferences per year, at least two teacher home visits per year, the opportunity for parents to provide feedback on curricula, "create welcoming program environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of families in the program and community"; and "[c]onduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible, and ensure families have the opportunity to share personal information in an environment in which they feel safe."[294] Programs must have "family engagement strategies that are designed to foster parental confidence and skills in promoting children's learning and development," including "activities that support parent-child relationships and child development including language, dual language, literacy, and bi-literacy development" and offer a research-based parenting curriculum.[295]

The proposed rule also weakens Family Partnership Services, through which staff work "with families to understand their goals for their children and themselves and work toward those goals together."[296] Family partnerships must be initiated early in the program year, include a "family partnership agreement" and activities that support family well-being, including safety, health, and economic stability which are necessary to support child learning and development.[297] Per the HSPPS, the family assessment process must identify strengths and needs in partnership with parents and align with the Head Start Parent Family and Community Engagement Framework,[298] taking into account the urgency of the family's needs and available

[290] Proposed § 1301.01; 91 Fed Reg. at 51262.
[291] 91 Fed Reg. at 51262.
[292] 91 Fed. Reg. at 51251.
[293] 45 C.F.R. § 1301.3(e)
[294] *Id.* § 1302.50(b)(5).
[295] *Id.* § 1302.51(a)(1).
[296] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement, *Head Start Parent, Family, and Community Engagement Framework* at 13 (2018), Head Start Parent, Family, and Community Engagement Framework
[297] 45 C.F.R. § 1302.52.
[298] https://headstart.gov/sites/default/files/pdf/pfce-framework.pdf

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community resources. The individualized family partnership services must help families achieve identified outcomes and include a joint process between Head Start staff and the child's family to review progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis. To enable family partnership process to be meaningful, staff can be responsible for no more than 40 families.[299]

The proposal also reduces parents' roles in the health of their child. The Standards also require that Head Start programs collaborate with parents when it comes to promoting their children's health through providing information on medical, oral, nutrition and mental health; opportunities to learn about environmental hazards, safe sleep, physical activity, mental health, and vehicle safety; and assist parents' and navigating through health and mental health systems.[300] Under the Proposed Rule, programs would only have to provide opportunities to discuss nutrition, physical activity, and healthy eating. It also includes a new requirement that programs specifically discuss "the negative health consequences of sugar sweetened beverages and grain-based desserts."[301] Additionally, the Proposed Rule removes the regulations requiring collaboration and communication with parents regarding children's health and well-being, meaning that programs will no longer be required to seek advance authorization from parents for all health, mental health, and developmental procedures; or share emergency response policies with parents.[302]

Collectively the changes in the proposed rule mean that parents and families will be less engaged in and involved in their children's education and health, and less likely to achieve economic stability, with detrimental impacts on children. The importance of supporting the parent-child relationship during the early childhood years has been well established for decades. The foundations of brain architecture and subsequent learning, health and flourishing across the lifespan are built on the "serve and return" relationships in early development with primary caregivers.[303] As a result, programs to support the early parent-child relationship have robust effects on children's early learning and subsequent development, as several meta-analyses show.[304] A national study showed that engagement in Head Start parent involvement activities was associated with more positive parent-child learning activities and better cognitive and

[299] 45 C.F.R. § 1302.52(d)(2); *see* 42 U.S.C. § 9843a(c)(2) (requiring for family service workers, the Secretary shall issue standards that "revise or develop maximum caseload requirements, as suggested by best practices").
[300] 45 C.F.R. § 1302.46.
[301] Proposed § 1301.08
[302] 45 C.F.R. § 1302.41(b).
[303] Scientific Council on the Development Child, *Young Children Develop in an Environment of Relationships (Working Paper 1)*, Center on the Developing Child at Harvard University (2009).
[304] Monica A. Sweet & Mark I. Appelbaum, *Is home visiting an effective strategy? A meta-analytic review of home visiting programs for families with young children*, 75 Child development 1435, 1435-1456 (2004); Jimena Cosso, Antje von Suchodoletz & Hirokazu Yoshikawa, *Effects of Parental Involvement Programs on Young Children's Academic and Social–Emotional Outcomes: a Meta-Analysis*, 36 Journal of Family Psychology 1329, 1329-1339 (2022); Todd Grindal et al., *The Added Impact of Parenting Education in Early Childhood Education Programs: A Meta-Analysis*, 70 Children and Youth Services Review 238, 238-249 (2016).

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behavioral outcomes in children.[305] As the Department's Head Start Parent, Family, and Community Engagement (PFCE) Framework recognizes, the "research says" that "[f]amily engagement plays a major role in children's school readiness, influencing their social-emotional and academic competencies" with effect found all the way through K-12 and beyond.[306]

The proposal replaces the evidence based standards with a general statement that programs have to "recognize parents' roles as children's primary teachers and nurturers"[307] without any guidance for programs or for families of what that means in practice. Moreover, the proposal *adds* a new requirement for family engagement—contrary to the repeated assertions that the proposal is about giving programs' flexibility—mandating that every program "must… provide educational material and instruction that demonstrate healthy marriage as a positive good."[308]

iii. Social Services

Head Start programs must help families access social services necessary for safety and security, such as domestic violence prevention and support providers, housing assistance, and work-force development and training programs.[309] These standards too are based on research that shows family security is essential to children's learning, well-being, and social-emotional development. Research finds that family socioeconomic stability and security are associated with child health, development, and learning.[310] Research also shows that the presence of family conflict is a threat to family security harms multiple domains of children's development.[311]

The Proposed Rule would remove many requirements that support family safety and security, including the requirement that programs establish ongoing collaborative relationships and partnerships with social services provided,[312] and provide comprehensive services to enrolled pregnant women through referrals to emergency shelter or transitional housing in domestic violence cases.[313] The Proposed Rule would further rescind requirements for programs to support pregnant women, mothers, fathers, partners, and other family members to access mental health services and to address pregnant women's needs for appropriate supports for social

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[305] Arya Ansari & Elizabeth Gershoff, Parent Involvement in Head Start and Children's Development: Indirect Effects Through Parenting, 78 Journal of Marriage & Family 562, 562-57 (2015), https://pmc.ncbi.nlm.nih.gov/articles/PMC4807601/ [https://perma.cc/H5HE-3HJG].

[306] U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, National Center on Parent, Family, and Community Engagement, *Head Start Parent, Family, and Community Engagement Framework* at 8 (2018).

[307] Proposed § 1301.06(a).

[308] Proposed § 1301.06(b).

[309] 45 C.F.R.§ 1302.53(a); *id.* § 1302.80(c).

[310] *See generally* National Academies of Sciences, Engineering, and Medicine, a Roadmap to Reducing Child Poverty (2019), https://www.nationalacademies.org/read/25246/chapter/1

[311] Dohoon Lee & Sara McLanahan, *Family Structure Transitions and Child Development: Instability, Selection, and Population Heterogeneity*, 80 American sociological review 738, 738-763 (2015), https://pmc.ncbi.nlm.nih.gov/articles/PMC4902167/pdf/nihms787598.pdf; Willemijn M. van Eldik et al., *The Interparental Relationship: Meta-Analytic Associations With Children's Maladjustment and Responses to Interparental Conflict*, 146 Psychological Bulletin 553, 553-94 (2020).

[312] 45 C.F.R.§ 1302.53(a)

[313] *See* 45 C.F.R. § 1302.80.

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and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.[314]

6. Suspension and Expulsion

The proposed changes reduce the quality, scope and type of services designed to protect children against harsh, exclusionary discipline and promote healthy social, emotional, and behavioral development. Head Start's focus on serving children with the highest need and meeting the individual needs of each child requires standards that prohibit children being removed from programs.[315] For many years, the HSPPS prohibited the temporary or permanent removal of children from Head Start programs, unless Head Start staff engaged with the child's family to facilitate a transition to a program that could more appropriately meet the child's needs. Standards also require infant and early childhood mental health consultation which has been associated with lower use of exclusionary discipline in early care and education settings.

These protections are critical, especially to Black children, children with disabilities, and boys who are consistently disproportionately harshly disciplined. Indeed, well-documented data indicate that exclusionary discipline, including suspension and expulsion, starts early, is disproportionately applied to Black children, boys, and children with disabilities, and is associated with a host of negative outcomes. A 2023 National Academies of Sciences Engineering and Medicine consensus report summarized the evidence in this area across the early years and the early grades.[316]

Early data on early childhood expulsions found that preschoolers were expelled at a rate about 3 times higher than their peers in K-12 settings, and that Black children were twice as likely and boys were 4 times as likely to be subject to this form of discipline than their peers.[317] Contemporary discipline data from the U.S Department of Education's Office for Civil Rights finds that while preschool suspensions have decreased over time, disparities remain.[318] The latest publicly available CRDC data from the 2021-2022 school year finds that Black children make up 18% of all children enrolled in preschool, but 38% of all preschoolers that were suspended.[319] Children with disabilities and boys also continue to be overrepresented.

The latest published federal Civil Rights Data Collection (CRDC) indicates that preschoolers with disabilities make up 23% of preschool enrollment, but 41% of preschool children who received one or more out-of-school suspensions and 74% of preschool children

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[314] *See* 45 C.F.R. § 1302.81.
[315] 45 C.F.R. § 1302.17
[316] National Academies of Sciences, Engineering, and Medicine. (2023). *Closing the opportunity gap for young children*. The National Academies Press. https://doi.org/10.17226/26743
[317] Gilliam, W. S. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*. Yale University Child Study Center.
[318] Fabes, R. A., Quick, M., Musgrave, A., Meek, S., & Catherine, E. (2020). *Exclusionary discipline in U.S. public pre-K programs: An initial look at the 2017–2018 CRDC data* (The Preschool Exclusionary Discipline Study: Research Briefs, Issue 1). Arizona State University.
[319] U.S. Department of Education, Office for Civil Rights. (2025, January). *2021-22 Civil Rights Data Collection A First Look: Students' Access to Educational Opportunities in U.S. Public Schools*. https://www.ed.gov/media/document/2021-22-crdc-first-look-report-109194.pdf

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who were expelled.[320] Data from the 2016 National Survey of Children's Health found that 1.2% of children without disabilities had experienced a suspension or expulsion, compared to 5.4% of children with disabilities, as reported by parents, resulting in a disparity of nearly fivefold.[321]

Research has found that a host of complex factors are associated with the use of harsh discipline, including suspensions and expulsions, and its disproportionate application to Black children, disabled children, and boys,[322] including discipline policies;[323] bias;[324] lack of teacher preparation, support, and poor working conditions;[325] unaddressed childhood trauma resulting from adverse experiences;[326] and school climate;[327] among others.[328]

Research demonstrates that teachers' bias impacts how children's behavior is perceived. One study explored the variance in the Black/White discipline gap and found that the largest

[320] U.S. Department of Education, Office for Civil Rights. (2025). *2021–22 Civil Rights Data Collection: A First Look — Students' Access to Educational Opportunities.* Washington, DC: U.S. Department of Education.

[321] Zeng, S., Pereira, B., Larson, A., Corr, C. P., O'Grady, C., & Stone-MacDonald, A. (2021). Preschool suspension and expulsion for young children with disabilities. *Exceptional Children, 87*(2), 199–216. https://doi.org/10.1177/0014402920949832.

[322] Meek, S. E., & Gilliam, W. S. (2016). Expulsion and suspension in early education as matters of social justice and health equity. *NAM Perspectives*. National Academy of Medicine. https://doi.org/10.31478/201610e

[323] Skiba, R. J. (2000). Zero tolerance, zero evidence: An analysis of school disciplinary practice. *Indiana Education Policy Center.*

[324] Okonofua, J. A., & Eberhardt, J. L. (2015). Two strikes: Race and the disciplining of young students. *Psychological Science, 26*(5), 617–624. https://doi.org/10.1177/0956797615570365; Epstein, R., Blake, J., & González, T. (2017). Girlhood interrupted: The erasure of Black girls' childhood. *Available at SSRN 3000695*. Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *The Urban Review, 34*(4), 317–342. https://doi.org/10.1023/A:1021320817372; Skiba, R. J., Horner, R. H., Chung, C.-G., Rausch, M. K., May, S. L., & Tobin, T. (2011). Race is not neutral: A national investigation of African American and Latino disproportionality in school discipline. *School Psychology Review, 40*(1), 85–107; Carter, P. L., Skiba, R. J., Arredondo, M. I., & Pollock, M. (2017). You can't fix what you don't look at: Acknowledging race in addressing racial discipline disparities. *Urban Education, 52*(2), 207–235. https://doi.org/10.1177/0042085916660350; Gilliam, W. S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants & Young Children, 19*(3), 228–245. https://doi.org/10.1097/00001163-200607000-00007

[325] Gilliam, W. S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants & Young Children, 19*(3), 228–245. https://doi.org/10.1097/00001163-200607000-00007

[326] Zeng, S., Corr, C. P., O'Grady, C., & Guan, Y. (2019). Adverse childhood experiences and preschool suspension expulsion: A population study. *Child Abuse & Neglect, 97*, Article 104149. https://doi.org/10.1016/j.chiabu.2019.104149

[327] McIntosh, K., Girvan, E. J., McDaniel, S. C., Santiago-Rosario, M. R., St. Joseph, S., Fairbanks Falcon, S., Izzard, S., & Bastable, E. (2021). Effects of an equity-focused PBIS approach to school improvement on exclusionary discipline and school climate. *Preventing School Failure, 65*(4), 354–361. https://doi.org/10.1080/1045988X.2021.1937027

[328] Owens, J., & McLanahan, S. (2020). Unpacking the Black-white discipline gap: Understanding racial disparities in school discipline. *Social Forces, 99*(2), 547–575. https://doi.org/10.1093/sf/soaa026

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single driver of the disparity was differential treatment and/or differential support offered to students.[329]

Children who are removed experience lifelong harms.[330] Expulsion and suspension are generally not associated with reducing challenging behavior, but they are associated with lower educational achievement and a lower likelihood of graduating from high school.[331] One contributor to those findings is missing school days. One analysis found that students lost more than 11 million school days due to out-of-school suspensions.[332] Missing out on learning time necessarily impacts learning and educational outcomes. The correlation between early suspensions and negative long-term outcomes is so stark that researchers have termed it the "preschool-to-prison pipeline."

Additionally, when children are removed from Head Start, parents often have few options. Parents who qualify for Head Start often cannot afford to pay private tuition at a private child care program.

The Proposed Rule entirely eliminates Section 1302.17's existing protections related to suspension and expulsion from Head Start programs, arguing that many states have incorporated such protections into licensing regulations and that rescission of federal requirements would "restore[] state and local authority." 91 Fed. Reg. at 51265. In doing so, ACF fails to quantify the costs of this change while "assum[ing] programs will resort to suspension or expulsion sparingly, in line with current practice, and given requirements to maintain full enrollment and to comply with applicable state licensing requirements." *Id.* at 51309.

D. The Proposed Changes Diminish Confidentiality and Parent Control Over Disclosure of Children's Personally Identifiable Information (PII)

[329] Losen, D. J., & Whitaker, A. (2018). 11 million days lost: Race, discipline, and safety at US public schools (Part 1). The Center for Civil Rights Remedies of UCLA's Civil Rights Project and the American Civil Liberties Union of Southern California. https://www.aclu.org/report/11-million-days-lostrace-discipline-and-safety-us-public-schools-part-1

[330] Skiba, R. J., & Rausch, M. K. (2013). Zero-tolerance, suspension, and expulsion: Questions of equity and effectiveness. In Handbook of classroom management (pp. 1073–1100). Routledge. Balfanz, R., & Fox, J. (2014). Sent home and put off-track: The antecedents, disproportionalities, and consequences of being suspended in the ninth grade. Journal of Applied Research on Children: Informing Policy for Children at Risk, 5(2), 13.; Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin?. Educational Researcher, 39(1), 59–68.

[331] Chu, E. M., & Ready, D. D. (2018). *Exclusion and urban public high schools: Short- and long-term consequences of school suspensions*. *American Journal of Education, 124*(4), 479–509. https://doi.org/10.1086/698454; Welsh, R. O., & Little, S. (2018). *Caste and control in schools: A systematic reviewof the pathways, rates and correlates of exclusion due to school discipline. Children and Youth Services Review, 94, 315–339. https://doi.org/10.1016/j.childyouth.2018.09.031*

[332] Losen, D. J., & Whitaker, A. (2018). 11 million days lost: Race, discipline, and safety at US public schools (Part 1). The Center for Civil Rights Remedies of UCLA's Civil Rights Project and the American Civil Liberties Union of Southern California. https://www.aclu.org/report/11-million-days-lostrace-discipline-and-safety-us-public-schools-part-1

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The Head Start Act states that the "The Secretary, through regulation, shall ensure the confidentiality of any personally identifiable data, information, and records collected or maintained under this subchapter by the Secretary and any Head Start agency."[333]

The proposal removes "current 1303 Subpart C—Protections for the Privacy of Child Records"[334] which "describe[s] provisions programs must follow to protect the privacy of child records and to share data,"[335] including providing "requirements for parental consent and instances where disclosure of children's personally identifiable information (PII) without parental consent is allowable."[336] In establishing these Standards, the Department aligned the standards with the Family Educational Rights and Privacy Act (FERPA) but explained that "a direct replication of FERPA would not be appropriate."[337] For example, "a list of names, addresses, photographs, and other information that may fall under directory information [in FERPA] can be harmful if disclosed without parental consent for the vulnerable population we serve."[338] Thus, the HSPPS provide limits on disclosure of child information that are absent from FERPA.

Under the proposal parents and children would lose these protections; instead "programs would be required to establish policies, protections, and rights equivalent to those in FERPA, 20 U.S.C. 1232g, for the confidentiality of any personally identifiable information (PII) in child records."[339] This change would provide less protection. For example, FERPA's protections only apply to "education records," which contain numerous exceptions,[340] whereas the HSPSS protect *all* "child records."[341] Under the current Standards but not FERPA, parents have an opportunity to challenge or refuse disclosure of information to other programs or schools in which the child is or seeks to enroll.[342] And Head Start programs would no longer be required to "maintain[] oversight with respect to the use, further disclosure, and maintenance of child records" and the "the destruction of the PII when no longer needed for the purpose of the disclosure" when disclosure is made without parental consent to a federal or state entity.[343]

No longer would programs be required to "explain to the parent that the granting of consent is voluntary on the part of the parent and may be revoked at any time[;]"[344] limit disclosure to the minimum information necessary for the purpose;[345] allow parents to review

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[333] 42 U.S.C. § 9836a(b)(4)(A).

[334] 91 Fed. Reg. at 51274.

[335] 81 Fed. Reg. at 61363.

[336] *Id.* at 61362.

[337] *Id.* at 61363.

[338] 81 Fed. Reg. at 61363. FERPA allows public disclosure of "directory information" as long as parents are provided notice and time to object. 20 U.S.C. § 1232g(a)(5).

[339] 91 Fed. Reg. at 51273; Proposed § 1301.12(b).

[340] 20 U.S.C. § 1232g(a)(4), (5).

[341] 45 C.F.R. § 1303.22; *Id.* § 1305.2 (Terms).

[342] *Id.* § 1303.22(b).

[343] *Id.* § 1303.22(c)(2).

[344] *Id.* § 1303.22(a)(4).

[345] *Id.* § 1303.22(f) ("[a] program must only disclose the information that is deemed necessary for the purpose of the disclosure").

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written agreements with third-parties;[346] ensure web-based child-record systems are adequately protected and maintained according to current industry security standards;[347] nor destroy child records within a reasonable timeframe.[348]

Importantly, the proposal appears to create a mandate that Head Start programs make records of child eligibility "available to HHS upon request."[349] The preamble says this change is to "safeguard Federal funds" but also acknowledges that "programs already share data with HHS upon request through monitoring reviews."[350] The Department does not explain why this new mandate is necessary.

III. The Impacts and Harms of the Proposed Rule to Head Start Children and Families, Head Start Programs and Teachers, and Entire Communities.

The Proposed Rule will cause harm to the children, families, educators, employers, communities, and other stakeholders that have, since the program's inception, depended on the quality, scope, and range of Head Start services. The Proposed Rule does not address the damage to these serious and established reliance interests.

Each HSPPS is a key building block to ensure high quality Head Start programs and promote the wellbeing of Head Start families and their communities. Remove just one and the foundation suffers. Remove as many as the Proposed Rule calls for, and the entire building crumbles.

A. Devastating Impacts on the Educational, Health, Social-Emotional, and Economic Outcomes of Children.

Children rely on consistent, responsive, nurturing early education and care to support the rapid development they undergo, particularly during the first five years of life. Research shows that Head Start children attending programs governed by the HSPPS wind up completing more years of schooling, earning more, being healthier, and may be less likely to engage in criminal behavior.[351] These benefits pass on to the next generation—having a parent who attended Head

[346] *Id.* § 1303.23(e).

[347] *Id.* § 1303.24(b).

[348] *Id.* § 1303.24(a) ("child records… must be destroyed within a reasonable timeframe after such records are no longer needed or required to be maintained").

[349] *Compare* Proposed § 1301.02(e) with 45 C.F.R. § 1302.12(k); 91 Fed. Reg. at 51308 ("Under the proposed rule, programs would be required to share eligibility data with HHS upon request").

[350] 91 Fed. Reg. at 51262, 51308.

[351] David Deming, *Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start*, 1 American Economic Journal: Applied Economics 111, 111-34 (2009), https://www.aeaweb.org/articles?id=10.1257/app.1.3.111 [https://perma.cc/KK4C-KD28]; Eliana Garces, Duncan Thomas & Janet Currie Garces, *Longer Term Effects of Head Start*, 92 The American Economic Review 999, 999-1012 (2002); Rucker C. Johnson, *School Quality and the Long-Run Effects of Head Start* (2013); Jens Ludwig & Douglas L. Miller, *Does Head Start Improve Children's Life Chances? Evidence From a Regression Discontinuity Design*, 122 Quarterly Journal of Economics 159, 159-208 (2007), https://harris.uchicago.edu/files/inline-files/QJE_Headstart_2007_0.pdf [https://perma.cc/99A8-7ZD7]; Monique De Haan & Edwin Leuven, *Head Start*

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Start leads to positive outcomes among their children as adults, including educational attainment, lower teen pregnancy, and lower criminal behavior.[352]

The proposed changes will disrupt children's access to that very education and care and have devastating consequences. Children enrolled in Head Start will suffer severe harms to their development, learning, physical and mental health, self-esteem, sense of stability, and overall well-being from losing access to critical pieces of the program or to the program entirely.

1. New 5% Administrative Cap Undermines Head Start Programs' Ability to Provide High-Quality Services—and to Stay Open.

The NPRM's proposal to limit the amount that Head Start programs can spend on development and administrative costs to 5 percent threatens the ability of Head Start agencies to stay open. Contrary to the Department's assertion that the administrative cap aims to "direct a greater share of Head Start resources toward services for children and families," the proposed administrative cap would undermine Head Start programs' ability to serve children and families.

The proposal is particularly likely to make it difficult for small Head Start agencies to keep their doors open. "The Department acknowledges that this change it may have a particularly significant impact on Head Start programs classified as small entities" and that the impact "may be more pronounced for smaller programs."[353] "About half of Head Start grants (about 50 percent) serve 200 or fewer children, representing smaller-scale operations that may have more limited ability to distribute fixed administrative costs."[354] Despite recognizing these likely harms, and having authority from Congress to "establish special or simplified requirements for smaller agencies or agencies operating in rural areas,"[355] the Department rejected alternatives that would be less burdensome, such as exemption of small entities from the new cap, without any explanation.[356]

Instead of explaining the impact that the cap will have on Head Start programs—particularly smaller programs—and why the benefits of such a drastic change outweigh the harms, the proposal waives the "availability of waivers (proposed § 1301.18), which *may* allow programs to address specific circumstances where compliance with the administrative cap of 5 percent would present undue operational challenges."[357] However, the proposal gives programs no guidance on *which* "specific circumstances" or "undue operational challenges" would justify a waiver—nor the process or timing for receiving a waiver. Nor does the proposal explain how

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and the Distribution of Long-Term Education and Labor Market Outcomes, 38 Journal of Labor Economics 727, 727-765 (2020); Pedro Carneiro & Rita Ginja, *Long-Term Impacts of Compensatory Preschool on Health and Behavior: Evidence from Head Start*, 6 American Economic Journal: Economic Policy 135, 135–73 (2014).

[352] Andrew Barr & Chloe R. Gibbs, *Breaking the Cycle? Intergenerational Effects of an Antipoverty Program in Early Childhood*, 130 Journal of Political Economy 3253, 3253-3285 (2022), https://par.nsf.gov/servlets/purl/10567229 [https://perma.cc/F5NF-PFZ9].

[353] 91 Fed. Reg. at 51285.

[354] *Id.*

[355] 42 U.S.C. § 9839(c).

[356] 91 Fed. Reg. at 51285.

[357] 91 Fed. Reg. at 51285 (emphasis added).

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the Department will possibly consider and decide requests for waivers in a timely manner, considering since laying off 60% of the Office of Head Start staff, likely unlawfully, the Department has been unable to fulfill its basic obligations for the administration of Head Start in a timely manner.[358]

2. Weakening Head Start's Standards Would Negatively Impact Children's Learning and Developmental Outcomes.

Weakening or eliminating existing evidence-based educational standards threatens the overall quality of the services offered in Head Start programs and risks undermining the positive learning and developmental outcomes evident in children participating in the program. The quality of early environments and relationships matter – and Head Start's standards have been intentionally designed to align with the core elements of quality early childhood practice, including ratios and group sizes that support responsive relationships between teachers and children, effective teaching and use of curricula, well-prepared educators, engaged families, and especially important for children growing up in poverty served by Head Start – comprehensive services that address the needs of the whole child and family.

The Proposed Rule would increase class sizes, decreases hours of operation, reduce the qualifications, competencies, support, and coaching of teachers and staff, eliminate requirements for effective teaching and learning environments, home visiting, and parental involvement. These changes, collectively and individually, threaten the eviscerate the improvements in both school readiness and long-term educational outcomes of Head Start children.

Head Start's evidence-based and developmentally appropriate education performance standards are designed to ensure that young children who participate in the program arrive at school ready to learn by supporting their development and acquisition of skills across multiple developmental domains. And the evidence from decades of research is that the program is accomplishing those goals for participating children, with improvements in both school readiness and long-term educational outcomes for children who have gone through Head Start.

Children who participate in Head Start show up to kindergarten with improved readiness across cognitive and social-emotional domains than their peers who did not. Evidence from nationally representative studies indicates that children show significant growth in Head Start across language, literacy and math; as well as demonstrate improved social skills and fewer behavioral problems.[359] Specifically, research indicates that Head Start participation is associated with children's cognitive skills in elementary school, including higher numerical fluency into 3rd

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[358] [Report on delays Head Start programs are experiencing]

[359] Nikki Aikens et al., *Getting Ready for Kindergarten: Children's Progress During Head Start*, Office of Planning, Research and Evaluation, Administration for Children & Families, U.S. Dep't of Health & Hum. Servs. (2013), https://acf.gov/sites/default/files/documents/opre/faces_2009_child_outcomes_brief_final.pdf [https://perma.cc/X22L-Q2E7].

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grade compared to children who did not attend Head Start,[360] improved cognitive development and reduced attention challenges compared to children in other settings,[361] and higher early math scores compared to those in other non-parental care settings or parental care. Differences were especially pronounced for children who attended Head Start for longer duration and for children whose parents had less educational experiences.[362] The Head Start Impact Study, a nationally representative, longitudinal study, similarly found clear evidence that the program improved children's preschool outcomes across developmental domains.[363] While some studies indicate that cognitive benefits "fade out" over the course of children's early elementary years, longer-term studies indicate that positive outcomes of program participation remain evident even into adulthood. Long-term analyses have found that children who participate in Head Start are significantly more likely than their peers to graduate from high school, attend college or work, and be in good health, even accounting for evidence of fade out in academic testing.[364]

The immediate and long-term benefits of Head Start are reflective of the science of early childhood brain development. Children's brains develop more rapidly during the first five years of life than at any other time, laying the foundation for future development across cognitive and social-emotional domains. Environmental and relationship context matters significantly in shaping this early development – children thrive with nurturing, responsive caregiving and in environments where their needs are met. Early childhood stressors and traumas, including many associated with early childhood poverty can negatively impact this early developmental foundation, but responsive and nurturing caregiving, from both parents and early educators and caregivers has been shown to buffer those negative impacts.[365]

3. Removing the Standards on Health Will Jeopardize Children's Health Outcomes.

Health, mental health, and oral health services are a critical component of the comprehensive services Head Start programs provide in service of school readiness. Head Start's comprehensive services are grounded in the idea that children thrive most when their holistic

[360] Johnson, A., Partika, A., Martin, A., Lyons, I., Castle, S., & Phillips, D. (2024). Public preschool predicts stronger third-grade academic skills. AERA Open, 10. https://doi.org/10.1177/23328584231223477.

[361] Zhai, F., Brooks-Gunn, J., & Waldfogel, J. (2011). Head Start and urban children's school readiness: a birth cohort study in 18 cities. Developmental Psychology, 47(1), 134-152. https://doi.org/10.1037/a0020784.

[362] Lee, R., Zhai, F., Brooks-Gunn, J., Han, W.J., & Waldfogel, J. (2014). Head start participation and school readiness: evidence from the Early Childhood Longitudinal Study-Birth Cohort. *Developmental Psychology, 50*(1), 202-215. https://doi.org/10.1037/a0032280.

[363] Michael Puma et al., *Head Start Impact Study: Final Report*, U.S. Dep't of Health & Human Servs., Administration for Children & Families (2010), https://acf.gov/sites/default/files/documents/opre/hs_impact_study_final.pdf [https://perma.cc/RVQ9-S24K].

[364] David Deming, *Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start*, 1 American Economic Journal: Applied Economics 111, 111-34 (2009), https://www.aeaweb.org/articles?id=10.1257/app.1.3.111 [https://perma.cc/KK4C-KD28].

[365] National Research Council, From Neurons to Neighborhoods: The Science of Early Childhood Development, (Jack P. Shonkoff & Deborah A. Phillips eds.) (2000), https://pubmed.ncbi.nlm.nih.gov/25077268/ [https://perma.cc/9V57-Z9HB].

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needs are addressed, acknowledging the key connection between health and learning.[366] Every year, through following the Standards, Head Start programs improve health outcomes for hundreds of thousands of families.[367] These services have a demonstrated impact on child health outcomes such as increasing children's access to preventive care and dental check-ups, increasing healthy eating, and improving mental health.[368] By removing the HSPPS on health, the Department undermines the quality of a core component of Head Start's comprehensive services model. Under the proposal, it is more likely that children will be off schedule with critical well-child visits and other medical services, delays in health and developmental screenings that would identify health conditions or developmental delays will be delayed, health disparities will be exacerbated, and inconsistency in information and supports for families will be created. The proposed elimination of health standards is likely to compromise child health, result in decreased trust in the Head Start program, and increase confusion for families.

Without HSPPS Section 1302 Subpart D, Head Start programs will lack the detailed requirements that yield these positive impacts for children's health. This is likely to lead to inconsistencies in how the health aspects of the program are implemented with the risk of undermining the development of Head Start children. For example, removing the standards makes it more likely that children will be off schedule with critical well-child visits and other medical services that are medically recommended to happen at certain times and intervals for optimal child health and development. It would also increase delays in health and developmental screenings that would identify health conditions or developmental delays and prompt treatment/appropriate services and follow-up. The proposed change is also likely to exacerbate health disparities and create the potential for public health challenges related to childhood illnesses that affect all infants and children.

Families and communities trust that by enrolling in Head Start they will receive the best, most accurate information, screenings, and recommendations for how to keep their kids healthy / on track with medically-recommended appointments and other services. Creating inconsistency in what information and supports families receive especially in the health space will create confusion for families and will result in a loss of credibility for the program.

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[366] Administration for Children and Families, Office of Head Start, Overarching Competencies 1, 2, 3, and 7: Fundamental Values, Knowledge, and Skills to Manage Health Services, National Center on Early Childhood Health and Wellness: Head Start Health Servs. Competencies Course Transcript, https://headstart.gov/sites/default/files/learning-modules-resources/fundamental-values-transcript.pdf [https://perma.cc/7MJS-CWFD] (last visited July 23, 2026).

[367] For example, in 2024, the Program Information Report shows 102,478 families received mental health services, 37,404 received training on substance abuse prevention and 9,746 families received substance abuse treatment, 372,851 families received education on preventative medical and oral health, 110,395 families received education on health and developmental consequences of tobacco product use, 347,160 received education on nutrition, and 36,739 received education on postpartum care. *See* Office of Head Start, Services Snapshot: National All Programs (2024-2025), https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20(2024-2025).pdf.

[368] Taryn Morrissey, *The Effects Of Early Care And Education On Children's Health*, Health Affairs (April 25, 2019), https://www.healthaffairs.org/content/briefs/effects-early-care-and-education-children-s-health.

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Head Start's comprehensive services are grounded in the idea that children thrive most when their holistic needs are addressed, acknowledging the key connection between health and learning.[369] Good health and access to health services are essential for successful learning and growth in the early years. Diluting evidence-based health and safety requirements, such as classroom ratios and robust health services puts children's learning at risk through unaddressed medical or developmental concerns and inadequate classroom safety. Evidence shows that intervening early[370] to address developmental challenges or delays gives young children a higher chance of achieving future success and provides savings on societal costs related to negative outcomes.

The evidence is clear that quality standards matter in ensuring the effectiveness of early childhood intervention programs like Head Start in supporting the development of healthy and thriving children and families.

The proposed changes are antithetical to the required mission of Head Start to promote school readiness, including through improving child health outcomes.

7. The Proposal Will Make Head Start Programs Less Safe.

By removing Standards on safety practices, bus monitoring, and child to adult ratios, the Proposed Rule would make children less safe.

Each state defines child abuse under its own law, and prohibitions on corporal punishment are not standard across states and localities. HHS indicates that the "proposed regulations remove restrictive Federal process mandates and provide programs greater flexibility in developing personnel policies and standards of conduct that reflect local community needs." However, the current standards of conduct related to child safety allow the Office of Head Start to hold a grantee accountable for these behaviors even when the conduct does not meet the criminal definition of abuse in the state, locality, or Tribe where the program operates.

Removing bus monitors and child to adult ratios will also make Head Start children less safe. Head Start programs often serve children who require increased supervision due to their young age, language needs, and disability status. It is not possible to increase ratios and eliminate bus monitors without increasing risk to children.

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[369] Administration for Children and Families, Office of Head Start, Overarching Competencies 1, 2, 3, and 7: Fundamental Values, Knowledge, and Skills to Manage Health Services, National Center on Early Childhood Health and Wellness: Head Start Health Servs. Competencies Course Transcript, https://headstart.gov/sites/default/files/learning-modules-resources/fundamental-values-transcript.pdf [https://perma.cc/7MJS-CWFD] (last visited July 23, 2026).

[370] Center on the Developing Child at Harvard University, *The Foundations of Lifelong Health are Built in Early Childhood* (2010), https://developingchild.harvard.edu/wp-content/uploads/2024/10/Foundations-of-Lifelong-Health.pdf [https://perma.cc/3S3H-EUFY].

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B. Loss of Access to High-Quality Head Start Services Will Have Dire Consequences for Children Who are the Most Marginalized.

The Proposed Rule will cause immediate and most severe consequences for those who are furthest away from opportunity – the very children, pregnant women, and families who Head Start was designed to help.

1. Children with Developmental Delays and Disabilities

Children with suspected or confirmed developmental delays and disabilities who are not eligible for services under IDEA will be left without needed supports, and staff will not receive the necessary skills to serve them. The benefits of Head Start are also clearly evident for children with disabilities, which is particularly important at a moment where schools are seeing an increasing number of students with individualized special needs. Head Start participation has been demonstrated to significantly reduce the need for special education services in elementary school as compared to students without quality early childhood experiences.[371]

Although early developmental screenings and early intervention are crucial to support infants and toddlers with suspected or identified disabilities, evidence shows large numbers of children—particularly low-income children, children living in rural areas, and children of color—do not have access to these critical screenings and supports. An investigation by the Governmental Accountability Office found that more than a quarter of infants and toddlers referred for an evaluation did not receive developmental screening and of those that did receive screening, nearly *half* did not receive early intervention.[372] Rates of basic developmental screening for infants and toddlers are particularly low for low-income children.[373] Children with suspected disabilities living in rural communities are more likely to receive a delayed diagnosis or services, with a five month delay in receiving services from healthcare providers.[374] Black and Latino infants and toddlers are 78% less likely to receive developmental screening, and 78% of Black infants and toddlers are likely to not receive early intervention, even when they qualify.[375] Moreover, children with disabilities, including those with chronic health conditions, often require a wide range of coordinated services—including medical treatments, therapies, and inclusive

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[371] Huafang Zhao & Shahpar Modarresi, *Evaluating Lasting Effects of Full-day Prekindergarten Program on School Readiness, Academic Performance, and Special Education Services*, Montgomery County Public Schools, Office of Shared Accountability (2010), https://ww2.montgomeryschoolsmd.org/departments/sharedaccountability/reports/2010/10.04.30%20Pre%20K%20report.pdf [https://perma.cc/Q34S-45YV].

[372] U.S. Gov't Accountability Off., Special Education: Additional Data Could Help Early Intervention Programs Reach More Eligible Infants and Toddlers (2023), https://www.gao.gov/assets/gao-24-106019.pdf.

[373] Patricia Cole, Kaitlin Trexberg & Mollyrose Schaffner*, State of the Babies Yearbook 2023*, Zero to Three, https://zerotothree.wpenginepowered.com/wp-content/uploads/2023/09/SOBY2023_Yearbook_Full_v4.pdf (last visited July 28, 2026).

[374] Lucy Barnard-Brak et al., *Rural and Racial/Ethnic Differences in Children Receiving Early Intervention Services*, 44 Family & Community Health 52, 52-58 (2021); Sally Lindsay et al., *Disability and Rurality: a Systematic Review of Qualitative Studies of Experiences With Disability Among Families with Children and Youth With Disabilities*, 47 Disability and Rehabilitation 6781, 6781-6804 (2025).

[375] Dawn Magnusson et al., *Capturing Unmet Therapy Need Among Young Children With Developmental Delay Using National Survey Data*, 16 Academic Pediatrics 145, 145–153 (2016).

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educational settings—yet access to these services is often stratified by income, access to healthcare, and family structure.[376] These families report limited access to community-based services and inadequate insurance coverage.[377]

Head Start standards and IDEA are complementary mandates that ensure young children with disabilities and delays are able to access early care and education programming. Head Start's reach is especially important for children living in poverty, children in rural communities, and children of color, as these children are the least likely to receive timely early screenings and evaluations for potential delays or disabilities. Head Start ensures that all children in Head Start receive developmental screeners within 45 days of enrollment, making sure that children with developmental delays or disabilities are identified in a timely manner and given individualized support.[378] Head Start programs are required to support Individualized Education Programs (IEPs) or Individualized Family Service Plans (IFSPs), collaborate with local IDEA agencies, and ensure children with disabilities and delays can fully participate in all program activities.

Importantly, Head Start also provides educational opportunities that are tailored to the needs of children with suspected or confirmed developmental delays and disabilities even if those children are not eligible for services under IDEA. The Head Start Act requires the Secretary to establish policies and procedures to require "ensure the provision of early intervening services, such as educational and behavioral services and supports, to meet the needs of children with disabilities, prior to an eligibility determination under the Individuals with Disabilities Education Act."[379] The standards fulfill this requirement by directing programs to "ensure enrolled children with disabilities, *including but not limited to* those who are eligible for services under IDEA, and their families receive all applicable program services delivered in the least restrictive possible environment and that they fully participate in all program activities" (emphasis added).[380] HHS's proposed changes to the HSPPS would hinder/create inconsistencies among Head Start programs regarding whether they provide responsive and inclusive services to young children who are not eligible for IDEA services. This has the potential to leave an entire category of children without the developmentally-responsive services that will meet their unique needs.

Head Start's screenings and services for children with disabilities are critical to fulfilling the legal requirements to provide equal access to education for children with disabilities. In 23 states, DC, and Puerto Rico, more than 10% of the children between the ages of 3-5 years old with disabilities in the state, DC, or territory, receive their special education services in Head Start, with West Virginia (33%) and Puerto Rico (50%) having the highest rate of preschoolers with disabilities receiving their special education services in Head Start. In 2025, 50,089 children

[376] Aaron Pankewicz et al., *Children With Special Needs: Social Determinants of Health and Care Coordination*, 59 Clinical Pediatrics 1161, 1161–1168 (2020).
[377] Nancy C. Cheak-Zamora & Matthew Thullen, *Disparities in Quality and Access to Care for Children with Developmental Disabilities and Multiple Health Conditions*, 21 Maternal and Child Health Journal 36, 36–44 (2017).
[378] *Head Start Program Performance Standards, 45 CFR Chapter XIII, RIN 0970-AC63*, Office of Head Start, Admin. for Child. & Fams., Dep't of Health & Hum. Servs. (Aug. 2024), https://headstart.gov/sites/default/files/pdf/performance-standards-final.pdf.
[379] 42 U.S.C. § 9835(d)(2).
[380] 45 C.F.R. § 1302.60.

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in Early Head Start and Head Start programs received evaluations to determine eligibility for early intervention or special education under the Individual with Disabilities Education Act (IDEA).[381] Of these, 81.1% (40,626) became eligible for IDEA services.[382] Removing the HSPPS for children with disabilities weakens the already inadequate systems available for ensuring their equal access to education.

Head Start's ability to deliver high-quality services and supports for children with disabilities is critical to providing a setting in which children with disabilities receive education with non-disabled peers. This inclusive model for serving these preschoolers with disabilities is that is aligned with best practices, as research indicates that both disabled and nondisabled children have better learning and social outcomes when they are in inclusive environments.[383] In Head Start programs, 100% of preschoolers with disabilities receive instruction with non-disabled peers—a proportion much higher than the national average of 43%.[384] What's more, states vary widely in their inclusion rates, ranging from 6.8% in Hawaii to 90.8% in Colorado. Research shows that children with disabilities who attended Head Start exhibited higher language, reading, and math scores than other children with disabilities with multiple disabilities who were not enrolled in Head Start.[385] Moreover, research also shows that parents of children with disabilities enrolled in Head Start had more positive parenting behaviors than those who were not enrolled in Head Start.[386] These positive parenting behaviors were associated with better socio-emotional development for children with disabilities in Head Start.

For children with disabilities, including chronic health conditions, Head Start programs play a critical role in advancing health by providing preventative health services, nutrition services and growth monitoring, mental health and social and emotional supports, health insurance coverage coordination with Medicaid, care coordination and connections with a medical home, and family engagement and health education.

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[381] Office of Head Start, *Program Information Report: Summary Report, 2025, National Level*, Administration for Children and Families, U.S. Department of Health and Human Services (2025), https://hses.ohs.acf.hhs.gov/.

[382] Office of Head Start, *Program Information Report: Summary Report, 2025, National Level*, Administration for Children and Families, U.S. Department of Health and Human Services (2025), https://hses.ohs.acf.hhs.gov/.

[383] Samuel L. Odom, Virginia Buysse, & Elena Soukakou, *Inclusion for Young Children With Disabilities: A Quarter Century of Research Perspectives*, 33 Journal of Early Intervention 344, 344-356 (2011).

[384] *2024 Annual Report to Congress on the Individuals with Disabilities Education Act (IDEA)*, Off. of Special Educ. and Rehabilitative Servs., U.S. Dep't of Educ. (2024), https://sites.ed.gov/idea/2024-annual-report-to-congress-on-the-individuals-with-disabilities-education-act-idea/#_ftnref1 (The data represent the proportion of children with disabilities between 3-5 years old who receive the majority of their early childhood special education in the same setting as their non-disabled peers across each state in all programs compared to the national Head Start program, in which 100% of enrolled children with disabilities are in inclusive early learning setting.).

[385] Kyunghee Lee & Kristin Rispoli, *Effects of Individualized Education Programs on Cognitive Outcomes for Children with Disabilities in Head Start Programs*, 42 Journal of Social Service Research 533, 533–547 (2016).

[386] Kyunghee Lee & Kayla Kreutzer, *Head Start Impact on Social–emotional Outcomes Among Children from Families who are Low-income*, 99 Child Welfare 25, 25-50 (2021).

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Current challenges to Medicaid access make it even more critical that Head Start continues to be a consistent provider of services for young children with disabilities. Most states use Medicaid funding to finance IDEA services for infants and toddlers, and about half of children enrolled in IDEA Part C services are also enrolled in Medicaid. Per the Georgetown Center for Children and Families, "Together, Medicaid and IDEA Part C help states identify and address early childhood delays that benefit from early intervention to help more children thrive in school and life."

Additionally, HHS's rescission of requirements around suspension and expulsion will also negatively affect young children with disabilities, who have historically been disproportionately impacted by disciplinary actions stemming from disability-related behaviors. The latest published federal Civil Rights Data Collection (CRDC) indicates that preschoolers with disabilities make up 23% of preschool enrollment, but 41% of preschool children who received one or more out-of-school suspensions and 74% of preschool children who were expelled.[387] Data from the 2016 National Survey of Children's Health found that 1.2% of children without disabilities had experienced a suspension or expulsion, compared to 5.4% of children with disabilities, as reported by parents, resulting in a disparity of nearly fivefold.[388] IDEA sets limits, but does not prohibit expulsions and suspensions. Head Start prohibits expulsion, adding a layer of protection for children with disabilities, and places limits on suspension that consist of a 3 day maximum length and the requirement to engage with families, early childhood mental health specialists, and other relevant parties to ensure the child receives the support he or she needs, and that educators have the preparation and tools they need to support the social, emotional, and behavioral development of all children.

In a joint policy statement from 2020, the U.S. Department of Education and HHS stated that: "[I]f administered in a discriminatory manner, suspensions and expulsions of children may violate Federal civil rights laws… [E]arly childhood programs must comply with applicable legal requirements governing the discipline of a child for misconduct caused by, or related to, a child's disability, including, as applicable, implementing reasonable modifications to policies, practices, or procedures to ensure that children with disabilities are not suspended or expelled because of their disability-related behaviors unless a program can demonstrate that making such modifications would result in a fundamental alteration in the nature of a service, program, or activity." The policy statement indicates that HHS's current proposed rule would create a lack of clarity for Head Start grantees on how to protect the legal rights of children with disabilities in the context of disciplinary action. This makes young children with disabilities vulnerable to unfair and illegal treatment, and opens Head Start programs and HHS to potential legal conflicts.

Moreover, HHS's proposed rule would also likely result in members of the Head Start workforce being unsupported as they serve children with disabilities. In the absence of HSPPS requiring inclusion services for all children with a disability (not only those eligible for services under IDEA), programs would have the option to not provide the additional staff training,

[387] U.S. Department of Education, Office for Civil Rights, *2021–22 Civil Rights Data Collection: A First Look — Students' Access to Educational Opportunities*, U.S. Department of Education (2025), https://www.ed.gov/media/document/2021-22-crdc-first-look-report-109194.pdf.
[388] Songtian Zeng et al., *Preschool Suspension and Expulsion for Young Children with Disabilities*, 87 Exceptional Children 199, 199–216 (2021).

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coaching, and classroom staffing requirements that exist to support children with disabilities. Thus, Head Start staff will continue to serve children who have disabilities but will receive less training and support on how to do so effectively.

2. Immigrant Families

The Proposed Rule's English-only requirement will harm the acquisition of English language skills of children who are Dual Language Learners and will undermine their overall academic achievement.[389] It will also exclude parents from forming strong family partnerships, which are key to children's well-being and learning.[390]

Additionally, the proposal's new mandate that Head Start programs make records of child eligibility "available to HHS upon request"[391] may chill immigrant families from enrolling their children. Given the many recent efforts of the federal government, including ACF, to use sensitive personal data collected about program participants for purposes other than verifying eligibility for the program in which they are enrolled, including sharing personal data with other federal agencies,[392] this new mandate may deter families from enrolling in Head Start. This may

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[389] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence From Lottery Data*, 54 American Educational Research Journal 282S–306S (2017), https://journals.sagepub.com/doi/abs/10.3102/0002831216634463; Ellen J. Serafini, Nadine Rozell & Adam Winsler, *Academic and English Language Outcomes for DLLs as a Function of School Bilingual Education Model: the Role of Two-Way Immersion and Home Language Support*, 25 International Journal of Bilingual Education and Bilingualism 552, 552–570 (2019), https://www.tandfonline.com/doi/full/10.1080/13670050.2019.1707477; Ilana M. Umansky & Sean F. Reardon, *Reclassification Patterns Among Latino English Learner Students in Bilingual, Dual Immersion, and English Immersion Classrooms*, 51 American Educational Research Journal 879, 879–912 (2014), https://edpolicyinca.org/sites/default/files/2024-10/umansky-reardon-2014-reclassification-patterns-among-latino-english-learner-students-in-bilingual-dual-immersion-and.pdf [https://perma.cc/J2WG-QQ85]; *see* W. Steven Barnett et al., T*wo-Way and Monolingual English Immersion in Preschool Education: an Experimental Comparison*, 22 Early Childhood Research Quarterly 277, 277–293 (2007), https://doi.org/10.1016/j.ecresq.2007.03.003; Carola Oliva-Olson, *Dos Métodos: Two Classroom Language Models in Head Start*, Urban Institute: Research Report (2019), https://www.urban.org/research/publication/dos-metodos-two-classroom-language-models-head-start [https://perma.cc/W9QX-YAY8]; Lisa B. Hsin et al., *Relationship Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, First 5 California: Dual Language Learner (2022), https://www.air.org/sites/default/files/2022-06/First-5-DLL-Instruction-Brief-4-Infants-Toddlers-June-2022.pdf [https://perma.cc/BJ5C-LR9A].

[390] Gillian Baxter & Anna Kilderry, *"We Are Not Able to Speak English, so We Don't Know What is Happening:" Missed Opportunities for Families' Engagement in Their Children's Learning*, Teaching and Teacher Education, at 1-10 (2024), https://www.sciencedirect.com/science/article/pii/S0742051X24003172/pdfft?md5=a6fe84d3dafa002d111b6be921963357&pid=1-s2.0-S0742051X24003172-main.pdf [https://perma.cc/4VV5-5MXH]; Carla Estefanía Vargas Valdés & Alejandra Falabella, *Being the Outsider: a Systematic Review of the Links Between Migrant Families and Early Childhood Education and Care Centres*, Contemporary Issues in Early Childhood (2025), https://journals.sagepub.com/doi/abs/10.1177/14639491251392691. Susan M. Sheridan et al., *A Meta-Analysis of Family-School Interventions and Children's Social-Emotional Functioning: Moderators and Components of Efficacy*, 89 Review of Educational Research 296, 296-332 (2019), https://journals.sagepub.com/doi/10.3102/0034654318825437.

[391] *Compare* Proposed § 1301.02(e) with 45 C.F.R. § 1302.12(k); 91 Fed. Reg. at 51308 ("Under the proposed rule, programs would be required to share eligibility data with HHS upon request").

[392] *See, e.g.,* 91 Fed. Reg. at 37409 (authorizing a authorizes disclosure of TANF recipients' and their family members' personal information without prior consent "to another federal or grantee agency or entity

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result in many qualified families being chilled from participation because they fear that HHS will share their data with other agencies—particularly DHS—which will use that information to engage in immigration enforcement against them or their family members.[393]

The Proposed Rule's English-only requirement conflicts with Head Start programs' ability and mandate to help children from immigrant families acquire English language skills and will undermine their overall academic achievement. Robust research shows that Dual Language Learners (DLLs) who receive high quality instruction in their home language, alongside English, have better and faster English-language acquisition trajectories and higher gains in their academic skills, then DLLs in English-only programs.[394] Prohibiting dual language programs also will deprive DLLs of the numerous developmental and educational benefits shown to occur when DLLs become bilingual.[395] Research on Head Start specifically shows that dual language instruction lead to high English vocabulary skills than those DLLs instructed only in English.[396]

The Proposed Rule's English-only mandate also deprives parents of the opportunity to be engaged with their child's school and to form strong family partnerships, despite a desire to do so, with negative impacts on child well-being. Research shows that reciprocal communication and understanding with interpretation support allows families who do not speak English fluently to be integrated and involved in the school community and form collaborative home-school

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engaged by ACF (e.g., DHS or TANF program administrators), to assist ACF with program integrity reviews or projects, to verify whether TANF grantee agencies are complying with TANF program requirements, including verifying citizenship or immigration status."); *see also League of Women Voters v. U.S. Dep't of Homeland Sec.*, No. CV 25-3501 (SLS), 2026 WL 1784297, at *2-4 (D.D.C. June 22, 2026).

[393] *See* Pls' States Mem. ISO Motion for Prelim. Inj. & Stay Under 5 U.S.C. § 705 at 13-14, *New York v. Admin. for Child. & Fams.*, 1:26-cv-02726-JEB (D.D.C. Aug. 5, 2026), Dkt. No. 31-1; *see also id.* (declarations cited therein).

[394] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence from Lottery Data*, 54 American Educational Research Journal, 282S, 282S-306S (2017); Ellen J. Serafini, Nadine Rozell & Adam Winsler, *Academic and English Language Outcomes for DLLs as a Function of School Bilingual Education Model: The Role of Two-Way Immersion and Home Language Support*, 25 International Journal of Bilingual Education and Bilingualism 552, 552–570 (2022); Ilana M. Umansky & Sean F. Reardon, *Reclassification Patterns Among Latino English Learner Students in Bilingual, Dual Immersion, and English Immersion Classrooms*," 51 American Educational Research Journal 879, 879-912 (2014); *see* W. Steven Barnett et al.,. *Two-Way and Monolingual English Immersion in Preschool Education: An Experimental Comparison*, 22 Early Childhood Research Quarterly 277 , 277–293 (2007); Carola Olivia-Olson, *Dos Métodos: Two Classroom Language Models in Head Start: Strengthening the Diversity and Quality of the Early Care and Education Workforce Paper Series*, Urban Institute (2019), https://www.urban.org/research/publication/dos-metodos-two-classroom-language-models-head-start [https://perma.cc/F4MM-6KM6]; Lisa B. Hsin et al., *Relationships Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, First 5 California Dual Language Learner (2022), https://californiadllstudy.org/sites/default/files/2022-06/Instruction%20Brief%204%20Infants%20Toddlers.pdf [https://perma.cc/CM5D-VRS9].

[395] Ellen Bialystok, *Reshaping the Mind: The Benefits of Bilingualism*, 65 Canadian Journal of Experimental Psychology 229, 229–235 (2011); Gloria Chamorro & Vikki Janke, *Investigating the Bilingual Advantage: The Impact of L2 Exposure on the Social and Cognitive Skills of Monolingually-Raised Children in Bilingual Education*, 25 International Journal of Bilingual Education and Bilingualism 1765, 1765–1781 (2022).

[396] Miller, E. B. (2017). Spanish instruction in head start and dual language learners' academic achievement. *Journal of Applied Developmental Psychology*, *52*, 159-169.

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partnerships.[397] Parents' engagement with the school and school-family partnership are key to children's well-being and learning, including their mental health and behavior.[398] The Proposed Rule also seems to prevent Head Start programs from providing English as a Second Language instruction, which has been shown to improve parent participation.[399]

The Department expects that approximately 1/3 of all non-tribal Head Start classrooms across the country—18,767 classrooms—primarily serve dual language.[400] In all of these classrooms, the proposal would require replacing the curricula, teaching materials, and books and educational toys that have non-English words.[401] It would also require retraining or replacing over 34,000 teachers.[402]

3. Black and Brown Children

For Black and brown children, who face racial stereotyping and implicit bias and for whom learning environments that culturally reflect their own homes is critical, the Proposed Rule will threaten proven positive outcomes in academic achievement and overall wellbeing.[403] High-quality early childhood education is linked to improved outcomes for all children, and especially for Black and Hispanic children.[404] Head Start has been shown to narrow racial disparities in educational achievement, particularly for Black children.[405] Research shows that Head Start causes social, emotional, and behavioral development that becomes evident in adulthood measures of self-control, self-esteem, and positive parenting practices for all participants, and particularly among African Americans.

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[397] Gillian Baxter & Anna Kilderry, "*We are not able to speak English, so we don't know what is happening:" Missed opportunities for families' engagement in their children's learning*, 152 Teaching and Teacher Education (2024); Carla Estefanía Vargas Valdés & Alejandra Falabella, *Being the Outsider: A Systematic Review of the Links Between Migrant Families and Early Childhood Education and Care Centres*, Contemporary Issues in Early Childhood (2025).

[398] Susan M. Sheridan et al., *A Meta-Analysis of Family-School Interventions and Children's Social-Emotional Functioning: Moderators and Components of Efficacy*, 89 Review of Educational Research 296, 296-332 (2019).

[399] Susan M. Sheridan et al., *A Meta-Analysis of Family-School Interventions and Children's Social-Emotional Functioning: Moderators and Components of Efficacy*, 89 Review of Educational Research 296, 296-332 (2019).

[400] 91 Fed. Reg. at 51287.

[401] *Id.*

[402] *Id.*

[403] Abigail N. Walters, Pamela Joshi, & Leah Shafer, *Who Can Afford Child Care? A National and State Analysis of Affordability for Working Parents*, BU School of Social Work; Institute for Equity in Child Opportunity & Healthy Development (2026), https://www.diversitydatakids.org/sites/default/files/file/DDK_Who_Can_Afford_Child_Care_A_National_and_State_Analysis_of_Affordability_Feb162026_Final.pdf [https://perma.cc/52H7-XU9M].

[404] Nadia Nittle, *Study Shows Excellent Preschool Experience Can Narrow Racial Achievement Gap*, The Imprint (July 12, 2020), https://imprintnews.org/education/study-shows-excellent-preschool-experience-can-narrow-racial-achievement-gap/45195 [https://perma.cc/E2NA-3F87].

[405] Diane Whitmore Schanzenbach & Lauren Bauer, *The Long-Term Impact of the Head Start Program*, Brookings Institution (2016), https://www.brookings.edu/research/the-long-term-impact-of-the-head-start-program [https://perma.cc/62QU-Y7ZY].

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The proposed changes will disproportionately impact Black and Brown families because the changes would lead to a decrease in access to high-quality early education programs and, in turn, worse educational and developmental outcomes. High-quality early childhood education is linked to improved outcomes for all children, and especially for Black and Hispanic children.[406] It has been shown to narrow racial disparities in educational achievement, particularly for Black children.[407] Head Start causes "social, emotional, and behavioral development that becomes evident in adulthood measures of self-control, self-esteem, and positive parenting practices" for all participants, and particularly among African Americans.[408] Head Start significantly improves dental screening to all Head Start children, and the positive impacts were particularly pronounced for African American and Hispanic children.[409]

Moreover, culturally and linguistically appropriate education is especially important for children of color. High-quality early childhood education that meets the needs of children of color is particularly rare—and is provided by Head Start under the current Standards. "Research shows that maintaining strong and positive racial, ethnic, and cultural identities is beneficial to youth of color's development. Similarly, research demonstrates the benefit of early childhood program practice that maintains continuity of cultural and linguistic characteristics and experiences between children's homes and their early childhood settings."[410] Therefore, removing Head Start's quality standards including requiring programs provide culturally and linguistically appropriate services, include families in program design and implementation, and make efforts to sustain a workforce that reflects children's diversity, will particularly harm children of color.

Moreover, research shows that racial stereotyping and implicit bias can also negatively impact children's participation in early childhood programs, including literally removing them from the classroom through disproportionate discipline.[411] Therefore, uniform standards for suspension and expulsion are particularly important for Black and brown communities.

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[406] Abigail N. Walters, Pamela Joshi & Leah Shafer, *Who Can Afford Child Care? A National and State Analysis of Affordability for Working Parents,* diversitydatakids.org: Data for a Diverse and equitable Future at 2 (Feb. 2026), https://www.diversitydatakids.org/sites/default/files/file/DDK_Who_Can_Afford_Child_Care_A_National_and_State_Analysis_of_Affordability_Feb162026_Final.pdf [https://perma.cc/JTH8-2UY3].

[407] Nadra Nittle, *Study Shows Excellent Preschool Experience Can Narrow Racial Achievement Gap*, The Imprint (July 12, 2020), https://imprintnews.org/education/study-shows-excellent-preschool-experience-can-narrow-racial-achievement-gap/45195.

[408] Diane Whitmore Schanzenbach & Lauren Bauer, *The Long-Term Impact of the Head Start Program*, Brookings Institution (Aug. 19, 2016), https://www.brookings.edu/articles/the-long-term-impact-of-the-head-start-program/ [https://perma.cc/BKT3-8Y8F].

[409] Kyunghee Lee, *Racial Disparities in the Impact of Head Start on Health Outcomes Among Low-Income Head Start-Eligible Children and Parents*, 11 J. Racial and Ethnic Health Disparities 3846, 3846–3863 (2024).

[410] Christine Johnson-Staub, *Equity Starts Early: Addressing Racial Inequities in Child Care and Early Education Policy*, CLASP at 11 (Dec. 2017), https://www.clasp.org/wp-content/uploads/2022/01/2017_EquityStartsEarly_0.pdf [https://perma.cc/3CWE-KHZT].

[411] *Id.* at 13.

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Indeed, these Head Start Program Performance Standards are essential to Head Start's ability to make the positive impact on the lives of the over 75 percent of Head Start children who are from families of color, including Latine, Black, and Indigenous families.[412]

Additionally, The HSPPS are important to establishing the baseline for high quality services that all children need and deserve. These are especially important for Black and brown families for whom evidence shows racially disproportionate access and outcomes. Three examples illustrate this point:

Maternal Health: The CDC reports infant and maternal mortality rates vary significantly by race, with AI/AN women being two times more likely to die of pregnancy-related causes than White women, and Black women being three times more likely.[413] Black women are also approximately twice as likely to experience severe maternal morbidity compared with non-Hispanic White women.[414] These disparities cannot be explained by income or education alone. Research shows that Black women across the income spectrum continue to experience substantially higher rates of preventable pregnancy-related complications and death.[415] Evidence points to multiple contributing factors, including unequal access to health insurance, high-quality prenatal and postpartum care, differences in hospital quality, barriers to culturally responsive care, and bias within healthcare systems.[416] Because maternal and infant health are closely connected, addressing these inequities has important implications for children's health and development as well.

By connecting expectant families to prenatal and postpartum support, mental health services, nutrition support, home visiting, and other community resources, EHS and services to pregnant women helps families access services that promote healthier pregnancy outcomes and strengthen parents well-being as well as children's health development.

By rescinding components of the HSPPS related to supporting maternal health, HHS's rule will create meaningful inconsistencies in how maternal health supports, referrals, and programming are implemented, and undermine the ability to Head Start to address these disparities.

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[412] *Office of Head Start – Services Snapshot: National All Programs (2023-2024)*, Admin. For Child & Fams., U.S. Dep't of Health & Hum. Servs. at 2, (Mar. 24, 2025), https://headstart.gov/sites/default/files/pdf/service-snapshot-all-2023-2024.pdf [https://perma.cc/QA7J-SE7L]. In 2023 and 2024, 37 percent of participants were Hispanic or Latine, 28 percent were Black, 5 percent were multiracial, 3 percent were American Indian or Alaska Natives, 2 percent were Asian, and 1 percent were Native Hawaiian or Pacific Islander. *Id*.

[413] *Disparities and Resilience Among American Indian and Alaska Native Women Who Are Pregnant or Postpartum*, CDC (May 15, 2024), https://www.cdc.gov/hearher/aian/disparities.html [https://perma.cc/QZV7-L7NY]; *Working Together to Reduce Black Maternal Mortality*, Centers for Disease Control and Prevention (April 8, 2024), https://www.cdc.gov/womens-health/features/maternal-mortality.html [https://perma.cc/CM5S-7L9M].

[414] Emily E. Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths—United* States, *2007-2016,* 68 Morbidity and Mortality Weekly Report, 762 (2019).

[415] Elizabeth A. Howell, *Reducing Disparities in Severe Maternal Morbidity and Mortality*, 61 Clinical Obstetrics and Gynecology 387, 387–399 (2018).

[416] Denise G. Link et al., *Structural, systemic, and political barriers to quality health care during the childbearing continuum: An American Academy of Nursing consensus paper*, 73 Nursing Outlook (2025).

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Early Intervention: Early developmental screenings and early intervention are crucial to support infants and toddlers with suspected or identified disabilities. Black and Latino infants and toddlers are 78% less likely to receive developmental screening, and 78% of Black infants and toddlers are likely to not receive early intervention, even when they qualify.[417] Therefore, the HSPPS requirement that all children in Head Start receive developmental screeners within 45 days of enrollment, making sure that children with developmental delays or disabilities are identified in a timely manner and given individualized support,[418] are particularly important for children of color.

Suspension and Expulsion: Early data on early childhood expulsions found that preschoolers were expelled at a rate about 3 times higher than their peers in K-12 settings, and that Black children were twice as likely and boys were 4 times as likely to be subject to this form of discipline than their peers.[419] Contemporary discipline data from the U.S Department of Education's Office for Civil Rights finds that while preschool suspensions have decreased over time, disparities remain.[420] The latest publicly available CRDC data from the 2021-2022 school year finds that Black children make up 18% of all children enrolled in preschool, but 38% of all preschoolers that were suspended.[421] Children with disabilities and boys also continue to be overrepresented. Research demonstrates that teachers' bias impacts how children's behavior is perceived. One study explored the variance in the Black/White discipline gap and found that the largest single driver of the disparity was differential treatment and/or differential support offered to students. [422]

Removing the HSPPS prohibition on the temporary or permanent removal of children from Head Start programs, unless Head Start staff engaged with the child's family to facilitate a transition to a program that could more appropriately meet the child's needs, therefore will particularly harm Black children

The proposed rule, if adopted, will have particularly devastating impacts on Black and brown families and communities given the lack of accessible and high-quality alternatives to Head Start available the children of color and the loss of both short term and long term evidence based benefits.

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[417] Dawn Magnusson et al., *Capturing Unmet Therapy Need Among Young Children With Developmental Delay Using National Survey Data*, 16 Academic Pediatrics, 145–153 (2016), https://doi.org/10.1016/j.acap.2015.06.003.

[418] 45 C.F.R. § 1302.33(a)(1).

[419] Gilliam, W. S. (2005). *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*. Yale University Child Study Center.

[420] Fabes, R. A., Quick, M., Musgrave, A., Meek, S., & Catherine, E. (2020). *Exclusionary discipline in U.S. public pre-K programs: An initial look at the 2017–2018 CRDC data* (The Preschool Exclusionary Discipline Study: Research Briefs, Issue 1). Arizona State University.

[421] U.S. Department of Education, Office for Civil Rights. (2025, January). *2021-22 Civil Rights Data Collection A First Look: Students' Access to Educational Opportunities in U.S. Public Schools*. https://www.ed.gov/media/document/2021-22-crdc-first-look-report-109194.pdf

[422] Losen, D. J., & Whitaker, A. (2018). 11 million days lost: Race, discipline, and safety at US public schools (Part 1). The Center for Civil Rights Remedies of UCLA's Civil Rights Project and the American Civil Liberties Union of Southern California. https://www.aclu.org/report/11-million-days-lostrace-discipline-and-safety-us-public-schools-part-1

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4. Pregnant Women

The Proposed Rule would undermine the health of pregnant women and exacerbate existing inequities. By eliminating the Standards on the services, information, and referrals that Early Head Start programs are required to provide to enrolled pregnant women, the Proposed Rule undermines maternal health, which is foundational to the health and well-being of young children. HHS's rule will create meaningful inconsistencies in how maternal health supports, referrals, and programming are implemented. This is particularly problematic for pregnant and postpartum women because the timing of many aspects of medical and mental health care is critical to protecting the health of pregnant and postpartum women and their infants. Further, the elimination of these evidence-backed standards will create inconsistencies in how Early Head Start – a key federal maternal health program – is administered. The proposal will likely exacerbate issues of access and outcomes for all moms, with the potential to more deeply affect moms who are members of populations with outcomes that are already far below those of the general population, including those in Black and brown communities, tribal communities, rural communities, and those living in health care deserts.

Early Head Start programs serve families beginning in the prenatal stage through counseling and home visiting designed to emphasize maternal and child health and parent-child relationships. Subpart H of the HSPPS specifies the services, information, and referrals that Early Head Start programs are required to provide to enrolled pregnant women, including nutrition counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence. Notably, if an expectant mother enrolls in the program without an accessible source of health care, the program finds her one, ensuring that she can access critical pre- and post-natal care for herself and her child.[423]

The HSPPS are written to reflect that prenatal and postpartum health needs for mothers and infants must be met in very specific periods to promote not only their well-being and healthy development, but also their safety. Medical science dictates the practices set forward in HSPPS for the maternal health monitoring, assessments, and pre- and post-partum healthcare services, including:

- Determining within 30 days of enrollment if the mom has health care;
- Delivery of pre- and post-natal information;
- Delivery of information on fetal development;
- Counseling on the risks of smoking and alcohol use during pregnancy/the early years;
- Education on infant safe sleep practices; and
- Pre- and post-natal mental health concerns including related to depression and birth trauma.

[423] 45 C.F.R. § 1302.80.

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If any of the services listed above are delivered incorrectly, assessments are incomplete, or critical safety information or medical services are provided too late, the health and safety of pregnant and postpartum women and their infants could be compromised

The HSPPS also set the program implementation, such as caseload size, the number of visits a mother receives through the program, the spacing and duration of visits, and more. The level of specificity in the HSPPS is consistent with the types of implementation guidance other home visiting models provide to their programs, and the requirements are based on decades of rigorous research that makes Early Head Start a highly effective program that families can trust and rely on and the federal government can trust to use taxpayer dollars impactfully.

Early Head Start's focus on women's health and prenatal services supports expectant parents in building skills to support their children's development and promotes the mental and physical health of the parent, all of which promotes positive outcomes for infants and toddlers enrolled in the program. Maternal health before, during, and after pregnancy is foundational to the health and well-being of both parents and young children. Access to high-quality prenatal, perinatal, and postpartum care helps identify and manage medical conditions, supports maternal mental health, and promotes healthy pregnancies and births. Despite advances in medical care, the United States continues to experience high maternal mortality rates. The Centers for Disease Control and Prevention estimates that approximately 80% of pregnancy-related deaths are preventable.[424] Research consistently shows that maternal physical and mental health are shaped by a combination of medical conditions, chronic stress, socioeconomic circumstances, and access to quality healthcare throughout pregnancy and the postpartum period.[425] Nearly two-thirds of pregnancy-related deaths occur after childbirth, highlighting the importance of coordinated postpartum care beyond the hospital setting and into early years of a child's life.[426] Mental health conditions, cardiovascular complications, and infections remain among the leading causes of pregnancy-related deaths, demonstrating that maternal health services must extend across the full continuum of care.[427] Maternal well-being is closely linked to children's healthy development.

Research has found that home visiting services can improve prenatal, post-birth, and longer-term health and behavioral outcomes for both mothers and children.[428] Studies of Early Head Start also demonstrate that greater family engagement is associated with reductions in caregiver depressive symptoms over time, regardless of whether families receive home-based or

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[424] *Preventing Pregnancy-Related Deaths*, Centers for Disease Control and Prevention (2024, September), https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html [https://perma.cc/W23Y-7TBN].

[425] Laurie C. Zephyrin, *Changing the Narrative and Accelerating Action to Reduce Racial Inequities in Maternal Mortality*, 111 American Journal of Public Health 1575, 1575-1577 (2021); *Preventing Pregnancy-Related Deaths,* Centers for Disease Control and Prevention (September 2024), https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html [https://perma.cc/2S7A-ZQCX].

[426] Susanna Trost et al. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 38 U.S. States, 2020*, Centers for Disease Control and Prevention (2024).

[427] *Id.*

[428] US Department of Health and Human Services, Administration for Children and Families. Home Visiting Evidence of Effectiveness: home visiting program model effects. https://homvee.acf.hhs.gov/evidenceoverview.aspx (last visited December 20, 2017).

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center-based services, which in turn supports children's social-emotional development.[429] Another study found that parents who participated in EHS were more emotionally attuned and offered language and learning opportunities at higher rates than non participating parents.[430] Together, these findings reinforce that dedication to maternal health services that are embedded in the Head Start model including prenatal and postpartum support through health education, home visiting and in some cases access to doula care, and mental health supports benefit both maternal health and children's early development.

By rescinding components of the HSPPS related to supporting maternal health, HHS's rule will create meaningful inconsistencies in how maternal health supports, referrals, and programming are implemented. This is particularly problematic for pregnant and postpartum women because the timing of many aspects of medical and mental health care is critical to protecting the health of pregnant and postpartum women and their infants.

The NPRM's elimination of these evidence-backed standards is likely to exacerbate disparities. At a population level, pregnant women in the United States – particularly those from historically underserved communities – already experience poor access to prenatal services and poor birth outcomes. Per federal data sources, in 2024, there was a 16.1% increase in the number of mothers in the U.S. who received inadequate prenatal care and a 75.5% decrease in Percentage of babies whose mom started prenatal care in the first trimester of pregnancy. Data on maternal and infant health varies widely by region and demographic group; the Midwest and Southern U.S. have the highest rates of infant mortality in the country. The CDC reports infant and maternal mortality rates vary significantly by race, with AI/AN women being two times more likely to die of pregnancy-related causes than White women, and Black women being three times more likely.[431] Black women are also approximately twice as likely to experience severe maternal morbidity compared with non-Hispanic White women.[432] By changing the HSPPS and creating inconsistencies in how Early Head Start – a key federal maternal health program – is administered, HHS risks exacerbating issues of access and outcomes for all moms, with the potential to more deeply affect moms who are members of populations with outcomes that are already far below those of the general population, including those in Black and brown communities, tribal communities, rural communities, and those living in health care deserts.

HHS's stated goal of promoting flexibility for programs conflicts with the very purpose of including maternal health programming in Head Start and creates inconsistencies in program

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[429] Kelsey L. Corallo et al., *Early Head Start Services Buffer the Effects of Maternal Depression on Child Development*, 39 Infants and Young Children 100, 100–110 (2026).
[430] John M. Love et al., *The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs*, 41 Developmental Psychology 885, 885–901 (2005).
[431] *Disparities and Resilience Among American Indian and Alaska Native Women Who Are Pregnant or Postpartum*, Centers for Disease Control and Prevention (May 15, 2024), https://www.cdc.gov/hearher/aian/disparities.html [https://perma.cc/CV54-EC8N]; *Working Together to Reduce Black Maternal Mortality*, Centers for Disease Control and Prevention (April 8, 2024), https://www.cdc.gov/womens-health/features/maternal-mortality.html.
[432] Emily E. Petersen et al., *Racial/Ethnic Disparities in Pregnancy-Related Deaths—United States, 2007–2016*, 68 Morbidity and Mortality Weekly Report 762, 762-765 (2019); Nansi S. Boghossian et la., *Racial and Ethnic Disparities in Severe Maternal Morbidity from Pregnancy Through 1-Year Postpartum*, 6 American Journal of Obstetrics & Gynecology MFM (2024).

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implementation that could be dangerous to infant and maternal health. Here, flexibility would mean that the infants and mothers who are relying on Early Head Start to connect them with timely resources may not receive critical care at the medically- and developmentally-appropriate times. This will harm children. For example, research shows that the comprehensiveness of services offered to pregnant women at the program level is associated with lower behavior problems among children at age 2.[433]

Creating "flexibility" in how those program elements are implemented would result in a lack of fidelity to the research on what makes Early Head Start so effective. Early Head Start is also considered an "evidence-based model" under the Health Resources and Services Administration's (HRSA's) Home Visiting Evidence of Effectiveness (HomVEE), the standards that are used to determine eligibility for Maternal, Infant, Early Childhood Home Visiting (MIECHV) program funding. Early Head Start is a HomVEE-approved model based on HRSA's systematic review of over 30 well-designed, rigorously-vetted research studies, and many Head Start grantees also support their maternal health services through MIECHV funding.

By removing the implementation requirements in the Head Start Performance Standards related to Early Head Start home visiting and adding a new English-only mandate, HHS creates confusion for programs as they implement the HomVEE-approved curriculum with fidelity to the model. This is likely to lead to meaningful differences between HomVEE-approved versions of Early Head Start model and the many ways in which grantees could implement Early Head Start in the absence of the specific requirements in the HSPPS. Any changes to home visiting models resulting from changes to the Head Start Performance Standards undermine the robust research base that supports its inclusion in MIECHV, which places Head Start grantees at a disadvantage in accessing MIECHV funding.

5. Infants

The proposed elimination of Standards governing maternal health, infant health, child to staff ratios, and developmental screening will combine to be particularly harmful to vulnerable infants and negatively impact their development and well-being.

Maternal health before, during, and after pregnancy is foundational to the health and well-being of both parents and young children, and is closely linked to children's healthy development. Science-based evidence shows that timing of many aspects of medical and mental health care is critical to protecting the health of pregnant and postpartum women and their infants. Additionally, the earliest days, months, and years of life are when development is at its most rapid, and delayed services result in missed opportunities and lost time for promoting child development, such as secure attachment. Thus, the Standards, which the Proposed Rule eliminates, ensure that prenatal and postpartum health needs for mothers and infants are met during the specific periods necessary to promote the well-being and healthy development of infants.

[433] Eleanor Fisk et al., *Early Head Start Prenatal Services and Toddlers' Socioemotional Skills: The Role of Program Approach*, 54 Early Childhood Education Journal 893, 893-903 (2026).

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Eliminating the child to staff ratios which determine how many children one adult can supervise is particularly unsafe and harmful for infants. Infants and toddlers are particularly vulnerable to health and safety risks and adequate adult supervision is critical to protecting their health and safety. For example, infants are susceptible to choking and potential allergic reactions to new foods that require fast adult identification and response or their very lives could be at stake. Infants are dependent on their adult caregivers to meet all of their basic needs—such as diaper and feeding. Additionally, babies learn and grow in the context of relationships with responsive, consistent caregivers, so ratios that ensure educators have adequate time to attend to the individual needs of each child is essential.[434]

6. Children and Pregnant Women Experiencing Homelessness

Children experiencing homelessness will face additional barriers when the HSPPS related to serving them is rescinded. The new eligibility criteria will add bureaucratic paperwork requirements that will be especially burdensome on unhoused families and may lead to their exclusion. These changes will impede Head Start agencies' ability to meet their statutory obligation to prioritize these families.

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Homelessness among pregnant and postpartum persons and young children and their families is a significant, growing problem in the U.S. with nearly 1.3 million young children under the age of six estimated to experience homelessness each year. In the 2024-25 program year, Head Start and Early Head Start served more than 60,000 children experiencing homelessness, the highest number on record, up from about 52,700 in 2015-16.[435]

Data indicates that Head Start provides critical connections that help families find temporary and long-term shelter. "Data from the 2009 FACES Program Director Interviews that was analyzed by ASPE indicated that 49.7% of Head Start programs included in the interviews had helped families find temporary shelter and 35.7% reported helping families find long-term shelter. Access to Head Start is associated with lower household instability, and also reduced the association between household instability and higher acting-out behaviors among young children.[436]

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[434] *Ratios and Group Sizes in Child Care Matter for Babies*, ZERTO TO THREE (2025), https://www.zerotothree.org/wp-content/uploads/2025/02/ratios_brief-1.pdf [https://perma.cc/X9QM-BB4X].

[435] Schoolhouse Connection, *Proposed Head Start Rule Eliminates Critical Protections for Children Experiencing Homelessness* (Aug. 10, 2026), https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2026/08/SHC-Head-Start-NPRM-Analysis.pdf.

[436] Elise Chor, *Head Start, Household Instability, and Children's Externalizing Behavior Problems*, 10 AERA Open 1, 1-19, https://files.eric.ed.gov/fulltext/EJ1455263.pdf.

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

For a young child with no home, Head Start may be the only stable, predictable place in life – the only setting where a developmental delay is caught early or a meal provided. Infants and toddlers experience homelessness during the fastest period of brain development, when consistent caregiving and predictable routines matter most. Early Head Start provides both. Head Start and Early Head Start also connect parents to employment, education, health services, and housing, helping to create permanent paths out of homelessness and into economic stability.

Yet, there is still a vast unmet need for greater access for families experiencing homelessness to Head Start. A 2022 analysis from Schoolhouse Connection indicated that of the 311,961 infants and toddlers across 20 states that were included in their data, only 7% were enrolled in an early childhood program. [For national, state, and local student homelessness data please see: https://schoolhouseconnection.org/article/data-profiles]

Families experiencing homelessness face barriers to Head Start that are above and beyond those of other low-income families. They move without warning, often across school district and service area lines; they lose access to paperwork, phones, and wifi. Most stay in hidden, fluid situations – temporarily with other people or in motels, rather than in shelters – and this is especially true in rural and suburban areas. These living arrangements make outreach and identification difficult. The shame and stigma associated with homelessness means that families rarely self-identify and are often hesitant to ask for help."[437]

Accessing resources can be particularly challenging to families who are experiencing homelessness in rural areas. Per the Office of Head Start's resources, homelessness is on the rise in rural areas, and "children experiencing homelessness in rural communities are often unidentified and uncounted." The specific challenges posed by a frequent lack of shelters or emergency housing in rural areas means that it is critical that rural Head Start programs define homelessness accurately, collect relevant community needs assessment data, and create essential connections for families with housing and health resources that can reduce barriers to health, behavioral health, and other community partners.

The Department's proposal would likely lead to less access to Head Start for families experiencing homelessness because it would no longer require Head Start programs to have policies and procedures that (1) identify and prioritize children experiencing homelessness (2) allow families experiencing homelessness to apply, enroll, and attend while required documents, like birth certificates and immunization records, are obtained. Importantly, although the Head Start Act contains Congress's instruction to prioritize homeless families, it does so through requiring the Secretary to "establish policies and procedures to remove barriers to the enrollment and participation of homeless children in Head Start programs."[438] The proposal would remove all of the established policies and procedures that remove barriers for homeless families and replace them with a single sentence that children experiencing homelessness "qualify for program eligibility and must be treated in accordance with the Head Start Act."[439]

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[437] Schoolhouse Connection, Proposed Head Start Rule Eliminates Critical Protections for Children Experiencing Homelessness (Aug. 10, 2026), https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2026/08/SHC-Head-Start-NPRM-Analysis.pdf.
[438] 42 U.S.C. 9835(m).
[439] Proposed § 1301.02(g).

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This change will have real consequences for families experiencing homelessness.

First, under the proposal, Head Start agencies would no longer be required be locate, identify, recruit or prioritize a child experiencing homelessness as Sections 1302.13 and 1302.14(a)(1) and § 1302.15(c) would be removed. Because most families experiencing homelessness stay in hidden situations and rarely self-identify, enrollment depends on programs actively looking for them. Head Start agencies would also no longer be required to count children experiencing homelessness in its community or to consult the McKinney-Vento LEA liaison who has that count. And Head Start programs that do not know how many children are homeless within its service area will not adjust recruitment, slots, or partnerships to reach them.[440]

The rules that would be eliminated by the NPRM work in concert: the community assessment gives a program the number of children experiencing homelessness in its service area, the annual selection criteria require the program to weigh that need, and reserved slots allow the program to hold a seat for these children when a vacancy occurs. Reserved slots matter because homeless families in crisis arrive in every month of the year, and they often move again before reaching the top of a waiting list. But under the proposal a program that has been informed about a family in a shelter and that holds a seat for the family would be in violation of the rules, with nothing in regulation permitting the program to hold the slot.

Second, the proposal would also make enrollment more difficult for children experiencing homelessness. No longer will Head Start programs be required to allow families experiencing homelessness to enroll and attend Head Start during the time the family needs to obtain required documents, as is required under the HSPPS.[441] Families lose documents in the course of losing housing and repeated moves. Requiring documents such and birth certificates and immunization records before a child can start creates barriers: the child waits, and mobile families often lose contact with the program before the process concludes. Because the proposed rule eliminates current § 1302.15(e)'s express exception to state immunization enrollment law, its removal means state documentation requirements would apply to children experiencing homelessness without exception.

The Proposed Rule's new verification requirements – including its provision that self attestation would no longer "satisfy the eligibility requirements" – will disproportionately exclude children and families experiencing homelessness, who face significant barriers in obtaining identification.[442] 91 Fed. Reg. at 51262, 51307. The Proposed Rule itself estimates that "approximately eight percent of children may currently be enrolled in Head Start that would otherwise no longer be eligible for enrollment under this proposed policy change," unless their family members can submit documentation to establish eligibility. 91 Fed. Reg. at 51307. Given the significant barriers to obtaining documentation when unhoused, this provision would undermine access to Head Start for children experiencing homelessness.

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[440] *See* 91 Fed. Reg. at 51263-64, 51308.

[441] 45 C.F.R. § 1302.16(c)(1); *Id.* § 1302.15(e).

[442] U.S. Gov't Accountability Off., GAO-24-105435, Homelessness: Barriers to Obtaining ID and Assistance Provided to Help Gain Access (2024), https://www.gao.gov/assets/d24105435.pdf.

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Third, the Proposed Rule also will make it more difficult for children experiencing homelessness to remain enrolled in Head Start. No longer would Head Start programs be required to make efforts to maintain a child's enrollment regardless of whether the family or child moves to a different service area or to transition the child to a program in a different service area, when the program serves homeless children or children in foster care.[443] The removal of this requirement will lead to disruptions for enrolled children experiencing homelessness as programs would no longer be required to pursue continuity in children's enrollment. Children experiencing homelessness move frequently. Under the proposed rule, a child could lose a Head Start slot at the moment of greatest instability, and the family would start over at the bottom of a waiting list in the new community. Nor would Head Start programs have to "utilize community resources, where possible, to provide transportation for" for a "child experiencing homelessness [who] is unable to attend classes regularly because the family does not have transportation to and from the program facility."[444]

7. Children in Foster Care

By removing the Standards meant to provide access to Head Start programs to children in foster care, the proposal will decrease access for these children. Under the Proposed Rule, Head Start programs will no longer be required to make specific efforts to locate and recruit children in foster care,[445] prioritize those children for enrollment,[446] nor make efforts to maintain a child's enrollment even if the child moves.[447] Nor will Head Start agencies have the authority to reserve spots for children in foster care.[448]

8. Children Living in Rural Communities

Head Start plays an especially important role in rural communities, where Head Start slots make up the majority of the early education and child care supply. In some places, Head Start is the only center-based program that exists. Therefore, the impacts of the Proposed Rule, including the reduced quality and destabilized program, will be felt especially by children living in rural areas.

Head Start serves children in nearly every zip code in the US. But it plays an especially important role in rural communities across the US. Disproportionately in rural communities, Head Start slots make up the majority of the early education and child care supply. In some places, Head Start is the only center-based program that exists. In part, this is because in communities with fewer children, vouchers or subsidies for child care are often insufficient to establish programs and keep doors open. The only way programs survive is with direct grants to operate programs, like Head Start.

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[443] 91 Fed. Reg. at 51308. *See* 45 C.F.R. § 1302.15.
[444] 45 C.F.R. § 1302.16(c)(2).
[445] 45 C.F.R. § 1302.13.
[446] *Id.* § 1302.14(a)(1).
[447] *Id.* § 1302.15(b)(3).
[448] *Id.* § 1302.15(c).

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

Across the nation, almost half of the total funded Head Start slots (45.9%) were in rural Congressional districts in the 2023-2024 school year compared to one-fifth in urban districts (22.4%), playing a key role in filling the gap in rural child care supply. [449] In some rural counties, Head Start is serving upwards of 70% of children in poverty.[450] For example, in Graham County, Arizona, around 84% of children under age 5 in poverty are served in Head Start programs. Head Start slots represent the significant majority (90.4%) of the share of total licensed child care slots in the county. In Lincoln County, Montana, Head Start serves around 7 in 10 children age 5 and living under poverty. In Braxton County, West Virginia, an estimated 88.8% of children 0 to age 5 in poverty are served in Head Start programs.

Without Head Start, many rural communities lose a substantial proportion of their overall early education and child care slots. Indeed, Head Start provides child care for many working families, especially in rural communities. Child care access is a significant concern across the country, as more than half of Americans (51%) live in a census tract with low or no child care supply referred to as "child care deserts."[451] Families living in rural communities have higher rates of challenges in accessing child care than those living in urban regions as a result of factors like infrastructure, travel distance, turnover of qualified early childhood educators, and availability of locations.[452] The percentage of children under 6 with all their parents working who do not have access to child care programs is higher in rural areas than the statewide gap in states like Alaska (69.9% rural child care gap compared to 59.1% statewide gap), Montana (56.8% compared to 48.6%), and West Virginia (39.5% compared to 37.9%).[453]

A 2018 analysis of ten states found that Head Start programs represented a third of all rural child care centers, and that 48 rural counties spread across 9 of the 10 states included in the analysis would have zero child care options without Head Start.[454] Data indicate that 86% of rural counties have a Head Start center and in some communities, Head Start is the only source of child care.[455] A more recent analysis (2026) found that Head Start provides 30% or more of total child care capacity in 399 counties, and 50% or more in 128 counties, and 100% of formal child care capacity in 7 counties.[456] This analysis found that without Head Start, the child care

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[449] Casey Peeks & Allie Schneider, *5 Things To Know About Head Start*, Center for American Progress (Apr. 16, 2025), https://www.americanprogress.org/article/5-things-to-know-about-head-start/.
[450] Shantel Meek et al., *Head Start's Footprint: A Focus on Rural Communities, Children with Disabilities, and Vital Health Services*, The Children's Equity Project at Arizona State University (2025), https://cep.asu.edu/resources/HeadStartsFootprint.
[451] *America's Child Care Deserts in 2018*, Center for American Progress (Dec. 6, 2018),
[452] Foundation for Rural Service, *Understanding Child Care Challenges in Rural America: Strategic Recommendations and an Action Framework*, NTCA: The Rural Broadband Association (2024), www.ntca.org/sites/default/files/documents/2024-10/understanding-childcare-challenges-in-rural-america.pdf.
[453] Linda K. Smith et al., *Rural Child Care Policy Framework*, Bipartisan Policy Center (2023), .
[454] Rasheed Malik & Leila Schochet, *A Compass for Families: Head Start in Rural America*, Center for American Progress (Apr. 10, 2018), www.americanprogress.org/article/a-compass-for-families/.
[455] Claire Woodcock, *Head Start's Future Is Uncertain. Rural Americans Aren't Ready for What Happens Next.*, Edsurge (Apr. 21, 2025), https://www.edsurge.com/news/2025-04-21-head-start-s-future-is-uncertain-rural-americans-aren-t-ready-for-what-happens-next.
[456] Linda K. Smith, Caroline Hickey & Anubhav Bagley, *Head Start's Impact on the Child Care Gap: How the Loss of Head Start Would Widen Child Care Gaps and Weaken Local Systems*, Child Care Trust (2026),

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gap would increase from 28% to 33%, impacting access to care for 654,500 children—a gap too large for the existing child care systems to make up. Data indicate that in 19 states, child care gaps would increase by 20% or more, with Mississippi, West Virginia, Texas, Ohio, and New Mexico bearing the greatest impact. Rural communities would face disproportionate harm, with gaps increasing by 18% in rural areas compared to 15% in urban areas.

Children with suspected disabilities living in rural communities are more likely to receive a delayed diagnosis or services, with a five month delay in receiving services from healthcare providers.[457] In rural communities, Head Start plays a critical role by conducting developmental screeners and connecting children to services when needed.

C. Creating Worse Working Conditions for Head Start Educators Would Further Destabilize the Workforce and Decrease Slots for Children

Early childhood educators serve as the foundation of the Head Start program, providing high-quality care and education to low-income children and ensuring they reap the exceptional benefits the program is known for delivering. The HSPPS established ratios and group sizes are smaller than what the vast majority of state licensing standards require, and contribute to more manageable classrooms, intentional child-teacher interactions, and more time to provide children with individualized support. Additionally, the Standards require that teachers have professional development plans, have regular breaks, information about mental health and wellness, and receive consistent support from coaches, including coaches focused on infant and early childhood mental health, curriculum, disability and inclusion, and more.[458] By eliminating these Standards, the Proposed Rule would increase workplace demands on teachers whose working conditions are already leading to rates of burnout while simultaneously decreasing supports.

Increasing child-teacher ratios would further destabilize the Head Start workforce by creating worse work conditions, demanding educators be responsible for more children than is recommended by child development experts at a time when high burnout and insufficient compensation remain unaddressed. Already, nearly a quarter of Head Start educators are considering leaving the ECE field,[459] driving an under-enrollment rate of over eight percent in the most recent program year.[460] Placing additional workplace demands on them would only worsen retention and recruitment, which then impact programs' ability to keep their classrooms

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https://www.childcaretrust.org/hubfs/Child%20Care%20Trust/Head%20Start%20Gap%20Report%20FINAL.pdf.

[457] Lucy Barnard-Brak et al., *Rural and Racial/Ethnic Differences in Children Receiving Early Intervention Services*, 44 Family & Community Health 52, 52-58 (2021); Sally Lindsay et al., *Disability and Rurality: a Systematic Review of Qualitative Studies of Experiences With Disability Among Families with Children and Youth With Disabilities*, 47 Disability and Rehabilitation 6781, 6781-6804 (2025).

[458] 45 C.F.R. §§ 1302.92, 1302.93.

[459] National Association for the Education of Young Children, *The State of Compensation, Benefits, Turnover, and Enrollment in Head Start Programs* (2026), https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/data_brief_-_head_start_compensation_benefits_turnover_and_enrollment_.pdf.

[460] *Fiscal Year 2027: Justification of Estimates for Appropriations Committee*, Dep't of Health & Hum. Servs., Administration for Children & Families (2026), https://www.hhs.gov/sites/default/files/fy-2027-acfc-cj.pdf.

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open and serve as many children as possible. A recent survey (to be published September 2026) conducted by NAEYC, found that among Head Start teachers, nearly half (47 percent) said they would be somewhat or much more likely to leave the field if ratio requirements were changed to require educators to serve more children per teacher.

If the goal is to improve families' access to Head Start and uphold quality in the program, the relationship between educators' wellbeing, which is influenced by their work environment, and children's outcomes cannot be ignored.[461] Educators' health and wellbeing play an important role in their ability to adequately engage students and provide the needed tools to support child development and learning. Existing work conditions and daily stressors, including lack of support to address children's behavioral challenges, have led to high rates of burnout, depression, and other mental health challenges for the ECE workforce.[462] Many of these challenges are likely to be further exacerbated by provisions in the proposed rule that weaken protections around developmental assessments and supports for Head Start children, including those with disabilities, alongside the elimination of standards requiring breaks and mental health supports for educators, as well as provisions limiting. . Lower ratios and smaller group sizes not only promote educator success but can improve burnout and the quality of educator interactions with young children.[463] Reducing standards would have the opposite effect.

In addition to lacking adequate resources in the classroom, Head Start educators have taken on more work[464] in the past year due to staffing shortages. Almost 75 percent of Head Start educators reported taking multiple roles within their program and among those reporting underenrollment, more than half (57%) claimed staffing challenges contributed to that underenrollment. And recently, educators' economic wellbeing is being threatened further by the Department of Health and Human Services' proposal to roll back 2024 provisions that would improve Head Start staff wages and benefits. Decreasing educators' compensation while placing more responsibility on their plate without adequate resources and with reduced supports and protections would ultimately have negative impacts on young children as staff turnover increases, threatening continuity of care, a key aspect of quality early learning tied to children's positive outcomes.

Women make up a disproportionate share of the child care and early learning workforce: In 2021, they made up 94% of child care workers and 97% of pre-kindergarten and kindergarten

[461] Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success et al., Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation (LaRue Allen & Bridget B. Kelly eds., 2015), https://www.ncbi.nlm.nih.gov/books/NBK310524.

[462] Angela Cobanoglu & Walter S. Gilliam, Summary and Recommendations from the Early Childhood Education Workforce Well-Being Research-to-Policy Convening, Buffett Early Childhood Institute, University of Nebraska (2026); Schaack, D. D., Le, V. N., & Stedron, J. (2020). When fulfillment is not enough: Early childhood teacher occupational burnout and turnover intentions from a job demands and resources perspective. Early Education & Development, 31(7), 1011–1030.

[463] National Association for the Education of Young Children, *Deregulation Won't Solve Child Care… But It Will Decrease Safety and Supply* (2022), https://www.naeyc.org/sites/default/files/wysiwyg/user-73607/2022_policy_deregulationresourcepolicymakers_final.pdf.

[464] National Association for the Education of Young Children, *The State of Compensation, Benefits, Turnover, and Enrollment in Head Start Programs* (2026), https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/data_brief_-_head_start_compensation_benefits_turnover_and_enrollment_.pdf.

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(pre-K/K) teachers, compared to 47% of workers in all sectors.[465] Women of every race and ethnicity are overrepresented in the child care and early learning workforce.[466] While child care and early learning workers consistently face low wages compared to workers in all sectors,[467] Black and Latina early educators make even less than white women.[468]

Critically, the gender wage gap is driven in part by women's overrepresentation in low-paid jobs such as child care jobs—and wage gaps are much wider for many women of color, mothers, and especially women of color who are mothers.[469] Women of color are more likely to be the breadwinners for their family than white women, and Black women are most likely.[470] Low wages can be particularly challenging for women who are supporting their own children at home. Survey research has consistently shown that many child care and early learning workers worry about having enough money to pay their bills and put food on the table—especially workers who are parents. And these workers are far more likely than workers overall to rely on public programs like Medicaid and SNAP (food stamps) to make ends meet.[471]

D. The Proposed Rule will Cause Instability, Confusion and even Closure for Head Start Programs.

For Head Start programs the proposed rule will increase the burden and the administrative costs of operating a Head Start program.

First, eliminating so many of the Standards leaves programs without guidance on how to comply with the numerous statutory requirements of the Head Start Act and myriad of other federal and state laws that will govern Head Start programs under ACF's proposal. That will increase confusion and require programs to fill the newly created gaps. Programs will no longer have the certainty that if they comply with the HSPPS they will be "delivering a high-quality and comprehensive Head Start program" necessary to have their designation as a Head Start agency

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[465] Brooke LePage, *The Child Care and Early Learning Workforce Is Underpaid and Women are Paying the Price*, Nat'l Women's L. Ctr., 1 (May 2023), https://nwlc.org/wp-content/uploads/2023/05/child-care-workers-5.25.23v3.pdf

[466] *Id.* ("For example, Black women make up 12% each of child care workers and pre-K/K teachers, compared to 6% of workers in all sectors. Similarly, Latinas make up 21% of child care workers and 15% of pre-K/K teachers, compared to 8% of workers in all sectors. More than two in 10 child care workers (22%) and more than one in 10 pre-K/K teachers (13%) are women born outside of the U.S., while 8% of people working in all sectors are women born outside of the U.S.").

[467] *Id.* at 3

[468] Center for the Study of Child Care Employment, *Infographic: 2024 Early Childhood Workforce Index* (Jan. 28, 2025), https://cscce.berkeley.edu/publications/infographic/infographic-2024-early-childhood-workforce-index/.

[469] Estelle Mitchell, Laura Narefsky & Annie Dade, *The Care Minimum: the Case for Raising the Minimum Wage and Investing in Child Care Together*, Nat'l Women's L. Ctr., 1 (Oct. 2020), https://nwlc.org/wp-content/uploads/2020/10/Thecareminimum.pdf.

[470] Kennedy Andara, Sara Estep & Isabela Salas-Betsch, B*readwinning Women Are a Lifeline for Their Families and the Economy*, Center for American Progress (May 9, 2025), https://www.americanprogress.org/article/breadwinning-women-are-a-lifeline-for-their-families-and-the-economy/.

[471] Brooke LePage, *The Child Care and Early Learning Workforce Is Underpaid and Women are Paying the Price*, Nat'l Women's L. Ctr., 4 (May 2023), https://nwlc.org/wp-content/uploads/2023/05/child-care-workers-5.25.23v3.pdf.

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renewed.[472] Every Head Start program will individually have to spend significant time and resources—likely requiring legal assistance—to parse numerous statutes just to understand their obligations and resolve ambiguities.

Additionally, the parts of the Proposed Rule that conflict with the Head Start Act's requirements—such as the English-only education mandate—would put programs in the impossible position of being unable to be in compliance with both the Statute and regulations.

Second, the Proposed Rule will increase staff turnover, which will make it more difficult to operate a Head Start program and increase administrative costs, as more money will have to spend on human resources, hiring, and training new staff. The proposal would increase the workplace demands on teachers and staff while simultaneously decreasing supports, which will further diminish Head Start program's ability to recruit and retain staff, undermining program's ability to keep their classrooms open and serve as many children as possible. This will be particularly devastating given more than half of Head Start programs who are underenrolled and indicate staffing shortages contribute to those challenges. Nearly a third of Head Start educators are considering leaving the field, and nearly half said they would be somewhat or much more likely to leave the field if ratio requirements were changed to require educators to serve more children per teacher.

Third, Head Start programs will be forced to redo the community agreements and partnerships that they have established based on the current Head Start Program Performance Standards.

The proposal will also increase instability for Head Start programs by replacing transparent and objective measures in monitoring, DRS, funding suspension, and facilities approvals with broad and vague requirements that increase the Department's own discretion.

E. Destabilizing Head Start will have Cascading Harms to Other Beneficiaries, Stakeholders, and Broader Communities.

By destabilizing Head Start, a pillar of the early education and childcare infrastructure, the Proposed Rule would result in widespread harms to communities, including parents, employers, and other stakeholders in our educational system. If a significant number of Head Start programs are forced to close or reduce services, parents and caregivers will lose childcare, risking missed work, unemployment, forced dropouts from school and training programs, and inability to pay life expenses and support their families. This harm will fall most harshly on women, who bear a disproportionate amount of childcare responsibilities. Parents' and caregivers' loss of access to Head Start services will also cause instability for employers, many of which cannot meet their staffing needs unless workers have reliable access to childcare.

This degradation of Head Start will also have a severe impact on the educational system as a whole. Early childhood education as a field will lose an important model that states and non-Head Start providers rely on to raise the standards for other early childhood education programs and identify evidence-based practices that ensure children are ready for school. And K-12 school

[472] 42 U.S.C. 9836(c)(7)(A).

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districts – many of which are already stretched for resources – will face the burden of addressing the resulting educational and developmental gaps.

Ultimately, communities in every corner of the nation are dependent on Head Start providing high-quality services to the nation's poorest and most vulnerable, and the impact of denigrating these services will have cascading effects.

1. Parents and caregivers

Parents and caregivers will lose childcare, risking missed work, unemployment, forced dropouts from school and training programs, and inability to pay life expenses and support their families. This harm will fall most harshly on women, who bear a disproportionate amount of childcare responsibilities.

The Proposed Rule Would Undermine the Economic Mobility of Working Mothers.

HHS's proposed recissions would compromise many of the economic mobility components of Head Start and disproportionately affect the economic stability and security of working mothers and the predominately female Head Start workforce. Women and girls benefit substantially and disproportionately from Head Start, as many Head Start families are led by single mothers and young girls comprise half of all children served.[473]

Head Start supports low-income women break the cycle of poverty. Head Start helps low-income working mothers break the cycle of poverty by providing access to quality child care, improving access to employment and education opportunities, and instilling positive parenting practices.[474] Compared to other programs, Head Start is uniquely accessible to low-wage working mothers, due to limited funding or restrictive requirements for other programs targeting low-income families.[475] Early childhood education investments like Head Start help mothers balance work and family while improving outcomes for their children and families.[476]

Through Head Start, many low-income mothers—especially single mothers and mothers of color—achieve long-term financial stability and economic independence because Head Start allows them to maintain full-time employment and pursue higher education.[477] Research shows

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[473] Ashley Kopack Klein et al., *Descriptive Data on Head Start Children and Families from FACES 2019: Fall 2019 Data Tables and Study Design*, Office of Planning, Research, and Evaluation, Dep't of Health & Hum. Servs., 31 (May 2021), https://files.eric.ed.gov/fulltext/ED613786.pdf; *Head Start Advantage: Investments That Work*, Nat'l Head Start Ass'n, 3 (2025), https://nhsa.org/wp-content/uploads/2025/10/HSAdvantageImpacts.pdf; Isabela Salas-Betsch, *The Economic Status of Single Mothers*, Ctr. for Am. Progress (Aug. 7, 2024), https://www.americanprogress.org/article/the-economic-status-of-single-mothers/.

[474] *The Head Start Advantage: Investments That Work*, Nat'l Head Start Ass'n, 3-4 (2025), https://nhsa.org/wp-content/uploads/2025/10/HSAdvantageImpacts.pdf.

[475] Nat'l Women's L. Ctr., *Early Care and Education Policies Must Address Low-Wage Working Parents' Needs*, 1 (Sept. 2017), https://nwlc.org/wp-content/uploads/2017/09/New-Set-Up-For-Success-Why-Early-Care-and-Education-Policies-Must-Address-Low-Wage-Working-Parents-Needs.pdf.

[476] *Id.*

[477] Jasmine Tucker, *Black Women Have Been Undervalued and Underpaid for Far Too Long*, Nat'l Women's L. Ctr., 1-3 (June 2024), https://nwlc.org/wp-content/uploads/2024/07/BWEPD-2024.6.28v4.pdf.

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that single mothers' employment rates drop from 84% to 67% when child care is unavailable.[478] Lack of access to child care is a barrier to employment opportunities, and many mothers are forced to make job decisions based on child care considerations rather than their career goals or investment in future financial security.[479]

Because Head Start offers high-quality programming, and is reliable, and affordable, participation enables mothers to work more hours and achieve financial stability.[480] Access to affordable child care for mothers with two children is associated with an estimated $94,000 increase in lifetime earnings and about $20,000 in private savings. For Black mothers in chronic poverty, the resulting income increase is even higher, at $108,000.[481] Expanding access to Head Start and similar programs would increase full-time employment among women with young children by nearly 17% overall and by about 31% among women without a college degree.[482]

Head Start also supports mothers pursuing higher education both by providing a reliable place for their children to learn while they are in school and by providing opportunities through partnerships with colleges.[483] Access to affordable early childhood education increases single mothers' college graduation rates by 21%, boosting lifetime earnings.[484] Earning a college degree not only increases parents' economic stability and mobility, it also improves their health and well-being and supports educational outcomes for their children.[485]

Head Start supports women as parents. In addition to supporting low-income mothers specifically, Head Start helps women as parents generally by providing access to services and supporting skill building to further their children's development. Head Start staff and families work together toward shared goals through a collaborative and culturally responsive approach to family engagement that is built on mutual respect,[486] and that sets Head Start apart from other programs.[487] Head Start programs actively engage parents as partners in their children's education and long-term success. Programs collaborate with families to identify family strengths, goals, and needs, to connect them with resources that promote well-being, safety, health, and economic stability, and to create environments that incorporate the unique cultural, ethnic, and linguistic backgrounds of the families served.[488] For example, Head Start's family-centered

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[478] Leila Schochet, *The Child Care Crisis Is Keeping Women Out of the Workforce*, Ctr. for Am. /.
[479] *Id.*
[480] Catherine T.H. Yeh & Geoffrey T. Wodtke, *The Effects of Head Start on Low-Income Mothers*, 9 Socius: Soc. Res. for a Dynamic World 1, 2 (2023), https://journals.sagepub.com/doi/pdf/10.1177/23780231231192392.
[481] Robert Paul Hartley et al., *A Lifetime's Worth of Benefits: The Effects of Affordable, High-Quality Child Care on Family Income, the Gender Earnings Gap, and Women's Retirement Security*, Nat'l Women's L. Ctr., 4, 26 (Mar. 2021), https://nwlc.org/wp-content/uploads/2021/04/A-Lifetimes-Worth-of-Benefits-Compliant.pdf.
[482] *Id.* at 4.
[483] *Head Start-College Partnership to Promote Student Parent Family Success: A Roadmap to Guide Collaboration*, Inst. for Women's Pol'y Rsch., 2 (June 2021), https://files.eric.ed.gov/fulltext/ED614641.pdf.
[484] *Id.* at 4.
[485] *Id.* at 3.
[486] *Id.*
[487] 45 C.F.R. § 1302.50.
[488] 45 C.F.R. § 1302.50(b)(1)-(3) (2024).

The proposed changes would reduce the quality, scope and type of health services required to be provided by eliminating the health, mental health and dental service requirements.

approach includes specific support for pregnant women and mothers by promoting child development and parent self-sufficiency.[489]

The Head Start framework explicitly encourages parents to participate directly by volunteering in classrooms, electing Head Start policy councils, and receiving priority for staff positions when qualified.[490] Strong relationships between families and program staff foster trust, respect, and effective family advocacy.[491] By valuing families' cultural and linguistic backgrounds, the program encourages meaningful parent engagement that builds confidence, improves communication with teachers, and leads to more culturally responsive education.[492]

2. Early Childhood Education as a Field

Early childhood education as a field will lose an important model that states and non-Head Start providers rely on to raise the standards for other early childhood education programs and identify evidence-based practices that ensure children are ready for school. Additionally, the approximately 800,000 low-income children served in preschools receiving Title I Part A funds aimed at closing opportunity gaps will be directly impacted by the changes to the Standards, as will tens of thousands of children in programs being supported through Early Head Start-Child Care Partnerships.[493]

3. K-12 school districts

K-12 school districts will face the burden of addressing the resulting educational and developmental gaps. Reduced enrollment in Head Start due to the reduction in the quality of education and comprehensive services for those who are enrolled, will affect the school readiness of low-income children in kindergarten.[494] These changes will impose additional burdens on K-12 schools.

For example, both the number and rate of children needing access to special education services has been rising steadily since the pandemic, with significant implications for school

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[489] *Early Head Start Programs*, HeadStart.gov (May 27, 2025), https://headstart.gov/programs/article/early-head-start-programs.

[490] *See* 45 C.F.R. § 1302.50(b)(4). *See also* Lucie E. White, *Raced Histories, Mother Friendships, and the Power of Care: Conversations with Women in Project Head Start*, 76 Chi.-Kent L. Rev. 1569, 1572 (2001) (discussing Head Start's unique legal blueprint that emphasizes family well-being and parent development).

[491] U.S. Dep't of Health & Hum. Servs., Admin. For Child. & Fams., *Understanding Family Engagement Outcomes: Research to Practice Series*, 4 (2019), https://headstart.gov/sites/default/files/pdf/rtp-advocates-leaders.pdf.

[492] *Id.* at 3.

[493] 20 U.S.C. § 6312(c)(7). *See* U.S. Department of Education, ED Data Express (n.d.), EDFacts Title I Part A 2021-2022. Data Group 670 Public Schoolwide Programs, https://eddataexpress.ed.gov/dashboard/title-i-part-a/2021-2022?sy=2919&s=1035#tertiary

[494] Michael Puma et al., *Head Start Impact Study: Final Report*, U.S. Dep't of Health & Human Servs., Administration for Children & Families (2010), https://acf.gov/sites/default/files/documents/opre/hs_impact_study_final.pdf [https://perma.cc/RVQ9-S24K]

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resources and strained budgets.[495] Given rising budgetary constraints facing K-12 public schools due to a number of factors, including reduced federal resources, challenging state fiscal environments, and shifts in enrollment and student needs.[496] By eliminating the HSPPS for children with disabilities, the Proposed Rule will decrease the quality and consistency of interventions for children with disabilities, which could shift additional burdens and challenges to public schools.

Requiring English-only education will lead to worse English-language acquisition for students entering K-12 schools.[497] Access to dual language education for DLLs is associated with faster English acquisition, higher scores in math and reading and faster exit from English Learner classification in K-12.[498]

8. Communities.

Decreasing the quality, scope, and type of services that Head Start provides threatens to reduce enrollment in Head Start. Parents will not leave their very young children with programs unless they are confident that their children will be safe, well-cared for, and supported to learn and grow. Parents will also not leave their very young children with other adults they cannot communicate with.

Decreases in enrollment would undermine the continued funding of Head Start classrooms, and may even force Head Start programs to close.

The funding that Head Start programs use to operate classrooms and provide services for all members of their community are based on the ongoing enrollment and attendance of eligible children. To retain funding, each Head Start program must enroll 100 percent of the children they are funded to serve.[499] When a program's enrollment or attendance decreases, its annual funding and funded enrollment also decreases, meaning that in subsequent years there are fewer

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[495] National Center for Education Statistics, *Students With Disabilities*, U.S. Department of Education, Institute of Education Sciences: Annual Reports and Information Staff (May 2024), https://nces.ed.gov/programs/coe/indicator/cgg [https://perma.cc/CGT3-QX5N].

[496] Linea Harding, Indira Dammu, and Bonnie O'Keefe, Under Pressure: The Factors Squeezing K-12 Budgets – and How States and Advocates Can Respond (Nov. 2025), https://bellwether.org/publications/under-pressure/?activeTab=1 [https://perma.cc/X4J7-QMVK].

[497] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence From Lottery Data*, 54 American Educational Research Journal 282S–306S (2017), https://journals.sagepub.com/doi/abs/10.3102/0002831216634463; Ellen J. Serafini, Nadine Rozell & Adam Winsler, *Academic and English Language Outcomes for DLLs as a Function of School Bilingual Education Model: the Role of Two-Way Immersion and Home Language Support*, 25 International Journal of Bilingual Education and Bilingualism 552, 552–570 (2019), https://www.tandfonline.com/doi/full/10.1080/13670050.2019.1707477; Ilana M. Umansky & Sean F. Reardon, *Reclassification Patterns Among Latino English Learner Students in Bilingual, Dual Immersion, and English Immersion Classrooms*, 51 American Educational Research Journal 879, 879–912 (2014), https://edpolicyinca.org/sites/default/files/2024-10/umansky-reardon-2014-reclassification-patterns-among-latino-english-learner-students-in-bilingual-dual-immersion-and.pdf [https://perma.cc/C4KV-4YBS].

[498] Jennifer L. Steele et al., *Effects of Dual-Language Immersion Programs on Student Achievement: Evidence From Lottery Data*, 54 American Educational Research Journal 282S–306S (2017), https://journals.sagepub.co

[499] 42 U.S.C. 9837(g); *see* 42 U.S.C. 9836a(h) (requiring monthly reporting on "actual enrollment").

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Head Start spots available for members of that community. Because each funded slot contributes to the operating costs, even an enrollment decrease of just a few children can result in the loss of sufficient funds for a teacher's salary, and cause a classroom to be eliminated. Larger decreases in enrollment could force Head Start programs to close altogether.

Additionally, the proposal will likely exacerbate the Head Start teacher shortage because based on ACF's own predications, teachers will need to serve more children and will paid less for doing so. Where there is no teacher available, a Head Start classroom cannot remain open.

Communities in every corner of the nation are dependent on Head Start providing high-quality services to the nation's poorest and most vulnerable, and the impact of denigrating these services will have cascading effects.

Conclusion

We urge the Department to immediately withdraw its current proposal and instead dedicate its efforts to advancing policies consistent with the statute that strengthen—rather than undermine—the ability of Head Start to effectively prepare children from low-income families to succeed in school through its evidence-based comprehensive services model.

This comment includes numerous citations supporting research and relevant documents, including direct links for the benefit of the Department's review. We request that the full text of each of the items cited, along with the full text of this comment, be considered part of the administrative record in this matter for purposes of the Administrative Procedure Act.

Thank you for the opportunity to comment on this regulation.

Sincerely,

Kari King

Kari King
President & CEO
Pennsylvania Partnerships for Children