

October 6, 2026

Submitted via [Regulations.gov](https://www.regulations.gov)

The Honorable Robert F. Kennedy, Jr.
Secretary of United States Department of Health and Human Services
Washington, D.C. 20201

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

Dear Secretary Kennedy,

We write on behalf of the American Civil Liberties Union, ACLU of Washington, ACLU of Illinois (collectively, ACLU), and the Impact Fund in response to the Department of Health and Human Services' (the Department) Notice of Proposed Rulemaking (Proposed Rule) to express our **strong opposition** to the changes proposed to the Head Start Program Performance Standards (HSPPS), published in the Federal Register on August 7, 2026. The Proposed Rule is illegal in its entirety and should be withdrawn.

The HSPPS have been relied on for over 50 years to establish the services necessary to attain the objective of the Head Start program to provide high-quality comprehensive early childhood education that meets the diverse needs of young children. The Proposed Rule will create significant confusion for Head Start programs, their staff, and participating families by upending settled expectations about what services programs must provide. And it will create significant inconsistency in the core components of Head Start programs across, within, and between states. As a whole, the Proposed Rule undercuts the congressional mandate to provide standardized, scientifically based practices to ensure high-quality education and comprehensive services for all children and families by eliminating standards for educational services, health and nutrition, parental involvement, and transition activities.

By eliminating the overwhelming majority of the HSPPS and adding new burdensome requirements, the proposed changes would violate the Head Start Act and civil rights laws. If the Proposed Rule is finalized, the Department acknowledges it will lead to larger class sizes, fewer teachers, coaches, and home visitors, less qualified staff, shorter program days, and reduced health, dental, and mental health care, home visits, and other services. But the Proposed Rule fails to consider the consequences of these and other changes, which will reduce the quality, scope, and type of services required to be provided by Head Start programs. The Proposed Rule does not even attempt to quantify or consider the negative impact on educational, health, and developmental outcomes for Head Start children. Nor does the Proposed Rule consider the particularly harmful consequences of these changes on children from historically marginalized communities—the very children Head Start was designed to serve. The Proposed Rule—particularly the English-only mandate and new verification requirements—undermines programs' ability to identify and serve children with the highest needs and interferes with programs' ability to offer services to children with different backgrounds.

The justifications offered for the Proposed Rule’s fundamental changes to Head Start—increased flexibility and parental choice—are contradicted by the experiences of Head Start programs and families as well as the weight of the policy evidence. Head Start is already designed to be a program that is driven locally and is responsive to community needs while also providing families with clear expectations and consistent experiences concerning what supports and services they should receive. The Proposed Rule would *add* burdens to Head Start programs and reduce the opportunities for parents to influence and be full partners in their child’s education.

The Department proposed these changes without undertaking the consultations and considerations required by Congress and contrary to the explicit requirement in the Head Start Act that modifications to the standards must not reduce the quality, scope, or type of Head Start services. In doing so, the Proposed Rule ignores the widely accepted research and experience of experts in the field, including HHS’s own prior expertise.

In sum, the rule would fundamentally change Head Start as the United States has known it for more than six decades, denying children the opportunity to learn and their families the opportunity to thrive, and massively lowering the quality bar. It would do so in a way completely unsupported by research, even though reliance on research has been a cornerstone of Head Start policy and practice throughout the program’s history.

I. Interests and Expertise of ACLU and Impact Fund

For more than 100 years, the ACLU has been our nation’s guardian of liberty, working in courts, legislatures, and communities to defend and preserve the individual rights and liberties that the Constitution and laws of the United States guarantee to everyone in this country. With more than six million members, activists, and supporters, the ACLU is a nationwide non-partisan public-interest organization that fights tirelessly in all 50 states, Puerto Rico, and Washington, D.C. to advance the principle that every individual’s rights must be protected equally under the law, regardless of race, religion, gender, sexual orientation, gender identity or expression, disability, national origin, citizenship status, or record of arrest or conviction. The ACLU of Washington and the ACLU of Illinois are state affiliates of the ACLU.

The Impact Fund is a non-profit legal organization working to achieve economic, environmental, racial, and social justice through strategic litigation. Impact Fund provides funding, offers innovative training and support, and serves as counsel for impact litigation across the country.

The ACLU and the Impact Fund represent individuals and communities who will be impacted by the Proposed Rule, including Head Start providers, staff, and parents and families of Head Start participants.

II. The Proposed Rule’s Elimination of the Vast Majority of the HSPSS Unlawfully Dismantles the Head Start Program that has Existed for 60 Years.

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

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

The Proposed Rule’s elimination of the vast majority of the HSPPS will gut the very provisions that make Head Start successful and harm the children and families the program serves. Making such far-reaching changes without adequately consulting Head Start families, program leaders, local governments, or experts, not only demonstrates complete disregard for people who depend on Head Start, it also violates the Head Start Act’s requirement to consult with experts in developing any modifications to the HSPPS.³

A. The Proposed Rule’s Elimination of Most Standards Conflicts with Congress’s Directions to the Department in the Head Start Act.

Congress mandated that the Secretary establish “program performance standards by regulation.”⁴ The HSPPS establish a uniform and comprehensive national baseline for the services and supports children and families can expect, regardless of where they live, ensuring that every Head Start program provides high-quality services that will lead to greater success in school and in life for their participants. The HSPPS provide crucial regulatory clarity and transparency so that Head Start agencies understand the operational requirements, and allow for mechanisms through which programs will be held accountable for meeting these requirements.⁵ 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”⁶ of young children and have played a central role in the Head Start program

¹ Head Start Program Information Report 2024-2025. All programs included (HS, EHS, EHS-CCP, AIAN, Migrant & Seasonal).

² *See generally*, Chloe Gibbs, Head Start Evidence, <https://www.chloegibbs.com/head-start-impact> (last visited Aug. 1, 2026) (compiling studies).

³ 42 U.S.C. § 9836a(a)(2)(A).

⁴ 42 U.S.C. § 9836a(a)(1).

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

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

since the 1970s.⁷ The clarity and uniformity of the HSPPS is important to establishing program quality, addressing state-to-state disparities, and developing standards for early childhood education overall.

In the Head Start Act, Congress directed what process the Department must use in modifying the HSPSS and what content the HSPPS must contain. First, “[i]n developing any modifications to standards,” the Department must undertake specific consultations and take into consideration specific topics, and ensure the HSPPS are scientifically based.⁸ Second, any modifications to the content of the HSPPS, must not reduce or eliminate the quality, scope, or type of services that were required to be provided under prior versions of the HSPPS⁹—a direction every Congress has included since the HSPPS were first published in 1975.¹⁰ Third, the HSPPS must address particular needs of children and families 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 agricultural worker families.¹¹ Fourth, HSPPS must include fair, transparent, and consistent mechanisms through which programs will be held accountable for meeting these requirements.¹²

1. The Proposed Rule Conflicts with Congress’s Direction that the HSPPS be Scientifically Based to Ensure High-Quality Programs.

Congress mandated that the HSPPS be “scientifically based,”¹³ and that “[i]n developing any modifications to standards...the Secretary shall—consult with experts in the fields of child development, early childhood education, child health care, family services (including linguistically and culturally appropriate services to non-English speaking children and their families), administration, and financial management, and with persons with experience in the

⁷ Head Start Program, 61 Fed. Reg. at 57186; see Head Start Programs Performance Standards, 40 Fed. Reg. 27562 (June 30, 1975).

⁸ 42 U.S.C. § 9836a(a)(2).

⁹ 42 U.S.C. § 9836a(a)(2)(C).

¹⁰ Economic Opportunity Amendments of 1978, Pub. L. No. 95-568 § 10, 92 Stat. 2425, 2433 (1978) (“[a]ny revisions 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.”); Omnibus Budget Reconciliation Act of 1981, Pub. L. No. 97-35, § 651(b), 95 Stat. 499, 506 (1981) (same); Human Services Reauthorization Act, Pub. L. No. 98-558, § 108, 98 Stat. 2878, 2880 (1984) (“Any revision in such standards shall not result in the elimination 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.”); Human Services Amendments of 1994, 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.”); Community Opportunities, Accountability, and Training and Educational Services Act of 1998, Pub. L. No. 105-285 § 108, 112 Stat. 2702, 2714 (1998) (replacing “November 2, 1978” and inserting “the date of enactment of the Coats Human Services Reauthorization Act of 1998”); Improving Head Start for School Readiness Act of 2007, Pub. L. No. 110-134, § 8, 121 Stat. 1363, 1387 (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”).

¹¹ 42 U.S.C. § 9836a(a)(2).

¹² 42 U.S.C. §§ 9836(c)(8), 9836a(c).

¹³ 42 U.S.C. § 9836a(a)(1)(B).

operation of Head Start programs.”¹⁴ In order to fulfill this mandate and to ensure that programs are developmentally appropriate and that children participating in the program develop the knowledge and skills to succeed, the HSPPS have been deeply grounded in research.

Head Start has been a powerful force in improving the outcomes for children furthest away from opportunity because it is a research-based program, and its standards are determined in consultation with experts. 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.¹⁵ The HSPPS are the primary mechanism for ensuring high-quality programs. That is one reason why having minimum scientifically based standards for the provision of each component of Head Start services (education, health and nutrition, social services, family and community engagement, and mental health services) is core to Head Start.

Previous revisions of the HSPPS have been tightly tied to research and consultation, drawing from the expertise of committees made up of parents, practitioners, and researchers. The 1990s revision followed creation of 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 (OHS) 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 HSPPS.¹⁸ The 2024 modification to the HSPPS followed “extensive input” from policy and programmatic expert staff in OHS and other divisions within the Administration for Children and Families (ACF), many of whom were former Head start program directors, family services workers, teachers, and home visitors; OHS regional staff whose primary job is to directly oversee and support Head Start agencies; OHS staff who oversee Migrant and Seasonal Head Start (MSHS) and American Indian and Alaska Native Head Start (AIAN); training and technical assistance (TTA) experts;

¹⁴ *Id.* § 9836a(a)(2).

¹⁵ 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 Outcomes: A Meta-Analysis*, 18 *PLOS One* (2023).

¹⁶ Head Start Program, 61 Fed. Reg. 57186.

¹⁷ Head Start Performance Standards, 81 Fed. Reg. at 61304 (“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 (July 2, 2026), <https://acf.gov/archive/opre/project/national-academy-sciences-study-early-childhood-assessment-2006-2008> [<https://perma.cc/7ESB-GL7L?type=image>].

and child development experts.¹⁹ Additionally, the Department reviewed many research reports, held Tribal consultations, and fielded a survey of grant recipients.²⁰

The arbitrary nature of the current proposal, with no advance consultation and no research grounding, greatly contrasts with the agency’s past practice. There have been many milestones in the evolution of the HSPPS since their first iteration in 1972 to refine and specify the qualifications and elements of the various service areas, across education, health, nutrition, social services, and mental health. None of these revisions have ever substantively altered the Head Start model, that is, the types of services children and families receive: education, health, dental, family engagement, social services, and mental health. Each revision has generally been targeted to improve or update specific dimensions of the program (e.g., workforce credentials), with the exception of the 2016 updates which made changes throughout the standards to incorporate 30+ years of child development research that had been generated since the first iteration of the HSPPS in the 1970s. Importantly, even the 2016 updates did not fundamentally change the Head Start model or remove any service requirement.

The Proposed Rule fails to explain why the proposal is consistent with Congress’s directions in the Head Start Act that the HSPPS provide comprehensive, scientifically based 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 December 12, 2007.”²¹ In fact, nowhere does the Department even acknowledge this obligation nor discuss what standards were “in effect on December 12, 2007”²²

2. The Proposed Rule Conflicts with Congress’s Direction to Ensure Modifications to the HSPPS do not Reduce the Quality, Scope, and Type of Comprehensive Services that Head Start Programs are Required to Provide.

Core to the Head Start program is its “whole child” approach, built on scientific research 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.²³ In the words of Sargent Shriver, “[A] comprehensive approach is what has made our Head Start program such a nationwide success. . . . [T]he basic components which make Head Start unique should not be abandoned,

¹⁹ Supporting the Head Start Workforce and Consistent Quality Programming, 89 Fed. Reg. 67720 (Aug. 21, 2024).

²⁰ *Id.*

²¹ 42 U.S.C. § 9836a(a)(2)(C)(ii).

²² *Id.*

²³ 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).

reduced in size, or limited in any way!”²⁴ 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.”²⁵

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.”²⁶ In developing any modifications to these required standards, the Secretary must “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 December 12, 2007.”²⁷ These performance standards ensure the scope and quality of these services nationwide through establishing clear and measurable expectations for what services 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.²⁸

3. The Proposed Rule Conflicts with Congress’s Direction that the HSPPS Address the Needs of Head Start’s Diverse Participants.

The Head Start Act requires HHS to establish standards on how Head Start programs must meet the needs of Head Start’s diverse participants. Congress required HHS to ensure that the content of the standards take into consideration the needs of non-English speaking children and their families, children with disabilities, homeless children, children in foster care, and agricultural families.²⁹ Congress directed HHS to establish policies and procedures to “ensure the provision of early intervening services, such as educational and behavioral services and supports” and “to ensure the provision of special education and related services and early intervention services...to meet the special needs of such children.”³⁰ Congress directed HHS to “identify barriers that prevent children of migrant and seasonal farmworkers who are eligible for Head Start services from accessing Head Start services and develop a plan for eliminating such barrier.”³¹ Congress directed HHS to “issue rules to establish policies and procedures to remove barriers to the enrollment and participation of homeless children in Head Start programs.”³² To ensure high-quality Head Start programs for infants and toddlers, HHS must establish standards for home visitor staff.³³ And because serving families is a core component of Head Start, HHS must have standards to ensure quality and effectiveness of family services workers.³⁴

²⁴ “Keeping Head Start a ‘Nationwide Success,’” Sargent Shriver Peace Institute (Aug. 14, 2026), <https://www.sargentshriver.org/blog/keeping-head-start-a-nationwide-success>.

²⁵ 42 U.S.C. § 9833; *see also* 42 U.S.C. § 9831.

²⁶ 42 U.S.C. § 9836a(a)(1)(A).

²⁷ *Id.* at § 9836a(a)(2)(C).

²⁸ 45 C.F.R. §§ 1302.102, 1302.30.

²⁹ 42 U.S.C. § 9836a(a)(1)(B)(x), (a)(2)(B)(iv), (a)(2)(B)(x).

³⁰ 42 U.S.C. § 9835(d)(2), (3).

³¹ 42 U.S.C. § 9844(l)(1)(B).

³² 42 U.S.C. § 9835(m).

³³ 42 U.S.C. § 9840a(i).

³⁴ 42 U.S.C. § 9843a(d)(3).

4. Eliminating the Vast Majority of the HSPPS Conflicts with Congress’s Direction that HHS use the Standards to Monitor Head Start Quality and Safety.

In the Head Start Act, Congress identified monitoring as necessary to “ensure the successful operation of programs”³⁵ and “help the programs identify areas for improvement and areas of strength as part of their ongoing self-assessment process.”³⁶ Thus, Congress instructed the Secretary to “determine whether Head Start agencies meet *standards* described in subsection (a)(1) established under this subchapter with respect to program, administrative, financial management, and other requirements.”³⁷ Therefore, under Congress’s design, the HSPPS 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.”³⁸ The current HSPPS on monitoring provide further clarity.³⁹

Congress also directed the Department to 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*.”⁴⁰ Because the HSPPS, 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 HSPPS meets this goal. The HSPPS implement a Designation Renewal System (DRS) by establishing the procedures⁴¹ and clear conditions that can justify requiring an agency to re-compete to be designated as a Head Start agency.⁴²

Because under the proposal the HSPPS would no longer establish requirements for providing a high quality and comprehensive Head Start program, monitoring for compliance with the revised HSPPS would no longer ensure high-quality programs. The elimination of the vast majority of the HSPPS therefore conflicts with Congress’s instruction that HHS use monitoring and DRS to ensure Head Start agencies are offering high-quality programs.

The proposal’s elimination of the vast majority of the HSPPS, including the standard on monitoring,⁴³ makes it a less transparent and less reliable system of review. Indeed,

³⁵ 42 U.S.C. § 9840a(g)(1).

³⁶ 42 U.S.C. § 9836a(c)(1).

³⁷ *Id.* (emphasis added).

³⁸ 42 U.S.C. § 9836a(c)(2)(G).

³⁹ 45 C.F.R. § 1304.2(a) (explaining that if through monitoring, HHS 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.”).

⁴⁰ 42 U.S.C. § 9836(c)(1) (emphasis added).

⁴¹ 45 C.F.R. § 1304.15.

⁴² 45 C.F.R. § 1304.11.

⁴³ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. 51248, 51279 (Aug. 7, 2026).

although the Department “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.⁴⁴ Because the proposal does not provide standards on monitoring, even the Department “cannot predict or quantify how competition outcomes may change until monitoring protocols are aligned with a final rule.”⁴⁵ The proposal also eliminates the current requirement that the Department “will give notice to grant recipients on Designation Renewal System status...at least 12 months before the expiration date of a Head Start agency’s current grant, stating” whether or not an agency will be required to compete for funding, and if so, identifying why.⁴⁶

B. The Proposed Rule Undermines Implementation of the Head Start Act.

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 1975.⁴⁷ 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 HSPPS 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. Rather than merely establishing “procedural mandates” as the Department claims,⁴⁸ the HSPPS establish the very substance of the Head Start program.

We have consistently heard directly from Head Start programs that they rely on the HSPPS to comprehensively and clearly lay out the legal requirements for operating a Head Start program. If they have a question, they know they can consult the HSPPS. By removing so many of the standards from HSPPS, the Proposed Rule would increase the uncertainty for Head Start programs – many of which are small non-profit organizations without full-time legal counsel. And it will increase legal risk to Head Start programs because the Department will no longer provide clarity on how to meet statutory obligations. In order to navigate this increased uncertainty and legal risk, Head Start programs will be forced to expend resources (both staff time and funding) on understanding and interpreting for themselves the Head Start Act.

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 the pieces that are eliminated from the HSPPS will be less likely and less consistently provided by Head Start agencies, even if they are required elsewhere.

⁴⁴ *Id.* at 51315.

⁴⁵ *Id.*

⁴⁶ 45 C.F.R. § 1304.15(c).

⁴⁷ Head Start Programs Performance Standards, 40 Fed. Reg. at 27562 (purpose of the regulations is to provide “program performance standards necessary and required to attain those objectives” of the Head Start program).

⁴⁸ Reducing Federal Burden for Head Start, 91 Fed. Reg. at 51250.

Indeed, the Department appears to appreciate that one of the roles of regulatory guidance is to “highlight the importance” of an issue.⁴⁹ And the Department has long recognized that providing clear standards that are easy for Head Start agencies to use contributes to quality services.⁵⁰ The Department fails to explain why it no longer believes clear standards are important for quality. It also does not explain why clear standards are important for nutrition but not for Head Start’s other components including education, parental involvement, and health.

The Department incorrectly asserts that the HSPPS are largely duplicative of statutory requirements and “overly prescriptive [and] constrain flexibility.”⁵¹ 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.”⁵² It means that families who move between communities and states can transition between programs and 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.

III. The Proposed Rule Destabilizes Head Start Programs and Threatens Their Capacity to Operate at All.

A. The Proposed Rule Eliminates the Guarantee that Head Start Programs will have Funding to Provide Comprehensive Services.

Funding for each Head Start program is based on “the approved costs of the assisted program or activities.”⁵³ The Head Start Act requires that the Secretary “shall establish by regulation, criteria for determining... the total costs of such program.”⁵⁴ The HSPPS do this by instructing each Head Start agency to “[d]etermine the costs to develop and administer its program” and “categorize total costs as development and administrative or program costs.”⁵⁵ 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*

⁴⁹ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51269 (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.”).

⁵⁰ *See, e.g.*, Head Start Program, 61 Fed. Reg. at 57190; *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.”).

⁵¹ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51248.

⁵² 42 U.S.C. § 9836a(c)(2)(G).

⁵³ 42 U.S.C. § 9835(b).

⁵⁴ 42 U.S.C. § 9839(b).

⁵⁵ 45 C.F.R. §1303.5(a)(2)(i), (ii).

Standards (45 CFR part 1304).”⁵⁶ 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 HSPPS 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 removes any definition of what those program component services include.⁵⁷ 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 Proposed Rule repeatedly states that programs may choose to provide services that the HSPPS would no longer require, no language in the Proposed Rule requires the Department to fund services because a Head Start program believes that is what is best for their community.⁵⁸

B. A Blanket 5% Administrative Cap is Unlawful and Unworkable for Most Head Start programs.

The Proposed Rule would also 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.⁵⁹ This is a massive change. The preamble acknowledges that currently, only 3.7 percent of programs operate at or below a 5 percent administrative cost threshold. The Department does not explain its basis for believing that a 5 percent cap on development and administrative costs is adequate for Head Start programs. This cap 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.⁶⁰ 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

⁵⁶ 45 C.F.R. § 1305.2 (emphasis added).

⁵⁷ Proposed Rule § 1301.20 at 51321-22.

⁵⁸ See generally 2 C.F.R. § 200.403(a) (allowable costs must be “necessary and reasonable for the performance of the Federal award”).

⁵⁹ Proposed Rule § 1301.14 at 51320.

⁶⁰ See 42 U.S.C. § 9839(b).

or more Head Start agencies of a common director and other administrative personnel.”⁶¹ The current regulation implements the Act’s 15 percent ceiling.⁶²

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”⁶³—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 that these changes “considered collectively” may allow programs to change the structure of their operations.⁶⁴ But the Department does not identify what changes it is relying on and admits it assessed these changes as “having marginal fiscal impact.”⁶⁵ 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.

C. The Proposed Rule Increases the 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 Head Start programs rely on to 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 conditions⁶⁶ but also for “any other measure as specified in the Head Start Act.”⁶⁷ The Proposed Rule 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 Proposed Rule 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.⁶⁸ The proposal also removes the procedural guardrails for when and how the Department can suspend Head Start programs.⁶⁹ These changes make Head Start programs less stable and increase opportunities for bias and favoritism.

⁶¹ *Id.*

⁶² 45 C.F.R. § 1303.5(a).

⁶³ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51299.

⁶⁴ *Id.*

⁶⁵ *Id.*

⁶⁶ 45 C.F.R. § 1304.11.

⁶⁷ Proposed Rule § 1301.16 at 51320.

⁶⁸ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51315.

⁶⁹ *Id.* at 51279 (citing 42 U.S.C. § 9841(a)(2), (5)); Proposed Rule § 1301.19 at 51321.

IV. The Proposed Rule's Would Unlawfully Weaken Head Start Programs' Ability to Meet the Diverse Needs of Children and Families.

The Proposed Rule undermines one of the core elements of Head Start: prioritizing children from families who are furthest away 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 who are part of families performing agricultural work.⁷⁰ The HSPPS 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 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.

A. The Proposed Rule Eliminates Requirements that Head Start 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 most in need, the Proposed Rule removes established protections Head Start programs and participants have relied on 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 Undermines Congress's Direction that Head Start Agencies Use Community Assessments to Ensure Programs Adequately Address Community Needs.

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.”⁷¹ The Head Start Act codifies this insight by requiring Head Start agencies to undertake “the communitywide strategic planning and needs assessment,”⁷² and requiring the Secretary to “ensure that reviews” of Head Start agencies include “a review and assessment of whether programs have adequately addressed population and community needs.”⁷³

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.⁷⁴ Additionally, the Proposed Rule removes Section 1302.11's requirement programs conduct community assessments at least

⁷⁰ 42 U.S.C. § 9836(d)(2)(L), (K), (O).

⁷¹ 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>].

⁷² 42 U.S.C. § 9836a(c)(2)(D); see 42 U.S.C. § 9835(g)(1)(C).

⁷³ 42 U.S.C. § 9836a(c)(2)(C).

⁷⁴ See Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51263-64, 51308.

once over the five-year grant period and 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."⁷⁵ 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 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.⁷⁶

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.⁷⁷ 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.⁷⁸ The removal of these provisions interferes 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 Would Decrease Recruitment and Enrollment from Underserved Communities.

The Proposed Rule eliminates the provisions of the current standards 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.⁷⁹ In doing so, the Department acknowledges "there may be costs to children and families," without addressing what those costs are or how programs can avoid such costs.⁸⁰ The removal of Section 1302.13 will undermine

⁷⁵ 45 C.F.R. § 1302.11(b).

⁷⁶ *Id.*

⁷⁷ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51264.

⁷⁸ *See* 45 C.F.R. § 1302.14.

⁷⁹ 45 C.F.R. § 1302.13.

⁸⁰ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51308.

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 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.⁸¹ Additionally, programs would no longer be allowed “to account for excessive housing costs” when determining eligibility⁸²—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.⁸³

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 their records to HHS upon request.⁸⁴ 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.⁸⁵

B. The Proposal Conflicts with Congress’s Direction that Head Start Programs Meet the Needs of Culturally and Linguistically Diverse Children and Pregnant Women.

The Proposed Rule eviscerates requirements for Head Start programs to provide culturally and linguistically appropriate services⁸⁶ and requires Head Start programs to adopt an English-only mandate.⁸⁷ Removing the current standards and imposing this new 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.

⁸¹ *Id.* at 51262, 51307.

⁸² *Id.* 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.*, it fails 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).

⁸³ Supporting the Head Start Workforce and Consistent Quality Programming, 89 Fed. Reg. at 67763.

⁸⁴ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51262-63.

⁸⁵ *Id.* at 51262.

⁸⁶ *Id.* at 51254 (noting 45 C.F.R. § 1302.50 under the proposed regulation is “removed”); *Id.* at 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.”).

⁸⁷ Proposed Rule § 1301.04(a); 91 Fed Reg at 51319.

The English-only mandate⁸⁸ 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, than dual language learners in English-only programs.⁸⁹ And the new English-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.⁹⁰ The combined effect of eliminating requirements for bilingual personnel and cultural competence while requiring all education to be only conducted in English, would reduce participation, weaken family engagement, delay identification of developmental concerns, and undermine school readiness outcomes for dual-language learners.

The Head Start Act requires programs to provide “linguistically and culturally appropriate” services that foster children’s learning and development.⁹¹ And in the Act, Congress requires alignment with the *Head Start Early Learning Outcomes Framework: Ages Birth to Five* ten separate times⁹²; one of its “guiding principles” is that effective teaching practices and learning experiences are responsive to children’s diverse cultural backgrounds.⁹³ 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 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.”⁹⁴ “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

⁸⁸ *Id.*

⁸⁹ 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://files.eric.ed.gov/fulltext/ED601890.pdf> [<https://perma.cc/78DT-M5N2>]; 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>].

⁹⁰ 45 C.F.R. § 1302.90.

⁹¹ See, e.g., 42 U.S.C. § 9836a(a)(2)(A).

⁹² 45 C.F.R. § 1305.2 (“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)).”)

⁹³ *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, Admin. for Child. & Fams., Office of Head Start at 3 (2015), <https://headstart.gov/sites/default/files/pdf/elof-ohs-framework.pdf> [<https://perma.cc/7FAQ-8HTL>]

⁹⁴ 45 C.F.R. § 1302.90(d)(1).

language.”⁹⁵ 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.”⁹⁶

These standards are based on robust research⁹⁷ that the Department itself has recognized: “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.”⁹⁸ The Department’s own data analysis concluded that in English vocabulary development, approaches to learning, and cognitive-social skills, dual language learners “appear to make greater gains than their peers during their time in Head Start.”⁹⁹ The Department’s own statements and academic literature both recognize that teaching American Sign Language (ASL) supports speech development and can support English language learning for all children, including deaf children.¹⁰⁰ 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.¹⁰¹

Recognizing “parents’ roles as children’s lifelong educators,”¹⁰² 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

⁹⁵ 45 C.F.R. § 1302.90(d)(2).

⁹⁶ 45 C.F.R. § 1302.80(f).

⁹⁷ 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://files.eric.ed.gov/fulltext/ED601890.pdf> [<https://perma.cc/78DT-M5N2>]; 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>].

⁹⁸ 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.

⁹⁹ 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>.

¹⁰⁰ Teaching American Sign Language to Infants and Toddlers, HeadStart.gov (last updated May 30, 2025); Using American Sign Language for Early Learning, HeadStart.gov (last updated April 4, 2025), <https://headstart.gov/publication/using-american-sign-language-early-learning> [<https://perma.cc/KSY5-WVVZ>]; Elena Pontecorvo et al., *Learning a Sign Language Does Not Hinder Acquisition of a Spoken Language*, 66 Journal of Speech, Language, and Hearing Research 1291, 1299–1301 (2023).

¹⁰¹ 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.

¹⁰² 45 C.F.R. § 1302.34(a).

information in an environment in which they feel safe.”¹⁰³ 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,¹⁰⁴ which is critical to children’s well-being and learning, including their mental health and behavior.¹⁰⁵ 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.¹⁰⁶

In 2024 to 2025, 27.7 percent of children enrolled in Head Start belonged to families whose primary language at home is not English.¹⁰⁷ For Migrant and Seasonal Head Start programs, 76.9% of enrolled children’s primary language at home is not English.¹⁰⁸ The numbers of dual language learners are increasing in Head Start programs in recent years.¹⁰⁹ Over 140 languages are spoken by Head Start children and families, and multilingual children are enrolled in 84 percent of Head Start programs.¹¹⁰ According to the Department’s study, the overwhelming

¹⁰³ 45 C.F.R. § 1302.50(b)(5).

¹⁰⁴ 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).

¹⁰⁵ 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).

¹⁰⁶ *Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs*, U.S. Dep’t of Health & Hum. Servs., Admin. for Child & Fams., at 3 (Nov. 13, 2020), <https://acf.gov/media/8113>.

¹⁰⁷ *Office of Head Start – Services Snapshot National All Programs (2024-2025)*, U.S.

Dep’t of Health & Hum. Servs., Admin. For Child & Fams., at 2-3, (last visited Aug. 22, 2026), [https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20\(2024-2025\).pdf](https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20(2024-2025).pdf).

¹⁰⁸ *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://files.eric.ed.gov/fulltext/ED680671.pdf>.

¹⁰⁹ *Dual Language Learners in Head Start Programs*, Office of Head Start (2024), <https://headstart.gov/sites/default/files/pdf/no-search/dual-language-learners-in-hs-infographic.pdf> (From 2019 to 2023, DLL enrollment in Head start programs increased 12.5%).

¹¹⁰ *Dual Language Learning: What Does It Take? Head Start Dual Language Report*, U.S. Dep’t of Health & Hum. Servs., Admin. For Child. & Fams., 5 (Feb. 2008), https://www.govinfo.gov/content/pkg/GOVPUB-HE23_1100-PURL-LPS124456/pdf/GOVPUB-HE23_1100-PURL-LPS124456.pdf.

majority of these children (92 percent) were born in the United States.¹¹¹ The Department also found that “[m]ore than half of parents of [dual language learners] in Head Start and Early Head Start report that they don’t understand English well or don’t understand it at all.”¹¹²

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 Act’s purpose and mandate for programs to provide “linguistically and culturally appropriate” services that foster children’s learning and development.¹¹³

As the Advisory Committee on Head Start Research and Evaluation 2012 Report explained, culturally and linguistically appropriate education and services are “the heart of the program.”¹¹⁴ The Proposed Rule is diametrically opposed to this “heart” of the Head Start program, as well as the Head Start Act, and the HSPPS that programs and families have relied on for decades.¹¹⁵

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 programs 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 14151¹¹⁶ 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.¹¹⁷

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

¹¹¹ *Report to Congress on Dual Language Learners in Head Start and Early Head Start Programs*, U.S. Dep’t of Health & Hum. Servs., Admin. For Child. & Fams., at 8, 40 (Nov. 13, 2020), <https://acf.gov/media/8113>.

¹¹² *Id.*

¹¹³ *See, e.g.*, 42 U.S.C. § 9836a(a)(2)(A).

¹¹⁴ *Advisory Committee on Head Start Research Evaluation: Final Report*, U.S. Dep’t of Health and Hum. Servs., Off. of Plan., Rsch. & Evaluation, Admin. for Child. & Fams., 95 (2012), https://acf.gov/sites/default/files/documents/opre/eval_final.pdf.

¹¹⁵ *Dual Language Learning: What Does It Take? Head Start Dual Language Report*, U.S. Dep’t of Health & Hum. Servs., Admin For Child. & Fams., 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).

¹¹⁶ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51274.

¹¹⁷ *Washington State Ass’n of Head Start & Early Childhood Assistance & Educ. Program v. Kennedy*, No. 2:25-cv-00781-RSM, 820 F. Supp. 3d 1178 (W.D. Wash. 2026).

the Head Start Child Outcomes Framework, which as noted above, requires specific attention to creating learning environments that are supportive of children’s home background and language.

1. The Proposal Removes Head Start’s Guarantee of Full Participation to all Children with Disabilities and Suspected Delays.

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.”¹¹⁸ These laws do not reproduce all of Subpart F’s specific duties for all Head Start programs and the children enrolled in them. This proposal would reduce the scope of services Head Start programs have to provide to children with disabilities and suspected delays, such as providing individualized services while a child is being evaluated for Individuals with Disabilities Education Act (IDEA) eligibility, assisting parents to obtain services under the IDEA, and providing transportation for children with disabilities.¹¹⁹ 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.¹²⁰

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.¹²¹ 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.¹²² For children with disabilities, the HSPPS ensure inclusive and accessible classrooms, individualized assessments, resources, and services (including accessible transportation).¹²³ For students with mental health disabilities, the HSPPS ensure agencies use a multi-disciplinary approach that promotes “mental health and social and emotional well-being,” provides ongoing mental health consultation, and builds community partnerships to facilitate additional mental health resources.¹²⁴ 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.¹²⁵

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.¹²⁶ 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

¹¹⁸ Proposed Rule § 1301.10; 91 Fed. Reg. at 51319.

¹¹⁹ 45 C.F.R. § 1302.62; *Id.* § 1303.75.

¹²⁰ 91 Fed. Reg. at 51271.

¹²¹ 42 U.S.C. § 9835(d)(1).

¹²² 45 C.F.R. § 1302.14(a)(5).

¹²³ *Id.* §§ 1302.61, 1303.75(a), 1302.31(d).

¹²⁴ *Id.* §§ 1302.45(a)–(b), 1302.46.

¹²⁵ 45 C.F.R. § 1302.61.

¹²⁶ 45 C.F.R. § 1302.33(a)(1).

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 suspected 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, 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.¹²⁷ Even if, as promised, the Secretary establishes these policies and procedures later, children with disabilities will be harmed by the wait.

The proposal also reduces the scope of services that Head Start programs must provide to children with disabilities and suspected 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. Removing this provision is contrary to the statute and removes access to services during a critical period of development. Moreover, the Proposed Rule removes Head Start's current explicit promise to ensure the full participation and inclusion of children with disabilities and support of their families no matter their IDEA eligibility. It also removes the series of steps programs must take to support children who have been found to have a significant delay but still are ineligible for IDEA. Removing these clear responsibilities leaves some children in a gap: they need help, but no agency or program would now have a clear obligation to make sure they receive it.

The proposal removes the requirement that all Head Start children receive a developmental screening within 45 days of enrollment, and removes the procedures for follow-up after screening, referral, ongoing assessment, and individualization. Broad statutory language in the Head Start Act about screening does not preserve the same clear, timely, and consistent process for all children. It also does not preserve the requirement to regularly assess all children frequently enough to individualize instruction and to identify possible disabilities that indicate a need for an IDEA referral throughout the program year. Delayed or inconsistent screening and assessment could cause children's needs and disabilities to be identified later or missed entirely. Children could then miss out on the services they need during the critical early years of development.¹²⁸ By removing the HSPPS on developmental screening, the Proposed Rule removes the broad scope of developmental screenings as well as the timeline, follow up, referral requirements, and family support during the process.

The proposal also eliminates the specific requirements for screening and assessing children who speak a language other than English. This includes assessing language skills in

¹²⁷ 42 U.S.C. § 9835(d).

¹²⁸ See, e.g., Christine Yoshinaga-Itano et al., *Reading Proficiency Trends Following Newborn Hearing Screening Implementation*, 148 *Pediatrics* 1, 2, 6–8 (2022) (demonstrating that hearing screenings led to significant improvements in reading proficiency of deaf and hard of hearing students).

English and the home language, conducting screenings and assessments in all domains in the language that best captures the child’s development, and using qualified bilingual staff or an interpreter to conduct the screenings and assessments. The Head Start Act includes broad language that developmental screening tools should be “accurate for the child being assessed, to the maximum extent practicable.”¹²⁹ It also says “measures” should be “developmentally, linguistically, and culturally appropriate for the population served,” “valid and reliable in the language in which they are administered,” and “provide for appropriate accommodations for children...who are limited English proficient.”¹³⁰ The Head Start Act does not tell programs how to actually apply these requirements consistently in practice for dual language learners.

The Proposed Rule also eliminates requirements to assist parents of children with disabilities in obtaining services for their children and to teach them how to navigate procedures under the IDEA.¹³¹ Losing access to this parental training will disadvantage children who must rely on their parents to advocate for services throughout their K-12 education. In addition, the Proposed Rule removes requirements that the Head Start program coordinate with the local agency in charge of implementing the IDEA, robbing the child of another ally and advocate.¹³² The Proposed Rule removes the requirement that Head Start programs ensure transportation for kids with disabilities regardless of IDEA eligibility.¹³³

Instead of providing clear guidance to make sure children with disabilities and suspected delays have equal access to education, the Proposed Rule 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 HSPPS 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 children with disabilities. Eliminating these standards, at the same time as HHS continues its efforts to eliminate diversity, equity, inclusion, and accessibility initiatives, is almost certainly 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.

2. The Proposal Conflicts with Congress’s Instruction that Head Start Meet the Needs of Children Experiencing Homelessness and In Foster Care.

Similarly, the Proposed Rule eradicates the HSPPS which require Head Start programs to 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 requirements¹³⁴—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,¹³⁵ no longer allowed to reserve a seat for

¹²⁹ 42 U.S.C. § 9837(f)(6).

¹³⁰ 42 U.S.C. § 9836a(b)(2)(A)-(F).

¹³¹ 45 C.F.R. § 1302.62.

¹³² *Id.* § 1302.63.

¹³³ *Id.* § 1303.75.

¹³⁴ Proposed Rule removes 45 C.F.R. § 1302.16(c)(1); *id.* § 1302.15(e); *id.* § 1302.12(i)(3).

¹³⁵ Proposed Rule removes 45 C.F.R. § 1302.13; *id.* § 1302.53(a)(2)(vi).

a homeless child or a child in foster care,¹³⁶ and may no longer guarantee that a child experiencing homelessness or in foster care can remain enrolled in Head Start if they move.¹³⁷

The Head Start Act requires Head Start agencies to “meet the needs of homeless children, including transportation needs, and the needs of children in foster care,”¹³⁸ 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.”¹³⁹ The HSPPS implement those statutory mandates. For example, the HSPPS 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 to support children if they transition to Head Start programs in other locations.¹⁴⁰

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.”¹⁴¹

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.¹⁴² 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.¹⁴³ As a result, Head Start programs will face greater challenges in meeting the needs of children experiencing 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.¹⁴⁴ 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

¹³⁶ Proposed Rule removes 45 C.F.R. § 1302.15(c).

¹³⁷ Proposed Rule removes 45 C.F.R. § 1302.15(b)(3).

¹³⁸ 42 U.S.C. § 9836(d)(2)(O).

¹³⁹ 42 U.S.C. § 9835(m).

¹⁴⁰ *See, e.g.*, 45 C.F.R. §§ 1302.15(b)(3), 1302.16(c), 1302.72(a).

¹⁴¹ 42 U.S.C. § 9836(d)(2)(O); 42 U.S.C. § 9835(m).

¹⁴² *See* Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51263-64, 51308.

¹⁴³ *Id.* at 51264.

¹⁴⁴ *Id.* at 51308; *See* 45 C.F.R. § 1302.15(b)(3).

immunization and other records and to get children immunized as soon as possible.¹⁴⁵ 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.¹⁴⁶ 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.”¹⁴⁷ In doing so, The Department 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.”¹⁴⁸ 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.

3. The Proposal Conflicts with Congress’s Direction that Head Start Support Children from Families Performing Agricultural Work.

The Proposed Rule also undermines the HSPPS requirements 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 HSPPS would no longer require Head Start programs “to support effective transitions to other migrant or seasonal Head Start” programs¹⁴⁹ 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.”¹⁵⁰

Children who migrate for their families’ agricultural work face unique challenges because of the nature of farmworkers’ critical labor to feed our nation, which fuels 42 percent of the national agricultural economy.¹⁵¹ 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 agricultural workers in 1969, expanded it to serve children of seasonal farmworkers in 1998, and “focused... on ways to make Head Start services more accessible to migrant and seasonal farmworker families” in 2007.¹⁵²

¹⁴⁵ 45 C.F.R. § 1302.16(c)(1).

¹⁴⁶ *Id.* § 1302.16(c)(2).

¹⁴⁷ 91 Fed. Reg. at 51272.

¹⁴⁸ *Id.* at 51313.

¹⁴⁹ 45 C.F.R. § 1302.72(c).

¹⁵⁰ *Id.* § 1302.34(b)(8).

¹⁵¹ *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/5SM5-URDY>].

¹⁵² 42 U.S.C. § 9835(a)(2)(B)(iii); 42 U.S.C. § 9832(17); *Migrant and Seasonal Head Start Report to Congress*, Office of Head Start, U.S. Dep’t of Health & Hum. Servs., at 1-2, <https://files.eric.ed.gov/fulltext/ED591071.pdf> [<https://perma.cc/UUA7-MUPK>] (last visited Oct. 6, 2026).

The proposal removes standards that 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.”¹⁵³ 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.¹⁵⁴ 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.”¹⁵⁵

Removing these standards, eliminating the consistency between Head Start programs within and across states, and increasing barriers to participation, including the new English-only mandate and elimination of self-attestations, will significantly undermine Congress’s direction that MSHS meet the needs of agricultural families.

4. The Proposal Conflicts with Congress’s Direction that Head Start Support 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.”¹⁵⁶ The HSPPS tailor the Head Start program to the unique needs of infants and toddlers,¹⁵⁷ and establish specific requirements for serving pregnant women and newborns.¹⁵⁸ 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.”¹⁵⁹ To 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.”¹⁶⁰ The performance standards tailor the Head Start program to the unique needs of infants and toddlers.¹⁶¹

¹⁵³ 45 C.F.R. § 1302.72(c).

¹⁵⁴ See 45 C.F.R. § 1302.21(c)(3).

¹⁵⁵ *Id.* § 1302.34(b)(8).

¹⁵⁶ *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>].

¹⁵⁷ 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).

¹⁵⁸ 45 C.F.R. § 1302.80.

¹⁵⁹ 42 U.S.C. § 9840a(a).

¹⁶⁰ *Id.* § 9840a(i)(1).

¹⁶¹ 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).

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.¹⁶² For example, integrating parenting support programs with basic health programming improves child cognitive development.¹⁶³

The Proposed Rule would impact access to Head Start for pregnant women, infants, and toddlers in numerous 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."¹⁶⁴ In doing so, The Department 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."¹⁶⁵

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.¹⁶⁶ 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.¹⁶⁷ 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 and emotional well-being, nurturing and responsive caregiving, and father, partner, or other family member engagement during pregnancy and early childhood.¹⁶⁸ 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.¹⁶⁹

¹⁶² *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).

¹⁶³ 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).

¹⁶⁴ 91 Fed. Reg. at 51272.

¹⁶⁵ *Id.* at 51313.

¹⁶⁶ 45 C.F.R. § 1302.80.

¹⁶⁷ *Id.*

¹⁶⁸ 45 C.F.R. § 1302.81.

¹⁶⁹ 45 C.F.R. § 1302.80.

The Proposed Rule removes the requirement that family child care Head Start programs have a child development specialist on staff.¹⁷⁰

As detailed in the comments of several Head Start Associations, the Proposed Rule would drastically diminish the standards and unlawfully reduce the quality, scope and type of services across the Head Start model including for education, health, safety, nutrition, parental involvement, and transition activities.

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 accountability¹⁷¹ are inaccurate and misplaced. State licensing laws serve a different purpose from the Head Start standards. "State licensing answers one question: What is the minimum set of standards required so children are not in danger? By contrast, Head Start asks: What conditions produce lifelong improvements for children's development, health, learning, and family well-being?"¹⁷² Therefore, the proposal would "replac[e] a set of standards meant to provide comprehensive, high-quality supports to instead only attend to basic standards necessary to ensure safety from harm."¹⁷³ Therefore, the proposal's changes to align Head Start standards with these state regulations would diminish the quality, scope, and type of services Head Start provides.

C. The Proposed Rule Diminishes Parental Authority

The Proposed Rule diminishes the authority of parents in shaping their child's Head Start education, promoting their child's health, and controlling their child's personally identifiable information. Combined with the changes that would reduce the quality, scope and type of family engagement, family partnership, and social services discussed above, these reductions in parental authority demonstrate that the Proposed Rule's assertion that "the rule reaffirms parental authority and strengthens opportunities for families to make meaningful decisions regarding their children's education and development"¹⁷⁴ is contradicted by the proposal itself.

Shared Governance:

The Proposed Rule weakens the role of parents in the governance of Head Start programs. The current HSPPS require that Head Start programs establish parent committees that are responsible for advising on the program's policies, activities, and services, communicating with the program's policy council and policy committee, and participating in the recruitment and

¹⁷⁰ 45 C.F.R. § 1302.23(e).

¹⁷¹ 91 Fed. Reg. at 51249-50.

¹⁷² Shantel Meek et al., *Lowering the Bar: An Analysis of How Replacing Head Start Standards with State Child Care Licensing Weakens Early Learning Across the United States*, The Children's Equity Project, Arizona State University at 5 (Aug. 2026), <https://cep.asu.edu/resources/An-Analysis-of-How-Replacing-Head-Start-Standards-with-State-Child-Care-Licensing-Weakens-Early-Learning-Across-the-United-States> [<https://perma.cc/S3PK-TY34>].

¹⁷³ *Id.* at 6.

¹⁷⁴ 91 Fed. Reg. at 51249.

screening of staff.¹⁷⁵ Additionally, the HSPPS include impasse procedures that describe the resolution process for what happens when the Policy Council, composed of majority parents, and the Governing Board do not agree.¹⁷⁶ These standards are eliminated in the Proposed Rule.

If the Proposed Rule is finalized, parent committees would be optional, and every Head Start parent will no longer have an opportunity to shape their child's Head Start program.¹⁷⁷ 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.”¹⁷⁸ By eliminating the impasse procedures, the proposal removes the required resolution process without replacing it, leaving governance disputes with no mandated path to resolution.¹⁷⁹ 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 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.¹⁸⁰

Health:

The proposal also reduces parents' roles in the health of their children. The current HSPPS require that Head Start programs collaborate with parents to promote their children's health by providing information on physical, oral, nutritional and mental health; opportunities to learn about environmental hazards, safe sleep, physical activity, mental health, and vehicle safety; and assistance in navigating through health and mental health systems.¹⁸¹ Under the Proposed Rule, programs would only have to provide opportunities to discuss nutrition, physical activity, and healthy eating. The Proposed Rule also includes a new requirement that programs specifically discuss “the negative health consequences of sugar sweetened beverages and grain-based desserts.”¹⁸²

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 obtain advance authorization from parents “for all health, mental health, and developmental procedures;” share emergency response policies with parents, or collaborate with parents in a “linguistically and culturally appropriate manner.”¹⁸³ Relatedly, the Proposed Rule also eliminates protections against inappropriate uses of sensitive evaluations and assessments.¹⁸⁴

¹⁷⁵ 45 C.F.R. § 1301.4(a), (b)(1).

¹⁷⁶ *Id.* § 1301.6.

¹⁷⁷ Proposed § 1301.01; 91 Fed. Reg. at 51262.

¹⁷⁸ 91 Fed. Reg. at 51262.

¹⁷⁹ 91 Fed. Reg. at 51251.

¹⁸⁰ 45 C.F.R. § 1301.3(e).

¹⁸¹ 45 C.F.R. § 1302.46.

¹⁸² Proposed Rule § 1301.08; 91 Fed. Reg. at 51319.

¹⁸³ 45 C.F.R. § 1302.41.

¹⁸⁴ 45 C.F.R. § 1302.33(d).

The Proposed Rule also removes the requirement for programs to establish and maintain a Health and Mental Health Services Advisory Committee that includes Head Start parents, professionals, and other volunteers from the community.¹⁸⁵

These changes undermine parental authority and opportunities to make meaningful decisions regarding their children's development.

Confidentiality and Parent Control Over Disclosure of Children's Personally Identifiable Information (PII):

The Head Start Act states that “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.”¹⁸⁶

The proposal removes the current regulations that “describe provisions programs must follow to protect the privacy of child records and to share data,”¹⁸⁷ including providing “requirements for parental consent and instances where disclosure of children's personally identifiable information (PII) without parental consent is allowable.”¹⁸⁸ In establishing these standards, the Department explained that “a direct replication of [Family Educational Rights and Privacy Act (FERPA)] would not be appropriate,”¹⁸⁹ because, 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.”¹⁹⁰ Thus, the HSPPS provide limits on disclosure of child information that are absent from FERPA.

The Proposed Rule reverses course, and only requires Head Start programs “establish policies, protections, and rights *equivalent* to those in FERPA.”¹⁹¹ This change would provide fewer protections for Head Start children and reduce parental rights. The current HSPPS applies to *all* “child records,”¹⁹² whereas FERPA's protections only apply to “education records,” which contain numerous exceptions.¹⁹³ Under the current HSPPS parents have the opportunity to challenge or refuse disclosure of information to other programs or schools in which their children are enrolled or seek to enroll¹⁹⁴; there is no equivalent right under FERPA. And under the current standards, Head Start programs are 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

¹⁸⁵ 45 C.F.R. § 1302.40.

¹⁸⁶ 42 U.S.C. § 9836a(b)(4)(A).

¹⁸⁷ Head Start Performance Standards, 81 Fed. Reg. at 61363.

¹⁸⁸ *Id.* at 61362.

¹⁸⁹ *Id.* at 61363.

¹⁹⁰ *Id.* 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).

¹⁹¹ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51273; Proposed Rule § 1301.12(b); 91 Fed. Reg. at 51320.

¹⁹² 45 C.F.R. § 1303.22; *Id.* § 1305.2 (Terms).

¹⁹³ 20 U.S.C. § 1232g(a)(4), (5).

¹⁹⁴ 45 C.F.R. § 1303.22(b).

longer needed for the purpose of the disclosure” when disclosure is made without parental consent to a federal or state entity.¹⁹⁵ Under FERPA, there is no equivalent obligation. The current HSPPS provide additional protections which would not exist under the new proposal, including: the requirement 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[;]”¹⁹⁶ limit disclosure to the minimum information necessary for the purpose;¹⁹⁷ allow parents to review written agreements with third-parties;¹⁹⁸ ensure web-based child-record systems are adequately protected and maintained according to current industry security standards;¹⁹⁹ nor destroy child records within a reasonable timeframe.²⁰⁰

Importantly, the proposal appears to create a mandate that Head Start programs make records of child eligibility “available to HHS upon request.”²⁰¹ 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.”²⁰² The Department does not explain why this new mandate is necessary. These changes undermine parental authority over their children’s sensitive information.

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

Head Start serves children in nearly every zip code in the United States. The proposed changes to Head Start would touch hundreds of thousands of children, pregnant women, and families currently served by Head Start. In 2025, 779,096 children and 13,671 pregnant women were served across 3,338 programs. The nearly 240,000 staff members whose work makes Head Start a success would also be significantly impacted.

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 well-being 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.

¹⁹⁵ *Id.* § 1303.22(c)(2).

¹⁹⁶ *Id.* § 1303.22(a)(4).

¹⁹⁷ *Id.* § 1303.22(f) (“[a] program must only disclose the information that is deemed necessary for the purpose of the disclosure”).

¹⁹⁸ *Id.* § 1303.23(e).

¹⁹⁹ *Id.* § 1303.24(b).

²⁰⁰ *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”).

²⁰¹ Compare Proposed Rule § 1301.02(e), 91 Fed. Reg. at 51319 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”).

²⁰² Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51262, 51308.

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 complete more years of schooling, earn more, and are healthier.²⁰³ These benefits pass on to the next generation—having a parent who attended Head Start leads to positive outcomes among their children, including educational attainment.²⁰⁴

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 Proposed Rule’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. We have heard from numerous Head Start programs that if the Proposed Rule’s 5% administrative cap is implemented, they would be unable to continue to provide Head Start, and at the very least it would undermine the stability and quality of their Head Start programs.

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 Department acknowledges that this change “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.”²⁰⁵ “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

²⁰³ 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 American Economic Review 999, 999-1012 (2002); Rucker C. Johnson, *School Quality and the Long-Run Effects of Head Start*, American Economic Association (2013); Jens Ludwig & Douglas L. Miller, *Does Head Start Improve Children’s Life Chances? Evidence From a Regression Discontinuity Design*, 122 The 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 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).

²⁰⁴ 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>].

²⁰⁵ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51285.

fixed administrative costs.”²⁰⁶ 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,”²⁰⁷ the Department rejected alternatives that would be less burdensome, such as exemption of small entities from the new cap, without any explanation.²⁰⁸

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 offers up 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.”²⁰⁹ 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 the Department will possibly consider and decide requests for waivers in a timely manner. Since laying off 60% of the OHS staff, likely unlawfully,²¹⁰ the Department has been unable to fulfill its basic obligations for the administration of Head Start in a timely manner.²¹¹ As a federal court found, the mass cuts of the Office of Head Start staff in April 2025 meant that “direct lines to any clarification and guidance from program directors and other Head Start oversight are non-existent or muddled by office closures and layoffs, resulting in program closures and instability.”²¹²

Before making such significant changes to Head Start, which rely on the availability of staff at OHS to develop and administer new processes and approvals, the Department should consider the current significant backlog of requests from Head Start programs, the implications for the Department’s ability to timely administer these new changes, and the exacerbation of delays that are already pushing Head Start programs to the brink of closure and undermining their ability to provide high-quality programs.

A recent national survey of 157 Head Start agencies who serve 55,516 children and expectant parents in 33 states reported increased delays in responses from the OHS—with decision times often *tripling* from previous practice—since HHS abruptly closed five Regional Offices and attempted to terminate more than half of the staff charged with administering the Head Start program.²¹³ These current delays put project, hiring, facilities, purchases, and other operational necessities on hold while waiting months with little communication or confusing and contradictory follow up requests from OHS.

²⁰⁶ *Id.*

²⁰⁷ 42 U.S.C. § 9839(c).

²⁰⁸ Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. at 51285.

²⁰⁹ *Id.* (emphasis added).

²¹⁰ *Washington State Ass’n of Head Start & Early Childhood Assistance & Educ. Program v. Kennedy*, 820 F. Supp. 3d 1178, 1186 (W.D. Wash. 2026).

²¹¹ See Washington State Association of Head Start & ECEAP & Together for Head Start, *Federal Delays are Harming Head Start Programs* (Aug. 2026), <https://wsaheadstarteceap.com/wp-content/uploads/2026/08/OHS-Responsiveness-Survey-Final-8.11.26.pdf>.

²¹² *Washington State Ass’n of Head Start & Early Childhood Assistance & Educ. Program v. Kennedy*, 820 F. Supp. 3d 1178, 1196 (W.D. Wash. 2026).

²¹³ Washington State Association of Head Start & ECEAP & Together for Head Start, *Federal Delays are Harming Head Start Programs* at 8-9 (Aug. 2026), <https://wsaheadstarteceap.com/wp-content/uploads/2026/08/OHS-Responsiveness-Survey-Final-8.11.26.pdf>.

Although an injunction prohibits the agency from terminating the federal staff, HHS has refused to allow the program staff to come back to work, instead paying them to remain on administrative leave. The agency has been unable to complete its most basic function in a timely manner—that is, sending the Notices of Award that allow Head Start agencies to continue to provide Head Start services for a new program year. As a result, Head Start programs around the country have not known whether they would be able to keep their doors open and have had to send out layoff notices. Head Start agencies are also experiencing significant delays in getting responses and approvals related to facilities, staff qualifications, carryover, budget revisions, purchase/expenditure approval, change in scope, and other fiscal issues.²¹⁴ These delays, which are already pushing Head Start programs up to the breaking point, are likely to increase if the 96.3% of Head Start programs that currently operate above the five percent administrative cap threshold become dependent on a waiver to continue to operate.

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’s removal of these standards threatens to 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.²¹⁵ Long-term analyses have found that children who participate in Head Start are significantly more likely

²¹⁴ *Id.* at 9-15.

²¹⁵ Nikki Aikens et al., *Getting Ready for Kindergarten: Children’s Progress During Head Start*, Office of Planning, Research and Evaluation, Admin. for Child. & Fams., U.S. Dep’t of Health & Hum. Servs. (June 2013), https://acf.gov/sites/default/files/documents/opre/faces_2009_child_outcomes_brief_final.pdf [<https://perma.cc/X22L-Q2E7>]; Anna D. Johnson et. al., *Public preschool predicts stronger third-grade academic skills*, AERA Open, 10 (Feb. 19, 2024) <https://doi.org/10.1177/23328584231223477>; Fuhua Zhai, *Head Start and urban children’s school readiness: a birth cohort study in 18 cities*, Developmental Psychology, 47(1), 134-152 (2011) <https://doi.org/10.1037/a0020784>; Michael Puma et al., *Head Start Impact Study: Final Report*, Admin. for Child. & Fam., U.S. Dep’t of Health & Human Servs., (Jan. 2010), https://acf.gov/sites/default/files/documents/opre/hs_impact_study_final.pdf [<https://perma.cc/RVQ9-S24K>].

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.²¹⁶

The immediate and long-term benefits of Head Start are reflective of the science of early childhood brain development. 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.²¹⁷

3. Removing the Standards on Health Will Jeopardize Children's Health Outcomes and Mental Well-being.

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 needs are addressed, acknowledging the key connection between health and learning.²¹⁸ Every year, through following the HSPPS, Head Start programs improve health outcomes for hundreds of thousands of families.²¹⁹ 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.²²⁰

By removing the HSPPS on health, the Department undermines the quality of a core component of Head Start's comprehensive services model.²²¹ Under the proposal, it is more likely that children will be off schedule with critical well-child visits and other medical services, health and developmental screenings used to identify health conditions or developmental delays will not occur or will occur late, treatment and appropriate services and follow-up will be delayed, health disparities will be exacerbated, and inconsistency in information and supports for

²¹⁶ 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>].

²¹⁷ 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>].

²¹⁸ *Overarching Competencies 1, 2, 3, and 7: Fundamental Values, Knowledge, and Skills to Manage Health Services – Head Start Health Servs. Competencies Course Transcript*, U.S. Dep't of Health & Hum. Servs., Admin. for Child. & Fams., Office of Head Start, <https://headstart.gov/sites/default/files/learning-modules-resources/fundamental-values-transcript.pdf> [<https://perma.cc/7MJS-CWFD>] (last visited July 23, 2026).

²¹⁹ 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)*, U.S. Dep't of Health & Hum. Servs., Admin. For Child & Fams., at 3-4 [https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20\(2024-2025\).pdf](https://www.headstart.gov/sites/default/files/PIR%20Links/All%20Programs%20(2024-2025).pdf) [<https://perma.cc/6CK6-F3J4>].

²²⁰ 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>.

²²¹ See, e.g., Sunny Patel, *Head Start is Essential for Early Childhood Mental Health*, Thrive Center for Children, Families, and Communities (2026), <https://thrivecenter.georgetown.edu/news/head-start-is-essential-for-early-childhood-mental-health/>.

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.

Families and communities trust that by enrolling in Head Start they will receive the best, most accurate information, screenings, and recommendations on how to keep their kids healthy and 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.

4. *By Lowering Wages, the Proposed Rule will Harm Quality.*

The Proposed Rule estimates it will result in a *reduction* of teacher compensation of 6.04%.²²² This is likely to lead to increased staff turnover, which would diminish the quality of Head Start programs. As the Department previously recognized, “Low wages and poor benefits,” especially when combined with “increased expectations and requirements for staff—are a key driver of rapidly increasing staff turnover among Head Start teachers and staff.”²²³ For instance, research has demonstrated that turnover among early care and education professionals is linked to worse cognitive and social developmental outcomes for children birth to age 5.²²⁴ That is because “[s]trong, stable relationships between young children and educators are the key to promoting early development.” Therefore, “[i]f programs cannot retain high-quality staff, these relationships are disrupted and outcomes for children and families are negatively impacted.”²²⁵

5. *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. The current standards of conduct related to child

²²² 91 Fed. Reg. at 51290.

²²³ Supporting the Head Start Workforce and Consistent Quality Programming, 89 Fed. Reg. 67720, 67721 (Aug. 21, 2024).

²²⁴ *Id.*

²²⁵ *Id.* (citing Bridget Hamre et al., *Evidence for General and Domain-Specific Elements of Teacher-Child Interactions: Associations with Preschool Children's Development*, 85 *Child Development* 1257 (2014); Rob Grunewald, Ryan Nunn, & Vanessa Palmer, *Examining teacher turnover in early care and education*, Federal Reserve Bank of Minneapolis (Apr. 29, 2022), <https://www.minneapolisfed.org/article/2022/examining-teacher-turnover-in-early-care-and-education>; Margaret Burchinal, Martha Zaslow & Louisa Tarulla, *Quality thresholds, features, and dosage in early care and education: Secondary data analyses of child outcomes*, 81 *Monographs of the Society for Research in Child Development* 1 (2016); Ji Young Choi et al., *Do Stability of Care and Teacher-Child Interaction Quality Predict Child Outcomes in Early Head Start?*, 30 *Early Education and Development* 337; Daphna Bassok et al., *The Effects of Financial Incentives on Teacher Turnover in Early Childhood Settings: Experimental Evidence from Virginia*, EdPolicyWorks at the University of Virginia (2021); Marcy Whitebook, Deborah Phillips & Carollee Howes, *Worthy Work, STILL Unlivable Wages: The Early Childhood Workforce 25 Years after the National Child Care Staffing Study*, Center for the Study of Child Care Employment (2014), <https://csce.berkeley.edu/publications/report/worthy-work-still-unlivable-wages/>; Marcy Whitebook et al., *Then & Now: Changes in Child Care Staffing, 1994-2000*, Center for the Child Care Workforce and Institute of Industrial Relations, University of California, Berkeley (2000), <https://csce.berkeley.edu/publications/report/then-and-now-changes-in-child-care-staffing-1994-2000/>; Claudia Hale-Jinks, Herman Knopf, & Kristen Kemple, *Tackling Teacher Turnover in Childcare: Understanding Causes and Consequences, Identifying Solutions*, 82 *Childhood Education* 219 (2006)).

safety allow OHS to hold a grantee accountable for corporal punishment or other abusive behaviors even when the conduct does not meet the criminal definition of abuse in the state, locality, or Tribe where the program operates. Moreover, 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 child-to-staff ratios, increase group size, and eliminate bus monitors without increasing risk to children.

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 Disabilities and Suspected Delays.

All Head Start programs must serve at least 10% of children with disabilities, with many programs serving an even higher percentage. In 2025, 50,089 children in Early Head Start and Head Start programs received evaluations to determine eligibility for early intervention or special education under the IDEA.²²⁶ Of these, 81.1% (40,626) became eligible for IDEA services.²²⁷ The Proposed Rule’s elimination of HSPPS for children with disabilities would remove the infrastructure needed to provide children with disabilities and suspected delays high quality inclusive learning opportunities, and will diminish the quality, scope and type of services provided to these children.²²⁸ The proposal’s elimination of small ratios and group sizes; access to regular early childhood mental health specialists; developmentally appropriate behavior guidance, social emotional support, and discipline policies; qualified disability coordinators; detailed professional standards of conduct; and more, also undermine the ability of Head Start programs to provide high quality inclusion.²²⁹ Children with disabilities who are also dual language learners will be harmed by the elimination of the current HSPPS that operationalize how to conduct valid assessments for dual language learners with potential disabilities.

The proposed changes would also mean that children with suspected or confirmed developmental delays and disabilities who are not eligible for services under IDEA will be left without needed supports. By removing the standard that directs 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),²³⁰ The Department’s proposal would create inconsistencies among Head Start programs

²²⁶ 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/>.

²²⁷ 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/>.

²²⁸ Xigrid Soto-Boykin et al., *Access and Inclusion for Children with Disabilities in Head Start: A Review of the Research and a Policy Comparison Between Head Start Standards and States*, The Children's Equity Project at Arizona State University (Sept. 2026) <https://cep.asu.edu/resources/access-inclusion-children-disabilities-head-start>.

²²⁹ *Id.*

²³⁰ 45 C.F.R. § 1302.60.

regarding whether they provide responsive and inclusive services to young children who are not eligible for IDEA services, and would hinder those programs that attempt to do so. This has the potential to leave an entire category of children without the developmentally-responsive services that will meet their unique needs.

The Proposed Rule's changes that undermine Head Start's ability to deliver high-quality services and supports for children with disabilities would also make Head Start less able to provide a setting in which children with disabilities receive education with non-disabled peers, which research indicates improves learning and social outcomes for both disabled and nondisabled children.²³¹ 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%.²³²

The English-Only mandate will also harm children with disabilities who are dual language learners, particularly deaf children. Research shows that dual language learners with disabilities benefit from interactions in their home language, and not having exposure to their home language has a negative effect on their social development and language acquisition in both their home language and English.²³³ This is also true for deaf and hard of hearing children who use ASL and learn two languages as bimodal bilinguals.²³⁴ As the Department recognizes, “ASL is the only language that is 100% accessible all the time to deaf and hard of hearing children.”²³⁵ Withholding sign language deprives deaf children of an accessible first language and exposes them to severe language deprivation, permanently impairing their language acquisition and their overall cognitive, academic, and social development.²³⁶ Because children who use ASL at home or are learning it from native speakers are dual language learners, the English-only mandate presents a grave threat to the language acquisition of deaf and hard of hearing children. Prohibiting the use of ASL in Head Start classrooms and programming forces all deaf and hard of hearing children to learn only via spoken communication—an approach that puts them at severe risk for significant language delays.²³⁷

²³¹ 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).

²³² *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 an inclusive early learning setting.).

²³³ Xigris Soto-Boykin et al., *Access and Inclusion for Children with Disabilities in Head Start: A Review of the Research and a Policy Comparison Between Head Start Standards and States*, The Children's Equity Project at Arizona State University (Sept. 2026), <https://cep.asu.edu/resources/access-inclusion-children-disabilities-head-start>.

²³⁴ Corina Goodwin and Diane Lillo-Martin, *Deaf and Hearing American Sign Language–English Bilinguals: Typical Bilingual Language Development*, 28 *Journal of Deaf Studies and Deaf Education* 350, 350–352, 357–358 (2023).

²³⁵ *Using American Sign Language for Early Learning*, headstart.gov (Apr. 4, 2025), <https://headstart.gov/publication/using-american-sign-language-early-learning> [<https://perma.cc/KSY5-WVVZ>].

²³⁶ Wyatt C. Hall, *What you don't know can hurt you: The risk of language deprivation by impairing sign language development in deaf children*, 21 *Maternal Child Health Journal* 961, 962–964 (2018).

²³⁷ See, e.g., Matthew L. Hall, Wyatt C. Hall, & Naomi K. Caselli, *Deaf children need language, not (just) speech*, 39 *First Language* 367, 369–373, 379, 386–387 (2019).

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 inclusive 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, coaching, and classroom staffing requirements that exist to support children with disabilities, despite the fact that research consistently shows that teacher knowledge and competencies are critical enablers of high-quality inclusion.²³⁸ Especially given that Head Start programs have been told that providing such training conflicts with the agency's ban on diversity, equity, and inclusion that can be the basis for denying a continuation grant to a Head Start agency,²³⁹ the proposed changes are likely to result in reduced training. 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, diminishing the quality of the program.

2. *Immigrant Families.*

The Proposed Rule's English-only requirement will harm the acquisition of English language skills by children who are dual language learners and will undermine their overall academic achievement.²⁴⁰ It will also exclude parents from forming strong family partnerships, which are key to children's well-being and learning.²⁴¹

²³⁸ Xigrid Soto-Boykin et al., *Access and Inclusion for Children with Disabilities in Head Start: A Review of the Research and a Policy Comparison Between Head Start Standards and States*, The Children's Equity Project at Arizona State University (Sept. 2026) <https://cep.asu.edu/resources/access-inclusion-children-disabilities-head-start>.

²³⁹ *Washington State Ass'n of Head Start & Early Childhood Assistance & Educ. Program v. Kennedy*, 820 F. Supp. 3d 1178, 1194 (W.D. Wash. 2026).

²⁴⁰ 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., *Two-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 (2019), <https://files.eric.ed.gov/fulltext/ED601890.pdf> [<https://perma.cc/78DT-M5N2>]; Lisa B. Hsin et al., *Relationship Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, *air.org* (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>].

²⁴¹ 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*, 1-10 (2024), <https://www.sciencedirect.com/science/article/pii/S0742051X24003172/pdf?md5=a6fe84d3dafa002d11b6be921963357&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*

Additionally, the proposal’s new mandate that Head Start programs make records of child eligibility “available to HHS upon request”²⁴² 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,²⁴³ this new mandate may deter families from enrolling in Head Start. This may 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.²⁴⁴

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 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, than dual language learners in English-only programs.²⁴⁵ Prohibiting dual language programs also will deprive dual language learners of the numerous developmental and educational benefits shown to occur when dual language learners become bilingual.²⁴⁶ Research

Efficacy, 89 Review of Educational Research 296, 296-332 (2019), <https://journals.sagepub.com/doi/10.3102/0034654318825437>.

²⁴² 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”).

²⁴³ See, e.g., Privacy Act of 1974; System of Records, 91 Fed. Reg. 37406, 37409 (June 23, 2026) (authorizing disclosure of TANF recipients’ and their family members’ personal information without prior consent “to another federal or grantee agency or entity 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).

²⁴⁴ See Pl. 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).

²⁴⁵ 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), <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., *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://files.eric.ed.gov/fulltext/ED601890.pdf> [<https://perma.cc/78DT-M5N2>]; Lisa B. Hsin et al., *Relationships Between Classroom Practices and Language and Development Among Dual Language Learner Infants and Toddlers*, air.org (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>].

²⁴⁶ 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*

on Head Start specifically shows that dual language instruction leads to higher English vocabulary skills than are obtained by those dual language learners instructed only in English.²⁴⁷

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, 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 partnerships.²⁴⁸ Parents' engagement with the school and school-family partnership are key to children's well-being and learning, including their mental health and behavior.²⁴⁹ 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.²⁵⁰

Furthermore, the English-only mandate will have disruptive impacts on the development of children's cultural identities. "[R]esearch 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."²⁵¹

The Department expects that approximately 1/3 of all non-tribal Head Start classrooms across the country—18,767 classrooms—primarily serve dual language learners.²⁵² In all of these classrooms, the proposal would require replacing the curricula, teaching materials, and books and educational toys that have non-English words.²⁵³ In the Department's estimate this would cost \$47 million. It would also require retraining or replacing over 34,000 teachers.²⁵⁴

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).

²⁴⁷ Elizabeth B. Miller, *Spanish Instruction in Head Start and Dual Language Learners' Academic Achievement*, 52 Journal of Applied Developmental Psychology 159, 159-169 (2017).

²⁴⁸ 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 & Teacher Education, 2024, article 104784; 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).

²⁴⁹ 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).

²⁵⁰ Teresa Eckrich Sommer et al., *Head Start, two-generation ESL services, and parent engagement*, 52 Early Childhood Research Quarterly 63, 63-73 (2020).

²⁵¹ 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-KHZZ>].

²⁵² 91 Fed. Reg. at 51287.

²⁵³ *Id.*

²⁵⁴ *Id.*

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 are critical, the Proposed Rule will threaten proven positive outcomes in academic achievement and overall well-being.²⁵⁵

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 for these families and, in turn, to 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.²⁵⁶ It has been shown to narrow racial disparities in educational achievement, particularly for Black children.²⁵⁷ 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.²⁵⁸ Head Start significantly improves dental screening for all Head Start children, and the positive impacts were particularly pronounced for Black and Hispanic children.²⁵⁹

Moreover, culturally and linguistically appropriate education is especially important for children of color. “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.”²⁶⁰ 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 HSPPS. Therefore, removing Head Start’s quality standards including requiring programs to 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.

²⁵⁵ 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 (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>].

²⁵⁶ 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>].

²⁵⁷ 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> [<https://perma.cc/E2NA-3F87>].

²⁵⁸ 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>].

²⁵⁹ Kyunghhee 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).

²⁶⁰ Christine Johnson-Staub, *Equity Starts Early Addressing Racial Inequities in Child Care and Early Education Policy*, CLASP, at 11 (2017), https://www.clasp.org/sites/default/files/publications/2017/12/2017_EquityStartsEarly_0.pdf [<https://perma.cc/VSL3-596N>].

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.²⁶¹ Therefore, uniform standards for suspension and expulsion are particularly important for Black and brown communities.

Indeed, these HSPPS 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 Hispanic, Black, and Indigenous families.²⁶²

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 American Indian and Alaska Native women being two times more likely to die of pregnancy-related causes than White women, and Black women being three times more likely.²⁶³ Black women are also approximately twice as likely to experience severe maternal morbidity compared with non-Hispanic White women.²⁶⁴ 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.²⁶⁵ Evidence points to multiple contributing factors, including unequal access to health insurance and high-quality prenatal and postpartum care, differences in hospital quality, barriers to culturally responsive care, and bias within healthcare systems.²⁶⁶ 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, Head Start helps families access services that promote healthier pregnancy outcomes and strengthen parents’ well-being as well as children’s health development.

²⁶¹ *Id.* at 13.

²⁶² *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.*

²⁶³ *Disparities and Resilience Among American Indian and Alaska Native Women Who Are Pregnant or Postpartum*, Ctrs. for Disease Control & Prevention (May 15, 2024), <https://www.cdc.gov/hearher/aian/disparities.html> [<https://perma.cc/QZV7-L7NY>]; *Working Together to Reduce Black Maternal Mortality*, Ctrs. for Disease Control & Prevention (April 8, 2024), <https://www.cdc.gov/womens-health/features/maternal-mortality.html> [<https://perma.cc/CM5S-7L9M>].

²⁶⁴ 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), <http://dx.doi.org/10.15585/mmwr.mm6835a3>.

²⁶⁵ Elizabeth A. Howell, *Reducing Disparities in Severe Maternal Morbidity and Mortality*, 61 *Clinical Obstetrics and Gynecology* 387, 387–399 (2018).

²⁶⁶ 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* 102557 (2025).

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

Early Intervention: Early developmental screenings and early intervention are crucial to support infants and toddlers with suspected or identified disabilities. Black and Latine 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.²⁶⁷ Therefore, the HSPPS requirement that all children in Head Start receive developmental screenings within 45 days of enrollment, making sure that children with suspected delays or disabilities are identified in a timely manner and given individualized support,²⁶⁸ is 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.²⁶⁹ 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.²⁷⁰ The 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.²⁷¹ 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.²⁷²

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

²⁶⁷ 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://www.academicpediatrics.net/article/S1876-2859\(15\)00171-0/abstract](https://www.academicpediatrics.net/article/S1876-2859(15)00171-0/abstract); *Supporting Our Youngest Learners: What We Know About Equity in Early Intervention*, The Education Trust (May 2021), <https://files.eric.ed.gov/fulltext/ED617579.pdf> [<https://perma.cc/SKZ9-XV43>].

²⁶⁸ 45 C.F.R. § 1302.33(a)(1).

²⁶⁹ Walter S. Gilliam, *Prekindergartners left behind: Expulsion rates in state prekindergarten systems*, Yale University Child Study Center (2005).

²⁷⁰ Richard A. Fabes, et al., *Exclusionary discipline in U.S. public pre-K programs: An initial look at the 2017–2018 CRDC data*, Arizona State University: The Children's Equity Project (2021), <https://cep.asu.edu/sites/g/files/litvpz916/files/2021-01/PEDS%20RESEARCH%20BRIEF%201.pdf> [<https://perma.cc/YJ96-2NPE>].

²⁷¹ U.S. Department of Education: Office for Civil Rights, *A First Look: Students' Access to Educational Opportunities in U.S. Public Schools* (2025), <https://www.ed.gov/media/document/2021-22-crdc-first-look-report-109194.pdf>.

²⁷² Daniel J. Losen & Amir Whitaker, *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 & the American Civil Liberties Union of Southern California, <https://www.aclu.org/report/11-million-days-lost-race-discipline-and-safety-us-public-schools-part-1> [<https://perma.cc/55D9-FWXM>].

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 to children of color and the loss of both short term and long-term evidence-based benefits.

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. The Proposed Rule, if finalized, will create meaningful inconsistencies in how maternal health supports, referrals, and programming are implemented. This is particularly problematic 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, particularly 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.²⁷³

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 forth 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

²⁷³ 45 C.F.R. § 1302.80.

- Counseling on pre- and post-natal mental health concerns including related to depression and birth trauma.

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 details of 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.²⁷⁴ 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.²⁷⁵ 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.²⁷⁶ 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.²⁷⁷ Maternal well-being is closely linked to children's healthy development.

²⁷⁴ *Preventing Pregnancy-Related Deaths*, Ctrs. for Disease Control & Prevention (Sept. 25, 2024), <https://www.cdc.gov/maternal-mortality/preventing-pregnancy-related-deaths/index.html> [https://perma.cc/W23Y-7TBN].

²⁷⁵ 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].

²⁷⁶ 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), <https://dspace.njstatelib.org/server/api/core/bitstreams/e42cae83-600e-4d64-8b83-8cce5dfa041f/content> [https://perma.cc/J68S-J2LE].

²⁷⁷ *Id.*

Research has found that home visiting services can improve prenatal, post-birth, and longer-term health and behavioral outcomes for both mothers and children.²⁷⁸ 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 center-based services, which in turn supports children's social-emotional development.²⁷⁹ Another study found that parents who participated in Early Head Start were more emotionally attuned and offered language and learning opportunities at higher rates than non-participating parents.²⁸⁰ 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, mental health supports, and in some cases access to doula care, benefit both maternal health and children's early development.

By rescinding components of the HSPPS related to supporting maternal health, the Proposed Rule would 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 Proposed Rule'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. In 2024, there was an increase in the number of mothers in the United States who received inadequate prenatal care and a decrease in the percentage of babies whose moms started prenatal care in the first trimester of pregnancy.²⁸¹ Data on maternal and infant health varies widely by region and demographic group; the Midwest and Southern United States have the highest rates of infant mortality in the country. The CDC reports infant and maternal mortality and morbidity rates vary significantly by race.²⁸² By changing the HSPPS and creating inconsistencies in how Early Head Start – a key federal maternal health program – is administered, the Department 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.

²⁷⁸ Ximena A. Portilla, *Beyond the Early Years: the Long-Term Effects of Home Visiting on Mothers, Families, and Children*, Office of Planning, Research & Evaluation, U.S. Department of Health and Human Services, <https://acf.gov/sites/default/files/documents/opre/opre-beyond-early-years-aug25.pdf> [<https://perma.cc/LUA6-2RX8>].

²⁷⁹ 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).

²⁸⁰ 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).

²⁸¹ *Changes in Timing of Prenatal Care Initiation: United States, 2021–2024*, Ctrs. For Disease Control & Prevention (Feb. 19, 2026), <https://www.cdc.gov/nchs/products/databriefs/db550.htm>.

²⁸² *Disparities and Resilience Among American Indian and Alaska Native Women Who Are Pregnant or Postpartum*, Ctrs. for Disease Control & Prevention (May 15, 2024), <https://www.cdc.gov/hearher/aian/disparities.html> [<https://perma.cc/CV54-EC8N>]; *Working Together to Reduce Black Maternal Mortality*, Ctrs. for Disease Control & Prevention (Apr. 8, 2024), <https://www.cdc.gov/womens-health/features/maternal-mortality.html> [<https://perma.cc/CM5S-7L9M>].

The Department'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. Indeed, 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 2.²⁸³

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 HSPPS related to Early Head Start home visiting and adding a new English-only mandate, The Department 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 the 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 HSPPS 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 HSPPS governing maternal health, infant health, child to staff ratios, bus monitors, and developmental screening will combine to be particularly harmful to vulnerable infants and negatively impact their development and well-being. The Proposal's elimination of the current requirement that Head Start programs use program funds to provide diapers and formula for enrolled children during the program day²⁸⁴ would also harm the health, hygiene, and safety of vulnerable infants.

Eliminating the child-to-staff ratios is particularly unsafe and harmful for infants who, obviously, require adequate adult supervision. 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 are essential.²⁸⁵

School bus transportation without bus monitors is especially unsafe for vulnerable infants, as there would be no adult available to address any emergencies that arise.

²⁸³ 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).

²⁸⁴ 45 C.F.R. § 1302.42(e)(1)

²⁸⁵ *Ratios and Group Sizes in Child Care Matter for Babies*, ZERO TO THREE (2025), https://www.zerotothree.org/wp-content/uploads/2025/02/ratios_brief-1.pdf [<https://perma.cc/X9QM-BB4X>].

6. *Children and Pregnant Women Experiencing Homelessness.*

Children experiencing homelessness will face additional barriers when the HSPPS related to serving them are rescinded. As discussed above, the new eligibility criteria will add bureaucratic paperwork requirements that will be especially burdensome on unhoused families and may lead to their exclusion. The Department's proposal hinders these families' ability to be recruited, enroll, and stay in Head Start. These changes will impede Head Start agencies' ability to meet their statutory obligation to prioritize these families.

Homelessness among pregnant and postpartum women and young children and their families is a significant, growing problem in the United States 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 2015-16.²⁸⁶

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 the Office of the Assistant Secretary for Planning and Evaluation within HHS 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.²⁸⁷ 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.²⁸⁸

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 to Head Start for families experiencing homelessness. 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.²⁸⁹

²⁸⁶ *Proposed Head Start Rule Eliminates Critical Protections for Children Experiencing Homelessness*, SchoolHouse Connection (Aug. 10, 2026), <https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2026/08/SHC-Head-Start-NPRM-Analysis.pdf> [<https://perma.cc/86MG-JTR5>].

²⁸⁷ Office of the Assistant Secretary for Planning and Evaluation, *Head Start Children and Families Experiencing Homelessness: Trends, Characteristics, and Program Services*, Dep't of Health & Human Servs. (2017), <https://aspe.hhs.gov/sites/default/files/private/pdf/258496/HeadStartHomelessFamilies.pdf> [<https://perma.cc/36B2-HK3K>].

²⁸⁸ Elise Chor, *Head Start, Household Instability, and Children's Externalizing Behavior Problems*, 10 AERA Open 1, 1-19 (2024), <https://files.eric.ed.gov/fulltext/EJ1455263.pdf> [<https://perma.cc/6EZX-P7HY>].

²⁸⁹ *Infants and Toddlers Experiencing Homelessness: Prevalence & Access to Early learning in Twenty States*, SchoolHouse Connection (2022), https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/imported-files/SHC_Infant-and-Toddler-Homelessness_2022.pdf [<https://perma.cc/9FYV-RNVB>].

“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.”²⁹⁰

Accessing resources can be particularly challenging to families who are experiencing homelessness in rural areas. According to OHS’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.

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,²⁹¹ prioritize those children for enrollment,²⁹² or make efforts to maintain a child’s enrollment even if the child moves.²⁹³ Nor will Head Start agencies have the authority to reserve spots for children in foster care.²⁹⁴

8. Children Living in Rural Communities.

Head Start plays an especially important role in rural communities. 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.

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

²⁹⁰ *Proposed Head Start Rule Eliminates Critical Protections for Children Experiencing Homelessness*, SchoolHouse Connection, at 2 (Aug. 10, 2026), <https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2026/08/SHC-Head-Start-NPRM-Analysis.pdf> [<https://perma.cc/86MG-JTR5>].

²⁹¹ 45 C.F.R. § 1302.13.

²⁹² *Id.* § 1302.14(a)(1).

²⁹³ *Id.* § 1302.15(b)(3).

²⁹⁴ *Id.* § 1302.15(c).

(22.4%), playing a key role in filling the gap in rural child care supply.²⁹⁵ In some rural counties, Head Start is serving upwards of 70% of children in poverty.²⁹⁶ For example, in Graham County, Arizona, around 84% of children under age 5 in poverty are served in Head Start programs.²⁹⁷ Head Start slots represent the significant majority (90.4%) of the share of total licensed child care slots in that county.²⁹⁸ In Lincoln County, Montana, Head Start serves around 7 in 10 children age 5 and living in poverty.²⁹⁹ In Braxton County, West Virginia, an estimated 88.8% of children 0 to age 5 in poverty are served in Head Start programs.³⁰⁰

Without Head Start, many rural communities would 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.”³⁰¹ 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.³⁰² 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 that percentage statewide.³⁰³

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.³⁰⁴ 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.³⁰⁵ A more recent analysis (2026) found that Head Start provides 30% or more of total child care capacity in 399 counties, 50% or more in 128 counties, and 100% of formal child

²⁹⁵ 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/> [<https://perma.cc/QNU7-3PLU>].

²⁹⁶ 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> [<https://perma.cc/DM3F-BT4D>].

²⁹⁷ *Id.* at 6.

²⁹⁸ *Id.*

²⁹⁹ *Id.*

³⁰⁰ *Id.*

³⁰¹ *America’s Child Care Deserts in 2018*, Center for American Progress (Dec. 6, 2018), <https://www.americanprogress.org/article/americas-child-care-deserts-2018/> [<https://perma.cc/8HFL-EVVY>].

³⁰² 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 [<https://perma.cc/QFJ9-RQY4>].

³⁰³ Linda K. Smith et al., *Rural Child Care Policy Framework*, Bipartisan Policy Center (2023), https://bipartisanpolicy.org/wp-content/uploads/2023/10/BPC_ECI-Rural-Child-Care-Framework_R05.pdf [<https://perma.cc/EB2H-M4WR>].

³⁰⁴ 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/ [<https://perma.cc/C4VB-NFWF>].

³⁰⁵ 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> [<https://perma.cc/X7XB-EDPH>].

care capacity in 7 counties.³⁰⁶ This analysis found that without Head Start, the child care 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.³⁰⁷ In rural communities, Head Start plays a critical role by conducting developmental screenings and connecting children to services when needed.

9. Children of Agricultural Workers.

Children whose parents are agricultural workers will be particularly harmed by the proposed changes to the HSPPS.

Because of their work, these families must move with more frequency, requiring transitions between Head Start programs. Therefore, they will be particularly harmed by the proposal to eliminate the uniform, minimal standards for services every Head Start program must provide, as they would be unable to rely on constancy and reliability across Head Start programs. This harm will be exacerbated by the removal of the requirement that Head Start programs support effective transitions to other migrant or seasonal Head Start programs³⁰⁸ when children move. As the Department has recognized, requiring a family to repeat the application process from one MSHS program to another is more than an inconvenience, it creates a barrier, because given their migratory lifestyle, they may not have health records or other documentation programs need to enroll their children.³⁰⁹ The requirement for MSHS programs to help children transition helps families effectively navigate these barriers.

Additionally, agricultural worker families are likely to live in rural areas, where alternative early education options are extremely limited. Even the Department recognizes that farmworker families “do not have access to local child care resources” in most states, and when “resources are not accessible or available, parents may take their children with them to the fields where they are exposed to pesticides, hazardous equipment, extreme heat and other health dangers.”³¹⁰

³⁰⁶ 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), <https://www.childcaretrust.org/hubfs/Child%20Care%20Trust/Head%20Start%20Gap%20Report%20FINAL.pdf> [<https://perma.cc/JG8U-87TC>].

³⁰⁷ 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).

³⁰⁸ 45 C.F.R. § 1302.72(c).

³⁰⁹ *Migrant and Seasonal Head Start Report to Congress [2009-2011]*, Office of Head Start, U.S. Dep’t of Health & Hum. Servs., at 10, <https://files.eric.ed.gov/fulltext/ED591071.pdf> [<https://perma.cc/H26P-VEF7>] (last visited Oct. 5, 2026).

³¹⁰ *Id.* at 2.

The reduction in the quality, scope, and type of health services, nutritional services, parent engagement and services, and transition activities are also particularly likely to harm families performing agricultural work because they are more often arriving in new locations where they are more dependent on Head Start programs to connect them to community resources. Indeed, this is one of the very reasons Congress created the MSHS program.

The English-only mandate is also particularly likely to harm children of agricultural workers and their families, as 76.9% of children enrolled in MSHS programs speak a primary language at home other than English.³¹¹ The Department has recognized that children of agricultural workers and their parents often “speak a language other than English, and come from different cultural and ethnic backgrounds.”³¹² The English-only mandate will make it more difficult for agricultural workers to participate and support their children’s education.

The Proposed Rule’s provisions that make it more difficult for families to know about, apply and be eligible for Head Start programs will also particularly harm agricultural families. For example, the proposed changes to the HSPPS on recruitment would diminish outreach to farmworker families despite the Department’s previous recognition that “One reason otherwise MSHS eligible families do not participate in MSHS programs...is they never heard of the program.”³¹³

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. As the Department as previously recognized, “Head Start programs across the nation are experiencing a severe staff shortage with turnover at its highest point in two decades.”³¹⁴

The HSPPS established ratios and group sizes that are smaller than what the vast majority of state licensing standards require. The HSPPS ratios contribute to more manageable classrooms, intentional child-teacher interactions, and more time to provide children with individualized support. By eliminating these standards, the Proposed Rule would increase workplace demands on teachers whose working conditions are already leading to high rates of burnout while simultaneously decreasing supports.

³¹¹ *Office of Head Start –Migrant and Seasonal Head Start (MSHS) Grants (2024-2025)*, Office of Head Start, U.S. Dep’t of Health & Hum. Servs., at 2-3, (last visited Aug. 22, 2026), <https://files.eric.ed.gov/fulltext/ED680671.pdf> [<https://perma.cc/5ZRP-2GZW>].

³¹² *Migrant and Seasonal Head Start Report to Congress [2009-2011]*, Office of Head Start, U.S. Dep’t of Health & Hum. Servs., at 3, <https://files.eric.ed.gov/fulltext/ED591071.pdf> [<https://perma.cc/H26P-VEF7>] (last visited Oct. 5, 2026).

³¹³ *Id.* at 10.

³¹⁴ Supporting the Head Start Workforce and Consistent Quality Programming, 89 Fed. Reg. 67720, 67721 (Aug 21, 2024).

Increasing child-teacher ratios would further destabilize the Head Start workforce by creating worse working 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,³¹⁵ driving an under-enrollment rate of over eight percent in the most recent program year.³¹⁶

In addition to lacking adequate resources in the classroom, Head Start educators have taken on more work³¹⁷ 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 well-being is being threatened further by the Department's proposal to roll back 2024 provisions that would improve Head Start staff wages and benefits. Decreasing educators' compensation while increasing their responsibilities and withholding adequate resources, supports, and protections will negatively impact young children and lead to staff turnover, poor continuity of care, both of which are key aspects of quality early learning.

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 (pre-K/K) teachers, compared to 47% of workers in all sectors.³¹⁸ Women of every race and ethnicity are overrepresented in the child care and early learning workforce.³¹⁹ While child care and early learning workers consistently face low wages compared to workers in all sectors,³²⁰ Black and Latina early educators make even less than white women.³²¹

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,

³¹⁵ *The State of Compensation, Benefits, Turnover, and Enrollment in Head Start Programs*, National Association for the Education of Young Children (2026), https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/data_brief_-_head_start_compensation_benefits_turnover_and_enrollment_.pdf.

³¹⁶ *Fiscal Year 2027: Justification of Estimates for Appropriations Committee*, Administration for Children & Families, Dep't of Health & Hum. Servs., 67 (2026), <https://www.hhs.gov/sites/default/files/fy-2027-acfc-cj.pdf> [<https://perma.cc/Y7F7-QQYN>].

³¹⁷ *The State of Compensation, Benefits, Turnover, and Enrollment in Head Start Programs*, National Association for the Education of Young Children (2026), https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/data_brief_-_head_start_compensation_benefits_turnover_and_enrollment_.pdf.

³¹⁸ 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> [<https://perma.cc/ZX22-3UHQ>].

³¹⁹ *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.").

³²⁰ *Id.* at 3.

³²¹ *Infographic: 2024 Early Childhood Workforce Index*, Center for the Study of Child Care Employment (Jan. 27, 2025), <https://cscce.berkeley.edu/publications/infographic/infographic-2024-early-childhood-workforce-index/> [<https://perma.cc/QR3U-664X>].

mothers, and especially women of color who are mothers.³²² Women of color are more likely to be the breadwinners for their family than white women.³²³ 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.³²⁴

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

The Proposed Rule will increase the burden and the administrative costs of operating a Head Start program at a time when Head Start programs are already struggling because of flat funding that does not keep pace with the rising costs (such as rent, insurance, material goods, and staff wages).

First, eliminating so much of the HSPPS leaves programs without guidance on how to comply with the numerous statutory requirements of the Head Start Act and the myriad other federal and state laws that will govern Head Start programs under the Department’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 renewed.³²⁵ 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.

Removing the clarity provided by the current HSPPS also would open Head Start programs up to new potential legal risks. For example, eliminating the standards on suspension or expulsion makes it more likely that suspensions and expulsions will be administered in a discriminatory manner that may violate federal civil rights laws that require early childhood programs to ensure that children with disabilities are not suspended or expelled because of disability-related behaviors.

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 Act and the regulations.

³²² 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> [<https://perma.cc/S35J-4XV6>].

³²³ Kennedy Andara, Sara Estep & Isabela Salas-Betsch, *Breadwinning 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/> [<https://perma.cc/K53Y-KYFE>].

³²⁴ 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> [<https://perma.cc/ZX22-3UHQ>].

³²⁵ 42 U.S.C. 9836(c)(7)(A).

Second, as discussed *supra* Part V.A.4 and V.C 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 be spent on human resources, hiring, and training new staff.

Third, Head Start programs will be forced to expend resources and time on redoing community agreements and partnerships because these agreements are built around the current Head Start requirements and expectations, such as the timelines, documentation requirements, and follow-up expectations established through the HSPPS.

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

Head Start programs have experienced, since March 2025, the consequences of the Department requiring them to comply with vague and contradictory requirements, and the serious irreparable harm that has resulted. In fact, a federal district court held that vague and contradictory requirements caused Head Start programs and Head Start children and parents irreparable harm—including program closures, instability, increased risk of loss of access to health services, meals, screenings, and disabilities support—necessitating a preliminary injunction.³²⁶ The court further held that “confusing policy changes have frustrated or made it impossible for Plaintiffs to function as they are statutorily required” and that as a result, these changes were arbitrary and capricious.³²⁷ Nonetheless, the Proposed Rule, yet again, shows “no consideration” for how confusing and vague policy changes will harm Head Start programs.³²⁸

Additionally, this experience has shown that changes that reduce clarity increase the problem of inconsistent and arbitrary enforcement for Head Start programs, who are closely monitored by the federal government. A federal court recently found HHS's ban on “DEIA” caused irreparable harm because programs did not know how they could feasibly comply with the ban without potentially violating other legal obligations, leaving them in an “impossible situation.”³²⁹

Head Start programs submitted numerous additional examples under oath that show that when the Department institutes vague mandates, inconsistent enforcement results because the OHS staff charged with implementing a vague policy don't have a shared understanding of what it means. These experiences show the real harm that will result from eliminating clarity provided by the current HSPPS.

³²⁶ *Wash. State Ass'n of Head Start & Early Childhood Assistance & Educ. Program v. Kennedy*, 820 F. Supp. 3d 1178, 1194 (W.D. Wash. 2026).

³²⁷ *Id.* at 1195.

³²⁸ *See id.*

³²⁹ *Id.* at 1196–97.

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

By destabilizing Head Start, a pillar of the early education and child care 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 face numerous challenges: lost child care, the risk of missed work, unemployment, dropping out of school and training programs, and economic instability impairing their ability support their families. This harm will fall most harshly on women, who bear a disproportionate amount of child care 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 child care.

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 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 diminishing these services will have long lasting and cascading effects.

1. Children Enrolled in Other Early Childhood Education Programs.

Children and families participating in other early childhood programs would also be affected by changes to HSPPS which serve as the basis of quality in other early care and learning systems, including Title I funded preschool, as required by the *Every Student Succeeds Act* (2015). Hundreds of thousands of children served in Title I Part A preschools would be affected, as the foundation for safety and quality in those schools would be dismantled by the Proposed Rule. In addition, since 80 percent of states with a pre-K program report dual enrollment in state-funded pre-K and Head Start, services for an additional 77,100 children would diminish.

2. Parents and Caregivers.

Parents and caregivers will lose child care, risking missed work, unemployment, forced dropouts from school and training programs, and inability to pay life expenses and support their families if Head Start programs are destabilized and thus are reduced or even close. The elimination of minimum hours of operation / duration for Head Start programs and the elimination of the standards on suspension and expulsion will harm families who will have to secure alternative child care arrangements or miss work or school. This harm will fall most harshly on women, who bear a disproportionate amount of child care responsibilities.

The proposal would also increase costs for families. The Department estimates that preschool-aged children will receive 99 fewer hours of Head Start annually, which amounts to an estimated \$600 in new child care costs for families, on average. For the families of 8% of children who are currently enrolled in Head Start who would not be able to continue to participate if the Proposed Rule is finalized because they are deemed eligible based on self-attestation, they would be forced to find alternative child care, which often exceeds \$10,000 annually. And all Head Start families will be forced to find health, dental, and mental health care elsewhere and pay higher prices and incur travel costs, as the Department indicates that the proposal will cut \$167 million in health care services to children and families.

The Department'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 predominantly 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.³³⁰

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.³³¹ 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.³³² Early childhood education investments like Head Start help mothers balance work and family while improving outcomes for their children and families.³³³

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.³³⁴ Research shows that single mothers' employment rates drop from 84% to 67% when child care is unavailable.³³⁵ Lack of access to child care is a barrier to employment opportunities, and many mothers are

³³⁰ 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> [<https://perma.cc/HS3Y-YB9G>]; *The 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/>.

³³¹ *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>.

³³² 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>.

³³³ *Id.*

³³⁴ 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> [<https://perma.cc/SV3E-V554>].

³³⁵ Leila Schochet, *The Child Care Crisis Is Keeping Women Out of the Workforce*, Ctr. for Am. Progress (Mar. 28, 2019), <https://www.americanprogress.org/article/child-care-crisis-keeping-women-workforce/> [<https://perma.cc/W5AM-R4T3>].

forced to make job decisions based on child care considerations rather than their career goals or investment in future financial security.³³⁶

Because Head Start offers high-quality programming, and is reliable and affordable, participation enables mothers to work more hours and achieve financial stability.³³⁷ 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 \$108,000.³³⁸ 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.³³⁹

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.³⁴⁰ Access to affordable early childhood education increases single mothers' college graduation rates by 21%, boosting lifetime earnings.³⁴¹ 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.³⁴²

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,³⁴³ and that sets Head Start apart from other programs.³⁴⁴ 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.³⁴⁵ For example, Head Start's family-centered approach includes specific support for pregnant women and mothers by promoting child development and parent self-sufficiency.³⁴⁶

³³⁶ *Id.*

³³⁷ 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>.

³³⁸ 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> [<https://perma.cc/2R6Z-MD4F>].

³³⁹ *Id.* at 4.

³⁴⁰ *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> [<https://perma.cc/AQ7D-5EDD>].

³⁴¹ *Id.* at 4.

³⁴² *Id.* at 5.

³⁴³ *Id.*

³⁴⁴ 45 C.F.R. § 1302.50.

³⁴⁵ 45 C.F.R. § 1302.50(b)(1)-(3) (2024).

³⁴⁶ *Early Head Start Programs*, HeadStart.gov (May 27, 2025), <https://headstart.gov/programs/article/early-head-start-programs> [<https://perma.cc/9PNA-M7KW>].

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.³⁴⁷ Strong relationships between families and program staff foster trust, respect, and effective family advocacy.³⁴⁸ 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.³⁴⁹

3. *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 models 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.³⁵⁰ When a program's enrollment or attendance decreases, its annual funding and funded enrollment also decreases, meaning that in subsequent years there are fewer 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 the Department's own predictions, teachers will need to serve more children and will be paid less for doing so. Where there is no teacher available, a Head Start classroom cannot remain open.

These changes will have larger impacts beyond the Head Start program. 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-

³⁴⁷ 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), <https://scholarship.kentlaw.iit.edu/cgi/viewcontent.cgi?article=3329&context=cklawreview> (discussing Head Start's unique legal blueprint that emphasizes family well-being and parent development).

³⁴⁸ *Understanding Family Engagement Outcomes: Research to Practice Series, Families as Advocates and Leaders*, U.S. Dep't of Health & Hum. Servs., Admin. For Child. & Fams., 4 (2019), <https://headstart.gov/sites/default/files/pdf/rtp-advocates-leaders.pdf> [<https://perma.cc/64X3-BVCV>].

³⁴⁹ *Id.* at 3.

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

income children in kindergarten.³⁵¹ These changes will impose additional burdens on K-12 schools. And 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.

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 dismantling 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,

Jennesa Calvo-Friedman
Ming-Qi Chu
Linda S. Morris
Viviana Bonilla López
Karla Gilbride
West Resendes
**American Civil Liberties Union
Foundation**

Allison Siebeneck
Kevin M. Fee
ACLU of Illinois

Lori Rifkin
Lindsay Nako
Meredith Dixon
Impact Fund

La Rond Baker
Brent Low
David Montes
ACLU of Washington

³⁵¹ 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>].