

October 5, 2026

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Washington, D.C. 20201

Regarding Notice of Proposed Rule Making #RIN 0970-AD30, Reducing Federal Burden for Head Start Programs

Dear Secretary Kennedy:

On behalf of our member Head Start, Early Head Start, Tribal and Migrant Head Start Programs located in the western United States, including Arizona, California, Hawaii, Nevada, Montana, Oregon, Outer Pacific Territories, and Utah serving nearly 130,000 children and families, we urge the U.S. Department of Health and Human Services to protect the Head Start Program Performance Standards. We oppose the NPRM, and below offer specific concerns cited by our members' programs. We submit these comments on behalf of our association and its members in the states noted above. Although our organization is an affiliate member of the National Head Start Association, we do not join their comments regarding the Proposed Rule.

Over the past 30 days, we have been engaged in extensive discussions with our local program members and allies and now believe this proposed rule should be withdrawn. Your office should engage in good faith discussions on regulatory challenges facing Head Start recipients and subrecipients and return with a more effective proposal. The proposed changes create risks that extend far beyond reducing paperwork.

- **Greater risk to children - reduced individualized attention.** Higher ratios, fewer prescribed disability-service practices, reduced home-visiting requirements, and fewer service safeguards could move Head Start away from the individualized, comprehensive model that distinguishes it from basic child care.
- **Greater risk to the workforce - reduced quality and relationships.** Teachers, home visitors, Family Service Workers, specialists, and administrative staff are not simply regulatory expenses. They are the people who make Head Start work. When savings are achieved by increasing workloads, reducing staffing, or decreasing service intensity, relationships and quality are placed at risk.

- **Greater risk to programs - greater legal uncertainty.** Fewer federal regulations do not necessarily mean fewer legal responsibilities. Programs will still navigate the Head Start Act, IDEA, ADA and Section 504, civil-rights requirements, state licensing, employment law, and federal grant requirements. Removing the regulatory road map while retaining the legal obligations may create more uncertainty—not less.
- **Greater risk to community trust - reduced national promise.** Head Start has always represented something more than the minimum child-care standard in a particular state. Moving ratios, safety practices, transportation, and other protections toward state and local minimums risks creating a Head Start experience increasingly defined by ZIP code.

A critical question to consider - Does deregulation reduce compliance—or does it transfer the responsibility for determining what compliance requires from a clear national Head Start standard to thousands of individual grant recipients?

The following are areas of greatest concern, legal risk and contradiction.

**5% Administrative Cap (§1301.14)—** Reducing the administrative cost cap from 15% to 5% would significantly weaken the operational infrastructure programs rely upon to maintain quality, compliance, and effective community services. In our member survey, more than 72% of respondents report administrative costs between 12.6% and 15%, and 83% said they could not comply with a 5% cap. Programs anticipate cuts to fiscal and human resources, program management, data systems, ongoing monitoring, training, governance support, staffing, direct services, and potentially funded enrollment. These reductions would come at a particularly difficult time. Flat funding and uncertain future funding have already intensified workforce pressures. Head Start continues to compete for qualified employees in local labor markets while compensation remains a leading cause of vacancies. Programs have worked to stabilize their workforce and reopen classrooms, in some cases reducing funded enrollment to generate resources for improved compensation. Combined with other provisions of the NPRM that anticipate reduced staffing and personnel expenditures, the 5% cap risks destabilizing programs rather than making them more efficient. Administrative capacity is not simply overhead, it is the infrastructure that supports fiscal accountability, workforce management, governance, compliance, data quality, monitoring, and effective service delivery. While the NPRM allows programs to request a waiver, requiring recipients to seek federal approval simply to maintain the administrative capacity necessary to operate effectively shifts decision-making away from local leaders and creates a new federal administrative burden, the opposite of the flexibility the NPRM is intended to achieve. Given Congress's existing statutory framework governing the 15%

administrative-cost limitation, HHS should explain more fully the statutory and evidentiary basis for imposing a uniform 5% regulatory ceiling across all Head Start recipients.

**English-Only Instruction (§1301.04(a))**— The proposal conflicts with Head Start’s longstanding research-based approach to serving dual language learners (DLLs) and would move Head Start in a different direction from many state education systems in the West. California permits bilingual and dual-language programs; Washington identifies dual-language education as a preferred model for multilingual learners; Oregon promotes biliteracy and values students’ native languages; Hawai’i promotes multilingualism and multiculturalism; and Nevada, Utah, Colorado and Nebraska all recognize or support bilingual, dual-language, or multilingual approaches. The proposal also raises serious questions about its alignment with the Head Start Act. Congress did not merely identify English acquisition as a goal. In Section 641A(a)(1)(B)(x), Congress affirmatively directed the Secretary, in establishing Head Start education performance standards, to ensure that children with limited English proficiency make progress toward acquisition of English while also making meaningful progress across developmental domains, “including progress made through the use of culturally and linguistically appropriate instructional services.” Congress further directed the Secretary, when modifying the standards, to consult experts in linguistically and culturally appropriate services to non-English-speaking children and families and to consider changes in the language backgrounds of children eligible for Head Start. These provisions are significant. Congress expressly contemplated culturally and linguistically appropriate instruction as part of the framework through which Head Start children acquire English and achieve school readiness. It did not direct the Secretary to require English-only instruction. A regulation that categorically prohibits the use of children’s home languages for educational instruction therefore raises a serious question about whether the proposal can be reconciled with Congress’s express direction concerning the content and development of the Head Start Program Performance Standards. English acquisition and culturally and linguistically appropriate instruction are not competing objectives under the Head Start Act; Congress placed them within the same statutory framework. The proposed rule also fails to account for the unique linguistic and cultural circumstances of Head Start communities in the Pacific. While the NPRM creates an exception allowing Indian Head Start agencies to use Tribal languages in furtherance of Tribal heritage, it does not appear to provide a comparable protection for Head Start programs in Guam, the Commonwealth of the Northern Mariana Islands, or other Pacific communities where Indigenous and heritage languages are integral to children, families, culture, and community life (see next section). This creates a significant policy and instructional disconnect: a child could be required to receive English-only education in Head Start and then transition into a state public-school system that intentionally

supports dual-language learning and biliteracy. Congress requires children with limited English proficiency to make “progress toward acquisition of the English language” while also making meaningful progress across developmental domains, including progress through “culturally and linguistically appropriate instructional services.” The Act establishes English acquisition as an important outcome, but it does not prescribe English-only instruction as the method for achieving it. The NPRM would therefore impose an instructional restriction that Congress itself did not specify. It also reverses Head Start’s current research-based approach to DLL without demonstrating that excluding children’s home languages will produce better developmental or English-language outcomes. Head Start’s own Planned Language Approach states that dual language learners are more successful when they develop strong language and literacy skills in both their home language and English. English proficiency and multilingualism are not competing goals. Head Start can prepare children to succeed in English while building upon the language, knowledge, culture, and relationships they already bring to the classroom. The proposed English-only mandate warrants careful reconsideration because it may undermine research-based practice, create unnecessary discontinuity with state education systems, and restrict the very local flexibility the NPRM says it intends to restore. As one of our program leaders expressed, *“the English only requirement is greatly disturbing and will affect our program, children, staff, and families. Young children should be taught and have access to their home language while they learn English. Our program serves primarily Spanish speaking children. We would have to eliminate our 60 plus year bilingual model.”*

**English-Only Instruction: Pacific Communities (§1301.04(a))—** The proposed English-only requirement also fails to account for the unique legal, linguistic, and cultural circumstances of Head Start communities in the Pacific. Guam recognizes CHamoru and English as official languages and requires CHamoru language education in its public schools. The Commonwealth of the Northern Mariana Islands recognizes Chamorro, Carolinian, and English as official languages, and its Constitution requires its education system to respond to the language needs of its people and preserve Indigenous cultural integrity. American Samoa’s education law, while establishing English as the primary language of instruction, expressly permits the use of Samoan to support instruction. The concern extends to the Freely Associated States. The Federated States of Micronesia maintains an explicitly multilingual national education policy intended to develop competence in local languages as well as English. Palau recognizes Palauan and English as official languages and emphasizes preservation of Palauan culture through education. Most strikingly, the Republic of the Marshall Islands requires instruction in Marshallese language, culture, custom, and history beginning at the preschool level. The NPRM provides a heritage-language exception for Indian Head Start agencies, yet it does not appear to provide comparable consideration for

Indigenous and heritage languages in Pacific communities. HHS should explain why the preservation of Tribal languages warrants an exception while similarly important Indigenous Pacific languages do not receive comparable protection. It should also explain how an English-only federal requirement is intended to operate where territorial or national education law affirmatively recognizes, promotes, or requires instruction in Indigenous languages.

**Services and Protections for Children with Disabilities (§1301.10)**— The NPRM proposes replacing detailed Head Start standards for serving children with disabilities with a single requirement that programs comply with all applicable federal and state laws. Yet the underlying obligations do not disappear. The Head Start Act continues to require timely IDEA referrals, coordination with IDEA agencies, and necessary early intervening services before a child is determined eligible for IDEA services. ACF acknowledges that some of these requirements would no longer be specified in regulation and states that additional policies and procedures would be issued to ensure they are met. This raises a fundamental question: If the legal obligations remain, what is gained by eliminating the standards that help programs understand and consistently meet them? Programs would instead have to navigate the intersection of the Head Start Act, IDEA, Section 504, the ADA, state disability requirements, and other applicable laws with less Head Start-specific guidance. Reliance on state requirements is particularly concerning because state standards do not consistently provide the same protections or guidance for inclusion that Head Start currently provides. Research from the Children's Equity Project found that while 44 states have general child care center requirements addressing children with disabilities, only about one-third require providers to develop individual activity plans or provide activity accommodations designed to include children with disabilities in classroom experiences. Only 12 states require centers to provide appropriate materials and equipment to meet the needs of children with disabilities. This illustrates the gap that can emerge when a national Head Start standard is replaced by a patchwork of state requirements. By comparison, current Head Start standards expressly require teaching and learning environments to support children with disabilities and require necessary accommodations, accessible spaces, equipment, materials, and supplies. A child's opportunity to participate meaningfully in Head Start should not depend on whether the state in which that child lives has chosen to establish comparable inclusion requirements. This burden could fall especially hard on smaller and rural recipients, which may have less access to dedicated legal, compliance, and disability-services infrastructure. The risk is compounded by other proposed changes affecting staff-child ratios, staff qualifications, discipline, safety, and transportation—all of which can directly affect a program's capacity to serve children with disabilities. Despite removing these Head Start-specific requirements, ACF states that programs will remain accountable for statutory requirements and the safety of

enrolled children. Removing the regulations does not remove the responsibility; it removes much of the common roadmap programs use to meet that responsibility. ACF itself states that the “core requirements” for serving children with disabilities will not change. Greater flexibility should not create greater uncertainty about how programs protect the rights of children with disabilities or meet their continuing legal obligations. Head Start WEST recommends retaining Head Start-specific disability-service standards that provide recipients with clear operational guidance for meeting their statutory responsibilities.

**Child-to-Staff Ratios and Group Size (§1301.05)**— ACF acknowledges that removing Head Start-specific ratios and group-size requirements may result in less individualized attention. The question shifts from “*Are we meeting the Head Start ratio?*” to “*Can we demonstrate that the staffing level we chose was appropriate for the children we serve?*” But the concern extends much further. HHS recognizes that existing standards were designed to promote child safety, effective supervision, teacher-child interactions, and high-quality learning environments, and acknowledges the benefits of smaller groups and lower ratios. Yet the NPRM would replace these national standards with state and local licensing requirements that, according to ACF’s own analysis, are less restrictive than current Head Start requirements in nearly every state. This creates significant compliance and risk-management questions. State licensing establishes a regulatory floor; it does not determine the staffing necessary for a particular classroom. A program could meet a state ratio yet need additional adults because of children’s ages, disabilities, behavioral or developmental needs, or other health and safety considerations. Head Start programs would nevertheless remain accountable for child safety, and HHS retains authority to issue deficiencies for failures that threaten the health or safety of children or staff. This is particularly significant for children with disabilities. Programs’ continuing obligations for IDEA referrals, coordination, early intervening services, and other required support remain. Higher ratios do not reduce those responsibilities; they may make them harder to fulfill when fewer adults are available to provide individualized instruction, implement required support, supervise children, and respond to developmental and behavioral needs. The NPRM also shifts greater responsibility—and risk—to individual recipients. Programs would establish and publicly post their own maximum group sizes and ratios within state and local limits. Operating at a state maximum does not eliminate continuing responsibilities for adequate supervision, child safety, disability services, or other applicable legal and contractual obligations. One concrete state example: in Arizona, licensing permits one adult for every 15 four-year-olds, and the rules set no maximum group size for preschool at all, so an Arizona program can be fully ratio-compliant with an unlimited number of children in a single room. There is also a significant workforce concern. ACF’s economic analysis calculates potential savings by comparing current Head Start

staffing with the number of teachers needed under state maximum ratios. Fewer adults responsible for more children means greater responsibility for each remaining teacher. As one director warned, this shift could “devastate us” because “the quality of our workforce will be depleted.”<sup>1</sup> Increasing workloads while programs are already working to recruit and retain skilled professionals risks moving in the wrong direction. The issue is not simply whether a higher ratio is legally permissible. It is whether that ratio is safe, appropriate, and sufficient for the children Head Start is obligated to serve. Removing the federal standard does not remove the recipient’s responsibility for what happens when fewer adults are responsible for more children. Head Start WEST therefore recommends retaining the existing federal staff-child ratio and group-size requirements as the national Head Start standard, while preserving an appropriately defined waiver process where local circumstances justify an alternative.

**Service Duration, Hours, and Days of Operation (§1302.21(c))**— The potential impact on children, families, and the Head Start workforce is significant. ACF’s own economic analysis assumes that some programs will use the proposed flexibility to reduce services. Its primary estimate projects approximately 66 fewer hours of service per child annually and approximately \$214 million in reduced teacher compensation costs<sup>2</sup>. ACF states that these savings reflect “reduced required instructional hours and associated staffing time.” This raises a fundamental concern with economic analysis. Many programs may determine—based on family needs, community assessments, workforce considerations, and Policy Council input—that maintaining current hours and days of operation is necessary. The NPRM should clarify how programs that maintain this service levels will be funded and whether the associated costs will continue to be allowable and supported. Flexibility has limited value if fiscal pressures ultimately incentivize programs to provide fewer hours of service. The workforce implications are equally concerning. ACF’s projected savings are achieved in part through reductions in instructional hours and associated staffing time. Head Start already faces significant compensation and recruitment challenges. Reducing hours, work schedules, or compensation could further destabilize a workforce that programs are struggling to recruit and retain. Rather than treating reduced teacher compensation as an economic benefit, ACF should examine the potential consequences for employee earnings, retention, continuity of care, and programs’ ability to maintain a qualified workforce. The impact on children also cannot be measured simply by the number of hours eliminated. 2025 PIR data from western states indicates that 17.2% of enrolled preschool children have an IFSP or IEP. The numerical staffing calculation based solely on enrollment does not account for the intensity of need within individual classrooms. Head Start’s responsibilities extend beyond children already determined eligible under IDEA to

<sup>1</sup> HSW 2026 NPRM Membership Survey.

<sup>2</sup> 91 Fed. Reg. 51248–51322 (Aug. 7, 2026), RIN 0970-AD30, Docket ACF-2026-0595.

children undergoing evaluation and those requiring early intervening services before an eligibility determination. The Head Start Act expressly requires necessary early intervening services prior to an IDEA eligibility determination. For these children, time matters, staffing matters, and continuity matters. Reducing service hours while simultaneously allowing higher child-to-staff ratios could compound the effect: children may receive fewer hours in the program while teachers are responsible for more children during the hours that remain. This is particularly consequential for children who require individualized instruction, developmental or behavioral support, disability services, or coordination with families and outside providers. Finally, ACF itself acknowledges that reduced duration may require working families to secure alternative child care, incur additional financial costs, or lose work time. These costs do not disappear; they are shifted from the federal program to Head Start employees and families. Reducing required service hours may lower the calculated cost per child, but a lower cost per child should not be confused with greater efficiency if the savings are produced by fewer hours of service, less staff time, and reduced compensation. The appropriate measure should be whether Head Start continues to provide the intensity, continuity, and quality of services necessary for children and families to succeed. Head Start WEST recommends retaining the existing service-duration requirements in 45 C.F.R. §1302.21(c). If ACF proceeds with greater flexibility, the final rule should expressly provide that recipients may maintain current service hours and associated staffing costs without those expenditures being treated as inefficient or excessive.

**Cumulative Impact on the Head Start Workforce (§§1302.90–1302.93)—** The workforce implications of this proposal should not be considered provision by provision. Taken together, the NPRM could mean fewer staff, larger classrooms and caseloads, fewer hours of employment, reduced compensation, fewer dedicated coaches and specialists, and greater responsibility for the employees who remain. These are not incidental effects. ACF's Regulatory Impact Analysis calculates substantial savings based specifically on reductions in personnel expenditures. For example, under ACF's primary scenario, ratio flexibility would increase the average number of children per teacher by approximately 16% while reducing annual teaching personnel expenditures by approximately \$668 million<sup>3</sup>. Reduced service duration is projected to reduce teacher compensation by approximately \$214 million annually. ACF also models substantial reductions in the home-visiting workforce and additional personnel savings associated with removing staff qualifications and coaching requirements. At the same time, the work does not disappear. Teachers will still be responsible for safety, individualization, school readiness, children with disabilities, behavioral and developmental needs, and family relationships. Home visitors and Family Service Workers will still serve families

<sup>3</sup> 91 Fed. Reg. 51248–51322 (Aug. 7, 2026), RIN 0970-AD30, Docket ACF-2026-0595.

experiencing significant challenges. Managers and administrative staff will continue to carry responsibility for fiscal integrity, compliance, workforce management, data, monitoring, and governance. *Turn-over and Retention Among Head Start Educators (Early Childhood Education Journal, 2025, Vicente, Venegas & Guerrero<sup>4</sup>)* states that based specifically on Head Start/Early Head Start educators, the study identified low wages, complex caseloads, high paperwork demands, weak onboarding, lack of recognition, and lack of voice in program changes as turnover factors. It also found that professional development, meaningful work, and positive workplace relationships supported retention. The consequences extend beyond the workforce itself. Research using data from approximately 5,600 children in Head Start classrooms found that children who experienced teacher turnover during the program year demonstrated lower gains in literacy and pre-writing skills and higher levels of teacher-reported behavior problems and withdrawn behaviors. The NPRM therefore risks creating a workforce contradiction: fewer people, fewer supports, and potentially fewer compensated hours, while the responsibility for children, families, safety, quality, and compliance remains. Head Start is already competing for qualified professionals in difficult local labor markets. Regulatory reform should strengthen working conditions and make Head Start employment more sustainable. HHS should evaluate the cumulative workforce impact of these proposed changes—including workload, compensation, job stability, professional development, retention, and continuity of relationships with children and families—before treating reductions in personnel expenditures as program efficiencies. Head Start’s workforce is not simply a cost to be reduced; it is the infrastructure through which Head Start delivers its promise to children and families.

**Health, Mental Health, and Maternal Health Services (45 C.F.R. Part 1302, Subparts D and H)—**Head Start WEST members identified changes to health, mental health, and maternal health services as one of their greatest concerns. This reflects both the significant needs of the children and families our programs serve and the central role these services play in Head Start’s comprehensive approach to school readiness. These services are not peripheral to Head Start; they are fundamental to the model that distinguishes Head Start from other early care and education programs. The NPRM’s own Regulatory Impact Analysis reinforces this concern. ACF estimates a baseline of approximately \$180.9 million in annual personnel expenditures associated with health and mental-health requirements and approximately \$41.8 million in annual contracted health-service expenditures.<sup>6</sup><sup>5</sup> ACF then projects reductions from these baseline expenditures under its low, primary, and high scenarios. These projected reductions raise an important question: What health and mental-health capacity will programs,

<sup>4</sup> Vicente, D., Venegas, M., & Guerrero, A.D. (2025). Turn-over and Retention Among Head Start Educators. *Early Childhood Education Journal*, 53, 1467–1478. DOI: 10.1007/s10643-024-01685-x.

<sup>5</sup> 91 Fed. Reg. 51248–51322 (Aug. 7, 2026), RIN 0970-AD30, Docket ACF-2026-0595.

children, and families receive less of to generate these savings? Research demonstrates the value of Head Start's comprehensive health approach. A national study of approximately 4,350 low-income children found that Head Start participants were more likely than nonparticipants to receive dental checkups and demonstrated healthier eating patterns, although findings varied by comparison group and not every health outcome showed a Head Start effect. The researchers concluded that Head Start can be an important avenue for improving health and nutrition outcomes among low-income children (*Head Start and Children's Nutrition, Weight, and Health Care Receipt*, 2013). Our programs also see firsthand the relationship between children's physical and mental health, social-emotional development, and readiness to learn. The challenge is not simply identifying a need or making a referral; it is ensuring that families can obtain the services their children need. A recent national RAPID Survey found that about one in five (21%) surveyed pediatric clinicians reported that families were unable to access developmental and behavioral health services to which they had been referred, including speech and occupational therapy and services supporting emotional health and well-being. This is precisely where Head Start's comprehensive-services model matters. Programs help families navigate referrals, coordinate with providers, follow up on needed services, and address barriers that can prevent a referral from becoming actual care. Referral does not equal access. The potential impact becomes even greater when these changes are considered alongside other provisions of the NPRM. Teachers could be responsible for larger groups of children while having less access to mental-health consultation and behavioral supports. Programs could operate with fewer administrative and specialized staff while remaining responsible for children's health, safety, disability services, referrals, and family supports. Early Head Start programs would continue serving pregnant and postpartum families whose physical and mental-health needs may require timely identification, referral, coordination, and follow-up. The need does not disappear because the federal requirement does. Children will continue to arrive with physical, developmental, behavioral, and mental-health needs. Families will continue to need assistance navigating increasingly strained health and community systems. Teachers will continue to need professional support in responding to children's social-emotional and behavioral needs. ACF should distinguish between eliminating unnecessary administrative requirements and reducing the health and mental-health infrastructure that enables programs to meet the needs of children and families. Savings achieved through fewer health professionals, less mental-health consultation, or reduced services should not automatically be characterized as increased efficiency without examining whether children and families will receive fewer services, experience longer delays, or face greater barriers to care as a result.

**Governance and Parent Engagement (45 C.F.R. Part 1301; Part 1302, Subpart E)—** Parent governance is not an administrative burden; it is one of the defining features of

Head Start. For more than six decades, Head Start has recognized parents not simply as recipients of services, but as partners in shaping the programs that serve their children and communities. The Head Start Act preserves this principle through Policy Councils, majority representation by currently enrolled parents, and meaningful parent participation in decisions concerning program design and operations. The NPRM does not eliminate these statutory responsibilities but removing much of the regulatory framework that supports their implementation raises questions about how consistently and effectively they will be carried out. The Act establishes what programs must accomplish; the Performance Standards have provided an important roadmap for making meaningful parent governance work. Our members are particularly concerned about eliminating the requirements for Parent Committees. These committees provide a direct avenue for parents at the center and local-program level to advise programs, communicate with the Policy Council, participate in program activities, and develop as parent leaders. Parent Committees are often the first step in meaningful engagement. Learning to participate in local decision making and stewardship is an essential civics lesson. Making these structures optional could reduce opportunities for participation by parents who do not serve on the Policy Council and weaken the connection between individual centers, families, program-level governance and civic education. There is also a fundamental tension within the proposal. The NPRM would give local programs substantially greater discretion over decisions affecting children's daily Head Start experience while simultaneously reducing some of the structures through which parents participate in those decisions. If programs are given greater authority over staffing ratios, service duration, caseloads, family services, and other aspects of program design, meaningful parent participation becomes more important—not less. These concerns are compounded by the proposed 5% administrative cost cap. Meaningful governance requires infrastructure. Programs need staff capacity to prepare and share financial, enrollment, monitoring, and program information; support Policy Council and governing body meetings; provide training and technical assistance; and help parents understand complex information so they can exercise informed oversight. Reducing this administrative capacity while simultaneously giving local programs greater responsibility for major program decisions could weaken the very governance systems needed to ensure that greater flexibility is exercised responsibly. Local flexibility should determine how programs engage families most effectively; it should not determine whether families have a meaningful opportunity to influence decisions affecting their children.

**Eligibility and Access Barriers (§§1302.10–1302.16)**—Head Start WEST supports strong program integrity and appropriate verification of eligibility. However, program integrity should not come at the expense of access for eligible children whose families have the greatest difficulty producing conventional documentation. The NPRM would prohibit self-attestation from satisfying eligibility requirements, eliminate the current

flexibility allowing enrollment when documentation of a child's age cannot be produced, and eliminate consideration of excessive housing costs in determining income eligibility. This is an issue of great concern in our western states where support with these families in local communities is essential. US Housing and Urban Development, HUD's 2024 Point-in-Time (PIT Count) data are striking. HUD's 2024 data counted 259,473 people in families with children nationally. California alone had 25,639; Hawaii had 4,492; Arizona had 3,097. Hawaii is especially notable: about 39% of people experiencing homelessness there were members of families with children, compared with about 34% nationally<sup>6</sup>. These changes could disproportionately affect families experiencing homelessness, families with unstable or informal employment, families moving frequently, and families living in high-cost communities. Because the PIT count is a one-night measure, these figures do not capture the full range of housing instability experienced by families eligible under Head Start's broader homelessness definition. ACF's own analysis illustrates the potential scope of the issue. In FY2024 monitoring reviews, approximately 7.6% of reviewed child files relied upon self-declared income or a declaration of zero income<sup>7</sup>. ACF acknowledges that its monitoring data does not establish how many of these cases involved false information or intentional violations. Yet the proposed response is to eliminate self-attestation as sufficient documentation for all families. The tension is particularly significant for children experiencing homelessness. These children remain eligible for Head Start, and the Head Start Act requires programs to remove barriers to their enrollment and participation, including allowing children to enroll and attend while documentation is gathered. Families experiencing homelessness, however, are among those least likely to possess conventional documentation of income, residence, or other circumstances. The challenge should be verification without exclusion. The proposal may also place eligibility staff in a difficult position. Programs would be expected to remove barriers and assist vulnerable families while simultaneously operating under more restrictive documentation requirements and a new requirement to report staff who violate eligibility determination regulations to HHS. This combination could unintentionally encourage overly cautious eligibility decisions when family circumstances are complex or difficult to document. Head Start should protect federal resources from fraud while also recognizing the realities of poverty. Families with irregular employment, cash income, unstable housing, frequent moves, or missing records should not become harder to serve precisely because their circumstances make their eligibility harder to document. HHS should retain reasonable alternative methods of verification, preserve flexibility for circumstances in which conventional documentation is unavailable, and provide clear

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<sup>6</sup> HUD 2024 PIT/AHAR

<sup>7</sup> 91 Fed. Reg. 51248–51322 (Aug. 7, 2026), RIN 0970-AD30, Docket ACF-2026-0595.

safeguards ensuring that documentation requirements do not become barriers to enrollment for otherwise eligible children and families.

**Increased reliance on state licensing and local standards (§§ 1302.21, 1302.23, 1302.47, and 1302.90)** - Head Start WEST supports meaningful local flexibility and recognizes the important role of state licensing systems in protecting children. However, state licensing and the Head Start Program Performance Standards serve different purposes. State licensing generally establishes minimum requirements for legally operating child care; Head Start Standards establish a national framework for a comprehensive federal program serving children and families with significant needs. The difference is not theoretical. The Children's Equity Project found that for two-year-olds, replacing Head Start's 1:4 staff-child ratio with state licensing requirements would allow the number of children per adult to at least double in 24 states, with some states permitting one adult for every 8 to 12 two-year-olds. State standards also vary substantially in their protections for children with disabilities; only about one-third of states require individual activity plans or activity accommodations to support their inclusion in classroom experiences. These examples illustrate why compliance with a state licensing minimum should not automatically be considered equivalent to meeting a national Head Start standard. The NPRM increasingly relies on state and local requirements in areas including staff-child ratios and group size, safety, transportation, background checks, and other program operations. This raises a fundamental question: Is compliance with a state minimum sufficient to demonstrate that a recipient is providing the quality, safety, individualization, and comprehensive services expected of a Head Start program? This question is especially important given the children Head Start serves, including children experiencing poverty, homelessness, and foster care, as well as children with disabilities and developmental, behavioral, health, and social-emotional needs. A staffing level or service model permitted under state licensing may not be sufficient for the needs of children enrolled in a Head Start program. Greater reliance on state standards may also transfer rather than eliminate regulatory burden and risk. Recipients will continue to be responsible for the Head Start Act and other applicable federal and state requirements. Programs may therefore have fewer Head Start-specific standards while assuming greater responsibility for determining how federal statutes, state licensing requirements, disability and civil-rights laws, grant requirements, and local standards intersect. This could be particularly challenging for small and rural recipients without extensive legal, compliance, and administrative infrastructure. The proposal also creates uncertainty about accountability. If a recipient complies with its state's maximum allowable ratio or another state minimum, does HHS consider that sufficient to meet the recipient's continuing federal responsibilities for child safety and appropriate services? If not, what standard will HHS use during monitoring, investigations, or enforcement to determine whether a locally selected practice was

adequate? Greater discretion should be accompanied by equally clear expectations for how that discretion will be evaluated. A related concern is the future allowability of costs associated with maintaining higher standards. Throughout the NPRM, ACF emphasizes that programs may choose to maintain existing practices even when they are no longer federally required. Head Start WEST appreciates that recognition of local discretion. However, there is an important distinction between being permitted to maintain a higher standard and having assurance that the cost of maintaining that standard will remain allowable. It is critical for local programs to have answers to these questions: when will these costs become unallowable, and who decides — the recipient, the Regional Office, a monitoring reviewer, or the auditor? That uncertainty is heightened by the NPRM's Regulatory Impact Analysis. ACF estimates substantial reductions in program expenditures from changes in staffing, service delivery, and administrative requirements and states that these resources may be reallocated to additional funded slots. The RIA also acknowledges that actual savings will depend on the extent to which programs change their practices rather than maintain existing ones. A program may determine, for example, that maintaining the current Head Start staff-child ratio is necessary even though its state permits a higher ratio. Other recipients may determine that existing service duration, home-visiting frequency, Family Service Worker staffing, mental-health consultation, health services, or transportation safeguards remain necessary for their communities. If those decisions result in higher personnel expenditures or a higher cost per child than assumed by the RIA, programs need assurance that these expenditures will not later be questioned during budget review, monitoring, grant renewal, or other federal oversight simply because the recipient declined to realize the savings anticipated by ACF. Programs should not face a future choice between maintaining the level of service they believe children and families need and demonstrating that they have achieved federal assumptions about reduced expenditures or expanded enrollment. Local flexibility is meaningful only if programs have both authority and the financial ability to exercise it. Head Start is a national commitment to children and families. Local flexibility has always been an important part of that model, but that flexibility has operated within a common national framework. Replacing that framework with substantially different state and local standards risks creating a program in which the experience and protection afforded a Head Start child increasingly depend upon ZIP code. Head Start WEST supports flexibility above a meaningful national floor—not flexibility that eliminates the floor. HHS should retain national standards where they protect child safety, inclusion, service quality, and the essential characteristics of the Head Start model. HHS should also explicitly clarify that recipients may maintain practices above state and local minimums when locally determined to be necessary and appropriate, and that the reasonable costs associated with those decisions will remain allowable under applicable federal cost principles.

### **Greater ideological prescription and reduced responsiveness to families**

**(§§1302.30, 1302.34, 1302.50–1302.52)** —While the NPRM repeatedly emphasizes local flexibility, parental authority, and reduced federal prescription, several provisions move in the opposite direction by directing programs toward federal policy and value preferences in their relationships with children and families. Most notably, the NPRM would require all education to children to be conducted in English and would newly require programs to provide educational materials and instruction demonstrating healthy marriage as a “positive good.” ACF explicitly states that the English-only requirement reflects Administration priorities and describes the policy as redirecting resources toward English-language education and “assimilation.” ACF similarly describes the healthy-marriage provision as a new requirement and acknowledges that it may create implementation challenges where families are less receptive to the content. This creates a contradiction at the heart of the proposal. Programs are offered substantially greater “flexibility” over staff-child ratios, caseloads, service duration, family-service practices, and other operational standards while receiving less flexibility in areas involving language, family relationships, and federally prescribed messages to families. The result is not simply less federal regulation; it is a shift in what the federal government chooses to regulate. Head Start WEST supports engaging fathers, strengthening parent-child relationships, helping families achieve their goals, and supporting children's acquisition of English. However, these goals can be advanced without prescribing a particular family structure or requiring programs to abandon multilingual instructional practices that respond to the children, families, cultures, and communities they serve. For a proposal grounded in local control and parental authority, ACF should explain why local programs and families are best positioned to determine appropriate staffing ratios, service duration, and caseloads, but are not afforded comparable discretion in determining how best to support children's language development or how to discuss family relationships. If local responsiveness is the guiding principle of this NPRM, that principle should be applied consistently.

**Conclusion** - Head Start WEST supports reducing unnecessary administrative burden and providing meaningful local flexibility. But flexibility should strengthen Head Start—not diminish the national promise children and families have relied upon for more than six decades.

Taken together, the NPRM extends far beyond administrative simplification. It would allow larger classrooms, fewer service hours, reduced health and mental-health infrastructure, fewer specific protections for children with disabilities, diminished parent-engagement structures, and reduced administrative capacity. Yet programs would retain substantial responsibility for child safety, disability and civil-rights compliance, fiscal stewardship, workforce management, and outcomes.

The economic assumptions are equally concerning. The RIA identifies savings through reductions in staffing, staff time, service intensity, and other program resources. Lower expenditures should not be confused with greater efficiency when savings may result from providing children and families with less. Programs also need assurance that choosing to maintain higher standards will remain an allowable and supported use of federal funds.

Greater reliance on state and local minimums also risks changing the national character of Head Start. Local flexibility has always been a strength, but it has operated within a common national framework. A child's safety, inclusion, individualized attention, and access to comprehensive services should not increasingly depend upon ZIP code. Head Start WEST supports flexibility above a meaningful national floor—not flexibility that eliminates the floor.

For these reasons, Head Start WEST urges HHS to withdraw the proposed rule and engage recipients, parents, Tribal and territorial communities, early childhood experts, and other stakeholders in a more deliberate approach to regulatory reform.

After more than 60 years, the question should not be how much of Head Start's framework can be removed, but which changes will help programs serve children and families better while protecting what makes Head Start Head Start.

Respectfully,

*Edward Condon*

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Head Start WEST

## About Head Start WEST

Head Start WEST is a nonprofit organization dedicated to strengthening Head Start programs, supporting children and families, and representing the interests of the Head Start community. Through advocacy, education, training, technical assistance, and leadership development, Head Start WEST works to promote the continued viability, quality, and success of Head Start programs across the western region.

Head Start WEST supports programs in Arizona, California, Nevada, Hawaii, and the Pacific Region.

Head Start WEST is also a member of **Together for Head Start**, a coalition of national, state, and local organizations committed to opposing the proposed rule and protecting and strengthening Head Start. Coalition members work together to elevate the voices of families, educators, providers, and communities and to advance policies that help children thrive.

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