



October 6, 2026

Submitted electronically

U.S. Department of Health and Human Services
Administration for Children and Families
Office of Head Start
Attention: Director of Policy and Planning
330 C Street SW, 4th Floor
Washington, DC 20201

RE: U.S. Department of Health and Human Services, Administration for Children and Families, Proposed Rule titled, “Reducing Federal Burden for Head Start Programs,” RIN number 0970-AD30, Docket number ACF-2026-0595, 45 CFR Part 1301, 1302, 1303, 1304, and 1305 (August 7, 2026)

I. Introduction

For nearly 50 years, ZERO TO THREE has worked to ensure that all children and families have access to high-quality early childhood programs that support healthy development, school readiness, and family well-being. We appreciate the opportunity to comment on the U.S. Department of Health and Human Services (HHS or Department) Administration for Children and Families (ACF) proposed rule to rescind and replace many of the Head Start Program Performance Standards (HSPPS or Standards).

In our July 14, 2025, comment on the Department’s *Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again*, we laid out a “Framework for Babies,” describing six principles ZERO TO THREE urges the Department and its divisions to consider in any proposed policy changes in order to ensure policies address the needs of infants and toddlers.¹ These include: (1) transparency and engagement; (2) using the science of child development to guide policy; (3) prioritizing the well-being of young children; (4) strengthening the family to support the child; (5) the need for knowledge, skills, and training to work with children; and the (6) need to ease the burden of policies on individuals and families, not just systems. Head Start, as implemented under the current HSPPS, exemplifies these principles. However, we are deeply concerned that the proposed rule would move away from these principles, rolling back the very Standards that makes Head Start so uniquely effective in giving young children the strongest start.

Established over half a century ago, Head Start is a comprehensive child development program specifically designed to ensure young children facing the greatest barriers begin school ready to learn alongside their peers. Head Start’s purpose is “to promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development” through both an enriching learning environment and comprehensive services to children and their families.² This goal is then implemented through the HSPPS, which statute notes must include “scientifically based and developmentally appropriate education performance standards.”³ This approach is

¹ ZERO TO THREE. (2025). *Public comment RE: HHS notice titled “Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation to Make America Healthy Again”* (Docket No. AHRQ-2025-0001, 90 Fed. Reg. 20478). Regulations.gov. <https://www.regulations.gov/comment/AHRQ-2025-0001-0788>.

² Head Start Act, 42 U.S.C. § 9831.

³ Head Start Act, 42 U.S.C. § 9836a(a)(1)(B).



foundational to the effectiveness of Head Start, which builds on the research base of what we know works to strengthen young children's learning and give them the strongest start. As a result, years of research show that Head Start is associated with improved long-term academic outcomes and family stability, with the largest positive effects seen among children with long-term involvement in the program and those facing the most barriers to a strong start in life.

These effects are especially pronounced for very young children. During the first three years of life, a child's brain grows faster than at any other point in life, forming over one million new neural connections every second. This neural infrastructure forms the basis of children's understanding of the world and lays the groundwork for how they respond to their environment, relate to others, take in and express information, and ultimately whether they will be able to effectively grow, learn, and thrive.

That is why the high-quality services and protections that Head Start provides are so important—because learning does not begin in kindergarten or stop at the doors of the classroom, and the availability of comprehensive services in the Head Start setting paired with comprehensive supports for the family raising that child are essential to strong learning and development.

The growing body of developmental research on the rapid formation of young brains helped inform the creation of Early Head Start (EHS) in 1994, in recognition of the fact that investments in children's healthy development must begin well before preschool. As a leading organization translating early childhood research for policymakers, practitioners, and families, ZERO TO THREE helped advance the scientific understanding that the best way to ensure children are prepared for school and the workforce is by ensuring they receive attentive, nurturing, relationship-based care in the earliest years. That is why EHS ensures that infants, toddlers, and expectant families facing the greatest barriers benefit from comprehensive, whole family services during this critical period of development—and these services rely on the comprehensive, evidence-based HSPPS. EHS works because of this grounding in what we know about the interconnectedness of supporting healthy brain development, strong parent-child relationships, and positive long-term outcomes for children and families.

Today, infants and toddlers are served most directly through EHS—which also serves expectant parents—as well as Migrant and Seasonal Head Start (MSHS) and American Indian and Alaska Native (AIAN) Head Start programs. Head Start Preschool has then been shown to build on the positive impacts of these early interventions, giving children the greatest opportunity for success. The HSPPS are critical to ensuring these programs deliver consistent, proven, high-quality services in settings families choose, in accordance with the Head Start Act. These Standards ensure that children's learning and developmental needs are met; protect children's health and safety; strengthen families, the workforce, and the local economy; and, above all, lead to positive child outcomes.

Crucially, the Standards are interdependent, working together to ensure program effectiveness. For example, a child with developmental delays requires educators with the training and ratio requirements that allow individualized attention, access to timely developmental screening, direct referral and access to services like early intervention, protections from inappropriate suspension and expulsion, support for other medical and developmental needs, and robust family supports to ensure basic and specialized needs are met at home. As a result, a widespread rescission of these Standards would likely have a cumulative, negative impact on young children's learning and development.



ZERO TO THREE shares the Department's goals of increasing the number of families who can benefit from the quality early learning opportunities that Head Start provides, empowering families, and streamlining unnecessary administrative requirements. However, as discussed in this comment, the notice of proposed rulemaking (NPRM) would unfortunately undermine, rather than further, these goals.

Further, as noted in the Head Start Act, any revision to the Standards may “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” in 2007.⁴ Unfortunately, by removing many of the Standards that make Head Start so effective, the NPRM would ultimately result in exactly this type of rollback in quality, scope, and services, potentially undermining the early learning and developmental outcomes of young children.

To ensure the children facing the greatest barriers continue to receive the early learning and comprehensive supports they need to be ready for school through Head Start, **we urge the Department to withdraw the proposed rule.** To the extent HHS believes specific areas of the program could be strengthened, **we urge the Department to undertake a robust stakeholder engagement process—gathering input from families, Head Start programs, and child development specialists—to determine whether targeted improvements could be made to the Standards under a future NPRM without undermining program quality, health, safety, consistency, or child development or learning outcomes.** ZERO TO THREE stands ready to engage in this process and work with HHS to ensure Head Start continues to meet the needs of very young children across the nation.

II. The Standards Ensure Programs Effectively Support Children's Strong Early Learning

Since EHS was established in 1994, it has served millions of infants, toddlers, and expectant families across the country. As a core part of Head Start, EHS centers the family, supporting parents as their children's first teachers and connecting them to community resources and services that build self-sufficiency. Grounded in the science of early development, the HSPPS are core to the program's lasting, meaningful benefits for children and families. Because the Standards themselves are what translate science into practice, rescinding these Standards would erode the effectiveness of the model itself, undermining the statutory purpose of Head Start, EHS, and the stated goals of the proposed rule.

The Impact of Early Head Start

In the most recent program year, EHS served about 230,000 infants and toddlers and 13,000 pregnant women. Decades of research on EHS, including the rigorous Early Head Start Research and Evaluation Project (EHSREP) and its longitudinal follow-ups, demonstrate how long-term impacts are driven by the program's comprehensive, two-generation, family-centered model, which goes beyond simply enrolling children in slots and works to strengthen child-parent interactions and address the underlying family and caregiving conditions that shape child outcomes over time. By age two, EHS families receive significantly more comprehensive services—including parenting support, child care, early intervention, health care, and job training—than similar families not enrolled, and these services translate directly into measurable gains for both parents and children.⁵

⁴ Head Start Act, 42 U.S.C. § 9836a(a)(2)(C)(ii).

⁵ HHS, ACF. (2002). *Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start*. https://acf.gov/sites/default/files/documents/opre/impacts_execsum.pdf; Vogel, C., Brooks-Gunn, J., Martin, A., & Klute, M. M. (2013).



These impacts are also shown among parents, who are children's first and most significant teachers. Caregivers who participate in EHS are more emotionally supportive, more engaged during play, and more likely to read to their child daily, while also experiencing less family conflict and being less likely to use less effective parenting strategies—all factors that help support children's healthy development.⁶ EHS program participation is further associated with lower levels of maternal depression two years later,⁷ and EHS parents show gains in self-sufficiency, including increased participation in education and job training and higher employment levels.⁸ Compared to children not enrolled in the program, EHS children demonstrate accelerated cognitive and language development, stronger social interaction skills, and less hyperactive or aggressive behavior, and are less likely to score in the "at risk" range for cognitive development.⁹

Longitudinal analysis of the EHSREP shows that the program's early impacts on parenting and family well-being produce wide-reaching benefits for children that last well into adolescence. EHS children are less likely to experience maltreatment in their first 15 years of life, and reductions in parenting stress and less effective parenting behaviors at ages two and three were associated with more positive academic, social, and emotional outcomes in 5th grade—seven years after the program ended.¹⁰ Children who participate in EHS are more likely to attend a formal preschool program at ages 3 and 4, and formal program participation promotes children's readiness for school.¹¹ Impacts on child cognitive development indicate that early access to high-quality comprehensive services received through EHS may reduce children's later need for special education services,¹² reducing costs in the long-term. Evidence also points to positive spillover effects on social, economic, and academic outcomes for siblings, peers, and even participants' own children later in life, suggesting that the program's comprehensive benefits may be even larger than some studies estimate.¹³

Notably, Head Start's impacts are strongest for families facing the greatest barriers. Children with the most cumulative risk factors—such as those experiencing poverty, low parental level of education, and limited access to other resources—benefited the most from EHS and saw the greatest outcomes when they continued on to Head Start rather than another prekindergarten program.¹⁴ Families where mothers enrolled during pregnancy saw particularly strong benefits, with

Impacts of Early Head Start participation on child and parent outcomes at ages 2, 3, and 5. *Monographs of the Society for Research in Child Development*, 78, 36–63.

⁶ Love, J. M., Kisker, et al. (2005). The effectiveness of Early Head Start for 3-year-old children and their parents: Lessons for policy and programs. *Developmental Psychology*, 41(6), 885–901.

⁷ Chazan-Cohen, R., Ayoub, C., et al. (2007). *It takes time: Impacts of Early Head Start that lead to reductions in maternal depression two years later*. *Infant Mental Health Journal*, 28(2), 151–170.

⁸ Love, J. M., Kisker, E. E., et al. (2002). *Making a difference in the lives of toddlers and infants and their families: The impacts of Early Head Start*. HHS, ACF. https://acf.gov/sites/default/files/documents/opre/impacts_execsum.pdf.

⁹ Id.

¹⁰ Green, B. L., Ayoub, C., et al. (2020). *Pathways to prevention: Early Head Start outcomes in the first three years lead to long-term reductions in child maltreatment*. *Children and Youth Services Review*, 118, 105403.

¹¹ Love, J. M., Chazan-Cohen, et al. (2013). *What makes a difference: Early Head Start evaluation findings in a developmental context*. *Monographs of the Society for Research in Child Development*, 78(1), vii–viii.

¹² Chazan-Cohen, R. (2022). *Unpacking how comprehensive services in Early Head Start lead to impacts for children & families*. National Head Start Association. <https://nhsa.org/wp-content/uploads/2022/09/9.6.22-NHSA-EHS-Hill-Briefing.docx.pdf>; HHS, ACF, Office of Planning, Research, and Evaluation. (2003). *Overall findings and implications for programs from the Early Head Start Research and Evaluation Project, long version: PowerPoint presentation*. <https://acf.gov/opre/report/overall-findings-and-implications-programs-early-head-start-research-and-evaluation>.

¹³ W. E. Upjohn Institute for Employment Research. (2026). *Moving beyond "Does Head Start work?" What 60 years of research have to say*. <https://www.upjohn.org/research-highlights/moving-beyond-does-head-start-work-what-60-years-research-have-to-say>.

¹⁴ Love, J. M., Chazan-Cohen, R., Raikes, H., & Brooks-Gunn, J. (2013). What makes a difference: Early Head Start evaluation findings in a developmental context. *Monographs of the Society for Research in Child Development*, 78(1), 1–173.



improvements in breastfeeding, child development, and parenting behaviors compared to families who enrolled later.¹⁵

Weakening the HSPPS Would Weaken EHS's Overall Impact

EHS is a comprehensive, mutually reinforcing model: ratios and group size enable the responsive, individualized care that supports early learning; staff qualifications and coaching give teachers and home visitors the skill to act on what those ratios make possible; and screening requirements improve outcomes because they are paired with follow-up and referral requirements that ensure identified concerns are actually addressed. Weakening any one component of this model can undermine the effectiveness of the whole, weakening the overall conditions that support babies' learning, health, safety, and development during a uniquely consequential period.

The EHSREP demonstrated larger gains in child development and parent-child interactions among programs that implemented the Standards earlier and more fully, validating the importance of robust, science-based HSPPS for child and family outcomes.¹⁶ And because the Standards apply uniformly, they also guarantee that this same evidence-based model reaches every family enrolled in EHS, whether in a rural community or a major city. This consistency ensures quality and continuity of services that infants and toddlers rely on for reliable, responsive, and individualized care.

III. The NPRM Would Undermine Comprehensive, Healthy, Safe, and Quality Early Learning Environments for Children

Head Start ensures children receive direct services in individualized, nurturing early learning environments, helping meet their needs on a day-to-day basis. The existing HSPPS are core to the effectiveness of these services, and the rescission of many of these Standards would have the impact of undermining not only the health and safety of young children but also their overall learning and development.

Health and Safety

Health and safety are foundational to infant and toddler development and learning. Current Standards create a national baseline for the well-being of young children in Head Start. Removing federal protections puts infants and toddlers at preventable risk, while undermining the program's goals of improved child development.

Staff-child ratios, group size, and active supervision are established safety protections for children in care. Smaller groups enable staff to monitor feeding, diapering, sleep, sanitation, transitions, and emergencies while responding to individual cues that ensure critical brain development. For center-based settings, the current Standards establish a 1:4 staff:child ratio and group size of 8 or 9 for infants and toddlers. In mixed age settings like the family child care home option, the Standards require a maximum of 2 children under 2. ACF's *Caring for our Children, National Health and Safety Performance Standards Guidelines for Early Care and Education Programs*—a collection of national standards that represent the best practices for quality health and safety policies and practices for early care and education settings, which are based on evidence, expertise, and experience—recommends ratios and group sizes at least as protective as current Head Start requirements.¹⁷

¹⁵ HHS, ACF, Office of Planning, Research, and Evaluation. (2006). *Impacts of Early Head Start participation during pregnancy on child and parenting outcomes*. <https://acf.gov/sites/default/files/documents/opre/pregnancy2.pdf>.

¹⁶ HHS, ACF. (2009). *How the performance standards support new Early Head Start programs: Lessons learned from research*. Early Head Start Research and Evaluation Program. <https://acf.gov/sites/default/files/documents/opre/implemtr2pbrief.pdf>.

¹⁷ HHS, ACF. (2025). *Caring for our children basics: Health and safety standards code for early care and education programs*. <https://childcareta.acf.hhs.gov/cfoc>.



Caring for our Children further identifies inadequate supervision, often associated with inadequate ratios, as a major contributor to injuries.

Fifteen states do not align with the infant ratio under the HSPPS, and only two states align for toddlers; some states permit one adult to care for 11 or 12 two-year-olds.¹⁸ The regulatory impact analysis within the NPRM assumes a significant number of programs will reduce staffing per child, estimating \$668 million in annual savings based on a roughly 25 percent reduction in the teaching workforce and 16-32 percent more children per teacher. To safeguard children's safety, ZERO TO THREE opposes withdrawing requirements pertaining to Head Start-specific ratios, group sizes, active supervision, and ongoing health and safety training.

HHS should similarly preserve the clear requirements for ensuring infants and toddlers are provided diapers and formula during the program day, ensuring babies' basic needs continue to be met. State licensing generally regulates safe diapering but does not require programs to supply diapers, and no uniform federal rule requires every licensed center to supply formula. Eliminating this regulatory requirement would create ambiguity for programs on their obligations to ensure nutrition and sanitation for very young children and negatively impact their health.

Similarly, ZERO TO THREE opposes the removal of specific guidance on how to reduce lead exposure, including the requirements for a prevention plan, testing and inspection at least every two years where lead may exist, trained professional support, and remediation or abatement as needed. Requiring only a general plan, as proposed, could increase the likelihood that very young children undergoing rapid brain development will be exposed to lead. Exposure to lead can seriously harm a child's health and development and is more harmful to children under the age of 6. Their brains and bodies are still developing, and even low levels of lead in children's blood have been shown to negatively affect children's health.¹⁹ A general prohibition without implementation requirements does not provide the same protection.

Developmental and Early Learning Supports

Individualized Attention through Low Ratios and Group Sizes

Most state child care licensing requirements pertaining to child:staff ratios and group sizes are intended to ensure minimal health and safety safeguards—and, as described above, unfortunately often fall short in doing so. However, ratios and group sizes are even more important in Head Start, which is not only a child care program but a robust child development program, where the Standards must not only ensure basic health and safety but also advance children's strong development, learning, family partnership, and school readiness. Ratios and group sizes determine whether adults can observe cues, individualize routines, build secure relationships, support language development, maintain supervision, and partner with families to best support children. By reverting ratios and group sizes to state licensing standards, the proposed rule would undermine the individualized care young children need to thrive. As a result, ZERO TO THREE reiterates our opposition to removing these essential safeguards.

¹⁸ Meek, S., Blevins, D., et al. (2026). *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 at Arizona State University. <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>.

¹⁹ HHS, Centers for Disease Control and Prevention. (2026). *Lead exposure symptoms and complications*. <https://www.cdc.gov/lead-prevention/symptoms-complications/index.html>.



Screening and Assessment

Current Standards require developmentally, culturally, and linguistically appropriate screening and assessment and establish timelines for such screenings: generally within 45 days of a child's first attendance or home visit, and within 30 days for programs operating 90 days or fewer. The Standards also require periodic analysis of child-level assessment data. These timelines matter during infancy and toddlerhood, when development changes rapidly and screening is often the gateway to catching issues early and intervening before those early concerns turn into chronic conditions. Broad statutory requirements do not replace operational timelines and procedures.

Children for whom English is a second language have specialized needs to ensure accurate assessment. Screening or assessing a dual language learner primarily in English can obscure actual competencies, distort teaching decisions, and increase inappropriate referrals for suspected language delays. As a result, the proposed English-only instruction standard could undermine appropriate screening and assessment, even as the Head Start Act requires that such screening should be “developmentally, linguistically, and culturally appropriate for the population served” and “valid and reliable in the language in which they are administered.”²⁰

To ensure young children receive the timely, accurate screening and assessment needed to put them on the best path to educational success, ZERO TO THREE urges the Department to retain specific timelines and require valid, reliable, linguistically and culturally appropriate processes, as well as administration by trained staff, consistent with the Head Start Act.

Services for Children with Disabilities

The Head Start Act and the Individuals with Disabilities Education Act (IDEA) set out broad requirements related to screening, referral, and services for children with disabilities. Current Standards then translate those rights into clear, concrete program responsibilities and ensure bridge services are provided while eligibility is determined. In the case of programs serving infants and toddlers, current Standards require programs and service providers, specialists, and partners to spell out how services will be delivered in Head Start programs, how the agencies involved will work together, and how to ensure timely and appropriate steps will be taken to determine children's eligibility for services under Part B of IDEA for children with an Individualized Family Service Plan (IFSP) transitioning out of EHS. If these requirements are rescinded, as the NPRM proposes, programs may still have the same legal obligations, but families could have less certainty about how those rights will actually be carried out for their child.

Under the Head Start Act, children with disabilities are a core population served, with statute requiring that such children make up no less than 10% of children enrolled.²¹ In the most recent program year, over 15% of children enrolled had an Individualized Education Program (IEP) or an IFSP, indicating they were determined eligible to receive special education, early intervention, and related services. Head Start programs are often the only inclusive option available to infants and toddlers with disabilities or developmental delays. State licensing does not provide an equivalent floor: only five states require centers to be accessible to children with disabilities, and relatively few require individualized activity plans, accommodations, or appropriate materials.²² Without the

²⁰ Head Start Act, 42 U.S.C. § 9836a(b)(2).

²¹ Head Start Act, 42 U.S.C. § 9835(d)(1).

²² Meek, S., Blevins, D., et al. (2026). *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 at Arizona State University. <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> Children's Equity Project.



clarity that the current Standards provide, children may not receive timely assessment or services, losing out on a critical opportunity for early intervention.

To ensure the needs of children with disabilities continue to be met, ZERO TO THREE strongly urges the retention of existing, specific, actionable requirements on how Head Start programs should serve the needs of infants, toddlers, and preschoolers, including through:

- Timely developmental assessments and follow-up for every child.
- Individualized support, to the extent possible, during IDEA eligibility determination.
- Accommodations for children with disabilities so they can participate fully in Head Start.
- Prohibitions on denial of enrollment because of disability or chronic health conditions.
- Supporting families through IFSP processes and the transition from IFSPs to IEPs at age three.

Without these requirements, families may retain legal rights but face less certainty about service delivery, interagency coordination, and timely transitions. Removing screening timelines could also delay early intervention during a period when timely support produces better outcomes.

Suspension and Expulsion

The behaviors of infants and toddlers are intricately tied to that child's development and relationships with adult caregivers. Crying, biting, separation distress, dysregulation, and difficulty with transitions signal needs rather than intentional misconduct. Appropriate responses include observation, individualized strategies, family partnership, developmental and infant-early childhood mental health consultation, positive behavior supports, coaching, and referral. In contrast, suspension and expulsion remove children's ability to benefit from direct interventions that could lead to behavioral improvements, potentially worsening—or, at best, failing to support progress in—children's disruptive behaviors, resulting in a missed opportunity to support children's behavioral health and potentially leading to challenges in school and beyond.

Unfortunately, even as the NPRM removes requirements pertaining to the services children with behavioral challenges need, the proposal also removes restrictions intended to limit suspension and expulsion. Weakening exclusionary-discipline protections while also increasing group sizes, reducing services for children with developmental delays, disabilities, or emotional and behavioral challenges, and reducing workforce and coaching requirements risks making children bear the consequences of insufficient adult or organizational capacity. These impacts will be felt most acutely by children with disabilities, who are more likely to exhibit disruptive behaviors and to experience suspension or expulsion.²³

The Head Start Act does not contain the current regulatory protections, and state policies vary substantially. ZERO TO THREE strongly urges the Department to retain the prohibition on expulsion because of behavior, strict limits on suspension, and the expectation that programs exhaust supports, consultation, intervention, and family partnership before considering exclusion or placement changes, so that behavioral challenges can be addressed when doing so can have the biggest impact.

Emotionally Harmful Conduct

Removing the personnel Standards would leave protections against emotionally harmful conduct to inconsistent state and local licensing rules. Infants and toddlers rely on adults for safety and regulation. Humiliation, shaming, intimidation, threats, withdrawal of affection, and harsh public

²³ Id.



correction can disrupt attachment, trigger distress, and harm emerging self-worth.²⁴ State discipline rules vary. Only 17 states address suspension and expulsion in licensing, and only 19 prohibit yelling, shouting, or screaming.²⁵ The Standards should retain explicit standards of conduct prohibiting emotionally harmful or abusive behavior, including seclusion, humiliation, name-calling, shaming, intimidation, and threats.

Health and Dental Services

Good health forms the foundation of appropriate child development and learning. Preventive care is foundational to the well-being of infants and toddlers, as challenges avoided or caught early can be addressed before they worsen into more significant health problems or diagnoses.

Unfortunately, the proposed rule would remove essential deadlines, direct services, and service referrals that are needed to ensure young children's health needs are met during this critical period of physical and cognitive development.

The NPRM proposes eliminating the federal 45-day deadline for vision, hearing, behavioral, and developmental screenings, as well as the 30-day deadline for programs operating 90 days or fewer. Removing this requirement risks leaving hearing loss, vision impairments, speech delays, or neurodivergence undetected until elementary school, when interventions are far more costly and less effective. Similarly, a child's health needs are best met when that child has a consistent, primary point of care through a medical home, which can both provide health care and coordinate any needed follow-up. However, finding consistent pediatric care can be challenging, particularly for children in rural areas or whose parents struggle to navigate the health care system. Finding dental care can be similarly difficult, even as the NPRM removes oral health requirements such as daily toothbrushing—rolling back a critical, cost-effective health intervention for children who face high rates of tooth decay. Removing tracking requirements for medical and dental homes and follow-up care, as well as basic dental hygiene, would result in higher costs in the long-term and leave more children without reliable access to health care.

To ensure young children's early learning is not undermined by foundational health challenges, HHS should retain the operational requirements that ensure children and expectant parents establish a medical home within defined timelines; children meet vaccination requirements; and that children receive oral health services including teeth brushing, oral-health screening, and vision screening, alongside related provisions.

Mental Health Services

Young children's social and emotional development is a fundamental part of their overall development and well-being. During the first few years of life, children are developing the capacity to form relationships, communicate their needs, regulate emotions, explore their environments, and engage with others. Young children can and do experience mental health challenges, which are often exhibited as developmental, emotional, and behavioral disruptions or delays. For example, infants and toddlers may face challenges with developing emotional regulation, communication, relationship-building, or reaching developmental milestones. When early emotional health is

²⁴ West, H. (2024, November 19). *Helping children manage shame*. Harper West. <https://www.harperwest.co/helping-children-manage-shame/>.

²⁵ Meek, S., Blevins, D., et al. (2026). *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 at Arizona State University. <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>.



compromised, so too is overall development, leaving children more susceptible to negative health, educational, behavioral, and other life-long challenges.²⁶

Early identification and intervention are critical in order to get kids back on track and prevent early concerns from turning into chronic emotional, behavioral, and mental health challenges or conditions. Early identification and support are especially important during infancy and toddlerhood, when children's brains are rapidly developing. Accordingly, research shows that early prevention and services are more beneficial and cost-effective than treatment that is provided later in life.²⁷

To promote mental health, social, and emotional well-being, under the HSPPS, programs must currently provide mental health consultation services that support the mental health and social and emotional development of children; promote multidisciplinary coordination and collaboration between mental health and other relevant program services; and ensure children receive adequate screening and appropriate follow-up. These requirements help programs identify concerns early and provide children, families, and staff with the timely support they need before challenges escalate.

The HSPPS provide for ongoing mental health consultation, and build community partnerships to facilitate additional mental health resources. Early childhood mental health consultation (ECMHC) pairs mental health professionals with Head Start educators to build classroom strategies for managing challenging behaviors, improving program operations, directly addressing developmental challenges, and avoiding a cycle of suspension or expulsion. Removing the requirement for mental health consultants leaves educators without specialized guidance, undermining providers' ability to address challenging behaviors appropriately before children enter school. In addition, the Standards require behavioral screenings using validated measures and encourage prevention programming, which has been shown to have positive impacts on reduced problematic behaviors and increased social and emotional developmental indicators.²⁸ Removing these provisions would undermine programs' ability to comply with the Head Start Act's requirement that children with documented behavioral problems receive appropriate screening and referral.

This combination of screening, consultation, coordination, and intervention is critical, as educators and parents alike may not recognize the warning signs of mental health challenges, may not know how to intervene effectively, or may recognize there is a problem but not know where to go for help. To support healthy development, ZERO TO THREE strongly urges the preservation of explicit requirements for mental health consultation, referrals, and services.

²⁶ Lyons-Ruth, K., Todd Manly, J., et al. (2017). The worldwide burden of infant mental and emotional disorder: Report of the task force of the World Association for Infant Mental Health. *Infant Mental Health Journal*, 38(6), 695–705; Raver, C. C. (2002). Emotions matter: Making the case for the role of young children's emotional development for early school readiness. *Social Policy Report*, 16(3), 1–20.

²⁷ National Scientific Council on the Developing Child. (2010). *Persistent fear and anxiety can affect young children's learning and development* (Working Paper No. 9). Harvard University. <https://developingchild.harvard.edu/resources/persistent-fear-and-anxiety-can-affect-young-childrens-learning-and-development/>

²⁸ Yoshikawa, H., & Knitzer, J. (1997). *Lessons from the field: Head Start mental health strategies to meet changing needs*. National Center for Children in Poverty, Columbia University; Yoshikawa, H., & Zigler, E. (2000). Mental health in Head Start: New directions for the twenty-first century. *Early Education and Development*, 11(3), 247–264; Webster-Stratton, C., Reid, M. J., & Hammond, M. (2001). Preventing conduct problems, promoting social competence: A parent and teacher training partnership in Head Start. *Journal of Clinical Child Psychology*, 30(3), 283–302; Webster-Stratton, C., Reid, M. J., & Stoolmiller, M. (2008). Preventing conduct problems and improving school readiness: Evaluation of the Incredible Years Teacher and Child Training Programs in high-risk schools. *Journal of Child Psychology and Psychiatry*, 49(5), 471–488; Bierman, K. L., Domitrovich, C. E., et al. (2008). Promoting academic and social-emotional school readiness: The Head Start REDI program. *Child Development*, 79(6), 1802–1817; Jones, S. M., Bub, K. L., & Raver, C. C. (2013). Unpacking the black box of the CSRP intervention: The mediating roles of teacher-child relationship quality and self-regulation. *Early Education and Development*, 24(7), 1043–1064; Raver, C. C., Jones, S. M., et al. (2011). CSRP's impact on low-income preschoolers' preacademic skills: Self-regulation as a mediating mechanism. *Child Development*, 82(1), 362–378.



Language Access

Support for children who are dual language learners has been embedded in the HSPPS since 1975 and has evolved with the evidence. To support children's overall learning and English language acquisition, current Standards promote development of the home language while exposing children and families to English in center-based and home-based services. Decades of research show that young children build content knowledge and English most effectively when instruction builds on, rather than excludes, the home language. Strong home-language development supports English acquisition; bilingual instruction produces stronger outcomes in some domains and no disadvantage in others.²⁹ Infants can develop two separate but connected language systems, and learning two languages does not delay English.

More than one-third of children served by Head Start are dual language learners. English-only instruction would impose a new mandate, not deregulation, and could impose significant costs and reduce access, especially in Puerto Rico and MSHS programs.

The Head Start Act requires scientifically based, developmentally appropriate, culturally and linguistically responsive services, meaningful progress in English and all developmental domains, and strong family partnerships, including home-visiting strategies that support emergent language and literacy for children who are limited English proficient.³⁰ ZERO TO THREE opposes the proposed English-only mandate, which would conflict with these statutory provisions and undermine the ability to support children's early learning, including of the English language.

IV. The NPRM Would Undermine Head Start's Ability to Meet the Needs and Choices of Families, With Negative Ramifications on Children's Early Learning

Babies develop in the context of families and through their interactions with adult caregivers. Healthy brain development depends on the strength of healthy human connection with parents and caregivers who teach babies how the world works and how they are valued.³¹ Infants and toddlers are reliant on parents and other caregivers in their lives for their care, health, and overall well-being, and these relationships influence brain development, cognitive skills, and social skills.³² A signature strength of Head Start has been the recognition that parents are their children's primary teacher,³³ and that the ability of parents to perform that role depends on their own health, well-being, and economic stability. For this reason, Head Start has always taken a two-generational holistic approach to child development that includes supporting parents in access physical and mental health resources, job training, parenting education, and access to economic support, as well as actively engaging parents in their child's learning and development. By strengthening families—ensuring that parents and other caregivers have the resources and supports that enable them to nurture their child's development—Head Start helps lay the strong foundations babies need to grow into healthy, productive adults.

²⁹ National Academies of Sciences, Engineering, and Medicine. (2017). *Promoting the educational success of children and youth learning English: Promising futures*. National Academies Press; Espinosa, L. M. (2013). *PreK–3rd: Challenging common myths about dual language learners: An update to the seminal 2008 report*. Foundation for Child Development. <https://www.fcd-us.org/wp-content/uploads/2016/04/Challenging-Common-Myths-Update.pdf>.

³⁰ Head Start Act, 42 U.S.C. § 9836, 9836a, & 9840.

³¹ National Scientific Council on the Developing Child. (2004). *Young children develop in an environment of relationships: Working paper no. 1*. Center on the Developing Child at Harvard University. <https://developingchild.harvard.edu/wp-content/uploads/2024/10/Young-Children-Develop-in-an-Environment-of-Relationships.pdf>.

³² Shonkoff, J. P., & Phillips, D. A. (Eds.). (2000). *From neurons to neighborhoods: The science of early childhood development*. National Academies Press. <https://www.nationalacademies.org/read/9824>.

³³ Head Start Act, 42 U.S.C. § 9837(b).



Support Services for Families

What has made Head Start's approach to comprehensive support for families so successful has been the way family support specialists work closely with families to identify their needs and develop individualized plans with them that are tailored to the family's specific situation. Research finds that Head Start parent participation works best when programs actively work to include working parents and those under financial strain, not just when the formal structure exists on paper.³⁴ However, the proposed rule removes many of the requirements that actualize treating parents as their child's primary teacher, including eliminating requirements for at least two teacher home visits per year and at least two parent-teacher conferences per year, two of the most significant opportunities for teachers to actively collaborate with parents in a child's learning. This commitment to working closely and in partnership with families is further undermined by the proposed removal of the current language defining family partnerships and family partnership agreements. These partnership agreements have allowed families to set goals for themselves, such as securing stable housing or finding a job that strengthens their family's economic self-sufficiency.

This close partnership with families is only possible when family support specialists have the time to work closely with families and listen to them. It is for this reason that the HSPPS currently limits the caseload of a family support specialist to no more than 40 families per family support worker. This requirement is proposed for elimination, jeopardizing the ability of Head Start programs to meaningfully partner with families.

The proposed rule will particularly limit the ability of parents for whom English is not the primary language from participating in their child's education, including responding to concerns raised by program staff. For instance, the NPRM removes the requirement that family engagement activities take place in the preferred language of the parent, including through the help of an interpreter if needed. It similarly removes the requirement that, in cases where the majority of families in a Head Start program share the same language, the program retain a staff member who can communicate in that language. Parents will not be able to be meaningfully engaged in their child's learning and development if they are not engaged in a language that they can understand.

ZERO TO THREE urges the Department to retain these essential requirements, which enable families to be involved and engaged in their own child's care and learning.

Parental Voice in Program Operations

Programs work best when families have a meaningful role in decisions that affect their children, including in advising the program. Head Start has a long-standing commitment to giving parents a strong role in governing programs and defining services, a commitment that is enshrined in the Head Start Act.³⁵ However, the proposed rule removes the requirement that parents be given the opportunity to provide feedback on the curriculum their children are taught. It would also remove the requirement that programs remain open and accessible to parents during hours of operations. The proposed rule would further make parent committees, which advise the Head Start program, optional rather than required, thereby reducing the opportunity for parents to provide input. Eliminating the parent committee requirement would make the involvement of parents in program design more limited, reducing their influence and making programs less likely to truly reflect the needs of the families they are serving.

³⁴ Lamb-Parker, F. L., Piotrkowski, C. S., et al. (2001). Understanding barriers to parent involvement in Head Start: A research-community partnership. *Early Childhood Research Quarterly*, 16(1), 35–51.

³⁵ Head Start Act, 42 U.S.C. § 9837(c)–(d).



For many low-income parents, meaningful engagement in program operations is limited by financial considerations. The proposed rule would raise additional barriers to parents actively engaging by removing the language that explicitly allows parents to be reimbursed for time and expense associated with participating and contributing to program governance, making it less likely that low-income parents will be able to have a meaningful voice in program operations.

Altogether, these changes would reduce—rather than increase—parents’ ability to have a say in the education their children receive in Head Start. ZERO TO THREE supports the retention of structures and requirements that are essential to parents’ ability to have a say in the education and services their children receive through Head Start.

Family Child Care

Through child care partnerships with EHS, family child care is one of the current program options that communities can use to serve children and families, but the proposed rule would effectively eliminate the federally defined family child care option as a meaningful choice for families by removing the dedicated federal regulatory framework for this option. Family child care is not explicitly discussed in statute, and consistent, effective implementation relies on the existing HSPPS.

Families with infants and toddlers may prefer family child care settings for many reasons, including that they want the home-like environment of family child care settings for their children in their earliest years; they find that family child care providers are better positioned to care for their children with special health care needs; or family child care may offer care that better accommodates nontraditional working hours or linguistic and cultural preferences. To ensure parents retain an essential choice and that children receive the services they need in family child care settings, ZERO TO THREE opposes the removal of Standards that regulate the family child care option.

Services for Pregnant Women

EHS serves more than 13,000 pregnant women, providing them with comprehensive prenatal, postpartum and family well-being services. Research shows that children whose mothers enroll during pregnancy show some of the strongest positive outcomes.³⁶ The proposed rule significantly moves away from a commitment to holistic and comprehensive family supports when it comes to pregnant woman and the parents of newborn children, the very time periods where these supports are most needed and most likely to have a lasting life-long impact. Reduced health, mental health, and economic support during a baby’s earliest months can lead to learning and developmental challenges for the child and ongoing health challenges for parents, impacting the ability to provide strong, nurturing care.³⁷

The proposed rule would eliminate requirements that bolster pregnant women’s health and positive birth and infant outcomes. Examples of eliminated Standards include the requirements that a program determine whether a pregnant woman has access to health coverage and facilitate access if they do not, provide services that reduce barriers to healthy birth outcomes, and provide referrals for oral health care, mental health services, substance abuse prevention and treatment, and

³⁶ HHS, ACF, Office of Planning, Research, and Evaluation. (2006). *Impacts of Early Head Start participation during pregnancy on child and parenting outcomes*. <https://acf.gov/sites/default/files/documents/opre/pregnancy2.pdf>.

³⁷ Fisk, E., Lombardi, C., Cook, K. D., & Chazan-Cohen, R. (2026). Early Head Start prenatal services and toddlers’ socioemotional skills: The role of program approach. *Early Childhood Education Journal*, 54(2), 893–903.



emergency shelter or transitional housing in cases of domestic violence. It also removes the requirement that newborn visits be scheduled within two weeks of birth.

Nationally, one in five women experience mental health challenges during the perinatal period, yet only 15% receive treatment.³⁸ Research has found that as many as 48% of low-income mothers experience elevated postpartum depression symptoms.³⁹ However, women with very low household incomes (below \$25,000/yr) are about half as likely as higher-income peers to seek consultation for postpartum mental health concerns.⁴⁰ It is for this reason that the connections EHS makes to mental health services for pregnant woman have proven to be particularly important. 4,733 pregnant women (34.6% of pregnant women enrolled) received mental health interventions and follow-up through Head Start during the FY 2024-25 program year.⁴¹ The proposed changes remove the requirements to connect pregnant woman and new mothers to mental health services, jeopardizing both the well-being of the parent and the healthy development of the child.

Young children's well-being is inextricably linked to the health and well-being of their primary caregivers, who are responsible for providing consistent, nurturing, attentive care—care that is particularly challenging to offer when a parent is struggling with their own health or economic challenges. ZERO TO THREE urges the Department to retain these vital maternal health supports. If pregnant and postpartum mothers cannot access the services currently available under the Standards, both parents' and children's well-being is likely to suffer.

Home Visiting for Pregnant and Postpartum Mothers, Infants, and Toddlers

Just as some children thrive best in a center-based or family child care setting, other children and families benefit most from visits directly to the home where that child is raised and does the majority of their learning.

The Head Start Act directs HHS to establish standards for home visitor training, qualifications, and the conduct of home visits in EHS.⁴² The Standards operationalize that direction through requirements for the home-based option, education in home-based programs, and home visitor qualifications. The NPRM would remove requirements governing service duration and frequency, group socializations, joint planning with parents, research-based curricula, screening and assessment, language supports, and home visitor competencies.

A successful relationship between home visitors and families requires the building of trust, which is nurtured through regular contact. Regular visits provide repeated opportunities for home visitors and families to build trust, establish collaborative relationships, understand a child's development in the context of family life, and identify emerging needs. Research from EHS demonstrates that the quantity and quality of home visiting are closely connected: high-quality, child-focused interactions can occur within the context of regular home visits, and the extent to which visits include child-focused activities is associated with children's cognitive and language development and parents' support for learning.⁴³ It is for these reasons that the current HSPPS specify that a home visitor may

³⁸ Association of American Medical Colleges. (n.d.). *Maternal mental health*. <https://www.aamc.org/about-us/clinical-care/maternal-mental-health>.

³⁹ Chung, E. K., McCollum, K. F., Elo, I. T., Lee, H. J., & Culhane, J. F. (2004). Maternal depressive symptoms and infant health practices among low-income women. *Pediatrics*, 113(6), e523–e529.

⁴⁰ Dagher, R. K., Pérez-Stable, E. J., & James, R. S. (2021). Socioeconomic and racial/ethnic disparities in postpartum consultation for mental health concerns among US mothers. *Archives of Women's Mental Health*, 24, 781–791.

⁴¹ HHS, ACF, Office of Head Start. (2026). *Program Information Report* [Data set]. <https://hses.ohs.acf.hhs.gov/>.

⁴² Head Start Act, 42 U.S.C. § 9840a(i).

⁴³ Raikes, H., Green, B. L., et al. (2006). *Involvement in Early Head Start home visiting services: Demographic predictors and relations to child and parent outcomes*. *Early Childhood Research Quarterly*, 21(1), 2–24; Jones Harden, B., Chazan-Cohen, R., et al. (2012). *Early Head Start home visitation: The role of implementation in bolstering program benefits*. *Journal of Community Psychology*, 40(4), 438–455.



not have a caseload of more than 12 and that the program must provide one home visit per week per family that lasts at least an hour and a half and provide a minimum of 46 visits per year. These Standards are eliminated in the proposed changes, jeopardizing the ability of the EHS home-based model to generate positive outcomes for children, parents, and families.

For home visiting to lead to better outcomes for children, the home visitor must not only have the skill and training to build this trust but must also have deep knowledge of: the relationship of health and well-being of pregnant women to prenatal and early child development; how to support a parent as their child's first teacher; methods to help parents promote language development and early literacy; and how to assess a family's needs for additional services. These training requirements are currently specified in the HSPPS but eliminated in the proposed changes. Without these requirements, home visitors are unlikely to have the knowledge and skills needed to support parents and promote positive child development.

The Head Start home-based model is one of the evidence-based home visiting programs state can select and fund under the federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, further amplify EHS's positive impact on mothers and young children. In order for a home visiting model to meet the criteria for evidence-based under MIECHV it must pass the HHS Home Visiting Evidence of Effectiveness (HomVee) review process and demonstrate that it has positive, statistically significant impacts for children and families in at least one of eight domains such as child health, school readiness, and family economic well-being. In addition, a model must demonstrate that it rigorously meets implementation and quality standards.

There are currently 24 home visiting models that meet these standards and are eligible for MIECHV funding as an Evidence Based Model. The implementation and quality standards for the EHS home-based model—such as the frequency of home visits, the maximum caseload a home visitor can hold, and the required training for qualified home visitors—are currently spelled out only in the HSPPS. The proposed rule changes would eliminate them. If these Standards were eliminated, it is not clear that the EHS home-based model could maintain its status as an evidence-based model and its access to MIECHV funding.

Home visiting is a critical, proven model that communities may choose to meet local needs, with evidence related to child development, school readiness, positive parenting, and family economic self-sufficiency. ZERO TO THREE opposes removing the requirements for home visiting, which risks weakening both program quality and the evidence-based model, undermining outcomes for both parents and children.

Administrative Burdens on Children Experiencing Homelessness and Other Documentation Challenges

Infants and toddlers experience homelessness at rates often underappreciated, and are uniquely vulnerable to the stresses, uncertainties, and deprivations that go with it. In 2023, nearly 450,000 infants and toddlers in the United States experienced homelessness.⁴⁴ Nearly 70,000 babies are born to parents who experience homelessness during pregnancy.⁴⁵ Infants and toddlers are the group at highest risk of eviction, and the rate of eviction for families with children (10.4%) was more

⁴⁴ SchoolHouse Connection. (2025). *Infant & toddler homelessness across 50 states: 2022–2023*. <https://schoolhouseconnection.org/wp-content/uploads/2025/04/2025-Infant-and-Toddler-Homelessness-Across-50-States-2022-2023.pdf>.

⁴⁵ McGovern, M. E., Treglia, D., et al. (2024). Homelessness and maternal and infant health. *JAMA Network Open*, 7(11), e2442596.



than double the eviction rate of those without children.⁴⁶ Homelessness during pregnancy or in the first three years of life can lead to developmental delays, physical and mental health issues, and lasting effects on well-being.⁴⁷

Because of the prevalence and lasting impacts of homelessness on young children, the Head Start Act requires HHS to “establish policies and procedures to remove barriers to the enrollment and participation of homeless children in Head Start programs.”⁴⁸ In accordance with this directive, the current HSPPS provide explicit requirements and guidance to Head Start programs on how to serve families experiencing homelessness.

In the 2024-25 program year, Head Start served more than 60,000 children experiencing homelessness. During this period, 9.5 percent of the children enrolled in EHS were experiencing homelessness,⁴⁹ as compared to about 3.4% of infants and toddlers who experience homelessness in the general population.⁵⁰ The rate of children experiencing homelessness has also increased over time under the recent, intentional efforts required by the HSPPS.⁵¹ These numbers demonstrate that the provisions currently in the HSPPS that focus on serving families experiencing homelessness help ensure access for a group of children Head Start is uniquely designed to serve. Unfortunately, the proposed rule would remove most of the specific provisions that ensure Head Start effectively meets the needs of children experiencing homelessness or help their families, and thus these children, gain housing stability.

The proposed changes eliminate requirements that ensure children experiencing homelessness are appropriately prioritized in the program as communities shift over time, as envisioned by statute. It would remove the standards and protocols for collecting and analyzing data regarding the homeless population the program serves, as well as the requirement that programs annually update how they prioritize families experiencing homelessness in recruitment and enrollment. It would also eliminate the provision requiring programs to use community resources, where possible, to provide transportation when a family experiencing homelessness has none. Homelessness often occurs unexpectedly, including when a family is evicted from their home. Recognizing this, the current HSPPS includes, but the proposed rule rescinds, an explicit authorization for programs to reserve up to 3% of their slots for homeless families, holding vacancies open for up to 30 days. The proposed rules would also rescind the requirement that programs build partnerships with the school district McKinney-Vento liaison and with homeless service providers, undermining the ability to coordinate services for families.

While the Head Start Act guarantees categorical eligibility for children experiencing homelessness, the proposed rule eliminates one of the most crucial mechanisms for enabling families experiencing homelessness to enroll under the current HSPPS: self-attestation. Families experiencing homelessness have often lost documents or have limited access to them, even as documentation of a lack of housing may not exist. For example, it is unclear, other than through

⁴⁶ SchoolHouse Connection. (2025). *Infant & toddler homelessness across 50 states: 2022–2023*. <https://schoolhouseconnection.org/wp-content/uploads/2025/04/2025-Infant-and-Toddler-Homelessness-Across-50-States-2022-2023.pdf>.

⁴⁷ David, D. H., Gelberg, L., & Suchman, N. E. (2012). Implications of homelessness for parenting young children: A preliminary review from a developmental attachment perspective. *Infant Mental Health Journal*, 33(1), 1–9; McGovern, M. E., Treglia, D., et al. (2024). Homelessness and maternal and infant health. *JAMA Network Open*, 7(11), e2442596.

⁴⁸ Head Start Act, 42 U.S.C. § 9835(m).

⁴⁹ First Five Years Fund. (2026). *Head Start: United States 2026 state fact sheet*. https://www.ffyf.org/wp-content/uploads/2026/09/2026HS_USA.pdf.

⁵⁰ SchoolHouse Connection. (2026). *Infant and toddler homelessness across 50 states: 2023–2024 data report*. <https://e1.nmcdn.io/assets/schoolhouse/wp-content/uploads/2026/09/2026-Infant-Toddler-Homelessness-Report.pdf>

⁵¹ Id.



self-attestation, how a family that is “couch surfing” or living in their car could provide documentation proving that they are experiencing homelessness. This is especially true for families escaping domestic violence or experiencing a sudden eviction. These are the very families whose children stand to benefit the most from the support and stability that Head Start offers, both through the reliable care a Head Start program provides to a child and the family support services that can help a family find a safe, permanent home.

Federal law already recognizes this documentation burden as an administrative barrier. The McKinney-Vento Homeless Assistance Act, for example, requires immediate enrollment of students experiencing homelessness even if they do not have documents normally required for enrollment, such as proof of residency or other records.

The proposed rule also limits the ability of other families at greatest risk of negative child development outcomes from accessing the program. For example, the proposed rule eliminates the ability of families to temporarily self-attest to income or age of their child at the time of enrollment if this documentation is not readily available—a provision that most benefits families fleeing domestic violence, displaced by a natural disaster, or without stable housing.

The current HSPPS also allow, for the purpose of eligibility determination, an adjustment of income for housing costs that exceed 30% of annual gross income. In removing the housing expense factor in wage calculation, this proposed rule creates an additional new barrier for families trying to enroll their children in Head Start, as housing costs vary across the country and can be a significant driver of family economic instability. Head Start is designed and intended to serve families experiencing economic stress. With the cost of basic necessities increasing and the price of housing skyrocketing in many communities, income alone is not always an adequate benchmark for the economic resources available to family. This proposed change would prevent many of the families for whom that Head Start program was created to access the program.

Children in households facing the greatest challenges to stability, such as homelessness or economic instability, are exactly the children that Head Start was designed to serve. ZERO TO THREE opposes these changes to family eligibility—including eliminating the ability of parents to self-attest to their program eligibility, as well as removing economic considerations in regards to housing costs—which will effectively bar many homeless and other at-risk families from enrolling in Head Start, violating the intent of the Head Start Act. As the proposed rule itself acknowledges, up to 8% of currently served children could lose access to Head Start.⁵² As a result, many of the children who could benefit most from Head Start will no longer receive the services they need for a strong academic start.

V. The NPRM Would Undermine the Ability of Head Start Staff to Meet Children’s Needs

Head Start staff are foundational to young children’s experiences in Head Start, including EHS. For infants and toddlers especially, healthy development and early learning depend on consistent, nurturing, and responsive relationships with the adults who care for and teach them.⁵³ The quality of caregiving and stability of the adults in children’s lives are among the strongest predictors of positive early childhood outcomes.⁵⁴ As a result, ensuring that staff have the training, professional

⁵² Reducing Federal Burden for Head Start Programs, 91 Fed. Reg. 51,248, 51,262, 51,307 (Aug. 7, 2026).

⁵³ Schoch, A. D., Gerson, C. S., Halle, T., & Bredeson, M. (2023). *Children’s learning and development benefits from high-quality early care and education: A summary of the evidence* (OPRE Report No. 2023-226). HHS, ACF, Office of Planning, Research, and Evaluation. <https://acf.gov/sites/default/files/documents/opre/%232023226%20Benefits%20from%20ECE%20Highlight%20508.pdf>.

⁵⁴ Center on the Developing Child. (2026). *From resources to routines: The importance of stability in the developmental environment* (Working Paper No. 4). Harvard University. <https://developingchild.harvard.edu/wp-content/uploads/2026/03/HCDC-ECSCCE-Stability.pdf>.



support, and working conditions they need to do their jobs effectively is essential to children's development and well-being.

The HSPPS recognize that supporting educators is central to supporting children. Infant and toddler educators need specialized knowledge of brain development, attachment, co-regulation, emerging communication, sensory and motor development, individualized routines, developmental observation, family partnership, and infant and early childhood mental health. In fact, research consistently demonstrates that children's development and early learning are best supported by nurturing adults who are trained, responsive, and skilled in supporting all domains of child development, including cognitive, language, social, emotional, behavioral, and relational development.⁵⁵ The current Standards provide staff with vital supports, including breaks; training on child behavior, teacher-child interactions, curriculum implementation, early learning standards, dual language learners, children with disabilities, and individualized learning; research-based coaching; and mental health and wellness resources. The Standards also require programs to provide staff with adequate time to participate in training and professional development.

These are not administrative requirements that can be eliminated without significant consequences. The current Standards provide educators the tools, time, and support needed to create nurturing, responsive, and developmentally appropriate learning environments. They also help reduce stress and support workforce stability, which is particularly important for young children whose development depends on consistent relationships with trusted adults.

The proposed rule would eliminate critical supports that Head Start staff need to provide responsive, nurturing, and effective care. The proposal rescinds staff break requirements and removes or weakens Standards pertaining to training and professional development on managing children's behavior, effective teacher-child interactions, curriculum implementation, early learning standards, supporting dual language learners and children with disabilities, and using data to individualize learning experiences. It also eliminates requirements for research-based coaching and reduces programs' obligations to provide staff with information and regular opportunities to learn about mental health, wellness, and health education. Critically, the proposal would also remove the requirement that programs budget sufficient time for staff to participate in training and professional development.

These losses come while the proposed rule would increase class sizes, weaken teacher-to-child ratios, and remove specialized teacher supports such as ECMHC and child development specialists, requiring teachers to care for more children while receiving fewer supports. This would worsen already challenging working conditions and make it harder for programs to recruit and retain qualified educators. Indeed, the NPRM itself estimates that these changes could result in many educators leaving their jobs.⁵⁶ The cumulative impact of the loss of these staff supports would be to create conditions that make it harder for programs to keep the educators that children rely on, undermining staff retention and increasing turnover and staffing shortages—already profound challenges impacting Head Start programs.

These changes are likely to negatively impact children served by Head Start. Young children thrive through consistent, responsive relationships with nurturing adults. When teachers are stretched across larger groups of children, have fewer opportunities for professional support, and are more

⁵⁵ Schoch, A. D., Gerson, C. S., Halle, T., & Bredeson, M. (2023). *Children's learning and development benefits from high-quality early care and education: A summary of the evidence* (OPRE Report No. 2023-226). HHS, ACF, Office of Planning, Research, and Evaluation. <https://acf.gov/sites/default/files/documents/opre/%232023226%20Benefits%20from%20ECE%20Highlight%20508.pdf>.

⁵⁶ NAEYC. (2026). *Coherence, not cuts: Educator perspectives on how to improve ECE regulation*. <https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/coherence-not-cuts.pdf>.



likely to leave their jobs, children experience less stability and continuity in their care. Teacher turnover in Head Start settings is associated with negative impacts on children's school readiness and developmental outcomes.⁵⁷ The proposed changes therefore threaten not only the quality of educators' working conditions, but also the stable relationships, individualized attention, positive interactions that support strong development and early learning, and continuity that are foundational to young children's development, learning, and well-being.

Rather than removing the research-based supports that help educators succeed and remain in the field, Head Start should strengthen the conditions that enable skilled, supported professionals to build lasting relationships with children and families. A recent survey by the National Association for the Education of Young Children (NAEYC) underscored these concerns. In a September 2026 survey of nearly 3,900 early childhood professionals, a majority reported that larger group sizes and weaker staff-to-child ratios would increase burnout and make them more likely to leave the field.⁵⁸

ZERO TO THREE therefore opposes the proposed elimination of Head Start staff professional and well-being supports. The Department should instead preserve these Standards and ensure that Head Start programs have the resources necessary to support a skilled, stable, and well-supported workforce.

VI. The NPRM Threatens Basic Head Start Program Operations

Reduction in the Administrative Cap

Many Head Start programs operate on thin operating budgets. The proposed reduction of the Head Start administrative cost limitation from 15 percent to five percent would unnecessarily constrain programs' ability to operate effectively and provide high-quality services. The existing standard is consistent with the 15 percent ceiling under the Head Start Act,⁵⁹ which recognizes that these local programs require sufficient resources to carry out the administrative functions necessary to operate responsibly.

Administrative costs are not synonymous with unnecessary bureaucracy. Human resources functions ensure that staff are hired, supported, and paid accurately and on time; financial management and accounting ensure that funds are properly managed; and auditing and compliance functions help programs meet their legal and fiscal responsibilities. In addition, many programs utilize administrative funds to help ensure program quality and that children and families are being served most effectively. These functions are essential infrastructure for effective Head Start operations and responsible stewardship of federal funds.

The Department's own data indicates that only approximately 3.7 percent of grantees currently operate below a five percent administrative cost level. Imposing a five percent ceiling would therefore require most programs to substantially reduce or restructure essential administrative functions, regardless of whether those functions are necessary to operate effectively.

The impact could be particularly significant for smaller and rural programs, including communities where Head Start is the only available source of early care and education. In some rural areas, Head Start makes up over 90% of child care options.⁶⁰ These programs may have fixed costs for

⁵⁷ Bassok, D., Markowitz, A. J., Hamre, B. K., & Ansari, A. (2024). *Within-year teacher turnover in Head Start and children's school readiness*. *AERA Open*, 10. <https://journals.sagepub.com/doi/full/10.1177/23328584241245094>.

⁵⁸ NAEYC. (2026). *Coherence, not cuts: Educator perspectives on how to improve ECE regulation*. <https://www.naeyc.org/sites/default/files/wysiwyg/user-174467/coherence-not-cuts.pdf>.

⁵⁹ Head Start Act, 42 U.S. Code § 9839(b).

⁶⁰ Meek, S., Bucher, E., et al. (2025). *Head Start's footprint: A focus on rural communities, children with disabilities and vital health services*. Arizona State University. <https://cep.asu.edu/resources/HeadStartsFootprint>.



human resources, accounting, compliance, and financial management that cannot simply be reduced in proportion to program size. Some programs could be forced to reduce services, administrative capacity, or staffing to meet the proposed limit, while others may reduce program hours—limiting Head Start’s ability to provide child care—or even find continued operation under the grant increasingly difficult.

High-quality Head Start services depend not only on what happens in the classroom, but also on the systems that ensure programs can recruit and retain staff, meet their obligations, manage resources, and deliver services effectively. Reducing administrative capacity risks weakening that infrastructure and, ultimately, programs’ ability to serve children and families. This proposal will reduce program quality and likely contribute the child care crisis and raise costs for families by forcing some programs to give up their grants or even close their doors entirely.

ZERO TO THREE therefore urges the Department not to impose a 5 percent administrative cost limitation. The Department should maintain the existing statutory framework and recognize that appropriate investment in administration is necessary for effective program operations, responsible stewardship of federal funds, and sustained access to high-quality Head Start services.

Confusion Regarding the Use of Head Start Funds

Across the full span of requirements eliminated under the NPRM, ZERO TO THREE is also deeply concerned about the operational uncertainty programs will now face regarding funding for services that, while once guaranteed, are now optional. This reduction in regulatory clarity risks increasing—not reducing—the administrative burden on Head Start programs.

Existing regulations translate statutory requirements into clear, accessible, operational guidance that grantees rely on to understand their responsibilities and make informed day-to-day decisions. Statutes are designed to establish legal requirements and govern federal agencies, not to serve as an operations manual for grantees.

Eliminating these practical regulatory provisions will create confusion about program obligations and the allowable use of federal funds. Grantees will be forced to spend additional time and resources interpreting statutory language, seeking clarification, assessing whether expenditures are permissible, applying for and awaiting uncertain funding, and/or working to apply for and await waiver decisions. This uncertainty could cause programs to delay or forgo critical investments and services to avoid potential noncompliance.

The Department should not pursue regulatory changes that shift administrative burdens onto grantees and jeopardize services for children and families. ZERO TO THREE urges HHS to retain clear, accessible regulations that enable Head Start programs to use federal funds effectively and confidently to meet children’s developmental and educational needs.

VII. Conclusion

For over half a century, Head Start has ensured that the youngest Americans facing the greatest barriers receive the comprehensive supports they need to thrive. The effectiveness of Head Start, including Early Head Start, in bolstering family economic stability, early learning, and ultimately children’s academic and overall well-being has been demonstrated time and again. This legacy of nurturing, effective care relies on the rigorous, actionable, research-based Head Start Program Performance Standards.



Rather than strengthening the existing Standards or making targeted improvements, the proposed rule instead moves to rescind many of the exact Standards that make Head Start effective, from direct services to children to comprehensive family supports and basic operational clarity. The impact of these changes will be cumulative—basic services will vary across programs, children most in need will be most likely to see services or eligibility reduced, staff will no longer be able to provide comprehensive, individualized care, and ultimately young children most in need could fall further behind.

In light of these likely negative impacts on young children’s early learning and development, ZERO TO THREE opposes the proposed rule and urges the Department to maintain the current Standards. To the extent HHS believes specific areas of Head Start could be strengthened, we further stand ready to engage with the Department—alongside Head Start programs, families, childhood development experts, and other stakeholders—in an intentional consultation process that ensures Head Start is most effectively able to meet the early learning needs of infants and toddlers, when an investment in quality can have the greatest impact.