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

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

Dear Secretary Kennedy,

Thank you for the opportunity to submit comments on the Department of Health and Human Services (HHS) notice of proposed rulemaking (NPRM), *Reducing Federal Burden for Head Start Programs* (RIN: 0970-AD30; Docket ID: ACF-2026-0595, published in the Federal Register on August 7, 2026. **On behalf of Children's HealthWatch, we write in strong opposition to the NPRM and urge HHS to immediately withdraw its proposal and leave in effect the current Head Start Program Performance Standards (HSPPS).** Eliminating the majority of the HSPPS will diminish the quality, scope, and type of services that Head Start families receive, and undermine the ability of Head Start programs to meet the needs of the diverse communities they serve, ultimately damaging the health and development of young children.

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy experts who examine how policy decisions affect the health and well-being of young children and their families. We accomplish this by interviewing caregivers of young children under age four in emergency departments and primary care clinics in four U.S. cities: Boston, MA; Minneapolis, MN; Little Rock, AR; and Philadelphia, PA. Since 1998, we have interviewed more than 80,000 caregivers. We then analyze those data to determine the impact of policy decisions on the health and development of young children, and share our findings with policymakers, advocates, and legislators at the state and national level.

Head Start provides high-quality, comprehensive education, health, and social services to children under the age of five and their families. Available at no cost to eligible families, Head Start promotes strong child health, development, and learning outcomes during early childhood, a time of rapid brain and body development. More than 40 million children and their families have been served by Head Start since its inception in

1965, and the program was funded to serve 715,873 children and pregnant women in FY2024.¹

The effects of the current standards of quality for this program are well-documented; Head Start significantly improves the educational outcomes and financial prospects of participating families. Children attending Head Start have a higher likelihood of graduating high school and attending college, and earn higher wages as adults than non-Head Start children.² In turn, their children are also more likely to graduate high school and enroll in college, underscoring the long-term and multi-generational benefits of the program.³

As pediatricians and public health researchers who care for children each day, we understand firsthand that high-quality, accessible, and affordable early childhood education, as offered by Head Start and Early Head Start, is essential to support children and their parents. A large body of evidence consistently demonstrates the importance of high-quality early environments. This rule would fundamentally dismantle the evidence-driven standards of Head Start, jeopardizing the education and development of current students and denying future enrollees the opportunity to learn and thrive.

Head Start is an Evidence-Based Program that Serves Entire Families

The current HSPPS regulate the structural and process features of Head Start and are based on a large body of research on early education and development. These standards pertain to every aspect of the Head Start program, including: safety (such as student/teacher ratios, hygiene standards, and maximum class sizes); employment (such as teacher qualifications, salary, and employee benefits); and pedagogy (such as curriculum, activities, and teacher-student interactions). Research shows higher structural and process quality is associated with better cognitive, language, numeracy,

¹ Head Start Program Facts: Fiscal Year 2024 | HeadStart.gov. August 5, 2025.

<https://headstart.gov/program-data/article/head-start-program-facts-fiscal-year-2024>

² Deming D. Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start. *American Economic Journal: Applied Economics*. 2009;1(3):111-134.

³ Head Start. It All Started with a Bold Vision — Now We're 60 Years Strong.

<https://headstart.gov/sites/default/files/pdf/head-start-60th-birthday-factsheet.pdf>

and social-emotional development in children.^{4,5} The standards that are currently in place ensure high quality across Head Start, benefitting students and helping them reach their full potential. Removing these regulations would deny children the benefits of a high quality program.

Head Start utilizes a holistic framework for child wellbeing, understanding that children exist within households and families and that children learn best when they are fed, healthy, and safe. Historically, Head Start has been a link between families and the social services they may be eligible for - including nutrition support, housing assistance, and job training. Dismantling the current Head Start structure and standards will not just harm the children who are physically in classrooms; it will also disrupt this link between their families and the help they need.

Eliminating Standards Harms Children and Families

Head Start is designed to support children educationally, nutritionally, socially, and developmentally. The proposed rule rescinds the very regulations that ensure Head Start achieves this mission. Eliminating the standards currently in place will reduce quality of care across the country, with ripple effects to entire families and communities.

Nutrition is Necessary for Learning

When children's stomachs are full with healthy food, their brains are better equipped to grow and learn. In addition to connecting families to nutrition programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the current program design mandates Head Start providers participate in the Child and Adult Care Food Program (CACFP), which provides early education and care providers with reimbursement for healthy meals following nutritional guidelines based on the developmentally-appropriate needs of young children. This requirement ensures that Head Start students nationwide receive appropriate nutrition, and evidence shows both immediate and long-term benefits. Our research demonstrates children who likely participate in CACFP are more likely to have a diverse diet and consume fruits and vegetables, and are less likely to live in a food-insecure household, be in fair or poor health, or be admitted to the hospital

⁴ Child-care structure→process→outcome: Direct and indirect effects of child-care quality on young children's development. *Psychological Science*. 2002;13(3):199-206.

⁵ Von Suchodoletz A, Lee DS, Henry J, Tamang S, Premachandra B, Yoshikawa H. Early childhood education and care quality and associations with child outcomes: A meta-analysis. *PLOS ONE*. 2023;18(5):e0285985.

from the emergency department.^{6,7} Further research demonstrates that children who participate in Head Start, and therefore also participate in CACFP, are more likely to have better health outcomes through childhood and into adulthood, including healthier eating patterns and body mass index (BMIs) compared with their peers who do not have the opportunity to participate in CACFP.⁸

The proposed rule rescinds many key nutrition standards, including the requirement for Head Start programs to participate in CACFP. This will result in poorer nutrition in school and will ultimately harm the health of young children. Additionally, the rule reduces the cap on administrative spending from 15 percent to 5 percent, which will result in reductions in staffing and program effectiveness. This could make it harder for Head Start programs to serve eligible families and connect them with services like SNAP, WIC, and job training, jeopardizing the health of entire families. Children's HealthWatch research shows disenrollment from nutrition programs increases rates of food insecurity, which is shown to harm the mental and physical health of all family members.⁹ Disrupting the link between eligible families and the programs they need to thrive will result in poorer health, increased risk of developmental delays in children, and increases in hardships for families across the country.

Education Standards Promote Learning

The proposed rule also rescinds many of the curriculum standards that position Head Start as a leading early childhood education program. Removing these standards will degrade the quality of education for children and make it harder to reach academic and developmental milestones and keep up with their peers who attend high-quality early childhood programs not affiliated with Head Start.

The current HSPPS acknowledges Head Start as the first step in a long educational journey for children, and ensures students and their families are prepared for the transition to kindergarten and beyond. The transition from Head Start to kindergarten

⁶ Ruemmele C, Ettinger de Cuba S, Bruce C, Tao J, Coleman S, Poblacion A. Supporting Healthy Nutrition in Early Education & Care Settings: Perspectives of Child Care Providers and Administrators in Massachusetts. Children's HealthWatch, 2026.

<https://www.childrenshealthwatch.org/publication/supportingnutritionchildcare>

⁷ Ettinger de Cuba S, Bovell-Ammon A, Ahmad N, et al. Child Care Feeding Programs Associated With Food Security and Health for Young Children From Families With Low Incomes. *J Acad Nutr Diet*. 2023;123(10):1429-1439.

⁸ Our Impact. *National Head Start Association*. <https://nhsa.org/about-nhsa/our-impact/>

⁹ Ettinger de Cuba S, Chilton M, Bovell-Ammon A, et al. Loss Of SNAP Is Associated With Food Insecurity And Poor Health In Working Families With Young Children. *Health Aff (Millwood)*. 2019;38(5):765-773.

represents a shift in the educational environment, expectations, and supports, for both children and families. The intentional supports provided by Head Start programs for children and families transitioning to kindergarten contribute positively to outcomes of children, parents, and educators in the receiving schools. The most common transition practices in Head Start programs include discussions with parents, providing information about the transition and school the child will attend, teaching advocacy skills, and scheduling a parent visit.¹⁰ Head Start's supportive transition practices positively influence child and parent outcomes, and rescinding them will harm the readiness of students entering kindergarten, with implications for the rest of their schooling.

Multilingual Classrooms Foster Development and Community

Additionally, the rule removes key linguistic requirements that will actively harm children who speak English as a second language. Currently, HSPPS recognizes the diversity of languages spoken at home and allows teachers to use languages other than English in the classroom. This approach is recognized as beneficial for children and their families. Children who learn in bilingual classrooms are shown to have improved language development skills for both languages.¹¹ Without this instruction, children may experience slower language and concept development, which could result in decreased school readiness.¹² Supporting children's bilingualism also supports development of executive function, flexible thinking, and adaptability, all important skills for later academic success.^{13,14,15} Furthermore, educators communicating with parents in their native language increases parent engagement and integration in the school

¹⁰ Abry T, Taylor M, Jimenez Herrera M, Pratt ME, LoCasale-Crouch J. Continuity and change in low-income children's early learning experiences across the school transition: A Comparison of head start and kindergarten classrooms. *Kindergarten Transition and Readiness*. Springer International Publishing; 2018:85-109.

¹¹ Raikes HH, White L, Green S, et al. Use of the home language in preschool classrooms and first- and second-language development among dual-language learners. *Early Childhood Research Quarterly*. 2019;47:145-158.

¹² Head Start and Dual Language Learners (NPRM 2026). *National Head Start Association*. <https://nhsa.app.box.com/s/w4auocbgwmc6n5ehm3ewb4u2ti9gz58y>

¹³ Stocco A, Yamasaki B, Natalenko R, Prat CS. Bilingual brain training: A neurobiological framework of how bilingual experience improves executive function. *International Journal of Bilingualism*, 2014;18(1), 67-92.

¹⁴ Mechelli A, Crinion JT, Noppeney U, et al. Structural plasticity in the bilingual brain. *Nature*. 2004;431(7010):757-757.

¹⁵ Christoffels IK, de Haan AM, Steenbergen L, van den Wildenberg WPM, Colzato LS. Two is better than one: bilingual education promotes the flexible mind. *Psychological Research*. 2015;79(3):371-379.

community.¹⁶ Research shows that when non-English speaking families whose children were enrolled in Head Start received English as a Second Language instruction for themselves and their children, they had an improved sense of parent agency in regard to their children's schooling.¹⁷ The proposed rule, which would mandate English-only instruction and communication with parents, would slow the learning and development of children and disconnect parents from the school community.

Head Start is especially impactful for immigrant families, who face greater barriers accessing necessary wraparound support, and it relies significantly on immigrant workers to sustain the scope and quality of its services. More than one in four children under age five in the U.S. has at least one immigrant parent,¹⁸ and 32% of children under age 9 are dual language learners.¹⁹ By eliminating critical guidance for Head Start staff and prohibiting dual language learning, this rule will upend the Head Start workforce and reduce the quality of and access to care for thousands of immigrant families - contradicting their legal eligibility for services.²⁰

Robust Outreach and Flexible Eligibility Requirements Ensure Wide Access

Under the proposed rule, Head Start programs would no longer be required to maintain a recruitment process designed to actively inform all eligible families (including immigrant and mixed-status families), use modern technology to facilitate applications, or undertake specified efforts to recruit particular populations. This includes rescinding the requirement to translate materials for recruitment and enrollment efforts. Immigrant families are often less likely to learn about Head Start through ordinary outreach because of language barriers, limited familiarity with U.S. systems, frequent relocation, concerns about government contact, or exclusion from conventional datasets. Without affirmative outreach and robust community assessments, migrant workers, mixed-status

¹⁶ Baxter G, Kilderry A. "We are not able to speak English, so we don't know what is happening:" Missed opportunities for families' engagement in their children's learning. *Teaching and Teacher Education*. 2024;152:104784.

¹⁷ Sommer TE, Gomez CJ, Yoshikawa H, et al. Head Start, two-generation ESL services, and parent engagement. *Early Childhood Research Quarterly*. 2020;52(Part A):63-73.

¹⁸ Pillai D, Pillai A, Artiga S. Children in Immigrant Families: Key Facts on Health Coverage and Care. *KFF*. May 19, 2026.
<https://www.kff.org/racial-equity-and-health-policy/children-of-immigrants-key-facts-on-health-coverage-and-care/>

¹⁹ Young Dual Language Learners in the United States and by State, 2019-2023. *Migration Policy Institute*. June 2026.
<https://www.migrationpolicy.org/data-tool/young-dual-language-learners-united-states>

²⁰ Hannah Matthews as updated by Mikayla Slaydon, *Immigrant Eligibility for Federal Child Care and Early Education Programs*, Center for Law and Social Policy (2026),
<https://www.clasp.org/wp-content/uploads/2026/06/CCEE-Factsheet-Update-6.26-FINAL.pdf>.

families, emerging language groups, and recently arrived communities could become less visible in program planning and enrollment.

Further, the rule prohibits families from using self-attestation of income to satisfy eligibility requirements. This could disproportionately burden immigrant families, some of whom have income that is more likely to be informal, seasonal, or cash-based.²¹ Eliminating flexibility concerning age documentation would also have an outsized impact on asylees and refugees who have less access to birth certificates and other documents for eligibility determination.

These changes, combined with the prohibition of dual language classrooms, could contribute to a chilling effect, where families eligible for safety net programs do not participate because of fear that enrollment will have negative consequences for their families' status in the US.²² This leads caregivers in mixed-status families - including parents of US-citizen children - to avoid essential services like Head Start, even when they remain eligible.

Head Start Connects Children with Health Services and Support that Promote Well-being

The proposed changes eliminate most of the standards specifying important health services and supports that programs must provide, leaving discretion to programs to interpret high-level, non-specific statutory requirements. Eliminating HSPPS addressing essential healthcare services like timely developmental screenings, vaccination, access to health insurance, and mental health consultation ignores research demonstrating the significance of these services for the communities served by Head Start.

The Head Start performance standards ensure enrolled children have access to health care services by requiring programs to help parents follow medically recommended schedules of well-child visits, oral health care, and immunizations. They also ensure that enrolled children have been screened and have accessed comprehensive medical

²¹ Tamborini CR et al., *Measuring the Economic and Sociodemographic Characteristics of Unauthorized Immigrants in the United States with Survey Data*, 85(2) Social Security Bulletin (2025), <https://www.ssa.gov/policy/docs/ssb/v85n2/v85n2p9.html>.

²² Capps R, Fix M, Batalova J. Anticipated "Chilling Effects" of the Public-Charge Rule Are Real: Census Data Reflect Steep Decline in Benefits Use by Immigrant Families. *Migration Policy Institute*. December 2020. <https://www.migrationpolicy.org/commentary/anticipated-chilling-effects-public-charge-rule-are-real-census-data-reflect-steep>

well-child visit and examination within 90 days of program entry.²³ Without these standards, children may miss out on needed care. Children's HealthWatch research shows missed well-child visits, delayed vaccinations, untreated chronic conditions, and other interruptions in care during early childhood can have lasting consequences, affecting not only physical health but also cognitive, motor, and emotional development.²⁴

The current standards result in high vaccine coverage as well as establishment of primary care homes among Head Start children.²⁵ Additionally, research shows children who started the school year with health problems and were assigned to Head Start showed fewer health problems than their counterparts who were not enrolled in Head Start.²⁶ Head Start access was also associated with greater use of preventive health care services and greater daily tooth brushing and dental hygiene, which set health-protective habits early and ensure lifelong health. Removing these standards leaves these vital health care interventions to the discretion of individual programs, and jeopardizes the health of children across the country.

Accessible Child Care Supports Entire Families

The changes outlined in the NPRM will make it harder for families to access Head Start. In addition to supporting the health and development of young children, access to high-quality, affordable child care enables parents to work or attend school as desired. The NPRM would limit access to and quality of Head Start, forcing parents to make trade offs and creating barriers to work and attend school. These barriers are called child care constraints - when parents are unable to work or further their education because of difficulties accessing child care, in turn reducing economic mobility and overall earnings.

When families are forced to take time off work or school - or even leave the workforce - in order to care for their children, their finances suffer, which puts child care further out of reach. This loss of income also makes it harder for families to afford other basic

²³ § Section 1302.40

²⁴ Ettinger de Cuba S, Sheward R, Poindexter D, Bovell-Ammon A, Ochoa E. Affordable Healthcare Keeps Children and Families Healthy. *Children's HealthWatch*. June 2018.

<https://childrenshealthwatch.org/wp-content/uploads/CHW-Affordable-Care-Brief.pdf>

²⁵ Jiles RB, Fuchs C, Kleven RM. Vaccination coverage among children enrolled in Head Start programs or day care facilities or entering school. *MMWR CDC Surveill Summ*. 2000;49(9):27-38.

²⁶ Fosburg LB, Others A. *The Effects of Head Start Health Services: Executive Summary of the Head Start Health Evaluation*. 1984. <https://eric.ed.gov/?id=ED248027>

needs, like food, rent, and healthcare. Children's HealthWatch research shows families experiencing child care constraints are twice as likely to experience household food insecurity and 1.34 times more likely to be unstably housed when compared to families who did not experience child care constraints.²⁷ Additionally, young children in households that experienced child care constraints were more likely to be in fair/poor health and be developmentally at risk compared to children whose families did not experience child care constraints. The health effects are similar for parents, too - caregivers experiencing child care constraints had a higher likelihood of reporting fair/poor health and mothers had a higher likelihood of experiencing depressive symptoms.²⁷ The NPRM will result in more families experiencing child care constraints, which has ramifications for the workforce and the economy as a whole.

Changing the Structure of the Classroom Jeopardizes Safety and Learning

The proposed rule removes many HSPPS that pertain to classroom structure, size, and teacher qualifications. It eliminates current performance standards requiring group size and staff-to-child ratios that are generally aligned with industry standards and designed to ensure safety and optimal learning for children and teachers. Leaving these standards to the discretion of states will increase the allowed number of students per teacher. Extensive research demonstrates that lower group sizes and teacher-child ratios, that are better than most states' licensing standards, are associated with fewer serious child safety incidents, fewer behavioral incidents, improved social interactions, and higher quality adult-child interactions.²⁸

The established ratios and group sizes are critical for several reasons, including ensuring adequate supervision and child safety, allowing for more 1:1 adult-child interactions which form the foundation for learning and development, enabling relationship-building with families, and facilitating individualized services for children. Engaging in these activities, all of which are required by law or regulation, is impossible with ratios or group sizes that are too large for any single person or pair of people to manage. For example, if Early Head Start programs adopt the adult-child ratios for 2-year-old children that are acceptable in state child care licensing, children in 97% of states would experience lower ratios, interacting with fewer adults in Early Head Start

²⁷ Bruce C, Bovell-Ammon A, Ettinger de Cuba S, Poblacion A, Rateau L, Cutts D. Access to High-Quality, Affordable Child Care: Strategies to Improve Health. *Children's HealthWatch*, 2020. <https://childrenshealthwatch.org/wp-content/uploads/CHW-Childcare-Report-final-web-3.pdf>

²⁸ Dalgaard NT, Bondebjerg A, Klokke R, Viinholt BCA, Dietrichson J. Adult/child ratio and group size in early childhood education or care to promote the development of children aged 0-5 years: A systematic review. *Campbell Syst Rev*. 2022;18(2):e1239.

classrooms.²⁹ Participating 4-year-olds in 71% of states would interact with fewer adults in Head Start classrooms. The current standards promote development and ensure safety for children, who need an adult to care for them. Rescinding these standards will actively harm children and increase stress for their teachers.

The proposed rule also eliminates all HSPPS concerning qualifications and competencies for Head Start staff, leaving several categories of Head Start staff without any qualification requirements (i.e., directors, coaches, family child care providers, family services staff, health professionals, home visitors).³⁰ Decades of evidence shows that teacher qualifications - education levels, certification, and training specifically in early childhood education - are associated with higher levels of teacher-child interaction quality and subsequently with better child learning and development.³¹ High-quality early education services require not only credentialed teachers, but also teams of qualified staff to effectively serve children and families.

Conclusion

The proposed rule systematically dismantles the Head Start program, which serves students in every single county in the United States. It jeopardizes the learning, development and health of children in the classroom, disengages parents from their children's learning, and disconnects families from essential, health-boosting social services like nutrition support, healthcare, and job training. This rule will degrade the quality of the Head Start program, with ramifications throughout the lives of children in classrooms today and into the future. **HHS must rescind this rule and continue the precedent of rigorous, evidence-driven regulations and standards that allow Head Start to nurture the nation's children into competent, educated, thriving adults.**

Sincerely,

²⁹ Meek S, Blevins D, Alexander B, Powell T, Soto-Boykin X, Cardona M. 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*.

<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>

³⁰ § 1302.91

³¹ Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success, Board on Children, Youth, and Families, Institute of Medicine, National Research Council. *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. (Allen L, Kelly BB, eds.). National Academies Press (US); 2015. <http://www.ncbi.nlm.nih.gov/books/NBK310532/>



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