September 17, 2026

Dear ECFC Members and Philanthropy Colleagues,

Join ECFC and Philanthropy Colleagues in Speaking Up About the Importance of Head Start
Public Comment on Proposed Changes to Head Start Standards

The U.S. Department of Health and Human Services' (HHS) proposed rule, *Reducing Federal Burden for Head Start Programs* (RIN: 0970-AD30; Docket ID: ACF-2026-0595), raises serious concerns for children, families, and the future of Head Start. Taken on its own, this proposal would be damaging. Taken alongside an internal budget document that circulated in 2025 proposing to eliminate Head Start's federal funding entirely—a proposal the administration dropped after bipartisan pushback—and the funding disruptions that have repeatedly interrupted grant payments to programs since then, the Early Childhood Funders Collaborative (ECFC) sees this proposal as part of a broader effort to scale back the federal Head Start program.

Head Start has shaped our country's vision for young children and families, providing comprehensive services that support children's learning, health, development, and family well-being. Since its inception in 1965, the program has served more than 40 million children and their families. It has advanced approaches to including children with disabilities, supporting early educators, serving infants and toddlers, and supporting children who are developing more than one language.

Head Start looks different across rural counties, big cities, and Tribal Nations. But wherever families participate, the Head Start Program Performance Standards establish consistent high expectations for the education and comprehensive services programs. HHS's proposal would rescind most of those Standards. The proposal would weaken staffing, early learning, family engagement, health and developmental services, and other areas of program delivery. HHS's own analysis estimates approximately $2.2 billion in annual cost reductions, with the largest cuts tied to changes in staffing, service delivery, and administrative infrastructure.

Head Start is woven into the infrastructure of the early childhood field itself, including professional pathways for early educators, state and local pre-K systems, developmental screening and follow-up, and early intervention services. As ECFC noted in June, changes to Head Start ripple across child care, health, family economic security, and community-based organizations, well beyond Head Start's own grantees.

ECFC, the Foundation for Child Development, and a team of ECFC member volunteers have analyzed the proposed rule and drafted a research-based public comment grounded in the expertise philanthropy brings to this work. Our comment addresses the potential effects of the proposed changes on children and families, including Black children, children in immigrant

families, children experiencing homelessness, and children with disabilities, as well as implications for philanthropy's ability to support strong early childhood programs and systems.

Before we submit, we're inviting other funders to join us.

[SIGN ON AND ADD YOUR ORGANIZATION'S VOICE]

Why Comments Matter

- Responding to a request for comment on proposed regulations is not lobbying under IRS definitions. **Most philanthropic organizations can participate.** Consult this fact sheet and your own legal counsel for more information.
- Comments are part of the public record that federal agencies are legally required to address when they publish final regulations.
- The administrative record is stronger when people with different vantage points contribute evidence. Philanthropy brings a unique perspective as a co-investor in health, education, family support, and economic security.
- The number and quality of comments matter. If the final rule does not adequately address issues raised in the public comments, the agency's failure to respond can become relevant in a legal challenge to the rule under federal administrative law.

We encourage funders and philanthropic infrastructure organizations to:

- Join us in signing on to the comment, written specifically from a philanthropic point of view. **Sign-on deadline** to be included in our public comments has been **extended to October 2, 2026.**
- Share this sign-on opportunity with funders in your network who support health, education, economic security, and services for people with disabilities, letting them know about the impact of these changes on issues they care about.
- Encourage colleagues and grantee partners in your network to sign on or submit their own comment by October 6 with the easy-to-use comment resources at Start Early's Together for Head Start action center.

[SIGN ON AND ADD YOUR ORGANIZATION'S VOICE]

Sincerely,

/s/ Shannon L. Rudisill
Executive Director
Early Childhood Funders Collaborative

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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,

The undersigned [number] foundations and philanthropic organizations **join together to strongly urge that HHS withdraw the proposed regulation (RIN-0970-AD30; Docket ID: ACF-2026-0595) entitled** Reducing Federal Burden for Head Start Programs.
If implemented, this proposed regulation would:

- place at risk the core principles and quality standards of the Head Start program despite Congressional direction in the statute and in contradiction of an extensive research base;
- harm children and families, including Black children, children in immigrant families, homeless children, children in foster care, children in rural communities, and children with disabilities;
- weaken the federal government's commitment to funding the staffing and services required for quality programs, as indicated by HHS' own Regulatory Impact Analysis, without considering the resulting costs for families and providers; and
- compromise the ability of foundations and philanthropic organizations to achieve our mission of helping children through public-private partnerships, including by investing in quality programs and developing new knowledge about effective strategies.

The organizations signing this comment share a commitment to young children and their families as well as deep experience in a variety of areas that affect young children and their families. We support direct services, advocacy, organizing, policy development, and research directly relevant to the issues raised by this regulation. For all these reasons, we collectively bring deep expertise and long experience to this comment. (Appendix A provides more information on each signatory.)

In addition, we have an important stake in this proposed regulation because we in the philanthropic sector have collectively invested hundreds of millions of dollars across areas such as school readiness, language and literacy development, infant, child, and maternal health, disability, family economic stability, early childhood professional development, and supporting parents in their roles as first teachers. Our resources have supported program success, generated knowledge, and implemented next generation programs based on this learning. But our contributions cannot survive should the federal government choose to back away from this work. Therefore, we are deeply concerned that the proposed rule, if implemented, would up-end highly productive public-private partnerships and endanger our ability to accomplish our mission of helping children.

The remainder of this comment provides detailed evidence for our view that HHS should withdraw the proposed rule, organized under **four major areas of concern**.

I. The proposed rule would undercut Head Start's commitment to comprehensive services, strong family partnerships, high-quality early learning, and responsiveness to community, despite Congressional direction in the statute and an extensive research base.

We address first the strong research base for the four principles that undergird the Head Start Program Performance Standards (HSPPS): comprehensive services, strong family partnerships, high-quality early learning, and responsiveness to community. We then turn to specific standards eliminated or changed by the proposed regulation. Because the proposal would eliminate the vast majority of the existing performance standards, we limit our specific comments to those where we have the most expertise.

A. Head Start's success, broad influence, and consistency across diverse geographical settings arise from the Congressionally directed, research-based principles supporting its program design.

Head Start's commitment to the core principles of comprehensive services, strong family partnerships, high-quality early learning, and responsiveness to community needs have characterized its program design since its beginning in 1965[1]. As funders who represent many different types of communities, urban and rural, across the United States, we see how much it matters that children everywhere can benefit from high quality in the classroom, nurturing adult-child interaction, and responsiveness to their needs. Head Start programs have the flexibility to adapt the specifics to their own context[2] while providing consistent support for young children's development.

Head Start has been influential within the United States and worldwide because of these principles, as one of the first early childhood education programs to provide comprehensive services and inclusion alongside its educational focus.[3] Particularly important to us as funders is its role in supporting and catalyzing early childhood innovation in the states as well as professional development for early childhood teachers nationwide. One example is the Child Development Associate (CDA) credential, initiated by Head Start in 1972. According to the Council for Professional Recognition, 1 million CDA credentials have been awarded over the life of the credential.[4] Another is the influence over decades of Head Start's core commitment to parents, an early example of a two-generational framework for services which remains core today to the work of a number of signatories.[5]

To ensure that Head Start's implementation remains consistent with the principles of quality and with ongoing developmental research, Congress has required that the

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[1] Cooke, R. (1965) *Recommendations for a Head Start program by panel of experts,* U.S. Department of Health, Education, and Welfare.

[2] National Head Start Association. How Local Flexibility in Head Start Drives Community-Based Decisions. 2025. https://nhsa.org/wp-content/uploads/2026/07/Local-Flexibility-Examples-of-Head-Start-2025.pdf.

[3] Kapoor, S. (2006). Early childhood care and education: An Indian perspective. In Edward Melhuish and Konstantinos Petrogiannis (Eds.), *Early Childhood Care and Education: International Perspectives* (pp. 133-150). Routledge.

[4] About - CDA Council, accessed 9/14/2026.

[5] For two-generational examples, see for example Aspen Ascend (Home - Ascend at the Aspen Institute) https://ascend.aspeninstitute.org/ and the Imaginable Futures initiative to link post-secondary education for parents and Head Start for children (https://imaginablefutures.com/learnings/kids-on-campus/).

performance standards be "scientifically based."[6] Past revisions of the standards have therefore followed extensive consultation processes with researchers as well as drawing in the experiences of parents and practitioners. The 1990s revision followed the Advisory Committee on Head Start Quality and Expansion and the Advisory Committee on Services for Families with Infants and Toddlers, as well as extensive expert and stakeholder consultation—including convening over 70 focus groups.[7] The 2016 revision expressly incorporated recommendations of the Secretary's Advisory Committee on Head Start Research and Evaluation.[8]

B. Translating research-based principles into actual quality on the ground requires strong core standards such as the Head Start Program Performance Standards (HSPPS).

The evidence on long-term effects of early childhood education programs is unequivocal. Long-term positive effects occur only in the context of high-quality programs, **and the primary mechanism for ensuring high-quality programs is the creation of program performance standards**.[9]

Researchers have identified two kinds of standards, structural and process, both of which are incorporated in the HSPPS:

- Structural features of quality are physical and human resource-based aspects, including physical infrastructure, safety, staff-child ratios, group sizes, teacher qualifications, salary, working conditions and benefits.
- Process quality includes aspects that cover pedagogy and teacher-child interactions, including curriculum, emotional climate, instructional support, how the classroom and the day are organized, and the range and variation in activities (e.g. circle time; book sharing; guided play; free play; activities related to particular skills such as arts, numeracy, early language and literacy).

A wide range of studies demonstrate how such standards support quality, finding that both structural and process quality are associated with children's cognitive, language, numeracy, and social-emotional development. One influential study found that both higher structural quality and higher process quality mattered but structural quality "set the stage" for process quality in its associations with development.[10] A recent meta-analysis found a similar pattern,

[6] 42 U.S.C. § 9836A(a)(1)(B)

[7] 61 Fed. Reg. 57186 (Nov. 5, 1996).

[8] 81 Fed. Reg. 61294, 61295, 61304 (Sept. 6, 2016) ("We began the rulemaking process with consultations, listening sessions, and focus groups with Head Start staff, parents, and program administrators, along with child development and subject matter experts, early childhood education program leaders, and representatives from Indian tribes, migrant and seasonal communities, and other constituent groups. We heard from tribal leaders at our annual tribal consultations. We studied the final report of the Secretary's Advisory Committee on Head Start Research. We consulted with national organizations and agencies with particular expertise and longstanding interests in early childhood education.")

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

[10] NICHD Early Child Care Research Network. (2002). Child-care structure→ process→ outcome: Direct and indirect effects of child-care quality on young children's development. *Psychological science*, *13*(3), 199-206.

with both process quality and structural quality showing positive associations with children's development on average.[11]

The HSPPS address nearly all of the process and structural indicators identified in the research, providing the necessary infrastructure for quality services in Head Start.

C. The proposed rule would undercut research-based protections for quality across all dimensions of Head Start by eliminating the vast majority of the Head Start Program Performance Standards.

Overall, the proposed regulation eliminates the vast majority of the HSPPS, particularly the standards that govern the type and quality of services that Head Start programs are required to provide. These standards are proposed for elimination despite extensive research support and despite Congressional recognition of the core role of comprehensive, uniform, and clear Head Start standards, including the mandate that the Secretary establish "program performance standards by regulation."[12] Since the HSPPS were first published in 1975, every Congress has repeatedly directed that any revision to the Standards must not result in standards that reduce or eliminate the quality, scope, or type of services that were required to be provided under prior versions of the Standards.[13]

In addition to the largescale *elimination* of standards, the proposed rule also *adds* specific requirements and prohibitions that are counter to the research, including new and burdensome eligibility requirements, a requirement for English-only instruction, and a specific prohibition on requiring or providing incentives for staff to attain post-secondary credits or credentials, except in limited circumstances.

Given the large number of standards eliminated or changed by the proposed rule, we have chosen for comment those areas where the funders and philanthropic organizations signed onto this comment have the greatest experience and research knowledge.

1. Educational experience

The proposed rule would substantially damage educational quality in Head Start classrooms, by eliminating the vast majority of the relevant performance standards and adding an arbitrary requirement for instruction in English only. This is an area central to the work of several signatories to this comment, who focus on quality in early education by supporting research, promising program models, and advocacy and public education.

a. Staff-to-child Ratios for Teachers and Home Visitors Are Essential to High-quality Early Childhood Programs.

Head Start performance standards require staff to child ratios that are generally aligned

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

[12] 42 U.S.C. § 9836a(a)(1).

[13] Most recently: Pub. L. 110-134, 121 Stat. 1363 (2007) ("ensure that any such revisions in the standards will not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services required to be provided under such standards as in effect on the date of enactment of the Improving Head Start for School Readiness Act of 2007").

with the industry standard, which are the National Association for the Education of Young Children (NAEYC) standards. For example, Head Start requires a 1:10 staff / child ratio and maximum class size of 20 for 4-year old preschool classrooms, identical to the NAEYC ratio and class size standards.[14] Home-based options require a maximum caseload of 12 families per home visitor, with one home visit per week of at least 90 minutes (minimum of 45 visits per year).[15]

Ratios and group sizes are critical for many reasons: adequate supervision and child safety, engaging in 1:1 adult-child interactions which form the foundation for learning and development, building relationships with families, and providing individualized services to children, including the 10% of children who have disabilities in each classroom. The current Standards reflect the strongest evidence concerning the significance of this basic, structural feature of early childhood programming to promote holistic child development and family partnerships, in contrast to states' child care licensing standards which in many cases represent the minimum requirements for child safety.[16] A systematic review of the 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.[17]

b. The Current Research-Based Standard Prohibiting Expulsion Protects Vulnerable Children.

One particularly damaging area where the existing standards have been eliminated is suspension and expulsion (§ 1302.17). The current HSPPS prohibit expulsion, severely limit suspension, and require programs to work together with families, mental health consultants and others to support the child and family within the program and prevent harsh and exclusionary discipline.

This is an extremely important aspect of Head Start's inclusive approach because research indicates the damage caused by suspension and expulsion practices. Suspension and expulsion start early, are disproportionately applied to Black children, children with disabilities, and boys, and are associated with a host of long-term negative outcomes across education and mental health.[18]

[14] Code for Federal Regulations Subtitle B, Chapter XIII, Subchapter B (Head Start), 1302.21 (b) (4): "A class that serves a majority of children who are four and five years old must have no more than 20 children with a teacher and a teaching assistant or two teachers." And NAEYC (2018), Staff-to-child ratio and class size.

[15] Code for Federal Regulations Subtitle B, Chapter XIII, Subchapter B (Head Start), 1302.22 (b) and (c) (1) (i)

[16] Meek, S., Blevins, D., Alexander, B., Powell, T., Soto-Boykin, X., & Cardona, M. (August, 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

[17] Dalgaard, N. T., Bondebjerg, A., Klokker, R., Viinholt, B. C., & Dietrichson, J. (2020). 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 Systematic Reviews, 16(1), e1079.; Francis, J., & Barnett, W. S. (2019). Relating preschool class size to classroom quality and student achievement. Early Childhood Research Quarterly, 49, 49–58.

[18] National Academies of Sciences, Engineering, and Medicine. (2023). Closing the opportunity gap for young children. The National Academies Press. https://doi.org/10.17226/26743

c. Current Standards Supporting Dual Language Learners Enhance Children's Educational Achievement and Development

Many of the undersigned funders share a deep commitment to children in immigrant families, who represent more than one in four US children,[19] are virtually all US citizens, and are central to our nation's future. We are therefore deeply concerned that the Proposed Rule undercuts effective education for these young children, both by adding a new English-only mandate contrary to robust research and by eliminating current research-supported standards.

English-only requirement.

The research in this area is clear, finding that support for home language development and dual language learning opportunities for children benefits children's development.[20] Rigorous studies in multiple preschool settings have found that dual language learners who receive high quality instruction in their home language, alongside English, have better and faster English-language acquisition trajectories and higher gains in their academic skills compared to those in English-only programs.[21],[22], [23]

Removal of current standards.

In addition, the Proposed Rule removes current performance standards addressing support for dual language families. These standards – for example, requiring Head Start programs to "[c]onduct family engagement services in the family's preferred language, or through an interpreter, to the extent possible" --are based on rigorous research about how best to form strong partnerships with parents and thereby support children's well-being and learning. When educators create conditions that allow reciprocal communication and understanding with interpretation support, families feel more integrated into the school community and are therefore more involved.[24] A recent systematic research review found that parents who are immigrants report that having access to interpreters and information in the language they speak, as well as attentive

[19] Frey, William. Growing diverse and immigrant populations drove the nation's post-pandemic demographic rebound, new census data show | Brookings , Brookings Institution (2025).

[20] Soto-Boykin, X., Meek, S., Cardona, M., & Williams, C. (August, 2026). Preserving Access and Opportunity in Head Start for Children who are Dual Language Learners: A Review of the Science, Legislative Mandates, and Regulatory Requirements. The Children's Equity Project at Arizona State University. https://cep.asu.edu/resources/dual-language-learners-headstart.

[21] Barnett, W. S., Yarosz, D. J., Thomas, J., Jung, K., & Blanco, D. (2007). Two-way and monolingual English immersion in preschool education: An experimental comparison. Early Childhood Research Quarterly, 22(3), 277–293. https://doi.org/10.1016/j.ecresq.2007.03.003

[22] Oliva-Olson, C. (2019). Dos Métodos: Two Classroom Language Models in Head Start. Strengthening the Diversity and Quality of the Early Care and Education Workforce Paper Series. Research Report. Urban Institute. https://www.urban.org/research/publication/ dos-metodos-two-classroom-language-models-head-start

[23] Hsin, L. B., Holtzman, D., J., White, L., Brodziak de los Reyes, I., Manship, K., & Quick, H. (2022, June). Relationship between classroom practices and development among dual language learner infants and toddlers. First Five California Dual Language Learner. https://californiadllstudy.org/sites/default/files/2022-06/Instruction%20Brief%204%20Infants%20Toddlers.pdf

[24] Baxter, G., & Kilderry, A. (2024). "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*, *152*, 104784.

communication that takes their needs into account, are most effective in forming collaborative home-school partnerships.[25]

While Tribal Head Start programs are exempted from the English-only proposal, the NPRM is a significant step back from the current performance standards which fully support Tribal culture and language, including Native language immersion programs. Some of the signatories have partnered with Indigenous communities over many years to support full self-determination in developing and implementing culture and language-based early childhood programs.[26] Head Start's full embrace of Tribal language and culture is a core asset in many Tribal Nations that should be maintained.

2. Developmental Screenings and Services for Children with Developmental Delays and Disabilities.

The Proposed Rule eliminates **all** standards for meeting the needs of children with disabilities and replaces them with a single sentence: "A program must comply with all applicable Federal and state statutes and regulations regarding providing services for children with disabilities."[27] This proposal would reduce the scope of services Head Start programs have to provide to children with disabilities and developmental delays, such as providing individualized services while a child is being evaluated for IDEA eligibility, assisting parents to obtain services under the IDEA, and providing transportation for children with disabilities. The Department acknowledges that the Proposed Rule will bring the agency out of compliance with the Head Start Act, which requires the Secretary of HHS to establish policies and procedures to ensure children who may have disabilities receive early support services. [28]

Among the provisions eliminated by the proposed rule are provisions that ensure inclusive and accessible classrooms, individualized assessments, resources, and services (including accessible transportation). For students with mental health disabilities, the HSPPS ensure agencies use a multi-disciplinary approach that promotes "mental health, social and emotional well-being," provide ongoing mental health consultation, and build community partnerships to facilitate additional mental health resources.

Research demonstrates that removing the standards that have supported Head Start's effective approaches risks harming children and their parents. Analysis of data from the randomized Head Start Impact Study (2002-2006) involving 570 children with disabilities revealed that children with multiple disabilities who attended Head Start exhibited higher language, reading, and math scores than other children with multiple

[25] Vargas Valdés, C. E., & Falabella, A. (2025). Being the outsider: A systematic review of the links between migrant families and early childhood education and care centres. *Contemporary Issues in Early Childhood*, 14639491251392691.

[26] Olivia Roanhorse and Lilly Irvin-Vitela, *Centering Native Voices: Lessons from Philanthropy and Community* (Roanhorse Consulting, LLC, November 2023), https://ecfunders.org/centering-native-voices/.

[27] Proposed Rule § 1301.10.

[28] 91 Fed Reg. at 51271.

disabilities who were not enrolled in Head Start.[29] Another study using the same data revealed parents of children with disabilities enrolled in Head Start had more positive parenting behaviors than those who were not enrolled in Head Start[30] and these positive parenting behaviors were associated with better socio-emotional development for children.

3. Professional development/ support for teachers and other staff

Many signatories to this comment focus particularly on teachers and other staff in Head Start and the broader early childhood system. Head Start has been a beacon in this work, from its historical role in catalyzing the Child Development Associate credential to its more recent role in supporting professional development and providing expertise (such as mental health consultation) to help staff do their jobs.

The proposed rule not only eliminates the provisions that have enabled Head Start to lead in this work but also restricts programs from including incentives or requirements based on post-secondary credits or credentials – which would force grantees to roll back teacher and staff supports they already provide. We are concerned that this could lead to the inability of Head Start programs to keep staff, potentially causing programs to shrink or even close.

Besides the impact on staff retention and program stability, the research demonstrates that supporting teacher qualifications matters to the quality of services. A National Academy of Sciences report on the early childhood workforce summarized decades of evidence showing that teacher qualifications – education levels, certification, and training specifically in early childhood education – are associated with higher levels of teacher-child interaction quality and subsequently with better child learning and development.[31]

4. Health and mental health

Many signatories have expertise in maternal, infant, and child health, development, and mental health. We are deeply concerned that the proposed rule eliminates virtually all the mentions of health and mental health, dental care, and developmental screenings. Instead, the revised standards require only that a "program must establish goals and measurable outcomes including provisions of evidence-based educational practices, health, nutritional, and family engagement."

These changes risk reversing what research using rigorous quasi-experimental techniques has confirmed: the strong positive impact of Head Start on children's health care and health outcomes. For example, a 4-site, quasi-experimental evaluation of

[29] Lee, K., & Rispoli, K. (2016). Effects of Individualized Education Programs on Cognitive Outcomes for Children with Disabilities in Head Start Programs. Journal of Social Service Research, 42(4), 533–547. https://doi-org.ezproxy1.lib.asu.edu/10.1080/01488376.2016.1185075

[30] Lee, K., & Kreutzer, K. (2021). Head Start Impact on Social–emotional Outcomes Among Children from Families who are Low-income. Child Welfare, 99(5), 25-50.

[31] Kelly, B. B., & Allen, L. (Eds.). (2015). Transforming the workforce for children birth through age 8: A unifying foundation. National Academies Press.

Head Start's impact on physical and dental health found that at the end of the preschool year, children who had started the year with health problems and were assigned to Head Start showed fewer health problems than their counterparts in the control group.[32] Head Start access was also associated with greater use of preventive health care services, greater daily tooth brushing and dental hygiene, fewer blood abnormalities, and higher levels of beta carotene (an indicator of vitamin A in their diets).

The mental health component of Head Start, also required in the HSPPS, provides powerful evidence of the way that Head Start in its current form can serve as an important national platform for the embedding of programs to further support children's long-term behavioral and emotional development. For us as funders, the underlying Head Start model with its support of core mental health services – not only treatment but consultation, screening, and prevention – is a strong base program, and we as philanthropic organizations are able to support add-on innovations to test their effectiveness. But without the underlying strong platform and the public funding that undergirds that platform, supporting the next wave of effective and innovative interventions would be beyond our capacity as private funders.

In particular, three landmark studies embedded prevention programs to reduce behavior problems among Head Start children: the Incredible Years program combining teacher and parent training in behavior management and positive reinforcement of social behaviors; the Chicago School Readiness Project, which focused on both emotion regulation and prosocial behaviors in addition to behavior management; and the Head Start REDI program, which aimed to boost both child social-emotional development and language learning. All programs showed positive impacts on reduced child externalizing behaviors and increased social-emotional development indicators in the short- and medium term.[33] The Chicago project showed long-term (10 year follow-up) effects on executive function, though not behavior problems.[34] Head Start REDI showed long-term effects on reduced behavior problems and emotional symptoms.[35]

[32] Fosburg, L. B. (1984). The Effects of Head Start Health Services: Executive Summary of the Head Start Health Evaluation. Abt Associates.

[33] 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., Jamila Reid, M., & 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., Nix, R. L., Gest, S. D., Welsh, J. A., Greenberg, M. T., & Gill, S. (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 Chicago School Readiness Project intervention: The mediating roles of teacher–child relationship quality and self-regulation. Early Education & Development, 24(7), 1043-1064; Raver, C. C., Jones, S. M., Li-Grining, C., Zhai, F., Bub, K., & Pressler, E. (2011). CSRP's impact on low-income preschoolers' preacademic skills: Self-regulation as a mediating mechanism. Child development, 82(1), 362-378.

[34] Watts, T. W., Gandhi, J., Ibrahim, D. A., Masucci, M. D., & Raver, C. C. (2018). The Chicago School Readiness Project: Examining the long-term impacts of an early childhood intervention. PloS one, 13(7), e0200144

[35] Bierman, K. L., Heinrichs, B. S., Welsh, J. A., Jones, D. E., & Crowley, D. M. (2025). How a preschool intervention affected high school outcomes: longitudinal pathways in a randomized-controlled trial. Child development, 96(3), 1236-1249.

5. Parent involvement

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

Research demonstrates how Head Start's comprehensive family support and parent involvement approach benefits children.[36] For example, engagement of Head Start families with family services staff is associated with higher child vocabulary through higher levels of parent support of their children at home.[37]
And in a national study, engagement in Head Start parent involvement activities was associated with more positive parent-child learning activities and better cognitive and behavioral outcomes. [38]

II. The Proposed Rule Would Harm Head Start Children, Families and Caregivers

The proposed rule would harm Head Start children and families**,** including **infants and toddlers, Black and brown children, children in immigrant families, rural children and families, children with disabilities, and homeless children**, among others. We begin by summarizing the evidence on Head Start's benefits for children overall, which are placed at risk by the Proposed Rule's elimination of most quality standards.

Just to highlight the potential scale and breadth of the impact of reducing Head Start quality, programs now reach hundreds of thousands of children and their families in every state as well as territories and Tribal Nations. In addition, children and families participating in other early childhood programs would also be affected. The HSPPS serve as the basis of quality in other early care and learning systems, including Title I funded preschool, so the hundreds of thousands of children served in Title I Part A preschools would also be affected.[39] In addition, since 80 percent of

[36] Yoshikawa, H., & Knitzer, J. (1997). Lessons from the field: Head Start mental health strategies to meet changing needs. New York: National Center for Children in Poverty and American Orthopsychiatric Association. Yoshikawa, H., & Zigler, E. (2000). Mental health in Head Start: New directions for the twenty-first century. Early Education and Development, 11, 247-264

[37] Lang, S. N., Jeon, S., & Tebben, E. (2024). Relationships between families and Head Start staff: Associations with children's academic outcomes through home involvement and approaches to learning. Early Education and Development, 35(3), 413-430.

[38] Ansari, A., & Gershoff, E. (2016). Parent involvement in Head Start and children's development: Indirect effects through parenting. *Journal of Marriage and Family*, *78*(2), 562-57.

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

states with a pre-K program report dual enrollment in state-funded pre-K and Head Start, services for an additional 77,100 children would diminish.[40]

Following the overall discussion of Head Start's benefits, we then turn to the harm to particular groups of children. We close this section with the harm to caregivers in an early childhood system already under stress.

A. **The decades of research evidence on Head Start's benefits illustrate the scale of the harm likely to occur from the elimination of core quality standards.**

An extensive body of research documents the impact of Head Start on children and families. Research shows that Head Start children attending programs governed by the HSPPS complete more years of schooling, earn more, and are healthier[41]. These benefits pass on to the next generation—having a parent who attended Head Start is associated with positive outcomes for their children as adults, including educational attainment, lower teen pregnancy, and lower criminal behavior[42]. Should the Proposed Rule be implemented, hundreds of thousands of children each year would risk losing out on these benefits, harming them, their families and communities, and the nation.

Behind these headline effects are benefits for children across a range of cognitive and social-emotional domains:

- Children who participate in Head Start show up to kindergarten with improved readiness across cognitive and social-emotional domains than their peers who did not. [43]
- Head Start participation is associated with children's better cognitive skills in elementary school, compared to children in other settings. Nationally representative studies indicate that children show significant growth in Head Start across language, literacy and math; as well as demonstrate improved social skills and fewer behavioral problems. compared to children who did not attend Head Start.[44],[45] Differences were especially pronounced for children who attended Head Start for longer duration and for children whose parents had less educational experiences.[46]

[40] Friedman-Krauss, A. H., Barnett, W. S., Hodges, K. S., Garver, K. A., Weisenfeld, G. G., Duer, J. K., & Siegel, J. A. (2026). The state of preschool 2025: State preschool yearbook (Appendix A) [Table 10]. National Institute for Early Education Research.

[41] David Deming, Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start, 1 American Economic Journal: Applied Economics 111, 111-34 (2009) Journal of Labor Economics 727, 727-765 (2020); Pedro Carneiro & Rita Ginja, Long-Term Impacts of Compensatory Preschool on Health and Behavior: Evidence from Head Start, 6 American Economic Journal: Economic Policy 135, 135–73 (2014).

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

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

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

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

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

While some studies indicate that cognitive benefits "fade out" over the course of children's early elementary years, the longer-term studies noted above indicate that positive outcomes of program participation remain evident into adulthood even accounting for fade-out in academic testing.

For decades, philanthropy and the federal government have invested alongside one another in pursuit of a shared mission: advancing the education, health, and economic well-being of the children, families, and communities served by Head Start. We are concerned that this proposal would disrupt—and squander—decades of public and private investment. Even more troubling, it signals the Department's departure from the shared mission of providing the highest-quality services to the children who can benefit most from them.

B. The harm of this proposed rule will particularly affect children who are experiencing homelessness or in foster care, children in immigrant families, rural children and families, infants and toddlers and their families, children with disabilities and developmental delays, and Black children.

In addition to the overall harm, we are deeply concerned about changes that will harm children, families, and communities that are especially vulnerable. We begin with changes to program recruitment and enrollment that could harm children in a range of vulnerable circumstances and then turn to specific communities of concern to us.

1. Changes to recruitment and enrollment standards.

We strongly disagree with the changes to recruitment and enrollment because of the harmful consequences for many groups of children, including homeless children, children in foster care, children with disabilities, children in immigrant families, and low-income families in communities with high housing costs. The changes include both elimination of current standards that support outreach and the addition of new and burdensome eligibility requirements.

- First, the Proposed Rule eliminates the current HSPPS provisions concerning recruitment of children that are intended to promote active outreach and engagement of communities. For example:
  - It eliminates the standards that require programs to identify and prioritize enrolling children experiencing homelessness and in foster care. These eliminations would mean that programs are no longer required to locate and recruit homeless children, no longer allowed to reserve a seat for a homeless child or a child in foster care, and can no longer guarantee that a child experiencing homelessness or in foster care can remained enrolled in Head Start if they move.
- Second, the Proposed Rule adds burdensome eligibility requirements, including:
  - Ending self-attestation, often used for children in circumstances (including homelessness) where access to documents is difficult. HHS estimates that the new prohibition will lead to "approximately eight percent of children

[who] may currently be enrolled in Head Start [no longer being] eligible for enrollment;"

- A new prohibition on accounting for excessive housing costs in determining eligibility; and
- New requirements for eligibility record-keeping, including requiring programs to turn over children's eligibility records to HHS upon request and requiring programs to report staff who violate eligibility requirements.

These proposals will make it much harder for Head Start children to enroll and retain children experiencing homelessness and children in foster care despite the research that shows specific positive effects of Head Start for these children. For children in foster care, research shows that participation in Head Start has positive effects on cognitive, social-emotional and health outcomes.[47] For children in insecure housing situations, access to Head Start is associated with lower household instability and reduced the association between household instability and higher acting-out behaviors among young children. [48]

Further, these eligibility provisions in addition to the English-only requirement described earlier will cause particular harm to children in immigrant families – discouraging many from enrolling and providing lower-quality education and services to those who do enroll. We noted earlier that research demonstrates that the proposed rule's English-only requirement will harm the acquisition of English language skills of children who are Dual Language Learners, undermine their overall academic achievement, and exclude parents from forming strong family partnerships, which are key to children's well-being and learning. Additionally, the proposal's new mandate that Head Start programs make records of child eligibility available to HHS will have a chilling effect on immigrant families who may not enroll their children, an effect the Proposed Rule inadequately considers.

2. Pregnant women, infants and toddlers (Early Head Start)

Congress created Early Head Start in 1994 to establish a Head Start program for pregnant women, infants and toddlers, in recognition that "the time from conception to age three is a critical period of human development, as change occurs more rapidly than in any other period of the life span. Growth in these early years establishes the basic foundation for future development." [49] The Standards tailor the Head Start program to the unique needs of infants and toddlers and establish specific requirements for pregnant women and newborns. The proposal eliminates the vast majority of these standards. [50]

[47] Kyunghee Lee, Long-term Head Start Impact on developmental outcomes for children in foster care, 101 Child Abuse & Neglect (2020).

[48] Elise Chor, Head Start, Household Instability, and Children's Externalizing Behavior Problems, 10 AERA Open 1, 1-19 (2024).

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

[50] See, e.g., 45 C.F.R. § 1302.31 (teaching and learning environment); § 1302.44(a)(2) (nutrition); §1302.91 (teacher qualifications); § 1302.21(b) (staff child ratios), § 1302.21(c) (center-based service duration); § 1302.22(c) (home

Many of the undersigned funders have a particular commitment to the infant and toddler years, including maternal and infant health and mental health. Early Head Start's program design and standards – grounded in years of research on the earliest years of life and specifically in the recommendations of an Advisory Board containing expert researchers, practitioners, and parents – have been a model and a source of innovation and upgrading in the field nationally.

Extensive research shows the benefits of a comprehensive services framework such as Early Head Start's, covering health, nutrition, family engagement and parenting support, and family services during the 0-3 period. One overarching literature summary, the global Nurturing Care Framework, integrates global evidence on the impact of such multisectoral services.[51] For example, integrating parenting support programs with basic health programming improves child cognitive development.[52]

The extensive research and evaluation history of Early Head Start has provided evidence about impacts on all children and families, on subgroups of children and families, and on the role of specific services. One notable positive impact for all groups of families is on prenatal and postnatal maternal health. Studies of Early Head Start also demonstrate that greater family engagement in the program is associated with reductions in caregiver depressive symptoms over time, regardless of whether families receive home-based or center-based services, which in turn supports children's social-emotional development[53]. Another study found that parents who participated in EHS were more emotionally attuned and offered language and learning opportunities at higher rates than non participating parents.[54] Together, these findings reinforce that dedication to maternal health services that are embedded in the Head Start model including prenatal and postpartum support through health education, home visiting and in some cases access to doula care, and mental health supports benefit both maternal health and children's early development.

Another important finding is the positive effect of Early Head Start especially for Black children and families, demonstrated for decades in the Early Head Start research. For example, Harden and colleagues (2012) demonstrate that even decades ago the data

based service duration); § 1302.70 (transitions); § 1302.80(d) (infant health); § 1302.81(a) (information, education, and services that address infant care and safe sleep practices).

[51] UNICEF, the World Bank, and the World Health Organization (2018). *Nurturing care for early childhood development*.

[52] Yousafzai, A. K., & Aboud, F. (2014). Review of implementation processes for integrated nutrition and psychosocial stimulation interventions. *Annals of the New York Academy of Sciences*, *1308*(1), 33-45; Jeong, J., Franchett, E. E., Ramos de Oliveira, C. V., Rehmani, K., & Yousafzai, A. K. (2021). Parenting interventions to promote early child development in the first three years of life: A global systematic review and meta-analysis. *PLoS medicine*, *18*(5), e1003602; Richter, L. M., Daelmans, B., Lombardi, J., Heymann, J., Boo, F. L., Behrman, J. R., & Darmstadt, G. L. (2017). Investing in the foundation of sustainable development: pathways to scale up for early childhood development. *The Lancet*, *389*(10064), 103-118.

[53] Corallo, K. L., Carleton, R. A., Major, M. E., & DiGirolamo, A. M. (2026). Early Head Start Services Buffer the Effects of Maternal Depression on Child Development. Infants and young children, 39(2), 100–110. https://doi.org/10.1097/IYC.0000000000000308

[54] Love, J. M., Kisker, E. E., Ross, C., Raikes, H., Constantine, J., Boller, K., Brooks-Gunn, J., Chazan-Cohen, R., Tarullo, L. B., Brady-Smith, C., Fuligni, A. S., Schochet, P. Z., Paulsell, D., & Vogel, C. (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. https://doi.org/10.1037/0012-1649.41.6.88

has shown positive effects on child outcomes and parenting.[55] A more recent, Congressionally-mandated evaluation of four home visiting programs including Early Head Start found benefits for all participants including higher quality home environments and fewer child behavior problems and Medicaid-paid emergency room visits; subgroup analyses found additional benefits among Black families, including more attendance at well-child visits and enhanced parenting.[56]

3. **Children with disabilities and developmental delays.**

   Because the proposal eliminates all the standards that provide core protections to children with disabilities and developmental delays, and because it eliminates the suspension and expulsion protections that especially affect children with disabilities the most, we are concerned that this proposal would cause particular harm to these children and their families. Given the demonstrated positive results of Head Start for these children and their families, cited above, this is a tragedy.

   In addition, because Head Start is a crucial source of support for screening and special education services, we are concerned that the impact of reduced enrollment of children with special needs and reduced support for those services would cascade throughout communities. Based on 2023 data,[57] in 23 states, DC, and Puerto Rico, more than 10% of the children between the ages of 3-5 years old with disabilities in the state, DC, or territory, receive their special education services in Head Start, with West Virginia (33%) and Puerto Rico (50%) having the highest rate of preschoolers with disabilities receiving their special education services in Head Start. [58] Removing the HSPPS standards for children with disabilities weakens the already inadequate systems available for ensuring their equal access to education.

4. **Black children and families and communities of color.**

   For children of color, who face racial stereotyping and implicit bias and for whom learning environments that culturally reflect their own homes are critical, the proposed rule will threaten proven positive outcomes in academic achievement and overall wellbeing. High-quality early childhood education is linked to improved outcomes for all children, and especially for Black and Hispanic children. Head Start, along with Early Head Start, plays a critical role in reducing disparities in kindergarten readiness that often emerge before children enter school and can persist throughout the

[55] Harden, Brenda Jones, Heather Sandstrom, and Rachel Chazan-Cohen. "Early Head Start and African American families: Impacts and mechanisms of child outcomes." *Early Childhood Research Quarterly* 27, no. 4 (2012): 572-581.

[56] Michalopoulos, Charles, Kristen Faucetta, Carolyn J. Hill, Ximena A. Portilla, Lori Burrell, Helen Lee, Anne Duggan, and Virginia Knox. 2019. *Impacts on Family Outcomes of Evidence-Based Early Childhood Home Visiting: Results from the Mother and Infant Home Visiting Program Evaluation.* OPRE Report 2019-07. Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services; Iruka, Ibeoma U., Alicia Reynolds-Reddi, Melicia C. Whitt-Glover, Evandra Catherine, Brittany L. Alexander, Shriona R. Walton, Shantel Meek, and Larissa Jennings Mayo-Wilson. (2026). Evidence-based policy considerations to support Black maternal and infant health | Child Policy Nexus | Oxford Academic. 39 (2), pp. 11-24.

[57] This percent of preschoolers 3-5 years old served in Head Start was determined by calculating the proportion of preschoolers 3-5 years old in Head Start from Head Start's 2023 Program Information Report by the total number of 3-5 years old in served under IDEA from the 2024 Report to Congress on the Implementation of IDEA.

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

educational pipeline.[59] As noted above, research has especially highlighted the positive impact of Early Head Start on outcomes for African American children. The original national impact evaluation showed that effects on child cognitive development were sustained 2 years after the program ended among African American children,[60] and more recent research demonstrates positive effects of the program on child outcomes and parenting in African American families.[61]

Specific provisions of the rule also cause additional damage to these communities. In addition to examples given above – such as the removal of standards for suspension and expulsion and the requirement for English-only instruction – another example is the rule's proposals to reduce the number of staff and cut salaries. Because women of color are such a large part of the early childhood workforce, these proposals are particularly damaging to Black and brown communities.

5. **Rural children and families.**

Head Start serves children in nearly every zip code in the US. But it plays an especially important role in rural communities across the US, where Head Start slots make up a disproportionate share of early education and child care supply. Across the nation, almost half of total funded Head Start slots (45.9%) were in rural Congressional districts in the 2023-2024 school year compared to one-fifth in urban districts (22.4%), playing a key role in filling the gap in rural child care supply.[62] In some rural counties, Head Start is serving upwards of 70% of children in poverty.[63] Thus, children in rural communities are disproportionately at risk from reductions in the duration and quality of Head Start services.

In addition, specific provisions in the proposed regulations place children in rural communities particularly at risk. For example, children with suspected disabilities living in rural communities are more likely to receive a delayed diagnosis or services, with a five month delay in receiving services from healthcare providers.[64] Therefore, any reductions in Head Start's role of conducting developmental screeners and connecting children to services risk substantial harm to rural children.

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[59] Reardon, S. F., & Portilla, X. A. (2016). Recent Trends in Income, Racial, and Ethnic School Readiness Gaps at Kindergarten Entry. *AERA Open*, *2*(3), 2332858416657343. https://doi.org/10.1177/2332858416657343

[60] 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).

[61] Harden, Brenda Jones, Heather Sandstrom, and Rachel Chazan-Cohen. "Early Head Start and African American families: Impacts and mechanisms of child outcomes." *Early Childhood Research Quarterly* 27, no. 4 (2012): 572-581.

[62] Casey Peeks & Allie Schneider, *5 Things To Know About Head Start*, Center for American Progress (Apr. 16, 2025), https://www.americanprogress.org/article/5-things-to-know-about-head-start/.

[63] Shantel Meek et al., *Head Start's Footprint: A Focus on Rural Communities, Children with Disabilities, and Vital Health Services*, The Children's Equity Project at Arizona State University (2025), https://cep.asu.edu/resources/HeadStartsFootprint.

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

C. The harm to teachers and program staff is also significant – and must be seen in the context of the extraordinary strain faced by the entire early childhood field.

As funders with a deep commitment to the role of teachers in early childhood programs, we want to highlight the risks the proposed rule poses to them. We have described above some specific areas of the regulation that affect teachers and other staff – including higher ratios, lower pay, and less support such as mental health consultation – and we provide more detail below on HHS' own assumptions about the impacts on Head Start staff.

But even beyond the direct effects within Head Start programs, we want to underline that Head Start's investments in the education and competencies of its staff have undergirded the entire early childhood professional development infrastructure. Private philanthropy has built on those investments with research, scholarships, and training initiatives to make access available to many more early childhood educators. But taking away the Head Start commitment to and funding for qualified educators could destabilize the infrastructure – including higher education and training programs – that the whole field relies on.

Further, in our work with programs, we see every day what the research demonstrates more broadly: the relationship between educators' wellbeing, which is influenced by their work environment, and children's outcomes.[65] Lower ratios and smaller group sizes not only promote educator success but can improve burnout and the quality of educator interactions with young children.[66] Reducing standards would have the opposite effect, threatening continuity of care and children's positive outcomes.

III. The Proposed Rule Weakens the Federal Financial Commitment to Quality Head Start Programs, with HHS Itself Estimating $2.2 Billion in Savings To Be Borne by Head Start Caregivers, Children, and Families.

The regulatory impact analysis provided by HHS as part of the proposed rule makes clear that the proposed rule's promise of flexibility means a reduced federal commitment, with the federal government providing less money per child to Head Start programs and programs in turn sharply cutting staffing and services. At full implementation, HHS estimates approximately $2.2 billion in annual quantified impacts, including approximately $1.5 billion in reduced program expenditures and roughly $754 million as a result of lowering the administrative cost cap from 15% to 5%. These are not savings from eliminating paperwork or unnecessary bureaucracy but rather from reducing staffing, services, and program intensity.

Under HHS's primary assumptions, the analysis projects the following annual cuts:

- $668 million from reduced teaching personnel costs, with approximately 16% more children per teacher on average. Under HHS's maximum scenario, the Head Start

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

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

teaching workforce would fall from around 105,000 to 80,000 teachers, a 24% reduction.
- $214 million from shorter Head Start Preschool hours, based on approximately 66 fewer classroom hours per child each year.
- $173 million from home visiting, based on an assumed 50% reduction in home visitors through shorter visits, larger caseloads, and staffing reductions.
- $111 million from reduced health and mental health expenditures.
- Additional reductions from fewer child development specialists and bus monitors, reduced coaching expenditures, lower salaries associated with reduced qualification requirements, and other smaller provisions.

In other words, the proposed rule's projected savings depend on reducing the staffing, services, and supports that are central to Head Start quality – and on ending the federal government's commitment to financial support at the quality level set by the current HSPPS.

Under current Standards, the federal government must fund Head Start programs for the costs necessary to provide the program as described in the HSPPS[67] -- which means that children and families are guaranteed that their Head Start program will be able to provide comprehensive, quality services. But the Proposed Rule eliminates both the standards themselves and the language that identifies how the federal government should define the costs of a program, leaving Head Start agencies with no transparency about how the Department will determine the total allowable costs of their program. The federal government would no longer be required to fund any particular set of comprehensive, high quality services -- so programs that want to keep (for example) disability services or mental health consultation or stronger ratios or longer service hours will have no claim on federal resources to support that choice**.**

Thus, programs would not in fact have meaningful flexibility to sustain current levels of quality. Their options would be to cut staff, hours, and services or substitute non-federal funding sources. As funders and philanthropic organizations that are directly involved with early childhood programs across the country, this deeply concerns us. The $2.2 billion hole in federal funding envisioned by the Regulatory Impact Analysis is far beyond our capacity to support as private philanthropy.

In addition, we see throughout our work that the idea that lower cost per child is better or more efficient – a core idea behind the Regulatory Impact Analysis -- is generally not the case. In fact, the cost of maintaining high-quality services is high and rising, driven by higher wages and benefits, facilities, insurance, food, and other operating expenses. Head Start programs face these same pressures, while also responding to community needs in ways that can appropriately increase costs – for example, over the last decade, programs have also increasingly provided longer service hours to respond to the needs of working families. These are real costs of providing the comprehensive services Head Start is designed to deliver, not evidence of inefficiency.

Also, as funders, many of us have considerable experience working with grantees and managing grant processes. Based on that experience, we have learned that a lack of transparency is damaging to trust and to effective operations. We are concerned that in the case of Head Start, removing clarity about the federal government's funding commitments and obligations will lead to increased instability among programs and mistrust in communities.

[67] 45 C.F.R. § 1305.2

Finally, we are deeply concerned that the proposed rule counts the fiscal benefits of spending less, while failing to account for the costs shifted to Head Start children, families, staff, and communities. For example, in its analysis, HHS monetizes savings from shorter program hours without fully accounting for additional child care costs or work disruptions for families. It treats staffing reductions as a fiscal benefit without fully valuing worker displacement, turnover, or instability. And it counts reductions in coaching, home visiting, and health and mental health support without placing an economic value on the loss of quality, prevention, continuity, or family support. This is particularly troubling given the substantial evidence cited throughout this comment that these comprehensive services produce meaningful and lasting benefits for children and families.

IV. The proposed rule compromises our capacity as private philanthropy to achieve our mission of helping children, up-ending a public-private balance and partnership that we have relied on in our work

The funders signed onto this comment pursue our missions by supporting a range of investments aimed at improving the lives of children, families, individuals and communities. That may include supporting Head Start programs directly to provide high quality services – for example, by providing the non-federal share of Head Start as part of the statute's design for community partnerships or by partnering with a local program to build additional components on the Head Start foundation.[68] It may include supporting and evaluating innovative programs that are built on top of the core Head Start framework, such as Incredible Years and Educare. And it may include supporting broad-based research that will help launch the next important practices and programs in early childhood or public education and share learnings widely.

Proposing to fundamentally change a program with a 60-year history through the Proposed Rule -- without the extensive period of consultation that has been characteristic of past revisions of the performance standards -- damages our capacity as funders to achieve our mission and undercuts present and future public-private partnerships. Specifically:

- Those of us with investments in direct service do not have the capacity to fill in the more than $2 billion that the regulation estimates will be cut from Head Start quality investments. We will be facing not only the loss of core programs in the communities we care about but also the ending of a key model of public-private partnership.
- Head Start has been a crucial source of innovation and learning for the entire early childhood field – as well as related fields such as health, disability, mental health, and family support – since its inception. That's because its underlying high quality, its relative stability over time, and the commitment to quality of its staff and parents have combined to make it an excellent platform for testing improvements and refinements to the underlying model (such as the Incredible Years model described above and supported by philanthropic resources). Without that core underlying model, the whole field will lose because the next advances in early childhood practices and knowledge will be far harder to try out, learn about, and understand with many different populations of children and at

[68] See, for example, the Duke Endowment/Head Start Oral Health initiative cited in https://nhsa.org/wp-content/uploads/2026/07/Local-Flexibility-Examples-of-Head-Start-2025.pdf.

scale. As philanthropic institutions, we can't create this knowledge all alone, so we have relied on Head Start as a core public partner that allows us to use our resources to make a large-scale difference through our public-private research partnerships – with this regulation, that opportunity would be gone.

- For those of us that invest in broader early childhood systems and policies -- or even more broadly, in policies and systems that support the care economy, healthy communities, or supports for individuals with disabilities, for example – the Proposed Rule is equally damaging to our mission. When one pillar of the broader system is suddenly weakened, the whole system totters. That is especially true when the pillar that has been destabilized is one such as Head Start that has been relatively strong and consistent for sixty years, allowing other components – such as state and local pre-k programs, post-secondary early childhood credentialing programs, and early intervention services – to rely on it and build around it.

Thus, across all our specific funding strategies, we as philanthropy have relied on a steady and predictable federal commitment. Investing hundreds of millions of dollars to support program success, generate knowledge and implement next generation programs. But our contributions cannot survive the federal government's choice to back away from this work. Therefore, we are deeply concerned that the proposed rule, if implemented, would up-end highly productive public-private partnerships and endanger our ability to accomplish our mission of helping children.

Conclusion.

For the reasons set out above, we urge the Department to immediately withdraw its current proposal and instead dedicate its efforts to advancing policies that strengthen the ability of Head Start to effectively prepare children from low-income families to succeed in school through its evidence-based comprehensive services model.

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

Thank you for the opportunity to comment on this proposed regulation.

Sincerely,

/s/ Shannon L. Rudisill
Executive Director
Early Childhood Funders Collaborative