



October 1, 2026

Office of Head Start

Administration for Children and Families
U.S. Department of Health and Human Services
Submitted electronically via www.regulations.gov

Re: Comments on NPRM “Reducing Federal Burden for Head Start Programs” — RIN 0970–AD30; Docket No. ACF–2026–0595 (91 FR 51248, Aug. 7, 2026)

Dear Office of Head Start:

Building Bright Futures (BBF) is Vermont's Early Childhood State Advisory Council under state statute and the federal Head Start Act. Our network includes regional councils, program providers, families, and state agency partners working together to build a coordinated, high-quality early childhood system for Vermont's children from the prenatal period to age eight. We appreciate the opportunity to comment on this Notice of Proposed Rulemaking (NPRM), which would rescind and replace the Head Start Program Performance Standards at 45 CFR Parts 1301–1305.

Building Bright Futures urges the Department to withdraw and rescind this NPRM in its entirety and retain the current Head Start Program Performance Standards, rather than finalize this rule in any form.

This is not a rule that makes tweaks to peripheral elements of Head Start. Instead, it dismantles, in a single action, the elements that define what a Head Start program is legally required to be - ratios and group sizes, and health, safety, disability, and quality protections. The NPRM replaces these critical elements with an inconsistent patchwork of state requirements, unenforceable local discretion, and, in several places, no guardrails at all. The premise underlying the NPRM — that these standards are primarily a burden to be minimized rather than guardrails that protect children in low-income, rural, and underserved communities in all fifty states — is itself what we object to, and it is not a premise that targeted amendments can fix. This NPRM is in direct contradiction to the non-reduction mandate in Section 641A of the Head Start Act (42 U.S.C. § 9836a(a)(2)(C)(ii)), which explicitly requires that the Secretary:

"...ensure that any such revisions in the standards will not result in the elimination of or any reduction in quality, scope, or types of health, educational, parental involvement, nutritional, social, or other services required to be provided under such standards as in effect on December 12, 2007".

In addition, any future rulemaking should include the following research and stakeholder input:

1. Commission or identify current, methodologically rigorous research on infant and toddler ratios, rural service capacity, and disability service continuity specifically.
2. Engage State Advisory Councils and State Head Start Collaboration Offices. Head Start's comprehensive standards and the systems that deliver them are matters on which states have direct expertise, and the rule's own preamble describes it as shifting substantial authority to states.

The sections below explain why we believe the NPRM is unsupported by the evidence it cites and would cause direct harm to children and families, including in Vermont.

I. Elimination of Federal Staff-to-Child Ratios and Group Size Limits (Proposed § 1301.05)

The NPRM would eliminate the federal ratio and group-size standard currently established at 45 CFR § 1302.21(b) (center-based programs) and § 1302.23(b) (family child care), replacing it with a requirement that each program simply publish a ratio consistent with “applicable state and local laws and Child Care and Development Fund regulations.” In practice, this replaces a uniform national standard with whatever each state's licensing rule happens to require.

The current federal ratio and group-size standard established in 45 CFR reflects a deliberate, evidence-informed choice about what safe and effective care for infants, toddlers, and preschoolers requires. The Administration for Children and Families acknowledges the importance of low child:teacher ratios and small classroom sizes in its own “Look, Listen, and Ask: Tips for Choosing a Quality Child Care Center” document by coaching caregivers to “Ask how many children are in the classroom and how many adults care for them. The fewer children for each adult, the better.”¹

Because Head Start serves children who face the greatest barriers to opportunity, including children living in poverty and children with disabilities, ensuring that programs across the country adhere to low child-to-teacher ratios and small classroom sizes is essential. Tellingly, the Department's own preamble acknowledges that current Head Start ratios are stricter than every state in the nation in three of four age categories, and stricter than every state except Vermont and Massachusetts in the fourth; current group-size limits are stricter than every state in three of four categories, and stricter than every state except Vermont in the remaining one.

We are also concerned about how the NPRM uses the research it cites to justify this change. The preamble relies on Perlman, Fletcher, Falenchuk, Brunsek, McMullen & Shah (2017), a systematic review published in PLOS ONE, for the proposition that child-staff ratios show little consistent association with child outcomes. That characterization omits the caveats the authors themselves attached. Their findings applied only to ratios already within existing regulatory ranges, the underlying studies carried significant methodological limitations, and they warned plainly that their results “should not be interpreted as indicating that regulation of ratios can be relaxed.”² Using this study to support the conclusion its authors warned against is a misapplication of the evidence base, and we ask that the final rule not rely on it for that purpose.

The NPRM also omits the research that most directly bears on this question. The NICHD Study of Early Child Care — the largest longitudinal study of its kind in the United States — found ratio to be one of the strongest predictors of observed caregiving sensitivity, with far higher rates of “highly sensitive” caregiving at stronger ratios, and linked larger group sizes to weaker receptive language and more behavior problems in toddlers.³ Separately, a 2017 meta-analysis by Bowne, Magnuson, Schindler, Duncan & Yoshikawa⁴ (38

¹ <https://childcare.gov/sites/default/files/2025-02/Choosing-a-Child-Care-Center.pdf>

² Perlman, M., Fletcher, B., Falenchuk, O., Brunsek, A., McMullen, E., & Shah, P. S. (2017). Child-staff ratios in early childhood education and care settings and child outcomes: A systematic review and meta-analysis. PLOS ONE, 12(1).

³ NICHD Early Child Care Research Network. Findings from the NICHD Study of Early Child Care and Youth Development.

⁴ Bowne, J. B., Magnuson, K. A., Schindler, H. S., Duncan, G. J., & Yoshikawa, H. (2017). A meta-analysis of class sizes and ratios in early childhood education programs. Educational Evaluation and Policy Analysis, 39(3).

studies) found a genuine threshold effect: ratios at or better than roughly 7.5:1 predicted meaningfully larger cognitive and achievement gains, with that relationship weakening substantially above that threshold. The Department's own cost analysis in this NPRM illustrates exactly how far this rule would move programs past that threshold: its worked example, using Texas's state maximums, shows ratios of roughly 15:1 for three-year-olds and 18:1 for four-year-olds — more than double the point at which the strongest available evidence says ratio stops predicting better outcomes for children.

The rule's own regulatory impact analysis confirms that this is not an incidental effect. ACF estimates that deferring to state ratios would reduce the required Head Start teaching workforce by roughly 24 percent and increase the average number of children per teacher by roughly 32 percent under full implementation, producing an estimated \$668 million in annual personnel-cost savings (with a range of \$334 million to just over \$1 billion across scenarios). That is a direct statement that the projected savings come from placing more children in the care of each teacher — the very change in caregiving conditions that the research above associates with reduced caregiving quality and weaker outcomes for children under three in particular.

II. Reduction of the Administrative Cost Cap from 15 Percent to 5 Percent (Proposed § 1301.14)

The NPRM would cut the allowable administrative cost cap for every Head Start and Early Head Start grantee from 15 percent to 5 percent of total approved program cost. By the Department's own data, only about 3.7 percent of current grantees already operate at or below 5 percent, and another 27.7 percent operate between 5 and 10 percent — meaning roughly two-thirds of all grantees nationwide would need to cut administrative spending to comply. ACF estimates this will remove approximately \$754 million in allowable administrative spending annually across the program.

We recognize this change is presented as a way to direct more resources to direct services, and we support that goal. But administrative capacity is exactly what local programs will need more of, not less, under this rule: managing new state-licensing alignment, tracking eligibility documentation without federal self-attestation support, and applying for individual waivers under proposed § 1301.18 all require administrative staff time. Cutting the allowable administrative share by two-thirds, from 15 percent to 5 percent, at the same time the rule shifts substantially more compliance and design work onto local programs risks the opposite of the Department's stated goal: it could leave grantees least able to absorb new local responsibilities. Providers across the country have raised this concern, and it is amplified in a small, rural state like Vermont, where our Head Start and Early Head Start sites already operate at limited scale and cannot spread fixed administrative costs, such as grant management, IDEA coordination, and data systems, across the large enrollments found in other states and territories.

III. Rural Communities, Children with Disabilities, and Vital Health Services — Including Vermont-Specific Impacts

Head Start's presence is concentrated in exactly the communities with the fewest alternatives. In the 2023-2024 program year, 45.9 percent of funded Head Start slots were located in rural congressional districts, more than double the 22.4 percent share in urban districts.⁵ Rural families also have far less to fall

⁵ Peeks, C. & Schneider, A. (April, 2025). 5 things to know about Head Start. Center for American Progress. www.americanprogress.org/article/5-things-to-know-about-head-start/.

back on; a 2021 survey found that only 26 percent of rural parents could find child care within five miles of home, and rural families were more likely to have to travel more than ten miles to reach a program.⁶ These are the conditions under which Head Start's integrated education, health, nutrition, and family-support services are hardest to replace through any other means, including a state licensing system that carries no obligation to backfill them.

On disability services specifically, Head Start has reserved at least 10 percent of its enrollment slots for children with disabilities since 1972, and all Head Start educators are required to participate in ongoing training to care for children with disabilities. Data available on the National Database of Child Care Licensing Regulations shows that fewer than one-third of states have training requirements for Care of Children with Special Needs.⁷ Nationally, in the 2023-2024 school year, fewer than half of preschoolers with disabilities (ages 3 through 5), about 43 percent, attended a regular early childhood program and received the majority of their special education and related services in that setting.⁸ Removing Head Start's federal disability protections and its requirement for health and mental health consultation does not shift these children into an equally protective state system; in most states, no comparable system exists.

Vermont illustrates exactly what is at stake. Vermont's 50 Head Start and Early Head Start sites, supported by \$27,746,193 in federal funding in FY2024, serve 1,249 children combined (540 in Early Head Start and 709 in Head Start Preschool). Of those children, 365 receive disability-related services under IDEA (149 in Early Head Start and 216 in Preschool), 228 are experiencing homelessness, and 82 are in foster care. The program employs 194 teachers, family child care providers, and home visitors, and maintains 84 community partnerships specifically to serve children with disabilities and 72 more to support kindergarten transitions. Even at current funding and standards, Vermont Head Start programs serve only an estimated 28 percent of eligible Early Head Start-age children and 37 percent of eligible Head Start Preschool-age children statewide — meaning the program already reaches a fraction of the Vermont families who qualify, in a heavily rural state where Head Start is frequently the only source of early intervention, developmental screening, and family support services available. Weakening the federal standards that currently guarantee those services does not create new capacity to serve more Vermont children; it puts the 365 Vermont children currently receiving IDEA services through Head Start, and the 310 experiencing homelessness or in foster care, at risk of losing services with no equivalent state-level guarantee to replace them.⁹

Vermont also places far more of its preschoolers with disabilities in genuinely inclusive settings than the nation as a whole. In the 2024-2025 school year, about 65 percent of Vermont children ages 3 through 5 served under IDEA attended a regular early childhood program and received the majority of their special education and related services in that setting, compared with about 44 percent nationally, and Vermont placed almost none of these children in separate classes.¹⁰ Head Start, through its longstanding 10 percent disability set-aside and inclusion and training expectations that exceed most states' licensing standards, is

⁶ Smith, L.K., Rotolo, O., Walsh, B., Osborn, C., Williams, T., & Mercado, K. (October, 2023). Rural child care policy framework. Bipartisan Policy Center. <https://bipartisanpolicy.org/report/rural-child-care-policy-framework/>.

⁷ <https://licensingregulations.acf.hhs.gov/>

⁸ <https://sites.ed.gov/idea/osep-fast-facts-ec-educational-environments-idea-part-b/>

⁹ First Five Years Fund. Head Start: Vermont (state fact sheet, 2025), citing FY2024 Program Information Report (PIR) data. https://www.ffyf.org/wp-content/uploads/2025/09/HeadStart_VERMONT.pdf

¹⁰ U.S. Department of Education, Office of Special Education Programs, IDEA Section 618 Data Products, Part B Child Count and Educational Environments, SY 2024-25 (children ages 3 through 5 served under IDEA Part B, by educational environment).

one part of the system that produces this result, and the federal standards this rule would remove are part of what sustains it. Weakening that guardrail puts an inclusive model that Vermont has made work, and that most states have not, at risk.

The NPRM also proposes to remove or substantially narrow current protections including the prohibition on suspension and expulsion (current § 1302.17), requirements for staff mental health consultation and health and mental health advisory committees, and prescriptive safety and transportation requirements such as those governing school bus monitors.

These are not administrative technicalities. Head Start was created specifically to serve children and families facing the greatest barriers to opportunity, including children with disabilities and children with significant behavioral health needs. Returning suspension and expulsion policy entirely to local discretion, without any federal guardrail, risks disproportionately pushing out exactly the children the program exists to serve — undermining the comprehensive mission Congress established for Head Start, rather than simply reducing paperwork.

IV. Mandatory English-Only Instruction (Proposed § 1301.04(a))

The NPRM would require Head Start programs to conduct all education in English, with an exemption only for American Indian and Alaska Native programs. This is a significant change from current requirements supporting home-language development for dual language learners, and it would affect Head Start and Early Head Start classrooms serving multilingual families in communities across Vermont. The Department's own analysis estimates a one-time cost of roughly \$51.7 million nationally for affected classrooms to replace curriculum and instructional materials, on top of the instructional and family-engagement disruption this change would cause. This requirement is also in tension with the developmental research on dual language acquisition in early childhood, and HHS's own policy statement, which generally supports continued development of a child's home language alongside English rather than a single-language mandate.¹¹

V. On the Program-Effectiveness Rationale for Deregulation

Some proponents of this rule have pointed to research showing that Head Start's measured academic advantages fade by third grade as evidence the program's standards have failed and can be safely removed. We would note that this is not a new finding, and it did not lead to that conclusion when it was previously examined. When the Department finalized the current Performance Standards in 2016, it cited the same body of research — including the Head Start Impact Study and its follow-ups — and concluded the opposite: that fade-out pointed toward the need for greater dosage and higher-quality implementation, not fewer standards.¹² We are not aware of new evidence since 2016 that reverses that conclusion, and we do not believe fade-out findings support removing the very ratio, group-size, and quality standards that shape day-to-day caregiving quality and child and family experience.

VI. On the Cost-Efficiency Rationale for Deregulation

The NPRM and its supporting analyses treat per-slot cost as a measure of program efficiency, on the premise that higher-spending programs could serve more children within the same appropriation by

¹¹ <https://www.ed.gov/sites/ed/files/about/inequities/earlylearning/files/dll-policy-statement-2016.pdf>

¹² [Federal Register, Head Start Performance Standards, 81 FR 61294 \(Sept. 6, 2016\)](#)

lowering that cost. This misunderstands what per-slot spending measures. A Head Start slot is not a unit of child care; it is a bundle of comprehensive services, including developmental and health screening, disability services, mental health consultation, family navigation, nutrition, and often transportation, that non-Head Start child care typically does not include. Per-slot cost is therefore a measure of how much service each slot contains, not a measure of waste. Reducing it does not make the same slot cheaper to provide; it makes it a thinner slot with fewer of those services.

The Department's own February 2026 spending analysis supports this reading rather than the efficiency premise the NPRM draws from it. That analysis found no clear pattern explaining the variation in per-slot spending across or within states, and attributed the variation it could explain to cost of living, service delivery model, and program size, specifically finding that smaller grants spend more per slot than larger ones. These are structural features of where and how a program operates, not indicators of mismanagement, and they describe small programs in rural states with precision: higher per-slot costs there reflect fixed costs spread across low enrollment, the expense of serving dispersed communities, and a comprehensive service model, not any difference in program management.

The same analysis models a scenario in which grants spending above the median reduce their per-slot spending to a benchmark, projecting additional slots as a result. But on the analysis's own findings, spending at those grants reflects service content and operating context, not excess. Bringing it down to a benchmark would not produce more of the same slot; it would convert comprehensive slots into thinner ones and shift the cost of the displaced services onto states, community providers, and families. A nominal increase in slot count purchased this way is the same substitution these comments identify throughout: more slots on paper, and less in each one.

VII. On the Rule's Failure to Account for Costs Shifted Outside Head Start

The NPRM rests on a finding of net benefit, estimating approximately \$2.2 billion in quantified impacts as its primary estimate. That accounting is confined to effects within Head Start. It does not quantify the costs of the services these requirements currently finance, which do not disappear when a requirement is removed. The Department itself recognizes this. In proposing to remove service-duration requirements, ACF acknowledges that families may need to secure alternative child care, which could impose additional financial costs or lost work time. Having acknowledged that transfer, the analysis then leaves it among non-quantified impacts while booking the offsetting savings. The same pattern applies to the services this rule would make optional across health, mental health, disability, and family support: where those needs continue to be met at all, they fall to Medicaid, IDEA and state education systems, TANF, SNAP, WIC, child welfare, and housing services, and to families themselves. An analysis that quantifies the savings inside Head Start while leaving the transferred costs unquantified has not demonstrated a net benefit. We ask the Department to assess these intergovernmental fiscal and service-system effects, weighing costs as well as savings.

The Department's analysis is internally inconsistent on this point. It describes the rule as restoring authority to the states, yet elsewhere concludes the rule would not affect the distribution of power and responsibilities among levels of government. Those characterizations cannot both hold, and the Department should reconcile them, including by consulting the state officials and State Advisory Councils responsible for the systems this rule would affect.

This gap is not merely technical, because in much of the country the systems the analysis assumes will absorb these responsibilities do not exist at the scale required. A cost shifts only where another program has the mandate and the capacity to take it on. In a small, rural state such as Vermont, Head Start is frequently the only source of developmental screening, early intervention, and family navigation a family can reach, delivered in coordination with partners including Reach Up, WIC, 3SquaresVT, DCF Family Services, Children's Integrated Services, Parent Child Centers, primary care providers, designated mental health agencies, local education agencies, and housing services. Where that capacity is removed, the need is not transferred; it goes unmet. The Department requests comment on the challenges states may face in the absence of the rescinded regulations. This is Vermont's answer: the challenge is not one of interpreting statute, but of absorbing functions the federal program currently performs, with no new resources to do so.

This also answers the characterization of these requirements as duplicative. A developmental screening delivered in the classroom a child already attends is not the same service as a referral into a separate system the family must locate and navigate on its own. Head Start's value for this population lies precisely in that integration. Treating the integrated model as redundancy misdescribes what the program does and understates what removing it would cost.

Conclusion and Summary of Recommendations

We urge the Department to withdraw and rescind this NPRM in its entirety, and retain the current Head Start Program Performance Standards (45 CFR Parts 1301–1305) as presently in effect.

Any future rulemaking should include the following research and stakeholder input:

1. Commission or identify current, methodologically rigorous research on infant and toddler ratios, rural service capacity, and disability service continuity specifically, before finalizing changes of this scale.
2. Engage State Advisory Councils and State Head Start Collaboration Offices. Head Start's comprehensive standards and the systems that deliver them are matters on which states have direct expertise, and the rule's own preamble describes it as shifting substantial authority to states.

Thank you for the opportunity to comment on this important proposal. We would welcome the opportunity to discuss these concerns further with the Office of Head Start and are glad to serve as a resource on Vermont's early childhood system as this rulemaking proceeds.

Respectfully submitted,



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Building Bright Futures

Vermont's Early Childhood State Advisory Council