Stanford | Center on Early Childhood

This response to the Head Start NPRM was prepared by the Stanford Center on Early Childhood. The information in this document is based on the state of the science of early childhood learning and development. Relevant peer-reviewed scientific research studies are cited wherever possible.

The Stanford Center on Early Childhood (SCEC), based at Stanford University's Graduate School of Education, is dedicated to ensuring that each and every child has the opportunity to thrive from the start. SCEC brings interdisciplinary expertise in early childhood research, innovative measurement, workforce and leadership development, and community-based solutions, with a particular emphasis on accelerating rigorous, accessible research and elevating the voices and experiences of families, caregivers, educators, and communities.

As a research center focused on the conditions that enable young children to thrive, SCEC brings the science of child development and an ecological perspective to the consideration of the proposed changes. This perspective is informed not only by the broader early childhood research base, but also by findings from the *RAPID Survey Project*, a national, ongoing survey initiative at the Stanford Center on Early Childhood that elevates the voices and experiences of caregivers (childcare providers/educators, parents, and pediatric providers) of young children to provide timely data on the circumstances shaping their well-being. RAPID data offers an important window into how families and providers are experiencing these conditions in their everyday lives and helps connect research and policy decisions to practical implications. RAPID has been ongoing since the spring of 2020 with national surveys of approximately 1000 parents. Since 2021, RAPID has also conducted a monthly national survey of approximately 1000 members of the early care and education workforce, including Head Start employees.

Research on early childhood development demonstrates that young children thrive within supportive relationships and within families, communities, and broader systems that provide the resources and conditions necessary to support their development and well-being[1]. Fisher and Lombardi's *New Ecology of Early Childhood*[2] reminds us that children develop within interconnected and rapidly changing ecosystems and that today's families and caregivers are navigating increasingly complex economic, social, and caregiving conditions; conditions that call for strengthening, rather than weakening, the systems that surround them. Viewed collectively, the proposed changes risk weakening important conditions that support children's healthy development and family well-being, with consequences that could extend beyond individual

[1] Morris AS, Hays-Grudo J, Kerr KL, Beasley LO. The heart of the matter: Developing the whole child through community resources and caregiver relationships. Dev Psychopathol. 2021 May;33(2):533-544. doi: 10.1017/S0954579420001595. PMID: 33955346; PMCID: PMC8108681.

[2] Fisher, P. A., & Lombardi, J. (2025). The new ecology of early childhood: Revisiting Bronfenbrenner's theory in the context of contemporary challenges and opportunities. Stanford Center on Early Childhood.

programs to educators, families, and communities. At this critical moment, the evidence calls for protecting Head Start standards as they enable children, families, and communities to thrive. We therefore recommend that HHS retain the current standards to ensure consistent, high-quality early childhood experiences in Head Start and withdraw the proposed rule.

The remainder of this document addresses six interrelated domains that the Head Start rule modifications will impact. These include:

- Teaching, Learning, and Workforce Well-Being
- Child Safety and Protective Standards
- Child Development, Mental Health, and Inclusion
- Family Support and Comprehensive Services
- Access, Continuity & Responsiveness to Diverse Communities
- Family Voice, Partnership & Community Engagement

For each domain, we provide a position statement. We ground each position in the scientific evidence that has accrued in the field of child development over many decades. Where appropriate, we refute claims made in the NPRM that run counter to the preponderance of scientific evidence. In addition, we supplement the extant scientific evidence with data from our aforementioned RAPID survey.

I. Teaching, Learning, and Workforce Well-Being

Position Statement:

> Decades of scientific research provide consistent evidence that underscores the central role of adults in the lives of children. The well-being of early childhood teachers and those who care for young children is directly affected by their working conditions, and the coaching and support they receive. The proposed rule will lead to larger groups and less training and support for the teaching workforce.
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> Early childhood research distinguishes between *structural quality*, such as staff-child ratios, group size, teacher qualifications, compensation, benefits, and working conditions, and *process quality*, including curriculum, pedagogy, emotional climate, instructional support, and teacher-child interactions. Both forms of quality are associated with children's cognitive, language, numeracy, and social-emotional development, and structural quality can help create the conditions in which strong process quality occurs[3] [4].

[3] 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.
[4] 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.

Research on ratios and group size further shows why these structural conditions matter in practical terms. Lower group sizes and teacher-child ratios are associated with fewer serious safety and behavioral incidents, stronger social interactions, and higher-quality adult-child interactions[5] [6]. A meta-analysis spanning 50 years of preschool evaluations concluded that class sizes at or below 20 and child-teacher ratios at or below 10:1 were generally adequate for most children[7]. Of particular concern are the proposed rule that would allow programs to follow state licensing standards for infants and toddlers. In many states, licensing standards for the care of infants and toddlers fall far short of assuring quality care[8]. For a young child, these numbers translate into something concrete: whether an educator has sufficient time and attention to notice cues, build a relationship, individualize instruction, communicate with a family, and respond before a developmental or behavioral need escalates.

A National Academies synthesis found that education, certification, and training specific to early childhood are associated with stronger teacher-child interaction quality and, in turn, better child learning and development[9]. These findings support viewing workforce qualifications and professional learning not as administrative add-ons, but as part of the developmental environment children experience each day.

The proposed changes extend beyond individual qualification requirements and would remove much of the existing federal infrastructure intended to support the preparation and ongoing professional development of the Head Start workforce. The proposed rule would eliminate staff qualification requirements beyond those expressly required by statute for positions including Head Start directors, family child care providers, coaches, family service staff, and health professionals, while also removing the requirement for a coordinated, research-based coaching strategy for education staff. In addition, proposed § 1301.12(c) would limit programs' ability to require or incentivize postsecondary credentials unless specific conditions are met. Considered together, these changes could

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[5] 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.

[6] Francis, J., & Barnett, W. S. (2019). Relating preschool class size to classroom quality and student achievement. Early Childhood Research Quarterly, 49, 49–58.

[7] 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: Are thresholds of quality associated with greater impacts on cognitive, achievement, and socioemotional outcomes? Educational Evaluation and Policy Analysis, 39(3), 407–428.

[8] Meek, Shantel, Darielle Blevins, Brittany Alexander, Tunette Powell, Xigrid Soto-Boykin, and Mario Cardona. Lowering the Bar: An Analysis of How Replacing Head Start Standards with State Child Care Licensing Weakens Early Learning Across the United States. Tempe: The Children's Equity Project at Arizona State University, August 2026. 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.

[9] Institute of Medicine and National Research Council, *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*, ed. LaRue Allen and Bridget B. Kelly (Washington, DC: The National Academies Press, 2015), https://doi.org/10.17226/19401

disrupt the professional development pathways and supports that help educators build specialized knowledge and skills over time. For children, the concern is not credentials for credentials' sake; it is whether the adults responsible for their daily care and learning have access to the preparation, coaching, specialized expertise, and ongoing development necessary to provide consistent, responsive, developmentally appropriate experiences. For educators, removing these structures at a time when the workforce is already experiencing significant economic strain, staffing shortages, and burnout could further weaken professional growth and retention rather than strengthen the workforce.

RAPID's longitudinal child care provider data[10] show that material hardship among the early childhood workforce has not eased over time and has instead trended upward. The share of providers reporting one or more material hardships (difficulty affording food, housing, utilities, child care, or healthcare) rose from roughly 40 percent in early 2021 to the mid-50 percent range by mid 2026, with a sharp spike to nearly 70 percent in mid 2025. Housing and utility costs have consistently been the largest drivers of hardship throughout this period, and child care-related hardship, while historically lower, spiked sharply alongside the broader increase in 2025 and remains elevated.

Another factor is RAPID's provider data that show that staffing shortages have strained the child care workforce[11]. Between 2021 and 2025, 73% of center-based providers reported staffing shortages in their programs, and 75% of providers said recruiting and keeping qualified staff had become harder than before the pandemic, most often citing low wages (74%). Among providers in short-staffed programs, 82% felt more stressed, 67% felt burned out, and about one in four providers (27%) was considering leaving their job or closing their program.

These workforce conditions are directly relevant to children's experiences. When programs struggle to recruit and retain qualified staff, the effects can be felt through larger workloads, less consistency in caregiving relationships, and increased turnover of the workforce, which further disrupts adult-child interactions and, overall, reduces capacity for individualized interaction. Considered alongside RAPID's evidence of existing workforce stress, these projections raise concerns about whether the proposed changes would strengthen or further strain the relational workforce on which early learning quality depends.

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[10] RAPID Survey Project (2025, October). *Four years of listening to caregiver voices shows increasing economic hardship and emotional distress among those providing child care to young children.* https://rapidsurveyproject.com/article/four-years-of-listening-to-caregiver-voices-shows-increasing-economic-hardship-and-emotional-distress-among-those-providing-child-care-to-young-children/

[11] RAPID Survey Project. "Latest Data & Trends." Stanford Center on Early Childhood. Accessed October 4, 2026. https://rapidsurveyproject.com/explore-our-work/latest-data-trends/.

II. Child Safety & Protective Standards

Position Statement:

The SCEC urges HHS to retain strong and consistent federal child safety and protective standards because reducing or eliminating these requirements could create unacceptable variation in the protections afforded to Head Start children and families. Specifically, the changes affect standards of conduct and protections from abuse, neglect, and corporal punishment. Federal flexibility should not result in reduced basic protections for young children.

While states play an essential role in regulating early childhood programs, variation in state requirements should not determine the baseline level of protection afforded to children participating in the same federal program. Establishing consistent federal protections does not prevent states or local programs from adopting stronger requirements; rather, it helps ensure that every child receives a core level of protection regardless of where they live.

The proposed changes would shift significant responsibility for child safety from Head Start-specific federal standards to state and local licensing systems while removing several preventive safeguards currently embedded in the Performance Standards. These changes include requirements related to facilities, equipment and materials, safety training, hygiene practices, administrative safety procedures, disaster preparedness, recurring background checks, supervision, and the requirement for a bus monitor to be present when children are transported. This shift is particularly consequential because ACF estimates that approximately 26% of Head Start service locations are not currently licensed under state child care licensing requirements and acknowledges that greater flexibility for programs not subject to licensing could introduce some risk[12]. The proposed rule retains requirements for programs to report significant health and safety incidents to HHS; however, reporting an incident after it occurs serves a different function from standards designed to prevent harm from occurring in the first place. For young children, who depend on adults and their environments for protection, consistent supervision, safe facilities and transportation, appropriately screened and trained staff, and clear safety procedures work together as a system of prevention. Removing or weakening multiple components of that system could create greater variation in children's day-to-day protections based on where they live and the requirements governing their individual program.

[12] U.S. Department of Health and Human Services. Administration for Children and Families. "Reducing Federal Burden for Head Start Programs." Proposed Rule. *Federal Register* 91, no. 152 (August 7, 2026): 51248–51322. https://www.federalregister.gov/documents/2026/08/07/2026-16134/reducing-federal-burden-for-head-start-programs.

The proposed waiver authority raises an additional concern about consistency. Section 1301.18 expressly identifies nutrition, physical activity, and eligibility requirements as non-waivable, while other remaining safety-related requirements are not afforded the same categorical protection. Although programs requesting a waiver would be required to explain how it would not negatively affect children's health or safety, allowing safety-related requirements to be considered individually for waiver could further contribute to variation in the protections children receive across programs. Fundamental protections for young children should provide a consistent federal floor rather than depend on geography, licensing status, or individual program waivers.

Safety and quality are interconnected. Lower staff-child ratios and smaller groups are associated with fewer serious child-safety incidents and fewer behavioral incidents, in addition to stronger adult-child interactions[13] [14]. In practical terms, young children depend on adults for continuous supervision, protection, co-regulation, and rapid response. Standards that support adequate staffing and clear expectations for adult conduct therefore function as preventive infrastructure, not simply compliance requirements.

III. Child Development, Mental Health & Inclusion

Position Statement:

The SCEC urges HHS to retain standards that promote healthy child development, early identification, mental health, intervention, and inclusion because weakening these interconnected supports could reduce the ability of educators and families to identify and respond to children's developmental and behavioral needs early. An accumulation of scientific evidence demonstrates the importance of early identification, developmentally appropriate intervention, mental health supports, and inclusive practices in supporting young children's development and well-being. Specifically, the proposed changes affect developmental and behavioral screening, mental health consultation, early intervention and disability supports, and protections related to suspension and expulsion. Federal flexibility should not result in fewer opportunities for children to receive appropriate support and remain connected to nurturing learning environments.

The proposed changes would remove or substantially reduce several of the federal structures that currently work together to identify children's needs, connect them to specialized support, and keep them included in early learning environments. These

[13] 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.
[14] Francis, J., & Barnett, W. S. (2019). Relating preschool class size to classroom quality and student achievement. Early Childhood Research Quarterly, 49, 49–58.

changes include rescinding detailed requirements for child developmental screening and assessment; removing monthly mental health consultation and other mental health supports; replacing the current detailed standards for services to children with disabilities with a general requirement to comply with applicable federal and state law; eliminating the required child development specialist role for family child care providers; and removing federal limitations on suspension and the prohibition on expulsion. The proposed rule would also provide programs greater flexibility in how and when some screenings occur, which ACF acknowledges may increase variability across programs[15]. Considered together, these changes raise concerns that children's developmental, behavioral, and mental health needs may be identified later, that educators and families may have less consistent access to specialized expertise, and that responses to challenging behavior may increasingly depend on local resources and disciplinary policies. For young children, these are not separate systems: screening, consultation, specialized intervention, family partnership, and protections from exclusion form an interconnected pathway from identifying a need to providing the support necessary for a child to remain engaged in relationships and learning.

Developmentally appropriate practices, developmental and behavioral screenings, mental health consultation, and access to early intervention provide educators with the tools and specialized support needed to identify and respond to children's needs rather than rely on exclusionary practices such as suspension and expulsion. These interconnected supports are critical to keeping young children in nurturing learning environments.

Developmental screening is one important entry point to this system of support. A systematic review found that universal preschool developmental assessment can help predict later educational difficulties, underscoring the value of timely screening combined with parent and teacher information[16]. Early identification also matters for family well-being. RAPID data from June 2026 show that 37% of parents of a child with a disability experienced emotional distress, compared with 30% of parents of a child without a disability[17]. While screening alone cannot address parental distress, it can serve as a critical first step toward identifying a child's needs and connecting families to appropriate services, resources, and supports. Earlier access to these supports may help families better understand their child's needs and reduce the uncertainty and burden that can contribute to family stress.

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[15] Administration for Children and Families, "Reducing Federal Burden"

[16] Cairney, D. G., Kazmi, A., Delahunty, L., Marryat, L., & Wood, R. (2021). The predictive value of universal preschool developmental assessment in identifying children with later educational difficulties: A systematic review. PLOS ONE, 16(3), e0247299.

[17] RAPID Survey Project (2026). *Latest data and trends.* https://rapidsurveyproject.com/explore-our-work/latest-data-trends/

Mental health consultation provides another layer of support. Head Start-based prevention models, including Incredible Years, the Chicago School Readiness Project, and Head Start REDI have demonstrated reductions in externalizing behavior and improvements in social-emotional development, with some effects extending into later years[18] [19]. These findings show the value of giving educators and families access to expertise that helps them understand behavior, strengthen relationships, and respond developmentally.

The consequences of exclusion are not evenly distributed. Research demonstrates that preschool suspension and expulsion disproportionately affect Black children, children with disabilities, and boys. National Civil Rights Data Collection data from the 2021–2022 school year show that Black children represented 18% of preschool enrollment but 38% of preschool children who were suspended[20]. Current protections that severely limit suspension and prohibit expulsion therefore operate alongside screening, mental health consultation, and family partnership as part of a broader approach to supporting children's continued participation and inclusion.

RAPID's provider data show that only about half of child care providers are specifically prepared to support young children with developmental delays and disabilities. From March 2025 to March 2026, 50% of providers reported any specialized training, coaching, credential, or certification in this area, and just 41% had preparation in early intervention or special education. Among providers with such preparation, most had received training (87% of those with early intervention preparation), but only about one in four held a formal credential or certification[21].

This gap in preparation makes access to early interventionists, mental health consultants, and other specialists especially consequential. Educators should not be expected to address complex developmental and behavioral needs alone. A system that pairs teachers with specialized expertise increases the likelihood that (a) underlying developmental needs will be identified and appropriately addressed, and (b) children will remain connected to learning and relationships rather than being removed from them.

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[18] Bierman, K. L., Domitrovich, C. E., Nix, R. L., Gest, S. D., Welsh, J. A., Greenberg, M. T., Blair, C., Nelson, K. E., & Gill, S. (2008). Promoting academic and social-emotional school readiness: The Head Start REDI program. *Child Development, 79*(6), 1802–1817. https://doi.org/10.1111/j.1467-8624.2008.01227.x

[19] 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.

[20] U.S. Department of Education, Office for Civil Rights. (2025). 2021–22 Civil Rights Data Collection: A first look—Students' access to educational opportunities in U.S. public schools. U.S. Department of Education.

[21] RAPID Survey Project (2026). *Latest data and trends.* https://rapidsurveyproject.com/explore-our-work/latest-data-trends/ .

IV. Family Support & Comprehensive Services

Position Statement:

The SCEC calls on HHS to preserve Head Start and Early Head Start's comprehensive approach to supporting children and families because children's development is inseparable from the health, well-being, and stability of the families and communities that surround them. Substantial research demonstrates that children's learning and development are shaped by interconnected factors, including family health and mental health, nutrition, economic stability, and access to supportive services. Specifically, the proposed changes affect health and dental services, nutrition supports, family services, and prenatal and postpartum supports. Federal flexibility should not weaken the comprehensive supports that help create the conditions for young children and their families to thrive.

The proposed changes would reduce several of the federal structures through which Head Start currently connects children and families to comprehensive health, mental health, and family supports. These changes include removing specific requirements for health determinations, assistance navigating health systems and accessing health care, ongoing mental health consultation, detailed family needs-assessment processes, and the 40:1 family service worker caseload limit. For pregnant and postpartum families, the proposal retains prenatal education and newborn visits but removes requirements related to health care determinations, facilitating access to health insurance, addressing barriers to healthy maternal and birthing outcomes, tracking services, and completing the newborn visit within two weeks of birth. Considered together, these changes could shift greater responsibility to families to identify, navigate, and secure services on their own while giving programs greater discretion over the intensity and frequency of individualized family support. For families already experiencing economic hardship, health-care barriers, or caregiver distress, reducing this connective infrastructure may make it more difficult to access the supports that contribute to family stability and, ultimately, the developmental environments of young children.

Health and Dental Services

RAPID data show that families of young children face barriers to consistent health care. In August 2026, 38% of parents said concerns about cost influenced decisions about their children's medical care, including 22% for whom cost mattered somewhat or a lot. Over the past year, about 8% of parents reported missing a well-child check-up in the past month, and most of them (70%) missed two or more visits. In July 2026, 15% of families

with Medicaid or other public coverage reported problems with that coverage in the past month[22] .

ACF itself acknowledges that in communities where Head Start has historically played a substantial role in facilitating access to health care, reductions in program-facilitated services could have implications for families depending on the availability of alternative services[23]. The Regulatory Impact Analysis estimates annual reductions in health and mental health personnel and contractual expenditures ranging from approximately $55.7 million to $167 million. These reductions are particularly relevant when considered alongside RAPID data showing that families already encounter cost, coverage, and access barriers. Reducing Head Start's role in helping families navigate health systems does not necessarily eliminate the need for those services; rather, it may shift more of the responsibility for locating and accessing them to families, with potentially greater consequences in communities where alternative services are limited[24].

Nutrition

RAPID data show that food insecurity has remained a persistent challenge for families with young children. Since August 2020, the monthly share of families experiencing food insecurity has ranged from about 18% to 38%, with most months between 20% and 30%. Rates spiked in the second half of 2022, peaking at 38% in July 2022, and rose again to 30–31% in November and December 2025. Food insecurity is concentrated among lower-income families: over the past year, nearly half (47%) of families below 200% of the federal poverty line were food insecure, compared with 23% of families between 200% and 400% and 8% of those above 400%[25].

The research further shows that Head Start can complement other nutrition supports rather than duplicate them. Families participating in both SNAP and Head Start had healthier household dietary environments and greater food security than comparable SNAP-only households[26]. For families already reporting food insecurity, consistent meals in an early learning setting can therefore support the child's developmental environment and stabilize the household.

[22] RAPID Survey Project (2026). *Latest data and trends.* https://rapidsurveyproject.com/explore-our-work/latest-data-trends/
[23] Administration for Children and Families, "Reducing Federal Burden"
[24] RAPID Survey Project (2026). *Latest data and trends.*
[25] Ibid.
[26] Purkait, T., Dev, D. A., Koziol, N., Franzen-Castle, L., Stage, V. C., & Tovar, A. (2025). Combined participation in the Supplemental Nutrition Assistance Program (SNAP) and Head Start is associated with healthy household dietary environments for young children in low-income families. Public Health Nutrition, 28(1), e139.

Prenatal and postpartum services

RAPID data point to gaps in prenatal and postpartum support. In July–August 2026, about half of parents who had recently given birth said their emotional well-being (52%) or physical health (51%) interfered with caring for their baby in the first months after birth. Fewer than half used breastfeeding support (48%), 39% used mental health support, and 38% took childbirth classes. Only 21% had a doula; among those who did not, 31% said the cost was too high, and 19% were unsure whether insurance would cover it[27] [28].

Research on Early Head Start reinforces the developmental importance of supporting caregivers during this period. Greater family engagement in Early Head Start has been associated with reductions in caregiver depressive symptoms over time, and participation has been linked with greater parental emotional attunement and more frequent language and learning opportunities for young children[29] [30]. These findings are especially relevant in the prenatal-to-three period, when development is rapid, and children's well-being is deeply connected to caregiver health and responsiveness.

Family economic stability and material hardship

SCEC's RAPID data document a consistent "chain reaction of hardship" linking material hardship, parental emotional distress, and children's well-being[31]. As parents' experiences of material hardship increase, so do their own levels of stress, anxiety, depression, and loneliness. These elevated levels of parental distress are, in turn, associated with greater emotional distress among their young children. Longitudinal RAPID data show that parents reporting material hardship rose from roughly 25 to 30 percent in 2021 to a peak near 60 percent by late 2025, with elevated levels continuing into 2026. Parent-reported stress and loneliness have remained the most persistently elevated symptoms of distress throughout the survey period, and reports of children's fussy, defiant, fearful, or anxious behavior have remained substantial and sustained since 2020.

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[27] RAPID Survey Project. (2024, February). https://rapidsurveyproject.com/article/expectant-parents-faced-prenatal-care-challenges-over-the-last-few-years/

[28] RAPID Survey Project (2024, April). https://rapidsurveyproject.com/article/postpartum-parents-emotional-well-being-and-physical-health-affect-their-caregiving-abilities/

[29] 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 & Young Children, 39(2), 100–110.

[30] 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.

[31] Liu, S., & Raikes, A. (2025, April 22). Experiences of material hardship have ripple effects on young children's development. RAPID Survey Project, https://rapidsurveyproject.com/article/experiences-of-material-hardship-have-ripple-effects-on-young-childrens-development/

Under the proposed rule, programs will no longer be required to provide diapers, adding additional financial burdens on families[32]. RAPID data show diaper need rising among families with young children. Among families with a child in diapers, the share without enough diapers rose from about 8% in December 2020 and March 2025 to 13–14% in July 2025 and March 2026. Need was concentrated among lower-income families: 23% of families below 200% of the federal poverty line lacked enough diapers, compared with 12% of those between 200% and 400% and under 1% of those above 400%. In March 2026, cost was the most common barrier among families without enough diapers (84%)[33].

These material needs are developmentally relevant because hardship can reverberate through the caregiving environment. RAPID analyses identify a pathway in which greater material hardship is associated with greater parental emotional distress, which in turn is associated with greater emotional distress among young children[34]. Comprehensive family supports can therefore serve both immediate practical needs and the relational conditions that support children's development.

V. Access, Continuity & Responsiveness to Diverse Communities

Position Statement:

Scientific research of early childhood demonstrates that consistent access to developmentally appropriate services and supports is important to children's development and family well-being. Specifically, the proposed changes affect families experiencing homelessness, children in foster care, dual language learners, children with disabilities, migrant and seasonal families, and infants and toddlers served through Early Head Start. Increased flexibility should not come at the expense of equitable access, continuity of services, or responsiveness to the circumstances of the children and families Head Start is designed to serve.

The proposed changes would alter several of the mechanisms that currently help Head Start reduce barriers to enrollment, maintain continuity of services, and respond to the linguistic and economic circumstances of families. These changes include eliminating self-attestation as sufficient eligibility documentation, removing flexibility to enroll a child when age documentation cannot be obtained, shifting from support for bilingualism to English-language instruction, removing certain requirements for staff linguistic and cultural responsiveness, and eliminating federal minimum service-duration requirements.

[32] Administration for Children and Families, "Reducing Federal Burden"
[33] RAPID Survey Project (2026). *Latest data and trends.*
[34] Ibid.

Considered together, these changes could place additional responsibility on families to document eligibility, navigate language differences, and secure alternative care when program hours are reduced. These burdens may be particularly consequential for families experiencing homelessness or economic hardship, highly mobile families, dual language learners, and families whose employment depends on consistent early care and education. Flexibility for programs should be considered alongside whether children and families can consistently enter, participate in, and remain connected to the services intended to support them.

Eligibility and enrollment- Homeless and migrant family documentation

RAPID data show that housing instability affects a meaningful share of families with young children. In June 2025 and February 2026, 15% of families reported losing or nearly losing their housing in the past year because of a change or crisis, including 29% of families below 200% of the federal poverty line[35]. Among families who lost their housing, more than a third moved in with another family or into a shelter, hotel, or vehicle. For young children, these arrangements count as homelessness under the McKinney-Vento definition that Head Start uses. In cases of housing instability, many families do not have access to valuable documents that would validate their current living situation.

From a practical-life perspective, documentation requirements can be most difficult to satisfy precisely when a family is experiencing the greatest instability. Families moving between homes, shelters, hotels, or vehicles have limited access to records, transportation, technology, or consistent communication channels. Policies intended to verify eligibility should therefore be considered alongside the developmental cost of delaying or interrupting access to stable early learning relationships for children already experiencing disruption.

Dual language learners and home-language supports

Research on early childhood development underscores the importance of supporting children's home languages as an integral part of their learning, identity, and connections with family and communities. RAPID data highlight the importance of home-language supports. Among RAPID parents who speak a language other than English at home, 89% agreed that it is important for their child to understand, speak, read, and write in that language (62% strongly agreed). At the same time, only 13% of child care providers surveyed by RAPID reported providing care in a language other than English[36].

Parent responders to the RAPID survey intuitively understand what the research supports: dual language learners who receive high-quality instruction in their home language

[35] RAPID Survey Project (2026). *Latest data and trends.*
[36] Ibid.

alongside English demonstrate stronger and faster English-language acquisition trajectories and greater academic gains than peers in English-only programs[37]. Current Head Start standards also connect language support to family partnership by emphasizing communication in families' preferred languages. In 2024–2025, 27.7% of children enrolled in Head Start lived in families where the primary home language was not English, underscoring that language policy has implications for a substantial share of enrolled families[38].

In practical terms, home-language support is not only about instruction. It affects whether a young child can build secure relationships and demonstrate what they know, and whether parents can understand program information, communicate concerns, and participate meaningfully as partners in their child's learning. The gap between the value families place on home-language development and the small share of providers reporting care in another language suggests a need to strengthen capacity rather than reduce expectations for linguistic responsiveness.

Effect of reduced services on employment stability

RAPID data show that disruptions to Head Start services spill over into parents' work. Between December 2025 and July 2026, about three in four parents with a child in Head Start or Early Head Start (74%) reported that their program had experienced closures or disruptions in services or funding in the past month. Among these families, 38% said a parent had to miss work or adjust their schedule, 39% experienced more stress and uncertainty, and 32% lost access to care or services[39]. Head Start and Early Head Start staff whose programs were disrupted described similar effects in RAPID survey responses, including families losing access to care or services and staff being furloughed or laid off.

This illustrates the economic implications of program continuity: changes in service availability can affect a child's daily routines and relationships while simultaneously affecting a parent's ability to work. For families already experiencing material hardship, even modest reductions in hours can create cascading decisions about work schedules, transportation, alternative care, and household expenses. In June 2026, RAPID Survey data showed that 39% of parents nationally were experiencing material hardship, underscoring the importance of comprehensive supports for Head Start families who may have fewer economic resources[40].

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[37] Castro, Dina & Franco-Jenkins, Ximena & Chaparro Moreno, Johana. (2025). The Effects of Dual Language Education on Young Bilingual Children's Learning: A Systematic Review of Research. Education Sciences. 15. 312. 10.3390/educsci15030312.

[38] Office of Head Start. (2026). Office of Head Start services snapshot: National all programs (2024–2025). U.S. Department of Health and Human Services, Administration for Children and Families.

[39] RAPID Survey Project (2026). *Latest data and trends.*

[40] Ibid

VI. Family Voice, Partnership & Community Engagement

Position Statement:

The SCEC emphasizes the importance of HHS to retain meaningful federal standards for parent engagement, family partnership, and community participation because family voice has been a defining principle of Head Start since its inception and is central to responsive early childhood practices.

The proposed changes would reduce several of the federal structures that currently ensure family and community voice is consistently incorporated into Head Start programs. Proposed § 1301.01 would make center-level parent committees optional rather than required, while § 1301.06 would retain a general requirement for parent and family engagement but remove more specific expectations governing how that engagement occurs. The proposal would also remove the 40:1 family service worker caseload limit and detailed requirements for community needs assessments and community engagement, changes that ACF acknowledges may affect the intensity or frequency of individualized family support and increase variation in the scope and breadth of community assessments[41]. Considered together, these changes could result in greater variation in how families participate in program decisions, how consistently they receive individualized support, and how systematically programs use family and community perspectives to understand local needs. Parent choice and local flexibility are valuable, but meaningful family voice requires consistent opportunities and structures through which families can participate, influence decisions, and help programs remain responsive to the children and communities they serve.

Research supports treating family engagement as a vital part of children's developmental experience rather than as an optional program activity. A national study found that participation in Head Start parent-involvement activities was associated with more positive parent-child learning activities and better cognitive and behavioral outcomes for children[42]. Another study found that greater contact with Head Start family-services staff was associated with higher receptive vocabulary among children, in part through greater parent involvement in learning at home[43].

Families provide an equally important perspective on how those supports are experienced in everyday life. Parent voice helps illuminate how programs affect not only children's

[41] Administration for Children and Families, "Reducing Federal Burden"
[42] 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), 562–579.
[43] 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.

learning and development, but also family stability and overall well-being. The following reflections from qualitative RAPID Survey responses demonstrate the role of the program in the lives of families:

"Head Starts allows my child fun and educational growth socially and mentally. It allows her to interact with kids her age as well as other adults. It allows me time to work uninterrupted and helps with my ability to maintain steady employment" - Parent from Ohio

"Head Start is also very helpful. They give food and counseling. My son gets special services at the school. I am very sad for future families because they announced that this is the last year for Head Start at this location." - Parent from New York

These reflections reinforce that parent voice is not simply a component of family engagement; it is essential evidence for understanding how early childhood policies are experienced in the daily lives of children and families. The Ohio parent connects her child's social and educational development directly to her own ability to maintain employment, while the New York parent describes food, counseling, and specialized services as part of one integrated experience. Their words confirm what research on comprehensive early childhood systems also shows: families do not experience education, health, work, and developmental supports as separate policy categories.

Meaningful family and community engagement also helps programs understand whether services fit local realities. Community needs assessments are intended to help programs identify community strengths, needs, resources, populations most in need, and the service models most appropriate to those circumstances. Preserving structures for parent and community input therefore supports both responsiveness and accountability. Families help programs see needs and consequences that administrative data alone may miss.

Conclusion

The research and evidence presented throughout this comment demonstrate why the proposed changes warrant serious reconsideration. For more than six decades, Head Start has served as a national benchmark for comprehensive, high-quality early childhood services, with principles and practices that have influenced the broader early childhood field nationally and internationally. The proposed changes risk being particularly consequential for communities already facing the greatest barriers to opportunity and support. The path forward should build upon Head Start's longstanding contribution to the early childhood field, ensuring that efforts towards efficiency do not come at the expense of quality, access, or opportunity.

Across the evidence presented here, a consistent pattern emerges: the conditions that support children's development are interconnected:

- **Workforce stability affects relationships and classroom quality**
- **Screening and mental health consultation affect whether children receive support or experience exclusion**
- **Health, nutrition, and family stability shape children's capacity to learn**
- **Family voice reveals how these systems function in everyday life**

For these reasons, the SCEC recommends that HHS withdraw the proposed rule and pursue burden reduction in ways that preserve the research-based conditions that allow children and families to benefit from Head Start and Early Head Start.

Sincerely,

The Stanford Center on Early Childhood