Unpacking the Notice of Proposed Rulemaking to Overhaul the Head Start Program Performance Standards

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On 8/7/26, the U.S. Department of Health and Human Services (HHS) published a Notice of Proposed Rulemaking (NPRM) titled "Reducing Federal Burden for Head Start Programs" (RIN 0970-AD30, docket ACF-2026-0595) that would rescind the current Head Start Program Performance Standards (HSPPS) in their entirety and replace them with a substantially shorter set of requirements. The NPRM, if finalized, would significantly change the Head Start program by eliminating most of the existing standards that prescribe how grantees must offer high-quality, comprehensive services to children and families across the nation.

The NPRM is a proposed rule with a 60-day public comment period. HHS is accepting comments here until 11:59 p.m. ET on 10/6/26. HHS must then review and respond to comments before issuing a final rule with an effective date. Until it does so, the current HSPPS remain in effect, and Head Start programs should not change their program design or operating procedures in anticipation of regulatory changes.

This Deep Dive covers the background of the HSPPS (Section I), its legal foundation (Section II), the major changes proposed in the NPRM alongside federal requirements that remain even if certain standards are rescinded (Section III), and next steps in the regulatory process (Section IV).[1]

If enacted, the proposed rescission and replacement of the HSPPS represent major changes to the program, overhauling the service requirements and quality standards that have defined this 61-year-old early childhood program. The NPRM removes or significantly weakens most of the current requirements related to effective teaching and learning, teacher qualifications, developmental screenings, health and dental care, mental health care, maternal health, and parent governance, as have tailored services for children with disabilities, children experiencing homelessness, dual language learners, and children in foster care. The proposed changes could also have an effect on state early childhood programs, as Head Start has set the bar for those other systems' quality standards.

Head Start began in 1965 as a program designed to provide children in low-income households with high-quality early education and comprehensive services to support their development and prepare them for school. The statutory purpose of Head Start is to "promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development" through a learning environment that supports child development and through "health, educational, nutritional, social, and other services" to children and families (Section 636). Head Start was designed to empower parents as lifelong advocates for their children's education and improve the trajectory for children and parents through a two-generation model.

[1] This document has been prepared for informational purposes only and is not legal advice. This information is not intended to create, and receipt of it does not constitute, an attorney-client relationship. Readers should not act upon this information without seeking professional counsel.

As such, the scope and quality of services provided (and detailed in the current HSPPS) are critical to the program's purpose and intrinsic to its implementation. Head Start is not intended solely as a source of child care for low-income families. The HSPPS reflect expectations that are among the highest in the field of early childhood for classroom quality and the scope of services offered to enrolled children and families (including expectant parents). These standards also define the parent role in program governance and engagement, and they set requirements for enrolling and serving certain populations, particularly children experiencing homelessness, children in foster care, dual language learners, and children with disabilities. (See Section I below for more information about the existing HSPPS.)

In its new NPRM, HHS argues that the proposed changes are necessary to reduce what it characterizes as burdensome requirements and to increase flexibility in the Head Start program. The Administration estimates that finalizing its proposal will result in up to 236,000 additional children served by reallocating an estimated $2.2 billion. There are no additional funds for Head Start assumed in HHS's analysis of the impact of its proposal. Rather, these estimated savings would arise from the combination of a provision in the NPRM limiting administrative costs and from programs changing their delivery models to provide fewer services and supports given the removal of most federal standards. Chief among the projected cost-saving changes are fewer teachers in the classroom; larger group sizes; shorter program hours; reduced health, dental, and mental health care, home visits, and other services; and reduced administrative costs.

I. BACKGROUND: THE HEAD START ACT & THE PERFORMANCE STANDARDS

The Head Start Act, first enacted by Congress in 1965, and most recently reauthorized in 2007, sets requirements for Head Start to provide high-quality services to prepare low-income children for school across all developmental domains. The Act also directs the HHS Secretary to issue and then regularly update the HSPPS, in consultation with experts, as a way to ensure those high-level requirements are implemented in a manner that delivers on the goals of the Head Start Act. The existence of comprehensive standards to actualize the intent of the legislation is explicitly mentioned throughout the statute and assumed in its design as a necessary mechanism to translate congressional expectations into expert-informed, evidence-based program design. The HSPPS are appropriately used by HHS to establish the operational requirements that define the specific Head Start services that must be delivered in areas including health, education, family engagement, disability services, safety, staffing, governance, and fiscal management. It is these regulations that detail the services, quality levels, timelines, implementation instructions, and other specifications that make Head Start's statutory requirements both operational and monitorable.

The HSPPS originated in 1975 and underwent a major revision in 2016 to align with Congress's reauthorization of the Head Start Act in 2007. The HSPPS were recently revised in 2024 to add standards on staff wages and benefits,[2] mental health, and family service caseloads, among other needed updates.

[2] In May 2025, HHS published an NPRM to rescind the wage and benefit requirements included in the 2024 final rule. That NPRM has not yet been finalized. See our earlier Deep Dive for more information. The August 2026 NPRM discussed in this Deep Dive would also remove those same wage and benefit requirements.

HHS's current proposal makes major changes to the HSPPS, which fall into three categories:

- Some standards or services *are* mentioned explicitly in the Head Start Act but given greater detail around implementation in the HSPPS. Most of these HSPPS provisions are slated for removal. In the absence of these clarifications in the HSPPS, programs will be left to decide how to implement the relevant statutory requirements, and timelines and scope that were previously uniform will largely be at the discretion of individual grantees. In addition, the statute directs the Secretary to have HSPPS on some of these subject matters (discussed in more detail below).

- Many current requirements in the HSPPS that only exist in regulation—in other words, they are not mentioned in the Head Start Act itself—are proposed for elimination entirely. Some current regulatory requirements would not be eliminated but would instead be replaced with language that diminishes them.

- The NPRM also proposes some new requirements that did not previously exist in the HSPPS, including requirements related to documenting eligibility for enrollment, instruction in English, enhanced nutrition, and physical activity provisions. If HHS finalizes the rule, these new requirements in the HSPPS would be required of all Head Start grantees.

II. STATUTORY CONSIDERATIONS RELEVANT TO THE RULEMAKING

Before reviewing the major changes HHS is proposing to the HSPPS, it is important to understand the statutory context with which any revision to the HSPPS must align. As detailed below, the NPRM appears to conflict with several provisions of the Head Start Act.

First, the NPRM may violate the Head Start Act's prohibition on any reduction of the "quality, scope, or type" of services required in the HSPPS. In its 2007 reauthorization of the Head Start Act, Congress established the 2007 HSPPS as a floor for implementation of the legislative requirements. Section 641A(a)(2)(C) of the law explicitly requires that the HHS Secretary shall "ensure that any . . . 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" 12/12/07.[3]

The HSPPS that were in place as of that date were robust.[4] For instance, the HSPPS in 2007 had strict group size and staff-child ratio requirements for infants and toddlers; standards relating to child abuse prevention and reporting; requirements around interacting with non-English-speaking families and encouraging the language development of children whose home language was not English; clear guidance on the provision of services to expectant parents; and requirements around the screening and assessment of children with disabilities and developmental delays.

[3] This document does not include a full comparison of the 2007 HSPPS and the NPRM. However, we have noted some standards of note that were included in 2007 where HHS is proposing eliminations or significant reductions.

[4] 45 CFR 1301–1311 (2007), CFR-2007-title45-vol4-subtitleB-chapXIII-subchapB.pdf.

Despite the congressional mandate to measure any future changes to the HSPPS against the 2007 version, HHS's proposed rule contains no comparison between the regulatory requirements in place in 2007 and those that it would seek to impose through the NPRM. Nor does it contain a discussion of how the proposed rule, if finalized, would avoid eliminating or reducing the quality, scope, or types of services required in the 2007 HSPPS. Accordingly, the proposed rule could conflict with Section 641A(a)(2)(C) of the Head Start Act.[5]

Second, the Head Start Act requires the Secretary of HHS to take a number of actions to implement the law, but the NPRM appears to eliminate or weaken the corresponding parts of the HSPPS, possibly leaving the Head Start program out of compliance with the Head Start Act. For example, Section 641A(a)(1) of the Head Start Act requires the Secretary to set HSPPS, in consultation with experts and stakeholders and through regulation, in several areas, such as:

- Standards that are "scientifically based and developmentally appropriate" and encompass all domains of child development including language and literacy, math and science, social-emotional, approaches to learning, and physical development;
- Health, parental involvement, nutrition, and social services, transitions, and other services;
- Administrative and financial management, and facilities conditions;
- In the case of dual language learners, opportunities to learn English as well as culturally and linguistically appropriate instructional activities;
- Consultation with experts in child development, health, and family services and that the HSPPS rely on research-based practices;
- The condition and location of facilities (including indoor air quality); and
- Consultation with Tribes on any changes to the HSPPS.

The Secretary is also required by statute to protect the confidentiality of personally identifiable information with policies, protections, and rights equivalent to those a parent or student holds under the Family Educational Rights and Privacy Act (FERPA) (Section 641A(b)(4)(A)). The Secretary is required to prescribe by regulation who is eligible to participate in the program (Section 645(a)(1)(A)). And the Secretary is required to issue rules to remove barriers to enrollment and participation of homeless children in Head Start programs (Section 640(m)).

As discussed in Section III below, the proposed rule either eliminates or significantly diminishes regulations in the current HSPPS that HHS put into place in response to congressional mandates for each of these areas.

[5] *See, e.g.*, *Texas v. Becerra*, 667 F. Supp. 3d 252, 285 (N.D. Tex. 2023) (finding the Secretary of HHS acted in excess of statutory authority when promulgating a rule impacting Head Start's program quality that "contains no discussion comparing the quality, scope, or types of services required to be provided in December 2007 to the quality, scope, or types of services that might result after promulgation of the Rule").

III. PROPOSED CHANGES TO THE PERFORMANCE STANDARDS

Given the breadth of the proposed changes to the HSPPS, the following summaries are not a comprehensive accounting of the NPRM. Instead, this section focuses on the major changes and their likely impact in the following areas:

A. **Quality Standards**
B. **Comprehensive Services**
C. **Eligibility and Access for Specific Populations**
D. **Parent Governance, Engagement, and Parent Rights**
E. **Program Operations**

Within each area are summaries of a number of specific provisions in the NPRM. Where appropriate, the summaries also refer to relevant provisions of the Head Start Act.

A. Quality Standards

Teaching Practices and Learning Environment. HHS proposes to remove nearly all current regulations on the teaching and learning environment. The current standards require, among other things, responsive care and interactions that support language and critical thinking, biliteracy and bilingualism for dual language learners, and learning experiences that help children progress on all aspects of development aligned with the Head Start Early Learning Outcomes Framework. These learning environments must be, according to the current HSPPS, well-organized through schedules and lesson plans, with a balance of learning experiences that support play, exploration, and child- and teacher-directed activities. The current HSPPS also require age-appropriate materials and space, and intentional approaches to rest, meals, routines, and physical activity. The proposed rule would instead include references only to meals, physical activity, and English as the language for instruction (discussed further below). All other current HSPPS related to teaching and the classroom environment would be removed.

Curricula. The proposed rule removes the curricula standards set forth in 45 CFR 1302.32. HHS argues that these standards are not needed because the Head Start Act already requires a research-based curriculum. The Head Start Act requires that the curriculum promote school readiness, be based on scientifically valid research, be linked to ongoing assessment with developmental and learning goals and measurable objectives, and be aligned with the Head Start Early Learning Outcomes Framework and, as appropriate, state early learning standards (Section 642(f)(3)). In addition to reflecting these statutory requirements, the current HSPPS also require (1) a scope and sequence with plans and materials for supporting children's learning and developmental progression, (2) support for staff in implementing the curriculum along with training and professional development, (3) monitoring implementation for fidelity with appropriate supervision and continuous quality improvement, and (4) processes for making adaptations to a curriculum, including working with an external subject matter expert and monitoring progress toward school readiness goals. These provisions that appear only in current regulation would be removed under the NPRM.

Service Duration. The proposed rule removes current requirements relating to program duration. HHS states in the NPRM that "prescribing a minimum annual number of service hours is not the most appropriate means of promoting positive outcomes for children" and notes that programs are better positioned to determine the schedule that meets community needs. HHS acknowledges that, by allowing programs to reduce hours, "families may need to secure alternative child care arrangements, which could impose additional financial costs or lost work time for families." The HSPPS require Head Start Preschool programs to provide 1,020 annual hours of planned class operations over at least eight months per year for at least 45% of their center-based funded enrollment. Remaining slots must operate at least 160 days per year (or 128 days at four days per week) for at least 3.5 hours per day (45 CFR 1302.21(c)). The Head Start Act sets only a floor of three hours per day for center-based programs (Section 640(k)), which would become the only federal requirement on program duration under the NPRM.

Dual Language Learners. The proposed rule requires that all Head Start instruction be conducted in English, with a sole exception for Tribal grantees incorporating Tribal languages. The proposed English-only rule replaces the instructional requirements for dual language learners in 45 CFR 1302.31(b)(2), which include a home language development focus for infants and toddlers, a bilingual approach for preschoolers, and classroom supports where staff do not speak a child's home language. It also removes the requirement to screen and assess children in their home language (45 CFR 1302.33(c)). The Head Start Act contains requirements to serve children who are "limited English proficient," including procedures to identify these children (Section 642(f)(10)) and education performance standards addressing their progress toward English acquisition (Section 641A(a)(1)(B)) while also providing culturally and linguistically responsive instruction and care. HHS's rationale for eliminating these requirements is that learning English provides economic and community engagement opportunities for families. HHS acknowledges that the proposed change would require some programs to replace current instructional materials, but does not provide a rationale for how this provision adheres to Section 657C(a) of the Head Start Act, which provides that nothing in the subchapter authorizes the Secretary to "mandate, direct, or control, the selection of a curriculum, a program of instruction, or instructional materials" for a Head Start program.

Staff and Teacher Credentials and Training. The proposed rule adds a prohibition on programs requiring or incentivizing staff to have post-secondary credits, degrees, or credentials for any position unless required by the Head Start Act or unless the program can demonstrate that the position requires skills that can only be attained through post-secondary education. HHS does not explain what the proposed prohibition on incentivizing post-secondary education (absent the required justification) means, or whether programs can continue to offer scholarships and bonuses related to post-secondary education. This provision is seemingly inconsistent with the Head Start Act itself, which contains credential requirements for staff, including a national requirement that 50% of Head Start teachers in preschool classrooms hold at least a bachelor's degree, a minimum of an associate degree or equivalent for all classroom teachers, and credential requirements (a Child Development Associate, or CDA) for assistant teachers and Early Head Start teachers (Section 648A). The current HSPPS include for other positions some additional credential requirements that are not in the Head Start Act, including requiring a bachelor's degree and management experience for the Head Start director; a CPA or bachelor's degree in accounting or business for the fiscal officer; and credentials or licensure for staff in health, mental health, nutrition, and family support roles (45 CFR 1302.91(e)). These requirements do not appear in statute and would thus be effectively eliminated in the proposed changes to the HSPPS.

Group Size and Ratios. The proposed rule eliminates Head Start-specific staff-child ratios and maximum group sizes (45 CFR 1302.21(b)) and instead requires programs to follow and post their state's child care licensing requirements. The NPRM also extends the state child care licensing requirements for staff-child ratios and group size limits to Head Start programs that are currently exempt from licensure.[6] HHS disputes "associations between child-staff ratios . . . and children's cognitive, language, or social emotional outcomes" but also acknowledges that "the current ratio and group size requirements were adopted to promote child safety, support effective supervision and teacher-child interactions, and foster high-quality early learning environments." Current regulations allow the Secretary to waive requirements relating to group size and ratios on a case-by-case basis for locally designed programs by adding up to four additional children to preschool classrooms. In contrast, the NPRM removes the current safeguard that prohibits waiving ratios and group sizes for children under 24 months and that sets absolute group size ceilings (45 CFR 1302.24). The Head Start Act does not address ratios or group sizes, but limitations on group sizes and ratios existed in the HSPPS when Congress reauthorized the program in 2007 and, as discussed in Section II above, the Secretary is prohibited by statute from changing the HSPPS in a way that reduces quality (Section 641A(a)(2)(C)(ii)). HHS estimates that the number of children for each teacher will increase by 16–32% when the proposal is fully implemented.

Child Safety. The proposed rule removes the standards of conduct in 45 CFR 1302.90(c), which prohibit corporal punishment, physical abuse, sexual abuse, emotional abuse (including seclusion, humiliation, and shaming), and neglectful behavior, with definitions and required penalties. It also removes the requirement that no child be left alone or unsupervised, anti-stereotyping requirements, and required annual staff trainings on child abuse reporting and behavior support strategies (45 CFR 1302.92). The rule also removes Head Start-specific requirements related to background checks for staff and transportation, and it directs programs to follow state requirements and procedures. There is no statutory requirement for mandated reporter training or for promulgating standards of conduct relating to child abuse prevention. Every current provision on these topics is required through HSPPS, or in generally applicable laws outside the Act. Each state defines child abuse under its own law, and prohibitions on corporal punishment are not standard across states and localities. HHS indicates that the "proposed regulations remove restrictive Federal process mandates and provide programs greater flexibility in developing personnel policies and standards of conduct that reflect local community needs." However, the current standards of conduct related to child safety allow the Office of Head Start to hold a grantee accountable for these behaviors even when the conduct does not meet the criminal definition of abuse in the state, locality, or Tribe where the program operates.

Interactions with the Elementary and Secondary Education Act. The Elementary and Secondary Education Act's Section 1112(c)(7) requires that early education services provided prior to kindergarten entry and funded using Title I funds must comply with Head Start's educational standards. The U.S. Department of Education's Title I Preschool Guidance further clarifies that the HSPPS applicable to Title I programs are in 45 CFR. Part 1302 Subpart C,[7] which identifies the required minimum standards for

[6] States define which programs in their state must be licensed. Common categories of license-exempt child care providers include schools, faith-based organizations, family child care providers caring for a small number of children (as defined by the state), and relatives.

[7] U.S. Dep't of Educ., *Serving Preschool Children Through Title I, Part A of the Elementary and Secondary Education Act of 1965, as Amended: Non-Regulatory Guidance* (Feb. 2024),

education and child development services related to teaching practices and the learning environment, curricula, screening, and assessments. In the absence of these regulations, should the NPRM be finalized, preschool programs funded through Title I would no longer be required to deliver developmentally, culturally, and linguistically appropriate learning experiences in language, literacy, mathematics, social and emotional functioning, approaches to learning, science, physical skills, and creative arts.[8] According to one report, 81% of elementary schools with prekindergarten programs are Title I schools.

Nutrition and Physical Activity. The proposal both maintains and adds requirements in these two areas. In describing the NPRM's rationale, HHS states that these "prescriptive requirements pertaining to nutrition are proposed in contrast to the otherwise de-regulatory approach" to highlight the importance of healthy eating. Proposed § 1301.04(b) carries forward the current HSPPS requirement that snack and meal times be structured and used as learning opportunities that support staff-child interactions (45 CFR 1302.31(e)(2)) and continues to encourage family- style meals. Proposed § 1301.04(c) carries forward the requirement to integrate intentional movement and physical activity into curricular activities and daily routines. It would add a mandate of a minimum of 30 minutes of physical activity for every 3.5 hours a child participates in the Head Start program, to take place outside when weather permits. Proposed changes require programs to serve nutrient-dense, whole foods conforming to USDA requirements at 7 CFR part 226 and to collaborate with parents on nutrition and physical activity, including discussion of the child's nutritional status, the health consequences of sugar-sweetened beverages and grain-based desserts, and how to select and prepare nutritious foods within a family's food budget.

B. Comprehensive Services

Developmental Screenings. The proposed rule removes from the HSPPS all mention of developmental screenings and follow up services. Current HSPPS require that every child receive a developmental screening within 45 days of entry that covers "developmental, behavioral, motor, language, social, cognitive, and emotional skills" using research-based tools and family and teacher input (45 CFR 1302.33). When a screening identifies a concern, programs must refer the child to the state agency responsible for evaluations under the Individuals with Disabilities Education Act (IDEA) with parental consent, support the family through the formal evaluation process, and provide follow up services for children who show a significant delay but are found ineligible under IDEA. HHS is proposing to eliminate each of these requirements. In the NPRM preamble, HHS states that "programs will continue to be required to conduct screenings and assessments for enrolled children." But although the Head Start Act references developmental screenings, it does not affirmatively require them to be used for all children. It only requires that all programs use research-based developmental screening tools when conducting screenings (Section 642(f)(6)) and that Early Head Start programs provide screening and referral for

https://www.ed.gov/media/document/non-regulatory-guidance-serving-preschool-children-through-title-i-part-of-esea-february-2024-16708.pdf.

[8] *See, e.g.*, U.S. Dep't of Educ. & U.S. Dep't of Health & Hum. Servs., *Supporting High-Quality Preschool with Title I Funds: Guidance to Local Educational Agencies and Schools on Implementing the Required Head Start Program Performance Standards for Title I-Funded Preschool Programs* (Dec. 2024), https://www.ed.gov/media/document/supporting-high-quality-preschool-title-i-funds-guidance-local-educational-agencies-and-schools-implementing-required-head-start-program-performance-standards.

those children with documented behavioral challenges (Section 645A). Accordingly, the NPRM removes the universal scope of developmental screenings as well as the timeline, follow up, referral requirements, and family support during the process.

Health and Dental Care. The proposal also eliminates the health and dental service requirements. HHS notes that "[a]lthough the proposed rule would remove several prescriptive regulatory requirements related to health, oral health, and mental health service delivery, programs would retain discretion regarding how these services are structured" and acknowledges that "reductions in program-facilitated services could have implications for families, depending on the availability of alternative health services." Current HSPPS establish the health, dental, and mental health services that Head Start children receive in the program, as well as the support for finding a source of ongoing medical and dental care, follow up requirements, and the timeliness of services (45 CFR 1302.42). The HSPPS require programs to determine within 30 days of a child's entry whether the child has health insurance and a source of ongoing care, and to assist uninsured families in connecting with care. Within 45 days, programs must conduct evidence-based vision and hearing screenings. Within 90 days, programs must determine whether each child is up to date on the state's well-child and dental schedules under Medicaid's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and the Centers for Disease Control and Prevention (CDC) immunization schedule. Programs must then bring children up to date, as needed.

Beyond these initial deadlines, the proposal also removes the requirements that programs support families in keeping children current on well-child and oral health care, facilitate fluoride treatments and treatment for tooth decay, provide extended follow up for identified conditions such as elevated lead levels, track referrals, and help families obtain prescribed medications and equipment. Under the current HSPPS, programs may also use program funds for medical and dental services when no other funding source exists.

The Head Start Act identifies the provision of health services as part of the statutory purpose (Section 636), requires HHS to have standards for health services (Section 641A(a)(1)), and requires programs to have goals and measurable objectives for health services (Section 642(f)), but the law does not itself specify the services and screenings, timelines, or tracking and follow up obligations. Many of the current HSPPS requirements outlined above also existed in regulation prior to 2007, when Congress established the 2007 HSPPS as a quality floor. If these regulations are rescinded in a final rule, there will be no federal requirement defining the parameters of the health and dental services that Head Start children receive.[9]

[9] For example, the NPRM's preamble language states that "while the proposed regulations would no longer specify that programs must conduct hearing and vision screenings, this requirement will still apply due to statutory requirements" and cites Section 642(f) of the Head Start Act. However, Section 642(f) requires that programs use research-based screening tools but does not prescribe screenings for vision or hearing. Because the preamble to a regulation is not legally enforceable, the effect of the proposed rule is to eliminate the requirement that programs conduct vision and hearing screenings.

Maternal and Infant Health. The proposal eliminates nearly all prenatal and postpartum service requirements for pregnant women and new parents in Early Head Start (45 CFR 1302.80–1302.82). Early Head Start serves approximately 16,000 expectant families during pregnancy and the postpartum period.[10] Current HSPPS require programs to determine within 30 days whether a pregnant woman has a source of continuous prenatal care and health insurance, and to identify a source of ongoing care as quickly as possible if needed. The HSPPS require programs to facilitate services through referrals that must include, at a minimum, "nutrition counseling, food assistance, oral health care, mental health services, substance abuse prevention and treatment, and emergency shelter or transitional housing in cases of domestic violence." When the baby is born, the current HSPPS require a newborn visit within two weeks that addresses physical and mental health, safe sleep, infant needs, and basic needs. Current HSPPS also require programs to track the prenatal and support services that a pregnant woman receives and to provide services to reduce barriers to healthy maternal and birthing outcomes for each family, including services to address disparities across racial and ethnic groups. The current HSPPS include a requirement to support pregnant women and postpartum women, as well as their partner or family members, with mental health challenges and to support responsive care for the mother and infant. Finally, existing requirements direct programs to identify and address family needs that support the family with prenatal and postpartum care and healthy infant development, including during the infant's transition to an early childhood program.

The revised HSPPS retain a requirement for a newborn home visit, but remove the two-week timeline, and they only require that the visit include information on nutrition and food assistance, rather than the more comprehensive requirements described above. The proposed rule also retains a current requirement that expectant families receive education and services as appropriate during the prenatal and postpartum period on fetal development; nutrition; breastfeeding; risks of alcohol, smoking, and drug use; postpartum recovery; infant care; and safe sleep. Beyond these general requirements, all specific service requirements described above are removed, including all references to maternal mental health. The proposal also removes a current requirement that programs use Head Start funds for diapers and formula during the program day (45 CFR 1302.42(e)).

Most of Head Start's current services for pregnant women and infants exist only in the HSPPS. The Head Start Act only makes pregnant women eligible for Early Head Start and requires services in general terms without specifying any of the operational content of services for this eligible population that HHS proposes to eliminate (Section 645A).

Mental Health. The proposed rule would eliminate the current mental health requirements. Under the HSPPS, programs must make mental health consultation available at least monthly, and where consultants are unavailable, programs may use other licensed professionals or certified behavioral health specialists (45 CFR 1302.45). The regulations define the consultant's functions, which include supporting implementation of HSPPS's current limits on suspension and expulsion, and they require consultants to meet licensure requirements (45 CFR 1302.91). Programs must also provide coordinated mental health support for both children and adults and examine their consultation approach annually. A separate regulatory provision requires programs to offer families education on child mental health and on treatment options for parental depression, anxiety, and substance use (45 CFR 1302.46). If these

[10] During the 2023–24 program year, the Office of Head Start reported a total enrollment of 805,919, of which 2% were pregnant women.

requirements are eliminated, there will still be a general statutory requirement in the Head Start Act to address mental health as part of the overall approach to health (Section 657C). However, the Act does not itself require mental health consultation, specify consultant qualifications, or require family education on mental health.

C. Eligibility and Access for Specific Populations

Eligibility Verification. The proposal replaces the current rule permitting self-attestation for families with zero income (45 CFR 1302.12) with an affirmative prohibition on self-attestation. HHS acknowledges that this prohibition will impact families experiencing homelessness and estimates 8% of currently enrolled children would no longer be eligible because their current eligibility relies on self-attestation. The NPRM also removes the provision that allows programs to consider excessive housing costs when determining eligibility, which currently permits programs to deduct housing costs above 30% of gross income (45 CFR 1302.12(i)). The proposal retains the ability of families to demonstrate eligibility based solely on participation in the Supplemental Nutrition Assistance Program (SNAP). The Head Start Act itself neither requires nor prohibits programs from allowing applicants to self-attest their eligibility; it also includes limitations around eligibility tied to income (generally requiring participants to have household incomes below 100% of the federal poverty line or be eligible for public assistance or experiencing homelessness).

Recruitment and Community Assessment. The proposal eliminates requirements for programs to recruit families facing barriers to participation whose children would especially benefit from Head Start. Specifically, it removes the requirement to actively recruit children with disabilities, children in foster care, and children experiencing homelessness (45 CFR 1302.13), and it removes the ability of programs to reserve up to 3% of their slots for children experiencing homelessness and children in foster care (45 CFR 1302.15). Although the statute requires that not less than 10% of enrollment in Head Start programs be children with disabilities and delays (Section 640(d)), it does not include any of the requirements relating to recruitment of these children that the NPRM would eliminate from the HSPPS.

The proposal also removes the HSPPS's community assessment requirements that specify the data programs must collect, including demographics, disabilities, homelessness, foster care, languages, transportation, and family work schedules, along with the requirement to update these data annually (45 CFR 1302.11). Although the Head Start Act references a community-wide strategic planning and needs assessment as a consideration when funding Head Start grants (Section 640(g)(1)(C)), the required content and frequency of the community assessment exist only in the regulations.

Services for Children with Disabilities. The proposal removes requirements to accommodate all children so that they can fully participate in every aspect of the Head Start program (45 CFR 1302.60 and 1302.61), including the requirement to provide services while children await evaluation for IDEA eligibility. It removes the directive that programs cannot turn children away because of a disability or chronic health condition (45 CFR 1302.14(a)(5)). This existing protection goes beyond the Americans with Disabilities Act and Section 504 of the Rehabilitation Act because a child cannot be denied Head Start enrollment on the basis that the program cannot serve the child with reasonable accommodations. The NPRM also removes the guardrails on temporary suspensions and the prohibition on expulsion (45 CFR

1302.17).[11] The statutory requirement that at least 10% of enrolled children in each Head Start program be children with disabilities remains in the Act (Section 640(d)). The only mention of services for children with disabilities in the revised HSPPS is a requirement that programs follow applicable state and federal laws regarding services to children with disabilities.

Children Experiencing Homelessness. As noted above, the proposal removes the ability of families to establish eligibility through self-attestation (45 CFR 1302.12), which is often necessary for families doubling up or living in unstable housing. Requiring these families to instead demonstrate their eligibility through documentation and paperwork could limit their enrollment in Head Start because families with frequent moves or unstable housing often cannot access personal documents. The proposal also removes the protection that maintains a child's enrollment when the family moves (45 CFR 1302.15(b)).

The Head Start Act directs the Secretary to remove barriers to enrollment for children experiencing homelessness and to allow children to enroll while documents are being obtained (Section 640(m)), but the law does not explicitly allow for self-attestation of eligibility or require maintaining a child's enrollment when a family moves.

Children in Foster Care. The proposal removes the requirement to seek out children in foster care and the provisions that support their enrollment. Children in foster care would also be disproportionately impacted by the NPRM's removal of developmental screenings, health and dental care, and tracking follow up. There are no requirements in the Head Start Act to recruit children in foster care or support their enrollment.

D. Parent Governance, Engagement, and Parent Rights

Program Governance. The Head Start Act requires the Secretary of HHS to develop policies and procedures concerning the resolution of internal disputes, including any impasse in Head Start program governance (Section 642(d)). The NPRMS removes the procedures that currently require third-party mediation when there is a disagreement between a program's Policy Council, which is composed of a majority of parents and is responsible for the direction of the Head Start program, and its Governing Board, which is composed of individuals with backgrounds in fiscal management, early childhood development, and the law (45 CFR 1301.6). Without these impasse procedures, the Board can override the Policy Council in any dispute. The proposal also converts Parent Committees from a requirement for each Head Start center to an option (45 CFR 1301.4) and removes the provision that explicitly allows low-income parents to be reimbursed for time and expenses related to their participation in program governance (45 CFR 1301.3(e)).

[11] Although preschool children with disabilities served under IDEA represent 23% of preschool enrollment, they represent 41% of preschool children who receive one or more out-of-school suspensions and 74% of preschool children who are expelled. *See* U.S. Dep't of Educ., 2021–22 Civil Rights Data Collection, A First Look: Students' Access to Educational Opportunities in U.S. Public Schools (Jan. 2025), https://www.ed.gov/media/document/2021-22-crdc-first-look-report-109194.pdf.

Parent Engagement in Education and Family Partnership. The proposal removes the parent engagement requirements in 45 CFR 1302.34, which include an open-door policy for parents during all program hours, at least two parent conferences per year, at least two teacher home visits per year, and the opportunity for parents to provide feedback on curricula. The Head Start Act requires that the Secretary create performance standards for parental involvement (Section 641A(a)(1)(A)), and the statute requires parent engagement to support the transition from Head Start to kindergarten. But requirements for conferences, home visits, and school visits do not exist in the statute. The proposal adds a new requirement to educate parents on healthy marriage as a "positive good."

The proposed rule also weakens Family Partnership Services. The current HSPPS require all programs to have a family partnership agreement that addresses family safety, health, and economic stability, and parenting skills to support child development as well as services for children with disabilities if applicable (45 CFR 1302.52). Per the HSPPS, the family assessment process must identify strengths and needs in partnership with parents and align with the Head Start Parent Family and Community Engagement Framework, taking into account the urgency of the family's needs and available community resources. The individualized family partnership services must help families achieve identified outcomes and include a joint process between Head Start staff and the child's family to review progress, revise goals, evaluate and track whether identified needs and goals are met, and adjust strategies on an ongoing basis. Finally, existing HSPPS establish a ratio of 40:1 for family services staff to ensure capacity to address family needs, but allow waivers for this provision.

All of these requirements are removed in the proposed rule, leaving only the statutory language to define requirements for family support services. In defining the purpose of Head Start, the statute mentions the family needs assessment as a means by which the program prepares children for school. Section 642(b)(7) requires that programs have a family needs assessment for each participating family that includes consultation on "the benefits of parent involvement" and the activities a parent may choose to be involved in, which include family literacy, parenting skills training, substance abuse counseling, information on child support for single parents, support during the transition to kindergarten, and referrals for children with disabilities to the local school district or early intervention services. Thus, HHS's proposal removes requirements related to ensuring that the family partnership agreement addresses safety, health, and economic security; aligning family goals with child outcomes; establishing and tracking goals and outcomes; and limiting caseloads for family service workers.

Child Records Privacy Protections. The proposed rule would eliminate the HSPPS's privacy protections for Head Start child records (45 CFR part 1303, subpart C) and instead instruct programs to establish policies equivalent to FERPA. Although Section 641A(b)(4) of the Head Start Act directs the Secretary to ensure, through regulation, that personally identifiable data is protected at a level equivalent to FERPA, rescinding subpart C without a replacement would leave it to individual programs to determine which policies provide the required level of protection. Under the current HSPPS regulations, programs must obtain written parental consent before disclosing a child's records, with limited exceptions specified in the rule. Parents also receive an annual notice of their rights, may inspect their child's records within 45 days of a request, and may request amendments or place a written statement in the record. Current regulations also provide hearing rights when a program declines to amend a record, free copies under certain circumstances, a log of disclosures, and requirements governing record destruction.

The proposed rule also adds a requirement related to records: Head Start programs would have to retain documents used to determine eligibility for one year after the child leaves the program and provide those records to HHS upon request. HHS notes that this requirement aligns with exceptions under FERPA for federal audits and monitoring. Thus, Head Start programs would need to establish similar policies to comply with the proposed requirement to provide HHS with eligibility verification documentation upon request.

E. Program Operations

Competition and Grants. The proposed rule would change the Designation Renewal System (DRS). The NPRM changes two things: (1) the conditions that trigger a competition for a new grant and (2) the processes for notifying grantees. The current regulation identifies seven conditions that, if met, trigger a grant competition (45 CFR 1304.11). The NPRM makes the following changes:

- A new catchall condition encapsulates "any other measure as specified in the Head Start Act."
- In the existing condition to establish school readiness goals, a new provision requires programs to demonstrate "substantial" progress, but it does not define the term.
- The proposal removes mention of the Classroom Assessment Scoring System (CLASS) and the high and low thresholds of CLASS results that are used for the purposes of determining whether a program has to compete.
- The proposal changes the conditions on licensure, such that having a state or local license revoked could trigger competition even if the license is later restored or the revocation is overturned.
- The proposal removes requirements to notify programs 12 months prior to the end of their grant if they have met the conditions for competition and to explain the basis for the determination.

Administrative Costs. The proposal reduces the development and administrative cost cap from 15% (45 CFR 1303.5(a)(1)) to 5%, applied to both federal funds and the non-federal match required of Head Start grantees. The change appears to conflict with the Head Start Act, which sets the administrative cap at 15% and allows the Secretary to grant a waiver only when a higher cap is needed (Section 644(b)).

Waiver. The revised HSPPS include a provision that any regulatory requirement can be waived, except those relating to eligibility, physical activity, and nutrition requirements. Waivers also are not permitted for statutory requirements or provisions that protect child health and safety.[12]

[12] The Head Start Act provides the Secretary with some limited waiver authority for certain statutory requirements. For instance, the Head Start Act authorizes waivers of the requirement that 10% of children served are children with disabilities or delays, waivable for not more than three years (Section 640(d)(4)); the 15% limit on development and administrative costs, waivable for periods not exceeding 12 months (Section 644(b)(2)); and teacher degree qualifications, waivable for a period not to exceed three years (Section 648A(a)(4)).

IV. NEXT STEPS

Comments from the public on the NPRM are due on 10/6/26 under docket ACF-2026-0595. HHS must review and respond to comments before issuing a final rule, which would take effect on the date it specifies and could be challenged in federal court. **Until then, the current HSPPS remain in force, and programs must continue to follow existing requirements and are not required to comply with new requirements that are at this point only proposed.**

A central question regarding the NPRM is whether it satisfies Section 641A(a)(2)(C) of the Head Start Act, which directs the Secretary to ensure that any revisions to the HSPPS do not result in the elimination of or any reduction in the "quality, scope, or types of services" required by the HSPPS in effect on 12/12/07. The NPRM does not include a comparison to the 2007 HSPPS or a statement on that question. However, as noted throughout Section III's summaries of the major proposed changes, the NPRM would clearly eliminate or diminish many of the standards in place in 2007. In addition, the proposed HSPPS are seemingly incongruent with some parts of the Head Start Act, including teacher qualification requirements. In other instances, the NPRM shifts responsibilities that Congress assigned to the HHS Secretary, including setting performance standards for several areas, to the discretion of local programs.