



October 5, 2026

Alex J. Adams
Assistant Secretary
Administration for Children and Families
U.S. Department of Health and Human Services
330 C Street, SW
Washington, D.C. 20201

**RE: Notice of Proposed Rulemaking; Reducing Federal Burden for Head Start Programs –
Docket No. ACF–2026–0595**

Dear Assistant Secretary Adams:

On behalf of the American Psychological Association (APA) and the American Psychological Association Services, Inc. (APA Services), I am writing to offer public comments on the Administration for Children and Families' Notice of Proposed Rulemaking (NPRM), titled *Reducing Federal Burden for Head Start Programs*, Docket No. ACF–2026–0595, published on August 7, 2026. APA Services is the companion organization of APA. APA is the nation's largest scientific and professional nonprofit organization representing the discipline and profession of psychology, as well as over 190,000 members and affiliates who are clinicians, researchers, educators, consultants, and students of psychological science.

APA/APA Services strongly supports Head Start's comprehensive, whole-child model. Since its inception, Head Start has provided early learning opportunities and comprehensive supports—including for health, nutrition, family engagement, disability services, and access to mental and behavioral health services—to children from birth to age 5 and to pregnant women and families experiencing economic and social disadvantage.ⁱ This mission aligns closely with APA/APA Services' commitment to population health approaches that address the cultural, economic, systemic, environmental, relational, and occupational contexts that shape health and well-being across the lifespan.ⁱⁱ

While we support efforts to reduce unnecessary administrative burden, **APA/APA Services has significant concerns with this proposed rule and urges the Administration for Children and Families (ACF) to withdraw it or substantially revise provisions that would weaken evidence-based protections for children and families.** Head Start's effectiveness depends on its comprehensive model, in which health, mental health, nutrition, developmental screening, disability inclusion, parental engagement, culturally and linguistically responsive services, and high-quality teaching operate together to promote school readiness and long-term well-being. This is particularly important because Head Start serves children and families facing poverty, housing instability, disability, trauma exposure, food insecurity, and other risk factors that make comprehensive services essential.

We are concerned that the proposed rule would weaken protections for vulnerable children and families, create barriers to accessing services, and reduce the flexibility Head Start programs need to respond to local family needs. These changes could divert limited staff time and resources away from direct services, making it harder for programs to coordinate early learning, health, behavioral health, disability, nutrition, and family supports. Those risks are compounded by Medicaid policy changes, enacted in the One Big Beautiful Bill Act, that may reduce coverage and financing, further limiting families' access to the services Head Start helps connect them to.ⁱⁱⁱ

Preserve Core Child and Family Protections

APA/APA Services urges ACF to preserve clear federal standards for health and safety, developmental and behavioral screening, mental health consultation, family partnership, and disability services (including proposed §§ 1302.33, 1302.41–1302.47, 1302.45, and 1302.60–1302.63). Psychological science demonstrates that early learning is inseparable from children’s social, emotional, behavioral, and relational development.^{iv} Head Start’s current comprehensive services are not peripheral to school readiness. They are the mechanisms through which needs can be identified early, allowing for children and caregivers to more seamlessly be connected to prevention, consultation, referrals, and follow-up at the point when early intervention can best support school readiness, family well-being, and long-term development. Weakening these standards would be inconsistent with the developmental science underlying effective early childhood education.

In such settings, stable relationships with responsive adults, developmentally appropriate instruction, supportive classroom environments, and timely identification of developmental, behavioral, and disability-related needs are central to children’s capacity to learn and thrive. For children with disabilities, these federal standards help ensure full participation in program services and activities, timely referrals for evaluation, coordination with Individuals with Disabilities Education Act (IDEA) agencies, and individualized supports that allow children to benefit from Head Start alongside their peers.^v

Additionally, Head Start is especially important for addressing the mental and behavioral health needs of the children, pregnant women, and families it serves as the program reaches populations more likely to have limited access to community-based care.^{vi} Current Head Start performance standards require programs to promote mental health and well-being through a multidisciplinary approach that includes ongoing mental health consultation, monthly access to mental health supports, screening and follow-up, family engagement, and coordination among education, disability, health, and family services.^{vii} Recent federal guidance also notes that Head Start programs have long provided comprehensive services alongside early education.^{viii} These performance standards are essential for the populations Head Start serves because children’s behavioral and developmental needs often become visible in classrooms and through home visits before families can access specialty care.^{ix}

Many of these protections are especially important for children in foster care, who are categorically eligible for Head Start regardless of family income because they often have heightened needs for stable early learning, developmental screening, mental health consultation, and coordinated family services during placement changes. This is particularly the case in rural and frontier states and communities. If the proposed rule reduces screening, follow-up, or coordination requirements, programs may be less able to identify needs promptly, share information appropriately across caregivers and agencies, and maintain continuity when a child moves between foster or kinship placements. Furthermore, the proposed changes can undermine the efforts of Executive Order 14359, “Fostering the Future for American Children and Families.”^x

APA/APA Services urges ACF to ensure that any final rule does not eliminate or reduce the quality, scope, or types of health, educational, parental involvement, nutritional, social, disability, or other services required to be provided. ACF may streamline duplicative procedures and reduce paperwork, but it may not reduce the substance, availability, or comprehensiveness of the services Congress required Head Start programs to provide. This is particularly important for children with disabilities, who may rely on Head Start to help families identify concerns, obtain evaluations, coordinate with IDEA systems, implement accommodations, and maintain inclusive participation in classroom, home-based, and family engagement activities.^{xi}

Therefore, we oppose changes that would reduce expectations for mental health consultation, trauma-informed practice, staff training, developmental and behavioral screening, referral pathways, disability inclusion, or coordination with IDEA Part B and Part C systems. Furthermore, the proposed changes would also be especially harmful when combined with forthcoming Medicaid. Families who lose coverage or face new administrative barriers as a result of these new Medicaid policies may have fewer options for community-based mental health, developmental, and disability-related services outside of Head Start.^{xii xiii}

Preserve Protections Against Exclusionary Discipline

APA/APA Services urges ACF to preserve necessary, evidence-based limits on suspension and expulsion and require developmentally appropriate, trauma-informed, and inclusive behavior supports (§ 1302.17). Although the statistics on the disproportionate use of exclusionary disciplinary practices in K-12 schools are well documented, many are unaware that rates of suspension and expulsion in pre-K and childcare settings exceed those of grades K-12.^{xiv} According to the most recently available data from the Department of Education's Civil Rights Data Collection, Black children represented 18 percent of public preschool enrollment but 38 percent of preschool children who received one or more out-of-school suspensions, while students with disabilities accounted for 23 percent of public preschool enrollment but 74 percent of preschool expulsions.^{xv} Although children with neurodevelopmental disabilities represent a small minority of the total preschool population, one out of six children with autism had been expelled from a preschool or childcare setting prior to elementary school.^{xvi}

Exclusionary discipline in early childhood disrupts relationships, learning, and access to services.^{xvii xviii} It can also impede participation for children with disabilities and children with unmet social-emotional, developmental, or family support needs.^{xix} If the proposed rule weakens federal guardrails on suspension, expulsion, accommodations, or full participation, children with disabilities may be at greater risk of exclusion from the very services meant to support their development. Such disparities in school discipline are of great concern, as research shows a strong correlation between school discipline and involvement in the criminal justice system, for example.^{xx} Students who experience even just one suspension are twice as likely to be involved in the criminal justice system and four times more likely to report being arrested than those who receive no exclusionary discipline.^{xxi} Cumulatively, such policies, including at the preschool level, can have profound implications for the trajectory of a child's life, including inequities in educational attainment, employment, and health outcomes.^{xxii}

Thus, it is important to, at least, maintain current Head Start policies related to disciplinary practices and ensure programs use positive behavioral supports, mental health consultation, family engagement, and improve educator training.

Support Dual Language Learners and Instructional Language

APA/APA Services opposes removing standards that support dual language learners and replacing them with a requirement that most instruction be conducted in English, except for Tribal languages (§ 1302.31(b)(2)). Children's home languages are central to identity, family relationships, cognitive development, and social-emotional well-being. Psychological science and early childhood education research support approaches that build English proficiency while affirming and developing children's home languages, rather than treating home language use as a barrier to school readiness.^{xxiii}

The evidence base for dual language programs supports preserving flexibility for bilingual and multilingual approaches. Dual language programs provide instruction over multiple years in English and a partner language and aim to promote academic achievement, bilingualism and biliteracy, and appreciation

of distinct cultures.^{xxiv} Data show positive effects of dual language programs on English literacy and broader academic achievement, including math and science.^{xxv xxvi}

Accordingly, APA/APA Services urges ACF to retain requirements for linguistically appropriate screening, assessment, family communication, curriculum planning, and teacher support for dual language learners. Any final rule should explicitly protect evidence-based bilingual and multilingual approaches and should not create barriers for Head Start programs serving children whose home language is not English. These protections are particularly important for dual language learners with disabilities, because screening, assessment, family communication, and service coordination should distinguish language development from disability-related needs and should ensure that families can participate meaningfully in decisions about supports and referrals.

Preserve Administrative Capacities Needed for Quality, Accountability, and Access to Services

APA/APA Services recommends retaining self-attestation as an eligible documentation option for Head Start enrollment, with appropriate verification safeguards (§ 1301.02(c)(4) and § 1301.02(g)), and preserving the administrative capacity needed to support quality, accountability, and family access. Families experiencing homelessness, displacement, domestic instability, or other acute stressors, or those who are in the foster system may not be able to produce records quickly. Delays in enrollment can deny children access to learning, health, nutrition, and developmental supports during a critical developmental period and can increase stress for families already experiencing adversity. These barriers would be compounded by recent changes to Medicaid eligibility and reporting requirements, which may necessitate families navigating more frequent paperwork and documentation demands across multiple public systems at the same time.

APA/APA Services is also concerned that reducing the administrative cost cap from 15 percent to 5 percent (§ 1301.14) could impair program operations, fiscal accountability, human resources, data systems, facilities management, legal compliance, family and disability services coordination, and quality improvement. These functions help ensure that programs can hire and retain qualified staff, meet health and safety obligations, coordinate referrals, maintain accurate records, and respond to families' needs. Administrative capacity is especially important when families affected by Medicaid policy changes may need assistance with referrals, care coordination, documentation, and connections to mental health, early intervention, and other essential services.^{xxvii xxviii}

Reducing administrative capacity could also disproportionately affect children in foster care, particularly in rural communities where services often require coordination across long distances and multiple agencies. Administrative functions such as outreach to foster and kinship caregivers, records transfers, referral tracking, interagency coordination, and transportation planning are essential supports that help eligible children access and maintain Head Start services.

Conclusion and Recommendations

For these reasons, without substantial changes, APA/APA Services urges ACF to withdraw this proposed rule and preserve Head Start's comprehensive, evidence-based national standards. If it were to be implemented, we ask that it be substantially revised to reflect the recommendations provided in these comments so as not to reduce the quality, scope, or types of services available to children and families by:

1. Withdrawing or substantially revising provisions that would weaken national protections for child health, safety, mental health, development, disability services, teaching quality, family engagement and foster care, and linguistically responsive services.

2. Retaining clear federal requirements for developmental, behavioral, health, disability, and mental health screening, referrals, follow-up, and coordination with IDEA systems.
3. Maintaining evidence-based limits on suspension and expulsion and requiring developmentally appropriate, trauma-informed, inclusive behavior supports and accommodations for children with disabilities.
4. Preserving and strengthening standards supporting dual language learners, including linguistically responsive services and family communication in the home language whenever feasible.
5. Retaining self-attestation as an eligibility documentation option for enrollment and preserving sufficient administrative capacity to support enrollment, referrals, care and disability services coordination, quality improvement, and accountability.

Head Start’s integrated design reflects decades of developmental and psychological science. Young children learn and thrive when programs address health, mental health, safety, development, language, family engagement, and inclusion together. The need to preserve this model is even more urgent considering forthcoming Medicaid changes as reduced coverage, increased administrative barriers, and constrained state Medicaid financing make Head Start’s role in connecting families to health and behavioral health services even more essential. APA/APA Services welcomes continued engagement with ACF to ensure that any regulations strengthen, rather than weaken, Head Start’s capacity to serve children and families.

Sincerely,



Katherine B. McGuire,
Chief Advocacy Officer

ⁱ Head Start Act, 42 U.S.C. §§ 9831 et seq.; Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services, Program Information Report resources.

ⁱⁱ American Psychological Association. (2022). *Psychology’s role in advancing population health*.

ⁱⁱⁱ Kaiser Family Foundation. (2026, August 3). Tracking Implementation of the 2025 Reconciliation Law, Medicaid Work Requirements.

^{iv} American Psychological Association, Coalition for Psychology in Schools and Education. (2019). *Top 20 principles from psychology for early childhood teaching and learning*

^v HeadStart.gov. (2026, March 27). FAQs About the 10% Enrollment Requirement.

^{vi} Administration for Children and Families, Office of Head Start. (2024, May 9). ACF-OHS-IM-24-01, Strategies and Recommendations for Supporting Mental Health.

^{vii} HeadStart.gov. (2025, June 11). 45 C.F.R. § 1302.45, Supports for mental health and well-being.

^{viii} HeadStart.gov. (2026, February 25). Mental Health topic page.

^{ix} SRI International. (2026, March 30). From developmental concerns to identification: How early childhood education and care shapes support. <https://www.sri.com/education-learning/project/how-early-childhood-education-and-care-shapes-support/>

^x The White House. (2025, November 13). Fostering the future for American children and families. <https://www.whitehouse.gov/presidential-actions/2025/11/fostering-the-future-for-american-children-and-families/>

^{xi} U.S. Department of Education, Office of Special Education Programs. (2026, June 17). 2025 Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act.

^{xii} Kaiser Family Foundation. (2026, August 3). Tracking Implementation of the 2025 Reconciliation Law, Medicaid Work Requirements.

^{xiii} Kaiser Family Foundation. (2025, July 30). A Closer Look at the Work Requirement Provisions in the 2025 Federal Budget Reconciliation Law.

^{xiv} American Psychological Association. (2023). *Building Blocks for Preschool Success*. APA, Public Interest Directorate. <https://www.apa.org/pi/health-equity/resources/education>

^{xv} U.S. Department of Education. (2025). *2021-22 Civil Rights Data Collection: Student Access to Educational Opportunities in U.S. Public Schools*. U.S. Department of Education, Office for Civil Rights. <https://www.ed.gov/media/document/2021-22-crde-first-look-report-109194.pdf>

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^{xvii} National Association for the Education of Young Children. (2025, November). 2025 Suspension and Expulsion Brief, November 2025.

^{xviii} Children’s Equity Project. (2026). Exclusionary Discipline in Early Childhood, What It Is and Why It Matters.

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- ^{xxii} Meek, S.E., & Gillam, W. S. (2016). Expulsion and Suspension in Early Education as Matters of Social Justice and Health Equity. *NAM Perspectives*. <https://nam.edu/expulsion-and-suspension-in-early-education-as-matters-of-social-justice-and-health-equity/>
- ^{xxiii} American Psychological Association, Coalition for Psychology in Schools and Education. (2019). *Top 20 principles from psychology for early childhood teaching and learning*; Institute of Education Sciences, What Works Clearinghouse, U.S. Department of Education. (2023). *Dual language programs*.
- ^{xxiv} Institute of Education Sciences, What Works Clearinghouse, U.S. Department of Education. (2023, December). *Dual language programs*. What Works Clearinghouse intervention report.
- ^{xxv} Ibid.
- ^{xxvi} Region 15 Comprehensive Center at WestEd. (2024). *Dual language immersion programs: The state of current research*.
- ^{xxvii} RAND Corporation. (2026, June 18) State-Level Impacts of Key Medicaid Provisions in the One Big Beautiful Bill Act.
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