

October 6, 2026

The Honorable Robert F. Kennedy, Jr.
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

RE: Reducing Federal Burden for Head Start Programs, RIN 0970-AD30, Docket No. ACF-2026-0595

Dear Secretary Kennedy,

The American Public Human Services Association (APHSA) appreciates the opportunity to comment on the Administration for Children and Families (ACF) Notice of Proposed Rulemaking (NPRM), *Reducing Federal Burden for Head Start Programs*, published August 7, 2026.

APHSA is a bipartisan membership association representing state and local human services agencies across the country. Through the National Association of State Child Care Administrators (NASCCA), we also support state and territorial leaders responsible for administering the Child Care and Development Fund (CCDF).

APHSA appreciates ACF's goal of reducing unnecessary federal administrative burden, eliminating duplicative requirements, and providing greater flexibility to states, local communities, Head Start grant recipients, and families. State human services agencies regularly experience the challenges created by overlapping or inconsistent federal requirements, and thoughtful alignment across programs can reduce administrative complexity for agencies, providers, and families.

As ACF develops the final rule, APHSA encourages the Department to consider the effects of the proposed changes across the broader early childhood system. Head Start operates alongside CCDF, state child care licensing, state Pre-K, early intervention and special education, child welfare, and other state and local systems. Greater reliance on state standards can provide meaningful flexibility, but federal burden reduction should not unintentionally transfer federal responsibilities, administrative workload, or costs to these systems.

Where federal Head Start requirements are removed or replaced by reliance on state standards, the final rule should clearly delineate where the responsibilities of Head Start recipients and federal oversight end and where state responsibilities begin. Reliance on state standards should

not, by itself, create a new obligation for a CCDF lead agency, licensing agency, or other state entity to interpret, monitor, or enforce Head Start requirements.

Our comments therefore focus primarily on the intersection of the proposed changes with CCDF administration, state child care licensing, early childhood systems, and related state infrastructure.

1. Administrative Cost Cap and Cost Allocation

The proposed rule reduces the allowable Head Start administrative cost cap from 15 percent to 5 percent of total approved program costs.

APHSA understands ACF's goal of maximizing resources available for direct services. We encourage ACF, however, to carefully evaluate the practical implications of this significant reduction, particularly for smaller grant recipients and organizations administering multiple early childhood funding streams. Reductions in allowable administrative resources could affect oversight, monitoring, fiscal management, data reporting, technical assistance, and coordination across funding streams, potentially placing additional demands on state and local partners.

The NPRM references CCDF's 5 percent administrative limit as one point of comparison. We encourage caution in drawing direct comparisons between the two programs. CCDF is structured as a federal-state block grant administered through state systems and has its own statutory and regulatory framework for distinguishing administrative activities from quality, direct service, and other allowable expenditures. Head Start is structured differently, and its grant recipients may have different fixed administrative responsibilities and costs.

These distinctions may be especially important for organizations that blend or braid Head Start, Early Head Start, CCDF, state Pre-K, and other funding streams. Changes in how Head Start administrative costs are classified or allocated could affect cost-allocation plans and place greater pressure on other funding sources, including state and local resources.

APHSA recommends that ACF establish clear and timely guidance regarding allowable administrative and programmatic costs before implementing a lower cap. We also encourage ACF to establish transparent waiver criteria and a workable waiver process for recipients that can demonstrate significant operational challenges.

Given the magnitude of the proposed change, ACF should also consider whether a phased implementation period, an alternative threshold, or additional flexibility for smaller grant recipients could achieve the goal of directing resources toward services while minimizing unintended administrative burdens or cost shifts.

2. Reliance on State Standards and the Role of CCDF

The proposed rule would rely more heavily on state and local requirements in several areas, including staff-child ratios and group size, background checks, transportation, and other health and safety requirements.

APHSA supports efforts to reduce duplicative requirements where state and federal standards address the same underlying purpose. Greater alignment can be particularly valuable for providers operating across Head Start, CCDF, state Pre-K, and other early childhood programs.

However, state licensing and CCDF requirements were generally designed to establish baseline health and safety standards for a broad and diverse child care market. Requirements can also vary considerably within states. Different standards may apply to licensed child care centers, family child care homes, public schools, license-exempt providers, state-funded Pre-K programs, Tribal programs, and other settings.

APHSA recommends that ACF clearly identify how programs should determine the applicable state standard when multiple regulatory frameworks exist. Federal guidance should also clarify how Head Start programs should proceed when state law contains no directly comparable requirement or when a Head Start setting is exempt from state child care licensing.

Importantly, increased federal reliance on a state standard should not create a new enforcement or oversight responsibility for the CCDF lead agency or state licensing agency. ACF should clearly distinguish between a Head Start grant recipient's responsibility to comply with applicable state requirements and a state agency's responsibility for administering and enforcing its own state and federal requirements.

3. Maintaining a Strong National Foundation for Head Start Quality

APHSA supports appropriate state and local flexibility and recognizes that state early childhood systems vary considerably in structure and approach. At the same time, greater reliance on state standards raises an important question about the appropriate federal role in maintaining a consistent national foundation for Head Start quality.

States and communities differ substantially in fiscal capacity, early childhood infrastructure, licensing standards, workforce conditions, and available resources. As a result, reliance on state minimum standards alone could produce significantly different experiences for Head Start children depending on where they live. While state licensing requirements provide important protections, they may not always reflect the comprehensive early learning model that has historically distinguished Head Start.

APHSA, therefore, encourages ACF to balance its goals of flexibility and reduced regulatory burden with the federal government's longstanding interest in ensuring that children participating in Head Start have access to high-quality early learning opportunities regardless of geography. Strong and appropriately targeted federal expectations can provide a common foundation while allowing states and local programs flexibility in how those expectations are achieved.

This is also an opportunity to frame Head Start quality within the Administration's broader interest in strengthening outcomes for American children and ensuring the nation's future competitiveness. The earliest years of life are foundational to children's learning and development. Federal flexibility and national excellence need not be competing objectives; appropriately designed federal standards can establish a strong floor while allowing states and communities to innovate above it.

4. Staff-Child Ratios and Group Size

Proposed §1301.05 would remove the existing federal Head Start ratios and group-size requirements and instead defer to applicable state licensing and CCDF requirements. APHSA recognizes the potential benefits of reducing conflicting requirements, particularly for programs participating in mixed-delivery systems or operating both Head Start and state-funded early childhood programs.

At the same time, state licensing ratios often represent minimum health and safety standards rather than a determination of the optimal staffing level for every program model or population. The proposed change could also have very different effects across states because licensing requirements vary substantially. In some jurisdictions, the practical impact may be minimal; in others, allowable ratios may differ considerably from current Head Start standards.

APHSA encourages ACF to provide states and Head Start programs with a clear implementation framework that addresses differences among state licensing categories and explains how standards should apply in license-exempt settings.

We further encourage ACF to examine the effects of changes in staffing ratios on workforce needs, provider capacity, program quality, and the broader child care market. Head Start and CCDF programs draw from much of the same early childhood workforce, and significant changes in one sector can affect recruitment, retention, wages, and capacity in the other.

5. Service Duration and Potential Demand for CCDF-Funded Wraparound Care

The proposed rule would remove current Head Start Preschool service duration requirements and provide programs with greater flexibility in determining their schedules. ACF acknowledges in the NPRM that, to the extent programs reduce service duration, some families could need alternative child care arrangements.

This issue is particularly relevant to state CCDF administrators and families that rely on Head Start as part of a full-day care arrangement. If Head Start programs reduce operating hours, days, or weeks, working families may seek additional CCDF-funded care before or after Head Start services or during periods when Head Start is not operating. Depending on the scope of changes made by local programs, this could increase demand for subsidies and create more complicated split-day arrangements.

Potential administrative and operational implications include coordinating eligibility and enrollment across programs; paying providers for wraparound care; managing attendance and payment policies; arranging transportation between settings; and locating providers able to offer care during the hours Head Start is unavailable. These pressures are particularly significant given existing constraints on CCDF resources. Nearly half of states have a waitlist, and CCDF funding will not be able to make up for a decrease in Head Start program capacity.

These impacts warrant particular consideration for children and families involved with the child welfare system, including children in foster care. Children in foster care are categorically eligible for Head Start services and may already experience transitions in caregivers, placements, schools, and service providers. Reduced service hours or greater fragmentation between Head Start and other child care arrangements could create additional disruptions for children for whom continuity, stability, and predictable relationships are especially important.

APHSA encourages ACF to require the Office of Child Care (OCC) to establish a clear framework for measuring and monitoring the impacts of service-duration changes following implementation of the final rule. This should include tracking changes in CCDF caseloads and expenditures, subsidy waitlists, impacts on children with heightened needs such as disabilities, in foster care, or who are homeless, demand for wraparound care, provider capacity and availability and impacts on families, including their ability to access stable, workable full-day care arrangements. ACF should use these data to identify unintended consequences, assess whether changes are creating additional pressures on CCDF systems or reducing access to care, and inform future guidance or policy adjustments.

ACF should also provide guidance to Head Start and CCDF agencies regarding coordinated enrollment, provider payment, transportation, continuity of care, and strategies to minimize disruption for children and families.

Flexibility for individual Head Start recipients should be implemented in a manner that does not unintentionally transfer to CCDF the cost of maintaining a workable full-day child care arrangement for families or diminish continuity of services for children.

6. Background Checks, Transportation, and Other State Requirements

The proposed rule would remove several prescriptive federal requirements related to background checks while maintaining statutory requirements and applicable state requirements, including those associated with the Child Care and Development Block Grant (CCDBG) Act.

APHSA supports eliminating unnecessary duplicate checks where the same individual has already satisfied an equivalent requirement. However, the interaction among Head Start statutory requirements, CCDBG requirements, state child care licensing requirements, school-system rules, and other state laws can be complicated.

ACF should provide clear guidance identifying which requirements govern different types of Head Start settings and staff and how programs should address differences among them. Similar clarity would be beneficial regarding transportation requirements, particularly where state child care, school transportation, and Head Start requirements intersect.

Clear federal guidance can help ensure that regulatory streamlining does not create uncertainty that requires states and individual Head Start programs to independently resolve questions of jurisdiction and applicability.

7. Screening, Disability Services, and State Referral Systems

The NPRM proposes rescinding current §1302.33 governing child screenings and assessments while retaining the underlying statutory screening responsibilities.

APHSA recognizes ACF's interest in removing regulatory requirements that duplicate statute. At the same time, Head Start programs are important partners in broader state and community systems serving children with developmental, behavioral health, and disability-related needs. Changes in Head Start procedures could therefore affect referrals to IDEA Part C early intervention, Part B special education, mental health services, and other state or community systems.

APHSA encourages ACF to clarify the responsibilities that remain with Head Start programs and preserve strong expectations for coordination with state and local partners. As procedural requirements are streamlined, it will be important to ensure that children who would benefit from referrals continue to be identified and supported and that responsibilities do not become unclear or inadvertently shift to state systems without corresponding capacity.

8. Early Head Start–Child Care Partnerships and Mixed-Delivery Systems

Early Head Start–Child Care Partnerships illustrate the close relationship between Head Start requirements and the broader child care system. These partnerships intentionally combine CCDF and child care infrastructure with the more comprehensive Early Head Start model.

Changes to ratios, family child care requirements, administrative costs, monitoring, or other Head Start standards could affect how these partnerships operate and how costs are allocated among funding sources.

APHSA recommends that ACF explicitly assess the proposed rule implications for Early Head Start–Child Care Partnerships and issue implementation guidance addressing blended and braided funding arrangements.

More broadly, ACF should consider the effects of the final rule on mixed-delivery early childhood systems, including providers participating simultaneously in Head Start, CCDF, state Pre-K, and other public programs.

9. State Administrative Workload, Data, and Interagency Coordination

While the proposed rule is intended to reduce federal administrative burden, greater reliance on state standards and systems could generate additional work for state and local agencies. Head Start programs or federal monitors may increasingly seek assistance from licensing, CCDF, Pre-K, IDEA, or other state systems to interpret regulations, verify licensing status, explain how standards apply to particular program settings, provide data, communicate regulatory changes, or coordinate corrective actions.

Before establishing new expectations, ACF should determine whether requested information is currently collected, whether definitions are comparable across programs, and whether state agencies have the legal authority and technical capacity to share it. New data requests to states should be minimized unless necessary for federal statutory oversight, and states should receive sufficient lead time for any required system changes.

Existing structures—including CCDF lead agencies, Head Start Collaboration Offices, State Advisory Councils, licensing agencies, state Pre-K agencies, and IDEA Part C and Part B systems—can support implementation. However, their authority, staffing, funding, and data capacity vary significantly by state.

APHSA encourages ACF to assess the final rule from a system-wide administrative burden perspective. A reduction in administrative activity for a Head Start recipient should not automatically be considered a net system savings if substantially similar activity must instead be performed by a state or local public entity.

The Office of Head Start (OHS) should work closely with OCC and state agencies to identify where additional state interpretation, technical assistance, monitoring coordination, or data support may be expected. Where new state and local responsibilities are anticipated, ACF should consider whether additional federal technical assistance or resources are necessary.

10. Implementation Timing and State Readiness

APHSA appreciates ACF’s request for comments regarding implementation timing. Given the breadth of the proposed changes, APHSA urges ACF to provide sufficient implementation time and clear federal guidance before states and Head Start programs are expected to operationalize the final rule. This will be especially important where changes require adjustments to eligibility processes, data systems, contracts, monitoring practices, cost-allocation arrangements, provider requirements, or coordination among multiple agencies.

OHS and OCC should jointly issue implementation guidance and a clear crosswalk identifying provisions that intersect with CCDF, licensing, background checks, subsidy administration, family child care, service duration, and blended or braided funding. Where significant changes to state systems may be necessary, ACF should consider phased implementation and appropriate technical assistance.

11. State Engagement During Implementation

Ongoing engagement with state CCDF administrators should be a central component of implementation. Because states administer multiple programs that intersect with Head Start, state administrators are uniquely positioned to identify operational, fiscal, and cross-system consequences that may not be apparent when individual regulatory provisions are considered in isolation.

APHSA encourages ACF to establish structured opportunities for consultation with state CCDF administrators, including through NASCCA, both before the final rule takes effect and throughout implementation. Early and sustained state engagement can help identify unintended consequences before they become significant operational or fiscal challenges and support implementation approaches that advance the Administration's burden-reduction goals while maintaining strong services for children and families. This engagement should be paired with a clear and transparent framework for monitoring implementation and measuring outcomes. ACF should identify key indicators, establish baseline measures where feasible, and regularly assess whether the changes are achieving their intended objectives while monitoring for unintended effects on CCDF systems, provider capacity, access to care, and children and families. Findings should be shared with states and used to inform implementation guidance, technical assistance, and, where necessary, policy adjustments. Ongoing consultation with CCDF administrators will be particularly important for interpreting these data and identifying emerging impacts that may not be evident through federal reporting alone.

Recommended Federal Actions

As ACF develops and implements the final rule, APHSA encourages ACF to:

1. **Provide clear guidance and workable flexibility regarding the proposed administrative cost cap**, including cost allocation, waiver criteria, phased implementation, and consideration of the effects on smaller recipients and blended or braided funding arrangements.
2. **Clearly define where responsibility resides when Head Start relies on state standards**, distinguishing Head Start recipient responsibilities from those of CCDF lead agencies, licensing agencies, and other state entities.
3. **Maintain an appropriate national foundation for Head Start quality** so that increased reliance on state standards does not result in substantially different educational opportunities for children based primarily on geography or state and local fiscal capacity.
4. **Provide a clear implementation framework for staff-child ratios and group size**, including how requirements apply across state licensing categories and in license-exempt settings, while monitoring potential effects on the broader early childhood workforce and provider capacity.
5. **Assess and monitor the impacts of Head Start service duration changes on CCDF and families**, including changes in CCDF caseloads and expenditures, subsidy waitlists, demand

for wraparound care, provider capacity and availability, and families' ability to access stable full-day care arrangements.

6. **Clarify the interaction between Head Start, CCDBG, licensing, and other state requirements for background checks, transportation, and related health and safety standards**, including which requirements apply across different program settings.
7. **Preserve clear expectations for screening, referrals, and coordination with state disability and early intervention systems** as procedural requirements are streamlined.
8. **Assess the effects of the final rule on Early Head Start–Child Care Partnerships and mixed-delivery systems**, including implications for blended and braided funding arrangements and cost allocation.
9. **Avoid unintended workload, data, and coordination burdens on state and local systems**, and coordinate closely with OCC and state agencies before establishing new expectations for state interpretation, monitoring, data, or technical assistance.
10. **Provide sufficient implementation time, federal guidance, and technical assistance**, including a clear crosswalk of provisions that intersect with CCDF, licensing, subsidy administration, family child care, and other state systems.
11. **Engage state CCDF administrators throughout implementation**, including through structured consultation with NASCCA and other state early childhood leaders, to identify, interpret, and address operational and fiscal consequences as they emerge.

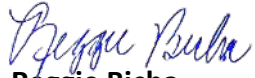
Conclusion

APHSA appreciates ACF's effort to examine whether the current Head Start Program Performance Standards contain unnecessary duplication or requirements that limit appropriate state and local flexibility. We encourage ACF to apply the same careful examination to where responsibilities are placed when federal requirements are removed. Flexibility is most effective when it provides meaningful discretion and reduces overall complexity rather than transferring responsibilities to another public system without clear authority, resources, guidance, or implementation capacity. Head Start and CCDF are separate federal programs, but they operate within the same early childhood ecosystem and frequently rely on the same providers, workforce, families, licensing infrastructure, data systems, and state partners. APHSA welcomes continued partnership with ACF to identify implementation approaches that reduce unnecessary administrative burden while

supporting workable state systems, stable provider networks, and consistent access to services for children and families.

Thank you for your consideration of these comments.

Sincerely,

A handwritten signature in blue ink, reading "Reggie Bicha", is positioned above the printed name.

Reggie Bicha

President and CEO

American Public Human Services Association