



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

Re: GEEARS Comments on the Head Start Notice of Proposed Rulemaking

To whom it may concern:

On behalf of GEEARS: Georgia Early Education Alliance for Ready Students, we appreciate the opportunity to comment on the Administration for Children and Families' proposed rule, *Reducing Federal Burden for Head Start Programs* (Docket ID ACF-2026-0595; RIN 0970-AD30). As a nonprofit organization dedicated to supporting high-quality early learning and healthy development for Georgia's youngest children, GEEARS is committed to strengthening early childhood systems that support children, families, educators, and communities across our state.

Head Start plays a critical role in Georgia's early childhood landscape. More than 20,000 children are served by Head Start and Early Head Start through 294 locations across the state.ⁱ Head Start is particularly important the state's in rural communities, where more than one in four child care slots are located in a Head Start program.ⁱⁱ The program also supports Georgia's workforce and economy, enabling nearly 14,000 parents to work, attend school, or participate in job training while employing more than 6,000 Georgians.ⁱⁱⁱ

Our comments are informed by direct engagement with the Georgia Head Start community. In September 2026, GEEARS facilitated a discussion with Head Start directors and leaders from across the state as part of a Georgia Head Start Association Board meeting to hear how the proposed changes could affect their programs, staff, children, and families. Participants discussed the proposed changes in small groups and documented specific concerns, examples, and recommendations. We have incorporated that feedback throughout these comments, including direct, anonymous quotations from participants where appropriate.

GEEARS supports efforts to reduce unnecessary administrative burden, eliminate duplicative requirements, and give local programs appropriate flexibility to respond to the needs of their communities. **However, streamlining should make it easier for Head Start programs to serve children and families—not weaken the quality and comprehensive services that have long distinguished Head Start.** As discussed below, we are concerned that a number of the proposed changes would remove standards that serve an important purpose for children and families, while in some cases creating new challenges for the programs charged with serving them.

Teacher-Child Ratios, Group Size & Service Duration

The proposed rule would eliminate Head Start-specific teacher-child ratios and maximum group sizes and instead require programs to follow applicable state and local licensing standards. This distinction is particularly significant in Georgia, which currently permits **some of the highest teacher-child ratios in the country for young children**, including one adult for every 10 2-year-olds.^{iv} By comparison, current Early Head Start standards allow one teacher for every four 2-year-olds. Moving to Georgia's licensing minimum could therefore more than double the number of children for whom an individual educator is responsible.

Head Start's smaller ratios are an important component of program quality, **child health and safety, and workforce retention**.^v Research finds that educators interact with young children more frequently and in more developmentally appropriate and positive ways when they have fewer children to supervise, with smaller ratios also associated with more one-on-one interactions and stronger developmental and learning outcomes.^{vi} Smaller ratios can also help educators safely supervise children and manage the physical and emotional demands of the classroom; higher ratios can contribute to educator stress and burnout, with implications for staff retention and continuity of care.^{vii}

Georgia Head Start leaders emphasized these practical implications. One wrote that **“larger ratios would reduce the ability of teachers to provide the responsive care necessary to meet the specialized social-emotional needs of children,”** while another described the ratio as **“the basic level of protection for the most vulnerable population of children.”** Participants also raised concerns about safety, educator burnout, and children's school readiness.

We are similarly concerned about the proposed removal of **Head Start Preschool service-duration requirements**. While local flexibility in scheduling can be valuable, substantially shorter program days could create significant challenges for working families—particularly in communities where alternative child care is limited or unaffordable.

Georgia families already face significant child care challenges, costing the state's economy **more than \$2.5 billion annually in lost economic activity**.^{viii} Head Start plays an outsized role in meeting this need, particularly in rural Georgia, where **more than one in four child care slots is in a Head Start program**.^{ix} Across the state, Head Start enables **nearly 14,000 parents to work, attend school, or participate in job training**.^x Reducing program hours could make it more difficult for these families to maintain employment or continue their education.

Health, Mental Health & Comprehensive Services

Head Start has long set the standard for coordinating high-quality early education with health, mental health, and family supports. These interconnected services are central to

Head Start's comprehensive model and to the positive, lasting outcomes experienced by participating children and their families.

We oppose narrowing family support services under proposed § 1301.08 to nutrition and physical activity, because families need comprehensive support that also addresses mental health, access to health care, and other factors affecting children's health and well-being.

Health Screenings and Services

Head Start plays a critical role in identifying children's health needs early and connecting children and families with needed care. The proposed rule would eliminate current timelines requiring medical, oral health, and mental health screenings within 90 days and vision and hearing screenings within 45 days. It would also remove detailed requirements for tracking children's health needs, following up on screening results, helping families establish ongoing sources of care, and connecting eligible families, including pregnant women, with health insurance. Georgia Head Start leaders emphasized the importance of these timelines in practice. As one participant explained, "Head Start is the connection to the community; timelines help us stay accountable."

Connecting families to health insurance is especially critical in Georgia, where the rate of uninsured young children is now 6.6%.^{xi} Although the Head Start Act would continue to require screenings and certain health services, removing these clear standards could create significant variation among programs and allow children's needs to go unidentified or unaddressed, despite a preponderance of evidence that timely identification and follow-up are critical to improving children's health and well-being.^{xii}

We urge the Administration to preserve the existing screening timelines and family health-navigation requirements so that every child receives timely and consistent support.

Home Visits and Family Support

The proposed rule would eliminate federal requirements for home-based services under § 1302.22, including home-visitor caseload limits, the frequency and duration of home visits, the number of group socializations, and requirements for making up missed visits. It would also remove the requirement that programs schedule a newborn visit within two weeks of birth for enrolled pregnant women and weaken standards for prenatal, postpartum, and family-partnership services. **Home visits create trusted connections with families, strengthen parents' role as their children's first teachers, and help programs identify health, developmental, and family needs that may otherwise be missed.^{xiii}** The NPRM's Regulatory Impact Analysis (RIA) indicates that the proposed changes would reduce the Early Head Start home visiting workforce by 25%–75% and lower home visitor salary floors. Remaining home visitors would face higher caseloads with fewer clear requirements, fewer program resources, fewer staff well-being protections, and lower compensation.

We urge the Administration **to retain clear, evidence-informed requirements for the frequency, quality, and content of home visits**, including timely newborn visits and comprehensive support for pregnant and postpartum families.

Mental Health

The proposed rule would weaken requirements related to mental health screening, consultation, services, and infrastructure, including **the requirement that programs consult a mental health professional before suspending a child** and mental health advisory committees. These standards have helped make Head Start a national leader in early childhood mental health, trauma-informed care, and family support. **Approximately one in ten children under age five experiences a mental health challenge, according to ZERO TO THREE,^{xiv}** and adverse experiences during early childhood are associated with lasting effects on health and well-being. Head Start's mental health consultation model has served as a standard for broader mental health consultation for child care programs across the state. **We urge the Administration to preserve the existing mental health standards, including access to mental health consultation and screening, and the infrastructure programs need to support children, families, and staff.**

Diapers and Nutrition

We are also concerned about the proposed removal of requirements related to basic necessities for infants and toddlers, including the requirement that Early Head Start programs provide **diapers and formula during the program day**. This is an important distinction from many other child care settings, where parents are typically required to supply diapers for their children. Among families experiencing diaper need, **one in four has had to miss work because they could not afford the diapers required for their child to attend child care.^{xv}** For families struggling to afford basic needs, providing diapers helps ensure that a lack of essential supplies does not become a barrier to a child's participation in Early Head Start—or to a parent's ability to work or attend school.

Workforce Qualifications & Professional Development

GEEARS recognizes the significant workforce challenges facing Head Start programs and the importance of addressing barriers to recruiting and retaining qualified staff.

However, we are concerned that the proposed changes to staff qualifications, hiring considerations, and professional development could lower workforce standards rather than address the underlying challenges that make qualified educators difficult to recruit and retain.

This concern is particularly relevant in Georgia, where state child care licensing requirements establish a lower minimum qualification for lead teachers than Head Start. A lead teacher in a licensed Georgia child care center can meet the state's minimum academic requirement with a **Child Development Associate (CDA) credential,^{xvi}** while the Head Start Act generally requires Head Start Preschool teachers to have **at least an associate degree** and requires that **at least 50 percent of Head Start Preschool**

teachers nationwide hold a bachelor's degree in early childhood education or a related field with relevant coursework and experience. While these statutory Head Start requirements would remain in place under the proposed rule, the difference illustrates why state licensing requirements alone do not provide the same baseline for educator qualifications as Head Start.

We are particularly concerned about the proposal's new limitations on programs' ability to **require or incentivize postsecondary degrees, credits, or credentials**. It is unclear whether this provision could limit programs' ability to offer higher compensation for additional education or credentials, a common practice in education and other professional fields. This is particularly concerning in Georgia, where Head Start teachers with bachelor's degrees earn an average of just **\$43,376**, compared with **\$74,277 for Georgia public K–12 teachers**.^{xvii}

Children with Disabilities, Developmental Screening & Early Intervention

Head Start is unique among child care providers in its requirement to include children with disabilities in educational programming. Through its high-quality, comprehensive services, Head Start helps ensure that young children receive timely screenings, referrals, and interventions when needed.

Removal of Head Start's Dedicated Disability Standards

We are concerned about Head Start's ability to serve children with disabilities and complex needs considering the potential removal of dedicated disability standards. **Head Start is the only early childhood program in Georgia with a statutory mandate to serve children with disabilities**, and in 2021–22, **17 percent of Georgia three- and four-year-olds with an IEP attended Head Start**.^{xviii} A recent Urban Institute study underscores the limited alternatives for these families: **just 30 percent of surveyed licensed child care centers in Georgia serving two-year-olds, 41 percent serving three-year-olds, and 38 percent serving four-year-olds had a child with a diagnosed disability enrolled**.^{xix}

While the ten-percent enrollment requirement remains in place under the proposed rule, **eliminating Subpart F would significantly weaken the protections, services, and accommodations that children with disabilities need to meaningfully participate and learn**. The current standards provide clear expectations for serving children with disabilities, including individualized services and supports, coordination with IDEA agencies, and support for families throughout the disability process.

The standards also help make Head Start an important model for inclusion. **All children with disabilities enrolled in Head Start are served in inclusive early learning settings, compared with just 26.5 percent of Georgia preschoolers with disabilities** who receive most of their special education services in classrooms alongside children without disabilities.^{xx}

Although programs would remain subject to IDEA and other applicable disability laws, eliminating Head Start-specific standards would remove clear expectations for how programs support inclusion in practice. **Georgia Head Start leaders also raised concerns that relying on multiple external laws and requirements without clear Head Start standards could make it more difficult for staff to understand and consistently implement their responsibilities to children with disabilities.**

Without clear, complementary standards for implementing these protections, programs and staff will be left without a consistent standard of care, making it harder to ensure that children with disabilities receive the services, accommodations, and educational supports they need to thrive.

Timely Screening, Referral, and Ongoing Assessment

Identifying young children with developmental delays or disabilities in a timely manner is critical to supporting their development and long-term success. **Head Start plays an important role in identifying Georgia children who may need early intervention or special education services. According to Georgia’s 2025 Head Start Program Information Report (PIR), Head Start providers referred 1,350 children for evaluations to determine eligibility for services under IDEA.**^{xxi}

One component of the proposed removal of §1302.33 is the elimination of the 45-day developmental screening requirement, which could delay the identification of developmental needs and access to essential services and supports. While the Head Start Act establishes broad statutory requirements, it does not outline the specific processes that ensure timely referrals, interventions, comprehensive assessments, and ongoing communication about a child’s progress. **Without these safeguards, children may experience delays in receiving needed services, making it more difficult to monitor their progress, determine when they are ready to transition from specialized supports, and ensure resources are used effectively.** Additionally, timely screenings and assessments help identify children who may need services under Parts B and C of the Individuals with Disabilities Education Act (IDEA). Head Start has a proven track record of accurately referring children to Early Intervention and Preschool Special Education, supporting the efficacy and efficiency of these programs that are also run with limited funding. Delays in accessing these services could have lasting consequences for a child’s development and potentially increase the level of support they require as they enter the K–12 education system. **Georgia Head Start leaders emphasized the consequences of delayed identification, with one participant warning that “children will go undiagnosed” and may not be ready for school.**

Partnership with Families in the Disability Process

Head Start distinguishes itself through its intentional, relationship-centered approach to family engagement, particularly in supporting families of children with disabilities. Through qualitative research conducted by GEEARS,^{xxii} educators have identified **engaging parents**

in the identification, referral, and intervention processes as one of the most significant challenges they face when supporting children with disabilities. These conversations can be particularly sensitive, as families may be navigating uncertainty, concerns, or differing perspectives about their child’s development. Anecdotally, we have heard that even families who are initially hesitant to pursue services often feel more comfortable receiving information, discussing concerns, and exploring available supports within the trusted relationships they have established with Head Start educators. This trust is a critical component of Head Start’s approach and underscores the importance of preserving the time, resources, and individualized processes that allow programs to partner meaningfully with families and ensure children receive the support they need.

Accessible and Inclusive Transportation

The proposed rule **calls for the removal of §1303.75, which provides safe transportation for children with disabilities**, and, when possible, allows children to be transported with their typically developing peers. This proposed change could limit children's access to educational services. In some cases, children's Individualized Family Services Plans or Individualized Education Plans specify that inclusive transportation is required for a Free and Appropriate Education.

Suspension and Expulsion

The proposed rule removes existing limitations on suspension and expulsion, potentially leaving young children more vulnerable to exclusionary disciplinary practices. These protections are particularly important for children with disabilities, **who are disproportionately likely to experience suspension and expulsion from early childhood programs.**^{xxiii} According to the U.S. Department of Education’s Office for Civil Rights, **Georgia has one of the highest rates of out-of-school suspension among preschool students served under IDEA** in the most recent data available.^{xxiv} Georgia does not have a statewide policy prohibiting or consistently regulating these practices in early childhood settings, meaning a child’s likelihood of being suspended or expelled may vary significantly depending on the program they attend.

While programs could maintain their own policies, Georgia Head Start leaders raised concerns that removing federal safeguards could lead to less consistency and accountability around decisions to send children home. As one participant put it, the change could reduce “controls with staff and accountability for sending children home.”

Removing these safeguards while simultaneously reducing access to mental health supports would further limit educators’ ability to address children’s behavioral and developmental needs effectively. Without adequate resources, guidance, and pathways to support, educators may have fewer alternatives to suspension and expulsion, increasing the likelihood that young children—particularly those with unmet developmental or behavioral needs—will be excluded from the very environments designed to support their growth and learning.

Documentation & Access for Vulnerable Families

Head Start serves children and families **who may face significant barriers to accessing early learning opportunities, including children experiencing homelessness, children in foster care**, and families facing other forms of instability. **Flexible eligibility and documentation processes are particularly important for ensuring these children can enroll in and remain connected to Head Start services.** By addressing needs early, Head Start can help prevent or reduce longer-term challenges and provide greater stability and a stronger foundation for healthy development and success in school and beyond.

Data from national researchers at SchoolHouse Connection show that infants and toddlers experiencing homelessness have very low rates (below 5%) of enrollment in early care and education services.^{xxv} More stringent documentation requirements outlined in the proposed rule would create an additional barrier for families experiencing homelessness. For such families, obtaining required documentation may be difficult or impossible for a range of legitimate reasons. Families may never have had an opportunity to obtain necessary documents, documents may have been lost or destroyed, or they may have been left in a secure location that is no longer accessible. These protections matter for children across Georgia: **Head Start serves more than 1,000 Georgia children experiencing homelessness and more than 300 children in foster care.**^{xxvi}

The proposed § 1301.02(c)(4) would eliminate self-attestation as a means of establishing eligibility, including signed family declarations of income or zero income, and would separately eliminate existing flexibility allowing children to enroll when families cannot provide documentation of the child's age. It would also eliminate families' ability to self-attest to experiencing homelessness. Given the barriers described above, this change could further delay or prevent access to Head Start services for vulnerable children and families, limiting families' ability to access the very services and supports that can help them navigate systems, obtain documentation, and stabilize their circumstances.

English-Language Requirements & Dual Language Learners

We are concerned about proposed § 1301.04(a), which would require programs to conduct all education in English. This represents a significant shift from current Head Start standards, which recognize bilingualism as a strength and require programs to support both English acquisition and children's home-language development. This change would have significant implications in Georgia, where **24 percent of children under age six are dual language learners.**^{xxvii} Research indicates that supporting a child's home language does not impede English acquisition and can strengthen children's learning while they develop English proficiency.^{xxviii}

Georgia Head Start leaders raised similar concerns about the practical effects on children and families. One warned of **“major communication gaps”** and an inability to meet community needs, while another wrote, **“If we stop supporting the child's primary**

language, it will negate literacy/language development.” Leaders also expressed concern that the change could reduce enrollment in some communities. **GEEARS recommends that HHS withdraw the proposed English-only requirement and retain standards that support English acquisition while allowing programs to use children’s home languages to support their learning and development.**

Family Engagement & Family Partnerships

Family engagement and parent leadership are defining features of Head Start. We are concerned that the proposed rule would **make parent committees optional, remove requirements related to family partnership and parent leadership, and eliminate the current process for resolving disagreements between a Policy Council and Governing Body, including third-party mediation.** While the Head Start Act would continue to give Policy Councils authority over major decisions, removing the impasse process could weaken that authority by leaving no clear, neutral path when the two bodies disagree. **GEEARS recommends that HHS retain clear standards that ensure meaningful opportunities for family partnership, voice, and leadership within Head Start.**

Administrative Cost Cap

GEEARS supports efforts to ensure that Head Start funds are used efficiently, reduce unnecessary administrative burden, and direct as many resources as possible toward children and families. However, we are concerned that **proposed § 1301.14, which would reduce the allowable administrative cost cap from 15 percent to 5 percent of total approved program costs,** would go well beyond reducing paperwork or unnecessary overhead. ACF’s own analysis indicates that Head Start programs currently spend an average of approximately **11.2 percent** of their budgets on administrative costs and that only **3.7 percent of grants currently operate at or below the proposed 5 percent threshold.** For many programs, these funds support the staff and systems necessary to maintain strong fiscal controls, comply with federal requirements, operate effectively, and deliver high-quality services to children and families.

That concern was tangible for Georgia providers. One rural program leader explained that the proposed cap **“may impact our family engagement position that navigates the family assessment with families to assist in identifying and setting goals.”** Another participant said the reduction could affect the program’s focus on mental health for children, families, and staff, including the employment of a mental health clinician. These are not merely back-office functions; they illustrate how a rigid administrative cap could have consequences for the comprehensive services Head Start provides.

Georgia Head Start leaders emphasized that **programs use administrative funds differently based on their structure and local needs.** Some programs use these funds for technology or human resources, while others allocate portions of director salaries or other operational costs to administration. As one participant explained, **“Every program**

you talk to allocates different positions to it.” A uniform 5 percent cap does not account for these differences or the varied infrastructure programs need to operate effectively

Participants also emphasized that administrative functions are essential to **fiscal accountability and program integrity**. Accounting, payroll, human resources, data management, eligibility processes, monitoring, and internal controls help programs accurately administer federal funds and comply with program requirements. Reducing capacity for these functions could weaken the checks and balances that help programs prevent and identify errors, maintain accurate records, and ensure compliance. Rather than strengthening responsible stewardship of federal funds, **an overly restrictive administrative cap could inadvertently make that stewardship more difficult.**

Proposed §1301.18 would allow programs to request a waiver of the 5 percent cap, but requests remain subject to HHS approval, and the proposal does not establish clear circumstances under which waivers would be approved. A waiver can provide flexibility for exceptional circumstances, but it is not a practical substitute for a workable standard when the vast majority of programs currently exceed the proposed threshold.

GEEARS appreciates HHS’s goal of reducing unnecessary administrative burden and providing Head Start programs with appropriate flexibility. We agree that requirements that are duplicative or do not meaningfully contribute to program quality should be reconsidered. However, many of the standards proposed for removal provide important protections for children and families and help ensure consistent quality across Head Start programs.

We encourage HHS to focus its burden-reduction efforts on areas where Head Start providers themselves have identified opportunities for meaningful streamlining. In our conversations with Georgia providers, examples included eliminating duplicative paper and electronic documentation requirements, reducing redundant Program Information Report (PIR) questions, simplifying overlapping facility and licensing requirements, and reconsidering reporting and monitoring processes that require significant staff time without a clear benefit to children and families. These are the types of administrative requirements that should be examined in partnership with providers as HHS works to make Head Start more efficient.

We urge HHS to **meaningfully engage Head Start providers, educators, families, and other partners in developing any changes to the standards.** Their experience is essential to identifying opportunities to reduce burden without undermining the core features that have made Head Start an important part of Georgia’s early childhood system for decades.

For any questions or additional information, please feel free to contact **Jessica Woltjen, Senior Policy Manager for Early Childhood Education**, at jwoltjen@ggeears.org. We welcome the opportunity to provide additional information or connect HHS with Georgia Head Start providers, families, and other early childhood partners.

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