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October 6, 2026

Robert F. Kennedy, Jr.

Secretary

Department of Health and Human Services

Office of Head Start

Administration for Children and Families

2330 C Street, NW

Washington, DC 20201

Re: Reducing Federal Burden for the Head Start Programs, RIN
0970-AD30

Submitted Electronically

Dear Secretary Kennedy:

The American Academy of Child and Adolescent Psychiatry (AACAP) is writing today to provide comments on the proposed regulations that would significantly modify and in some cases rescind the federal Performance Standards for the Head Start and Early Head Start (EHS) programs. AACAP is the professional home to more than 11,000 child and adolescent psychiatrists, fellows, residents, and medical students. AACAP's mission includes promoting the healthy development of children, adolescents, and families through science, education, and advocacy. As an organization representing child and adolescent psychiatrists, who are experts in child development, AACAP has a particular interest in ensuring that Head Start and EHS programs are able to function as intended when they were established in federal statute to serve the needs of children and families experiencing economic hardship, or other vulnerabilities. Head Start and EHS programs take a preventive approach that enhances early learning and school readiness, physical and behavioral health, nutrition, family well-being, parent engagement, and connections to community resources and servicesⁱ. The federal Head Start Program Performance Standards are foundational to meeting the goals of the program.

The proposed regulations would replace federal Program Standards with state laws in several areas, and eliminate others in their entirety, introducing variability in program quality and reducing the program's effectiveness. Young children benefit from stable long-term relationships with caring adults. The relational aspects of the program would be severely curtailed by the provisions of this proposed rule, undermining their original intent.

AACAP's specific concerns are outlined in the comments that follow below.

Ratios and Group Size

The current federal regulatory framework limits class size and requires staff-child ratios of one staff for every four two-year olds. The proposed rule would defer to state licensing requirements, which can vary widely, and could significantly reduce the overall quality of the program. Adequate child-adult ratios determine how much individualized, responsive attention a child receives, with child-adult ratios being the single strongest observed predictor of positive caregiving.ⁱⁱ

Mental Health and Well Being

The Improving Head Start for School Readiness Act of 2007 requires that the programs provide comprehensive services, based on family needs. Early Head Start agencies must coordinate a comprehensive array of health and mental health services and ensure screening and referral for documented behavioral problems, including trauma-related behavior. These services are delivered via monthly consultation which is reviewed annually; multidisciplinary coordination across education, health, disability, and family services; and universal screening with mandated follow-up.

The proposed rule eliminates this framework entirely. No replacement section sets a minimum consultation frequency, coordination requirement, or mandate to follow up on universal screening. Without a minimum frequency floor and required follow-up, consultation will lapse or will vary widely. Screening, in and of itself, without mandated next steps, does not reliably lead to necessary services.

Family Support Services

The Head Start statute requires programs to provide comprehensive services to children and their families based on family needs assessments. These services are intended to strengthen the parenting role and support families' progress toward self-sufficiency through an evidence-based two-generation approachⁱⁱⁱ. Parents and caregivers receive health, nutrition, and mental health education, as well as assistance navigating health care systems and accessing services and insurance. By supporting parents and caregivers, these services also promote positive outcomes for the children in their care.

The proposed rule would significantly reduce requirements related to family goal setting and family partnerships, while at the same time stating that the proposals recognize and

reaffirm parental authority, when in effect, they will exclude families from having a voice in their children's curriculum. The proposals also remove references to mental health and

eliminate requirements for programs to help families navigate the health care system and obtain health insurance. Effective family partnerships depend on sustained, relationship-based engagement. Weakening these requirements undermines the mechanism through which support for parents leads to better outcomes for children and moves away from the intent of the Head Start statute.

Suspension and Expulsion

The current regulatory framework prohibits the expulsion of children enrolled in Head Start and allows suspension only as a last resort when a child poses a serious safety risk. Currently, before a suspension may occur, programs must engage a mental health consultant, collaborate with parents and caregivers, and utilize available community resources to address the child's needs. The proposed rule would eliminate these suspension and expulsion requirements in their entirety.

Removing these protections could increase reliance on exclusionary discipline practices. Without required consultation, family collaboration, and supportive interventions, programs may have fewer incentives and resources to address challenging behaviors through evidence-based approaches. As a result, some of the most vulnerable children and families could lose access to critical services and the developmental benefits that Head Start provides.

Home Visiting Requirements

The Head Start statute requires the Secretary to promulgate regulations for training, qualification, and home visit-conduct standards for home visitors that outline required frequency, duration, and the content of home visits, in addition to establishing caseload limits. The proposed regulation removes detailed home-visit requirements leaving these determinations to state and local lawmakers, introducing variability into the programs.

Home visiting extends important relational work into the home; home-based and mixed-approach EHS programs have produced significant favorable impacts on parenting behavior and toddler development. Removing frequency and caseload standards weakens the delivery mechanism itself.^{iv}

Every child deserves the opportunity to reach their full potential in school and in life. Children facing the greatest challenges, and the families who support them, deserve access to the strongest possible systems of care and support. For the reasons outlined above, and given the cumulative harm these proposals would inflict on Head Start and EHS programs, AACAP strongly urges the agency to rescind the proposed changes in their entirety. Should you have questions about the foregoing comments, please contact Karen Ferguson, Director of Clinical Practice, at kferguson@aacap.org.

Thank you for your serious consideration of our comments.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Walkup". The signature is fluid and cursive, with the first name "John" and last name "Walkup" clearly distinguishable.

John T. Walkup, MD.
President

ⁱ [Head Start Services | The Administration for Children and Families](#)

ⁱⁱ [Characteristics and Quality of Child Care for Toddlers and Preschoolers: Applied Developmental Science: Vol 4, No 3](#)

ⁱⁱⁱ [Strengthening Two-Generation Initiatives](#)

^{iv} [New HHS Study Finds Home Visiting Services Improves Family Wellbeing | HRSA](#)