



STATE OF WASHINGTON
DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES
OFFICE OF THE SECRETARY

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DATE: October 5, 2026

FROM: Tana Senn, Secretary

SUBJECT: Impacts on Children and Families in Washington State, specifically children with disabilities, children and families experiencing homelessness and foster children.

Dear Federal Partners:

The Washington State Department of Children, Youth, and Families (DCYF) appreciates the Office of Head Start's goal of ensuring that Head Start grantees have the administrative flexibility to adapt their programs so that they can serve more children. We appreciate the opportunity to comment on the thoughtful efforts to reduce genuinely duplicative administrative requirements in the proposed rule change. Bearing in mind that Head Start is built on a foundation of meeting children's and families' comprehensive needs, however, we are concerned that the specific changes in the current proposal will diminish the value, quality, and impact of the Head Start program for Washington's most vulnerable children and families. The comments below include concerns shared by the Washington State Department of Health, Department of Social and Health Services, and Economic Services Administration, who collaborated in this response.

Children and Families

- **Head Start Standards:** Head Start shares the same overriding goals of ensuring quality care and optimal development opportunities for children as are available through licensed childcare and CCDF, but Head Start's target population is the most vulnerable children, including families living under the poverty line, children in foster care, and those experiencing homelessness. Eliminating Head Start-specific standards and aligning them with state child care regulations and CCDF requirements significantly diminishes the impact of early intervention, prevention and early education afforded by the Head Start program.
 - Head Start is an evidence-based program that serves families with high needs. This time-tested program has a track record of positively impacting families and children served. The proposed changes eliminate performance standards on child-to-staff ratios and group sizes, square footage requirements, disenrollment, expulsion and suspension policies, background checks, staff qualifications, and health and safety standards. Eliminating these structural underpinnings may significantly diminish positive outcomes for children and families.

- **Changes to Eligibility:** Proposed § 1301.02(c)(4) would end family self-attestation as acceptable eligibility documentation as to homelessness, age, and family income. This proposed change ignores the stark reality that the very families that need Head Start services most are those most likely to lack access to documentation. The impact of this change puts children and families at risk of being excluded from timely access to early learning services, delaying developmental assessments, stalling the enrollment process, and delaying other services.
 - Obtaining access to proof of homelessness may be exceptionally challenging unless the family is already working with a shelter or homeless services provider (e.g. the local Coordinated Entry system within Washington State). Our most vulnerable children who are homeless or in foster care will face severe barriers to enrollment. In Washington state, many programs and agencies allow self-attestation to expedite public benefits eligibility.
 - Clients who participate in Head Start may face data privacy concerns if this NPRM is implemented. In the description of the proposed record retention policies in §1301.02(e), HHS notes that the “...*Family Educational Rights and Privacy Act (FERPA) has exceptions, including for Federal audits/monitoring as well as law enforcement activities.*” HHS does not explain what is meant by “law enforcement activities.” Due to this ambiguity, it is not clear what data state agencies may legally share. Looking specifically at Head Start clients, we are concerned that this language may include immigration enforcement. If so, this will have a chilling effect on immigrant families seeking to enroll in Head Start.
 - Some state agencies may have access to income and age documentation for families who are accessing benefits and services through the discrete agency systems (e.g. SNAP, TANF). Data sharing agreements with these agencies may allow Head Start programs access to this information. However, these agencies would need to grapple with whether they are allowed to share data under FERPA. If self-attestation remained in place, families would not face these data privacy concerns, and state agencies would not be faced with challenges complying with FERPA in providing data families need to access Head Start.
- **Family Involvement:** Consistent family involvement is an essential component of success in the Head Start program. Parental engagement in the program recognizes parents as their child’s first teacher and encourages parents to participate in their children’s classroom education while providing opportunities for training in early education that can lead to employment in Head Start programs. Proposed changes to § 1301.3 and § 1301.4 remove consistent family involvement requirements allowing them to vary by program. Making parent committees optional would reduce opportunities for families to have a voice and participate at the program level. Parent committees give families a structured way to participate in planning family activities, participating in staff recruitment, and electing representatives to the Policy Council that participates in

decision making and voting. Removing federal guidelines that create structure would limit meaningful family participation and weaken family voice across programs.

- **Families experiencing homelessness/ Foster children:** The NPRM maintains that foster children and children experiencing homelessness are Head Start eligible, but weakens the protections that ensure vulnerable children can access services. Programs are no longer required to reserve 3% of slots for these children. Removal of this requirement will likely lead to some Head Start programs refusing to serve these children, making it harder for families to enroll quickly in Head Start when they need its services most. Given that these are our most vulnerable youth, this would be a huge loss.
- **Coaching Requirements:** The NPRM proposes to rescind current § 1302.92, including § 1302.92(c)'s requirement for a research based, coordinated coaching strategy for education staff, and to remove coaches from the staff qualification requirements in current § 1302.91 (91 Fed. Reg. 51273–74).
 - We urge ACF to retain the coaching provisions of § 1302.92(c) and the associated coach qualifications. Practice based coaching, with its immediate feedback and skill reinforcement, is empirically proven to improve the quality of teacher child interactions, a specific requirement included as a condition in the NPRM' s Designation Renewal system,
 - Coaching transforms training into improved practice in areas the Department and OHS care about: developmental screening fidelity, inclusive practices for children with disabilities, safe sleep, mealtime practices, and social-emotional supports that reduce suspension and expulsion.
 - Retaining a Mentor Teacher reference in the Act (Sec. 648A(b)) is not a substitute for a regulatory expectation that every program maintains an intentional coaching strategy. If ACF's concern is prescriptiveness, the answer is a flexible coaching requirement, not elimination of the tool.

Early Learning

- **Staff to child ratios:** The proposed changes to § 1301.05 would replace federal staff-to-child ratio and group size requirements with standards allowed under state licensing for child care requirements. DCYF notes, again, that Head Start shares the same overarching goals of ensuring quality care and optimal development opportunities for children as are available in licensed child care facilities, but Head Start's target population faces specific challenges not common to the population of children at large. This change would put children and staff at greater risk, particularly because Head Start serves children with more complex needs.
 - Programs serving high concentrations of children in foster care, children experiencing homelessness, and children with disabilities need stronger staffing standards to meet complex needs, protect staff wellbeing, and provide individualized instruction. Higher staff-to-child ratios could increase the risk of critical incidents, create compliance issues, increase likelihood of staff and child

injury, staff turnover, and reduce individualized instruction. Washington State child care licensing ratios are as follows: Infants birth to 12 months, 1:4 with a max group size of 9. Toddlers 1 year to 36 months, 1:7 with a max group size of 14. Preschool 36 months to 5 years (not enrolled in kindergarten), 1:10 with a max group size of 20. Head Start ratios are much higher in order to provide the necessary individualized instruction the children need. Infants and toddlers under 36 months 1:4 or 2:8 with no teacher being responsible for more than 4 children. Three-year-olds 1 teacher with 2 assistants for up to 17 children, or up to 15 children in a double session class. Four- and Five-year-olds; 1 teacher with 2 assistants for up to 20 children or 17 children in a double session class. Meeting state-standard child care staffing ratios alone does not guarantee that children and families will receive the quality care and comprehensive support they need.

Public Health

- **Physical, Oral, and Mental Health Services:** Proposed § 1302.43 would remove specific federal requirements for physical health, oral health, and mental health services. When children do not receive timely support for their basic health and mental health needs, they struggle to function, learn, and develop, which can affect their success in school and beyond. Removing current requirements for health determinations, assistance navigating health systems, access to health care and insurance for young children and pregnant women within specified timeframes, toothbrushing activities, and ongoing mental health consultation will likely create inconsistent access to essential services and weaken early intervention for children with health, developmental, and social-emotional needs. Head Start programs should maintain comprehensive federal requirements that ensure children and families receive consistent, high-quality physical, oral, and mental health services regardless of the program they attend.
- **Children with Disabilities:** The NPRM removes current § 1302.63, which requires coordination and collaboration with the local agency responsible for implementing IDEA, and current § 1302.10, Subpart F, which addresses serving children with disabilities. The NPRM also removes requirements for child-level assessments to determine individualized services. These changes will reduce equitable access to services and supports for children with disabilities, causing service delays, reducing behavioral and integration supports, and limiting opportunities for parent engagement. Without consistent federal standards and individualized assessments, programs will have less guidance and accountability for providing services that help children fully participate and thrive alongside their peers. Programs will also face pressure to underserve children with complex needs as they adjust to the reduced administrative cap discussed below.
- **Health Requirements and Screenings:** Proposed changes to § 1302.33 eliminate requirements that ensure Head Start programs identify children's health needs early and connect children and families to appropriate care. Head Start's health requirements play a critical role in identifying conditions that can affect a child's development, behavior,

communication, and ability to participate in the classroom. Children depend on timely screenings, referrals, follow-up care, medications, specialized equipment, and other health supports to access and participate fully in early learning. Early screenings can identify conditions such as amblyopia (lazy eye), which responds well to early treatment, as well as vision, hearing, oral health, developmental, and other concerns that may otherwise be mistaken for behavioral or learning challenges. The proposed changes are a step backward for screening, referral, and follow-up care.

- **Pre- and Post-Natal Services:** Proposed § 1301.11 removes several specific requirements related to healthy maternal and birth outcomes, prenatal care, and postpartum services for pregnant women. The NPRM would remove the requirement for programs to provide services that support healthy maternal and birthing outcomes for each family, publicly identify the postpartum supports they offer, and address racial and ethnic disparities in maternal and birth outcomes. These changes will likely lead to less consistent prenatal and postpartum support, weaker tracking and accountability, and more disparities in birth outcomes, particularly for families facing barriers such as transportation, insurance, housing, food insecurity, or limited access to health care. The changes will make it harder for programs to identify gaps in services and encourage community partners to provide additional services that Head Start families need.
- **Safety and Transportation Practices:** The NPRM proposes to rescind the transportation safety requirements at current §§ 1303.70 through 1303.75, including, as the preamble specifically notes, “the requirement to have at least one bus monitor while transporting children” (91 Fed. Reg. 51270). The preamble reasons that state and local requirements will fill the gap. This is a false assumption in large part because of the young age of Head Start participants. Head Start transports three- and four-year-olds and, in Early Head Start, even younger children. Not all local regulatory schemes account for this demographic. The bus monitor helps account for every child, assists children when they board and exit, responds to emergencies, supports children with disabilities, children with severe or additional needs, and allows the driver to remain focused on the road. An unaccompanied adult cannot safely drive a vehicle while also supervising preschoolers. Eliminating the federal floor does not defer to an equivalent state standard; for many children it removes the only applicable standard. From an injury-prevention perspective, the bus monitor requirement, trip routing rules, and safety procedures in subpart F are inexpensive, proven safeguards whose removal cannot plausibly be justified as paperwork reduction.

Economic Security

- **Reduction in Service Hours:** Proposed § 1302.21(c)(2) changes would reduce required instructional and operating hours, forcing some families to find additional care before or after Head Start. In worst case scenarios, families would have to choose between Head Start Services and employment that provides for the child’s food and shelter. Less extreme but completely foreseeable consequences include an increase in care and

transportation costs. Transitions between multiple caregivers and settings puts additional stress on already vulnerable children, interfering with consistent relationships and routines. The transitions also stress families struggling to maintain set hours of employment, negatively impacting both family finances and the employment economy.

- **Limitations on Administrative Costs:** Proposed § 1301.14 would reduce the administrative cost cap from 15% to 5% of the total approved program cost, including both federal costs and non-federal match. At the same time that the NPRM requires local Head Start programs to convert from the existing, concretely defined structure to a self-managed model that has to take up the slack for eliminated federal health, safety and quality requirements, it eliminates the administrative resources required to even approach such a massive task. This significant reduction will likely slow program operations, delay hiring and enrollment, reduce services to children and families, and create compliance risks.
 - Head Start programs use administrative resources to support critical functions such as human resources, information technology, program management, fiscal operations, enrollment, service coordination, and executive leadership. In practice, a 5 percent cap will force grantees to eliminate fiscal and quality-assurance positions, misclassify genuinely administrative functions as direct services, or decline to operate in high-cost and rural service areas. These all increase, rather than decrease, risk to children and to federal funds. Small and rural Washington state grantees, that cannot spread fixed administrative costs across large enrollments, would be hit hardest. Programs will likely need to reduce direct services to children to cover the funding gap created by the lower administrative cap.

Kindergarten Readiness

- **Bilingual Instruction:** Proposed § 1301.04(a) would require programs to conduct all education in English except in Tribal programs that use their Tribal language to further heritage. And proposed § 1301.04(a)(1) would require that, if a child's native language is not English and the child does not speak English, the program must "prioritize teaching English to the child." The preamble states plainly that the proposed changes would "minimize non-essential multilingual services and redirect resources toward English-language education and assimilation" (91 Fed. Reg. 51265–66). The NPRM would simultaneously rescind current § 1302.31(b)(2), which supports bilingualism for children who are dual language learners, and would eliminate the requirement that at least one classroom staff member or home visitor speak the language spoken by most enrolled children.
 - This proposal is contrary to the developmental science, harmful to school readiness, and dangerous from a health communication standpoint. Decades of research demonstrate that young dual language learners learn best (including learning English best) when their home language is supported during early

childhood, and that abrupt English only immersion in the preschool years is associated with weaker language development and disrupted parent child communication. Washington state's Head Start classrooms serve children from families speaking many languages, including Spanish, Vietnamese, Somali, Ukrainian, Russian, Marshallese, and others. Over 6,000 students in Head Start in Washington speak a language other than English at home. (Information from the Program Index Report, WA State 2024–2025.)

- Requiring programs to provide instruction and support exclusively in English will create barriers to children successfully mastering the English language, hinder their educational progress, and make it more difficult for families to fully engage in program activities and services. For these families, Head Start staff who share their language are frequently the trusted bridge to well child visits, immunizations, developmental and behavioral screening referrals, WIC, and prenatal care. A federal rule that pushes programs to strip out multilingual capacity will directly impair the health outreach the rest of this NPRM claims to prioritize.
- **Program Duration:** Proposed § 1302.21, § 1302.22 , § 1302.23 , and § 1302.24 remove current Head Start program duration requirements and allow programs to determine how long they provide services. With the reduction in required service hours this change will likely harm children, working families, and surrounding economic conditions. Children who require Head Start Services, including those with disabilities, rely on predictable schedules, familiar caregivers, transportation coordination, therapies, medical appointments, and specialized services. This change will likely disrupt working families who rely on Head Start for consistent, reliable care that aligns with their work schedules. When programs shorten their hours, parents must find and pay for additional child care to cover the gap. Many families cannot afford that additional cost or find another provider with availability that matches their work schedules. As a result, parents may have to reduce their work hours, change jobs, turn down employment opportunities, miss work, or leave the workforce altogether.
- **Staff Qualifications:** Proposed § 1302.91 would remove current staff qualification requirements and reduce qualification standards for several management and teaching positions. Especially in combination with the elimination of a coordinated coaching requirement, these changes will likely weaken the quality and consistency of services that Head Start staff provide to children and families and reduce incentives for staff to pursue post-secondary education. These requirements are essential to ensure staff can provide high-quality, evidence-based services for each family's needs, from child development to family self-sufficiency. Staff without credentials and education will likely not be able to meet these needs.
- **Parent Councils and Family Engagement:** Proposed § 1301.4 and § 1301.3 would remove the current requirement for parent councils and parent advisory groups. Eliminating this formal structure would weaken parent voice, voting participation, and meaningful family involvement in Head Start programs. When parents participate in

formal councils, they gain valuable skills in budgeting, finance, public speaking, meeting facilitation, advocacy, and understanding how Head Start programs operate. Parents also help determine how program funds are allocated and advocate for the needs of their children and families.

- This proposal is impossible to square with the NPRM’s stated purpose of “returning authority back to parents.” Parent Councils already place parents in a position of authority with respect to the program. It does not erode their authority with respect to their individual child. A rule that parents may be given a structured voice if the program chooses is not parent empowerment, it is administration empowerment. It effectively places all decision making in the hands of administrators. Parent committees are frequently the entry point through which parents, including those who go on to serve on Policy Councils, school boards, and community health boards, first engage with their children’s education and with local systems. Maintaining a formal parent council structure recognizes families as partners and leaders in Head Start rather than simply recipients of services. Family engagement of this kind is a well-documented protective factor for child development and a practical channel through which the Department and local health jurisdictions reach families with immunization, screening, and safety information.
- **Impact of Changes to Suspension and Expulsion:** Proposed § 1302.17 removes protections against expulsion and will increase the likelihood that vulnerable children lose access to services they need. Expulsion also creates significant hardship for families, who may have to find alternative care, miss work, or leave the workforce. Programs should provide stability and services to vulnerable children, not remove children because their needs are complex.
- **Staff Wellness:** The NPRM removes § 1302.93 the requirement for staff breaks, wellness exams, mental health services and information for staff. This change will likely increase staff burnout, reduce access to mental health support, and make it harder for programs to retain qualified staff. The negative impact on staff will likely translate directly to reduced quality of service for children.
- **Home Visiting:** The proposed § 1302.22, § 1302.80 will likely weaken or remove requirements for home visiting and socialization groups, including requirements for the frequency and duration of home visits. It also removes caseload caps for staff home visitors. Home visiting provides families with consistent, individualized support that helps parents strengthen their children’s learning, development, and well-being. These requirements support home visitors to serve a range of individual family needs, and attention to specific needs of the family will likely be lost with higher caseloads.
- **Impasse Procedures:** The NPRM would remove current § 1301.6, which establishes procedures for resolving disputes between a program’s governing body and its Policy Council, without identifying an alternative process. Impasse procedures are what make shared governance effective. The Head Start Act gives Policy Council bodies, composed

primarily of parents, genuine authority over program direction, but that authority is only meaningful if there is a defined, neutral process when the governing body and the Policy Council disagree. Remove the impasse mechanism and the practical result is that the governing body prevails by default in every dispute. The Policy Council retains a title and loses its leverage. For an NPRM whose preamble repeatedly invokes parents as “the primary caregivers and decision-makers for their children,” eliminating the one procedural tool that lets parent representatives hold their ground in a governance dispute is a striking contradiction. We urge ACF to retain § 1301.6.

Thank you for your consideration of these comments in the development of regulations impacting Head Start. Please do not hesitate to reach out to me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read "Tana Senn", followed by a long horizontal flourish.

Tana Senn, Secretary
Washington State Department of Children, Youth, and Families