



FLORIDA HEAD START ASSOCIATION, INC.

October 2, 2026

Adam N. Jones, Deputy Chief of Staff
Immediate Office of the Assistant Secretary, Administration for Children and Families
Department of Health and Human Services
Washington, DC 20201

Reference: Docket Number: ACF-2026-0595 | RIN: 0970-AD30

Dear Mr. Jones:

The Florida Head Start Association (FHSA) appreciates the opportunity to respond to the Notice of Proposed Rulemaking (NPRM) entitled “*Reducing Federal Burden for Head Start Programs*” (RIN 0970-AD30), published on August 7, 2026. FHSA represents 129 Head Start and Early Head Start grantees serving more than 40,000 children and families across Florida.¹ Our statewide network includes programs operating in rural, suburban, and urban communities, each with decades of experience implementing the Head Start Program Performance Standards (HSPPS) and working within Florida’s early childhood systems.

In recent weeks, FHSA held six regional roundtable discussions from Pensacola to Key West. Program leaders consistently raised significant concerns about the NPRM, drawing from their operational expertise and commitment to program quality.

Given the statewide consensus, FHSA respectfully but strongly urges the U.S. Department of Health and Human Services (HHS) to withdraw the Proposed Rule in its entirety. The NPRM would remove critical quality standards and essential services for children and families, while introducing new requirements that increase administrative burden and undermine Head Start’s foundational two-generation model.

By rescinding Parts 1301–1305 and replacing them with a single Part 1301, the NPRM removes nearly all science-based HSPPS and introduces new restrictions and ambiguities. These changes would reduce the quality, scope, and type of services Head Start families receive and would immediately and negatively affect children, families, communities, and grantee compliance systems.

Statutory Conflicts with the Head Start Act (§641A(a)(2))

The NPRM asserts that rescinding Parts 1301–1305 will “reduce Federal burden,” “restore authority to states,” and “eliminate duplication with statutory requirements.” However, the Head Start Act at **§641A(a)(2)** requires the Secretary to consult experts and maintain performance standards that reflect research-based practices; promote child health and nutrition; support children with disabilities, Dual Language Learners, homeless children, and children in foster care; ensure meaningful parent engagement; and consider changes in family circumstances and population needs.²

¹ FHSA statewide program data, 2026.

² Head Start Act §641A(a)(2).

The Act further prohibits revisions that “eliminate or reduce the quality, scope, or type of services” Head Start children and families receive (§641A(a)(2)(C)(ii)).³

By rescinding the comprehensive requirements governing health, mental health, nutrition, family engagement, developmental screening, individualized instruction, and supports for Dual Language Learners (DLLs), and replacing them with a single consolidated Part 1301, the proposed rule contravenes explicit statutory mandates. This action directly eliminates protections that Congress required the Secretary to preserve and strengthen, thereby exceeding the Department’s regulatory authority and undermining clear legislative intent.

FHSA asserts that these statutory conflicts warrant withdrawal of the NPRM in its entirety.

Federal–State Alignment and Risks of Removing HSPPS

The NPRM repeatedly states that rescinding the HSPPS will “restore authority to states.” However, Florida’s regulatory framework demonstrates that removing the HSPPS does not reduce burden; it shifts responsibility to states, resulting in wide variation in quality and compliance.

The Florida Head Start Collaboration Office concludes:

“The major difference is that Florida licensing asks whether a program is safe and compliant, while Head Start asks whether children and families are progressing across developmental, health, and family wellbeing domains.”⁴

Florida licensing does not require:

- comprehensive community assessments
- individualized instruction
- mental health consultation
- developmental screening timelines
- family engagement systems
- interdisciplinary supports
- parent governance
- continuity of enrollment

Removing the HSPPS creates ambiguity, inconsistency, and compliance risk. States cannot absorb this responsibility without substantial cost, infrastructure, and statutory interpretation authority.

FHSA Position: Retain the HSPPS and withdraw the NPRM.

³ Head Start Act §641A(a)(2)(C)(ii).

⁴ Florida Head Start Collaboration Office, [HSPPS & Florida Licensing Alignment Analysis](#), 2026.

Eligibility and Self-Attestation (§1302.12)

Florida has one of the highest rates of child homelessness in the nation:

- 93,316 PreK–12 students experiencing homelessness (2022–23) ⁵
- 54,491 children under age six experiencing homelessness ⁶
- Florida ranks third nationally in overall homelessness ⁷

Despite declining funded enrollment due to workforce shortages, rising costs, and flat federal funding, Florida Head Start programs have enrolled substantially more children experiencing homelessness—rising from 1,940 in 2021 to 2,741 in 2025 (a 41% increase). ⁸

This growth demonstrates that current eligibility and recruitment requirements, including self-attestation under §1302.12(i)(3), are working as intended. Families experiencing homelessness often cannot immediately provide documentation. Requiring documentation at the point of application would delay or prevent enrollment for children who need services most urgently.

Additionally, this change conflicts with the Head Start Act § 640(m), which requires the Secretary to remove barriers to enrollment, allow homeless families to attend while documents are gathered, and ensure full coordination with McKinney-Vento. Given this statutory mandate and the existing regulatory flexibility, we recommend maintaining self-attestation as an allowable form of documentation to prevent enrollment barriers, protect family voice, and ensure compliance with federal requirements designed to support and prioritize homeless children.

The NPRM eliminates §1302.12(i)(3). This change would reduce access and contradict federal policy.

FHSA Position: Reject the proposed removal of self-attestation.

Health and Nutrition Requirements (§§1301.07, 1301.08, 1302.91)

Florida programs already meet or exceed current HSPPS and Child and Adult Food Care Program (CACFP) requirements. Florida licensing sets basic safety and compliance standards, but it does not require the coordinated health, developmental, oral-health, mental health, and family-support systems that Head Start provides. These integrated structures are essential for implementing nutrition and infant-feeding requirements.

The NPRM relocates and revises nutrition and infant-feeding requirements into isolated provisions (§§1301.07, 1301.08, and 1302.91). Under the current HSPPS, these requirements are embedded within a coordinated system of health status tracking, oral-health practices, mental health consultation, developmental screening, family support, and follow-up care.

⁵ SchoolHouse Connection and Florida Head Start Collaboration Office, [Florida Children Experiencing Homelessness](#), 2025.

⁶ Ibid.

⁷ HUD [Annual Homeless Assessment Report](#), 2023.

⁸ FHSA PIR-based statewide enrollment analysis, 2021–2025.

Removing this framework while adding new nutrition-specific mandates will create implementation challenges, increase costs, and reduce effectiveness. Nutrition and infant feeding practices depend on the broader health and family-support infrastructure that the NPRM eliminates.

Statutory Conflict

The Head Start Act at §641A(a)(2)(B)(vi) requires standards that “*promote child health services and physical development, including...health and nutrition.*” Isolating nutrition requirements contradicts this mandate and violates the Act’s non-reduction clause.

FHSA Position: Retain comprehensive health standards.

Teacher-to-Child Ratios and Group Size (§1302.21(b))

The NPRM rescinds §1302.21(b), eliminating federal teacher-to-child ratios and group-size limits and deferring to state licensing. Florida programs unanimously oppose this change. Florida ranks fifth highest in the nation for child-to-teacher ratios, a reality that already puts significant pressure on program quality, safety, and instructional effectiveness.

The NPRM suggests that removing federal ratios will allow programs to “*serve more children.*” However, increasing enrollment by diluting quality is not consistent with the Head Start Act’s requirements for research-based standards, nor with decades of developmental science. Serving more children with fewer adults increases safety risks, reduces individualized instruction, and undermines the two-generation model that Head Start is statutorily required to uphold.

National research reinforces this concern. The First Five Years Fund notes that:

*“Smaller group sizes and strong teacher-child interactions help ensure children receive consistent, responsive care during the years of fastest brain development.”*⁹

This evidence is particularly relevant for Florida, where programs serve large numbers of infants, toddlers, and preschoolers with complex needs, including children experiencing homelessness, children with disabilities, and DLL. Infants and toddlers require the most individualized care because they depend on adults for feeding, diapering, supervision, and emotional support throughout the day. As children grow more independent, ratios can gradually increase — but must remain small enough for teachers to provide meaningful engagement and support for learning and development.¹⁰

Florida licensing ratios do not reflect these developmental realities. They are designed to ensure basic safety, not the comprehensive developmental, instructional, and social-emotional supports required under the Head Start Act. Removing federal ratio protections would create wide variation across the state, destabilize program quality, and increase operational risk.

Statutory Conflict

The Head Start Act requires the Secretary to maintain standards that reflect research-based practices in

⁹ First Five Years Fund. [Child Care Ratios and Group Size Guidance](#).

¹⁰ Ibid.

early childhood development. ¹¹ Eliminating federal ratios contradicts this requirement and violates the Act's non-reduction clause, which prohibits revisions that reduce the quality, scope, or type of services Head Start children receive. ¹²

FHSA Position: Retain federal teacher-to-child ratios and group-size protections to ensure safety, quality, and developmental appropriateness for Florida's children.

Dual Language Learners (DLLs) and English Only Instruction (§1301.04(a))

The NPRM replaces §1302.31(b)(2) with an English-only requirement, prohibiting programs from supporting children's home languages during instruction. Florida programs oppose this change. Florida has 542,000 Dual Language Learners ages 0–5, representing 42% of all young children in the state. ¹³ Eliminating home language supports would undermine cognitive development, family engagement, and access to services for nearly half of Florida's early childhood population.

The science is clear. The 2026 ASU/CEP report, *Preserving Access and Opportunity in Head Start for Children Dual Language Learners*, concludes that:

"Bilingualism is an asset, and early support for both English and the home language promotes stronger long-term academic and social outcomes." ¹⁴

The report further emphasizes that English-only approaches contradict decades of developmental science, noting that DLLs benefit most when programs intentionally support both languages through responsive interactions, culturally relevant materials, and family partnerships. ¹⁵

The NPRM's English-only requirement also contradicts multiple provisions of the Head Start Act:

- §642(d)(3) — requires identification and support for children who are limited English proficient
- §642(d)(2) — requires communication with parents in languages they understand
- §641A(a)(1)(B) — requires language development services, including bilingual approaches
- §641A(a)(2)(C)(ii) — prohibits revisions that reduce the quality, scope, or type of services

The ASU/CEP report reinforces this statutory conflict, stating that Head Start's bilingual supports are *"not optional enhancements but core statutory requirements designed to ensure equitable access for DLLs."* ¹⁶

Florida's DLL population is large, diverse, and growing. Programs serve children speaking Spanish, Haitian, Creole, Portuguese, Arabic, and dozens of other languages. Removing home language supports would:

- Reduce instructional access
- Increase behavioral challenges

¹¹ Head Start Act §641A(a)(2)(B)(iv).

¹² Head Start Act §641A(a)(2)(C)(ii).

¹³ Migration Policy Institute, [Dual Language Learner Profile: Florida](#), 2025.

¹⁴ [ASU/Center for Educational Policy Research, Preserving Access and Opportunity in Head Start for Children Dual Language Learners, 2026.](#)

¹⁵ Ibid.

¹⁶ Ibid.

- Undermine family engagement
- Reduce school readiness outcomes
- Increase inequities for immigrant and refugee families

Furthermore, research completed by OHS' National Center on Cultural and Linguistic Responsiveness finds that supporting the home language produces cognitive, cultural, and economic advantages, including stronger identity formation and improved cognitive functioning. When parents and children use the language they know best, they operate "at their actual level of cognitive maturity," promoting uninterrupted cognitive development essential for second-language learning.¹⁷

FHSA recognizes that English is the official language of the United States and affirms the importance of English acquisition for school readiness and long-term academic success. However, the NPRM's English-only requirement directly conflicts with several provisions of the Head Start Act that mandate identification, support, and equitable access for children who are limited English proficient.¹⁸ The Act requires programs to promote language development, including bilingual approaches, communicate with parents in languages they understand, and ensure that revisions do not reduce the quality, scope, or type of services DLLs receive.¹⁹ The 2026 ASU/CEP report reinforces this statutory conflict, concluding that bilingual supports in Head Start are "*not optional enhancements but core statutory requirements designed to ensure equitable access for DLLs.*"²⁰

Statutory Conflict

The NPRM's English-only requirement violates the Head Start Act's mandates for bilingual supports and contradicts the Act's non-reduction clause.²¹ It also contradicts the scientific consensus summarized in the ASU/CEP report, which concludes that bilingual development is foundational to DLLs' academic success, social-emotional development, and long-term outcomes.

FHSA Position: Reject the English-only requirement and retain §1302.31(b)(2) to ensure DLLs receive research-based, statutory-required bilingual supports.

Mental Health Supports (§1302.45)

The NPRM removes §1302.45, eliminating mental health consultation, behavioral supports, and social-emotional services that have been foundational to Head Start for decades. Most Florida programs oppose this change. Mental health needs among young children have increased sharply across the state, and removing §1302.45 would directly reduce access to services that are required under the Head Start Act.

¹⁷ [U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start, by the National Center on Cultural and Linguistic Responsiveness, Important to Know | Dual Language Learner Facts, Figures and Findings](#)

¹⁸ Head Start Act §642(d)(3).

¹⁹ Head Start Act §§642(d)(2); 641A(a)(1)(B); 641A(a)(2)(C)(ii).

²⁰ ASU/Center for Educational Policy Research, [Preserving Access and Opportunity in Head Start for Children Dual Language Learners](#), 2026.

²¹ Head Start Act §641A(a)(2)(C)(ii).

Florida's Head Start Collaboration Office emphasizes that Head Start's comprehensive health and mental health system is a core differentiator from state licensing, which does not require mental health consultation, behavioral supports, or coordinated family services.²² Removing §1302.45 would shift responsibility for mental health supports to state licensing systems that are not designed to provide them.

National Research and Scientific Consensus

The science is clear: early mental health supports are essential for school readiness, long-term well-being, and prevention of later behavioral and academic challenges.

The National Academies of Sciences conclude that:

“Young children’s social and emotional development is foundational to their learning, and early childhood programs must be equipped to support mental health and address behavioral challenges.”²³

The U.S. Surgeon General has warned of a national youth mental health crisis, noting that early intervention is critical and that programs serving young children must strengthen—not reduce—mental health supports.²⁴

The 2026 ASU/CEP report reinforces this, stating that mental health and social-emotional supports are *“integral to equitable access and essential for Dual Language Learners’ academic and social development.”*

²⁵ DLLs experience unique stressors related to immigration, language barriers, and cultural transitions; removing mental health supports disproportionately harms these children.

Impact on Florida Programs

Florida programs report:

- Increased behavioral challenges among preschoolers
- Higher rates of trauma exposure
- Rising family mental health needs
- Increased referrals for early intervention
- Greater need for mental health consultation in classrooms

Mental health consultants help teachers address challenging behaviors, support trauma-informed practices, and strengthen family engagement. Removing §1302.45 would eliminate the very supports programs rely on to maintain safe, stable learning environments.

²² Florida Head Start Collaboration Office, [HSPPS & Licensing Alignment Analysis](#), 2026

²³ National Academies of Sciences, Engineering, and Medicine. [Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation](#), 2015.

²⁴ U.S. Surgeon General, [Advisory on Youth Mental Health](#), 2021.

²⁵ ASU/Center for Educational Policy Research, [Preserving Access and Opportunity in Head Start for Children Dual Language Learners](#), 2026.

Statutory Conflict

The Head Start Act at §641A(a)(2)(B)(iv) requires the Secretary to maintain standards that reflect “*research-based practices with respect to early childhood education and development*,” including mental health supports. Eliminating §1302.45 violates this requirement.

The Act’s non-reduction clause at §641A(a)(2)(C)(ii) prohibits revisions that reduce the quality, scope, or type of services Head Start children receive. Removing mental health consultation and behavioral supports clearly reduces both the scope and quality of services.

Equity Impact

Removing §1302.45 disproportionately harms:

- Children experiencing homelessness
- Children with disabilities
- Dual Language Learners
- Children in foster care
- Children exposed to trauma
- Families facing mental health challenges

These groups rely most heavily on mental health consultation and coordinated family supports.

FHSA Position

FHSA strongly opposes removing §1302.45. Mental health consultation is essential for safety, quality, trauma-informed practice, and statutory compliance. FHSA urges HHS to retain §1302.45 in full.

Administrative Cost Cap (§1303.5)

The NPRM proposes reducing the administrative cost cap from the current allowable range (up to 15%) to a strict 5% cap. The vast majority of Florida programs oppose this change. Florida’s administrative cost structures reflect the true cost of operating comprehensive early childhood programs in a large, diverse state with complex regulatory requirements. Florida programs consistently report administrative costs between 8–12%, even after years of cost-allocation strategies, shared-services agreements, and reductions in non-essential administrative functions.²⁶

The NPRM asserts that lowering administrative costs will allow programs to “*serve more children*.” However, serving more children by eliminating essential administrative functions is not consistent with the Head Start Act’s requirements for fiscal integrity, monitoring, safety, and comprehensive services. Increasing enrollment by diluting administrative capacity undermines program quality, compliance, and child safety.

²⁶ FHSA statewide administrative cost analysis, 2026.

Impact on Staffing and Compliance

Administrative costs fund essential positions that are required to meet statutory and regulatory obligations, including:

- Fiscal agents and grant accountants
- Data and reporting staff
- HR and onboarding personnel
- Information and Technology
- Maintenance/Facilities
- Administration

These positions are not optional; they are necessary to implement the Head Start Act's requirements for governance, fiscal controls, monitoring, and comprehensive services.²⁷

Administrative funds pay for essential operations that make direct services possible. These include human resources to recruit, screen, hire, and retain staff; fiscal staff and systems to manage federal funds and pay vendors; information technology to protect records and support required reporting; and facilities management to maintain safe, functioning classrooms. Programs cannot provide consistent services to children and families without these functions. A 5% cap would not eliminate their costs. It would force programs to reduce capacity, shift costs where allowable, or divert resources from other necessary work.

The NPRM's Regulatory Impact Analysis (RIA) acknowledges that the administrative cap reduction is expected to produce cost savings by reducing personnel expenditures.²⁸ These "savings" are achieved by eliminating staff — not by improving efficiency. This contradicts the Head Start Act's non-reduction clause, which prohibits revisions that reduce the quality, scope, or type of services children receive.²⁹

Head Start programs in Florida have already reduced administrative spending far below state norms. The NPRM's proposed 5% cap would push programs below a sustainable threshold.

Statutory Conflict: The Head Start Act requires the Secretary to maintain standards that ensure fiscal integrity, monitoring, safety, and comprehensive services.³⁰ Reducing administrative capacity to 5% contradicts these statutory requirements and violates the Act's non-reduction clause.³¹

FHSA Position: FHSA strongly opposes the administrative cap reduction. Florida programs already operate at the lowest feasible administrative levels (8–12%). A 5% cap is not realistic, not safe, and not aligned with the true cost of delivering high-quality, comprehensive early childhood services. FHSA urges HHS to withdraw this provision.

²⁷ Head Start Act §§641A(a)(1), 641A(a)(2).

²⁸ NPRM Regulatory Impact Analysis (RIA), 2026.

²⁹ Head Start Act §641A(a)(2)(C)(ii).

³⁰ Head Start Act §§641A(a)(1), 641A(a)(2).

³¹ Head Start Act §641A(a)(2)(C)(ii).

Duration and Scheduling (§1302.21(c))

The NPRM proposes removing federal duration requirements and allowing programs to operate on schedules aligned solely with state licensing. Florida families rely on full-day schedules to maintain employment, attend school, and meet basic economic needs. Shorter program days, including the three-hour models permitted under state licensing, are not viable for working families.

Each year in Florida, nearly \$5.4 billion dollars in economic value is lost due to working parents having to be away from their jobs while caring for children under the age of six.³² The workforce Head Start programs serve are mostly families who work non-traditional or extended hours. Programs consistently report that families cannot use part-day schedules because they do not align with employment, transportation, or child-care availability. Reducing duration would force families to seek additional care arrangements, increasing instability and reducing continuity of care.

Florida's early learning system supports varying care schedules, including part-day, school-day, and full-day services. However, Florida does not require providers to formally evaluate service duration options as part of program design, nor does it require programs to assess whether full-day or extended-year schedules better meet family needs.³³ Florida licensing also does not require providers to pursue additional funding sources to expand service duration. Under Florida's mixed-delivery model (F.S. §1002.89), providers frequently blend multiple funding streams. Still, the state does not establish Head Start-style duration requirements or mandate continuity of care across funding sources.³⁴

In contrast, the Head Start Program Performance Standards require programs to evaluate duration annually as part of the community assessment, determine whether full-day or full-year schedules better meet family needs, consider conversion of slots to full working-day services, and identify alternate funding sources to support extended schedules.³⁵ These requirements ensure program calendars are intentionally designed around family employment patterns, transportation realities, and children's developmental needs—not simply aligned with state licensing minimums.

The NPRM's proposal to defer entirely to state licensing ignores these critical differences. Florida's system provides flexibility, but it does not require the research-based, family-centered duration planning that Head Start mandates. Removing federal duration protections would replace a comprehensive statutory framework with a minimal, safety-focused licensing standard that does not address what families actually need.

Statutory Conflict

The Head Start Act requires the Secretary to maintain standards that reflect research-based practices and ensure comprehensive services.³⁶ Reducing duration contradicts these requirements and violates the Act's

³² Florida Chamber's [Untapped Potential in FL report](#), 2023.

³³ Head Start Program [Performance Standards Child Care Development Fund Department of Children and Families Licensing and Regulations Requirements, Florida Head Start Collaboration Office](#), September 2026.

³⁴ Ibid.

³⁵ Head Start Program Performance Standards §1302.20(a)(2).

³⁶ Head Start Act §641A(a)(2).

non-reduction clause, which prohibits revisions that reduce the quality, scope, or type of services children receive.³⁷

FHSA Position

FHSA strongly opposes duration changes that reduce hours or allow part-day schedules to replace full-day models. Florida families rely on full-day services, and shorter schedules would reduce access, undermine child development, and contradict statutory requirements. FHSA urges HHS to retain federal duration protections.

Designation Renewal System (DRS) Changes (§1304 Subpart B)

The NPRM proposes substantial changes to the Designation Renewal System (DRS), including new catch-all triggers, removing CLASS as a defined measure, eliminating the 12-month notification requirement, and introducing an undefined “substantial progress” standard. Most Florida programs oppose these changes because they increase operational risk, reduce transparency, and create significant ambiguity about how renewal decisions would be made.

Vague Catch-All Triggers Increase Risk

The NPRM introduces broad, undefined catch-all triggers that allow the Office of Head Start (OHS) to require competition based on “*other factors*” not specified in regulation.³⁸ This creates uncertainty for grantees and undermines the predictability that DRS was designed to provide. Florida programs report that ambiguous triggers make long-term planning difficult, complicate governance oversight, and increase fiscal risk for agencies operating on tight budgets.

Removal of CLASS Without a Replacement Standard

The NPRM removes CLASS as a defined measure but does not identify a replacement tool or framework. Instead, it introduces the term “*substantial progress*” without defining how progress will be measured, monitored, or evaluated.³⁹ Without clear criteria, grantees cannot reliably assess performance or understand how instructional quality will be judged. This contradicts the Head Start Act’s requirement for standards that reflect research-based practices and provide clear expectations for program quality.⁴⁰

Florida programs note that while CLASS is imperfect, it provides a consistent, nationally normed measure of teacher-child interactions. Removing CLASS without specifying an alternative creates uncertainty for instructional planning, professional development, and workforce preparation.

Elimination of the 12-Month Notification Requirement Reduces Transparency

The NPRM removes the requirement that OHS notify grantees of competition within 12 months of the end of the project period.⁴¹ This change reduces transparency and increases operational risk. Without timely notification, programs cannot:

³⁷ Head Start Act §641A(a)(2)(C)(ii).

³⁸ NPRM, *Reducing Federal Burden for Head Start Programs*, Proposed §1304 Subpart B, 2026.

³⁹ Ibid.

⁴⁰ Head Start Act §641A(a)(1)(B).

⁴¹ 45 CFR §1304.15(b).

- Plan budgets
- Manage staffing
- Communicate with boards and policy councils
- Prepare for competition
- Maintain continuity of services

Florida programs report that delayed or unpredictable notifications would destabilize operations, complicate fiscal planning, and undermine governance responsibilities.

Operational Impact on Florida Programs

Florida's mixed delivery landscape includes school districts, nonprofits, community action agencies, and county government providers. These agencies rely on predictable renewal timelines for:

- Maintain staffing levels
- Secure leases and facility agreements
- Plan multi-year budgets
- Coordinate with local governments and school districts
- Sustain partnerships with health, mental health, and disability providers

Ambiguous triggers and reduced notification timelines increase the likelihood of service disruption, staff turnover, and fiscal instability, all of which directly affect children and families.

Statutory Conflict

The Head Start Act requires the Secretary to maintain standards that are clear, research-based, and designed to ensure program quality.⁴² Introducing vague triggers and undefined measures contradicts these requirements and violates the Act's non-reduction clause, which prohibits revisions that reduce the quality, scope, or type of services children receive.⁴³

FHSA Position

FHSA opposes DRS changes that increase operational risk, reduce transparency, or rely on undefined measures. FHSA urges HHS to retain clear, research-based DRS criteria, maintain the 12-month notification requirement, and ensure that any replacement for CLASS is evidence-based, normed, and transparent.

Suspension and Expulsion (§1302.17)

The NPRM eliminates §1302.17, allowing programs to establish disciplinary policies based solely on state

⁴² Head Start Act §641A(a)(2).

⁴³ Head Start Act §641A(a)(2)(C)(ii).

licensing. Florida's licensing framework does not prohibit suspension or expulsion and does not require preventive supports such as mental health consultation, positive behavior strategies, or family engagement. Removing §1302.17 would significantly increase exclusionary discipline and disproportionately harm vulnerable children.

Federal Policy: HHS/ED Joint Statement

The U.S. Department of Health and Human Services and the U.S. Department of Education issued a joint federal policy statement affirming that:

*"Expulsion and suspension in early childhood settings are not effective approaches for addressing challenging behavior."*⁴⁴

The federal statement emphasizes that exclusionary discipline:

- undermines children's social-emotional development
- increases behavioral challenges
- disrupts continuity of care
- disproportionately affects boys, children of color, and children with disabilities
- contradicts the purpose of early childhood education

The policy statement also makes clear that early childhood programs should prevent, severely limit, and ultimately eliminate suspension and expulsion. Eliminating §1302.17 directly contradicts this long-standing federal position.

Research: ASU/CEP 2026 Report

The 2026 ASU/CEP report, *Harsh and Exclusionary Discipline in Early Childhood*, reinforces the federal position, concluding that:

*"Exclusionary discipline in early childhood is both ineffective and harmful."*⁴⁵

The report documents that suspensions and expulsions are associated with:

- increased behavioral challenges
- reduced school readiness
- weaker teacher-child relationships
- higher family stress
- increased likelihood of later academic failure and justice system involvement

⁴⁴ U.S. Department of Health and Human Services & U.S. Department of Education, [Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings](#), 2014.

⁴⁵ ASU/Center for Educational Policy Research, [Harsh and Exclusionary Discipline in Early Childhood](#), 2026.

Removing §1302.17 would eliminate the federal protections designed to prevent these outcomes.

Florida's Early Learning Landscape

Florida programs report increasing behavioral challenges among preschoolers, particularly among children experiencing trauma, homelessness, and developmental delays. Without §1302.17, programs would rely solely on state licensing, which:

- permits expulsion
- permits suspension
- does not require preventive behavioral supports
- does not require mental health consultation
- does not require individualized behavior plans
- does not require nondiscriminatory discipline safeguards

Florida's early learning system is not designed to prevent exclusionary discipline. Head Start is.

Impact on Vulnerable Children

Removing §1302.17 disproportionately harms:

- children with disabilities
- children experiencing homelessness
- children in foster care
- children exposed to trauma
- children with behavioral health needs
- children of color

These groups already experience higher rates of exclusionary discipline in early childhood settings.⁴⁶ Eliminating federal protections would increase removals from classrooms and reduce access to comprehensive services.

Statutory Conflict

The Head Start Act requires programs to provide comprehensive services, support mental health, and ensure nondiscriminatory access for children with disabilities and children who are limited English proficient.⁴⁷ Exclusionary discipline directly contradicts these statutory requirements.

⁴⁶ U.S. Department of Education, Office for Civil Rights, [Data Snapshot: Early Childhood Education](#), 2014.

⁴⁷ Head Start Act §§642(d)(3), 641A(a)(1)(B).

The Act's non-reduction clause prohibits revisions that reduce the quality, scope, or type of services children receive.⁴⁸ Eliminating §1302.17 would reduce behavioral supports, mental health services, and access to stable learning environments.

FHSA Position

FHSA strongly opposes the removal of §1302.17. Exclusionary discipline is harmful, ineffective, and inconsistent with Head Start's statutory purpose. FHSA urges HHS to retain §1302.17 in full.

In conclusion, Florida's Head Start and Early Head Start programs are united in their commitment to quality, safety, and comprehensive services. The NPRM, as written, would not reduce burden; it would reduce quality, access, and stability for the children and families we serve.

FHSA respectfully urges HHS to withdraw the Proposed Rule in its entirety and engage in meaningful consultation with grantees, early care and education organizations, associations, and families before pursuing any regulatory overhaul.

Head Start's science-based standards, comprehensive services, and shared governance model have supported children and families for more than 60 years. These strengths must be preserved, not dismantled.

Thank you for the opportunity to submit these comments and for considering the perspectives of Florida's Head Start program and the families it serves.

Sincerely,

Wanda Minick

Wanda Minick
Executive Director
Florida Head Start Association

About FHSA

The Florida Head Start Association (FHSA) is a nonprofit membership organization dedicated to strengthening Head Start and Early Head Start programs across the state. FHSA keeps the community informed, fosters strong collaborations, advocates at the state and federal levels, and champions policies that directly impact children and families. For more information, visit www.FLHeadStart.org.

⁴⁸ Head Start Act §641A(a)(2)(C)(ii).