



Oregon

Tina Kotek, Governor



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Director of Policy and Planning

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U.S. Department of Health and Human Services

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Washington, DC 20201

**RE: Comment on Reducing Federal Burden for Head Start Programs (RIN: 0970-AD30;
Docket ID: ACF-2026-0595)**

The Oregon Department of Early Learning and Care (DELC) submits the following comments on the Department of Health and Human Services' (HHS) Notice of Proposed Rulemaking (NPRM), *Reducing Federal Burden for Head Start Programs*, published August 7, 2026. Although administrative efficiency is important, DELC is concerned that the proposed changes prioritize deregulation at the expense of core protections that ensure children experiencing poverty – especially Oregon's most vulnerable children – receive consistent, comprehensive, high-quality Head Start services.

DELC administers Oregon's coordinated system of early learning and care, including child care licensing, publicly funded early learning and home visiting programs, and professional learning and supports for the early childhood workforce. Oregon is the nation's largest state investor in Head Start, second only to the federal government, through the Oregon Prenatal to Kindergarten (OPK) program to expand comprehensive services. Oregon also leverages federal Maternal Infant, and Early Childhood Home Visiting (MIECHV) funding to support Early Head Start home-based services for approximately 120 children and households statewide. This braided model has demonstrated long-term public returns across improved safety, stability, employment, health, and early developmental outcomes. These combined investments - OPK, MIECHV, and federal Head Start - form an integrated system that extends the reach of federal dollars and magnifies the impact of federal policy.

While DELC supports reducing duplication and improving alignment with state systems, the proposed rule would substantially change where responsibility for defining and implementing Head Start quality resides by removing federal regulatory specificity in many

The Mission of the Department of Early Learning and Care fosters coordinated, culturally appropriate, and family-centered services that recognize and respect the strengths and needs of all children, families, and early learning and care professionals. *Our Vision* is that all children, families, early care and education professionals, and communities are supported and empowered to thrive.



areas and relying more heavily on statutory requirements, state and local standards, and local program discretion, at the potential detriment of the communities meant to benefit from these services.

National Monitoring, Accountability, and Technical Assistance

The Head Start Act continues to require federal monitoring, and HHS would retain responsibility for oversight of statutory and regulatory requirements. The substantive standards against which programs are monitored, however, would become less specific in several areas under the proposal.

DELIC requests HHS to explain how it will maintain meaningful national accountability when programs may operate under increasingly different state and local standards. This includes how HHS will distinguish variation resulting from local flexibility from variation indicating reduced quality, access, or compliance.

Technical assistance will also be important during any transition. A less prescriptive regulation does not necessarily eliminate the need for interpretation; it may instead change the questions programs must resolve. HHS should ensure that programs, states, and Tribal governments have clear and timely guidance regarding statutory requirements, the relationship between federal and state standards, and areas where local discretion is permitted.

Proposed 5% Administrative Cost Limitation

DELIC has significant concerns with reducing the administrative cost cap from 15% to 5% of total approved program costs, including the federal and required non-federal share. The current 15% limitation is a ceiling, not a target, and administrative expenditures are already monitored closely. Few programs nationally operate at or below 5%, and many of the federal comparators cited in the NPRM are state-administered block grants that differ fundamentally from Head Start's local-grantee structure.

Head Start grantees – especially small or rural ones – must maintain robust fiscal management, accounting, human resources, eligibility systems, data and reporting, internal controls, governance support, internal monitoring, grants management, and other functions necessary both to deliver services and protect federal/public funds. These functions do not scale down simply because a program size is smaller. A 5% cap



undermines grantees' ability to meet administrative requirements, threatens fiscal integrity, and reduces resources that sustain program quality.

As necessary administrative functions consume the limited 5%, grantees may face pressure on program quality and services levels, directly contradicting the NPRM's intent.

Migrant and Seasonal Head Start

Migrant and Seasonal Head Start (MSHS) serves approximately 1,887 children in Oregon each year. Because migrant and seasonal families often relocate to follow agricultural work, consistent federal standards are essential for ensuring continuity of care across communities and states. Reducing regulatory specificity in state and local requirements could create discontinuity in services and supports, harming children's developmental progress and stability.

DELIC is also concerned about the proposed English-only instructional requirement. Children who relocate frequently benefit from continuity in language, relationships, and instructional practices to sustain learning and development across settings. Educators must retain flexibility to use developmentally appropriate, research-based strategies that support English acquisition while building on children's home languages.

The NPRM also removes regulatory detail supporting transitions for migrant and seasonal families. Together, these changes could increase disruption for children and families already navigating transitions between communities and programs and could affect children's progress toward the developmental and school-readiness outcomes reflected in the ELOF. DELIC urges HHS to retain federal requirements that safeguard continuity, language access, developmentally appropriate instruction, and stable transitions for MSHS children and families.

Comprehensive health, mental health, nutrition, developmental, and family supports

Comprehensive health, mental health, nutrition, developmental, and family supports are central to Head Start. Although statutory requirements remain, the proposed rule removes many regulatory requirements and timelines that ensure children receive timely screenings, referrals, and access to ongoing care.



These comprehensive services are used extensively by children, families, and staff across Oregon. Thanks to federal and state investments in Head Start and OPK, in 2024–25:

- 73% of classroom teachers, home visitors, and family child care providers (892 staff members total) received mental health consultation
- Oregon families participated in 24,923 family services home visits; 4,894 families received emergency or crisis intervention; 1,719 families received mental health services; 702 families received substance abuse prevention services; and 145 families received substance abuse treatment.
- 10,934 Oregon children received oral health preventive care, and families benefited from essential educational resources: 6,918 families received education on preventive medical and oral health, and 6,616 families received education on nutrition.

These services and supports allow educators to respond to children’s social-emotional needs, improve child-wellbeing, support consistent program attendance, positively impact health outcomes, and increase readiness for school. Removing requirements for timely health and developmental screenings, referrals and follow-ups for specialized services, medical and dental home support, and health insurance assistance would weaken early identification and treatment of health and developmental needs, particularly in rural Oregon where limited provider availability and transportation challenges can delay access to care.

DELC recommends retaining federal timelines for screenings and follow-up, along with requirements to connect families to services, secure health coverage, and establish ongoing medical and dental care.

American Indian and Alaska Native (AIAN) Head Start

DELC recognizes Tribal sovereignty and the distinct government-to-government relationship between Tribal Nations and the federal government. A consistent federal framework and Tribal flexibility are not mutually exclusive; federal standards can establish core protections while preserving Tribal authority over program design and implementation.

DELC recognizes that the proposed rule preserves important statutory protections for AIAN Head Start programs and includes an exception to the proposed English-language



instructional requirement for Tribal languages. However, DELC is particularly concerned about the proposed 5% administrative cost limitation on Tribally operated Head Start programs. Tribal governments often have federally negotiated indirect cost rates that reflect the actual costs of shared governmental infrastructure. The proposed cap could constrain Tribal programs' ability to recover eligible costs under their negotiated agreements, reducing resources available to support children and families. HHS should engage in government-to-government consultation with Tribal Nations to evaluate the cumulative impacts of the proposed changes.

Conclusion

Once comprehensive systems are dismantled, rebuilding them is difficult and costly. Staffing expertise is lost, community partnerships weaken, and programs begin to reorganize around a different definition of what is required. The short-term benefit of reduced requirements could therefore create long-term costs for Oregon, both financially and in terms of child outcomes.

The proposed rule makes changes across eligibility, education, health, staffing, service delivery, family engagement, monitoring, and administration. Even modest changes can have significant cumulative impacts, especially for children with the fewest alternative early learning options.

If HHS proceeds with significant changes, implementation should include sufficient transition time, clear guidance, direct consultation with Tribal governments, engagement with Head Start recipients and families, and coordination with state agencies. HHS should also identify the data it will use to assess whether increased flexibility results in reduced burden without diminishing access, quality, comprehensive services, or accountability.

Head Start's strength lies in its combination of federal commitment, comprehensive services, family partnership, and local responsiveness. DELC supports meaningful efforts to reduce administrative burden, but urges HHS to preserve federal protections that ensure all children, regardless of where they live, can rely on a strong and consistent Head Start foundation.