



HEAD START ACT vs. REGULATIONS vs. NPRM

A Comparison for Policy Staff and Advocates - Health, Dental, Vision & Developmental Screening

About this document

On August 7, 2026, the Administration for Children and Families (ACF) released a Notice of Proposed Rulemaking (NPRM), "Reducing Federal Burden for Head Start Programs" (RIN 0970-AD30). The NPRM would replace most of the current Head Start Program Performance Standards (45 CFR Part 1302) with a much shorter set of federal regulations, shifting many current requirements to state licensing law, program discretion, or no requirement at all.

This analysis was prepared to give policy staff, researchers, and advocates a detailed, side-by-side view of how specific Head Start policy areas are treated under three sources of authority: the Head Start Act (statute), the current Head Start Program Performance Standards (regulation), and the proposed NPRM. This document is written for readers who want to see how the underlying statutory, regulatory, and NPRM language itself compares.

Each topic section includes:

- **Overview:** a short summary of how the three sources relate to one another on this topic
- **Side-by-side comparison table:** four-column tables (Dimension | Head Start Act | Current Regulations | NPRM) on each source's treatment of a given aspect
- **NPRM verbatim text and rationale:** direct excerpts from the NPRM preamble explaining ACF's reasoning for the proposed change
- **Verbatim citations:** the full underlying statutory and regulatory text referenced in the comparison table

Table and citation language throughout is quoted directly from the Head Start Act, 45 CFR Part 1302, and the NPRM as published; it has not been paraphrased.

Health, Dental, Vision & Developmental Screening

HEAD START ACT

VS.

HEAD START PROGRAM PERFORMANCE STANDARDS (45 CFR §1302.91)

VS.

PROPOSED RULE: “REDUCING FEDERAL BURDEN FOR HEAD START PROGRAMS” (Aug. 7, 2026)

A Three-Way Comparison of Health, Dental, Vision & Developmental Screening Requirements

Overview

This document compares how the Head Start Act, the Head Start Program Performance Standards , and the August 7, 2026 NPRM each treat health, dental/oral health, vision, hearing, and developmental screening Health screening follows a pattern similar to staff qualifications: the statute sets a general, non-specific screening mandate (“research-based developmental screening tools” in Sec. 642(f)(6)), while the regulations build a far more granular, deadline-driven compliance system — 45-day vision/hearing screenings, 90-day medical/dental status determinations, daily toothbrushing, a standing Health and Mental Health Services Advisory Committee — that the statute never specifies.

Side-by-Side Comparison

Dimension	Head Start Act (Statute)	Current Regs	NPRM (Aug. 7, 2026)
Developmental screening	Sec. 642(f)(6): statutory mandate to utilize research-based, standardized, reliable, valid, and accurate developmental screenings that cover multiple domains – health, physical development, social emotional development cognitive, etc.	§1302.33(a)(1)–(2): concrete 45-day (30-day for short programs) deadline for conducting; must use one or more research-based standardized tools plus family/teacher input.	Removes regulation. Preamble: NPRM proposes to rescind §1302.33 entirely to “remove duplication with the Act... and restore more flexibility.” Statutory screening duty (Sec. 642(f)(6)) survives, but the 45-day deadline is no longer required.

HEAD START ACT VS. REGULATIONS VS. NPRM

Dimension	Head Start Act (Statute)	Current Regs	NPRM (Aug. 7, 2026)
	Sec. 641A(b)(2) defines the characteristics of research based measures (developmentally, linguistically, culturally appropriate; consistent with professional and technical standards; valid and reliable for language of administration; provide for accommodations, etc.). Statute provides no required timeline for the administration of such assessments.		
Vision & hearing screening	Not addressed with this specificity. Sec. 642(f)(6) provides a general statutory requirement for screenings that covers multiple domains – health, physical development, social emotional development cognitive, etc. Further, Sec. 642(f)(9) stipulates that to be designated a Head Start agency, such agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.	§1302.42(b)(2)–(3): must obtain/performance evidence-based vision and hearing screening within 45 days (30 for short-duration programs).	Removes regulation. Preamble regulations “would no longer specify that programs must conduct hearing and vision screenings,” but the duty “will still apply due to statutory requirements” with “more flexibility on timeline and process.”

HEAD START ACT VS. REGULATIONS VS. NPRM

Dimension	Head Start Act (Statute)	Current Regs	NPRM (Aug. 7, 2026)
Medical & oral health “up-to-date” status determination	Not addressed at this level of specificity. Sec. 642(f)(6) provides a general statutory requirement for screenings that covers multiple domains– health, physical development, social emotional development cognitive, etc. Further, Sec. 642(f)(9) stipulates that to be designated a Head Start agency, such agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.	§1302.42(b)(1)(i)–(ii): 90-day deadline to obtain medical/mental/oral health determinations tied to state EPSDT (Medicaid benefit) and dental periodicity schedules; assist parents to come up to date.	Removes regulation. Preamble lists removal of requirements “to conduct health determinations” among the prescriptive mechanics eliminated in the Health and Nutrition section.
Oral health hygiene – daily toothbrushing	Not addressed in statute.	§1302.43: programs must ensure all children with teeth are assisted in brushing with fluoride toothpaste once daily.	Removes regulation. Preamble, names removal of the requirement “to assist children with daily teeth brushing” as one of the prescriptive mandates eliminated.
Oral health treatment & follow-up (fluoride, dental treatment)	Not addressed specifically in statute. Sec. 649(5)(A): research/evaluation mandates the Secretary to identify oral-health strategies and dental referral networks – not a program operating requirement.	§1302.42(c)(3): program must facilitate/monitor oral health preventive care, treatment, and fluoride supplementation where indicated.	Removes regulation.
Extended follow-up & referral tracking for flagged problems	Not addressed specifically in statute. Sec. 642(f)(9) has general stipulation that to be designated a Head Start agency, such agency	§1302.42(d)(1)–(2): must facilitate diagnostic follow-up for flagged problems (e.g., abnormal	Not separately named; folded into the general rescission of §1302.42.

HEAD START ACT VS. REGULATIONS VS. NPRM

Dimension	Head Start Act (Statute)	Current Regs	NPRM (Aug. 7, 2026)
	must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.	hearing/vision, elevated lead) and maintain a referral-tracking system.	
Source of ongoing health care / medical home	Not addressed specifically in statute. Sec. 642(f)(9) has general stipulation that to be designated a Head Start agency, such agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.	§1302.42(a)(1)–(2): must determine within 30 days whether each child has an ongoing health-care source and insurance; assist families in accessing one.	Removes regulation. Preamble specifically calls out removal of requirements “to assist families in navigating health systems, and to facilitate access to health care and insurance.”
Early Head Start behavioral screening & referral (trauma)	Sec. 645A(b)(6): EHS programs must ensure children with documented behavioral problems, including trauma-related behavior, receive appropriate screening and referral.	No standalone counterpart in §1302.33/.42/.43; addressed contextually through current §1302.17 (suspension/expulsion limits) and §1302.45 (mental health supports).	Preamble (Suspension and Expulsion section) acknowledges “programs serving infants and toddlers must comply with this statutory requirement” (Sec. 645A(b)(6)) even as §1302.17 is proposed for removal.
EHS home visitor — annual health, vision, hearing & developmental screening	Sec. 645A(i)(2)(E): home visitor standards must include offering annual health, vision, hearing, and developmental screening for children birth to kindergarten entry, when needed.	No separate annual-screening frequency provision distinct from the general §1302.33/.42 timelines, which apply regardless of program option.	Not separately discussed; covered by the general rescission of §1302.33/.42.
IDEA referral & early intervening services	Sec. 642(b)(14)–(15): must establish timely IDEA referral procedures and provide early intervening	§1302.33(a)(3)–(4): must refer to the local IDEA agency for formal evaluation with parent consent;	Regulation removed. Preamble (Services for Children with Disabilities section): proposed §1301.10 requires compliance with “all applicable Federal and state

HEAD START ACT VS. REGULATIONS VS. NPRM

Dimension	Head Start Act (Statute)	Current Regs	NPRM (Aug. 7, 2026)
	services before formal eligibility determination.	partner through the evaluation process.	statutes and regulations," expressly citing Sec. 642(b)(14) as continuing to apply.
Reporting — health, dental & vision services	Sec. 650(12): the Secretary's annual report to Congress must describe health, mental health, dental care, and vision care services provided.	No standalone counterpart in §1302.33/.42/.43 — implemented via the Secretary's reporting obligation, not program-level regulation.	Not addressed in the Health and Nutrition preamble discussion.

NPRM: Verbatim Text and Administration's Rationale

Child Screenings and Assessments

NPRM Preamble, "Child Screenings and Assessments" section

"This NPRM proposes to rescind current § 1302.33 Child screenings and assessments to remove duplication with the Act, reduce administrative burden, and restore more flexibility to local Head Start agencies to make decisions on how best to implement screening and assessment practices in their programs.

The Act requires that programs use research-based assessment methods to support the educational instruction and school readiness of children in the program (Sec. 642(f)(5)). The Act includes further specification that assessment methods should be developmentally appropriate, consistent with nationally recognized professional standards, administered by staff with appropriate training for such administration, and high-quality research-based measures (see Sec. 641A(b)(2)).

In addition, the Act requires programs to use research-based developmental screening tools that have been demonstrated to be standardized, reliable, valid, and accurate for the child being assessed, to the maximum extent practicable, and aligned to the Head Start Early Learning Outcomes Framework (Sec. 642(f)(6))... Based on the requirements included in the Act, under the proposed regulations programs will continue to be required to conduct screenings and assessments for enrolled children.

In summary, under the proposed regulation programs would continue to be responsible for conducting screenings and assessments but will have additional flexibility in how these are implemented as long as they continue to meet the requirements specified in the Act."

Health and Nutrition – Hearing and Vision

NPRM Preamble, "Health and Nutrition" section

"The Act contains additional requirements that programs will continue to be required to comply with under the proposed regulations. The Act requires all recipients to establish goals and measurable objectives for health and nutritional services (Sec. 642(f)(9)). Statute requires programs to conduct screenings (Sec. 642(f)(6)); so, while the proposed regulations would no longer specify that programs must conduct hearing and vision screenings, this requirement will still apply due to statutory requirements. However, programs would have more flexibility on timeline and process for ensuring screenings are completed. Early Head Start programs must coordinate with other state and local entities to ensure a comprehensive array of services, including health and mental health services (Sec. 645A(b)(5))."

Other Health/Mental Health/Oral Health Mechanics

NPRM Preamble, "Health and Nutrition" section

"While the Act establishes high-level requirements for these services, the proposed removal of multiple prescriptive requirements, including requirements to maintain a Health and Mental Health Services Advisory Committee, to obtain advance authorization for health, mental health, and developmental procedures, to have monthly mental health consultation, to assist children with daily teeth brushing, to conduct health determinations, to assist families in navigating health systems, and to facilitate access to health care and insurance, would provide recipients more flexibility to design and implement health, nutrition, and mental health services that best meet their communities' needs."

Continuing Statutory Obligations Named in the Health and Nutrition Discussion

NPRM Preamble, "Health and Nutrition" section

"The Act contains additional requirements that programs will continue to be required to comply with under the proposed regulations. The Act requires all recipients to establish goals and measurable objectives for health and nutritional services (Sec. 642(f)(9))... Early Head Start programs must coordinate with other state and local entities to ensure a comprehensive array of services, including health and mental health services (Sec. 645A(b)(5)). In addition, Section 657A of the Act outlines requirements for parental consent for nonemergency intrusive physical examinations."

IDEA Referral Duty

NPRM Preamble, "Services for Children With Disabilities" section

"The Act requires Head Start programs to establish effective procedures for timely referral of children with disabilities to the State or local agency providing services under IDEA and collaborate with that agency (Sec. 642(b)(14)). It also requires that programs establish effective procedures for providing necessary early intervening services to children with disabilities prior to an eligibility determination by the State or local agency responsible for providing services (Sec. 642(b)(15))."

Early Head Start Trauma Screening Duty Named in Suspension/Expulsion Discussion

NPRM Preamble, "Suspension and Expulsion" section

"The Act requires that Early Head Start programs ensure that children with documented behavioral problems, including problems related to prior or existing trauma, receive appropriate screening and referral (Sec. 645A(b)(6)), thus programs serving infants and toddlers must comply with this statutory requirement."

Verbatim Citations

Full statutory and regulatory text underlying the comparison above, organized by dimension.

1. Developmental Screening – Timeline & Standardized Tools

Statute – Sec. 642(f)(6)

"use research-based developmental screening tools that have been demonstrated to be standardized, reliable, valid, and accurate for the child being assessed, to the maximum extent practicable, for the purpose of meeting the relevant standards described in section 641A(a);"

Statute – Ancillary statutory provisions in Sec.641(A)(b)(1-4)

"(1) IN GENERAL.—The Secretary, in consultation with representatives of Head Start agencies and with experts in the fields of early childhood education and development, family services, and program management, shall use the study on Developmental Outcomes and Assessments for Young Children by the National Academy of Sciences and other relevant research to inform, revise, and provide guidance to Head Start agencies for utilizing, scientifically based measures that support, as appropriate— (A) classroom instructional practices; (B) identification of children with special needs; (C) program evaluation; and (D) administrative and financial management practices. (2) CHARACTERISTICS OF MEASURES.—The measures under this subsection shall— (A) be developmentally, linguistically, and culturally appropriate for the population served; (B) be reviewed periodically, based on advances in the science of early childhood development; (C) be consistent with relevant, nationally recognized professional and technical standards related to the assessment of young children; (D) be valid and reliable in the language in which they are administered; (E) be administered by staff with appropriate training for such administration; (F) provide for appropriate accommodations for children with disabilities and children who are limited English proficient; (G) be high-quality research-based measures that have been demonstrated to assist with the purposes for which they were devised; and (H) be adaptable, as appropriate, for use in the self-assessment of Head Start agencies, including in the evaluation of administrative and financial management practices."

Regulation – 45 CFR §1302.33(a)(1)–(2)

"(1)In collaboration with each child's parent and with parental consent, a program must complete or obtain a current developmental screening to identify concerns regarding a child's developmental, behavioral, motor, language, social, cognitive, and emotional skills within 45 calendar days of when the child first attends the program or, for the home-based program option, receives a home visit. A program that operates for 90 days or less must complete or obtain a current developmental screening within 30 calendar days of when the child first attends the program. (2) A program must use one or more research-based developmental standardized screening tools to complete the screening. A program must use as part of the screening additional information from family members, teachers, and relevant staff familiar with the child's typical behavior."

Regulation – 45 CFR §1302.33(c)(1)-(4)

(1) "Screenings and assessments must be valid and reliable for the population and purpose for which they will be used, including by being conducted by qualified and trained personnel, and being age, developmentally, culturally and linguistically appropriate, and appropriate for children with disabilities, as needed. (2) If a program serves a child who speaks a language other than English, a program must use qualified bilingual staff, contractor, or consultant to: (i) Assess language skills in English and in the child's home language, to assess both the child's progress in the home language and in English language acquisition; (ii) Conduct screenings and assessments for domains other than language skills in the language or languages that best capture the child's development and skills in the specific domain; and, (iii) Ensure those conducting the screening or assessment know and understand the child's language and culture and have sufficient skill level in the child's home language to accurately administer the screening or assessment and to record and understand the child's responses, interactions, and communications. (3) If a program serves a child who speaks a language other than English and qualified bilingual staff, contractors, or consultants are not able to conduct screenings and assessments, a program must use an interpreter in conjunction with a qualified staff person to conduct screenings and assessments as described in paragraphs (c)(2)(i) through (iii) of this section. (4) If a program serves a child who speaks a language other than English and can demonstrate that there is not a qualified bilingual staff person or interpreter, then screenings and assessments may be conducted in English. In such a case, a program must also gather and use other information, including structured observations over time and information gathered in a child's home language from the family, for use in evaluating the child's development and progress.

2. Vision and Hearing Screening

Statute

Not addressed with this specificity. Sec. 642(f)(6) provides a general statutory requirement for screenings that cover multiple – health, physical development, social emotional development cognitive, etc. Further, Sec. 642(f)(9) stipulates that to be designated a Head Start agency, such agency must "establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under" the program.

Regulation – 45 CFR §1302.42(b)(2)-(3)

"Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform evidence-based vision and hearing screenings. If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section."

3. Medical & Oral Health "Up-to-Date" Status Determination

Statute

Not addressed with this specificity. Sec. 642(f)(6) provides a general statutory requirement for screenings that cover multiple – health, physical development, social emotional development cognitive, etc. Further, Sec. 642(f)(9) stipulates that to be designated a Head Start agency, such

agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.

Regulation – 45 CFR §1302.42(b)(1)(i)–(ii)

"Within 90 calendar days after the child first attends the program... a program must: (i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical, mental health, and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the State in which they operate... and (ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent..."

4. Oral Health Hygiene – Daily Toothbrushing

Statute

"Not addressed."

Regulation – 45 CFR §1302.43

"A program must promote effective oral health hygiene by ensuring all children with teeth are assisted by appropriate staff, or volunteers, if available, in brushing their teeth with toothpaste containing fluoride once daily."

5. Oral Health Treatment & Follow-Up (Fluoride, Dental Treatment)

Statute – Sec. 649(5)(A)

Not addressed specifically in statute. Sec. 649(5)(A): research/evaluation mandates the Secretary to identify oral-health strategies and dental referral networks – not a program operating requirement.

Regulation – 45 CFR §1302.42(c)(3)

"A program must facilitate and monitor necessary oral health preventive care, treatment and follow-up, including topical fluoride treatments. In communities where there is a lack of adequate fluoride available through the water supply and for every child with moderate to severe tooth decay, a program must also facilitate fluoride supplements, and other necessary preventive measures, and further oral health treatment as recommended by the oral health professional."

6. Extended Follow-Up & Referral Tracking for Flagged Problems

Statute

Not addressed specifically in statute. Sec. 642(f)(9) has general stipulation that to be designated a Head Start agency, such agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.

Regulation – 45 CFR §1302.42(d)(1)–(2)

"A program must facilitate further diagnostic testing, evaluation, treatment, and follow-up plan, as appropriate, by a licensed or certified professional for each child with a health problem or developmental delay, such as elevated lead levels or abnormal hearing or vision results that may affect child's development, learning, or behavior. A program must develop a system to track referrals and services provided and monitor the implementation of a follow-up plan to meet any treatment needs associated with a health, oral health, social and emotional, or developmental problem."

7. Source of Ongoing Health Care / Medical Home

Statute

Not addressed specifically in statute. Sec. 642(f)(9) has general stipulation that to be designated a Head Start agency, such agency must “establish goals and measurable objectives for the provision of health, educational, nutritional, and social services provided under” the program.

Regulation – 45 CFR §1302.42(a)(1)–(2)

"A program, within 30 calendar days after the child first attends the program... must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage. If the child does not have such a source... the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible."

8. Early Head Start Behavioral Screening & Referral (Trauma)

Statute – Sec. 645A(b)(6)

"ensure that children with documented behavioral problems, including problems involving behavior related to prior or existing trauma, receive appropriate screening and referral;"

Regulation

"No standalone counterpart identified in §1302.33/.42/.43; addressed contextually through current § 1302.17 (limitations on suspension, prohibition on expulsion, proposed for removal) and § 1302.45 (supports for mental health and well-being)."

NPRM – Preamble, “Suspension and Expulsion” section

"The Act requires that Early Head Start programs ensure that children with documented behavioral problems, including problems related to prior or existing trauma, receive appropriate screening and referral (Sec. 645A(b)(6)), thus programs serving infants and toddlers must comply with this statutory requirement."

9. EHS Home Visitor – Annual Health, Vision, Hearing & Developmental Screening

Statute – Sec. 645A(i)(2)(E)

"ascertaining what health and developmental services the family receives and working with providers of these services to eliminate gaps in service by offering annual health, vision, hearing, and developmental screening for children from birth to entry into kindergarten, when needed;"

Regulation

"No separate annual-screening frequency provision identified distinct from the general § 1302.33/.42 timelines (45/90 days), which apply program-wide regardless of program option type."

10. IDEA Referral & Early Intervening Services

Statute – Sec. 642(b)(14)–(15)

"(14) establish effective procedures for the timely referral of children with disabilities to the State or local agency providing services under section 619 or part C of the Individuals with Disabilities Education Act, and for coordinating such referral, evaluation, and eligibility determination with such agency; (15) establish effective procedures for providing necessary early intervening services to children with disabilities prior to an eligibility determination by the State or local agency responsible for providing services under section 619 or part C of the Individuals with Disabilities Education Act;"

Regulation – 45 CFR §1302.33(a)(3)

"If warranted through screening and additional relevant information and with direct guidance from a mental health or child development professional a program must, with the parent's consent, promptly and appropriately address any needs identified through: (i) Referral to the local agency responsible for implementing IDEA for a formal evaluation to assess the child's eligibility for services under IDEA as soon as possible, and not to exceed timelines required under IDEA; and, (ii) Partnership with the child's parents and the relevant local agency to support families through the formal evaluation process."

11. Reporting – Health, Dental & Vision Services

Statute – Sec. 650(12)

The Secretary's annual report to Congress must provide "a description of the types of services provided to children and their families, both on-site and through referrals, including health, mental health, dental care, vision care, parenting education, physical fitness, and literacy training;"

Regulation

"No standalone counterpart in §1302.33/.42/.43 – implemented via the Secretary's reporting obligation, not program-level regulation."

Public comment period

The NPRM's 60-day public comment period is open through October 6, 2026. Comments can be submitted through the Federal Register page for RIN 0970-AD30 at [regulations.gov](https://www.regulations.gov). Submitted comments are posted publicly and unedited, so commenters should avoid including personal or sensitive information.