LSF HEAD START NPRM
SERVICES, FAMILY AND COMMUNITY IMPACT

A side-by-side look at comprehensive services, what families could experience and broader community effects that could come from the HHS Head Start NPRM.

COMPREHENSIVE SERVICES OFFERED CURRENTLY	HOW NPRM CHANGES WOULD IMPACT CHILDREN & FAMILIES	HOW CHANGES MAY IMPACT THE COMMUNITY
Education & School Readiness: Early learning curriculum, individualized instruction, screenings, assessments, family involvement and kindergarten readiness.	Children may receive less individualized instruction, fewer quality supports or less consistent school-readiness planning.	Schools may see children arrive without proper preparation for kindergarten, increasing pressure on kindergarten classrooms and local school supports.
Health & Preventive Care: Medical, hearing and vision screenings; preventive care follow-up; health education; and care planning.	Families would have less help connecting children to screenings, treatment, care planning and ongoing wellness services. This could result in a lack of proper primary care for Head Start children.	Healthcare providers and community partners may see more unmet needs when early screening and follow-up support are reduced, resulting in adverse health effects and longer waitlists at healthcare offices.
Oral Health: Dental screenings and referrals, preventive oral health, toothbrushing routines and parent education.	Families would receive less help connecting to dental care, follow-up treatment, preventive practices and oral-health education.	Untreated dental needs can affect attendance, learning and family stability, increasing demand on community dental and health resources.
Nutrition & Wellness: Nutritious meals and snacks, dietary accommodations, nutrition education and healthy growth support. LSF Head Start serves millions of meals and snacks each year.	Families would have fewer supports around dietary needs, nutrition education, healthy growth and food-resource connections. Head Start children may not receive the nutrition they need to succeed in a classroom.	Food banks, public-benefit systems and local partners may see greater need if nutrition and food-resource connections are reduced. The need for food handouts may rise and could be difficult for communities to meet.
Mental Health & Social-Emotional Support: Positive classroom environments, early concern identification, consultation, referrals and trauma-informed support.	Teachers and families may have less behavioral-health guidance, early intervention support and trauma-informed consultation. Mental health concerns could begin to impact the entire classroom due to lack of resources.	Schools, behavioral-health providers and crisis-response systems may face more demand if concerns are not addressed early. As children grow, these untreated mental health issues could worsen, leading to potential harm of themselves or those around them.
Disability & Inclusion Services: Developmental screening, evaluation referrals, IDEA coordination, IEP/IFSP support, accommodations and inclusion.	Families may need more help navigating evaluations, IEP/IFSP services, accommodations and transitions across systems. Head Start children who need additional accommodations would begin school without these in place.	School districts, early-intervention agencies and disability-service partners may face more fragmented referrals and transition needs. More children may fall below grade level as they are unable to receive the interventions needed to succeed.
Family & Community Engagement: Family goals, parenting support, employment/training referrals, housing/food resources, crisis support and community partnerships.	Families may receive less individualized help with goals, crisis needs, employment, housing, food resources or public benefits. Head Start families would no longer be equipped with future planning assistance, ending the family element	Housing providers, workforce programs, food assistance, schools and crisis agencies may see increased demand for navigation support.
Transitions & Specialized Supports: Support from EHS to Head Start, Head Start to kindergarten, community referrals and services for enrolled pregnant women/newborns.	Families may have fewer supports during program changes, kindergarten transition, disability-related transitions or pregnancy/newborn service connections.	Community partners may need to fill more coordination gaps for young children, pregnant women, newborns and families moving between systems.

Bottom line: Head Start is not just a classroom. It is a community-based support system for children, families, and the communities around them.

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