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October 6, 2026

The Honorable Robert F. Kennedy, Jr.
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Submitted Electronically via Regulations.gov

Re: “Reducing Federal Burden for Head Start Programs” (RIN 0970-AD30)

Dear Secretary Kennedy:

On behalf of [Prevent Blindness](http://www.preventblindness.org), the nation's leading nonprofit patient advocacy organization dedicated to the prevention of blindness and preservation of sight, I write in response to the “Reducing Federal Burden for Head Start Programs” (RIN 0970-AD30) proposed rule. In summary, the U.S. Department of Health and Human Services (HHS) is seeking to rescind and replace the Head Start Performance Standards (Performance Standards) in order to achieve the Administration’s goal to provide regulatory relief, defer to state policies where applicable, and return Head Start to local oversight and control while empowering parents and families.

Prevent Blindness appreciates the opportunity to engage in this important matter. Our comments focus on the proposal to rescind the Performance Standards with respect to children’s vision, including vision screening and eye health care coordination. Below, we provide recommendations, which are supported by our organization’s significant history as a national leader in children’s vision and eye health.

Background

Approximately one in five Head Start preschoolers (21.4%) have a vision disorder.¹ According to the Office of Head Start, vision-related medical diagnoses among children in Head Start are second in frequency only to asthma. With the high frequency of vision disorders, Head Start vision screenings and referrals to eye care are critical for school readiness and children’s success in the program.² Further, identifying and correcting vision disorders and providing assistive devices and specialized education for children with visual impairment or blindness, sets children on a course for success in early learning, meeting developmental milestones, and experiencing the world.

¹ Ying, et al., 2014

² Accessed from [Program Information Report \(PIR\) | HeadStart.gov](https://www.headstart.gov/program-information-report-pir)



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About Prevent Blindness

Our organization was founded nearly 120 years ago on a mission to stop unnecessary and preventable vision loss from occurring in infants and young children, and our work continues to this day to support the public health infrastructure necessary for a continuum of vision and eye care for young children. Prevent Blindness and our [National Center for Children's Vision and Eye Health](#) (NCCVEH) is pleased to have provided technical assistance and education to Head Start programs through subcontracts with the National Center on Health, Behavioral Health, and Safety at the Office of Head Start on the topics of vision screening, improved referral strategies, and maintaining eye health in infants, toddlers, and preschoolers.

Prevent Blindness and the NCCVEH has provided training in evidence-based vision screening to thousands of Head Start staff in many states for more than 20 years, contributing to the provision of high-quality vision screening services using tools that have evidence of effectiveness as determined by leading vision researchers. We also educated thousands of Head Start staff on strategies for helping families receive eye examinations and treatment, how to treat eye injuries, and how to support good vision, including foods that are healthy for the eyes. We also educate parents and caregivers to care for their own vision. We have appreciated this collaboration with Head Start to ensure that Head Start children's needs are met by strong partnerships, sound science, and targeted policy initiatives that foster systems of care at the community level.

A Head Start nurse in West Virginia relayed, "I remember clearly one of the first vision screenings I completed. It was on a little girl who we had already realized was very clumsy. When I did the screening and she was referred, I had no idea how that would affect her. She was prescribed very strong lenses, and we immediately realized that her vision was the reason for her clumsiness. I have realized through these screenings that vision can affect a child's behavior, balance and academic performance."

Head Start and Children's Vision and Eye Health

For more than 60 years, Head Start has offered millions of children the necessary support for their successful entry into school by pairing high-quality early care and education with health (including vision, dental, and mental health), nutrition, and family support services. This approach is based on the understanding that children thrive when these basic needs are met and addressed together. The statutory purpose of Head Start is to "promote the school readiness of low-income children by enhancing their cognitive, social, and emotional development" through a learning environment that supports child development and through "health, educational, nutritional, social, and other services" to children and families ([Head Start Act § 636, 42 U.S.C. 9831](#)). The impact of Head Start participation has been researched thoroughly, with evidence-based results on development and future success.^{3 4}

³ Bailey, et al., 2026

⁴ Gibbs, 2026



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The Head Start Act (the Act) identifies the provision of health services as part of the statutory purpose of the Head Start program ([Section 636](#)). The Act requires HHS to have standards for health services ([Section 641A\(a\)\(1\)](#)) and requires Head Start programs to have goals and measurable objectives for health services provided ([Section 642\(f\)](#)). While the law does not specify the services and screenings, timelines, or tracking and follow up obligations, Head Start agencies that provide services to children and families must meet the [Head Start Program Performance Standards](#) (HSPPS, Performance Standards), which establish the *minimum* standards for quality.

Currently, under authority granted by the Head Start Act, the Head Start Program Performance Standards require evidence-based vision screenings, which are performed either by staff or by trained volunteers and service providers through community agencies. These screenings are currently required to be conducted within 45 days from a child's first day and to then refer a child who needs follow-up vision care to the appropriate provider for additional treatment and provide families with supportive services to help them get the needed care. **These requirements currently provide the only specific federal regulatory standards governing vision screening, referral, and follow-up for children in community-based Head Start settings.** As we detail below, rescinding these requirements would leave the underlying statutory screening obligation in place while removing much of the federal specificity regarding when and how vision screening, referral, and follow-up must occur.

The purpose of vision screening is to identify children at risk of vision disorders. It is the first step in early detection and sets the course for a pathway to treatment and contributes to school readiness, overall health, academic success, and future productivity that can follow a child into their adult earning years. Children often do not know they have a vision problem, and parents and caregivers might also not realize something may be wrong with how their child sees. Vision problems often do not cause pain or discomfort and could frequently be mistaken for other conditions, including neurodevelopmental disorders such as ADHD (attention-deficit/hyperactivity disorder) and autism. Screening, therefore, is an efficient and effective way to approach children's vision and eye health as screenings identify children who need an eye examination.

A referral to care following vision screening connects children who need further evaluation from an eye care provider in a timely way. Family engagement and support for follow-up eye examinations is an essential component of Head Start programs, providing parents and families with assistance in overcoming barriers (such as a lack of transportation, lack of insurance, language barriers, or concerns about a child wearing glasses) and develop solutions to ensure a child receives needed eye care.

Without early detection and treatment, uncorrected vision disorders can cause a delay in



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child development, interfere with learning, and even lead to permanent vision loss.^{5 6 7 8 9} Moreover, visual functioning is a strong predictor of academic performance in school-age children,¹⁰ and untreated vision disorders in childhood may continue to affect and influence health and well-being through adulthood.¹¹ According to data from the National Survey of Children's Health (NSCH) for 2018-2019, 143,000 preschool-age children were visually impaired.¹² With a narrow window of time to reverse vision disorders in children, by age 8, it is especially important to screen, diagnose, and treat disorders in the preschool years. The economic costs of children's vision disorders are significant, amounting to \$10 billion yearly in the U.S., with families shouldering 45% of these costs.¹³ This estimate accounts for the costs of medical care, vision aids such as eyeglasses and devices, caregivers, special education, federal assistance programs, vision screening programs, and quality of life losses.

Summary of Comments

Prevent Blindness has grave concerns with the proposals outlined in this rule that would rescind the existing Performance Standards and replace them with a substantially shorter set of requirements that allow for greater flexibility around the timeline and processes for ensuring vision screenings and critical follow up to eye care is completed. For example, removing the 45-day timeline for vision screening will delay the identification of vision disorders that could potentially lead to permanent vision impairment if not detected and treated early. We are alarmed that in the proposed rule, the Administration is acknowledging that "removing detailed requirements may lead to increased variability in how and when children are screened and assessed" as well as the perspective that there will be anticipated "benefits" for programs, staff, children, and families under this scenario. **Prevent Blindness believes that variability in how and when children are screened and assessed will lead to inconsistencies in children's vision and eye health outcomes and negatively affect school readiness among children across the U.S.** We profoundly believe that the policies offered in this proposed rule will not achieve the outcomes that the Administration deems they will.

With respect to vision screenings, we believe that finalizing the proposed rescission of these standards would be inconsistent with [§ 641A\(a\)\(2\)\(C\)\(ii\)](#) of the Head Start Act, which requires the Secretary to ensure that revisions to the standards do not result in "the elimination of or any reduction in quality, scope, or types of health . . . services required to be provided under such standards as in effect on the date of enactment of the Improving Head Start for School Readiness Act of 2007." Although the statutory requirement for health

⁵ Wen, McKean, Varma et al., (2010)

⁶ Roche-Levecq, Brody, Thomas, & Brown (2008)

⁷ Atkinson, Anker, Nardini et al., (2002)

⁸ Ibrionke, Friedman, Repka, et al., (2011)

⁹ Jonas et al., (2017)

¹⁰ Basch, (2011)

¹¹ Davidson & Quinn, (2011)

¹² National Survey of Children's Health, (2018-2019)

¹³ Wittenborn et al., (2013)

screening would remain, we are concerned that eliminating the existing regulatory specificity without establishing replacement standards would reduce the quality, consistency, and scope of services children.

We believe that rescinding the HSPPS to instead allow for flexibility without also providing clarity about how the underlying requirement should still be met will inherently reduce the quality, scope, and type of services required. Furthermore, eliminating the HSPPS will effectively eliminate any federal health standards of care for children's vision and eye health. Presently, states and communities generally lack the infrastructure necessary to meet children's vision and eye health needs in the absence of a Head Start guarantee. There is currently no federal program specifically in place to address children's vision and eye health, and only 21 states (plus DC) require vision screening for preschool-age children.

Should these policies be finalized, we would expect the following outcomes to occur:

- A significant reduction of vision screenings being completed, potentially harming thousands if not millions of children in the U.S., particularly those in rural areas or tribal areas, who would lack the early identification of a possible vision disorder, thus, leading to increased risk that vision problems are identified later or not at all and increased vision loss or blindness.
- Without national standards requiring evidence-based vision screenings be completed within 45 calendar days, each program would decide how and when to screen, with broad variations in how screening is documented creating uneven services and surveillance across the country where a child's access to timely vision care depends on which program they attend and where they live.
- Children with vision impairments could face delays in referrals to eye care, evaluations, treatment, and access to accommodations and specialized services that support their learning and development.
- Without a requirement for referral for health care, Head Start programs may not have the resources available to communicate with families about the importance of vision and eye health and to assist families in accessing needed eye care and treatment.
- Programs may utilize tools and methods that are not evidence-based or age-appropriate, which could impact the reliability of the screening to detect the risk of a vision disorder and timely referral for care.
- Rescinding the performance standards regarding reporting of medical care and treatment reduces both the accountability currently required of Head Start programs and the reporting that enables the Office of Head Start to track the most pressing health issues facing children in the program.
- Reduced quality and narrowed scope of services children and families receive, thus making the program less effective in its primary goals of promoting children's school readiness and helping strengthen families while adding on significant cost to schools and communities.

- Children with a disability or chronic condition (such as vision impairment or blindness) will potentially be turned away from a Head Start program as the proposed rule makes uncertain the protection that ensures they cannot be turned away. Any final rule should make clear that existing federal disability protections remain fully applicable.

In addition, Prevent Blindness has concerns with the proposed regulatory cap on administrative costs (currently at 15 percent) being limited to 5 percent. Head Start programs have faced years of flat funding and rising operating costs, and that reduction would force local programs to cut staff, reduce services, or serve fewer families with some Head Start programs having indicated that they would have to close their doors. Lowering the cap would have significant consequences for children who need follow-up eye exams and treatment. Coordinating referrals, tracking appointments, and confirming that children who do not pass vision screening receive an eye exam and prescribed treatment all depend on program management and support capacity. With a 5 percent cap, programs would likely need to reduce that capacity, making it harder to ensure timely follow-up. As a result, children could be screened but never examined or treated, undermining the value of early detection and putting their long-term vision and learning at risk.

Recommendations

Respectfully, Prevent Blindness strongly advises that HHS withdraw the proposed rule and issue a revised proposal that retains the Head Start program's specific provisions for vision screenings, referrals for eye care, follow-up assistance to families, and eye examinations and treatment. We urge HHS to substantially revise the proposed rule to preserve the evidence-based standards that ensure Head Start programs deliver high-quality early learning, health, disability, family support, and school readiness services. Any regulatory changes should maintain national quality standards while providing programs with *targeted* flexibility to address local workforce and operational challenges.

Specifically, we offer the following recommendations for a revised and reissued rule with respect to health screening requirements:

- In the revised rule, retain, at a minimum, the existing Performance Standards and requirements;
- Maintain the requirement that programs conduct evidence-based vision screenings, and require that screening methods be age-appropriate and consistent with nationally recognized pediatric vision guidelines, with documentation of completion and follow-up;
- Require that vision screenings be conducted by qualified personnel trained in evidence-based screening procedures;
- Keep the existing 45-calendar-day timeline for completing screenings and require that referrals be made promptly when a child does not pass;



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- Require programs to assist families in accessing eye examinations and treatment, including obtaining prescribed eyeglasses;
- Require programs to track referral completion, family engagement, and receipt of recommended eye care services, while allowing flexibility in how local programs coordinate care;
- Require programs to document and report vision screening, referral, and treatment data, so the Office of Head Start can monitor children's health needs and program accountability nationally;
- Preserve requirements that programs provide environmental modifications, individualized accommodations and supports, and coordination with early intervention and special education programs for children with disabilities, and require access to assistive technology and specialized materials for children with visual impairments;
- Preserve protections ensuring that children with disabilities or chronic conditions, including vision impairment or blindness, are not excluded from enrollment or participation;
- Encourage programs to provide families with information regarding healthy vision development, warning signs of vision disorders, and available community eye care resources;
- Provide technical assistance and resources to help programs in rural and tribal communities meet screening and follow-up requirements; and
- Allow programs to request waivers or alternative compliance pathways when facing documented workforce shortages or provider shortages while maintaining core performance standards for health, safety, and child outcomes.

Rather than reducing quality standards, Prevent Blindness encourages HHS to modernize Head Start by preserving evidence-based requirements for early learning, health screenings, disability inclusion, and family engagement; strengthening accountability for follow-up services, including for vision care; and providing targeted flexibility where workforce and operational challenges exist. Such an approach would protect the comprehensive services that have been central to Head Start's success for more than six decades.

Conclusion

Preserving timely, evidence-based vision screening and effective follow-up will help ensure that children enter school able to see, learn, and participate to their fullest potential. We appreciate the opportunity to engage in this important matter, and we would like to work with HHS to ensure that we are protecting the Head Start program and the sight-saving opportunities it provides to children across the United States.

Should you have any questions, or if we can be of any assistance, please do not hesitate to contact me at jtodd@preventblindness.org or 312.363.6026, or Sara Everett Brown, Senior Director of Government Affairs, at (312) 363-6031 or severettbrown@preventblindness.org.



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Sincerely,

Jeff Todd
President and Chief Executive Officer

References

Bailey, M. J., Sun, S., & Timpe, B. (2021). Prep school for poor kids: The long-run impacts of Head Start on human capital and economic self-sufficiency. *American Economic Review*, 111(12), 3963–4001.

Gibbs, C. R. (2026). *Early learning across decades: Advances in measuring Head Start effectiveness* (Upjohn Institute Working Paper No. 26-425). W.E. Upjohn Institute for Employment Research. <https://doi.org/10.17848/wp26-425>

Ying, G.-S., Maguire, M. G., Cyert, L. A., Ciner, E., Quinn, G. E., Kulp, M. T., Orel-Bixler, D., & Moore, B., for the Vision In Preschoolers (VIP) Study Group. (2014). Prevalence of vision disorders by racial and ethnic group among children participating in Head Start. *Ophthalmology*, 121(3), 630–636. <https://doi.org/10.1016/j.ophtha.2013.09.036>

Atkinson J, Anker S, Nardini M, et al. (2002). Infant vision screening predicts failures on motor and cognitive tests up to school age. *Strabismus*. 10(3);187-198. doi:10.1076/stra.10.3.187.8125

Basch CE. (2011). Vision and the achievement gap among urban minority youth. *Journal of School Health*. 81(10);599-605. doi:10.1111/j.1746- 1561.2011.00633.x

Davidson S, Quinn GE. (2011). The impact of pediatric vision disorders in adulthood. *Pediatrics*. 127(2);334-339. doi:10.1542/peds.2010-1911

Ibironke JO, Friedman DS, Repka MX, et al. (2011). Child development and refractive errors in preschool children. *Optometry and Vision Science*. 88(2):181-187. doi:10.1097/OPX.0b013e318204509b

Jonas DE, Amick HR, Wallace IF, et al. (2017). Vision in Children Ages 6 Months to 5 Years: A Systematic Review for the U.S. Preventive Services Task Force (Evidence Synthesis, No. 153). *Agency for Healthcare Research and Quality*. Accessed March 15, 2021. <https://www.ncbi.nlm.nih.gov/books/NBK487841>



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Roche-Levecq A, Brody BL, Thomas RG, Brown SI. (2008). Ametropia, preschoolers' cognitive abilities, and effects of spectacle correction. *Archives of Ophthalmology*. 126(2):252-258. doi:10.1001/archophthalmol.2007.36

Wen G, McKean-Cowdin R, Varma R, et al. (2011). General health-related quality of life in preschool children with strabismus or amblyopia. *Ophthalmology*. 118(3):574-580. doi:10.1016/j.ophtha.2010.06.039

Wittenborn JS, Zhang X, Feagan CW, et al. (2013). The economic burden of vision loss and eye disorders among the United States population younger than 40 years. *Ophthalmology*. 120(9):1728-1735. doi:10.1016/j.ophtha.2013.01.068