

October 6, 2026

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

Re: Reducing Federal Burden for Head Start Programs; RIN 0970-AD30; Docket No. ACF-2026-0595

Dear Secretary Kennedy:

On behalf of Save the Children, we appreciate the opportunity to review and submit comments on the Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Head Start Notice of Proposed Rulemaking, *Reducing Federal Burden for Head Start Programs*.

For over 60 years, Head Start has been a critical lifeline for hardworking families across America, providing quality early education and care to children in need. During that time, the federally-funded preschool program has supported nearly 40 million children during the most critical stages of their development, from birth to age 5. For many low-income families, Head Start is often the only source of childcare, early education, health services and nutritious meals where they live, especially in rural areas. In communities where poverty is concentrated and resources are scarce; Head Start programs anchor neighborhoods and support the social infrastructure that families depend on.

It is important to recognize the profound, positive impact Head Start has had on millions of children and families' lives, and the communities it uplifts. It is grounded in decades of research that shows that early investment in children leads to lifelong benefits. Children who participate in Head Start are more likely to graduate high school, go to college and obtain higher lifetime earnings, and less likely to live in poverty and rely on public assistance. In the 2021-2022 school year alone, 80,000 adults received job training and education services through Head Start, and over 20% of Head Start staff are former parents. In addition, the program creates essential jobs for residents in low-income and rural communities, employing approximately over 250,000 staff across 1600 local agencies who are supporting children and families each day.

Save the Children believes every child deserves a future. Since our founding more than 100 years ago, we have been advocating for the rights of children worldwide. In the U.S. and around the world, we give children a healthy start in life, the opportunity to learn and protection from harm. We do whatever it takes for children – every day and in times of crisis – transforming the future we share.

Save the Children is also a proud member of the Head Start family. We currently operate Head Start and Early Head Start programming in rural areas across Arkansas, Louisiana, North Carolina, Indiana, Oklahoma, and Tennessee. Every day, we witness firsthand how these

programs transform lives – offering hope, stability, and opportunity to families with the greatest need. With its proven successful two-generational approach, our Head Start programs help both children and their parents succeed – laying the foundation for lifelong learning for kids, while providing supports for caregivers to achieve their career goals.

Our Head Start programs focus on communities that have struggled to maintain Head Start programs and retain quality staff. We transform classrooms and playgrounds into safe, fun, and welcoming environments. Through home-based Early Head Start programs, we reach pregnant moms, infants, and toddlers and we help families identify and access essential resources. Additionally, we strive to hire the most qualified teachers, providing intensive training and professional development and equipping teachers with proven curricula to nurture young minds.

We share the Administration’s goal of ensuring that Head Start resources are used effectively and that unnecessary paperwork, duplicative requirements, and bureaucracy do not divert educators and program leaders from serving children and families. Head Start providers should have meaningful flexibility to respond to local needs, and federal requirements should be clear, purposeful, and grounded in evidence. However, we are concerned that the overall scope and impact of the proposed rule extends well beyond eliminating unnecessary paperwork and federal bureaucracy. Save the Children strongly believes the goal of reform should be more high-quality Head Start programs, not simply more Head Start slots. Expanding access and preserving quality are not competing objectives and greater access should mean strengthening the Head Start workforce, comprehensive services, and the program infrastructure that make Head Start effective.

The proposed rule would rescind the existing Head Start Program Performance Standards in 45 C.F.R. Parts 1301 through 1305 and replace them with a substantially streamlined Part 1301. In doing so, it would eliminate or substantially modify federal requirements governing, among other things, workforce qualifications and professional development, staff-to-child ratios and group sizes, comprehensive services, family engagement, suspension and expulsion, program management and continuous improvement, and administrative expenditures.

As HHS considers these changes, we urge the Department to distinguish between addressing administrative burden vs. administrative capacity. We support eliminating requirements that are duplicative, overly prescriptive or disconnected from outcomes. However, supervision, training, family engagement, data systems, quality improvement, and fiscal oversight are not simply “overhead”; they are core components of the capacity required to operate safe, accountable, high-quality Head Start programs. Additionally, fiscal controls and federal policy floors help to protect the level the playing field that allows Head Start to serve children across all communities, and ensures programs will continue to receive the federal resources needed to support ongoing administrative capacity and remain financially sustainable. While we support reducing the former. We urge HHS to protect the latter.

As HHS finalizes this rule, we encourage the Department to focus particularly on three areas where the proposed changes pose the greatest risks to program quality and where Save the Children can speak from direct operational experience:

1. A qualified and supported workforce, including appropriate staff-to-child ratios and group sizes;
2. Preservation of Head Start’s comprehensive model; and
3. Sufficient program infrastructure and administrative capacity, including monitoring, accountability, and continuous quality improvement.

We also urge HHS to preserve strong national protections against exclusionary discipline and to ensure family-engagement requirements respect the diversity and circumstances of the families Head Start serves. At the same time, programs should retain the flexibility to effectively respond to the needs and circumstances of the families they serve, so long as doing so does not compromise program quality.

I. Protect workforce qualifications, professional development, supervision, and appropriate staff-to-child ratios.

The proposed rule would significantly reduce the specificity of federal workforce requirements. Proposed § 1301.12 would replace portions of the existing personnel standards, while HHS proposes to eliminate specific qualification and professional development requirements beyond those expressly required by the Head Start Act. Statutory requirements—including professional-development plans for full-time direct-service staff under section 648A(f) of the Head Start Act and at least 15 hours of annual professional development for classroom teachers under section 648A(a)(5)—would remain. But numerous national regulatory requirements that supplement those statutory protections would no longer apply.

The quality of an early childhood program depends fundamentally on the adults caring for and teaching children. However, we recognize the significant workforce challenges confronting Head Start programs. Providers across the country struggle to recruit and retain qualified employees, and programs in rural communities can face particularly limited labor pools. Save the Children continues to experience this first-hand.

We support reasonable flexibility that allows programs to recruit talented educators, build career pathways, and develop employees over time. However, eliminating standards is not a substitute for solving workforce challenges. Federal expectations for qualifications, training, supervision, and professional development help create the conditions under which educators can provide individualized attention, identify developmental needs, maintain safe classrooms, and build strong relationships with young children.

Head Start-specific staff-to-child ratios and group-size requirements.

We have similar concerns regarding the proposed elimination of Head Start-specific staff-to-child ratios and group-size requirements. The proposed rule would likely significantly reduce federal requirements governing workforce qualifications, professional development, supervision, staff-to-child ratios, and group size. Research supports viewing ratios as one component of a broader quality infrastructure that also includes educator qualifications, professional development, supervision, coaching, group size, and effective teacher-child interactions.

Current § 1302.21(b) establishes Head Start-specific staff-to-child ratios and maximum group sizes. A class serving a majority of three-year-old children may include no more than 17 children with a teacher and teaching assistant or two teachers, while a class serving a majority of four- and five-year-old children may include no more than 20 children with a teacher and teaching assistant or two teachers. The proposed rule would eliminate these national Head Start ratios and group-size requirements and generally require programs to comply instead with applicable state and local requirements. Where state or local licensing requirements are more stringent, programs must comply with the more protective standard.

Research supports the importance of staff-to-child ratios and group size as structural conditions that can enable individualized attention, effective supervision, and high-quality learning environments. In a randomized study involving 21 preschool teachers and 354 children, researchers compared classrooms of 20 children with otherwise comparable classrooms of 15 children. Children in the smaller classes experienced more one-on-one interactions with their teachers and demonstrated greater gains in literacy skills over the preschool year.¹² The researchers did not, however, find statistically significant differences in vocabulary, mathematics, or CLASS-measured interaction quality, underscoring that class size is just one component of quality rather than a stand-alone intervention.

A 2017 study of class sizes and child-teacher ratios across U.S. early childhood program evaluations found nonlinear relationships between ratios and cognitive and achievement outcomes. Among programs with child-teacher ratios of 7.5:1 or lower, one fewer child per teacher predicted a 0.22-standard-deviation larger program effect; among classes of 15 children or fewer, one fewer child predicted a 0.10-standard-deviation larger program effect.³ However, we acknowledge that the authors cautioned against interpreting these findings as establishing a single optimal ratio and concluded that ratios at or below 10:1 and class sizes at or below 20 were generally adequate in the programs studied.

Preserving a national staff-to-child ratio and class size standard provides a common baseline from state to state.

Under the proposed rule, the number of children an educator may be responsible for—and in some states the total number of children permitted in a classroom—could depend substantially on the state in which the child lives. Current Head Start standards translate to approximately 8.5 three-year-old children per required classroom adult and 10 four- or five-year-old children per required classroom adult, with maximum class sizes of 17 and 20, respectively. The proposed rule instead seeks to generally require ratios consistent with applicable state and local

¹ Francis, Jessica, and W. Steven Barnett. “Relating Preschool Class Size to Classroom Quality and Student Achievement.” *Early Childhood Research Quarterly*, vol. 49, 2019, pp. 49-58.
<https://doi.org/10.1016/j.ecresq.2019.05.002>

² Francis, Jessica. *The Impact of Preschool Class Size on Teacher-Child Interaction and Student Achievement*. Loyola University, 2014. PhD dissertation.
https://ecommons.luc.edu/cgi/viewcontent.cgi?article=1893&context=luc_diss

³ Browne, Jocelyn Bonnes, et al. “A Meta-Analysis of Class Sizes and Ratios in Early Childhood Education Programs: Are Thresholds of Quality Associated with Greater Impacts on Cognitive, Achievement, and Socioemotional Outcomes?” *Educational Evaluation and Policy Analysis*, vol. 39, no.3, 2017, pp. 407-428.
<https://journals.sagepub.com/doi/10.3102/0162373716689489>

requirements. State licensing requirements establish important minimum protections, but they vary considerably. The following examples illustrate the potential impact on classroom sizes:

State	State ratio: age 3	Current HS effective ratio: age 3	State ratio: age 4	Current HS effective ratio: age 4	Potential classroom effect*
Arkansas ⁴	1:12	1:8.5	1:15	1:10	Up to 24 3-year-olds (+7); up to 30 4-year-olds (+10)
Indiana ⁵	1:11	1:8.5	1:13	1:10	Up to 22 3-year-olds (+5); up to 26 4-year-olds (+6)
Louisiana ⁶	1:13	1:8.5	1:15	1:10	Up to 26 3-year-olds (+9); up to 30 4-year-olds (+10)
North Carolina ⁷	1:15	1:8.5	1:20	1:10	Up to 25 3-year-olds (+8); up to 25 4-year-olds (+5), because state group-size limits apply
Oklahoma ⁸	1:12	1:8.5	1:15	1:10	Up to 24 3-year-olds (+7); up to 30 4-year-olds (+10)
Tennessee ⁹	1:9	1:8.5	1:13	1:10	Up to 18 3-year-olds (+1); state group-size limit remains 20 for 4-year-olds

**Note: The table is intended to illustrate the potential magnitude of the regulatory change, not to predict that every Head Start program would increase enrollment to the state maximum. Actual requirements may depend on program type, age composition, licensing category, and other state requirements.*

HHS's own regulatory analysis recognizes that replacing existing Head Start ratios with state maximum ratios could result in staffing changes, which is an area of concern given ongoing

⁴ 20 CAR § [1025-401](#)(b) (Ark.) (establishing a 1:12 staff-to-child ratio for children ages two-and-a-half through three and a 1:15 ratio for four-year-olds).

⁵ Ind. Code § 12-17.2-4-14.5; Indiana Family and Social Services Administration, Office of Early Childhood and Out-of-School Learning, *Licensed Child Care Center Staff to Child Ratio Chart* (effective Dec. 1, 2025) (providing a 1:11 ratio for children ages 36–47 months and a 1:13 ratio for children ages 48–59 months).

⁶ La. Admin. Code tit. 28, pt. CLXI, § 1711; Louisiana Department of Education, *Teacher/Child Ratios* (Mar. 24, 2026) (providing a 1:13 ratio and maximum group size of 26 for three-year-olds and a 1:15 ratio and maximum group size of 30 for four-year-olds).

⁷ 10A N.C. Admin. Code 09 .0713(a) (establishing staff-to-child ratios and maximum group sizes of 1:15/25 for children ages three to four and 1:20/25 for children ages four to five).

⁸ Okla. Admin. Code § 340:[110-3-286](#) & app. GG (providing a 1:12 ratio and maximum group size of 24 for three-year-olds and a 1:15 ratio and maximum group size of 30 for four-year-olds).

⁹ Tenn. Comp. R. & Regs. [1240-04-01](#); Tennessee Department of Human Services, *Child Care Ratio and Group Size Chart* (providing a 1:9 ratio and maximum group size of 18 for three-year-olds and a 1:13 ratio and maximum group size of 20 for four-year-olds).

workforce challenges. State licensing requirements in the states where Save the Children operates Head Start programs allow substantially more children per adult. In North Carolina, for example, state licensing rules permit one staff member for every 15 children ages three to four and one for every 20 children ages four to five, with maximum group sizes of 25. Thus, although the state group-size limitation would prevent a classroom with two adults from reaching 40 four-year-olds, a three-year-old classroom could potentially increase from the current Head Start maximum of 17 children to 25—eight additional three-year-olds in the same classroom. Louisiana's licensing standards permit ratios of 1:13 for three-year-olds and 1:15 for four-year-olds, with maximum group sizes of 26 and 30, respectively. A classroom operating at those state maximums could therefore contain nine more three-year-olds or ten more four-year-olds than permitted under current Head Start standards.

Current national standards provide a level playing field for Head Start participants across the country. For a teacher, the difference between responsibility for eight or nine young children and responsibility for 13, 15, or potentially 20 children is not merely an administrative distinction. It can affect the amount of individualized attention available to each child, the ability to observe developmental and behavioral needs, opportunities for one-on-one interaction, classroom management demands, and the practical ability of staff to respond when one child needs intensive attention.

We urge HHS to retain a meaningful national baseline for workforce qualifications, ongoing professional development, supervision, group sizes, and staff-to-child ratios, while providing targeted flexibility where programs can demonstrate that alternative approaches will maintain or improve quality and child safety.

II. Preserve Head Start's comprehensive services model.

For decades, Head Start has recognized that children do not experience education, health, nutrition, mental health, and family well-being in isolation. A child who is hungry cannot fully engage in learning. An untreated vision or hearing problem can appear to be a learning problem. A developmental delay identified early can change the trajectory of a child's education. A family struggling to access transportation, health care, nutritious food, or stable housing may need support before a child can fully benefit from early learning.

The current Performance Standards operationalize this comprehensive model across multiple provisions, including child health requirements under § 1302.42; mental health and well-being supports under § 1302.45; family support services for health, nutrition, and mental health under § 1302.46; family engagement under §§ 1302.50 and 1302.51; and services for children with disabilities under Subpart F of Part 1302. The proposed rule would eliminate or significantly streamline many of these requirements. For example, HHS proposes removing current § 1302.45 governing mental health and well-being supports, while proposed § 1301.08 would replace portions of existing requirements for family support services related to health and nutrition.

While we strongly support flexibility in how Head Start programs provide comprehensive services, we urge HHS to ensure that greater flexibility does not adversely impact whether children can continue to count on receiving the core supports that distinguish Head Start's

comprehensive model. This distinction is particularly important in rural communities. In communities with limited access to pediatric health care, mental health professionals, developmental specialists, transportation, and other services, Head Start may be one of the few institutions capable of connecting families to multiple systems of support.

HHS should retain clear national expectations for the essential components of comprehensive Head Start services while allowing programs appropriate discretion over how they deliver those services. These national expectations are central to ensuring that efforts to reach more children do not come at the expense of the comprehensive supports that distinguish Head Start from a stand-alone preschool or child care program.

III. Distinguish administrative burden from the administrative capacity necessary to operate a strong Head Start program.

The distinction between burden and capacity is perhaps clearest in proposed § 1301.14. Current § 1303.5 generally limits costs associated with developing and administering a Head Start program to 15 percent of total approved program costs. ACF estimates that administrative costs currently represent approximately 11.2 percent of total Head Start program budgets. Proposed changes to § 1301.14 would reduce that limit to 5 percent. However, as cited in the proposed rule, only approximately 3.7 percent of Head Start grants currently operate at or below the proposed 5 percent threshold. ACF estimates that reducing the 15 percent baseline administrative allocation to 5 percent would shift approximately \$754 million in annual Head Start expenditures.

What counts as administration also matters. Head Start programs need people and systems to recruit and supervise employees, manage federal funds, oversee facilities, coordinate transportation, purchase supplies, maintain records, manage data, oversee contractors, ensure compliance, engage families, and identify and correct operational problems. These functions may not occur inside a classroom, but classrooms cannot operate effectively without them. Data systems, monitoring, and continuous quality improvement are particularly important examples. They allow operators to identify missed screenings, chronic absenteeism, staff turnover, service gaps, and other problems early enough to take appropriate action. These functions are administrative capacity, not unnecessary bureaucracy.

The Department itself acknowledges that implementation may vary by geography. In its regulatory analysis, ACF notes that approximately 37 percent of matched grants are located in rural or nonmetropolitan areas and recognizes that programs serving remote or dispersed communities may face different implementation considerations because they have fewer opportunities to consolidate administrative functions.

For this reason, we urge HHS not to finalize the proposed 5 percent administrative cost limitation and to maintain, at minimum, the current 15 percent threshold. We encourage HHS to instead undertake further analysis of the functions captured as administrative costs, examine the impact on providers of different sizes and geographies, establish an adequate transition period, and maintain meaningful waiver authority where necessary to protect quality, safety, fiscal integrity, or continuity of services

Streamline data collection without weakening monitoring, accountability, or continuous quality improvement.

Save the Children supports eliminating reporting requirements that do not produce useful information. However, data collection, monitoring, and continuous improvement are not inherently bureaucracy. Current program-management requirements establish a structured approach to program goals, monitoring, and continuous improvement and require programs to use data to inform decision-making. Current requirements include analysis of child-level assessment data and information concerning professional development, family engagement, and service delivery, as well as periodic community assessments.

Proposed § 1301.13 would substantially streamline those requirements. Programs would continue to establish measurable goals related to education, health, nutrition, and family engagement, assess progress, and report findings to HHS, but the proposal would eliminate several prescribed processes and timelines governing data analysis and continuous improvement. While we agree that the focus should be on whether data collected is useful to better understand and track program needs and outcomes, we encourage HHS to consider streamlining duplicative reporting while preserving a national framework for monitoring program performance, child and family outcomes, fiscal accountability, and continuous quality improvement.

Flexibility is most effective when programs have the information they need to use it well. Consistent data collection and analysis help programs understand whether they are meeting children's and families' needs. It also allows operators to answer essential questions: Are children attending and receiving screenings? Are families getting the services they need? Are some classrooms experiencing unusually high turnover? Are children making developmental progress? Are any populations being underserved? Are interventions improving outcomes? As HHS streamlines reporting requirements, it should preserve a national framework for monitoring program performance, child and family outcomes, fiscal accountability, and continuous quality improvement. The greater the flexibility afforded to individual programs, the more important it becomes to understand that that flexibility means for children.

IV. Maintain protections against exclusionary discipline and ensure family-engagement requirements respect the diversity of family circumstances.

Maintain protections against exclusionary discipline.

Under current § 1302.17(a), temporary suspension may be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated through reasonable modifications. Section 1302.17(b) prohibits expelling or unenrolling a child because of the child's behavior and requires programs to take steps to facilitate the child's safe participation in the program. The proposed rule would eliminate these regulations.

HHS explains that a growing number of states have incorporated suspension and expulsion requirements into licensing regulations, quality standards, or state law and proposes returning greater authority over discipline policies to state and local jurisdictions. HHS also states this

change is not intended as an endorsement of suspension or expulsion. We appreciate that recognition. However, if suspension and expulsion are not appropriate default responses to challenging behavior among very young children, we question the value of eliminating a federal protection that helps ensure they remain measures of last resort.

Young children frequently communicate unmet needs through behavior. Challenging behavior may be associated with trauma, developmental delays, mental health needs, family instability, communication difficulties, or other circumstances requiring additional support. Removing a child from the classroom does not address those underlying needs and may disconnect the child and family from precisely the comprehensive services that could help. This issue also illustrates the importance of maintaining a national baseline. State requirements regarding exclusionary discipline vary. Children participating in the same federal program should not receive fundamentally different protections against exclusion simply because of where they live.

We urge HHS to retain a national prohibition on expulsion for behavior and strong limitations on suspension reflected in current § 1302.17, together with appropriate provisions addressing immediate threats to safety. Federal Head Start policy should be designed to help programs build their capacity to respond to challenging behavior through mental health consultation, family engagement, developmental supports, staff training, and other appropriate interventions.

Ensure family-engagement requirements respect the diversity of family circumstances.

Strong, stable relationships between children and their caregivers are central to healthy child development. While we support the proposed rule's emphasis on meaningful parent and family engagement, including efforts to engage fathers in their children's development, we have concerns regarding a new requirement in proposed § 1301.06(b), which would require programs to implement strategies to engage parents and family members in children's learning and development, support parent-child relationships, including specific strategies for father engagement, and provide educational material and instruction demonstrating healthy marriage as a positive good.

Head Start serves married parents, unmarried parents, single parents, grandparents, kinship caregivers, foster families, and families navigating separation, loss, or other sensitive circumstances. Programs should be able to meet families where they are and provide relationship or marriage education voluntarily, rather than through a one-size-fits-all mandate. We recommend that HHS not finalize this new policy and instead retain strong expectations for parent and family engagement.

Conclusion – Preserve a national baseline while allowing meaningful local flexibility.

Save the Children supports modernization. We support flexibility. We support eliminating requirements that consume staff time and resources without producing meaningful benefits for children. But, as we previously stated, modernization should be judged by whether it enables more children to access high-quality Head Start – not simply whether it creates more slots. Access and quality must advance together. HHS must work to ensure that greater flexibility does not unintentionally weaken workforce standards, classroom ratios and group sizes,

comprehensive services or the critical administrative capacity that have made Head Start effective and defined the program for more than sixty years.

We recognize that Head Start programs operate in extraordinarily different communities. A program serving children across several remote rural counties faces circumstances different from a program serving families in a major metropolitan area. Programs need flexibility to respond to those differences. But flexibility and national standards are not mutually exclusive. A national standard establishes the floor; local flexibility determines how programs build upon it. This distinction is particularly important where requirements directly affect child safety, classroom quality, workforce preparation, access to comprehensive services, exclusionary discipline, and responsible stewardship of federal resources.

The distinction is not merely technical. Behind what appears on paper to be an administrative requirement may be the supervisor coaching a new teacher; the fiscal employee protecting taxpayer resources; the data system identifying a child who has missed a developmental screening; the mental health consultant helping a child remain in the classroom; or the family-services worker connecting a parent to resources that allow the entire family to become more stable. A family enrolling a child in Head Start should be able to expect that the program will employ qualified and supported staff, maintain appropriate staffing levels, provide a safe learning environment, address the needs of the whole child, engage the family, responsibly manage federal resources, and continually evaluate whether it is serving children well. Those basic expectations should not change dramatically when a family crosses a state line.

As HHS reviews the proposed rule, we encourage the Department to apply a straightforward test to each requirement: Does this provision impose unnecessary administrative burden, or does it provide the administrative and programmatic capacity necessary to serve children well? Where requirements are duplicative, unnecessarily prescriptive, or disconnected from outcomes, HHS should streamline them. Where requirements support child safety, workforce quality, appropriate staffing, comprehensive services, responsible stewardship of federal resources, or continuous improvement, they should be strengthened and preserved.

Consistent with that approach, we urge HHS to retain a national floor for staff-child ratios and group sizes, while permitting waivers or demonstrated alternative approaches where appropriate; maintain national expectations identifying the minimum components of comprehensive services while allowing recipients discretion in how those services are delivered; and preserve the federal protections regarding suspension and expulsion under 1302.17. We also urge HHS not to finalize the proposed reduction in the administrative cost limitation from 15 percent to 5 percent. The current 15 percent threshold should, at minimum, be maintained with consideration given to whether an increase is warranted, and existing waiver authority should be preserved. Any changes affecting administrative costs should also provide an appropriate transition period. Similarly, HHS should streamline duplicative processes while retaining a national framework for data collection, monitoring, and continuous quality improvement. Finally, we recommend that HHS allow healthy-relationship and marriage education to remain voluntary.

We urge HHS to ensure consistent, high-quality Head Start programming and services for all participating children no matter where they live. We appreciate the Department's consideration

of these comments and look forward to working with HHS, Head Start providers, families, and communities to strengthen Head Start.

Sincerely,

A handwritten signature in black ink that reads "Arvelis Byrd". The script is cursive and fluid, with the first name "Arvelis" and last name "Byrd" clearly distinguishable.

Arvelis Byrd
Executive Director, Head Start
Save the Children US