



Society for Research in Child Development

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Office of Head Start (OHS),
Administration for Children and Families (ACF),
Department of Health and Human Services (HHS)
RIN: 0970-AD01
Docket ID: ACF-2023-0011

January 19th, 2024.

RE: Supporting the Head Start Workforce and Consistent Quality Programing

The Society for Research in Child Development (SRCD) is pleased to respond and submit comments on behalf of our membership on the proposed rules that look to support, stabilize, and enhance the Head Start program.

SRCD is a nonpartisan, multidisciplinary professional membership association with nearly 5,000 child developmental scientists and practitioners. Our members come from a broad set of backgrounds, including education, psychology, biology, sociology, anthropology, economics, public health and more. The child development discipline seeks to improve conditions for children and families. Our members ask questions about how individual differences and complex systems can impact human behavior, and we look to apply our science in homes, childcare settings, classrooms, pediatric settings, community-based settings, public policy and more.

1. Overall response from SRCD

1.1 Praise for the Office of Head Start

We are encouraged by the Office of Head Start (OHS)'s efforts to look for ways to improve Head Start Program Performance Standards (HSPPS). In this notice of proposed rulemaking (NPRM), you recognize that to best serve children and their families, support is needed inside and outside the classroom, homes, and communities, including strengthening the workforce. We also appreciated the agency's understanding of the complete ecosystem that surrounds children, which also has a direct effect on their development. Significant bodies of research show that children do not develop in isolated environments, but instead live in multi-layered ecological contexts.¹ We also appreciated OHS's emphasis on building from parents, families, and community strengths to boost children's development. Home visits and community assessments increase teacher and family engagements, which has a positive

¹ Allen, L., Kelly, B. B., Committee on the Science of Children Birth to Age 8: Deepening and Broadening the Foundation for Success, Board on Children, Youth, and Families, Institute of Medicine, & National Research Council (Eds.). (2015). *Transforming the Workforce for Children Birth Through Age 8: A Unifying Foundation*. National Academies Press (US).

impact on children’s outcomes.² We know that children begin learning prenatally, and as they continue to grow, their learning capacity develops at a rapid pace.^{3, 4} Therefore, it is critical that adults that provide care and education for young children have the necessary competencies to fulfill their work effectively.

Furthermore, evidence shows that children thrive when they have secure and positive relationships with adults who can support children’s development and learning processes. We know that a foundational building block for children’s development are these responsive relationships with adults, coupled with high-quality learning environments.⁵ But we also know the opposite is true – adults that suffer from chronic stress or are underprepared can impede children’s development, learning, and even contribute to children’s own stress levels.⁶ It is therefore crucial to ensure that the early years workforce is set up for success and properly supported. We support OHS’s efforts to integrate mental health supports, teacher training and family services for staff and the family of the served population.

1.2 Concern Over Funding

We also appreciate and applaud Head Start’s efforts to focus on diversity and equity of the workforce and its acknowledgement of the weight that underpaid workers of color have carried to support the Head Start workforce. We recognize the difficult tradeoffs that OHS has made in choosing to raise workforce pay and benefits, absent increased funding. Nonetheless, an unfunded mandate risks reducing the number of children that can be served. To have full equity for both Head Start workers and the children they serve, we must have stronger, higher, and sustained funding appropriated by Congress.

1.3 Concern Around Burdensome Regulatory Oversight

We also encourage OHS to consider how its monitoring and oversight process contributes to an inequitable structure for the workforce. Head Start has a demanding regulatory framework, and we are concerned that this creates additional paperwork and stress for grantees and the workforce, without necessarily improving children’s outcomes. Bodies of work from our members argue that individual-level programs, like the mental health supports offered in this NPRM, cannot always overcome structural-

² Kim, K., Atkinson, V., Rui, N., Nord, C., Guzman, L., Forry, N., Ramos, M., Brown, E., & Porter, T. (2015). Family and provider/teacher relationship quality measures: Updated user’s manual (OPRE Report 2014-65). Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. <https://www.acf.hhs.gov/opre/report/family-and-provider/teacher-relationship-quality-measures-updated-users-manual>

³ National Academies of Sciences, Engineering, and Medicine. 2019. *Vibrant and Healthy Kids: Aligning Science, Practice, and Policy to Advance Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25466>.

⁴ National Resource Council, *From Neurons to Neighborhoods: The Science of Early Childhood Development*. 2000. National Academy Press. <https://doi.org/10.17226/9824>

⁵ Evidence Brief – Ideal Learning Environments for Young Children. (2021, December 13). Trust for Learning. <https://trustforlearning.org/evidence-brief/>

⁶ The National Institute of Medicine and National Research Council, *Transforming the Workforce for Children Birth through age: A Unifying Foundation*, 2015

level stressors, like those that an overly burdensome regulatory process may create.^{7, 8} Many provisions in this NPRM will require additional regulatory burden to grantees and, while we support many of these provisions, we call on OHS to look holistically at the entire framework. A trust-based system, where the Head Start staff does not feel overly monitored, could promote the healthy and more equitable environment that OHS seeks to achieve.

In the remainder of our response, we focus on specific sections of the NPRM, where we have comments.

2. Workforce Supports

Overall, we are pleased to note that this NPRM looks to increase benefits and compensation to staff. From health insurance, to paid sick leave, staff wellness and professional development. We also support the program facilitating access to the Public Service Loan Forgiveness program (PSLF).

We are, however, concerned about the unintended consequences of a wage uplift on other early care and education systems. We encourage OHS to consider the fact that childcare services might see an increase in their turnover rate as a result of neighboring Head Start centers that offer a better compensation package. This might translate to other qualified childcare centers and family childcare homes closing, which would mean that fewer children and families would have access to early care and education. We encourage OHS to monitor and report on not only the effectiveness of increase in wages and benefits in the OHS provided services, but also how it might impact the availability of early care and education programs and settings within neighboring communities. Furthermore, we recommend OHS consider how it can incentivize greater collaboration and partnership within the early care and education systems, such as in the Early Head Start-Child Care Partnership.⁹

As noted above, we are also concerned about the additional regulatory burden created from the new compensation and benefits proposals. We are also concerned that Head Start grantees may not have the administrative capabilities to research and monitor the necessary local pay scales. OHS might consider whether it is practical for paid leave and benefits to be benchmarked by regional OHS offices or federally.

We take each by area in the next section of our letter.

2.1 Staff Salaries

We support OHS's efforts to address wages and benefits that currently do not properly support the Head Start workforce. Addressing this issue would not only help to tackle the current workforce shortage, but it would also contribute to attracting highly educated professionals to carry out an

⁷ Substance Abuse and Mental Health Services Administration (SAMHSA): Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies. SAMHSA Publication No. PEP22-06-02-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2022

⁸ National Academies of Sciences, Engineering, and Medicine. 2023. *Closing the Opportunity Gap for Young Children*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26743>.

⁹ Clochard, A., Doran, E., Scott, M., Lynn-Green, R., Gilliard, R., Mangoubi, D., Cannon, J., Reid, N., Xue, Y., & Bernstein, S. (2023). *Findings from the Early Head Start- Child Care (EHS-CC) Partnerships Sustainability Study*. <https://www.acf.hhs.gov/sites/default/files/documents/opre/EHSCCPsustainability508.pdf>

incredible responsibility in caring for and educating our children. We applaud the approach of benchmarking OHS workforce wages to the salaries of elementary school staff, which is, on average, higher.

We also support the development of a pay scale standard, which would ensure that early educators and leaders in the program are paid professional wages recognizing their value, education, and experience in the field, and that all staff are paid wages which cover their basic living needs. However, the NPRM focuses exclusively on the lowest wage staff, and we would also like to ensure that program directors and Head Start management receive wages that match their professional value, if that is not currently the case.

2.2 Family and Medical Leave

We strongly recommend OHS go beyond the Family and Medical Leave Act (FMLA) as it sets standards for family and medical leave. Research shows that about 44% of the workforce is ineligible for unpaid leave due to exclusions based on business size and other issues as regulated by the FMLA. Furthermore, only 15.3% of the workforce takes leave for an FMLA-qualifying reason.¹⁰ In addition to the restrictive eligibility rules, research has also shown inequitable access to FMLA for low-income workers, who cannot afford to take unpaid leave.¹¹ Out of the 56% of Black workers eligible for FMLA, only 34% can afford six weeks of unpaid leave. Out of the 49% of eligible Hispanic workers, only 31% can afford six weeks of unpaid leave. White workers have the clear advantage; out of the 53% of eligible workers, 43% can afford six weeks of unpaid leave. A paid leave system is necessary to address the lasting effects of inequality in the workforce. We are glad to see that in this NPRM, there is an acknowledgement that access to paid family leave improves maternal and child health, while positively improving families' economic well-being. Research shows that a minimum of six-weeks of paid leave to a new parent increases the length and likelihood of leave-taking, increases mothers' labor force participation, reduces post neonatal infant mortality, improves parents' mental health, and fosters better child-mother relationships and child health.¹² We hope that in the spirit of acknowledging the importance of paid leave and an emphasis on equity for the lowest paid workers in Head Start, OHS consider a paid leave provision.

2.3 Personal Leave

In addition, we encourage OHS to clarify how grantees should set paid time off. Although the U.S. Government does not mandate paid leave, employers highly benefit from establishing robust paid-leave systems to support its workforce. Research has shown that, in the U.S., working parents struggle to piece together the various paid and unpaid leave that varies depending on employer size, type of work,

¹⁰ Chang, K.-C., Brown, S., Radha, J., Jacob, R., & Klerman, A. (2020). *Employee and Worksite Perspectives of the Family and Medical Leave Act: Results from the 2018 Surveys Submitted to*. https://www.dol.gov/sites/dolgov/files/OASP/evaluation/pdf/WHD_FMLA2018SurveyResults_FinalReport_Aug2020.pdf

¹¹ *Inequitable access to FMLA continues | diversitydatakids.org*. (n.d.). www.diversitydatakids.org. <https://www.diversitydatakids.org/research-library/data-visualization/inequitable-access-fmla-continues>

¹² *Paid Family Leave*. (n.d.). Prenatal-To-3 Policy Impact Center. Retrieved January 12, 2024, from <https://pn3policy.org/pn-3-state-policy-roadmap-2023/us/paid-family-leave/>.

state of residence, work history, and other factors.¹³ One study found that for every 10 additional days of paid leave, the odds of depression for working parents of two or more children were 38% lower.¹⁴ We are concerned that, without more parameters from OHS, the policy will be applied sporadically and inequitably. To do this, OHS could establish a minimum number of days, or it could give guidance on how local centers can benchmark neighboring school districts, or have regional or federal OHS offices disseminate this to local grantees.

2.4 Retirement Benefits

This NPRM is considering a requirement for recipients to provide retirement benefits to all full-time staff. We encourage OHS to require retirement benefits for Head Start workers. Studies have shown that workers in early care and education cannot afford to retire, since as currently established, employees do not garner enough wages to build wealth and save enough money to build-up for a retirement.¹⁵ However, 87% of kindergarten teachers have at least some sort of retirement savings, often in the form of a pension in public school contexts. From an equity lens, it is important that the Head Start program helps break cycles of poverty, not only for the children it serves (per its original aims and objectives), but also for the workforce that serves it. Scholars have argued that providing wealth accumulation benefits like retirement matches are a key component of building an equitable Head Start program.¹⁶ As this NPRM looks to level the playing field between Head Start and school professionals, we urge OHS to look for ways to include retirement programs. Similar to our suggestion on paid leave, OHS might provide area-level benchmarks to grantees to help guide their implementation.

2.5 Expectations and Requirements

We support the measures in the NPRM that support greater ease for workers to access the Public Service Loan Forgiveness program (PSFL). Student loan borrowing and repayment are the highest among Black teachers, with about 71% of Black teachers having ever taken out student loans, and almost 60% still in repayment.¹⁷ Specific to child care workers, 20% of the early education workforce currently have student loans, with 17% reporting that they carry educational debt from others.¹⁸

¹³ Davison, H. K., & Blackburn, A. S. (2022). The Case for Offering Paid Leave: Benefits to the Employer, Employee, and Society. *Compensation & Benefits Review*, 55(1), 088636872211317.

<https://doi.org/10.1177/08863687221131728>

¹⁴ Kim, D. (2018). Does paid vacation leave protect against depression among working Americans? A national longitudinal fixed effects analysis. *Scandinavian Journal of Work, Environment & Health*, 45(1), 22–32.

<https://doi.org/10.5271/sjweh.3751>

¹⁵ Admin, C. (2021, December 1). *California Early Care and Education Workforce Study*. Center for the Study of Child Care Employment. <https://cscce.berkeley.edu/projects/california-early-care-and-education-workforce-study/>

¹⁶ Meek, S., Iruka, I., Curenton, S., Soto-Boykin, X., Gordon, L., Alexander, B., Bucher, E., Blevins, D., & Babrow, D. (n.d.). *The Next Generation of Head Start EXPANDING ACCESS, IMPROVING QUALITY, ADVANCING EQUITY*.

Retrieved January 16, 2024, from <https://cep.asu.edu/sites/default/files/2023-10/future-hs-100323.pdf>

¹⁷ García, E., Wei, W., Patrick, S. K., Leung-Gagné, M., & DiNapoli, M. A., Jr. (2023). *In debt: Student loan burdens among teachers*. Learning Policy Institute. <https://doi.org/10.54300/497.986>

¹⁸ *STUDENT DEBT IN THE EARLY CHILDHOOD WORKFORCE*. (n.d.). Retrieved January 16, 2024, from https://static1.squarespace.com/static/5e7cf2f62c45da32f3c6065e/t/6275646e78040b26f2b08384/1651860591053/Student_debt_factsheet_May_2022.pdf

We note, though, that there are inequities within the workforce of who will be able to take up PSFL, based on the non- or for-profit status of their employer. We hope that in the future, legislative or regulatory action by relevant bodies may expand loan forgiveness programs and grant initiatives to Head Start teachers and early educators that work in for-profit settings.

2.6 Monitoring Workforce Biases

We believe a missing piece of the NPRM is a consideration of how bias impacts the workforce. We recommend that OHS find non-regulatory ways to assess and monitor racism, discrimination and biases that may be impacting the Head Start workforce. Research has shown that minority workers that experience harassment and discrimination in their workplace had higher job stressor that caused disruptions in their well-being.¹⁹ This may create a domino effect on the Head Start staff, from workers moving on to other safer working environments, to low-motivation to perform their duties at the highest standard, to worse mental health for the workforce.

3. Mental Health Services

We support OHS's efforts to enhance and clarify the importance of mental health services for Head Start children, families, and staff. In early childhood, evidence shows the most cost-effective approach to improving children's mental and behavioral health is the use of evidence-based parent/family-focused interventions centered on strengthening parenting skills and parent-child relationships. These proposed changes seem to take this approach, which are practical and cost effective.

3.1 Ensuring Culturally Responsive Mental Health

We encourage OHS to consider racial equity and anti-racist perspectives as it defines mental health, and to also consider the harmful impacts that racial trauma has on children, their families, and staff. Children have the ability to recognize racial differences from as early as three months old, and given that schools settings already assign positive and negative attributions to people based on race, children may develop a racially targeted view of their surroundings, which then may induce them to trauma and fear.^{20, 21, 22} In addition, culture plays an important role in the development of mental health, especially during childhood and adolescence.²³ Culture becomes a resource that can provide safety and protection against adverse experiences and that promotes well-being.²⁴ The creation and development of mental health

¹⁹ Rospenda KM, Richman JA, Shannon CA. Prevalence and mental health correlates of harassment and discrimination in the workplace: results from a national study. *J Interpers Violence*. 2009 May;24(5):819-43. doi: 10.1177/0886260508317182. Epub 2008 May 7. PMID: 18463311; PMCID: PMC3979593.

²⁰ Sangrigoli, S., & de Schonen, S. (2004). Recognition of own-race and other-race faces by three-month-old infants. *Journal of Child Psychology and Psychiatry*, 45(7), 1219-1227.

²¹ Baron, A. S., & Banaji, M. R. The Development of Implicit Attitudes.

²² Saleem, F. T., Anderson, R. E., & Williams, M. (2020). Addressing the "Myth" of Racial Trauma: Developmental and Ecological Considerations for Youth of Color. *Clinical child and family psychology review*, 23(1), 1–14. <https://doi.org/10.1007/s10567-019-00304-1>

²³ Spencer MB (2006). Phenomenology and ecological systems theory: Development of diverse groups. In Lerner RM (Ed.), Damon W, & Lerner RM (Editors-in-Chief), *Handbook of Child Psychology: Vol. 1. Theoretical models of human development* (6th ed., pp. 829–893). Hoboken, NJ: Wiley. 10.1002/9780470147658.chpsy0115 [CrossRef] [Google Scholar]

²⁴ Causadias JM (2020). What is culture? Systems of people, places, and practices. *Applied Developmental Science*, 24(4), 310–322.

services needs to be culturally grounded and informed by the affected and served population. If not incorporated, there is some evidence that children of color who have experienced adverse conditions can have an increased risk of depression and other mental health implications across their lifespan.²⁵ As OHS looks to implement mental health provisions, we urge OHS to, first, consider the racial stress of the Head Start workforce, families, and their children. Secondly, adjust its mental health service practices to a culturally appropriate mental health service, that does not singularly focus on the student, family member or staff, but that rather understands the communal contexts and the wider ecosystem of individuals that live and interact with each other. Investments to support the well-being of the Head Start workforce, the participating families and their children should also go hand-in-hand with targeted support to individuals that are specifically racially challenged, and therefore suffer from race-related stressors.²⁶ We can connect OHS with our experts to provide culturally appropriate mental health strategies, to aid your work.

4. Suspension and Expulsion

We agree with this NPRM on the disproportionate effects that suspensions and expulsions have on children, especially on Black children and those with disabilities. We support OHS's efforts to prohibit expulsions and limit the usage of suspension as a last resort. Studies have shown that children being expelled or suspended have teachers that perceive them to struggle to control their behavior. Black students are perceived to have the least control over their behavior, and are often the victims of soft expulsions.^{27, 28} Thus, Head Start staff, particularly early educators, program leaders, and family workers need to be supported through training and instruction on how to better to support Black and brown children, children with disabilities and those who exhibit challenging behaviors. Such trainings needs to be embedded into anti-racists and inclusion practices, more focused on the adults that are prepared to effectively engage with culturally and linguistically diverse children and their families and that promote learning environments that are free of racial bias.²⁹ Increasing such professional competency, including training in trauma-informed care and mental health leads to positive, healthy environments for children

²⁵ Clark C, Caldwell T, Power C, Stansfeld SA. Does the influence of childhood adversity on psychopathology persist across the life course? A 45-year prospective epidemiologic study. *Ann Epidemiol.* 2010;20(5):385–94.

²⁶ Iruka, Iheoma & Gardner-Neblett, Nicole & Telfer, Nicole & Ibekwe-Okafor, Nneka & Curenton, Stephanie & Sims, Jacqueline & Sansbury, Amber & Neblett, Enrique. (2022). Effects of Racism on Child Development: Advancing Antiracist Developmental Science. *Annual Review of Developmental Psychology.* 4. 10.1146/annurev-devpsych-121020-031339.

²⁷ Williford, A., Alamos, P., Whittaker, J., Accavitti, M., & Robinson, A. (n.d.). *Teachers' use of soft exclusionary discipline in kindergarten classrooms: Findings from Virginia S E P T E M B E R 2 0 2 1.*

<https://doi.org/10.26300/pep2-w676>

²⁸ Murphy, K., Giordano, K., Hoffstein-Rahmey, D., Reizin, R., & Coyne, A. (2024). Soft expulsion: A solution when there are no other options? *Children and Youth Services Review, 158*, 107441.

<https://doi.org/10.1016/j.chilyouth.2024.107441>

²⁹ James, C. & Iruka, I. U. (December 2018). Delivering on the Promise of Effective Early Childhood Education. National Black Child Development Institute, Silver Spring, MD. https://www.nbcdi.org/sites/default/files/import_files/nbcdi-releases-delivering-promise-effective-earlychildhood-education-white-paper-examines-policy.pdf

and their families, and Head Start staff.³⁰ we could not determine from this NPRM whether the support and training proposed would be sufficient to address this concern

Moreover, we urge OHS to be cautious with the designation of “temporary suspension” as it does not take into consideration the needs of the Head Start staff, the child, and their families in regard to mental health services and other appropriate support and collaboration that is needed to promote positive reinforcements. There must always be a clear route for reentry or a transition to an alternative placement that can continue to provide services to the child. In addition, this NPRM does not specify the period of the temporary suspension, which is needed to prevent its excessive use and implementation.

5. Preventing and Addressing Lead Exposure

We support OHS’s requirements on preventing and addressing lead exposure through water and lead-based paint in Head Start facilities. No lead exposure is safe, and despite the burden that testing places on centers, we support the recommendations. We ask OHS to consider how it can also support Head Start centers to provide parents with additional information and opportunities to limit lead exposure in children’s homes.

Additionally, we recommend OHS consider efforts to reduce children’s exposure to poor air quality to provide children, their families and Head Start staff with a safe environment. Air quality was not addressed in this NPRM, despite strong causal evidence that vulnerable populations, especially children, pregnant people, and those with underlying conditions are significantly impacted by poor air quality. For example, there is strong correlation between concentrations of fine particles and fetal growth which, in some instances, cause birth defects.^{31, 32} For children, exposure to air pollutants has been associated with several acute and chronic adverse respiratory health effects for both asthmatic and non-asthmatic children that also weakens their immune system.^{33, 34} A recent National Academies of Science, Engineering, and Math report identifies exposure to poor air quality as a causal mechanism that inhibits intergenerational income mobility.³⁵ Generally, poorer communities suffer from lower quality air, which could mean that many Head Start children and staff are inequitably exposed. As climate change occurs,

³⁰ Bartlett, J., Smith, S., & Bringewatt, E. (2017). *Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education Helping Young Children Who Have Experienced Trauma: Policies and Strategies for Early Care and Education*. <https://cms.childtrends.org/wp-content/uploads/2017/04/2017-19ECETrauma.pdf>

³¹ Jedrychowski W, Bendkowska I, Flak E, et al. Estimated risk for altered fetal growth resulting from exposure to fine particles during pregnancy: An epidemiologic prospective cohort study in Poland. *Environ Health Perspect*. 2004;112:1398–402.

³² Ritz B, Yu F, Fruin S, Chapa G, Shaw GM, Harris JA. Ambient air pollution and risk of birth defects in Southern California. *Am J Epidemiol*. 2002;155:17–25

³³ Buka, I., Koranteng, S., & Osornio-Vargas, A. R. (2006). The effects of air pollution on the health of children. *Paediatrics & Child Health*, 11(8), 513–516. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2528642/>

³⁴ Leonardi GS, Haouthuijs D, Steerenberg PA, et al. Immune biomarkers in relation to exposure to particulate matter: A cross-sectional survey in 17 cities of Central Europe. *Inhal Toxicol*. 2000;4:1–14

³⁵ National Academies of Science, Engineering, and Math, *Reducing Intergenerational Poverty*, 2023

increased wildfires are creating more acute poor air quality days across the continental United States.³⁶ The significance and weight of evidence on this area warrant OHS attention.

To address this, we believe there are low-cost and low-burdensome ways OHS can support centers. For example, OHS could leverage the Environmental Protection Agency's AirNow.gov resource, which assesses air quality at the zip code level. OHS could explore the feasibility of creating an AI program that can run every Head Start's zip code through AirNow.gov daily and send notifications to centers that have poor quality air, encouraging them to keep children inside and engage in other appropriate mitigation practices. Additionally, OHS can provide technical assistance to Head Start centers to elevate this health issue, and OHS can ensure that classrooms are supported and encouraged to purchase HEPA air filters, where appropriate. Additional mitigation measures may be needed, but we offer these ideas as a start.

6. Other Considerations

We would like to encourage OHS to look for ways, beyond the current flexibility to serve 10% of children above the poverty thresholds, to promote socio-economic and racially mixed classroom settings without compromising the availability of slots for children with high needs. Head Start has, rightly, targeted available slots to those most in need. However, the results are segregated classrooms that lack socio-economic diversity.³⁷

In older educational settings, students who attend schools that have high concentrations of children from low-income households score lower on tests and are less likely to earn high grades and graduate from high school.³⁸ Black and Latine students are more likely to attend schools with majority low-income households, while White and Asian students typically attend schools with greater rates of higher income households.³⁹ Continuous exposure to poverty limits the achievement opportunity of students of color, because of associated challenges, such as inconsistent and qualified educators, limited enrichment resources, a lack of resources for teachers in lower income communities, and more. On the other hand, students in mixed-income schools showed 30% growth in test scores when compared to students in high-poverty concentration schools, they are less likely to drop out of school, and there is an

³⁶ Meek, S., Iruka, I., Curenton, S., Soto-Boykin, X., Gordon, L., Alexander, B., Bucher, E., Blevins, D., & Babrow, D. (n.d.). *The Next Generation of Head Start EXPANDING ACCESS, IMPROVING QUALITY, ADVANCING EQUITY*. <https://cep.asu.edu/sites/default/files/2023-10/future-hs-100323.pdf>

³⁷ Meek, S., Iruka, I., Curenton, S., et al, *The Next Generation of Head State: Expanding Access, Improving Quality, Advancing Equity*, 2023

³⁸ Mickelson, R. (n.d.). *Research Brief 14 | Is There Systematic Meaningful Evidence of School Poverty Thresholds?* Retrieved January 17, 2024, from https://www.school-diversity.org/wp-content/uploads/2018/09/NCSD_Brief14.pdf

³⁹ Frankenberg, Erica. 2009. "Splintering School Districts: Understanding the Link between Segregation and Fragmentation." *Law & Social Inquiry* 34 (4): 869–909.

environment that promotes creativity, motivation, critical thinking and increased problem-solving skills.
40,41, 42

Anecdotal evidence suggests some Head Start centers braid funding in creative ways to target higher income, fee-paying families. Head Start grantees should be encouraged to promote diverse classrooms to ensure the best potential outcomes to their students and their families. For example, Trust for Learning, a philanthropic partnership, has developed projects like the “Ideal Learning Head Start Network”, which seeks to serve low-income children via educational approaches similar to Montessori and other projects, and make these services accessible to families that receive child care subsidies, similar to Head Start. This is a good example of making programs, usually viewed as serving white and higher income families, reachable to those communities of color who have been usually underserved. Successful coordination of efforts to make child care accessible to children can create a nearly seamless educational system with a continuity of learning, supportive relationships, and engaging experiences.⁴³

7. Conclusion

We want to thank you for taking the time to read our suggestion on the proposed rulings on HSPPS. Generally, we support this NPRM, and we hope that OHS and Congress can work together to identify funding sources that would be applicable to these efforts.

Please, do not hesitate to reach out to us. As we continue our work on creating evidence-based policy to improve the lives of our nation’s children and youth, we can connect your office with our experts that can give you nonpartisan advice on the science behind your work.

Sincerely,

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⁴⁰ G. Palardy, “Differential school effects among low, middle, and high social class composition schools,” *School Effectiveness and School Improvement* 19, 1 (2008): 37.

⁴¹ R. A. Mickelson, “Twenty-first Century Social Science Research on School Diversity and Educational Outcomes,” *Ohio State Law Journal* 69, (2008): 1173–228,
<http://moritzlaw.osu.edu/students/groups/oslj/files/2012/04/69.6.Mickelson.pdf>

⁴² S. E. Page, *The Difference: How the Power of Diversity Creates Better Groups, Firms, Schools, and Societies* (Princeton, NJ: Princeton University Press, 2008), <http://press.princeton.edu/titles/8757.html>

⁴³ *New Early Childhood Coordination Requirements in the Every Student Succeeds Act (ESSA) A Toolkit for State and Local Educational Agencies, Head Start Programs, and the Early Childhood Field.* (2017).
<https://ccsso.org/sites/default/files/2018-02/Toolkit-New%20Early%20Childhood%20Coordination%20Requirements%20in%20the%20ESSA-for%20pr....pdf>