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IMPROVING HEAD START FOR AMERICA'S CHILDREN

HEARING

BEFORE THE

SUBCOMMITTEE ON EARLY CHILDHOOD, ELEMENTARY AND SECONDARY EDUCATION

COMMITTEE ON EDUCATION AND LABOR

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IMPROVING HEAD START FOR AMERICA'S CHILDREN

Wednesday, February 28, 2007
U.S. House of Representatives
Subcommittee on Early Childhood,
Elementary and Secondary Education
Committee on Education and Labor
Washington, DC

The subcommittee met, pursuant to call, at 10:33 a.m., in room 2175, Rayburn House Office Building, Hon. Dale Kildee [chairman of the subcommittee] presiding.

Present: Representatives Kildee, Scott, Kucinich, Davis of California, Grijalva, Payne, Sarbanes, Sestak, Loebsack, Hirono, Hare, Woolsey, Honojosa, Castle, Fortuno, Keller, Boustany and Kuhl.

Staff Present: Aaron Albright, Press Secretary; Tylease Alli, Hearing Clerk; Molly Carter, Legal Intern/Education; Alejandra Ceja, Senior Budget/Appropriations Analyst; Adrienne Dunbar, Legislative Fellow/Education; Denise Forte, Director of Education Policy; Ruth Friedman, Senior Education Policy Advisor/Early Childhood; Lloyd Horwich, Policy Advisor for Subcommittee on Early Childhood, Elementary and Secondary Education; Thomas Kiley, Communications Director; Jeff Hancuff, Labor Staff Assistant; Ann-Frances Lambert, Administrative Assistant to Director of Education Policy; Stephanie Moore, General Counsel; Alex Nock, Deputy Staff Director; Robert Borden, Minority General Counsel; Kathryn Bruns, Minority Legislative Assistant; Jessica Gross, Minority Deputy Press Secretary; Taylor Hansen, Minority Legislative Assistant; Victor Klatt, Minority Staff Director; Stephanie Milburn, Minority Professional Staff Member; Linda Stevens, Minority Chief Clerk/Assistant to the General Counsel.

Chairman KILDEE. With a quorum being present, the hearing of the subcommittee will come to order.

Pursuant to Committee Rule 12(a), any member may submit an opening statement in writing, which will be made part of the permanent record.

[The information follows:]

Prepared Statement of Hon. John P. Sarbanes, a Representative in Congress From the State of Maryland

Mr. Chairman, I am very excited to begin the Subcommittee's work on the reauthorization of important education programs like Head Start. Perhaps no other federal program is more important than putting children on the right path for edu-

cational success. In recent years, brain research has ratified the critical role of early childhood education.

My own state of Maryland has been a leader in coordinating early learning programs. Maryland's State Department of Education, for example, has worked to improve school readiness through the Maryland Model for School Readiness program. As a result, Maryland's students have made tremendous strides in terms of the number of children who enter school ready to learn as demonstrated by annual assessments. Still, innovation without adequate resources has its limits. Increasingly, Head Start providers are being forced to choose between two bad options: diluting the quality of their program or refusing some eligible children.

The impact of budget buts to the Head Start program is well demonstrated at Baltimore's Catholic Charities, a Head Start grantee. The Administrator of Head Start programs at Catholic Charities recently said: "We already made every kind of cut that we could find to make leading into last year. Because of the (1 percent) federal funding shortfall I could not find any further services or staff to cut without reducing the quality of our program, which is something I refuse to do. So I had no other choice but to not renew our contract of two Head Start programs for next year. These two programs had been serving 459 children. We are working with the grantee now to ensure that these children get some services elsewhere, but there is no guarantee that services won't be interrupted. We may be closing the door of opportunity on 459 children."

Mr. Chairman, the administration's failure to direct adequate resources to these critical programs is closing the door of opportunity on these children and many others. I think you again for your leadership in holding this hearing and look forward to working with you to provide more and better opportunities for our nation's children.

Chairman KILDEE. I now recognize myself for my opening statement.

I am pleased to welcome my fellow subcommittee members, especially those who are new to this committee. I have this gavel back in my hand for the first time in 12 years, and I hope I will use it as fairly as Governor Castle has used it. He has always been fair and helpful.

I hope I can follow your example on that, Governor.

I welcome our witnesses and the public to this hearing on improving Head Start for America's children.

Head Start has served our most vulnerable children and families extremely well for 42 years, and, more recently, Early Head Start has done the same for infants and toddlers and their families. There are no more critical programs for our Nation's children than these because there are no years more critical to their development than the early ones.

Head Start and Early Head Start provide high-quality comprehensive services to children and their families that help children develop cognitively and non-cognitively to enable them to succeed in school and in life. As Head Start providers have known for years, and as we will hear today, early learning is a product of both cognitive and non-cognitive and, indeed, affective education. That is why Head Start and Early Head Start are so successful, because they promote both and meet high standards in doing so.

Providing infants and toddlers and young children with the support and security they need helps their brains develop in the early years and literally sets the foundation for later development and learning. Just in the last few years, we have learned that in the physical development of the brain, as our circuits are formed, stimulation takes place, and that adds a great deal to our body of knowledge and to our understanding of the education of the very young.

We also will hear today about the importance of Head Start's focus both on children and their families. Head Start recognizes that healthy, well-adjusted children are far more likely to come from healthy, well-adjusted families, and that when families are under stress, that stress affects their children's development.

One of the greatest stresses on families in our lifetimes has been the ongoing impact of Hurricanes Katrina and Rita and their aftermath on the people of New Orleans and the Gulf region. Today, we will learn about that tragedy, one program's efforts to mitigate it on behalf of the families they serve, and what still needs to be done to help those families. And we will hear suggestions for improving the relationship between the Federal Department of Health and Human Services and local Head Start programs to make it a supportive relationship that helps programs reach the high standards to which they aspire, and also suggestions for increasing coordination between Head Start and State-funded prekindergarten programs.

I am confident that today's hearing will provide us with valuable information about how Head Start works and what we can do to make it work even better. I know that one thing that will not make Head Start work better would be to cut the investment by $100 million as proposed in the President's budget. I do not believe that the President's budget reflects the values of the American people, and I will work with my colleagues in Congress on both sides of the aisle to produce a budget that does.

I am hopeful that working with my Ranking Member Mr. Castle, and our full committee Chairman and Ranking Member Mr. Miller and Mr. McKeon, and with all members of the committee, we can pass a reauthorization bill that will build on 42 years of Head Start successes for the good of our Nation's children.

Chairman KILDEE. It is now my pleasure to yield to the Ranking Member, Governor Castle, for his opening statement.

Mr. CASTLE. Well, thank you very much, Dale. I cannot say enough how pleased I am that you have taken over the helm of this subcommittee again. I think that we have a real chance of bipartisanship here, and I very much look forward to working with you on all of the important issues in the jurisdiction of our committee, and I am particularly pleased to be able to discuss an issue that is of vital importance to our neediest children, as you have well pointed out, and that is Head Start. What better way to kick off your chairmanship than to start with a good bipartisan issue.

As most people in this room know, this committee is set to consider reauthorization of the Head Start program for the third time. At one point I was optimistic that this renewal would have been completed by now. Clearly I was wrong. Despite that, I am going to remain optimistic that we get there with this Congress.

Despite ups and downs in the process over the past several years, there are several notions that have remained clear, primarily that this program retains its focus on allowing economically disadvantaged children access to the same educational, health, nutritional, social, and other services that were enjoyed by their more affluent peers. The goal of the program was and remains today to provide children a solid foundation that will prepare them for success in school and later in life.

Over time, this program has provided the service to nearly 20 million low-income children and their families. Currently in my home State of Delaware, Head Start programs serve over 1,500 children with almost 500 additional 4-year-olds receiving assistance through State government funding. I am pleased that we have a witness this morning who will discuss how Head Start can coordinate with State pre-K and other early childhood programs.

We also can all agree on the need for Head Start and its successes. We must also recognize that Head Start can produce even greater results for children. Students who attend Head Start programs do start school more prepared than those with similar programs that do not attend Head Start. However, Head Start students continue to enter kindergarten well below national norms in school readiness. We must remain focused on how we can close this school readiness gap.

As I said, I believe strongly in the Head Start program. Despite these stories, we have also heard many stories of programs in which funds are being diverted away from this purpose. I trust that, as we move forward, we will all identify areas based on recommendations from the Government Accountability Office of how we can prevent future incidents. As I said at the outset, Head Start is an important and very popular program. The importance of early childhood education and services cannot be overstated.

I look forward to hearing from today's witnesses about what is happening on the ground, particularly since it is almost 2 years since this committee last reviewed the program in anticipation of our job to reauthorize the program. Together I believe we will get this done, and I believe, with Chairman Kildee's leadership, we will get it done.

With that, I yield back, Mr. Chairman.

Let me apologize first. I have a lot of meetings this morning. I have to take a meeting over here for a few minutes. I will miss the beginning, but I will return shortly, and we thank you all for being here.

Chairman KILDEE. Thank you, Governor, very much.

I would like now to introduce the very distinguished panel of witnesses with us here this afternoon, and without objection, all Members will have 7 calendar days to submit additional materials or questions for the hearing record.

We have a distinguished panel. We have Dr. Ross Thompson, a professor at the University of California at Davis. He served on the Committee on Integrating the Science of Early Childhood Development at the National Academy of Sciences from 1998 to 2000. He also is a member of the Board of Directors of Zero to Three. Dr. Thompson has received the American Psychological Association's Boyd McCandless Award and the University of Nebraska's Outstanding Research and Creative Activity Award.

I have known our second witness for many years. Mac McKeever is the out-county Head Start director for the Genesee County Community Action Resource Department and does a fine job on behalf of many Head Start children and families in my district. He is also a current member of the Board of Directors and a Past President of the Michigan Head Start Association.

Barbara Haxton is the Executive Director of the Ohio Head Start Association, and prior to that served as a Head Start program director. She is an experienced trainer and consultant for Head Start programs. She has worked over the years in partnership with the Head Start Training and Technical Assistance System.

Pearlie Elloie is the Director of the Office of Children, Youth and Families of Total Community Action, Incorporated, of New Orleans, which, prior to Hurricane Katrina, was the largest Head Start program in Louisiana. Ms. Elloie has been honored for her work by many community organizations, including the YWCA, Tulane University School of Social Work, Dillard University, and the Greater New Orleans Chapter of the National Council for Jewish Women.

Dr. Ellen Frede is the Codirector of the National Institute of Early Education Research at Rutgers University. Prior to joining NIEER as codirector, Dr. Frede served as Assistant to the Commissioner for Early Childhood Education at the New Jersey Department of Education. Her office oversaw the implementation of preschool programs in more than 150 school districts serving 50,000 children and their families.

Welcome to all of our witnesses. We appreciate your assisting us in our responsibilities.

For those who may not have testified before this committee before, let me explain the lighting system and the 5-minute rule. Everyone, including Members, is limited to 5 minutes of presentation or questioning. The green light will be illuminated when you begin to speak. When you see the yellow light, it means that you have 1 minute remaining. When you see the red light, it means your time has expired, and you need to conclude your testimony. I will try to be gentle if you are in midsentence or in midparagraph. Please be certain, as you testify, to turn on and speak into the microphone in front of you and turn it off when you are finished.

We will now hear from our first witness.

Before that, the rules of the committee adopted January 24th give the Chair discretion in recognizing Members for questioning. It is my intention as Chair of this subcommittee to recognize those Members present at the beginning of the hearing in order of their seniority on this subcommittee. Members arriving after the hearing begins will be recognized in the order of appearance. I now call upon Dr. Ross Thompson for his testimony.

STATEMENT OF ROSS A. THOMPSON, Ph.D., PROFESSOR OF PSYCHOLOGY, UNIVERSITY OF CALIFORNIA-DAVIS

Dr. THOMPSON. Thank you, Mr. Chairman and members of the subcommittee, for this invitation to testify today.

I am particularly grateful for the interest of this subcommittee in the science of early childhood development and its relevance to the services provided by Early Head Start. Research from a range of scientific disciplines now provides a clear and convincing case for the critical importance of the early years to later success in school and in life, so let me tell you a little bit about what the science tells us.

First of all, the development of essential human competencies is at its most accelerated pace in its early years and is based on processes of brain development. Quite simply, early development lays

a foundation for all that follows, and we see this most clearly in brain development when the nerve cells that will last a lifetime develop in the early years, and early experiences shape the connections between these neurons, and the brain becomes wired in ways that will provide a foundation for the development of more advanced capacities in the years that follow.

Secondly, the growth of these basic, early competencies is directly linked to the adult skills that are important to success, and this is true in many, many areas of development from language ability to communication skill to problem-solving to capacities for focusing attention and exercising self-control. In each case early developing abilities are a foundation for the skills required for school readiness and also for adult skills relating to workplace success.

Thirdly, early learning is based on both cognitive and noncognitive skills. Although we focus on cognitive skills like literacy and numeracy, the science tells us that noncognitive skills, such as a child's curiosity, motivation to learn, self-confidence, excitement about new discovery, and the capacities to focus attention and to get along with others, are also important predictors of early learning success. Importantly, children in socioeconomic hardship are likely to be lagging in both cognitive and noncognitive skills.

Fourth, early experiences have significant influences on brain development and psychological growth. Much of the story of early experience and brain development has focused on encouraging parents to talk and read and sing to their young children, and this is worthwhile, but the influence of early experiences is a double-edged sword because, for many young children, experiences of chronic stress, neglect or deprivation are the major architects of their brain development. And you will find in your packets in front of you a copy of a PET scan that describes the brain imaging of both a normal child on the left and a child who has experienced significant abuse on the right, and you can see quite dramatically how significantly different the brain has been architected by these different experiences in the early years.

Fifth, as brain circuits consolidate over time, the brain's plasticity actually decreases. Now, we use the term "plasticity" to describe the brain's continuing flexibility and adaptability, and quite simply, this flexibility naturally declines as brain architecture develops and consolidates. For many young children, however, this means that the brain is being built around early experiences of stress and trauma whose effects can be more difficult to remediate over time. For this reason, it is biologically wiser to prevent later difficulties from emerging than to try to remediate problems that have already developed.

Sixth, the quality of early relationships is the active ingredient of healthy brain growth and psychological development. Nurture and sensitive relationships provide the best catalyst to the healthy growth of minds and brains, and, in fact, supportive relationships can also help to buffer the effects of stress that can be a significant impediment to early learning.

Finally, early intervention programs can improve developmental outcomes for children who are at risk of long-term difficulty, especially if the programs are carefully designed and thoughtfully implemented. There is now a significant science of early intervention

that shows in carefully designed studies involving randomized controls the long-term benefits to young children from their participation in high-quality, early intervention programs.

Taken together, the science of early childhood development suggests that investing in young children makes sense both biologically and economically better than the Dow and the NASDAQ, it seems, and this research has three further implications for our thinking about Early Head Start.

The first is that the most effective program to support early brain growth and psychological development should attend to intellectual, social and emotional development and support families and parenting beginning early in life as Head Start seeks to do.

Secondly, the results of rigorous research document the benefits of Early Head Start for enhancing children's progress in school readiness, support a parent-child relationship and improve family functioning as shown by a congressionally mandated, randomized, controlled trial of Early Head Start.

Finally, in relation to the number of children at risk, the science of early childhood development suggests that significant expansion of Early Head Start is warranted. Developmentally appropriate early childhood education looks a lot different from developmentally appropriate education for older children, and Early Head Start is a developmentally appropriate program for young children.

Thank you very much, and I would be happy to respond to questions or to provide further information.

Chairman KILDEE. Thank you, Dr. Thompson. We deeply appreciate your testimony.

[The statement of Dr. Thompson follows:]

Prepared Statement of Ross A. Thompson, Ph.D., Professor of Psychology, University of California, Davis

Thank you, Mr. Chairman and members of the committee, for this invitation to testify today.

My name is Ross A. Thompson, and I am a Professor of Psychology at the University of California, Davis, where I study early social, emotional, and personality development. I was a member of the National Academy of Sciences Committee on Integrating the Science of Early Childhood Development that produced the report, From Neurons to Neighborhoods: The Science of Early Childhood Development,[1] and I have been actively involved in conducting original research on early psychological development and examining the applications of developmental science to public policy problems. I am grateful for the interest of the Subcommittee in the science of early childhood development and its relevance to the services provided by Early Head Start.

As described in From Neurons to Neighborhoods, today we know much more about the determinants of development throughout the life course, and especially the importance of early experiences for life-long competency. Contemporary research in human development has been supplemented by work in developmental neuroscience whose conclusions about brain development complement and expand the conclusions from behavioral studies. As a consequence, research from a range of scientific disciplines now provides a clear and convincing case for the critical importance of the early years to later success in school and in life. Remarkably, findings using a variety of methodologies and approaches converge on a set of fundamental conclusions.[2] The early years are important. Early relationships matter. Healthy development involves building strong minds, bodies, and persons. The early years are a period of considerable opportunity for growth, and vulnerability to harm. Developing competence involves cognitive and noncognitive capabilities. It is much better to prevent developmental problems from emerging than to try to remediate them later.

In these remarks, I will focus on some of the central conclusions of the science of early childhood development, especially as it concerns the influence of early expe-

riences and their potentially enduring effects. I will conclude with some recommendations concerning the implications of the science for Early Head Start.

The early years matter

One of the central conclusions of developmental science is the importance of development early in life. Quite simply, early growth lays the foundation for all that follows. More precisely, the development of essential human competencies is at its most accelerated pace in the early years, and is based on processes of brain development.

We see the importance of the early years most clearly in brain development, which begins not at birth but prenatally, when the nerve cells that will last a lifetime begin to be created.[3] In a manner that reflects the ongoing interaction of nature and nurture, brain development is guided by a maturational timetable that incorporates early experiences to create a brain that is efficient and well-suited to the requirements of everyday life. How the brain becomes wired in the early years provides a foundation for the development of more advanced capacities in the years that follow.

The following points reflect some of the central conclusions of developmental neuroscience.[4]

• First, as noted earlier, brain growth begins very early. Indeed, some of the most formative aspects of brain development occur prenatally, when healthy brain growth is supported by good maternal nutrition but can be undermined by maternal exposure to hazardous substances such as alcohol (resulting in fetal alcohol syndrome), environmental neurotoxins (such as in lead-based paint or mercury in fish), controlled substances (such as cocaine), and other harms.[5] This means that some children are born with brains that have already been damaged, sometimes for life.

• Second, brain development lasts a lifetime. Important developmental processes, some associated with the growth of new neurons, subtly shape the brain during adolescence and adulthood. The brain is continuing to grow and change throughout life.

• Third, the early years of childhood witness some of the most significant growth in the brain's developing architecture. This includes the "blooming and pruning" of neural connections in different regions of the brain governing seeing and hearing, language, and higher cognitive functions. These processes are substantially completed, or well underway, within the first five years of life.

Taken together, developmental neuroscience confirms that the early years establish the foundation on which later development is built, much as a house is structurally firm or weak based on the foundation on which it is built. Neural circuits that process basic information are wired earlier than those that process more complex information.[6] This means that the development of more advanced capabilities is based on the quality of early development. With respect to the brain, higher capacities are more difficult to develop if lower-level capacities have not developed appropriately. With respect to the mind, advanced skills build on basic skills throughout development.

For this reason, the growth of these basic, early competencies is directly linked to the emergence of school readiness and adult skills that are important to success. In many, many areas of development, from language ability and communication skills to problem-solving and categorization to capacities for focusing attention and exercising self-control, later skills are based on the foundational skills established earlier in life.[7,,8] For example, experiences during the preschool years in letter recognition, letter-to-sound mappings, rhyming, listening to stories, and access to literacy materials predicts higher language and reading achievement in elementary school.[9,,10] Likewise, preschool exposure to basic concepts about numbers, counting, comparing amounts, pattern recognition, and categorizing enables children to more quickly absorb and understand math concepts taught in school.[11] In each case, early-developing abilities are a foundation for the preliteracy, language, and number skills required for school readiness, and for adult skills important to workplace success as children build further on these skills in school.

Early learning is based on both cognitive and noncognitive skills

At a time when we are concerned with promoting children's school readiness and preparing them for contributing to an increasingly technological and information-rich society, it is natural that the development of cognitive skills would be the focus of our concern with early learning. But developmental science and developmental neuroscience together tell us that early learning is based on both cognitive and "noncognitive skills"—such as a child's curiosity, motivation to learn, self-confidence, excitement about new discovery, and the capacities to focus attention, control behavior, and get along with others.

This is true from very early. Infants learn through discovery in their everyday explorations, shared by a sensitive, attentive caregiver.[12] Even the most casual observer of young children notices how much early learning is driven by young children's curiosity and enthusiasm for new understanding as they are ably assisted by parents and teachers. As young children enter into group learning activities, their capacities to pay attention, ask questions if they do not understand, cooperate with peers and adults, control their emotions, and approach learning opportunities self-confidently and with enthusiasm are major contributors to their conceptual growth. These qualities are also essential to school readiness and school success. Developmental studies have found that classroom achievement in kindergarten and the primary grades are associated with young children's noncognitive skills such as motivation, self-regulation, cooperation, behavioral self-control, and even the quality of their peer relationships and emotional understanding.[13]

This is consistent also with scientific understanding of brain development.[14] Contrary to the natural tendency to divide the brain into areas devoted to language, memory, reasoning, emotions, and the like, the human brain is actually a highly complex, integrated organ. There is not one brain area devoted to memory or language, but rather several.[15] Furthermore, brain regions have overlapping functions related to thinking, feeling, or self-control. For example, areas of the frontal cortex are involved in both attentional focusing and emotional self-control.[16] In short, the brain is not neatly divided into cognitive and noncognitive areas. Rather, brain processes influence each, and cognitive and noncognitive capacities are mutually influential.

Early experiences are influential

Much of the story of early experience and brain development has focused on encouraging parents to talk, read, and sing with their young children. This is worthwhile, and it further illustrates the integration of cognitive and noncognitive influences because of how parent-child interaction captures the child's attention, provokes preliteracy skills, and instills enthusiasm for learning. Over time, experiences of this kind at home and outside the home can strengthen brain areas related to early thinking and reasoning.

But the influence of early experience is a double-edged sword because the experiences that shape brain architecture can be either positive or negative, nurturant or stressful. Each is incorporated into developing brain architecture. Unfortunately, for many young children in the United States, experiences of chronic stress, neglect, or deprivation are major architects of their brain development, and helps to account for some of the difficulties they face. This is because of how the brain responds neurobiologically to stress.[17] Chronic experiences of severe stress, especially early in life, can alter the functioning of brain-based stress systems—potentially causing the person to become hyperresponsive even to mild stressors—and can have important effects on physical health, immunological capacity, and psychological well-being for this reason. Chronic stress can also influence cognitive functioning because, over time, the release of stress hormones can damage brain structures (such as the hippocampus) involved in learning and memory. These are some of the reasons that early deprivation and stress can have enduring, detrimental consequences for brain development, psychological growth, and physical health. Children in socioeconomic hardship are especially vulnerable to these stresses, and to the hazards they pose.

Early experiences are important for another reason. As brain circuits consolidate over time, the brain's plasticity decreases. The brain's "plasticity" is the basis for its flexibility and adaptability, and this flexibility naturally declines as brain architecture develops and consolidates. For many young children, however, this means that the brain is being built around early experiences of stress and trauma whose effects become more difficult to remediate over time if they are not addressed early in life.

For this reason, it is biologically wiser to prevent later difficulties from emerging than to later try to remediate problems that have already developed.[18] Early interventions benefit from the greater plasticity in the immature brain, and the flexibility of the brain to adapt positively to helpful interventions. By contrast, it is often more difficult to try to remedy problems after they have already developed, after brain development has consolidated around early vulnerabilities. Indeed, the interventions that are necessary to remediate later problems are often much more costly and prolonged than are early preventive interventions. Furthermore, even when later interventions are partially successful, individuals may experience continuing vulnerability, especially when they are under stress. Early prevention is, therefore, both biologically and economically a better course than later remediation.

Early relationships are important

A large research literature documents how much early psychological development relies on the quality of early relationships. In the words of the National Academy of Sciences committee that wrote From Neurons to Neighborhoods, "Parents and other regular caregivers in children's lives are the 'active ingredients' of environmental influence during the early childhood period. Children grow and thrive in the context of close and dependable relationship that provide love and nurturance, security, responsive interaction, and encouragement for exploration."[19] Relationships within and outside the family are important as catalysts for learning, sources of security, and supports for developing self-confidence.

The quality of early relationships is also important for brain development for several reasons.[20] First, early social interaction provides infants and toddlers with a wealth of simultaneous and integrated stimulation—sights, sounds (including language), emotional arousal, touch, social signaling—that is well-calibrated to their capacities for understanding and responding. It is difficult to imagine a toy, DVD, or other manufactured product that can come close to matching everyday, sensitive parent-child interaction for the qualities of stimulation that are optimal for fostering brain development. Moreover, because parents and other caregivers adjust their interaction to the child's developing capabilities, they provide a continuing catalyst for the developing brain.

In addition, supportive early relationships can buffer the effects of stress on young children. In one study, for example, temperamentally fearful children who were faced with mildly stressful events exhibited lower physiological stress responses when they were accompanied by mothers to whom they were securely attached in comparison with fearful children who were in insecure attachment relationships.[21] Studies like these are consistent with the findings of many other studies with primates and rats that attest to the stress-buffering functions of early close relationships.[22] Taken together, they indicate that one of the important ways that relationships matter to young children is that they provide support in difficult circumstances, with the absence of such supportive relationships a significant added risk for children growing up in difficult circumstances.

Early interventions can be effective

There is now a significant science of early intervention that shows, in carefully-designed studies involved randomized controls, the long-term benefits to young children from their participation in high-quality early intervention programs. These studies collectively indicate that early intervention programs can improve developmental outcomes for children who are at risk of long-term difficulty—especially if the programs are carefully-designed and thoughtfully implemented.[23] Taken together, evaluation studies in this literature support the conclusions reported in From Neurons to Neighborhoods:

Model early childhood programs that deliver carefully designed interventions with well-defined objectives and that include well-designed evaluations have been shown to influence the developmental trajectories of children whose life course is threatened by socioeconomic disadvantage, family disruption, and diagnosed disabilities. Programs that combine child-focused educational activities with explicit attention to parent-child interaction patterns and relationship building appear to have the greatest impacts. In contrast, services that are based on generic family support, often without a clear delineation of intervention strategies matched directly to measurable objectives, and that are funded by more modest budgets, appear to be less effective.[24]

Implications for Early Head Start

The science of early childhood development suggests that investing early in young children makes sense, both biologically and economically. This research has three further implications for our thinking about Early Head Start:

—The most effective programs to support early brain growth and psychological development attend to intellectual, social, and emotional development, and support families and parenting, beginning early in life. This follows from what we know about the importance of both cognitive and noncognitive skills, and the significance of early relationships, to children's learning. It is also consistent with what we know about the conditions of young children in socioeconomic hardship, who not only fall behind in letter and number skills but are also often lacking in physical health, the motivation to succeed, and supportive relationships at home. Early intervention programs to support young children in socioeconomic difficulty must begin early to benefit from the plasticity of early brain development and their early beginning in learning, and ideally should involve sustained assistance to ensure that early gains are built upon, rather than lost.

—The results of rigorous research document the benefits of Early Head Start for enhancing children's progress in school readiness, supportive parent-child relationships, and improved family functioning. The Congressionally-mandated randomized control trial of Early Head Start, studying more than 3,000 families, has documented significant positive impacts on standardized measures of children's cognitive and language development, as well as measures of supportive family relationships and increased family self-sufficiency.[25] Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development. Children in Early Head Start had more positive interactions with their parents. And Early Head Start parents were more involved and provided more support for learning, and were making greater progress toward self-sufficiency.

—In relation to the number of young children at risk, and the science of early childhood development, significant expansion of Early Head Start is warranted. Developmentally appropriate early childhood education looks a lot different than developmentally appropriate education for older children, and Early Head Start is a developmentally appropriate program for young children. The enhanced participation of eligible young children in a well-designed program like this one respects our growing awareness of the importance of the early years for brain development and psychological growth.

I very much appreciate this opportunity to testify, and I welcome the opportunity to work with Subcommittee staff to provide any further information that you may need.

ENDNOTES

[1] Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

[2] Thompson, R. A. (2001). Development in the first years of life. The Future of Children, 11(1), 20-33.

[2] Nelson, C. A., de Haan, M., & Thomas, K. M. (2006). Neuroscience of cognitive development: The role of experience and the developing brain. Hoboken, NJ: Wiley.

[4] from Thompson, R. A., & Nelson, C. A. (2001). Developmental science and the media: Early brain development. American Psychologist, 56(1), 5-15.

[5] National Scientific Council on the Developing Child, Early Exposure to Toxic Substances Damages Brain Architecture (2006). Working Paper No. 4. *http://www.developingchild.net/reports.shtml*

[6] Knudsen, E, Heckman, J, Cameron, J, Shonkoff, J.: Economic, Neurobiological and Behavioral Perspectives on Building America's Future Workforce. Proceedings of the National Academy of Sciences 2006; 103: 10155-10162.

[7] Flavell, J. H., Miller, P. H., & Miller, S. A. (2002). Cognitive development (4th Ed.). Upper Saddle River, NJ: Prentice-Hall.

[8] Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

[9] Lonigan, C.J., Burgess, S.R., & Anthony, J.L. (2000). Development of emergent literacy and early reading skills in preschool children: Evidence from a latent-variable longitudinal study. Developmental Psychology, 36, 596-613.

[20] Storch, S.A., & Whitehurst, G.J. (2002). Oral language and code-related precursors to reading: Evidence from a longitudinal structural model. Developmental Psychology, 38, 934-947.

[11] Jordan, N., Huttenlocher, J., & Levine, S. (1992). Differential calculation abilities in young children from middle- and low-income families. Developmental Psychology, 28, 644-653.

[12] Gopnik, A., Meltzoff, A. N., & Kuhl, P. K. (2000). The scientist in the crib: Minds, brains, and how children learn. New York: Morrow.

[13] for a review of this research, see Thompson, R. A., & Raikes, H. A. (in press). The social and emotional foundations of school readiness. In J. Knitzer, R. Kaufmann, & D. Perry (Eds.), Early childhood mental health. Baltimore, MD: Paul H. Brookes Publishing Co.

[14] Johnson, M. H. (2005). Developmental cognitive neuroscience: An introduction (2nd Ed.). Cambridge, UK: Blackwell.

[15] Nelson, C. A., de Haan, M., & Thomas, K. M. (2006). Neuroscience of cognitive development: The role of experience and the developing brain. Hoboken, NJ: Wiley.

[16] LeDoux, J. E. (1996). The emotional brain. New York: Simon & Schuster.

[17] National Scientific Council on the Developing Child, Excessive Stress Disrupts the Architecture of the Developing Brain. (2005). Working Paper No. 3. *http://www.developingchild.net/reports.shtml*

[18] Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press.

[19] Ibid, p. 7.

[20] National Scientific Council on the Developing Child. Young Children Develop in an Environment of Relationships. (2004). Working Paper No.1 *http://www.developingchild.net/reports.shtml*

[21] Nachmias, M., Gunnar, M., Mangelsdorf, S., Parritz, R., & Buss, K. (1996). Behavioral inhibition and stress reactivity: The moderating role of attachment security. Child Development, 67, 508-522.

[22] Gunnar, M., & Vazquez, D. (in press). Stress neurobiology and developmental psychopathology. In D. Cicchetti & D. Cohen (Eds.), Developmental psychopathology (2nd Ed.), Vol. III. Risk, disorder, and adaptation. New York: Wiley.

[23] For reviews, see: Barnett, W. S. (2000). Economics of early childhood intervention. In J. P. Shonkoff & S. J. Meisels (Eds.), Handbook of early childhood intervention (pp. 589-610). New York: Cambridge University Press; and Farran, D. C. (2000). Another decade of intervention for children who are low income or disabled: What do we know now? In J. P. Shonkoff & S. J. Meisels (Eds.), Handbook of early childhood intervention (pp. 510-548). New York: Cambridge University Press.

[24] Shonkoff, J. P., & Phillips, D. A. (Eds.) (2000). From neurons to neighborhoods: The science of early childhood development. Committee on Integrating the Science of Early Childhood Development, National Research Council and Institute of Medicine. Washington, DC: National Academy Press, p. 11.

[25] U.S. Department of Health and Human Services, Administration for Children and Families (2002). Making a difference in the lives of infants and toddlers and their families. The impacts of Early Head Start. Washington, D.C.

Chairman KILDEE. Mr. McKeever.

STATEMENT OF MAC McKEEVER, OUT–COUNTY HEAD START DIRECTOR

Mr. MCKEEVER. Good morning, honorable Chairman Kildee and all honorable Members of Congress on this special Subcommittee on Early Childhood Education.

My name is Mac McKeever. I am a Head Start director from Michigan. We serve Genesee County, which includes Flint, Michigan. I sincerely appreciate the opportunity to speak to you today and to testify on the importance of the Head Start program.

We are a family-focused program. We serve families below poverty with children from birth to 5 years of age. You have all received a copy of the examples, statistics and data that has been submitted. I urge you to review that in its entirety. I hope it will be helpful. In Genesee County—I am going to give a brief overview. I am not going to go through all of the data and statistics. I am going to go through some of that data and statistics at this time.

Now, in Genesee County, we serve almost 2,100 families through the traditional Head Start program, 182 families in Early Head Start. We also, through State partnerships, serve another 150 children. We operate a model that includes three delegate agencies: the Flint Board of Education, the Carman-Ainsworth Board of Education, and the Beecher Board of Education. We also, as a grantee, directly provide services to 17 other school districts. We also have sites and partnerships with the Workforce Investment Act's Training Center, the U.S. Department of Labor's Job Corps Center, the University of Michigan-Flint, Mott Community College, and we also have operation sites in partnership with the YWCA, and our own administrative offices have sites that serve children of college and working parents.

Head Start is a special and unique program, and it is unlike daycare, preschool or other early childhood programs. These are all good programs, and they are greatly needed. They serve many young children. Head Start is different, though, and it is different in that it is a comprehensive family and child program. We provide services to the total family unit, whatever that family unit may be. We include parents, siblings, stepchildren, grandparents, foster

children. All of those things are included in our service delivery. Head Start is a family.

A brief description of our community. Some of you may have already seen or heard about our community through the media. We are originally the home of General Motors and the Delphi Corporation, also the community with the greatest number of General Motors' cutbacks, the greatest number of General Motors' layoffs. We are also the home of the Delphi Corporation in bankruptcy. These are areas that indicate we have one of the highest unemployment rates in the Nation. We were at 7.8 percent as of December of last year. You may have also recently heard through the media, regrettably, that we are the third highest city in terms of violent crime in the Nation.

As to the other areas that may be of interest to you, over 16,000 children under 5 years of age live in poverty in the Genesee County community. Within our own program, 70 percent are single parents; 90 percent of these families are in poverty. They are not at 130 percent, 150 percent or 180 percent. They are at base 100 percent of poverty. From 2000 to 2005, we had 4,021 cases of reported domestic violence. Eighteen percent of our children in Head Start between 19 and 36 months have not been immunized. Fifteen percent of the pregnant women do not receive prenatal care in their first trimester. We have the highest teen pregnancy rate in our State, almost 20 percent in some areas. Our families drop out of high school without graduation on a frequent basis. We also hold the highest rate in that area of many of our counties. While we speak, these things continue to grow.

I can continue forever with statistics and data. We see families move two or three times a year. We see these families go back to their parents, live with their parents, become extended families. That becomes a very important factor.

We serve through different facets. We have a mental health component, a social service component, a health component. The mental health staff visit homes. They go into the home. They meet the families. They know the families. That is how we develop the strategies and the ways of working with the families. We have families help in shared decision-making. These families share in the actual decisions of the program, of the policy council. We provide antiviolence training. We provide workshops that deal with areas of safety techniques, conflict resolution, methods of alternative behaviors. These are all critical areas, and in the areas of social service and mental health, both need to be increased immensely. We are very proud of our Male Involvement program. We have a 14-week male nurturing series in conjunction with school districts locally.

Thank you very much. We know that the academics are important, and we believe in the importance of academics, but the emotional/social needs of the child and the needs of the entire family are just as important. A child who can share and care and respect authority will learn in spite of many barriers, and that has been our experience.

Thank you.

Chairman KILDEE. Thank you, Mr. McKeever.

[The statement of Mr. McKeever follows:]

Prepared Statement of H. "Mac" McKeever, Head Start Director, Genesee County GCCARD Head Start and Early Head Start Program

Mr. Chairman Kildee, and Honorable Members of Congress, my name is Mac McKeever. I am a Head Start Director with the Genesee County Community Action Resource Department Head Start Program. We are the Head Start Grantee for the Genesee County area including Flint, Michigan.

I am pleased that you have allowed me the opportunity to testify on the importance of the Head Start Program. Head Start is a comprehensive family focused program for low-income families of children from birth to five years old. Our program serves 2087 families in the traditional Head Start program and 182 families in Early Head Start. As the Grantee, we directly serve 788 families in Early Head Start and traditional Head Start combined. We also delegate three school district's Head Start programs; the Flint Board of Education, Carman-Ainsworth Community Schools, and the Beecher Community Schools. The Grantee serves all other areas of Genesee County; 17 school districts, Job Corps, University of Michigan, Mott Community College and Workforce Investment Act's Job's Training Center. We have sites at the YWCA and our administration building that also enrolls children of college students.

Head Start is a special, unique program and is unlike regular Pre-Kindergarten programs, childcare, or other Early Childhood Education programs. These are all worthwhile and good programs that meet the needs of the families with the resources they receive. Head Start is a Comprehensive Family and Child focused program. It provides a wide range of services to the young child and the other members of their family unit. It has a totally different approach than other Early Childhood programs.

We in Genesee County, Flint, Michigan see every day how important this multi-focused comprehensive program is in our area.

Flint, Michigan and Genesee County face many challenges. Some are: the third highest violent crime city in the nation, the Delphi Corporation's bankruptcy, massive General Motors' layoffs, we consistently have one of the highest unemployment rates in the nation. The unemployment rate as of December 2006 was at 7.8%. The Head Start program and its staff are on the front lines of meeting the needs of these at risk families. Over 16,703 children in Genesee County under the age of 5 years old live below the poverty level. Sadly, the situation seems only to be getting more desperate. Our unemployment rates grow daily as more and more good paying jobs leave our community. This is not to say that Genesee County and Flint do not have many honest, hardworking families in our community.

With these higher paying jobs disappearing, many of our families are now working at low paying service jobs like McDonald's where they are not paid well and have no health benefits at all. As a result, health care services are critically important.

a. In 2003, 18% of children in our community age 19 to 35 months had not been fully immunized.

b. More than 15% of pregnant women do not receive prenatal care in their first trimester.

c. More than 10.4% of babies are born at a low birth weight.

d. 3.8% of babies receive inadequate or no prenatal services at all.

Many families are also having a difficult time finding stable housing. We see many families who have moved more than three times in a year because they cannot afford the rent. There are also a large segment of children and families sharing housing. Extended families and adult children are returning to their parent's home bringing their families with them. Grandparents are now many times parental substitutes.

Many times, the parents in our families have dropped out of high school, been involved with the juvenile justice system or may have had other negative contact with the traditional social service and education network. This results in their avoidance and mistrust of the system that can help them. Head Start develops trust, support, and allows parents input into the program. Through these things, positive change develops and families become self-sufficient. We make parents feel that it is their program, not just another part of the system.

Because of the incredible needs of the families we serve, Head Start cannot afford to focus solely on the educational development of the children we serve. Making sure that our children are ready to learn includes providing support for the entire family. These are the most vulnerable, highest risk families we can identify. Our caseworkers help families locate emergency housing, food assistance, and many other needed services. Our program partners with several job-training programs in our local area so that we can help laid off/unemployed workers get the skills they need

to move forward. Many of these are past Delphi, General Motors, or related industry low seniority employees with 15 years mostly. Training programs provide parents with employment skills in areas such as building and apartment maintenance, janitorial, dental hygiene, optical technician, etc. We work closely with the Workforce Investment Act and the local Job Corps. We have partnerships with local colleges to aid parents in returning to school. We have a physical site at these college locations, which provides on-site access to families. A partnership with the YWCA and a center located at our administrative office also provides centers that focus on colleges and training programs.

There are other important services that are unique to Head Start, i.e., we provide family, child and adolescent support services through our

1. Mental Health Services
2. Health Services
3. Dental Services
4. Nutrition Services—Teaching parents how to prepare low cost, healthy meals.
5. Special Needs and Disabilities
6. Social Services component
7. Parent education and training. We also address child and adult literacy through our adult literacy curriculum, training for adults in literacy education, child literacy curriculum, etc.
8. We also involve parents in shared decision making affecting key areas of the program, i.e. budget, personnel, program self-evaluation, etc. This process THAT includes informed participation in the shared decision making process also becomes a growth and confidence building experience for the parents. We go into parents' homes, have parent meetings and policy council meetings each month. Parents also volunteer in the classroom.

This type of contact enables Head Start to develop trust and become aware of the families' needs and the emergencies they may have. We can then support the child and family unit appropriately.

We help families identify health care resources and establish a "medical home" for themselves and for their children by partnering with community health centers in the area, such as the Hamilton Community Health Clinic, the public hospitals and Mott Children's Health Center, etc. Health care continues to be a significant community concern. The majority of local medical and dental providers do not accept public assistance or Medicaid. These services are even more difficult to obtain for the adult and even child dental needs.

We have children that come to Head Start hungry. Many lack fresh fruit and vegetables at home and simply are not receiving nutritious meals. Head Start plays a vital role in keeping children healthy by providing each child with nutritious snacks and hot meals that they may not be getting at home. We also see children that are suffering from obesity. Child obesity is an epidemic in the United States and a very difficult area to address. We work with parents to help them provide healthy meals in their home while shopping on a budget and teach them about the benefits of regular exercise.

We are finding that many of our children are demonstrating and acting out behavioral problems in the classroom and at home. Our program works with these children and provides counseling and referrals to specialists when they are needed. We have trained mental health service professionals. The Social Service and Mental Health Staff visit the classrooms throughout the year, either by request of the teacher or parent. They observe children with behavioral problems and attempt to provide child management techniques, intervention and staff support to modify the negative behavior. In the more severe situations, we refer to local psychologists, community mental health agencies, etc. and then collaborate follow-up with the family. We are finding that aggressive and sometimes harmful behavior is on an increase in our community. Staff work with parents on emotional, family and substance abuse problems. We establish trust and rapport at the classroom level and start analyzing the problem. We then identify and clarify the concerns and take the family to available agencies that service that concern. These same services are also available and utilized by the adult family members, siblings, etc.

More than 10% of our children also face difficult special needs and disabilities. They range from speech and hearing impaired, deaf, blind, physically challenged and children with serious learning disabilities. Our program provides early intervention screenings for all children. We want to make sure that all the children we serve get the attention they need to succeed in school. We refer many of these children to Early On.

We see rising domestic violence with a rate of 4,021 cases reported in 2005 alone. Classes are offered to the parents on Anti-Violence techniques throughout the year. These sessions include safety techniques, conflict resolution methods, alternative

discipline strategies, etc. This focus is intended to address our community problem with violent crime and antisocial child behavior.

We pride ourselves on our Male Involvement program. We believe that fathers play a critical role in the lives of their children and we want to create as many opportunities as possible for fathers to reconnect with their children and family. We provide a 14 week, male nurturing series, support classes, and special events with child and father i.e. Bowling events, Field trips, etc.

To enable our Head Start to better serve the families in our local community, we provide a wide spectrum of delivery models. We offer and provide a double session option, Full Day Head Start, a home base model, evening Head Start sessions, Early Head Start classroom and home base programming. We try to meet the needs of our families by utilizing maximum local resources to provide flexible programming.

In Genesee County, we also provide family support another way—by empowering parents to get involved in the classroom and in the shared governance of the program. We believe strongly that the parent is the prime educator of their children. We encourage parents to get involved with the parent policy councils—the parents share in decision-making areas in the Head Start Program. I have been working with low-income children and families for quite some time. In my experience, I have found that the parent policy council provides parents with the opportunity to take control of their own life as well as their children. I personally was a community representative on the GCCARD Policy Council in 1978-1979 and since have been employed as a director with Head Start.

We conduct extensive training for parents on the policy council and often find many hidden talents in parents when we give them a chance. Many of our policy council parents are very good at looking at our budget. Every year, I receive calls from former parents who tell me that the policy council and Head Start helped turn their lives around. Many are now in college or working and some parents have even been elected to their local school boards and other elected offices.

While the educational and academic areas of Early Childhood are important, I want to emphasize that meeting the needs of the entire family is essential. Head Start works because it is a true comprehensive program and the services we provide to families are what make the difference and set us apart!

Unfortunately, for the past few years, Head Start and other services for families and children have had their funding level either frozen or reduced. In some cases, many new requirements, reports, and regulations have clogged up the road to serving families and caused an actual reduction in direct services. This has caused significant staff turnover due to lack of competitive salaries, fringe benefits and caseload increases. In our area, family service staff serves 60 to 90 families each. Children and their parents have to once again develop a level of trust with new staff, which can take some time to develop. We are hoping that Congress will provide Head Start with an increase in funding so that we can continue to provide the highest quality services.

I know that you are in the process of drafting the new Head Start Authorization. Based on my experience, I would like to make five recommendations for the committee to consider:

1. Continue to strengthen the comprehensive nature of Head Start. Remember that Head Start's success is based on providing services to both children and their families. Particularly family social services and additional mental health services are needed. The last five years have focused almost exclusively on academics, assessments, measurements and the child's educational progress.

2. Head Start needs a significant increase in funding. The last few years have been very difficult and as a result, services to children and families are suffering.

3. Do not weaken the role of the parent policy council. Shared governance works and works well. Parental involvement is one of the cornerstones of the program. I believe that the policy council gives parents a chance to have a real say over their children's lives and empowers them in the process. This truly is shared decision making by informed parents.

4. Provide Head Start programs the flexibility to serve the communities they live in. I support increasing the income eligibility guidelines to 130% of the poverty line so more working families can enroll. I also support allowing programs the flexibility to serve more infants and toddlers who need services and allowing programs to provide more full day options.

5. Current monitoring appears to be an attempt to dismantle Head Start. Is that what is intended? I hope not!

I would like to thank the committee for giving me the opportunity to testify today. I am more than happy to answer any questions you might have.

See attached Local Success Stories.

Let me provide you with some examples of success stories from our program.

Example 1

One of our four year olds was severely disruptive and noncompliant in the classroom. Because of this, he and many others were not able to take advantage of all the learning in the classroom. Our Mental Health Specialist worked with the parent, teacher and child. The parent was bipolar and self-medicating with alcohol and street drugs. Her behavior and lifestyle were contributing to her son's emotional problems in the classroom. Our Mental Health Specialist worked with the mother to get her the help she needed. At the present time, this child is able to fully take advantage of all the classroom has to offer and his severe behaviors are nonexistent. The other children in class are also benefiting from this one intervention. The teacher can now spend more time teaching and less time intervening on behalf of this child.

Example 2

Our second story involves a four year old that our Mental Health Specialist suspected had symptoms that indicated an autism spectrum disorder. Teachers and parents saw this child as "just stubborn." Our Mental Health Specialist helped the teacher and parents to reframe the behavior and realize it for what it was. She worked with the teacher and the parents to reduce the "stubborn" behavior. At the present time, this child is thriving in our Head Start classroom and not receiving any outside services.

Example 3

A Head Start Parent cannot begin to express her appreciation for the Genesee County C.A.R.D. Head Start program for helping to save her daughter, from serious harm. It was upon a routine physical exam, required for entry into the Head Start program, where it was discovered that the Head Start child had lead poisoning of a level 10. The parent was grateful that her daughter's lead poisoning was discovered before the level increased. The child could have suffered from severe developmental impairments had it gone undetected. Thankfully, the parent received resources to prevent any increase in the child's level. "If it wasn't for the physical required by Head Start, I would not have had any reason to have my daughter tested * * * thank you!"

Example 4

A Head Start Family Service Worker has been working with a set of parents who both have developmental disabilities which effect their ability to function, especially in reading and comprehension. Within a week of the family entering the program, the child in our program was sent home with head lice. The worker called the family to be sure that they knew how to treat the problem. Upon learning that they did not know, she took the necessary equipment over to their home and walked the parents through the treatment steps.

A few months later, the same parents received notification that the assistance they were receiving through the Department of Human Services (DHS) was being terminated. The parents called the staff person for help with understanding the letter and then what to do about their situation. The staff person called the Center for Civil Justice for the family and arranged a meeting with a lawyer who has taken this family's case. She transported the father to that meeting with the lawyer, took the father to obtain emergency food and a winter coat from a resource her supervisor provided, and helped the father fill out and understand the necessary paperwork to regain public assistance.

The Family Service Worker has advocated with the Center for Civil Justice to obtain a case manager to assist this family in their daily needs. Most recently, DHS has required the father to attend Work First, however, the family has no transportation. She contacted Work First for the family to arrange for transportation on a daily basis for this father to attend Work first as scheduled.

Chairman KILDEE. Ms. Haxton.

STATEMENT OF BARBARA HAXTON, EXECUTIVE DIRECTOR, THE OHIO HEAD START ASSOCIATION

Ms. HAXTON. Mr. Chairman and members of the committee, thank you for inviting me to speak this morning. My remarks will focus on two very critical elements of Head Start operations, the

HHS monitoring process and the Technical Assistance System. All Head Start leaders welcome——

Chairman KILDEE. Is your microphone turned on?

Ms. HAXTON. Yes, it is.

All Head Start leaders welcome a high-quality, fair and balanced monitoring system, and all of us who care about the integrity of the Head Start program strongly support a process for the identification of and closure of poorly performing operations.

The triennial Head Start review system has been in place for nearly the entire history of Head Start. The process has been constantly refined to make it useful for program improvement and has, where necessary, resulted in agencies being closed.

In 2005, HHS implemented major changes in the system which they defined as an effort to improve the process. Regrettably, these changes have led to an approach that is not necessarily supportive, is not outcome-focused, is detailed to minutia, and very punitive in nature. The current review protocol has over 300 sets of inquiry which contain over 1,000 questions, all requiring support documentation, and a negative answer to any one of these 1,000 questions will lead to a finding of noncompliance. Reviewers are trained to look for exceptions only, no strengths, only weaknesses. This emphasis on evidence-gathering of wrongdoing has moved us away from identifying actual progress made by the grantee in achieving child and family outcomes and has, instead, created an overall climate of fear and distrust that is both nonproductive and energy-draining.

Despite the good intentions of the Office of Head Start in trying to make this model work, there have been significant problems in the last 3 years. These problems have included major time delays in notifying the grantee of the results of their reviews, in some cases more than 6 months. Agencies have been blind-sided with noncompliances and/or deficiencies that were not communicated to them during the initial visit. Inaccuracies by reviewers, misinterpretation of data or interview information have led to inappropriate findings. In some cases, rude, overbearing and/or intractable reviewers have made the process both difficult and demeaning, and in some cases there were reports of reviewers who did not have the expertise to review a particular component.

The review system should be producing far better outcomes for both HHS and programs than currently is the case. Consider that, every year, the Office of Head Start sends out over 550 review teams to evaluate programs, yet from this effort we have gained no strengths. We have only lists of weaknesses. We have no organizational or exemplary practices learned from this experience. We should look at these costly reviews as an investment where the results become industrywide progress reports and provide us a knowledge base of Head Start best practices.

We strongly encourage the Office of Head Start to consider a renewed effort at improving the system through a model that, one, provides a fair and balanced process of identifying program strengths as well as weaknesses; two, is outcomes-oriented and looks for and documents family and child progress, creating publishable accounts of program strengths and best practices; and three, and possibly most importantly, swiftly closes and replaces

only those programs that cannot or will not correct their deficiencies.

If we look at the TA system, interestingly enough, at this point in time, there appears to be little direct connection between the monitoring system and technical assistance. Any support grantees might receive in the process prior to a review or following a review across the Nation is at best scattered and, in the worst case, is nonexistent.

Like the monitoring system, there is a long history of federally sponsored training and technical assistance in Head Start, and huge sums of money are spent on the system. The current system focuses on six different contractors whose mission is to provide support and guidance to programs. At this point in time, there are major gaps between the delivery system and the mission. We would ask that HHS identify a system that will work for us, looking at the challenges we face following reauthorization. These challenges are going to be monumental, and we need a TA system that is artfully designed to deliver.

Thank you very much.

Chairman KILDEE. Thank you very much.

[The statement of Ms. Haxton follows:]

Prepared Statement of Barbara Haxton, Executive Director, the Ohio Head Start Association

I wish to thank the committee for inviting me to speak on behalf of Head Start and I will focus my remarks on two very critical elements of Head Start program operations, the HHS monitoring process and the Technical Assistance system. Each of these elements is basic to the foundation of continued high quality Head Start services and service delivery.

A high quality, fair and balanced monitoring system is needed and welcomed by local Head Start programs. All of us who care about the integrity of the Head Start program support a process for the identification of poorly performing programs and ultimate closure of these programs if they do not meet the standards. Poorly performing Head Start programs should not be allowed to exist. We all want to see every Head Start program function consistently at a high quality performance level as they provide needed services to our children and families. Our children deserve nothing less.

The triennial Head Start review requirement has been in place for nearly the entire history of the program. Over the years, the process has been developed and redeveloped in efforts to make it useful and informative for program improvement, and has in some cases resulted in poorly performing programs being shut down. With the development of the Revised Head Start Performance Standards in 1997, a concerted effort was made to align the review process and accompanying instrument with the standards. In 2000 the PRISM—Program Review Instrument for Systems Monitoring was introduced and put in practice. The process and the instrument have been revised almost annually since that time.

The original intent was to create * * * "an integrated, comprehensive and outcome-focused approach to ensure compliance with regulations. This approach promotes quality and supports programs in delivering services for children and families in a more holistic manner".

Beginning in 2005, HHS implemented major changes in the system, which they defined as an attempt to improve the process. The new effort focused on systems integration and interrelated areas of noncompliance. Regrettably, these changes have led to an approach which has been experienced by grantees as NOT being supportive, certainly not outcome focused, and primarily punitive in nature. In some cases these reviews have been fraught with nit-picking. The current review protocol contains over 300 inquiries each with multiple segments, which add up to over 1,000 specific questions—all of which require documentation. A negative answer to any one of which will lead to a finding of noncompliance.

While the methodology and direction of the process is dictated by the Office of Head Start and ACF, the monitoring process is managed by an outside contractor. The current model for triennial reviews includes the use of Head Start peers and

content experts as reviewers and federal ACF staff as team leaders. All receive training in the processes which are put in place each year. The training often frames the style evaluators use to conduct reviews and in recent years, evaluators have been prompted to find fault, vigorously pursue non-compliances and at the same time are admonished not to make positive comments.

In 2005, changes to the 2006 PRISM protocol included a written regulation that required only the reporting of compliance problems and totally eliminated the reporting of program strengths. During that year, evaluators were told to create a reviewer mindset and think like a witness. A piece of training material used for evaluators titled Litigation Perspective—Reviewers as Witnesses includes the instructions "Don't think like a bureaucrat doing an in-house review—think like a witness preparing for hostile cross-examination by the grantee's attorney. Prepare to defend your findings and your own credibility!"

Additional materials used to train reviewers within the last two years include a 42 page presentation on guidance for Writing Defensible Preliminary Areas of Non Compliance (PANCs) instructing reviewers how to write defensible narratives when describing non-compliance findings and a 38 page Reviewer Training overview presentation which cites as a goal for monitoring in FY 2007 * * *"Continue to have review teams emphasize exception monitoring". Exception refers only to non-compliances and deficiencies, and at the exclusion of program strengths.

Comments have been heard by Head Start staff that reviewers are instructed by team leaders to keep looking if they don't find non-compliances. Reviewers have been heard saying that they will keep digging until they find something and in current web cast training presentations for program directors slated for a review, directors are quickly warned that there are over 1,600 measurable points each of which can result in a non-compliance.

In 2005, policy was established not only for follow-up visits where non-compliances and/or deficiencies are found, but re-reviews as well. Re-reviews occurred primarily in those programs that had few or no non-compliances. The purpose of the re-review, we were told, was to check the validity of the review team and process. One medium sized program in the midwest was found to have six minor noncompliances during their triennial visit. This initial visit had a team of eleven members from all parts of the U.S., they were revisited three weeks later, with a totally different team of eleven members from all parts of the U.S. and then six months later received a follow-up visit with three team members from all over the U.S., to ensure that their six non-compliances were corrected. A conservative estimate on the dollar cost to the system for this evaluation process in one medium sized program is over $120,000.

This negative approach and emphasis on evidence gathering of wrongdoing has caused the monitoring process to move away from what should be the most important reason for a team to visit an agency which is to review the actual progress made by the grantee in achieving child and family outcomes. The very reason Head Start agencies are funded in the first place—to make a difference in the lives of at risk children and their families, and to get children ready for school and life is never actually measured in a typical site visit. This negative approach has also created an overall climate of fear and distrust on the part of grantees, creating defensive posturing that is non-productive and energy draining. The process should be a partnership of support. Best practices in organization assessment dictate that both strengths and weaknesses be identified. Strengths should be lauded and where weaknesses are identified, direction and support for correction should be swiftly provided.

There is no question that the Office of Head Start puts enormous energy and concerted effort each year into fine tuning the review process in ways to make it thorough, fact finding and highly professional. Nor is there question regarding the efforts put forth by OHS and the contractor to make the process work well and go smoothly. Despite these good intentions, however, there have been significant problems in the last three years which have added to the frustration experienced by local grantees.

- In some cases, it has taken the Office of Head Start over six months to officially inform the grantee of the findings in a review. In one state the average time for receipt of the communication from the Office of Head start was over four months after the visit. The recommended best practices dictate a maximum 45 day turnaround time for OHS.
- In some cases grantees have been blindsided with a list of non-compliances and/or deficiencies which were not communicated during the review but appear on the report.
- The "human element" within the process fostered a multiplicity of issues

• In many cases, grantees cited inaccuracies on the part of reviewers, misinterpretations of data or interview information leading to inaccurate findings

• In many cases, grantees cited experiences of rude, overbearing and/or intractable reviewers whose demeanor was problematic during the review

• In many cases, grantees cited experiences of reviewers not having the expertise to review a given component

• In some cases, grantees cited experiences with team leaders who did not appear to take full leadership responsibility for the team

We acknowledge that both the providers of the review and the programs receiving the review are inclined to be defensive because of the very nature of the review, however, the whole process of monitoring and evaluating Head Start programs every three years is an institutionalized custom that could be and should be a far better experience and have far greater outcomes for both HHS and the grantees than is currently the case.

It is absolutely essential, given the intensity of the review process, and the costs associated, that EVERY Head Start program should emerge stronger and improved as a result of the review. The current PRISM Protocol has ten sections and over three hundred multi-part questions, each requiring an extensive multi-part answer and all requiring supportive evidence. Each of these sections and each of these questions could provide enormous learning opportunities for both the Head Start program and the review team. Every year, the Office of Head Start sends over 550 primary review teams out to the field to conduct in-depth evaluations of programs, yet from this effort we have gained no organizational or industry wide exemplary practices or strengths; we have only lists of weaknesses. Instead of the extensive dollar costs of these reviews being seen as an expense to the Office of Head Start, these dollars should be viewed as and treated as an investment, with the process of reviews positioned so that the results are an industry wide progress report and a knowledge base of Head Start best practices.

We strongly encourage the Office of Head Start to consider a renewed effort at improving the review process and develop a system that:

• Provides a fair and balanced process that identifies program strengths as well as weaknesses, and provides ongoing support for programs to correct weaknesses when they are identified.

• Is outcomes oriented, and looks for and documents family and child progress, creating publishable accounts of program strengths and best practices.

• Swiftly closes and replaces programs that cannot/will not correct deficiencies.

Interestingly enough there has been, up until now under the current system, little direct connection between the HHS monitoring review process and the TA system established by HHS. Any support grantees might receive prior to a triennial review and/or following a triennial review while working to correct non-compliances or deficiencies is at best, uneven across the nation, and in worst cases, nonexistent.

The history of federal Training and Technical Assistance support for Head Start programs, like the monitoring system, dates back to the beginning of the program. A long list of contracting organizations has been in place across the years to provide support, training, consulting and direction to program providers. Some have been more useful than others. Beginning in 2003, the Training portion of Training and Technical Assistance was essentially dropped in favor of a greater emphasis on Technical Assistance. Current contractors focus primarily on providing technical assistance to local programs.

At the present time there are no fewer than thirteen Head Start National Contracts for Training and Technical Assistance. Six of those contractors are in place to provide direct support to grantees within the twelve Head Start regions across the country. Their purpose, as stated in an AFC publication, is to "build grantee capacity by providing comprehensive, individualized technical support to Head Start grantees * * * by working in partnership with ACF and grantees; assisting grantees to comply with laws, regulations and standards; participating as a joint problem solver, observer and strategist; enhancing collaborative partnerships with local, state and federal entities; supporting grantees with Head Start priorities, initiatives and special projects; gathering and disseminating current and relevant research "This mission is appropriate and solidly applicable to the role of a Head Start TA provider. Regrettably, however, at this point in time there appear to be great gaps between mission and service delivery.

First—because of the number of different contractors providing these services, there is an uneven delivery system across the country. Some regions have a solid and high quality delivery system with highly competent content specialists and local TA specialists working in the field. In other regions the service delivery is more uneven. There are differences even from state to state in how technical assistance is delivered and in the intensity and quality of the service. Further, there appears to

be a general belief on the part of individual grantees that both the extent of services the current TA system has to offer, and the professional capacity of some of the TA specialists is limited.

Second—in many instances, grantees report that their individual TA Specialists spend inordinate amounts of time filling out forms, ensuring that data is recorded in just the right order, and redoing paperwork so that the reporting format is uniform. It appears that more time and effort is spent in ensuring correct report development than in providing actual technical assistance. In some regions the primary responsibility for a TA Specialist is to work with the grantee to develop a training plan. Training Plans must be developed by the grantee in a time frame which coincides with their grant fiscal year and prior to sending their grant to the Regional Office for renewal. This timeframe may or may not line up with the school year, thus making the projection of training needs difficult and often forced. Once completed, the training plan must be submitted through a series of approvals and ultimately to the Regional Office for final approval. The grantee is notified once those approvals have been completed. Whatever follow-up occurs between the TA specialist and grantee beyond that is reported as sporadic and not particularly useful.

Extensive feedback from grantees regarding their relationship with the TA system includes:

- We have not seen our TA Specialist in about 10 months. I occasionally get an email with some sort of article forwarded once a year.
- I would have appreciated some sort of contact prior to our Federal Review, maybe even a prep session. We got nothing and I spent our own TA dollars for another resource.
- Our TA Specialist is not particularly skilled in meeting our needs. We do not get timely responses from her, nor is she responsive to our needs. Sometimes it has taken as long as six months to get answers to our questions.
- Our agency has not made much use of the TA system. The meetings with their staff are tedious, often endless and without benefit to my program. The staff is not reliable and does not follow-up on commitments they have made.
- Our TA person is very nice, but not particularly useful to our agency. She contacts me in October, shows up one day to review the plan that my staff and I have already written, and I hear from her one more time when she tells me the plan has been approved. That is it. If I really needed support and technical assistance with a major program issue, I would not contact her for help.
- My perspective on the current TA system is that our Head Start team actually plans, develops, prepares and executes the TA Program Assessment and the Training plan. The consultant's role has been to make visits review the plan (and ensure that it is written in the correct format) and pass our work along to the Regional office for approval. I do not experience any real consulting from this system or this person and I question the value of what we receive.

Most grantees have stated that the T/TA system in place during the years 1993 through 2003 was exceptionally better than the system now in place.

Third—as evidenced by the forgoing comments from grantees, the system appears to offer little of substance for grantees. Although training is not a major focus of the system, on occasion cluster training within a state is offered if there is an identified training need common to several geographically close grantees. Even this effort has been sporadic within regions, and success is largely dependent on the skills of the trainer. It is important to note that current TA Specialists are not necessarily content area specialists and most are not skilled trainers.

In most states and regions, state and regional Head Start Associations sponsor regular training conferences and events. This is an important part of the overall Head Start training network. Historically, the regional Head Start T/TA provider was actively involved with these events. Agendas were developed in partnership with the TA provider and the TA staff members were often training facilitators. In the current system, in most regions, there is no easy partnership with the Associations, and permission must be established six months in advance to even get a TA specialist to attend an Association Head Start conference.

In 2005 there was a study on the effectiveness of the current TA system, conducted by a national contractor. The results of that study have not been published or released by the Office of Head Start, and yet the findings might very well be useful in redefining how TA could more be more successfully delivered to grantees.

Technical Assistance must be closely tied to program performance. Support must be available to grantees when there is a decline in any area of best practice. Enormous amounts of data are available to grantees to enable them to analyze needs and develop specific technical assistance plans. Most grantees don't need help in identifying their needs and developing plans; they need high quality professional help in solving the complex problems that cause them to slip in exhibiting best prac-

tices. Reauthorization 2007 will bring the Head Start community many new, exciting challenges and as we move forward with these challenges programs will benefit from the availability of highly qualified organizational consultants who understand the complexities of Head Start. We will not need help in filling out forms.

It is relatively safe to say that in the coming years, local programs will be faced with many new challenges. Among them will be:

- Major organizational culture shifts
- Expansion to new lines of business
- The challenge of collaboration versus competition with state funded pre-K programs
- Escalating expenses and limited sources of new income
- Major changes in the framework of the families we serve and the cultures from which they come
- Much greater complexity in how to design effective program options and service delivery to meet the needs of changing communities
- Much higher expectations for child outcomes
- An escalating need to have all staff with higher levels of formal education
- A much greater need for ongoing training and staff development in topics that have grown in complexity

The Technical Assistance and training system in place to support this range of needs will have to be carefully designed and successfully executed. The world of Head Start is incredibly complex and deserves a support system that acknowledges those complexities and has the resources to deliver. The future will require a system that includes a foundation of support not only for local programs but for regional and federal overseers as well, and the support must come from highly qualified, highly professional sources who understand not only the complexity of Head Start and the growing field of early childhood services, but who also know the complexities of organizational development and systems management. Head Start is a seven billion dollar business, requiring world class supports.

We need a TA system that at least:

- Has the capacity to understand the complexities of Head Start and the growing state Pre K efforts, as well as organizational structures; systems management; and futuristic thinking
- Works in active and supportive partnerships with local programs, state and regional Head Start Associations and regional offices
- Sets jointly defined work goals with the above organizations
- Has the capacity to employ qualified professional staff assigned to work with local programs
- Has the capacity to ensure their staff has ongoing training to maintain their professional standing
- Establishes a unified approach across all states and regions to ensure an even delivery system

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Chairman KILDEE. Ms. Elloie.

STATEMENT OF PEARLIE ELLOIE, DIRECTOR, OFFICE FOR CHILDREN, YOUTH AND FAMILIES, TOTAL COMMUNITY ACTION, INC.

Ms. ELLOIE. Mr. Chairman and members of the committee, I am pleased to have the opportunity to testify today on the current plight of low-income children and families in New Orleans following Hurricane Katrina.

On Monday, August 29th, when Hurricane Katrina passed over the city of New Orleans, the power of this major hurricane caused breaches in three levies, flooding 80 percent of the city. What happened after this massive flooding was a nightmare that shook the Nation.

The weekend before Katrina hit, more than 250,000 persons packed their belongings for what they thought was a 3-day period. Sadly, thousands of New Orleanians remained in their homes, and more than 20,000 people fled to the Superdome and the Convention Center. I am often asked why these individuals and families did

not try to escape the hurricane. The answer is simple. Thousands of persons did not leave because they did not have transportation. These families had no cars, nor did they have sufficient available funds or credit cards to book hotel accommodations. These families had no other choice. They were simply trapped and could not escape.

The events of this fatal weekend began a journey of fear, despair and destruction for much of the city's population, particularly impoverished individuals and families who, even before Katrina, lived on the edge of existence. In the haste of transporting individuals and families from the Superdome and the Convention Center, children were separated from their parents. Families were separated, and elderly couples were separated. Many persons boarded aircraft unaware of their destination, landing in places completely unfamiliar to them. Our city, our people and our Head Start program were in shambles, buildings destroyed, staff and families evacuated to places throughout the Nation, lives lost, homes destroyed, vital records and family historical documents destroyed, and, most devastating, the loss of a sense of community. We felt like strangers in our own homeland.

Despite our feelings of personal and community loss, however, the Head Start grantee staff moved into action. We immediately opened offices in Baton Rouge, Louisiana, some 86 miles from New Orleans. Head Start was uniquely qualified to take on this mission. Our program deals with families on a continuous basis who are in crisis. Our organization serves as a source of information and assistance to hundreds of families. Our networks are wide-ranging, and we have the partnerships across the city to ensure seamless service delivery systems. We were there for families to turn to for advice and counsel in times of sorrow and need. I am proud to say that Head Start is the ultimate first responder. We were there for our families from day one, and we continue to be there for them today. Much of what was accomplished within the first few months following Katrina could not have been done without the existence of Head Start.

It is very hard for me to find the precise words that describe the New Orleans I saw following the hurricane. The best that I can tell you was that large parts of the city were completely devastated. For more than 2 weeks, parts of New Orleans had languished in more than 3 to 10 feet of stagnant floodwater. Trash and debris was everywhere. Buildings were completely destroyed. Abandoned cars covered neutral grounds and the areas under overpasses and elevated roadways. The city was dark and desolate.

Our Head Start program, however, managed to stay ahead of families. As families began to come back to the city, we started opening Head Start centers. I am very proud to say that, on November 14, 2005, the first Head Start center was reopened. Within 6 months, we opened seven other centers. The experience that Head Start had following Katrina was that if there is an agency that can help parents recover, it is Head Start.

The situation today, while much improved, is still dismal. We are in need of urgent help and assistance, and there are three things, three recommendations, that I would like to offer to the committee.

The first is that our families are in need of affordable housing. It is a critical need, and we must do something to make sure that people do receive this.

The second thing is the Head Start program needs more flexibility in how it utilizes its funds. Our updated community assessment reveals and our experience reveals that the need for infant-toddler care has outstripped our resources. We need the flexibility of using funds where a community assessment says it is needed. We also need some assistance in bringing back our buildings.

It was my intent to share with you the status of the Head Start families after the storm. Much of what I have shared with you may have been seen on your evening news. However—and we have talked about the challenges of high crime, but what you may not have seen or witnessed is the spirit of hope in our citizens. We have returned home to the city we love, and we are confident that, like the mythical birth of Phoenix, we shall rise again from the devastation of Katrina and build a better New Orleans, and Head Start must and should be a part of that recovery.

I thank you, Mr. Chair and committee members, for allowing me the opportunity to speak with you, and I stand ready to respond to any questions you may have.

Chairman KILDEE. Thank you, Ms. Elloie.

[The statement of Ms. Elloie follows:]

Prepared Statement of Pearlie Hardin Elloie, Head Start Director, Total Community Action Inc.

Mr. Chairman, members of the Committee, I am Pearlie Hardin Elloie, the Head Start Director of the Total Community Action Head Start program in New Orleans, LA. I am pleased to have the opportunity to testify today on the current plight of low-income children and families in New Orleans following Hurricane Katrina.

From March 2005 through the end of July, 2005, the New Orleans Head Start Program pre-registered 2618 three and four year old children and 204 infants and toddlers in its 34 Head Start centers and eight (8) family day care homes for the 2005-2006 program year that was to open for children on Tuesday, September 6, 2005. On Monday, August 22nd, staff returned to work following the annual vacation period. On Friday, August 26th and Saturday, August 27th, staff delivered supplies to the Park Plaza Hotel in preparation for the annual Pre-service Training Program. That same weekend, thousands of citizens fled the city. On Monday, August 29th Hurricane Katrina passed over the city of New Orleans. The power of this hurricane caused major breeches in three leeves—flooding 80% of the city. What happened after this massive flooding was a nightmare that shook the nation.

The weekend before Katrina hit more than 250,000 persons packed their belongings for what they thought would be a three-day period. Sadly, thousands of New Orleanians remained in their homes and more than 20,000 people fled to the Superdome and the Convention Center. I am often asked why these individuals and families did not try to escape hurricane Katrina. The answer is simple; thousands of persons did not leave because they did not have transportation. These families did not have cars nor did they have sufficient available funds or credit cards to book hotel accommodations. Generations of these families lived within blocks of each other in New Orleans. They had no contacts in other places. These families had no other choice; they were simply trapped and couldn't escape

The events of this fatal weekend began a journey of fear, despair, and destruction for much of the city's population, particularly impoverished individuals and families who, even before Katrina, lived on the edge of existence. In the haste of transporting individuals and families from the Superdome and the Convention Center children were separated from their families, families were separated and elderly couples were separated. Many persons boarded air craft unaware of their destinations—landing in places completely unfamiliar to them. Our city, our people and our Head Start Program were in shambles—buildings destroyed, staff and Head Start families evacuated to places throughout the nation, lives lost, homes destroyed, vital records

and family historical documents destroyed and, most devastating, the lost of a sense of community; we felt like strangers in our own homeland.

Head Start As A First Responder

Despite our feelings of personal and community lost, the Head Start grantee staff moved into action. We immediately opened offices in Baton Rouge, La staffed by three persons—the Executive Director, the comptroller and me, the Head Start Director.

Head Start was uniquely qualified to take on this mission. Our program deals with families in crisis on a continuous basis year round. Our organization serves as a source of information and assistance to hundreds of families. Our networks are wide ranging and we have partnerships across the city to assure a seamless service delivery system. We are there for families to turn to for advice and counsel in times of sorrow and need. I am proud to say that Head Start is the ultimate first responder. We were there for our families from day one and we continue to be there for them today. Much of what was accomplished within the first few months following Katrina could not have happened without Head Start. In this time of critical need, our families turned to us for comfort, support, information and assistance and we were there for them. This effective rapid response could only have been done by Head Start and we did it well.

Immediately following the opening of our Baton Rouge office we focused on the following tasks to ensure we could quickly get services to children and their families:

- Locating and making contact with 323 displaced Head Start employees
- Assisting employees in adjusting to their new locations by 1) referring them for employment in Head Start programs throughout the country; and 2) assisting them in contacting their displaced coworkers
- Assessing damage to Head Start facilities
- Devising plan to bring centers back into operation
- Reopening New Orleans office
- Assisting staff in their return to New Orleans
- Keeping funding source apprized of rebuilding of the Head Start Program
- Using data from multiple sources to develop the organization's Response to Crisis.
- Contacting Head Start programs in Region VI and Region IV seeking their assistance in locating staff and Head Start families
- Obtaining commitment from these programs to serve displaced New Orleans Head Start families
- Serving as a point of contact for Head Start families and staff in their effort to locate family members

Head Start Buildings Damaged

In order to accomplish the goal of reopening a Head Start center before November 15th, we had to be in the city. So, in late September I went home for the first time since Katrina. It is very hard for me to find the precise words that describe the New Orleans I saw. The best that I can tell you was that large parts of the city were completely devastated. For more than two weeks parts of New Orleans had languished in three to more than ten feet of stagnant flood water. Trash and debris were everywhere. Buildings were completely destroyed. Abandoned cars covered neutral grounds and the areas under overpasses and elevated roadways.

The city was very dark and desolate. There were no lights, no people moving about, no dogs roaming the streets, no birds, no butterflies, and most sadly, no children playing. Where there was once green landscape, now everything was brown. Gnats and flies swarmed freely. The stench was terrible and sickening.

An assessment of the 34 Head Start centers revealed the following:

1. eleven centers sustained minimal damage
2. five centers sustained damage due to rising water and substantial water damage due to severe roof damage
3. thirteen centers sustained severe damage due to flooding and wind damage
4. five centers required tear down and rebuild
5. eight family day care homes sustained severe damage

We now faced the loss of two-thirds of our facilities, a city still reeling from the shock of Katrina, displaced staff and Head Start families already beginning to return to New Orleans. The program attempted to stay one step ahead of returning Head Start families; we wanted Head Start to be in place when families returned. These early returning families were coming back to New Orleans primarily because of job demand. We had to have safe and nurturing environments for these children who had just experienced so many traumas. The program implemented its Head

Start Redevelopment Plan focusing on those eleven centers that sustained minimal damage. On November 14, 2005 the first Head Start center, Diana H S center, was reopened. Within six months seven additional centers were opened. The other three facilities were lost to Head Start when owners did not renew leases.

After the Hurricane: Low Income Children and Families Still Suffering

The misery from hurricane Katrina is wide-spread and to this day continues to impact the city's quality of life. What is life in New Orleans like in February, 2007? The 2005 American Community Survey listed the population of Orleans Parish as 437,186—down from the 467,033 count in Census 2000. The 2006 Louisiana Health and Population Survey conducted by the Louisiana Public Health Institute on behalf of the Louisiana Department of Health and Hospitals and the Louisiana Recovery Authority indicated that New Orleans' population as of August, 2006 was 191,139—up from the 158,353 count for January, 2006.

The city's health care system has been devastated. Many hospitals were destroyed in the storm and have not yet reopened. The largest public hospital where many Head Start families received health care, especially emergency health care, remains closed. Neighborhood health clinics have not reopened, and tragically, mental health services are almost non-existent.

About half of the families we serve are currently living in trailers or are living with other families—often three families living in a two bedroom apartment. Affordable housing is our biggest challenge. Large sections of public housing developments remain closed; some scheduled for demolition. Low-rent housing is a thing of the past. Only a limited number of apartments and houses are available for rent. This had led some landlords in the area to increase rent 75% or more. An apartment that may have cost $500 per month before Katrina may now cost about $1200. This is way out of the reach of the families that Head Start serves and other low income individuals and families.

Jobs are very limited for Head Start families. Many of our families are employed in the service industry—working at local hotels, restaurants, and other service industries. And while they might earn $8 to $10 per hour, these jobs often do not provide benefits to their employees.

The children we serve in Head Start have very much been impacted by the storm. We are finding that children are clinging to their mothers a bit more. They are experiencing more anxiety and are scared that something may happen to them. We try to counteract that by providing them a safe and positive environment. We also work with our teachers to help them identify children who may need extra help. We have engaged the assistance of mental health professionals in this initiative.

The public transportation system has been damaged. Bus lines have been drastically cut or eliminated, the number of buses online is reduced and buses are not running as regularly as they did before hurricane Katrina. This means that it is harder for low income families to get work and to get around. The cost of riding the bus which is $1.25 a person each way can be very expensive for families with 2 or 3 children and a low paying job.

Immediately following hurricane Katrina our Head Start program spent a considerable amount of time finding services for displaced families and their children. Today, many of the same problems exist more than a year later. Families still need affordable housing, assistance in replacing lost documents, schools for their school-age children, and referrals for other social service needs. Head Start is still here for these families.

Lessons Learned

Head Start staff and families learned hard lessons as a result of Hurricane Katrina.

What happened after Katrina changed forever the approach we use in moving families toward self-sufficiency. We are resolved that Head Start families and staff will never again face such an emergency unprepared. Head Start developed a plan of action geared toward ensuring that families and staff are prepared to swiftly move their families to safety in the event of another emergency. The objective of the plan was to provide information to families so that they have both the knowledge and the resources to make informed decisions that ensure the safety of their families in the event of an emergency. Critical components of the plan are 1) assisting families in developing an emergency preparedness plan. Each family received a copy of the DVD entitled "Preparing for The Big One." This DVD, which provides information and instructions on how one can prepare for a hurricane, was developed by Total Community Action, Inc., the Head Start grantee. The irony is that the distribution of this DVD was scheduled to begin on August 29, 2005, the day Katrina passed over New Orleans; 2) encouraging Head Start families to maintain contact

with individuals, families and others who provided a safe harbor for them following Katrina. This is especially critical for those families who do not have distant friends and relatives that could assist them in an emergency; 3) soliciting the assistance of other Head Start Programs in Regions VI and IV in the event Head Start families were to be evacuated to their communities. Head Start programs in other communities were the first contacts many families and staff made when they evacuated to a community where they did not have family or friends; and 4) giving special emphasis to employing strategies that have proven effective in helping individuals and families move permanently out of poverty.

The vast majority of individuals and families that did not evacuate the city in advance of Hurricane Katrina were poor persons, those who had no resources to take them to safe harbor. Additional, many of those families experienced generational poverty—not one generation had been successful in freeing itself from the shackles of poverty. Again, Total Community Action, Inc., the Head Start grantee, provided leadership in this effort. The Agency had developed its Eight Point Poverty Reduction Plan geared to assisting individuals and families move permanently out of poverty. The plan presents eight asset building strategies that have proven to be effective poverty reduction strategies in communities throughout the nation where they have been employed.

The Head Start program has given emphasis to two of these strategies: Earned Income Tax Credit (EITC) and the Individual Development Account (IDA). The EITC program reduces a low income wage earners' tax liability and provides the individual a tax refund, if eligible. It has been documented that the EITC program is one of the largest anti-poverty programs in America. The IDA program is a forced saving program for low-income individuals and families that provides opportunity for persons to save income to acquire an asset such as a first time home, start a small business or to pursue post high school educational opportunities. Shortly before Katrina passed over New Orleans a young Head Start family moved into its first home, acquired through its participation in IDA program.

The last critical piece of this plan is implementation of a Financial Literacy Program geared to increasing the individual's and family's skills in acquiring and maintaining financial stability, learning how to make better use of family income, whatever it may be.

The hope of this initiative is to assist Head Start families create and implement action plans that move them permanently out of poverty. It is an awesome task, but I believe that Head Start is up to the task.

Recommendations

The situation, however while much improved, is still dismal in New Orleans. We are in need of help and we need it now! Low-income children and families can no longer afford to wait. As Congress moves forward on how to rebuild the gulf region let me give you some thoughts based on what I see everyday and how I think you can help:

• There is an incredible lack of affordable housing for low-income children and families. This is taking a terrible toll on the parents we serve and their children. We need to find a way to ensure a stable housing situation for all of the families who need help in New Orleans. This means we need to rebuild public housing complexes and provide more funding for section 8 housing vouchers and get them out quickly to people.

• Head Start programs need more flexibility in providing services. We are finding that post-Katrina there is an incredible need for infant and toddler care. I believe that the Head Start reauthorization should provide Head Start programs the flexibility to convert their slots downward to serve more infants and toddlers if the need is there. I also believe that the income guidelines for Head Start should be raised as well. Many families are working, but because of the lack of affordable housing, more of their salaries are going to pay for a place to live. They might make more than they did before Katrina, but the cost of living is much greater. These families need and deserve our help.

• We need immediate help in getting our buildings and facilities cleaned up, rebuilt and renovated. We are now more than a year later and we do not have the necessary safe spaces to serve additional low income children and their families.

It was my intent to share with you the status of Head Start families after the storm. Much of what I have shared with you may have been seen on your evening news. True, we do have challenges of high crime rates, insufficient housing, a slowly rebuilding infrastructure, a wounded health care system and a broken public education system. However, what you may not have seen or witnessed is the spirit of hope in our citizens, we have returned home to the city we love and we are con-

fident that like the mythical bird, the phoenix, we can rise from the devastation of Katrina and build a better New Orleans.

Head Start can continue to be a beacon of hope, information and resource to eligible families. We must continue to be a viable part of the recovery of our beloved city.

I hope that my testimony was helpful to you in understanding the impact of hurricane Katrina on low income children and families. I urge all of you to come to New Orleans and visit our Head Start program and see the situation for yourself. I would be happy to answer any questions.

Chairman KILDEE. Dr. Frede.

STATEMENT OF ELLEN FREDE, PH.D., CODIRECTOR, NATIONAL INSTITUTE FOR EARLY EDUCATION RESEARCH, RUTGERS UNIVERSITY

Dr. FREDE. Mr. Chairman, members of the subcommittee, I am pleased to present testimony on the coordination between two vitally important programs, Head Start and State prekindergarten. Collaboration is possible. It is happening throughout the Nation. It enhances services to children, and it can be facilitated by continuing to increase the quality of Head Start and State pre-K.

In my testimony, I will include information reported by the National Institute for Early Education Research on the national picture and on my recent experience as the pre-K administrator of the State of New Jersey. My experience with early childhood education programs began as a high school summer volunteer in the early days of Head Start, and has included teaching and research in diverse settings for over 30 years. Thus, I bring a multifaceted view to the issue of mixed delivery of preschool.

In 2 weeks, the National Institute for Early Education Research will release the sixth annual report of State-funded preschool drawing a picture of preschool throughout the country and on a State-by-State basis. This report will show that pre-K enrollment continues to grow across the Nation. It also shows that all but 2 of the 38 States funding pre-K collaborated with Head Start agencies. These collaborations take varying forms with many States supplementing Head Start to expand access. Others layer funding to increase hours from half day to full day, or they may also augment quality through class size reduction, professional development and enhancement of teacher salary.

Through coordination, Head Start agencies are able to be part of a larger early learning community and provide a more seamless experience for children. These collaborations offer opportunities for synergies and professional development for Head Start and district staff as well as better integrated services for children with disabilities. However, collaboration can present a complex funding situation and result in burdensome accounting systems and time-consuming reporting requirements. Adding even more complexity are the disparate and sometimes contradictory program standards imposed by the different funding streams.

For example, Head Start requires that the Parent Policy Council help determine what curriculum should be used in the classroom. Yet for many State pre-K programs, the district board of education makes this decision. State and local districts may require specific child assessment and program evaluation systems, while the Office

of Head Start requires others. This leaves teachers and administrators spending excessive time on redundant and unhelpful assessments that could be spent on teaching.

Particularly troubling are States where the pre-K program is universally available, or the income eligibility is less stringent. Then Head Start has the necessity of segregating children by income or restricting parent choice in order to partner with Head Start. It is especially challenging for Head Start agencies that use child care dollars to extend the day to handle the conflict created when a child's parent loses her eligibility because she has lost her job. For the sake of the child, the Head Start agency does not want to deny the full program, but for the sake of their budget, they need to fill that half-day slot.

Head Start directors and other staff members throughout the country are struggling to meet these challenges. For the most part, they welcome the opportunity because they believe Head Start provides a special service to young children from low-income families, and coordination with State pre-K and child care can enhance this service.

Ultimately, high-quality Head Start programs are the key to making these collaborations work effectively. I have the following suggestions for what Head Start reauthorization can do to facilitate collaboration by helping to ensure that this critical and valuable program continues to improve.

First, require that 50 percent of the Head Start teachers get a B.A. degree and training in early childhood education, and ensure that funding is available for salaries comparable to those of public school teachers.

Second, encourage and allow flexibility so that children can be served in mixed-income classrooms as long as they receive all mandated, comprehensive Head Start services.

Third, allow Head Start agencies that use childhood dollars to count this subsidy toward their local match. States should ensure that the subsidy continues as long as the child is eligible for Head Start.

Fourth, provide incentives and flexibility to ensure an ample pool of high-quality applicants for Head Start grants. In New Jersey and other State pre-K programs, mixed-delivery systems of public school, not-for-profit and for-profit programs working together have shown good results.

Fifth, funds should be made—this is expected of a researcher, right? Funds should be made available for research to establish the effects of augmented quality and duration of Head Start. A randomized trial could compare Head Start Programs that meet current performance standards to super Head Start with a class size of no more than 16 children and better paid, certified teachers. Other studies could compare the length of day and the number of years. Such investigations will make full use of Head Start as the Nation's laboratory for developing early education.

I think that this kind of collaboration is very important and needs the support both of the Federal Government and of State governments, and whatever the subcommittee can do to facilitate that would be welcomed.

Thank you.

Chairman KILDEE. Thank you very much, Dr. Frede.

[The statement of Ms. Frede follows:]

Prepared Statement of Ellen Frede, Ph.D., Co-Director, National Institute for Early Education Research (NIERR), Rutgers University

Mr. Chairman, members of the Committee, I am Ellen Frede, Co-Director of the National Institute for Early Education Research (NIEER) at Rutgers University and Associate Professor at The College of New Jersey. I am pleased to be invited to present testimony on coordination between Head Start programs and state-funded pre-kindergarten. Collaboration is possible, it is happening throughout the nation, it enhances services to children and it could be facilitated by continuing to increase the quality of Head Start. I include information reported by NIEER on the national picture and draw on my recent experience as the pre-k administrator for the state of New Jersey.

My experience with early childhood education programs began as a summer volunteer in the early days of Head Start and progressed through teaching in child care, public school, and Head Start classrooms to teacher education, research and most recently, to administering state-funded preschool programs in New Jersey which collaborate with Head Start agencies. Thus, I bring a multi-faceted view to the issue of mixed delivery of preschool.

In two weeks, the National Institute for Early Education Research will release the sixth annual report on state funded preschool drawing a picture of preschool throughout the country and on a state-by-state basis. This report will show that pre-k enrollment continues to grow across the nation.

It also shows that all but two of the 38 states funding pre-k collaborated with Head Start agencies. These collaborations take varying forms from state to state.

• Thirteen states supplement Head Start agencies' funding so that they can serve more children.

• Others layer funding to increase the hours from half-day to full-day. This enhances the educational value of the program and better meets the needs of families. Often, agencies also provide wrap around care using state child care dollars. At present only 47% of Head Start children are served in full-day programs. But of the 11 states where over 75% of the children served in Head Start are in full day programs, 9 have substantial collaborations with state pre-k.

• Many states fund Head Start to augment quality, for example, reducing class size, enhancing professional development, adding classroom materials, and paying for teachers certified in early childhood education. The need for highly qualified teachers in all programs for young children is clear. To attract and keep highly qualified teachers salaries must be adequate. In 2005-2006, the average pay nationally for Head Start teachers with a college degree was just over $30,000. Compare this to the average pay of public school teachers which was over $47,000. And this does not account for benefit disparities.

• Agencies that provide Head Start may also provide the state pre-k program in separate classrooms where federal and state funds are not co-mingled.

• In some states, pre-k funding goes directly to the Head Start agency and in others it flows through the local school district.

Through coordination, Head Start programs are able to be part of the larger early learning community and provide a more seamless experience for children especially as they transition to kindergarten. In addition to serving more children and augmenting hours and educational effectiveness, the collaborations offer opportunities such as:

• Professional development for Head Start staff on state early learning standards and district curriculum leading to more effective transition to the kindergarten;

• Professional development for district kindergarten and primary grade staff in developmentally appropriate expectations and effective education for young children leading to schools that are ready for the diverse abilities of children that come from Head Start programs; and

• Better integrated services for children with disabilities.

However, collaboration presents a complex funding situation and results in tortuous accounting systems and time consuming reporting requirements. Adding even more complexity are the disparate and sometimes contradictory program standards imposed by the different funding streams.

For example:

• Head Start requires that the parent policy council help determine what curriculum should be used in the classrooms, yet for many state pre-k programs the district board of education makes this decision.

• State or local districts may require specific child assessment or program evaluation systems while the Office of Head Start requires others. This leaves teachers and administrators spending excessive time on redundant and unhelpful assessment that could be spent on teaching.

• Particularly troubling for states where the pre-k program is universally available or the income eligibility is less stringent than Head Start is the necessity of segregating children by income or restricting parent choice in order to partner with Head Start.

• It is especially challenging for Head Start agencies that use child care dollars to extend the day to handle the conflict created when a child's parent loses her eligibility for the child care slot because she has lost her job. For the sake of the child, they do not want to deny that child the full day program and for the sake of their budget, they can't fill a half-day slot.

Head Start directors and other staff members throughout the country are struggling to meet these challenges. For the most part, they welcome the opportunity because they believe Head Start provides a special service to young children from low income families and coordination with state pre-k and child care can enhance this service.

Ultimately, high quality Head Start programs are the key to making these collaborations work effectively. I have the following suggestions for what Head Start reauthorization can do to facilitate collaboration by helping to ensure that this critical and valuable program continues to improve.

1. Require that 50% of the Head Start teachers get a BA degree and training in early childhood education, and ensure that funding is available for salaries comparable to those of public school teachers.

2. Encourage and allow flexibility so that children can be served in mixed income classrooms as long as they receive all mandated, comprehensive Head Start services.

3. Allow Head Start agencies that use child care dollars to provide an extended day to count this subsidy toward their local match. States should ensure that the subsidy continues as long as the child is eligible for Head Start.

4. Provide incentives and flexibility to ensure an ample pool of high quality applicants for Head Start grants. In New Jersey and most state pre-k programs mixed delivery systems of public school, not-for-profit and for-profit programs working together have shown good results.

5. Funds should be made available for research to establish the effects of augmented quality and duration of Head Start. A randomized trial could compare Head Start programs that meet current performance standards to "super" Head Start with class size of no more than 16 children and better paid, certified teachers. Other studies could compare length of day and number of years. Such investigations will make full use of Head Start as the nation's "laboratory" for developing effective early education.

Collaboration between Head Start and state pre-k is valuable. Effective partnerships are happening throughout the nation that enhance services for children. These could be facilitated by continuing to increase the quality of Head Start.

Chairman KILDEE. We will now begin the questions. I recognize myself now for 5 minutes. I would like to address a question to Dr. Thompson.

The knowledge of the physical development of the human brain in children is quite new. It is certainly different than the knowledge of that development we had 42 years ago when Head Start was inaugurated.

How does or how can Head Start use that knowledge?

Dr. THOMPSON. Well, I think what the new research on brain development is telling us is how significant are the processes that start literally at the beginning of a child's life for shaping the lifelong architecture of the brain. But even more specifically, new research on brain development is also describing the emergence of particular areas of the brain that relate to the child's capacities, for example, for self-control, for attention focusing, for planful deliberation, for other kinds of cognitive functions that help us understand when the neurobiological basis for these skills can emerge and,

therefore, what we should appropriately expect of children at different ages.

So, in fact, we are coming very close now to a time when a wedding of the neuroscience of brain development and early education practice can help us give better insights about, quite simply, what children are ready to learn and what they are capable of doing at different stages of development, and certainly that is information that Early Head Start and Head Start programs can be poised to incorporate.

Chairman KILDEE. And it seems that even though this was established 42 years ago, that they have been doing things that actually do recognize what we have discovered since then, the physical development of the brain.

Dr. THOMPSON. One of the reassuring things, I think—and I speak both as a developmental scientist and as the husband of an outstanding early childhood educator. One of the reassuring things has been discovering how much the brain development research is telling us things that best practices have always been telling us is true of outstanding early childhood education. So, when you hear from several speakers, for example, about the importance of emotions and of noncognitive skills to children's learning, that is a story that is confirmed by the brain development research and about the ways in which integrated areas of the brain foster and are influenced by both a child's thinking and also the child's emotions and also the child's relationships. But that is something that good teachers of young children have known for a long time.

So there are new insights to be gleaned from the neurobiology, but in many respects, the neuroscience is also telling us things and giving us a new reason for doing things that good teachers have been doing for a long time.

Chairman KILDEE. So the non-cognitive or, specifically, the affective approach, that would have part of the physical development of the brain also?

Dr. THOMPSON. Well, that is certainly true of many of these noncognitive skills, many of them having to do with behavioral self-control, sitting still, paying attention, controlling your emotions, as well as the motivation to learn, the development of curiosity, for example. We know something about the brain processes that relate to these, and interestingly enough, some of these are the same brain processes that also help children intellectually process information better.

So, when we say that noncognitive skills are important to early learning, it is not only that the children who sit still are better able to benefit from group learning situations, it is also because the same areas of the brain that help children focus their attention and learn better are the same areas of the brain that also contribute to behavioral and emotional self-control. The brain is not divided into intellectual and nonintellectual areas. As a result, we have to think about children's development in Head Start, in Early Head Start and in other programs as being integrated in that way.

Chairman KILDEE. The people who started Head Start were somewhat prophetic then, were they not, in the program they developed even though they did not have the scientific knowledge at that time upon which we can base many of these things now?

Dr. THOMPSON. Mr. Chairman, years ago when Head Start had its genesis, it was focused on young children who were most at risk for early school failure, and the wisdom of that time was recognizing that children are at risk of early school failure not only because of their lacking letter and number skills, but because they were also deficient in many of these noncognitive skills. In some respects, we could today take a lesson from those early days of recognizing how much both the noncognitive and the cognitive skills are important.

Chairman KILDEE. Well, thank you very much, Dr. Thompson. My time is just about to expire, so I will yield now to my good friend, Governor Castle.

Mr. CASTLE. Well, thank you, Mr. Chairman.

I appreciate the testimony of all of you. I am sorry I had to miss the beginning of it, and I do apologize for that, and I particularly have a great deal of empathy and sympathy for the problems in New Orleans and what you have been through there, and we congratulate you on your efforts to come back.

I see in your background—I went down and visited New Orleans and got involved with all of the colleges you seem to have degrees from at some time or another, so they are doing a good job, too, I think, in terms of education.

I would certainly like to build on probably what Dr. Frede was talking about, but perhaps hearing from others as well, and that is the whole business of other services which are now being provided I am going to say more or less since the start of Head Start to children of pre-K, for example, or other private programs or whatever it may be. I am a tremendous believer in Head Start, and I know it does a lot more than just education, but for the moment, I want to focus on the educational component of this, and I think some of these programs rival or exceed Head Start; some do not do as well, but they are out there to a degree now, and they were not before.

My question is how should Head Start be working to integrate with these programs and these services and the school readiness programs and not competing against them. The interest here is obviously giving every child an opportunity, not having one program necessarily being better than another, and I am concerned about their impediments to that coordination and probably because of different agencies that may run these various things that may be harmful in that area.

Is there anything that we could be doing here in Congress, for example, to be helpful in terms of making sure that any program that offers opportunities for young children, particularly young, lower-income children, to be able to get up to that starting line are equal? Is this something that we can be doing more on here in Congress?

I am looking for volunteers.

Ms. ELLOIE. I would like to speak to that, Mr. Castle.

One of the activities that can happen either locally or at a State level—we have in the State of Louisiana a Head Start Coordination Office, and that is a person who attempts to bring together all of those entities that work with preschool children, and what our hope is is that we will form a system that can ensure that most

children within the limits of our resources can attend a qualified preschool program. And there are levels of quality and of preschool programs, Head Start being that one entity that provides not only for the cognitive development, but for the noncognitive development, and that is a real critical issue so that we are not in competition with one another, but that we work together to make sure that children are not left behind. And that is the biggest issue, if that office can bring people to the table and say, "What can each of you do to help this segment of our population to make sure that this school readiness gap continues to close?" so that is the opportunity—full coordination with the State collaboration office that we do have in the State of Louisiana.

Mr. CASTLE. Thank you.

Mr. McKeever.

Mr. MCKEEVER. In our county, we coordinate and have an interagency coordinating council that gets all of the preschool programs, including the schools of Head Start and so on, together to meet three times a year. We refer students to each other. If a public school identifies a child who may have more problems within the family, they will refer him to us. If we see a child who maybe needs the public school more in terms of academics, we refer him to them. We go back and forth throughout the year. School districts in our area, for example, give us free transportation for our children in busing. That is the only way we survive. They also provide us with space in buildings. We at the same time give priority to some of the referrals. Many of the referrals that come to us are children who need the whole approach, the family approach.

I think the most difficult area of competition ends up being for staff. As our staff become more educated—and half of my staff have associates, and half have bachelor degrees—we cannot afford to compete with higher education. We cannot afford to compete with public schools. We do not have the money to, and maybe we are not intended to, but we need a little bit more than we have now. The coordination is essential for the programs, all of our programs, to survive.

Mr. CASTLE. Okay. Thank you.

Dr. Frede.

Dr. FREDE. I would like to reiterate the importance of the coordination and also the richness that having different partners brings to the endeavor of educating young children.

I just want to clarify that public school programs, child care programs, Head Start Programs, if they are high-quality educational and care programs, they are all doing cognitive and noncognitive. It is not that one does one and one does a whole child. But the important, special thing that Head Start brings, I think, is more resources committed to the family, and that often is neglected in other programs, and it is important that we keep that for the children who particularly need it.

Mr. CASTLE. Ms. Haxton, my time is up, so it is up to the Chairman as to whether you are going to be allowed to speak or not.

Chairman KILDEE. Go ahead, please.

Ms. HAXTON. There is the potential for competition. Ohio had an experience of being the poster child for State-funded Head Start,

and when funding was shifted from general funds to TANA funds, more and more providers were brought into service.

We try very hard to work with our collaboration project to ensure that the neediest children get services from Head Start. Where there is competition, it is very possible that you could enact legislation that would simply say when Federal dollars are used for any element of early childhood education, it is important that the Head Start centers are full first. We provide services to families who need the services. We have slots going empty in some cases.

The other issue—and I think it is going to be resolved, hopefully, in reauthorization—is that we need the flexibility to ensure that our community needs get met with providing services. So, if we need full-day services and not part-day services, programs need to be able to shift to do that.

Mr. CASTLE. Good. Thank you all very much.

I yield back, Mr. Chairman.

Chairman KILDEE. Thank you, Governor.

Ms. Hirono.

Ms. HIRONO. There is such a compelling case for early childhood education all across the country, and Head Start was definitely a way to focus on the neediest families in our country. Don't you think it is time—and I think this is a question for Dr. Thompson. Don't you think it is time that our country made a significant commitment to early childhood education, and that if the Federal Government is going to get into the education arena, that there has to be so much more emphasis and resources put into supporting early childhood education all across our country? I guess that is a loaded question.

Dr. THOMPSON. It is a question that I could not disagree with. Certainly there is great value in investing in early childhood development, and indeed, the story from that is coming not only from educators and from developmental scientists, but from some economists who are simply arguing that the investments have a far greater fiscal return in public investments and many other things.

The important thing to recognize, however, is that the way we invest educationally in young children has to look different from the ways we invest educationally in older people, and if we simply downscale our educational models for the primary grades, or, for that matter, the secondary grades, to early childhood education, we will come up with an educational model that research has shown not only does not result in children learning more, but actually leaves them more frustrated, less self-confident and less interested in school.

Ms. HIRONO. I have a further question for I think it is Ms. Haxton.

I was very distressed in reading through your testimony of all of the assessments and everything else that your programs have to go through, but in particular what I wanted to follow up on was this study that you pointed to, a 2005 study regarding the effectiveness of the Technical Assistance System and that no one seems to have a copy of that study.

Can we request, Mr. Chairman, that we get a report from the Office of Head Start as to the findings of this study?

Do you have any comments?

Ms. HAXTON. I am not aware that that study has been released. It is my understanding that one of the contracting agencies conducted a study of the Head Start TA system in approximately 2005, and that the results have been compiled, but nobody has seen those results. And if any of my colleagues have seen them, I——

Ms. HIRONO. Mr. Chairman, would it be appropriate for us to request of Head Start that they provide us the copy of the study if such a report is in existence?

Chairman KILDEE. Yes, we will ask them to share with us the results of that study.*

Ms. HIRONO. Thank you. I yield back my time.

Chairman KILDEE. The Chair recognizes now for 5 minutes my good friend from Louisiana Mr. Boustany.

Mr. BOUSTANY. Thank you, Mr. Chairman.

Being from Louisiana, I want to make sure we are pronouncing your name correctly, "ill-ooh-wa"?

Ms. ELLOIE. "el-ooh-wa."

Mr. BOUSTANY. A good French pronunciation.

I am from southwest Louisiana, and I want to say thank you for all of the work that you have done in New Orleans. The challenges were great before the hurricanes and certainly are much greater now.

In your testimony, you advocate for flexibility to increase income guidelines for Head Start. Is that just for New Orleans or nationwide?

Ms. ELLOIE. We are looking at nationwide some review of income guidelines. I am sure my colleague Mr. McKeever will agree with me. To be specific to New Orleans, since Hurricane Katrina, many of the industries have increased their salary scale. They have gone to $8 to $10, even $12 per hour. However, many of these jobs do not extend benefits to their employees so that a greater percentage of your salary is now going for high-income or high-rent rates because the rental rates are very, very high. So we are finding across the country that our families' incomes are going up, but they are having to use more and more of their incomes just to sustain themselves and their families, and we want Congress again to give us the opportunity to serve those families who are making steps toward becoming self-sustained.

Mr. BOUSTANY. Okay, because I guess that begs the next question, and that is, if we have currently eligible children who are not being served by the program and not being enrolled, and we are trying to deal with this money situation and, you know, eligibility requirements, how can we justify changing the—or taking in higher-income children when we have those who are still not being served? That is a question, I think——

Ms. ELLOIE. I do not think that is what we are asking.

Mr. BOUSTANY. Okay.

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*Linda Rosenberg, Michelle Derr, Kimberly Boller, Kristin Hallgren, Laura Hawkinson, Krisztina Marton, and Mina Dadgar. "Meeting Head Start and Early Head Start Grantee Needs for Training and Technical Assistance: Final Report of the Head Start Training and Technical Assistance Quality Assurance Study." Submitted to the U.S. Department of Health and Human Services, Administration for Children and Families. Princeton, NJ: Mathematica Policy Research, Inc., November 1, 2006. The report has been submitted and placed in permanent archive file.

Ms. ELLOIE. When there are children who need the program, we are all committed from day one to serving the neediest of the needy, and so in communities where there are children whose incomes fall far below the poverty level, we will start at that level, and we will end at that level. We will not serve kids above or even ask you to increase the income if we did not believe that we still had a job to do, and so our commitment is to make sure that we continue in Head Start to serve the neediest of the needy children.

Mr. BOUSTANY. I thank you.

Mr. McKeever.

Mr. MCKEEVER. I think it is important when you look at the income guidelines that we are asking for 130 percent, where Medicaid and food stamps are at 180 and 200 percent in some situations. If you were to take the minimum wage for a family of three, they would be ineligible for Head Start. Now, at this time—in my State. The Federal minimum wage has not changed yet. The whole idea of eligibility is not contingent only upon the concept of income. The concept is on the riskier families, on those families in the greatest need, families that may be abused, going through domestic violence, a variety of things. It is a family program. It is not just an income program relating to a child.

It is very important that you consider that area. The local program needs the flexibility to determine which child would be served, which family would be served according to the needs reflected in that area. But again, it is so low at this time, the minimum wage in many situations will not permit that family to be eligible for Head Start's income guidelines.

Mr. BOUSTANY. Dr. Frede, I have programs, Head Start programs in my district that are currently being administered by an interim provider from out of state, and you have suggested that Head Start reauthorization should provide incentives and flexibility to ensure that we have an ample pool of high quality applicants for grants. Can you elaborate more in your experience in New Jersey in creating a system that creates public schools, not-for-profit and for-profit programs, working together, and what kind of flexibility do we need to look at as we go forward with the reauthorization?

Dr. FREDE. When I first joined the State, I actually found the idea of having for-profits in education distasteful. I thought that people shouldn't make a profit on education, and these are children. But we needed all-comers. We needed to serve children rapidly and many among—I knew somewhat from experience but learned even more in administering the program that quality is not owned by one auspice. And that we now have some very high quality programs in New Jersey and elsewhere that are for-profit, not-for-profit Head Start public schools, but the unique thing that I found about the for-profit providers is that they could often be more nimble. They could get built more quickly. And so what we did in our coming up with our budgeting requirements was because we couldn't ask a for-profit entity to take this on and not make a profit, and so we allowed a cap on profit within the administrative cap. They could go up to 2.5 percent of the direct costs in the administrative cap, which is a very small profit margin. Most business aren't interested in that. In fact, none of the large chains took

us up on it. These are still the small programs that are very interested.

I see a gavel.

They are very interested in the quality, in quality early childhood education, and it worked out great. We had good programs, we had bad programs and all of the auspices. Most of them are good, and they are getting better.

Chairman KILDEE. Thank you, Mr. Boustany.

Mr. Grijalva for 5 minutes.

Mr. GRIJALVA. Thank you, Mr. Chairman, and if I may, with the Chair's concurrence, I would like to submit for the record a communication from the American Library Association dealing with the issues of Head Start and librarians, also communication for the record from the National Migrant and Seasonal Head Start Association.

Chairman KILDEE. Without objection.

[The letter follows:]

AMERICAN LIBRARY ASSOCIATION,
February 27, 2007.

Hon. RAÚL GRIJALVA,
House of Representatives, Washington, DC.

DEAR CONGRESSMAN GRIJALVA: As you know, early childhood literacy programs are a critical part of Head Start's effort to aid in a child's intellectual development. Public libraries across the country are effective partners in this effort by providing early learning activities that are critical for later language acquisition, learning and literacy to infants, toddlers, pre-schoolers and their families.

As centers of lifelong learning, libraries have a strong tradition of serving families with young children, caregivers and educators. Across the country public libraries are already partnering with local Head Start centers to offer services such as: regularly scheduled storytimes; literacy training for Head Start staff; bookmobiles to Head Start centers; and programs for parents and caregivers. In many communities, librarians also serve as community representatives on local Head Start Boards.

In Mohave County in Arizona, the library provides books to take home after the monthly storytime. Head Start staff report that these books are often the only books in the home. The librarians chose books that are age appropriate and that they believe might be of interest to parents for whom English is their second language.

The Grand Rapids Michigan Public Libraries have had a special collaboration with the Kent County Head Start since 1996. Each branch librarian holds a storytime for the Head Start center closest to the branch library. After each storytime, children are sent home with a project to work on that is intended to increase verbal skills, increase social skills, and introduce reading skills.

The Tuolumne County Library in California operates their Worlds of Wonder (WOW) bookmobile to reach underserved families, especially those with children who are five and under. Three days a week, it travels with a Born-to-Read specialist to preschools and Head Start centers to encourage the concept of reading to young children and using books as a way for families to interact, communicate, and have fun together.

Since 1994, Oakland Head Start and the Oakland Public Library in California have partnered to offer Books for Wider Horizons, which recruits, trains, and places volunteer story readers at twenty-two Oakland Head Start centers. The literacy program introduces children to the joys of reading, increases children's reading readiness, and encourages the use of the library by Head Start pre-schoolers and their families.

Targeting a multi-lingual population in Yuba City, California, the Sutter County Library's Born-to-Read program involves four health care agencies and 11 community organizations including the local Migrant Head Start Program. Activities include a major public awareness campaign, parenting programs, infant and parent storytimes and Born-to-Read graduation celebrations at various community sites.

The Wichita, Kansas Public Library collaborates with Wichita Head Start and Early Head Start. The Outreach Librarian reads stories 4 times a year at each Head Start site (95 storytimes programs in 2006). Three Head Start programs benefit from a "Books to Go" program, which lends a box of books to the site each month for use in the classroom. A total of 536 books were checked out to these three sites

in 2006. One Head Start is located in the same building with a branch library and those children join the librarian weekly for storytime.

These are just a few examples of the special relationships that exist between public libraries and Head Start classrooms. By recognizing the important role that public libraries play in improving literacy and school readiness in the Head Start reauthorization bill, libraries across the country can continue to develop new, innovative programs to provide young children with the tools they need to succeed in school and life.

Thank you for your continued support and commitment in the role of our nation's public libraries in developing a literate, educated, and democratic society. Please do not hesitate to contact the American Library Association or me should you need any additional assistance as the reauthorization process moves forward.

Sincerely,

EMILY SHEKETOFF,
Executive Director, American Library Association.

Mr. GRIJALVA. Thank you.

I was reading the testimony, I was going over the testimony. Ms. Haxton made an interesting point, and I want to follow up with some questions on that.

I think in the testimony it stated—she stated that in in coming years there will be major changes in the framework of the families' Head Start Programs Service and the cultures from which they come. So let me kind of follow up on the theme that was established there.

In the testimony on brain processes that you talked about and that your testimony addresses, cognitive or noncognitive, how do you—what is your opinion of language acquisition for children, cultural, linguistic capacities or competencies for staff for Head Start programs? And I mentioned that because 2005, 2006, the Head Start, Office of Head Start conducted a national needs assessment of Head Start and early Head Start programs on dual and second language acquisition, and they came up with potentially one of the conclusions, a potentially negative impact to children by caregivers not understanding and supporting dual or second language acquisition. In this development of a child and their brain, it strikes me that culture, linguistic capacity is part of it and not just—your opinion on that.

Dr. THOMPSON. Well, Congressman, you are exactly right. One of the remarkable things about what we are learning about the developing brain is in fact how dependent it is, even in the early years. And what the brain development research is telling us is very consistent with the behavioral research; namely, that children have no difficulty in dual language acquisition. But what we know from the behavioral research—the brain research has not quite caught up with us—is that the context in which dual language aquisition is occurring is absolutely crucial, to the extent to which children are able to maintain the home language while also learning English, and the extent to which teachers are capable of conversing with the child in the language they are most comfortable with, but also children being able to obtain competence in the language that will be required of them when they are reaching an elementary school.

Mr. GRIJALVA. Thank you very much. And let me follow up on that.

Mr. McKeever, in your testimony you spoke of raising the eligibility level to 130 percent, and I agree with that. The more families

that we can serve as possible should be the goal. I think—I would like to consider that under current law with an income eligibility of 100 percent there are approximately 900,000 eligible unserved children and two-thirds of those are projected to be Latino, Hispanic. And I mention that because what kind of programs are following that family philosophy and theme that you talked about. What kind of outreach programs are there to bring in this emerging population that is being not—not accessing or not being served by the current program?

Mr. MCKEEVER. In my community, as well as many other communities that I am familiar with, for example, we were going to Spanish speaking centers and identifying family needs, particular families within the community that may go to the local Our Lady of Guadeloupe Church.

We also—one of the influx of population that we received from a different culture is Arabic. And one of the things we are doing at this time is we are soliciting from the business and from the labor community people that can speak Arabic and speak in the language that they are. I currently have two staff that can speak Arabic, and they can go out and speak to those families. They can also work with those families. I don't always have a person in the room, but what I try to do usually and what our programs try to do is identify someone in the family who can speak English or a little bit of English and come in to volunteer occasionally.

We also will go to the home. We will sit in the home with the family. We also want to know the total cultural background of the family as much as we can in order to determine the best needs. For example, with the Spanish Speaking Center, many times we cannot determine which family, whether they are at 100 percent or one of our 10 percent over income or 130 percent, actually has the greatest family needs, and I will go to that center and I will say, Mr. Gonzalez, tell us what that is. And he will say here is what we have got.

Mr. GRIJALVA. Appreciate that.

And with that, Mr. Chairman, I yield back. Thank you.

Chairman KILDEE. Thank you, Mr. Grijalva.

The Chair now recognizes his former Chair, the gentleman from Florida, Mr. Keller.

Mr. KELLER. Well, thank you, Mr. Chairman. I appreciate the recognition. I want to thank all of the witnesses for being here today. I think Head Start is such a valuable program and that it helps 1 million low income children get ready to hit the ground running in kindergarten and, most importantly, get ready to read.

The biggest controversy that I have personally dealt with during our last authorization of the Head Start bill dealt with Parent Policy Councils, and so I will just kind of limit my questions to that arena. And let me set up the dilemma some of us are wrestling with.

It is my understanding that under the existing law, the Parent Policy Councils sort of share responsibility with the Head Start Board in terms of hiring and firing and budget and curriculum. And the House bill that I—that passed the House with Republicans and Democrat support last year changed that a bit and said we are going to put the board as having the final say on this issue. And

the rationale was that there were certain Head Start programs that had some financial mismanagement and we need to have some accountability and one group that we can look to.

And I am afraid that the intentions were pure but we kind of overshot the mark there because I had 130 different parents and Head Start workers come to see me and said look, we kind of know what is going on better than anyone. We are here every day, and we would like the role of the Parent Policy Council to be pretty strong. So I supported an amendment by Mr. Souder to fix that problem, and it failed on the floor.

But now we are going to take a fresh look at that issue, and so as we look at it anew, my question to you all, I am going to start with Ms. Haxton but I will give you each a chance to answer. What role do you think a Parent Policy Council should play on things like hiring and the budget and curriculum? Should these councils have an equal say to the Head Start Board or should they in some way be subservient to that board?

Let us start with you, Ms. Haxton.

Ms. HAXTON. The current model of policy council involvement and decision making has worked reasonably well across the country for a number of years. The incidences which got attention last year in many ways were isolated. However, one of the things that is very, very evident to me, and I have done a lot of governance training over the years, is that a well-trained, well-managed policy council does not ever have a problem with the hiring process, the financial process. A well-trained, well-managed policy council will work with management, with boards effectively and thoroughly.

Mr. KELLER. So you kind of prefer the existing law with what the House tried to do?

Ms. HAXTON. I think the role of the Policy Council is critical for a number of reasons, and certainly the bill last year captured that idea, the amendment.

The role that parents play in Head Start affects their ability to advocate for their children throughout the years, the importance of this rule in Head Start when it is managed well by the agency.

Mr. KELLER. Thank you. Mr. McKeever, do you have any thoughts on this?

Mr. MCKEEVER. Yes. I very strongly feel that the existing Parent Policy Council regulations are more than adequate. They don't make the final decision on curriculum. They don't make the final decision on the budget. They don't make the final decision on any of these things. They participate and share on decision making, and a good program really makes that program understand it. If a given individual feels like something is being denied by the council, it is because they are not informed properly. The council needs to have information in order to make informed decision making. I think that is very important.

I do concede in one area of hiring and firing that you have a very difficult sensitive issue. You have a legal issue. I went through four or five of those situations in the council and have been able to deal with it very well. I feel we work with our council, train our council, manage our council well. But I can see there is definitely an area there that could cause concern. And that needs to be the only area that needs to be adjusted.

Mr. KELLER. Anyone else? Okay. Ms. Frede.

Dr. FREDE. I am a former Head Start Board member so I was on the board, not on the policy council, and I would just reiterate what the other panelists have said, that it is all about the management. It was a big jump for me to know that when I agreed to be on the board that I was suddenly now fiscally responsible for decisions that I didn't make entirely by myself. But if you agree to serve on a Head Start Board, you understand what you are agreeing to and you value the parent input and the community input. So I think it is just a matter of watching the management making sure that it is well done.

Ms. ELLOIE. The whole area of parent involvement was the biggest hallmark that Head Start ever had, and I agree with Mr. McKeever, many parents were never the ultimate decision maker. What Head Start—the model was that Head Start and the board had shared decision making. And so when the system worked well, when both entities were trained, and they were brought together on a periodic basis to explain where that program is going, you saw less conflict. And I think the model that we have in place now is a good model and it is a good reason for training people for community service.

Chairman KILDEE. Thank you. We have to thank you, Mr. McKeever, but we have to move on now.

Mr. Sarbanes.

Mr. SARBANES. Thank you, Mr. Chairman.

A lot of the testimony today is pointing to how—what behavioral specialists and early childhood specialists have known all along is that the investment you make early on has a huge impact over time. It is finally getting the attention it deserves because now scientists are on board and even economists are on board. I had the opportunity, Dr. Thompson, to hear Art Rolnik speak on this subject who has made the case for the investment being as high as, you know, 11, 12, 13, 14 percent, on every dollar you invest in early childhood education, most of which is a public return as opposed to private return. So everyone is getting on board now with what many have known for a long time.

I wanted to just read some testimony from the head of the Catholic Charities Head Start program in Baltimore which goes to this question of resources and the challenge it produces, who said we have already made every kind of cut—this is in response to reduced funding that we could make. Because of the reduced Federal funding, I could not find any further services or staff to cut without reducing the quality of our program, which is something I refused to do. So I had no other choice but to not renew our contract of two Head Start programs for next year. These two programs had been serving 459 children. We may be closing the door of opportunity for those children.

Now what this shines a light on is this tradeoff, and what I am curious about, and maybe, Ms. Haxton, you are the one to answer the question, is as the funding is not adequate, do you think these Head Start directors are making the right choice between reducing the offering or diluting the program? I think this person probably made the right choice even though it was a tough one because he didn't want to dilute the effectiveness of the program. And looking

at it in another way, the integrity of the investment instrument, if you want to get that return, you've got to make sure the program quality is preserved.

But I am concerned that there may be many who, because of generosity of heart, don't want to turn away, say, 500 children. They try to dilute the program and then in fact what happens is not only are 500 children being hurt but maybe a thousand because they are not getting the investment and the quality that they need.

So can you speak to that conflict or tension and how it gets resolved?

Ms. HAXTON. I think we are being put between a rock and a hard place. If I am scheduled for a program review this year, given the intensity of the current review system, and I have to choose between dropping children, if I am given that option, and diluting my program, I will drop the children because I don't want to be seen as not providing the quality services necessary and meeting the standards.

The difficulty for us is we do, and I have seen Head Start directors agonizing over cutting one transportation route, saving money, and those children don't get picked up and mom can't bring them into the center. So we lose them. It is a very, very difficult process chasing small amounts of money trying to cover all bases. It has been very difficult, and Head Start directors have gone the extra mile a thousand times. Head Start staff will take on three different job assignments when positions are cut. And they will continue to try and make the effort to ensure that this program gets all its services provided.

Mr. MCKEEVER. I am one of those programs that is being reviewed this year, and we have had to look at those types of cuts. We have had to look at what areas can we look at—best at. What areas can we put our best foot forward. To add to it, one of the biggest detriments is the 30-day notice requirement. At this date today my program still does not know when it is going to be reviewed. I am telling staff that asked me for time off for vacation or to help move their parents to Florida, and that is an actual example, your request is approved contingent upon when the Federal review team arrives, and I don't know when it is going to arrive. And things like that with the monitoring process are just unheard of. It should not be happening.

When it comes to choosing between a bus route and the child and making a good review, we should not have to make those kinds of decisions.

Mr. SARBANES. Thank you.

Chairman KILDEE. The Chair yields 5 minutes to the gentleman from Virginia, Mr. Scott.

Mr. SCOTT. Thank you, Mr. Chairman.

I would just like to ask the analysts a kind of general question because the Head Start, the learning lessons early and one of the lessons to learn is getting along with people, and present law prohibits discrimination in employment. And I just wondered if anybody thinks it is important that children learn the way of the world and learn that people can be discriminated against and whether or not you would think it is important that some Head Start programs

be able to tell prospective employees that they are not hired because of their race, religion, or national origin.

Does anybody think that is important for children to learn?

Ms. HAXTON. I am not sure I fully understand the question.

Mr. SCOTT. I asked the question is anybody suggesting that we change the present law which prohibits discrimination.

Ms. HAXTON. Absolutely not. I would tell you that——

Mr. SCOTT. I don't mean to insult anybody, but we have to discuss things like that.

Ms. HAXTON. I understand.

The amendment last year for discrimination on hiring individuals whose religion might be the same as the religious based program in some ways was both insulting and amazing because I would tell you that Head Start programs will hire the best people they can find regardless of what their religion is, even if it is Catholic Charities running the program. So for us, it was not an effort that made a lot of sense.

Mr. SCOTT. I appreciate that. We just have to get that for the record that no one is suggesting that we change that.

Mr. McKeever, your program had an anti-violence—in my other committee, and I am chairman of the Crime Subcommittee on the Judiciary Committee—you had an anti-violence program. Can you tell us what difference it made?

Mr. MCKEEVER. We measure it in terms of what it does to that particular family. And because of the high violence in our community, it is very important. We have both the curriculum that works with children every day is integrated into the regular curriculum, and then we also have a curriculum to deal with adults and how the problem resolves, how to deal with conflict resolution. And we feel it has had an impact. We try to look at the impact at a neighborhood level, though. In terms of statistics, the data, because of the movement of families, it is difficult to tell the long-term data. But much of the data that can be looked at in the neighborhood, our families become leaders of their block clubs. They become members of the school boards and so on. I think we need to reemphasize and emphasize more anti-violence curriculums and similar tools to work with families.

Mr. SCOTT. We need to study that because I have to believe that it made a significant difference, but some people need convincing so maybe we need some resource that has been suggested.

Mr. MCKEEVER. When we bring a police officer, many of the children see it as a negative experience at first. And when he sits down and takes his cap off and, you know, sits down on the floor with them, the children are amazed sometimes. The man really does sit down on the floor without a chair. He doesn't have a hat on.

Mr. SCOTT. Thank you.

Dr. Thompson, we treat Head Start as a holistic program, and we have had this ongoing debate between Health and Human Services and Education. Education would take a narrow perspective, Health and Human Services would treat this holistically. You mentioned noncognitive skills. Could you explain why it is important for Head Start to address those and what would be different than just strictly an education program?

Dr. THOMPSON. Specifically what we are thinking about are children who are at greatest risk of academic failures. The noncognitive skills are important, in some cases as important as the cognitive skills. And the reason is that what holds back many children from succeeding in school is a lack of self-confidence, a lack of motivation, a lot of difficulty in seeing what relevance school has to their own future, together with often looking at behavioral self-control to benefit from learning in a group setting. Children who can't sit in school, children who have difficulty paying attention. Children who aren't skilled at asking questions if they don't understand.

When you talk to kindergarten and primary grade teachers about the reasons that the children in their classrooms are not ready for school, they don't as often talk about children not knowing their letters and numbers. What they do talk about are those noncognitive skills and they present challenges to these teachers because these teaches know how to teach letters and numbers, but what do you do with a child who is not curious, who doesn't see the relevance of what is happening in the classroom to their future.

Mr. SCOTT. Is there a particular need for low income individuals rather than everybody?

Dr. THOMPSON. What the behavioral research shows is that it is particularly children in a socioeconomic risk who lag in both noncognitive and the cognitive skills. My son is growing up in an advantaged environment, had a lot of self-confidence going into preschool and grade school. But children coming from at-risk backgrounds often have the experiences that undermine their self-confidence, their curiosity and their ability to simply sit still and be able to do the things in a group learning situation that enables them to benefit intellectually. So there is good reason that programs oriented towards children in at-risk situations focus on the cognitive and noncognitive skills because children from these backgrounds are likely to be challenged in these areas.

Chairman KILDEE. The Chair recognizes Ms. Woolsey for 5 minutes.

Ms. WOOLSEY. Thank you, Mr. Chairman, and I do apologize. I did not hear every witness, but your answers to the questions have been very informative.

But let us go beyond—let us talk about health care. And I mean Head Start is so important in so many ways that we could talk about any part of it, a young child's life, but let us talk about the health care part.

How important is Head Start to learning when a kid is hearing impaired or has sight and vision problems and how do you handle it? I mean, you are not supposed to be everything to everybody, but as the Katrina example you are—would you respond to that in any order? Let us start down here if you would like.

Ms. ELLOIE. May I respond in a practitioner part of view?

Two things. It is very important that if we are going to work with children and we are successful, we need to know where they are. And part of finding out where they are is to do the screenings and the assessments so that if a child does not hear well or if there is a need for a language development, we know it early on. Every single child in Head Start, not just children with disabilities, but

every single child is supposed to have an individualized education plan and an individualized health services plan. So we look at the child both cognitively, socially, and emotionally.

And thank you, Dr. Thompson, for bringing that in. That is absolutely important for young children.

And thirdly, we look at them from a health point of view. What has been our challenge post-Katrina is the fact that our health care system has been almost devastated. Charity Hospital, which is the largest provider of health services to—for families and particularly emergency health care, is still closed. And so when we came back to New Orleans, we were faced not just with families who had lost health records, we had to begin all over again. And so we are still at the point of helping families recapture those medical records and begin again to get children physically ready to learn. And so it is absolutely important that you take into consideration the health status of a child before you begin working with them on any other domain because an unhealthy child cannot learn.

Ms. WOOLSEY. Where in your budget—where did you budget for this extra level of reporting that you have to do?

Ms. ELLOIE. One of the advantages that we had following post-Katrina is that we just allocated more funds for those areas that we knew we would need services and we had to make a case for it. And we did make a case for it, not only in the physical health area but also in mental health services. We added to that particular budget because we were faced with children and families who were still coping with Katrina. And we saw many, many effects of children having gone through the trauma of leaving their families, wading through water and all of the things that many of us dealt with. We have to deal with it in Head Start because we had to make sure that children would not go forward with those kinds of behaviors that they were beginning to exhibit following Hurricane Katrina.

Dr. Thompson mentioned earlier about the design he showed us about extended—was it violence that you talked about? One of the things that we are curious about, and I know that people like Dr. Thompson will begin to look at, one of the long lasting effects of prolonged and protracted anxiety in little children, what will happen to these children 10 months down the road or 10 years down the road. So we immediately began working with our mental health community and trying to interface and intervene at that particular point to see what we could do to ease those levels of anxiety and devastation that our children and families were beginning to exhibit.

Ms. WOOLSEY. What a good example you are.

Mr. McKeever.

Mr. MCKEEVER. In our program in terms of not a program going through the devastation that Ms. Elloie did, but I can understand what she is saying. We transferred from having three health assistants to having vision and hearing screening through our health screening services. That is an added responsibility, but now it is getting overused a little bit because they are overloaded.

We also have the problem of the medical home that is very important to health. Health is probably one of our most critical needs. Health and mental health. And mental health is most important.

Just as important. We try to help the family find a physician, dentist, a hospital. Many of them never had a family doctor like we have. Many of them never had a dentist. We look at that situation, and one of the barriers we face is the majority of physicians and dentists do not want to accept Medicaid. They do not want to accept public assistance. I don't ask for you to mandate it, but I would ask you consider it, encourage strongly individuals in the health field to reconsider serving children that have needs and they happen to have Medicaid or some assistance as a form of payment.

Chairman KILDEE. A brief comment.

Dr. THOMPSON. Just one brief rejoinder and this again comes from the developmental science. The issue of young children's emotional needs and their mental health needs is, I think, the third revolution that is going to be taking place in our understanding of early childhood. The first was the knowledge of brain development. The second was focusing on school readiness. I think that the next discovery about the importance of early childhood is going to be the fact that young children's lives are both rich and deep, but also vulnerable, and we often find the origins in early childhood experiences of what can be enduring, problems with depression and anxiety. We see in young children post-traumatic stress whereas 10 years ago we never thought we would see that.

I think we see this on the vanguard in catastrophes like Katrina. But we see mental health problems increasingly common in children growing up in stressful environments. We know from the brain research how damaging chronic stress can be to the physiology of the brain. I think we are going to look at early childhood differently as a result of what we are learning about their risk for serious mental health problems.

Chairman KILDEE. Thank you. Mr. Hinojosa.

Mr. HINOJOSA. Thank you, Mr. Chairman.

I would like to ask a couple of questions of Ms. Haxton, and I would like to have a dialogue with Dr. Frede.

Ms. Haxton, one of the new challenges for local programs that you identified in your testimony was meeting the needs with changing communities. And we see that happening particularly in the central United States and then all the way out to the Northeast. Have you seen a growth in the Latino population?

Ms. HAXTON. In Ohio particularly, yes, and there clearly has been a growth of Latino population through the Northwest that is growing unprecedented.

Mr. HINOJOSA. In that population that you identify in Ohio, do you see the limited English proficient students that come with that Latino community?

Ms. HAXTON. To the extent that families come into Ohio and settle out, yes. What I have seen in relation to that is an increased need on the part of all grantees to have bilingual staff, and that is not easy in a State like Ohio. And so high school Spanish has been expanded enormously so that staff can be on in granting agencies available to work.

Mr. HINOJOSA. So what does your association offer in terms of support or environmental assistance for your local programs to address this?

Ms. HAXTON. Our association provides an enormous amount of training. We provide a considerable amount of focus on the changing needs of the Head Start community, how the whole Head Start culture is changing. What we need to do as an organization to meet those changes, not the least of which is to change in the local community, what families need differently now than they did 40 years ago. 40 years ago the part-day Head Start Program was all families needed. It was a wonderful opportunity. Programs were organized around the notion of providing a morning session and an afternoon session. Now in some cities we can't find children for just a part-day session. We need full-day, full-year care for children who are experiencing Head Start.

So organizations, agencies providing Head Start services need to be looking at this very big picture of how the community is changing, how cultures are changing and what we need to do to meet that.

Mr. HINOJOSA. Ohio invests a great deal of money in education. I visited your State. And would you all consider maybe a demonstration project where we could bring trained teachers from Spanish speaking countries to spend 3 months, maybe 6 months, training the trainers so that you could possibly expedite this environmental assistance?

Ms. HAXTON. Sounds like a wonderful idea, and I would love to talk about it further.

Mr. HINOJOSA. Dr. Frede, I enjoyed listening to your presentation, and it stimulated my mind because I have been one of those strong supporters of raising the level of education of our teachers for the Head Start Program back since the reauthorization of 1998 where we said half of our teachers will get an associate degree and then by the next reauthorization we require that all of them get that. You are talking beyond that. You are talking about bachelor's degrees, and I think that is exciting.

The question that I ask you is how will you deal with the cost of the—to the men or women because in most cases they are adults, so that they can have that accessibility and affordability to get trained with a bachelor's degree.

Dr. FREDE. It is a difficult financial issue both for the individual trying to get the bachelor's degree and also for the program to then pay for them once they have received it because I am not advocating hiring people with bachelor's degrees who aren't getting paid appropriate salaries. I don't think you will get the quality of teacher that the Head Start children deserve.

I, again, am going to turn to my experience in New Jersey, although I think other States have come up with good solutions as well. It is a solution that costs money and that is that the State of New Jersey, in order to ramp up the Abbott program, Abbott preschool program, funded scholarships to teachers to go to school. They also funded the release times so that teachers could be away to take classes. And in a——

Mr. HINOJOSA. I would like to interrupt you because time is running out. And I would like to get in writing anything that you have that has been already put into practice the last question that you said was important to you personally was research funds. I would like to see if you could meet with one of my staff assistants, that

we can talk about that because in the reauthorization, I would like to look at the possibility of putting something into reauthorization that will address this concern that you have. And I want to say that I am a very strong believer of what research could do to help us improve our Head Start and our Early Start programs.

I yield back, Mr. Chairman.

Chairman KILDEE. The Chair now recognizes the gentleman from New Jersey, Mr. Payne.

Mr. PAYNE. Thank you very much, Mr. Chairman. And I apologize for a conflict and was unable to hear the testimony although I am aware of what each of you talked about.

I just have one brief statement about the position, status actually of policy councils and Head Start programs. There was seemingly a move to perhaps diminish the role of policy councils, which, as we know, are made up of parents of the children and in many instances the parents have, you know, we have got tremendous success stories of people coming from public assistance to, you know, completing high school and going to college and getting a law degree and things of that nature.

And so I—we had a concern, I think, in the last couple of years that there may be restrictions or there may be ways of trying to minimize the Parents Council from their strong participation in Head Start. We have a very strong Head Start program in New Jersey. I am sure that the record the representative is aware of. And Dr. Frede. And so we do want to make sure, and I just wondered if any one has any brief comment on the Policy Council that the way the parents are involved in is almost as important a part of the program as really serving the children.

Yes.

Mr. MCKEEVER. The empowerment that we give parents through decision making on the Policy Council, because the essential part of the emotional development of their child and themselves, the confidence they develop takes on amazing, amazing life. I have many parents that have returned as school board members, county commissioners, so on and so forth. They are not the sole decision makers I mentioned earlier. Many times when you look at things like the budget, I hear from some individuals that the budget is a difficult thing for parents to look at. It is not—good programs—many of our good programs will train very heavily in the area of the budget. I spend a day in the budget, I spend 7 days reviewing line item by line item and during the last 4 years, with the freezes and the cuts, that has been difficult but we compare that and the parents are amazing. What those parents, that Policy Council looks at their own checkbook, and that is one of the things we do. We say you got to pay the utilities first, right? We have got the pay our utilities first. You have to employ the people to make the program operate. You have to pay for the insurance here.

Mr. Congressman, I myself in 1979 was a member of the Policy Council. I was a community representative. I was not a parent. I was asked to apply for a job. I applied. I was going to stay 2 years, and after watching those parents and even the ones—it is a tough job. It is not easy because some of those parents want to be argumentative. But through their arguments, they also learn conces-

sion. They learn how to resolve problems, not just argue those problems.

An excellent, excellent area. Please do not destroy the Parent Policy Council. Like I say, in the areas of hiring and firing, you may have some modification. But leave everything else alone and it should just be a modification, not denial, not a total withdrawal from it.

Mr. PAYNE. Thank you. I couldn't concur more. I, too, was a member of the board, and just made it, too, way back in the early part of my career. So as a matter of fact, someone was bragging about they almost beat the Congressman in the preschool.

But let me just ask this final question as my time is about to expire to Dr. Thompson.

We are starting to hear more about from 0 to 3 and how important that part of a child's development happens to be, and I know that you are going to testify on child development from birth through 3. I wonder, are there many programs or any that are preschool and whether—I know we do have some infant programs and so forth, but what is the status of that category?

Dr. THOMPSON. When we talk about early childhood education, you are exactly right that we are thinking about earlier and earlier, recognizing that the ways in which we do effective education when we are thinking about infants and toddlers and very young children is different from how we do it with older children. That is one of the reasons I think Early Head Start is a well-conceived program. In a sense it puts together varieties of developmentally appropriate experiences for the children but also empowers families to be able to provide these kinds of opportunities for children, as well as helping families move towards greater self-certainty.

The evaluation studies that have been done, including congressionally mandated randomized control studies, show that children involvement in Early Head Start not only contributed to cognitive and linguistic gains in these children but also had significant outcomes for the enhanced support that parents were able to provide their own offspring as well as helping to move families towards self-sufficiency.

I think one of the rules that research has shown us about very early childhood intervention is that an exclusive child focus is not going to accomplish nearly as much as a focus of developing the child within the context of the family that has to be both assisted, empowered, and equipped to provide the essential components of early childhood experiences that only family members can provide as well.

Chairman KILDEE. Thank you very much.

Mr. Hare.

Mr. HARE. Thank you, Mr. Chairman. My apologies.

Dr. Thompson, I got to hear your testimony and then I had to leave. I want to let you all know first and foremost that not only do I oppose any reductions in funding for Head Start, I support full funding. I talked about this for weeks and weeks. I have had the opportunity to work for a Member of Congress for 23-1/2 years prior to doing this. So I know what Head Start can and does do, and I want you all to know that I support full funding.

I have a really—since I missed your testimony, I guess I have a two-part question for anybody on the panel or for all of you.

My concern regarding Head Start is focused in rural communities. In my congressional district, we have a lot—primarily made up of the rural communities. In your opinion, how can Congress and the reauthorization provide access to Head Start services in the rural communities or improve the assistance in the early education, health care, language education programs and family involvement?

And then the second part to that would be what challenges do you see providers facing in the rural communities with regard to that kind of assistance?

Ms. HAXTON. I can speak to that.

We have a unique demographic. We have eight major cities and also 38 counties in Ohio that are considered Appalachian rural. Rural communities need different kinds of service providers. We have rural communities in Ohio that do not have a single child care provider in the county. They are not needed. Grandma and Aunt Lil and others take care of the children when they are not in the Head Start Center. What they do need are more buses, shorter bus routes, more locations that can access families who live way out or the option to provide a modified home based kind of program, flexibility rural programs need—I think should be more clearly as we devise plans for the future.

There are specific needs with specific cultures rurally. Families don't see themselves necessarily as poor. So recruitment is often more challenging. Imagine, if you will, having a bus route, for example, of nearly an hour and of course the regulations say we can't keep children on buses any longer than that, and how do we collect those children and get them back to the center? It is a major challenge for programs in rural areas.

Recruiting families is a major challenge for families in rural areas and yet we know they are there. It is much more costly when we get to those geographic areas in finding families and keeping families in the roster.

Mr. HARE. Dr. Thompson, I apologize for missing part of the testimony. Can you discuss the—you talked about stress, why early stress impedes learning and what some of those stresses are.

Dr. THOMPSON. One of the most jarring recent discoveries from developmental neuroscience has to do with what seems to be some of the effects of chronic, enduring and uncontrollable stress on brain development. And the best way of understanding this is to understand that when the brain is responding to the perception of a stressful event, it begins to secrete stress hormones into the body, cortisol being one of the best known of these, that help to arouse and activate the body. But in a sense, the body is like a supercharged engine. It can go on overdrive, but it is not designed to be on overdrive for a sustained period of time and what we now know that the persistent chronic secretion of stress hormones on an enduring basis has toxic effects on the developing brain. We see this most clearly in animal studies but we are beginning to see evidence creeping up in studies of human brain development.

This, again, coincides with what we have long known from behavioral studies that show that young children in chronically

stressful circumstances often show long-term behavioral consequences that far extend beyond the persistence of the stressful event itself and can also be manifested in the kind of lack of behavioral self-control, lack of emotional self-control, difficulties concentrating, difficulties focusing attention, which have obvious implications for young children's ability to learn.

So what kinds of stresses are we talking about? We have been hearing about them with respect to children that were victimized by the tragedy of Hurricane Katrina, which I think illustrates in kind of a glaring fashion exactly the extremity of the stresses that young children can be subject to.

But we also know that these kinds of chronic stresses can be experienced when children are in situations that are abusive, that are regularly neglectful, when children are growing up in dangerous neighborhoods where their safety is genuinely at risk or when they are growing up in troubled family environments where parents themselves are experiencing stress owing to marital or substance abuse or economic problems.

We are working hard to establish what is the extent of the stresses that we can consider to be toxic, recognizing that not all stressful events have these effects indeed, and manageable levels with the kind of support that close nurtured relationships can provide, stress can be actually beneficial for the developing brain. In a sense it tones the neurobiological stress system so it can react appropriately.

But there is evidence now when children are overwhelmed, when they are in chronic stressful situations and when they lack assistance of supportive relationships, they actually become hyper responsive to stress in such a way that they are, if you will excuse the expression, freaked out by experiences that ordinarily people would not be responding to.

Mr. HARE. Thank you, Doctor.

Chairman KILDEE. Thank you very much.

I thank the panel. This has been a very, very informed panel which has given us some really good information. You have addressed some very specific issues and some very general issues in depth. You have responded to some of the disputes we had last year during the reauthorization. I feel personally grateful that for the first time in 12 years I am chairing a panel again that I have such a great panel before us. And I want to thank you very, very much. You have been very, very helpful, more than I think you will ever realize.

As previously ordered, Members will have 7 calendar days to submit additional materials for the hearing record. And any member who wishes to submit follow-up questions in writing to the witnesses should coordinate with the majority staff within the requisite time.

And without objection and with great thanks, this hearing is adjourned.

[The prepared statement of the National Migrant and Seasonal Head Start Association follows:]

Prepared Statement of Yvette Sanchez, Executive Director, the National Migrant and Seasonal Head Start Association

Thank you Chairman Kildee, Ranking Member Castle and honorable members of the Early Childhood and Secondary Education Subcommittee for the opportunity to submit testimony and contribute to this hearing on Head Start as you begin the reauthorization process.

It is critical that an open discussion take place regarding the changes that are being proposed for Head Start Reauthorization and that particular attention be paid to some of our nation's most vulnerable children. I submit this testimony on behalf of the 28 Migrant and Seasonal Head Start programs that are members of the National Migrant and Seasonal Head Start Association and the parents and children they serve.

Our message to you regarding reauthorization of Head Start is threefold. First, we urge you to consider the unique nature of Migrant and Seasonal Head Start programs and ensure that the federal branch office is preserved and strengthened. Secondly, as you authorize new program and teacher requirements we urge you recognize and consider the challenges faced by Migrant and Seasonal Head Start due to the rural and seasonal nature of our programs, the mobility of the families we serve, and the large number of infants and toddlers served. And thirdly, we urge you to ensure that the legislation devotes additional resources to Migrant and Seasonal Head Start in order to address the documented funding shortfall that prevents more than 80% of the eligible children from receiving services through our programs.

Background on Migrant and Seasonal Head Start

Migrant and seasonal farmworkers work in various sectors of our nation's agriculture industry—from harvesting to sorting to processing to everything in between. It is hard work and it takes special skills. Most families earn less than $10,000/year (Department of Labor Report to Congress, December 2000) and do not have health benefits.

Migrant and Seasonal Head Start (MSHS) programs serve nearly 37,000 migrant children and nearly 2,500 seasonal children annually, operating in 40 states in every region of the country. Migrant and Seasonal Head Start programs were the first Head Start programs to serve infants and toddlers. Today, two-thirds of the children in the program are infants and toddlers.

Migrant and Seasonal Head Start was a response to the needs of farmworker families. In most states, local childcare resources are not available when migrants come into a community, especially for infants and toddlers. When resources are not available, parents have no choice but to take their children to the fields where they are exposed to pesticides, hazardous equipment, extreme heat and other health dangers.

Migrant and Seasonal Head Start is Successful

In serving a unique population, the children served in MSHS leave our programs with literacy skills in both English and Spanish. Programs work closely with the parents of each child so that they are better able to support their children's educational goals. MSHS not only prepares parents to support their children in being successful in school, but also provides educational and job-training opportunities for parents as well. As parent Asuncion Garay Diaz comments, "Every day the kids show us how well they are being trained for the future, how they are being taught to read and how to be safe and respectful. They are being prepared for when they go to public school and that's where our children really show the difference because they are so much better prepared for that."

Migrant and Seasonal Head Start is Unique

Migrant and Seasonal Head Start is very different from other programs. Because of the nature of farm labor, children need full day services—often from 6 a.m. to 6 p.m. and often 6 days a week. In many states, Migrant and Seasonal Head Start programs operate from May to October, rather than the typical school year schedule, and of course, many of the families and children are on the move for much of the year and need services at different times, in different states and locations.

Migrant and Seasonal Head Start is an important resource for families. It is also an important asset for the agricultural industry. Like all American families, farmworker families continue to work hard for one primary reason: to give their children a better life. However, while farmworkers work nearly round the clock during peak harvest seasons, many times they do not have a clean, safe place for their children so that children are often left in the care of older siblings, or worse, are taken to the fields. This is a situation that neither farmworkers nor growers want—having children in the fields is not safe and hinders work productivity. Migrant and Sea-

sonal Head Start provides services for children of farmworkers, keeping them out of the fields and harm's way.

Funding is Needed

The National Migrant and Seasonal Head Start Association (NMSHSA) is an association of Migrant and Seasonal Head Start Directors, staff, parents, and friends that meet regularly to discuss issues and concerns unique to Migrant and Seasonal Head Start children and their families. The NMSHSA and its membership are committed to excellence in early childhood education for all children with a particular focus on addressing the unique barriers that farmworker families face in accessing the highest quality education programs for their children.

In order to ensure that the quality of the Head Start Program is preserved and that children of migrant and seasonal farmworker families can access Head Start services at the same rate as other Head Start eligible children, the NMSHSA endorses the following principals related to Head Start reauthorization:

1. The Federal Programs Branch for Migrant and Seasonal Head Start (MSHS) must be maintained to ensure that the unique nature of MSHS Programs and the families and children served are properly and adequately addressed.

2. Until the underlying Head Start statute is amended to guarantee that no less than 5% of the annual Head Start appropriation be directed to MSHS Programs, the NMSHSA is reluctant to support authorizing new program authority that would draw funds from the already overextended annual Head Start appropriation.

3. The NMSHSA believes that parent involvement is crucial to the success of Head Start and supports maintaining the current governance structure which ensures parent involvement in policy formation and decision making.

4. The NMSHSA supports accountability and the re-competition of Head Start grantees that have been determined to have unresolved deficiencies.

5. Pending a review by the National Academy of Sciences, the NMSHSA believes the National Reporting System (NRS) test should be suspended.

The NMSHSA recommends that the following changes be made to the Head Start statute in order to strengthen the MSHS Program and ensure that a greater number of migrant and seasonal children can access quality MSHS programs.

1. Include language in the statute to guarantee that no less than 5 percent of the annual Head Start appropriation is set aside for Migrant and Seasonal Head Start programs. According to a 2001 Head Start Study, (Descriptive Study of Seasonal Farmworker Families—September 2001) which was requested as part of the 1998 Head Start Reauthorization bill, only 19% of eligible migrant and seasonal children are served through existing MSHS Programs. By comparison, Regional Head Start programs serve approximately 60% of their eligible population. Since the HHS study was released in 2001, funding for MSHS as a percentage of the overall Head Start appropriation has not increased. In fact, at no point in the last ten years has MSHS secured more than 4% of the annual Head Start appropriation.

2. Include a provision requiring the Secretary to work with the Migrant and Seasonal Head Start community to develop a system to adequately account for the number of seasonal and migrant children that are eligible for Head Start, determine how many of these children receive services, and identify the barriers that prevent eligible children from accessing services. In addition, the Secretary must be called upon to develop a system through which MSHS programs can effectively work with children and their families to track health records and educational documents as a child moves from state to state. The Department of Health and Human Services currently has no systems in place to assess the demand for MSHS services or to effectively track the medical and educational records of a child. Other than the 2001 study referenced above, the Department has not collected data on the demand and availability of Head Start services for migrant and seasonal families. We recommend that language be included in the 2007 Head Start reauthorization bill requiring the Secretary of HHS to work with MSHS providers as well consult with the Department of Agriculture (land grant universities), the Department of Labor, the Bureau of Migrant Health, and the Department of Education about putting systems in place for collecting and reporting data on farmworkers and their families.

3. Any new teacher qualification requirements added to the statute must take into account the challenges that MSHS programs face in securing and retaining teachers with degrees due to the seasonal and rural nature of the programs, large numbers of infant and toddler teachers needed, necessity for bilingual/culturally competent staff, and the limited access to quality coursework offered by institutions of higher education. Therefore, any new bill that requires teachers or aides to secure college degrees must also provide a renewable waiver for Head Start programs, like MSHS, that can document efforts to meet all compliance requirements and identify the bar-

riers faced in doing so. In order to secure a waiver, a program should also be required to provide a plan and a timeline for moving into compliance.

As the current Administration has committed itself to leave no child behind, we are also asking that funding be made available to ensure that commitment. Based on a 2001 Head Start Study, (Descriptive Study of Seasonal Farmworker Families—September 2001) only 19% of the eligible migrant and seasonal children in our country were being served. This compares to a 60% national rate of participation. The families who put food on the tables of America and their children are one of the most vulnerable populations in the country. We are committed to providing these children and families a strong foundation for learning. To do so, funding must be made available beyond the current levels to ensure services for these children.

As the Executive Director of the National Migrant and Seasonal Head Start Association I would be happy to provide additional information to the Subcommittee on the MSHS programs and the families we serve.

[Whereupon, at 12:30 p.m., the subcommittee was adjourned.]