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STRENGTHENING HEAD START FOR CURRENT AND FUTURE GENERATIONS

HEARING

BEFORE THE

COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

ONE HUNDRED FOURTEENTH CONGRESS

FIRST SESSION

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STRENGTHENING HEAD START FOR CURRENT AND FUTURE GENERATIONS

Wednesday, October 7, 2015
House of Representatives,
Committee on Education and the Workforce,
Washington, D.C.

The committee met, pursuant to call, at 10:00 a.m., in Room HVC-210, Capitol Visitor Center, Hon. John Kline [chairman of the committee] presiding.

Present: Representatives Kline, Foxx, Roe, Walberg, Salmon, Guthrie, Rokita, Heck, Brat, Carter, Bishop, Grothman, Curbelo, Stefanik, Allen, Scott, Hinojosa, Grijalva, Courtney, Fudge, Polis, Bonamici, Jeffries, Clark, Adams, and DeSaulnier.

Staff Present: Lauren Aronson, Press Secretary; Janelle Belland, Coalitions and Members Services Coordinator; Kathlyn Ehl, Professional Staff Member; Nancy Locke, Chief Clerk; Dominique McKay, Deputy Press Secretary; Brian Newell, Communications Director; Krisann Pearce, General Counsel; Alex Ricci, Legislative Assistant; Mandy Schaumburg, Education Deputy Director and Senior Counsel; Alissa Strawcutter, Deputy Clerk; Juliane Sullivan, Staff Director; Sheariah Yousefi, Staff Assistant; Tylease Alli, Minority Clerk/Intern and Fellow Coordinator; Austin Barbera, Minority Staff Assistant; Denise Forte, Minority Staff Director; Tina Hone, Minority Education Policy Director and Associate General Counsel; Brian Kennedy, Minority General Counsel; Kevin McDermott, Minority Senior Labor Policy Advisor; Alexander Payne, Minority Education Policy Advisor; Michael Taylor, Minority Education Policy Fellow; and Arika Trim, Minority Press Secretary.

Chairman KLINE. A quorum being present, the Committee on Education and the Workforce will come to order.

Good morning, everyone. Having a hearing here in these quarters is still an adventure for some of us. I suspect that some of my colleagues are wandering around over in the Rayburn House Office Building even now.

Well, this year marks the 50th anniversary of Head Start, a program that plays an important role in the lives of many children and families. Head Start was designed to offer comprehensive services to 3- and 4-year-old children from low-income families so they could start school on a level playing field with their peers. What began as a summer school program has grown into a multibillion-dollar effort, serving roughly 1 million children at approximately 1,600 centers across the country.

Today, Head Start is one of the largest, most significant investments in early childhood education and development, both in the number of children being served and taxpayer dollars being spent. We know a great education can be the great equalizer, but we also know some children have a tough time adapting to the pressures of school, and that can be especially true for children living in poverty. Without the proper support, these students are more likely to fall behind in school and to fall through the cracks later in life.

Helping these children succeed in the classroom is a priority that has stretched across party lines for decades, and that has been reflected in the longstanding bipartisan support for Head Start. It's an important program, but it's also a program that faces a number of challenges.

The most glaring example is the continued concern that Head Start isn't providing children with long-term results. A 2010 study by the Obama administration found that the gains children receive in Head Start are largely gone by the time they reach the first grade. A follow-up study tracked the same children through the third grade and concluded, quote: "By the end of third grade there were very few impacts in any of the four domains of cognitive, social-emotional, health, and parenting practices. The few impacts that were found did not show a clear pattern of favorable or unfavorable impacts for children," close quote.

As policymakers, we have to answer a number of important questions. How do we do better for both current and future generations? How do we ensure Head Start provides taxpayers a good return on their investment? How do we ensure Head Start delivers the long-term positive impact these vulnerable children desperately need?

To help answer these questions, the committee earlier this year urged the public to submit ideas for reforming the program. At the same time, we outlined a number of key principles for reauthorizing the Head Start Act, such as reducing unnecessary regulatory burdens, encouraging local innovation, and enhancing parental engagement. We asked stakeholders and concerned citizens to tell us how we can turn these principles into a responsible legislative proposal.

Little did we know that as we were trying to strengthen Head Start through the legislative process, the administration was crafting a scheme to fundamentally transform Head Start through the regulatory process. No doubt we will discuss in greater detail the pros and cons of the administration's regulatory proposal.

However, we should all be deeply troubled by what are expected to be very harsh consequences if this proposal is implemented, including 126,000 fewer Head Start slots and 9,000 fewer instructors. I am pleased the administration recognizes the need to improve Head Start, but I strongly urge Secretary Burwell to work with us on that effort through the reauthorization process. By working toward a legislative solution, I am confident we can provide low-income children the strong head start they deserve.

I want to thank our witnesses for being a part of that effort as well, and I look forward to your testimony.

With that, I will now yield to Ranking Member Bobby Scott for his opening remarks.

[The statement of Chairman Kline follows:]

Prepared Statement of Hon. John Kline, Chairman
Committee on Education and the Workforce

Good morning. This year marks the 50th anniversary of Head Start, a program that plays an important role in the lives of many children and families. Head Start was designed to offer comprehensive services to three- and four-year-old children from low-income families so they could start school on a level playing field with their peers. What began as a summer school program has grown into a multi-billion dollar effort serving roughly one million children at approximately 1,600 centers across the country.

Today Head Start is one of the largest, most significant investments in early childhood education and development, both in the number of children being served and taxpayer dollars being spent. We know a great education can be the great equalizer. But we also know some children have a tough time adapting to the pressures of school, and that can be especially true for children living in poverty. Without the proper support, these students are more likely to fall behind in school and to fall through the cracks later in life.

Helping these children succeed in the classroom is a priority that has stretched across party lines for decades, and that has been reflected in the long-standing, bipartisan support for Head Start. It's an important program, but it's also a program that faces a number of challenges.

The most glaring example is the continued concern that Head Start isn't providing children with long-term results. A 2010 study by the Obama administration found that the gains children receive in Head Start are largely gone by the time they reach the first grade. A follow-up study tracked the same children through the third grade and concluded:

"By the end of third grade there were very few impacts . . . in any of the four domains of cognitive, social-emotional, health, and parenting practices. The few impacts that were found did not show a clear pattern of favorable or unfavorable impacts for children."

As policymakers, we have to answer a number of important questions. How do we do better for both current and future generations? How do we ensure Head Start provides taxpayers a good return on their investment? How do we ensure Head Start delivers the long-term, positive impact these vulnerable children desperately need?

To help answer these questions, the committee earlier this year urged the public to submit ideas for reforming the program. At the same time, we outlined a number of key principles for reauthorizing the Head Start Act, such as reducing unnecessary regulatory burdens, encouraging local innovation, and enhancing parental engagement. We asked stakeholders and concerned citizens to tell us how we can turn these principles into a responsible legislative proposal.

Little did we know that as we were trying to strengthen Head Start through the legislative process, the administration was crafting a scheme to fundamentally transform Head Start through the regulatory process. No doubt we will discuss in greater detail the pros and cons of the administration's regulatory proposal. However, we should all be deeply troubled by what are expected to be very harsh consequences if this proposal is implemented, including 126,000 fewer Head Start slots and 9,000 fewer instructors.

I am pleased the administration recognizes the need to improve Head Start, but I strongly urge Secretary Burwell to work with us on that effort through the reauthorization process. By working toward a legislative solution, I am confident we can provide low-income children the strong head start they deserve. I want to thank our witnesses for being a part of that effort as well, and I look forward to your testimony.

With that, I will now recognize Ranking Member Bobby Scott for his opening remarks.

Mr. SCOTT. Thank you, Mr. Chairman, and I thank you and the panelists that have come to our committee hearing today, and I look forward to their testimony.

Today's hearing focuses on Head Start, a program whose mission is to promote school readiness of young children from low-income families. The program is unique from other early learning efforts in that it works to address infant and toddler emotional development through a two-generation approach. Not only does Head Start

and its companion, Early Head Start, serve children from birth to 5, but also these children's parents, through parenting support, goal setting, and assistance in assessing comprehensive services.

This two-generation structure that assists families in health and well-being efforts assists also in accessing other assistance programs, and promoting a nurturing home environment is the reason why the Department of Health and Human Services operates Head Start and not the Department of Education.

The importance of high-quality early learning opportunities cannot be overstated. The achievement gap starts as early as 9 months old when babies from low-income families show a significant difference in cognitive skill function than those born in high-income families. That difference contributes to the 30-million word gap, which references the difference in number of words an infant from a low-income families will hear by age 3 when compared to infants in high-income families. The gap continues into the K through 12 system and is evident through differences in State test scores, SAT scores, college attendance, graduation rates, and even employment rates. In other words, if we are serious about closing the achievement gap, we must start early.

Quality Head Start programs eliminate the gap that exists in kindergarten between low-income toddlers and toddlers from more affluent families. Long-term benefits from early childhood learning opportunities like Head Start are also well documented. Not only do high-quality early learning programs produce academic results, they produce personal and professional results that last over a person's lifetime.

Early childhood education helps close not only the achievement gap, but the employment and income gaps. Decades of research shows that properly nurturing children in the first 5 years of life through high-quality programs like Head Start is instrumental in supporting enhanced brain development, cognitive function, emotional and physical health, but all too often low-income families lack access to high-quality affordable early childhood education, and these children tend to fall behind.

We know that children who don't participate in high-quality early learning programs are more likely to have weaker educational outcomes, lower lifetime earnings, increased involvement in special education services and the criminal justice system. The cost to society can be quantified. Every dollar we spend can save up to $7 later on.

Just two programs provide the bulk of the Federal role in early education, the Head Start program and the Child Care and Development Block Grant. Unfortunately, because of limited funding, too few children have access to these programs. This unmet need continues to grow. Less than half of eligible children have access to Head Start, and only 5 percent of eligible students have access to Early Head Start.

We have decades of evidence that investing in early learning programs like Head Start works, and it's time to increase the investments in early learning programs, not just Head Start, but Early Head Start, childcare partnerships, Child Care Development Block Grants, Preschool Development Block Grants, home visiting programs, and IDEA Part C.

We must ensure that we are giving all children a chance to succeed. The only way to ensure that all children have an opportunity is to improve quality and lyrobust fund early childhood opportunities. So I thank our panelists for coming and I look forward to their testimony. And yield back the balance of my time.

[The statement of Mr. Scott follows:]

Prepared Statement of Hon. Robert C. "Bobby" Scott, Ranking Member, Committee on Education and the Workforce

Thank you Chairman Kline, and thank you to the panelists for coming to this Committee hearing today. I look forward to your testimonies.

Today's hearing focuses on Head Start, a program with an exceptional mission to promote the school readiness of young children from low-income families. The program is unique from other early learning efforts in that it works to address infant and toddler emotional development through a two generation approach. Not only does Head Start, and its companion, Early Head Start, serve children from birth through age five, but also those children's parents through parenting support, goal setting, and assistance in accessing comprehensive services.

The importance of high-quality, early learning opportunities cannot be overstated. The achievement gap starts as early as nine months old, when babies from low-income families show a significant difference in cognitive skill function than those born into high-income families. That difference contributes to the 30 million word gap, which references the difference in the number of words an infant from a low-income family will hear by age three compared to an infant from a high-income family. The gap continues into the K–12 system and is evident through the difference in state test scores, SAT scores, college attendance and graduation rates, and employment rates. In other words, if we are serious about closing the achievement gap, we must start early.

Quality Head Start programs eliminate the gap that exists in kindergarten between low-income toddlers and toddlers from more affluent families.

The long-term benefits of early childhood education programs, like Head Start, are also well-documented. Not only do high-quality, early learning programs produce academic results, they produce personal and professional results that last over a person's lifetime.

Early childhood education helps close not only the achievement gap, but the employment and income gaps. Decades of research shows that properly nurturing children in the first five years of life through high-quality programs like Head Start is instrumental to supporting enhanced brain development, cognitive functioning, and emotional and physical health. But all too often, low-income families lack access to high-quality, affordable early childhood education, and these children tend to fall behind. We know that children who don't participate in high-quality, early education programs are more likely to have weaker educational outcomes, lower lifetime earnings, and increased involvement in special education services and the criminal justice system. But the cost to society can be quantified. Every dollar we spend today on high quality, early learning programs can save us up to $7 later on.

Just two programs provide for the bulk of the federal role in early education: the Head Start Program and the Child Care and Development Block Grant. Unfortunately, because of limited federal funding, too few young children have access. This unmet need continues to grow – less than half of eligible children have access to Head Start and only five percent of eligible children have access to Early Head Start. We have decades of evidence that shows investing in early learning programs like Head Start works. It is time to increase investments in early learning programs – not just Head Start but Early Head Start-Child Care Partnerships, Child Care Development Block Grants, Preschool Development Grants, home visiting programs, and IDEA Part C. We must ensure that we are giving ALL children the chance to succeed. The only way to ensure all children have that opportunity is to improve quality and robustly fund those programs.

Thank you again to our witnesses for coming – I look forward to hearing from you all today.

Chairman KLINE. I thank the gentleman.

Pursuant to Committee Rule 7(c), all members will be permitted to submit written statements to be included in the permanent hearing record. And without objection, the hearing record will re-

main open for 14 days to allow such statements and other extraneous material referenced during the hearing be submitted for the official hearing record.

Chairman KLINE. It is now my pleasure to introduce our distinguished witnesses.

Dr. Tim Nolan is executive director for the National Centers for Learning Excellence, Inc., a Head Start grantee in Waukesha, Wisconsin. In this role, he oversees over 330 Head Start and Early Head Start slots. Dr. Nolan also is co-chair of the Wisconsin Head Start Association's Advocacy Work Group.

Dr. Matthew Biel serves as director of child and adolescent psychiatry at Georgetown University Medical Center and as the assistant professor of clinical psychiatry at Georgetown University School of Medicine here in Washington, D.C. Dr. Biel's work focuses on child development, trauma and resilience, mood and anxiety disorders, autism spectrum disorders, and psychiatric care of children with medical illnesses.

Dr. Biel has published extensively on access to mental health care for underserved populations, trauma and resilience, and family engagement. Very busy man.

Sara Mead is a partner in the Policy and Thought Leadership Practice with Bellwether Education Partners here in Washington, D.C. Ms. Mead has written and conducted several policy analyses on early childhood education, charter schools, teacher quality, and State and Federal education policy issues.

Yvette Sanchez Fuentes is the president of the National Alliance for Hispanic Families in Gaithersburg, Maryland. In this position, Ms. Sanchez Fuentes guides the Alliance's research programs and public policies in order to better serve Hispanic communities in need. Prior to joining the Alliance, Ms. Sanchez Fuentes served as director for the Office of Head Start in the Department of Health and Human Services from 2009 to 2013.

I will now ask our witnesses to stand and to raise your right hand.

[Witnesses sworn.]

Chairman KLINE. Let the record reflect the witnesses answered in the affirmative. Please be seated.

Before I recognize each of you to provide your testimony, let me briefly explain our lighting system. We allow 5 minutes for each witness to provide testimony. When you begin, the light in front of you will turn green. When 1 minute is left, the light will turn yellow, and at the 5-minute mark, the light will turn red, and you should wrap up your testimony. And here in this very fancy hearing room, you actually have a clock in front of you. You can watch that wind down as well. Don't get too fascinated with it.

I loathe to gavel down any witness during their opening testimony, but I would ask you, when you see that red light, to please move very quickly to wrapping up so that we can get on with the rest of the hearing and my colleagues can ask questions. All of us are restricted to the 5-minute rule as well.

Okay. I think we're ready to get started. Dr. Nolan, you're recognized.

TESTIMONY OF DR. TIMOTHY M. NOLAN, PH.D., CHIEF EXECUTIVE OFFICER & EXECUTIVE DIRECTOR, NATIONAL CENTERS FOR LEARNING EXCELLENCE, INC., WAUKESHA, WISCONSIN

Mr. NOLAN. Good morning, Chairman Kline, Ranking Member Scott, and members of the committee. Thank you for inviting me to provide testimony this morning on the very important topic of this hearing.

2015 marks the 50th anniversary of Head Start creating opportunities for at-risk children and families. As of today, 10 percent of all Americans have now attended Head Start, including such notables as Darren Walker, president of the Ford Foundation, and the Honorable Sylvia Burwell, Secretary of Health and Human Services. This topic could not be more important as we look forward to shaping the future.

I'm a Head Start director here to share my thoughts and observations based upon extensive experience. I'm a local program director, a psychologist by training, a State national leader, a consultant, and an author.

I first showed up for work in my Head Start program on September 1, 1968. I arrived with a sense of curiosity and awe about Head Start and the possibilities that it presented for the future. Today, 46 years later, I still arrive at work feeling the same sense of possibility. We must work together to preserve and deepen this unique national capability.

Head Start was created in '64 and launched in '65 as an intervention program. Those invited to the table to shape the program were physicians and psychologists. There was not an educator among them. Head Start has always been an intervention program that would include but not be limited to cognitive learning gains.

To accomplish this, we deal with the whole child, nutrition, medical and dental health, mental health, interpersonal skills development, and the several domains of cognitive development. Young children simply cannot learn if their teeth hurt, if they are hungry, or if they are regularly absent because of unstable housing or family challenges.

Only the most needy are served by Head Start. We enroll the children others too often reject, suspend, or expel. We enroll the family, not just their child, identifying the needs and goals of the family and working regularly with them throughout the year in order to help them succeed in achieving their goals.

In my agency, we partner with the Medical College of Wisconsin and the Wisconsin Children's Hospital, who provide weekly mental health consultation services to my staff. Poverty has a major impact upon mental health in both the enrolled child and their parent.

Head Start programs partner with public schools. In my agency, we have 107 4-year-olds with a half-day of Head Start, plus a school-funded half-day of 4-year-old kindergarten. We also provide leadership locally in this effort, including teacher training.

We individualize instruction in concert with parent input, assuring that the parent is a key part of this process. Parents are their child's primary teacher, and we have high expectations of parents.

We support their development. This family-centric approach is not evidenced by other public entities serving young children at risk.

In 1991, in an effort to share innovative best practices, I wrote a thought piece titled "What Really Makes Head Start Work." In it, I identified a secret to Head Start's success based upon my experience and extensive observation. We create what we call compassionate partnerships between a Head Start staff member and a parent or guardian on behalf of their child. These relationships are based upon respect, trust, and a focus upon the child. Hundreds of thousands of individualized compassionate partnerships are created each year across the Head Start world.

As I complete my thoughts on strengthening Head Start for current and future generations, several thoughts come to mind. You can mandate compliance. You cannot mandate excellence. We must achieve excellence, and we know how to do this.

We should not seek to make Head Start more like the public schools, but to make the public schools more like Head Start. Involved parents, create compassionate partnerships between teachers and parents, don't send Head Start eligible 4-year-old children into public school kindergarten instead of Head Start when they need a full range of intervention services unavailable in practically every LEA. Our local schools love having us work with the children most in need in their district. We love it too.

Innovation is in our DNA. Standardization kills creativity. Head Start programs annually study their marketplace through a community needs assessment and adjust services accordingly. Don't allow one-size-fits-all program designs. We want to continue to deliver upon the promise that every child can succeed. I look forward to working with the committee on this.

Thank you.

[The testimony of Mr. Nolan follows:]

Tim Nolan Ph.D.
Head Start Director
National Centers for Learning Excellence, Inc.
Waukesha Wisconsin

House Committee on Education and the Workforce

"Strengthening Head Start for Current and Future Generations"

Good morning Chairman Kline, Ranking Member Scott and members of the Committee. Thank you for inviting me to provide testimony this morning on the very important topic of this hearing.

2015 marks the 50th anniversary of Head Start creating opportunities for at-risk children and families. 10% of all Americans have now attended Head Start, including Darren Walker, President of the Ford Foundation and The Honorable Sylvia Burwell, Secretary of HHS. This topic could not be more important as we look toward to shaping the future.

I am a Head Start Director here to share my thoughts and observations based upon my extensive experience. I am a local program director, a psychologist by training, a state and national leader, a consultant and an author.

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- We enroll the family, not just their child, identifying the needs and goals of the family and working regularly with them throughout the year in order to help them succeed in achieving their goals.

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- Head Start programs partner with the public schools. In my agency, we have 107 four year olds with a half day of Head Start plus a school funded half day of 4 year old kindergarten. We also provide leadership locally in this effort, including teacher training.

- We individualize instruction *in concert with parent input...* assuring that the parent is a key part of this process. Parents are their child's primary teacher and we have high expectations of parents. We support their development. This family-centric approach is not evidenced by other public entities serving young children at risk.

In 1991, in an effort to share innovative best practices I wrote a thought piece titled "What Really Makes Head Start Work?" In it I identified a secret to Head Start's success based upon my experience and extensive observation. We create what we call "Compassionate Partnerships" between a Head Start staff member and a parent or guardian on behalf of their child. These relationships are based upon respect, trust and a focus upon the child. Hundreds of thousands of individualized compassionate partnerships are created each year.

As I complete my thoughts on "Strengthening Head Start for Current and Future Generations", several thoughts come to mind...

You can mandate compliance. You cannot mandate excellence. We must achieve excellence. We know how to do this!

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Innovation is in our DNA...standardization kills creativity. Head Start programs annually study their marketplace through a community needs assessment and adjust services accordingly. Don't allow "one size fits all" program designs.

We want to continue to deliver upon the promise that every child can succeed! I look forward to working with the Committee on this.

Chairman KLINE. Thank you, sir.

Dr. Biel, you're recognized.

TESTIMONY OF DR. MATTHEW BIEL, MD, MSC, DIVISION CHIEF, CHILD AND ADOLESCENT PSYCHIATRY, GEORGETOWN UNIVERSITY, WASHINGTON, DISTRICT OF COLUMBIA

Dr. BIEL. Good morning, Chairman Kline, Ranking Member Scott, members of the committee, thank you very much for the opportunity to—

Chairman KLINE. Microphone. Check your microphone, please.

Dr. BIEL. Thank you.

Chairman KLINE. There you go.

Dr. BIEL. I am very grateful for the opportunity to join today's hearing. Thank you.

In my clinical work caring for children and families, and in my research, I focus on identifying strategies to build resilience and enhance childhood outcomes in the face of adversity. Converging evidence from neuroscience research identifies the infant, toddler, and preschool years as a time of great promise and also of great vulnerability. Experiences in the first 5 years of life, both positive and negative, have critical effects on outcomes across the lifespan. Early childhood truly sets the course for physical and mental wellbeing or dysfunction.

The building blocks for successful early development include an environment that provides basic resources and capable care from adult caregivers. Nurturing relationships with adults stimulate brain development beginning in infancy, creating the neurological foundations for health, learning, and positive social interactions.

However, early exposure to toxic stressors, such as extreme poverty, abuse or neglect, or living with a parent with mental illness or substance abuse, disrupts developing brain architecture. Children who have not received appropriate nurturance and stimulation in the first 5 years are already significantly disadvantaged. They are likely to have less emotional stability, greater risk for physical health problems, and more ground to make up in academic readiness. The deck is truly stacked against them before their first day of kindergarten.

Experiencing severe adversity in early childhood may be the single most modifiable risk factor for future problems, including obesity, diabetes, depression, addiction, school failure, lost productivity, and incarceration. As you know, these are among the most pernicious and costly problems that our society faces, and science tells us that they often have their origins in early childhood.

Meaningful interventions to reduce the damage caused by early adversity can produce significant benefits for society, including increasing individuals' capacities to learn and earn, lowering crime rates, saving spending on special education and social safety nets, and reducing the cost of common and expensive chronic health conditions.

Many communities do not have well-coordinated resources to help families and children buffer the effects of adversity. Too often, efforts to identify vulnerable children in one sector ignore parallel efforts in another sector.

This fragmented approach is exacerbated by structural barriers that separate service delivery systems in the domains of physical health, mental health, and early childhood education. These artificial silos persist despite glaring evidence from the scientific literature that child development observes no such separation. Children living in highly stressed environments struggle in ways that simultaneously impact learning, physical health, and emotional stability.

The good news. A number of clearly effective interventions to prevent and ameliorate the impact of toxic stress in young lives have been developed and are deliverable in Head Start. Nationwide, there is a great need to effectively integrate evidence-based strategies in order to limit the harmful effects of toxic stress and to create buffers for young children and their families.

The early childhood educational setting, like Early Head Start and Head Start, is an ideal arena for such interventions. Early childhood brain development predicts later social success, psychological health, and academic achievement. The capacities for self-control, for positive social interactions, emotional stability, paying attention, following instructions, all crucial skills for functioning in school and in the community, are brain-based capacities that have to be mastered in early childhood. Delays in these areas are readily relevant in the early childhood education setting and can be corrected through intervention.

High-quality Head Start programming, enriched by proven intervention strategies, can have an immensely positive impact by helping children to catch up on these crucial skills before it is too late.

Based upon my work and the work of my colleagues, I submit four recommendations to this committee in assessing Head Start and other similar programs under your jurisdiction.

One, Head Start providers require training to equip them to identify children who may be experiencing toxic stress and to implement effective techniques to respond to these difficulties within the classroom. Early childhood providers receive limiting training in understanding and responding to social and emotional challenges facing their students. Enhanced professional development in these areas should be a priority.

Two, evidence-based interventions to promote social and emotional health should be supported across early childhood educational settings, including Head Start. Initiatives deserving support include in-school clinical consultation from mental health professionals, as well as teacher-delivered interventions that support the development of brain-based skills that are crucial to social and academic competence.

Three, efforts to enhance early childhood outcomes require effective coordination and integration. We need local approaches that effectively identify community needs, unify available programs and resources, and address gaps in programming with high-quality evidence-based approaches. The challenges of early childhood vulnerability require holistic, community-based strategies.

Four, while Head Start providers are important contributors to a child's health and development, the family is the first and most consistent influence. Interventions that do not engage the family are destined to be less effective. To truly improve child outcomes,

it is critical to enlist families in the educational enterprise taking place in early childhood centers, to include families in their children's educations, and to effectively collaborate with other community resources that are available to support families' diverse needs. Interventions that effectively include families in early childhood education deserve additional development and support.

In closing, I recommend specific support for provider training in understanding and addressing emotional and behavioral concerns in young children, high-quality behavioral health strategies to support early learning environments, integration rather than siloization of programming efforts, and special education to strengthening families through engagement efforts emerging from early childhood educational settings.

Thank you very much for your time and consideration.

[The testimony of Dr. Biel follows:]

House Committee on Education and the Workforce-- October 7, 2015

Matthew Biel, MD, MSc

My name is Matthew Biel and I am the Division Chief of Child and Adolescent Psychiatry at Georgetown University Hospital and Associate Professor of Clinical Psychiatry and Pediatrics at Georgetown University School of Medicine. I am a child psychiatrist in clinical practice, as well as an educator and researcher in the field. I am very grateful for the opportunity to join today's hearing.

In my clinical work caring for children and families, and in my research, I focus on identifying strategies to build resilience and enhance childhood outcomes in the face of adversity. Converging evidence from neuroscience, education, and public health research identifies the infant, toddler, and preschool years as a time of great promise and also of great vulnerability. Experiences in the first five years of life, both positive and negative, have critical effects on outcomes across the lifespan. Early childhood truly sets the course for physical and mental wellbeing or dysfunction.

The building blocks for successful early development include an environment that provides basic resources and capable care from adult caregivers. Nurturing relationships with adults stimulate brain development beginning in infancy, creating the neurological foundations for health, learning, and positive social interactions. However, early exposure to toxic stressors such as extreme poverty, abuse or neglect, or living with a parent with mental illness or substance abuse, disrupts developing brain architecture and other maturing organs. Children who have not received appropriate nurturance and stimulation in the first five years are already significantly disadvantaged. They are likely to have less emotional stability, greater risk for physical health problems, and more ground to make up in academic readiness. The deck is stacked against them before their first day of kindergarten.

Experiencing severe adversity in early childhood may be the single most important modifiable risk factor for future problems including obesity, diabetes, depression, addiction, school failure, lost productivity, and incarceration. These are among the most pernicious and costly problems that our society faces, and science tells us that they often have their origins in early childhood. Meaningful interventions to reduce the damage caused by early adversity can produce significant benefits for society, including increasing individuals' capacities to learn and earn; lowering crime rates; saving spending on special education and social safety nets; and reducing the costs of common and expensive chronic health conditions.

Many communities do not have well-coordinated resources to help families and children buffer the effects of stress and adversity. Too often, efforts to identify vulnerable children in one sector ignore parallel efforts in another sector, leading to inefficiencies, redundancies, and stagnation. This fragmented approach is exacerbated by structural barriers that separate service delivery systems in the domains of physical health, mental health, social services, and early childhood education. These artificial silos persist despite glaring evidence from the scientific literature that child development observes no such separation: children living in highly stressed environments struggle in ways that simultaneously impact learning, physical health, and emotional stability.

The good news: a number of clearly effective interventions to prevent and ameliorate the impact of toxic stress in young lives have been developed. Nationwide, there is a great need to effectively integrate evidence-based strategies in order to limit the harmful effects of toxic stress and to create buffers for young children and their families.

The early childhood educational setting is an ideal arena for such interventions. Early childhood brain development predicts later social success, psychological health, and academic achievement. The capacities for self-control, positive social interactions, emotional stability, paying attention, following instructions—all crucial skills for functioning in school and in the community—are brain-based capacities that have to be mastered in early childhood. Delays in these areas are readily evident in the early childhood education setting—and delays can be corrected through intervention. High-quality Head Start programming, enriched by proven and promising intervention strategies, can have an immensely positive impact by helping children to catch up on these crucial skills before it is too late.

Based upon my work and the work of my colleagues, I submit four recommendations to this Committee in assessing Head Start and other similar program under your jurisdiction:

(1) Head Start providers require training to equip them to identify children who may be experiencing toxic stress, and to implement effective techniques to respond to these difficulties within the classroom. Early childhood providers receive limited training in understanding and responding to social and emotional challenges facing their students. Enhanced professional development in these areas should be a priority.

(2) Evidence-based interventions to promote social and emotional health should be introduced across early childhood educational settings, including Head Start. Initiatives deserving support include in-school clinical consultation from mental health professionals, as well as teacher-delivered interventions that support the development of brain-based skills that are crucial to social and academic competence.

(3) Efforts to enhance early childhood outcomes require effective coordination and integration. We need local approaches that effectively identify community needs, unify available programs and resources, and address gaps in programming with high-quality, evidence-based approaches. The challenges of early childhood vulnerability require holistic, community-based approaches.

(4) While Head Start providers are important contributors to a child's health and development, the family is the first and most consistent influence. Interventions that do not engage the family are destined to be less effective. To truly improve child outcomes, it is critical to enlist families in the educational enterprise taking place in early childhood centers: to include families in their children's educations and to effectively collaborate with other community resources that are available to support families' diverse needs. Interventions that effectively include families in early childhood education deserve additional development and support.

In closing, I recommend specific support for provider training in understanding and addressing emotional and behavioral concerns in young children; high-quality behavioral health strategies to support early learning environments; integration rather than siloization of programming efforts; and special attention to strengthening families through engagement efforts emerging from early childhood educational settings. Thank you very much for your time and consideration.

Chairman KLINE. Thank you, sir.

Ms. Mead, you're recognized.

TESTIMONY OF MS. SARA MEAD, PARTNER, BELLWETHER EDUCATION PARTNERS, WASHINGTON, DISTRICT OF COLUMBIA

Ms. MEAD. Good morning, and thank you for the opportunity to speak with you this morning. My name is Sara Mead, and I'm a partner with Bellwether Education Partners, a nonprofit that helps education organizations improve results for high-need students. I conduct research on Head Start and other early childhood policies and advise foundations, advocacy organizations, and others, including Head Start grantees, working to improve early learning.

Serving nearly a million children, Head Start plays a crucial role in our early childhood system and in improving outcomes for children in poverty. Children in poverty, as you've heard this morning, are more likely to experience trauma and toxic stress, have less access to learning experiences, and hear 30 million fewer words by age 3 than affluent children. Achievement gaps for disadvantaged youngsters emerge as early as 9 months in age, and by the time they enter kindergarten they are already far behind.

Given these challenges, all children in poverty need access to high-quality early learning programs, including Head Start and State or locally funded pre-K, to enable them to enter school ready to succeed.

Research, including the federally funded Head Start Impact Study and FACES survey, show that Head Start improves children's school readiness at kindergarten entry. Although impacts on test scores decline through the elementary grades, longer-term studies which followed children into adulthood show that Head Start alumni are more likely to graduate high school and have better adult outcomes than similar children who did not attend.

Further analysis of Impact Study data also finds that Head Start produces significant and sustained learning gains compared to no preschool at all—in other words, Head Start works—but its results, on average, do not match those of the highest-quality publicly funded pre-K programs, such as those in New Jersey, Oklahoma, and Boston. Further, Head Start results vary widely across centers and programs, as much as or more than those of K-12 public schools.

The key question then is not whether Head Start works, but how to enable all Head Start grantees to match the results of the best Head Start and pre-K programs. The bipartisan 2007 reauthorization took crucial steps to improve quality in outcomes in Head Start. As a result of these changes, 71 percent of Head Start preschool teachers now have at least a bachelor's degree. Designation renewal, which requires identified grantees to compete to retain their grants, has led to the replacement of low-performing grantees and spurred others to improve their quality. The quality of teaching in Head Start classrooms is also improving.

Despite this progress, however, additional reforms are needed. Six issues are particularly important.

First, supporting quality teaching. Preschools that produce strong sustained learning gains employ teachers with bachelor's degrees and training in early childhood, provide high-quality profes-

sional development, and pay preschool teachers the same as K-12 teachers. In contrast, one in four Head Start teachers lacks a bachelor's degree, and Head Start teachers make $20,000 a year less than comparably trained kindergarten teachers. Improving Head Start teacher preparation and compensation must be a priority.

Second, improving curriculum. To prepare children to succeed in school, great teachers need evidence-based, developmentally appropriate, content-rich, and well-organized curricula, but many early childhood curricula used in Head Start today fail to provide sufficiently rich content or support for teachers.

Third, continuous improvement. At both the grantee and Federal level, Head Start needs to collect, analyze, and use data to support ongoing program improvement. This requires building grantee capacity and shifting the focus of monitoring from compliance to continuous improvement. To accelerate these efforts, researchers and Federal officials must collect and use program performance data to identify, learn from, and disseminate the practices of high-performing guarantees.

Fourth, reducing burdensome regulations. Head Start programs are subject to some 1,400 separate requirements prescribing not just what they do, but how they do it. Head Start monitoring focuses largely on compliance with rules, not program results. Federal policymakers must reduce overly prescriptive and bureaucratic requirements on Head Start programs and provide greater flexibility to innovate.

Fifth, improving coordination with State early childhood and K-12 systems. As States build early learning systems, State and Federal policies must work to integrate Head Start with these systems. They should also support Head Start grantees to access and combine State and local pre-K and childcare funds in order to offer a longer day or improve program quality. As State pre-K expands, Head Start programs also need greater flexibility to shift resources between infants, toddlers, and preschoolers in response to changing community needs.

Six, ensuring adequate funds. For too long, Federal policies have added new requirements to Head Start programs without providing sufficient funding to meet them. Improving quality in outcomes will require additional Federal investments to enable Head Start programs to cover the cost of improving quality without reducing children's and families' access to Head Start programs.

The Obama administration has proposed changes to streamline the Head Start performance standards, reduce overly prescriptive and bureaucratic requirements, and bring expectations for Head Start in line with current research. But addressing the challenges above also requires statutory change in the next reauthorization of Head Start, as well as additional funding.

As you begin your consideration of Head Start reauthorization, these issues, and the needs of Head Start children and families, must be at the center of the conversation. Thank you.

[The testimony of Ms. Mead follows:]

Sara Mead
Partner, Bellwether Education Partners
Testimony before the House Education and Workforce Committee

My name is Sara Mead, and I am a partner with Bellwether Education Partners, a nonprofit that helps education organizations improve results for high-need students. I conduct research on Head Start and other early childhood policies and advise foundations, advocacy organizations, and others—including Head Start grantees—working to improve early learning.

Head Start Plays a Crucial Role in Supporting Early Development of Our Nation's Most Vulnerable Young Children

Serving nearly a million children, Head Start plays a crucial role in our early childhood system and in improving outcomes for children in poverty. Children in poverty are more likely to experience trauma and toxic stress,[1] have less access to early learning experiences,[2] and hear 30 million fewer words by age 3 than affluent children.[3] Achievement gaps for disadvantaged youngsters emerge as early as 9 months in age,[4] and by the time they enter kindergarten, they are already behind.[5] Given these challenges, all children in poverty need access to high-quality early learning programs, including Head Start and state or locally funded pre-k, to enable them to enter school ready to succeed.

Head Start Is Working—Let's Make It Work Better

Research—including the federally funded Head Start Impact Study[6] and the Family and Child Experiences Survey (FACES)[7]—shows that Head Start improves children's school readiness at kindergarten entry. Although impacts on test scores decline in the early elementary grades, longer-term studies, which follow children into adulthood, show that Head Start alumni are more likely to graduate high school and have better adult life outcomes than similar children who did

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[1] The Science of Early Childhood Development. (2007) National Scientific Council on the Developing Child. http://www.developingchild.net

[2] David T. Burkam and Valerie Lee, "Inequality at the Starting Gate" (Washington, DC: Economic Policy Institute, 2002); U.S. Department of Education, National Center for Education Statistics, "Entering Kindergarten: A Portrait of American Children When They Begin School: Findings from the Condition of Education" (Washington, D.C.: U.S. Department of Education, National Center for Education Statistics, 2000); Nicholas Zill and Jerry West, "NCES 2001-035" (Washington, DC: U.S. Government Printing Office, 2001).

[3] Betty Hart and Todd Risley, Meaningful Differences in the Everyday Experiences of Young Children (Paul H. Brookes Publishing Company, 1995).

[4] Tamara Halle, Nicole Forry, Elizabeth Hair, Kate Perper, Laura Wandner, Julia Wessel, and Jessica Vick, "Disparities in Early Learning and Development: Lessons from the Early Childhood Longitudinal Study – Birth Cohort (ECLS-B)" (Washington, D.C.: Child Trends. 2009) http://www.childtrends.org/wp-content/uploads/2013/05/2009-52DisparitiesELExecSumm.pdf

[5] David T. Burkam and Valerie Lee, "Inequality at the Starting Gate" (Washington, DC: Economic Policy Institute, 2002); U.S. Department of Education, National Center for Education Statistics, "Entering Kindergarten: A Portrait of American Children When They Begin School: Findings from the Condition of Education" (Washington, D.C.: U.S. Department of Education, National Center for Education Statistics, 2000); Nicholas Zill and Jerry West, "NCES 2001-035" (Washington, DC: U.S. Government Printing Office, 2001); Christopher Jencks and Meredith Phillips, eds., The Black-White Test Score Gap (Washington, DC: Brookings Institution Press, 1998).

[6] U.S. Department of Health and Human Services, Administration for Children and Families (January 2010). Head Start Impact Study. Final Report. Washington, DC.

[7] N. Aikens, A. Kopack Klein, L. Tarullo, and J. W est. (2013). Getting Ready for Kindergarten: Children's Progress During Head Start. FACES 2009 Repor t. OPRE Report 2013-21a. W ashington, DC: Office of Planning, Research and Evaluation, Administration for Children and Fami lies, U.S. Department of Health and Human Services.

not attend.[8] Further analysis of Impact Study data also finds that Head Start produces significant learning gains compared to no preschool at all—and these gains last into elementary school.[9]

In other words, Head Start works. But its results, on average, do not match those of the highest-quality publicly funded pre-k programs, such as those in New Jersey,[10] Oklahoma,[11] and Boston.[12] Further, Head Start results vary widely across centers and programs—as much as or more than those of K-12 public schools.[13]

The key question, then, is not whether Head Start works, but how to enable *all* Head Start grantees to match the results of the best Head Start and pre-k programs.

Bipartisan Policy Reforms Have Improved Head Start Quality

The bipartisan 2007 Head Start reauthorization took crucial steps to improve the quality of Head Start. As a result of these changes:

- 71% of Head Start preschool teachers have at least a bachelor's degree.[14]
- Designation Renewal, which requires low-performing grantees to compete to retain their grants, has led to the replacement of low-performing grantees and spurred others to improve their quality. Over the past 3 years, roughly 5% of all grantees have been replaced through the designation renewal process.[15]

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[8] David Deming, "Early Childhood Intervention and Life-Cycle Skill Development: Evidence from Head Start," American Economic Journal: Applied Economics 1, no. 3 (2009), http://www.people.fas.harvard.edu/~deming/papers/Deming_HeadStart. pdf; Jens Ludwig and Douglas L. Miller, "Does Head Start Improve Children's Life Chances?" The Quarterly Journal of Economics 122, no. 1 (2007), http://qje.oxfordjournals.org/ content/122/1/159.abstract

[9] Zhai, Fuhua; Brooks-Gunn, Jeanne; Waldfogel, Jane Developmental Psychology, Vol 50(12), Dec 2014, 2572-2586; Compared to What? Variation in the Impacts of Early Childhood Education by Alternative Care-Type Settings, Avi Feller Todd Grindal Luke Miratrix Lindsay Page, Working Paper, December 2014. http://scholar.harvard.edu/files/feller/files/feller_grindal_miratrix_page_12_6_14.pdf.

[10] W. Steven Barnett, Ph.D. Kwanghee Jung, Ph.D. Min-Jong Youn, Ph.D. Ellen C. Frede, Ph.D. "The Abbott Preschool Program Longitudinal Effects Study (APPLES): 5th Grade Follow up" (New Brunswick, NJ: National Institute for Early Education Research, 2013). http://nieer.org/sites/nieer/files/APPLES%205th%20Grade.pdf

[11] Carolyn J. Hill, William T. Gormley, Jr., Shirley Adelstein, and Catherine Willemin The Effects of Oklahoma's Pre-Kindergarten Program on 3rd Grade Test Scores, Georgetown University: Center for Research on Children in the United States, May 2012 http://fcd-us.org/sites/default/files/Long-term%20Policy%20Brief_05-22-2012%20(2).pdf

[12] Christina Weiland and Hirokazu Yoshikawa, "Impacts of a Prekindergarten Program on Children's Mathematics, Language, Literacy, Executive Function, and Emotional Skills," *Child Development* 84, no. 6 (2013), doi: 10.1111/cdev.12099.

[13] Howard Bloom and Christina Weiland, "Quantifying Variation in Head Start Effects on Young Children's Cognitive and Socio-Emotional Skills Using Data from the National Head Start Impact Study" MDRC, 2014. http://www.mdrc.org/sites/default/files/quantifying_variation_in_head_start.pdf; Christopher Waters, Inputs in the Production of Early Childhood Human Capital: Evidence from Head Start NBER Working Paper No. 20639 Issued in October 2014 http://www.nber.org/papers/w20639.pdf.

[14] Office of the Administration for Children and Families Early Childhood Learning and Knowledge Center, Head Start Program Fact Sheet FY 2014 http://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2014-hs-program-factsheet.html

[15] Bellwether analysis of following data sources: Sara Mead, Renewing Head Start's Promise: Investing in What Works for disadvantaged preschoolers," Bellwether Education Partners, 2014. http://bellwethereducation.org/publication/RenewingHeadStartsPromise *Katherine Molina-Powell,* "2013 Designation Renewal System, analysis of the winners," Shine Early Learning. 2014. http://us2.campaign-archive1.com/?u=2e497af71a7649bfa2fdcccd1&id=c577635f52&e=b2d02a75a7 Abbie Lieberman, "The Results Are In: Head Start Re-competition Round 2." New America Foundation, August 21, 2014. http://www.edcentral.org/results-head-start-re-competition-round-two/; Buildwell Group, "Programs in the Third Cohort of Recompetition," (retrieved August 31, 2015)

- The quality of teaching in Head Start classrooms is also improving.[16]

Key Priorities for Improving Head Start

Despite this progress, additional reforms are needed. Six issues are particularly important:

1. **Supporting quality teaching**: Preschools that produce strong, sustained learning gains employ teachers with bachelor's degrees and training in early childhood, provide high-quality professional development, and pay preschool teachers the same as K-12 teachers. In contrast, one in four Head Start teachers lacks a bachelor's degree,[17] and Head Start teachers make $20,000 a year less than comparably trained kindergarten teachers in public schools.[18] Improving Head Start teacher preparation and compensation must be a priority.
2. **Improving curriculum**: To prepare children to succeed in school great teachers need evidence-based, developmentally appropriate, content-rich, well-organized curricula.[19] But many early childhood curricula used in Head Start fail to provide sufficiently rich content or support for teachers. All Head Start programs must use evidence-based, content-rich curricula and support teachers to implement it effectively.
3. **Continuous improvement:** At both the grantee and federal level, Head Start needs to collect, analyze, and use data to support ongoing program improvement. This requires building grantee capacity and shifting the focus of monitoring from compliance to continuous improvement. To accelerate these efforts, researchers and federal officials must collect and use program performance data to identify, learn from, and disseminate the practices of high-performing grantees.
4. **Reducing burdensome regulations:** Head Start programs are subject to some 1,400 separate requirements prescribing not just what they do, but how they do it. Head Start monitoring focuses largely on compliance with rules—not program results. Federal policymakers must reduce overly prescriptive and bureaucratic requirements on Head Start programs and provide greater flexibility to innovate.
5. **Improving coordination with state early childhood and K-12 systems:** As states build early learning systems, state and federal policies must work to integrate Head Start with these systems, including state workforce and early childhood data systems. State and federal policies should also support Head Start grantees to access and combine state and local pre-k and childcare funds to improve quality and lengthen the program day. As state pre-k expands, Head Start programs need greater flexibility to shift resources between infants, toddlers, and preschoolers in response to changing community needs.
6. **Ensuring adequate funding:** For too long, federal policies have added new requirements to Head Start programs without providing sufficient funding to meet them. Improving quality and outcomes will require additional federal investments to enable

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[16] See Office of the Administration for Children and Families Early Learning and Knowledge Center, National CLASS Reports, http://eclkc.ohs.acf.hhs.gov/hslc/data/class-reports

[17] The Office of the Administration for Children and Families Early Learning and Knowledge Center, Head Start Program Facts FY2014 http://eclkc.ohs.acf.hhs.gov/hslc/data/factsheets/2014-hs-program-factsheet.html

[18] Whitebook, M., Phillips, D., & Howes, C. (2014). Worthy work, STILL unlivable wages: The early childhood workforce 25 years after the National Child Care Staffing Study. Berkeley, CA: Center for the Study of Child Care Employment, University of California, Berkeley, p 31.

[19] Advisory Committee on Head Start Research and Evaluation, "Final Report (report submitted to the Secretary of the U.S. Department of Health and Human Services, Washington, D.C. August 2012.)

Head Start programs cover the costs of improving quality without reducing children's and families' access to Head Start programs.

The Obama administration has proposed changes to streamline Head Start Performance Standards, reduce overly prescriptive and bureaucratic requirements, and bring expectations for Head Start in line with current research. But addressing the challenges I have outlined also requires statutory change in the next reauthorization of Head Start, as well as additional funding. As you begin your consideration of Head Start reauthorization, these issues—and the needs of Head Start children and families—must be at the center of the conversation.

Chairman KLINE. Thank you very much.

Ms. Sanchez Fuentes, you're recognized.

TESTIMONY OF MS. YVETTE SANCHEZ FUENTES, PRESIDENT, NATIONAL ALLIANCE FOR HISPANIC FAMILIES, GAITHERSBURG, MARYLAND

Ms. SANCHEZ FUENTES. Good morning. Thank you, Chairman Kline, Ranking Member Scott, and members of the committee, for the opportunity to talk about strengthening Head Start.

As you heard, I'm Yvette Sanchez Fuentes. I'm currently the president of the National Alliance for Hispanic Families. From 2009 to 2013, I served as the director of the Office of Head Start at the Department of Health and Human Services. Today, I am proud to be before you as an advocate for Latino families and as someone who has experienced implementing the Head Start program at the local and Federal level.

As we celebrate 50 years of Head Start, it's a historic milestone that presents a perfect opportunity to reflect on how the program has grown and evolved. Head Start continues to play a critical and often controversial role in the ecosystem of early childhood education.

But there are two things that make this program unique. The first is that Head Start was conceptualized as a two-generation program supporting the success of both children and their families in the communities they reside. The second is a set of values that have been passed on, including the belief that parents are the child's first teacher, the priority to serve the most vulnerable children, the importance of community engagement, the significance of honoring culture and language, and the consequence of assuring high-quality comprehensive services.

It's been 50 years since President Johnson announced the creation of Project Head Start. The program initially began as an 8-week summer program to provide services to 3 and 4-year-olds through preschool classes, medical and dental care, and mental health services.

Today, the program has expanded to include approximately 1,800 nonprofit and for-profit organizations and States that provide Early Head Start services, services for American Indian and Alaska Natives, and the Migrant and Seasonal Head Start program. Head Start has grown from 560,000 children in that first summer to almost a million children enrolled in the last school year.

During my time at the Office of Head Start, I had the privilege of visiting many Head Start programs across America, including the Havasupai Nation at the bottom of the Grand Canyon and programs in every borough of New York City. The uniqueness of Head Start is that while there are standards that lend themselves to measuring quality and effectiveness, the exact combination of the services designed by local grantees must be responsive to each child and families' ethnic, cultural, and linguistic heritage.

Programs build relationships with families that support positive parent-child relationships, family wellbeing, and connections to peers and community. President Johnson often described Head Start not so much as a Federal program, but a neighborhood effort.

One example of that commitment is that since 1988, Minnesota has appropriated State general funds for local Head Start programs.

Both Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the community. Programs may be in centers, schools, family child care, or receive services through the home-based model.

During my time at the Office of Head Start, the birth-to-five model was piloted. The pilot made grants available to develop a comprehensive, seamless birth-to-five program. This model offers promise for serving children from earlier ages and for longer periods of time.

Much has changed since Head Start began 50 years ago. Head Start is no longer the sole provider of early childhood education. The State role in pre-kindergarten for 4-year-olds has grown significantly and left many wondering where Head Start fits into this new landscape.

For 50 years Head Start has been the Nation's laboratory, providing services to homeless families, children with disabilities, dual-language learners, professional development for teachers, and training parents. There are millions of stories about how the Head Start changed the life of a child. I have seen it firsthand. One example: In New Jersey, a mom shared with me that after she lost everything when Hurricane Sandy hit, when she was able to check her messages, the only phone messages were from the Head Start teacher.

As you work and consider changes to improve the Head Start program, it would be critical to maintain the Federal-to-local funding structure. So I'd like to end by sharing what Head Start means to me. It means that no matter where you are born in America, the color of your skin, the language you speak, the state of your child and family, Head Start will be there to offer an opportunity to make your dreams come true. Thank you.

[The testimony of Ms. Sanchez Fuentes follows:]

Testimony of Yvette Sanchez Fuentes
President
National Alliance for Hispanic Families
United States House of Representatives Committee on Education and the Workforce
"Strengthening Head Start for Current and Future Generations"

October 7, 2015

Thank you Chairman Kline, Ranking Member Scott, and Members of the Committee for the opportunity to discuss strengthening the Head Start program. I am Yvette Sanchez Fuentes, President of the National Alliance for Hispanic Families. From 2009 to 2013, I had the distinct honor of being the Director of the Office of Head Start at the Department of Health and Human Services. Today I'm proud to be before you as an advocate for Latino families and as someone with a number of years of implementing the Head Start program at both the local and the federal level.

As we celebrate 50 years of Head Start, it is an historic milestone that presents a perfect opportunity to reflect on how the program has grown and evolved. Head Start continues to play a critical and often controversial role in the ecosystem of early childhood education and there are two things that make the program unique: The first is that Head Start was initially conceptualized as a two-generation program, supporting the success of both children and their families and the

community they reside. The second is a set of values that have been passed on from generation to generation including but not limited to:

1. The belief that parents are their child's first teacher.
2. The priority to serve the most vulnerable children.
3. The importance of community engagement.
4. The significance of honoring culture - including language and beliefs at all levels from individual values to community values.
5. The consequence of assuring high quality, comprehensive services.

It has been 50 years since President Johnson announced the creation of Project Head Start. The program initially began as an eight week summer program to provide preschool classes, medical and dental care and mental health services to prepare low-income children to enter public school. By 1966, the program was expanded to be a mostly half-day, school year program. Since then, the program expanded to include Early Head Start, the American Indian and Alaska Native program and Migrant and Seasonal Head Start. Head Start has grown from 560,000 children that first summer to almost a million children enrolled in the last school year and has, in total, served more than 30 million children and their families.

Last year over 80 percent of the children served were either three- or four-years-old. In 1994 Congress passed Early Head Start to provide services for pregnant women, infants and toddlers. Today, approximately 1,800 local nonprofit and for-profit organizations, and a few states, have five-year grants from the Department of Health and Human Services.

During my time at OHS, I had the privilege of visiting many Head Start programs across America from the Havasupai Nation at the bottom of the Grand Canyon to programs throughout every borough of New York City. The uniqueness of Head Start is that while there are standards that lend themselves to measuring quality and effectiveness, the exact combination of services designed by local grantees must be responsive to each child and family's ethnic, cultural, and linguistic heritage. Programs build relationships with families that support positive parent-child relationships, family well-being, and connections to peers and community. President Johnson often described Head Start as "not so much as a federal program but a neighborhood

effort". To that end and to ensure the commitment and engagement of the community, Head Start programs are required to secure at least 20 percent of the total cost of the program through volunteer hours and costs of donating space, materials, and services. Since 1988, Minnesota has appropriated state general funds for Minnesota Head Start programs.

Both Head Start and Early Head Start programs offer a variety of service models, depending on the needs of the local community. Programs may be based in centers, schools, family child care homes or receive services through the home based model, in which a staff person visits children in their own home and works directly with the parent. During my time in a local Migrant Head Start program, we provided both center and family child care because families had made it clear that they preferred to have their babies in licensed homes with trained providers. In addition, there are programs in Alaska that have modified their hours to be responsive to the needs of homeless families.

During my time at the Office of Head Start, the birth-to-five model was piloted. The pilot made grants available to develop a comprehensive, seamless birth-to-five Head Start program. This model offers promise for serving children from earlier ages and for longer periods of time. The City of Baltimore was in the first round of the pilot grants. Several organizations with a long history of providing human services came together to form a collaborative to figure out how to redesign the Head Start program in order to leverage resources to implement a system of continuity and build a pipeline of services.

Much has changed since Head Start began 50 years ago. Head Start is no longer the sole provider of early childhood education. The state role in Pre-Kindergarten for four year olds has grown significantly and left many wondering how Head Start fits into the new policy landscape. For 50 years Head Start has served as the nation's laboratory - providing services to homeless families, children with disabilities, dual language learners, options for professional development for teachers and training parents - there are millions of stories about how Head Start changed the life of a child. I have seen it firsthand - meeting a family in West

Virginia who while their son described his clay creation to me told me about how he had not said a word before attending Head Start and hearing the story of a mom in New Jersey who after losing everything when Hurricane Sandy hit shared with me that when she was able to check her phone messages the only messages where from the Head Start teacher.

As you work and consider changes to improve the Head Start program, it will be critical to maintain the community based structure. The positive effects on children -ranging from cognitive, health, and social benefits—are well documented by numerous longitudinal studies. The federal to local funding structure is critical to Head Start.

I would like to end by sharing what Head Start means to me: it means that no matter where you are born in America, the color of your skin, the language you speak, the religion you practice or the state of your family and community, Head Start will be there responding to the unique strengths and challenges of their individual communities.

Thank you for your time today and I look forward to your questions.

Chairman KLINE. Thank you very much. Thank all the witnesses for excellent testimony. We have a panel of real experts here. I'll yield myself 5 minutes, and then I'm going to be fascinated to watch the clock wind down here.

It seems to me I've heard from all of you and so many people who are involved in Head Start that there is resistance to a one-size-fits-all model and that the local Head Start programs have to have the flexibility, my friends from Minnesota were telling me in the office the other day, to do the right thing for their students, for their population.

So I'm going to start with you, Ms. Sanchez Fuentes, because you have an incredibly interesting and unique background working at the Federal level and with the kids on the ground. So as we look at making a new statute, how can we make sure that the Federal Government doesn't impose either too many or too overly burdensome requirements on local programs? What should be our guidepost there?

Ms. Sanchez Fuentes. Thank you for the question.

So I would start by saying that standards are important. They do provide for a base level of quality, and it is a way to be able to measure how programs are doing across the country.

I would also suggest, though, that monitoring, as it stands today, does focus on compliance. While there have been many changes to the monitoring system over the last 5 to 7 years, it does have quite a ways to go, and it does have to focus on providing flexibility to local programs. But as you can imagine, from a Federal perspective, that can be difficult if you have requirements that you are required to implement by the law while at the same time trying to hear what grantees are saying.

So I would hope that as you think about reauthorization and what needs to change, keeping in mind the requirements that the Feds have to implement while at the same time trying to be innovative and listen to grantees.

Chairman KLINE. Ought to be easy enough.

Dr. Nolan, kind of the same question because you were getting at this as well. How can we make sure that people at State and local level are able to be innovative and to adapt to the needs that may exist in the bottom of the canyon or the top of the mountain, inner city and rural? How can we do that? Because the temptation, frankly, is just write a law and say all of you go do this thing.

Mr. NOLAN. Correct. Yeah. One of the things that I would say to the committee, Head Start is very, very unusual in that most of the performance standards that are in place were advocated for from the field, and part of it was we wanted to make sure that Head Start across the Nation was as good as Head Start was in our community.

One of the things that we have in place right now is the need to do an annual community needs assessment, a super in-depth one every 3 years, to make sure that the program we're delivering is the program that our community needs.

And one of the things that I would suggest to you, since I'm a consultant to business as well, in business they are discovering design thinking, which is put together a pilot, try it, learn from it, make it better. That's been 50 years of Head Start's history. I

mean, in my agency, the next 12 months is going to be a little different than the last 12 months based on who it is that we're recruiting, what it is that the community is needing.

A key piece. You can, as I said in any statement, you can mandate compliance. You cannot mandate excellence. One piece of the 2007 legislation was on centers of early childhood excellence, which was a model that I worked very closely with Senator Alexander and his office on, came from a piece that we did in Wisconsin, and the notion there was to create models of Head Start excellence that could, in fact, be places for people to come experience and learn best practices. And we've got to put more emphasis on the magnet toward excellence and less on catch people doing something wrong.

Ms. SANCHEZ FUENTES. If I may, I would just like to add one quick thing. So we already have a model in Head Start that exists. It's called Migrant and Seasonal Head Start. I would suggest that would be a great place to start. These programs actually serve families birth-to-five, and they do have the ability to be flexible year by year, depending on the families who are coming into their community based on agricultural work.

Chairman KLINE. Thank you. I see my time has expired.

Mr. SCOTT.

Mr. SCOTT. Thank you. Thank you, Mr. Chairman.

Ms. Mead, or anybody that happens to know, the last authorization of Head Start was in 2007, and we think we made significant improvements. Can anybody comment on the changes made in 2007 and whether they worked or not?

Ms. MEAD. That's a pretty broad question. And the 2007 reauthorization did a lot of things. Some of the most notable were the creation of the designation renewal system, which changed all Head Start grantees to 5-year grants and then required certain grantees to compete at the end of those 5-year grants if they hit any of seven indicators defined by the Department.

That . . . based on what we've seen, about 5 percent of Head Start grantees have actually turned over, over the past 3 years, as a result of the designation renewal process. The process is far from perfect, largely because the criteria continue to be based in largely a compliance-oriented monitoring approach that we've already talked a bit about today and because a great deal of weight is placed on the Classroom Assessment Scoring System, which is an observation of teaching quality in Head Start classrooms, which is very, very powerful as a tool for professional development and for improving teaching practice, but is in and of itself not robust enough to put a large weight of program accountability on it without additional performance measures included.

So there is a need to improve the criteria used for designation renewal, but designation renewal itself, in terms of results, has produced a variety of positive results in terms of spurring improvement and transitioning grants away from low-performing grantees.

Another major change was obviously the creation of the requirement that 50 percent of Head Start teachers have a bachelor's degree and all teachers have an associate's degree. There's been tremendous progress on that front. Over 70 percent of Head Start preschool teachers now have bachelor's degrees.

And through the Classroom Assessment Scoring System, which is the tool that I referenced earlier, used to monitor the quality of teaching, we have seen increased attention to the quality of instruction in Head Start classrooms, increased efforts to boost teachers' skills and ability to engage children in meaningful instruction and emotional support, and we are seeing some progress at the program level on those scores.

Although we are also learning that focusing on instruction alone and adult-child interactions alone without coupling that with rich curriculum is not producing the results that we want for kids in some cases.

Mr. NOLAN. I'd like to address a couple of those items. I work very heavily with this committee and with the Senate side on reauthorization. I did 39 self-funded trips to this fine city. And you know you've been here too often when hotel staff are recognizing you.

But because of the work that was done during reauthorization, we have something that we badly needed, which was a more organized approach to moving low-performing agencies out of Head Start.

The what was correct. The who and the how is still broken, where we've got Type I, Type II error, so we are missing agencies that probably should be in designation renewal. We are throwing agencies into designation renewal who should never have been there.

My own agency, one of the top agencies in the country, ended up in DRS because we were on the piece that Ms. Mead was talking about, the evaluation of classroom activity. We were 0.0109 under an artificial cutoff based on the observations of a single individual one time in our classrooms, and for that, we went through 18 months of arduous reentry back into Head Start.

We need to get it to be much better. We need to keep it in place because it's really critical.

I think the other piece that we need to come back and look at is, how do we deliver on what it is we know to be best practices? Best practices. When I. Twenty years ago, site visits were productive, positive events. The people coming in would make suggestions for improvement. There would be almost a kind of pollinating kind of a process of a team sharing things that they were learning across Head Start.

At this point, it's not permissible for site visit folks to make recommendations. We know how to do this much better than we do it on any given day.

Mr. SCOTT. Dr. Nolan, I want to get in another question. Can you say a word about the importance of parent committees?

Mr. NOLAN. Yeah, the whole role of parents was institutionalized in 1970 in a regulation called 70.2, second regulation in 1970, and it institutionalized parents as decisionmakers, not just suggesting, not just kind of a parallel process to the decisionmakers. So what we want to do is make sure that we don't lessen the role of parents in shaping that local agency and what it is that the agency is doing.

Again, one of the things that I've said in some of the writings, we are one of the most customer-responsive organizations on Earth.

At one point, J.D. Power had identified that Head Start had a higher satisfaction rating than Mercedes-Benz.

Chairman KLINE. The gentleman's time has expired.

Mr. WALBERG.

Mr. WALBERG. Thank you, Mr. Chairman.

In my home State of Michigan, Michigan Head Start offers services to more than 34,000 children and their families. In reading through Michigan's Head Start's comments on the Department's notice of proposal rulemaking, they shared many worries and concerns that have already been raised today. They also recommend alternatives for implementation of the rule and ask for increased flexibility in order to mitigate the estimated lost opportunities for children and families, all the while still dedicated to finding ways at the local and State level to strengthen the quality of their programs.

Mr. Chairman, I'd like to ask permission to have their letter put into our document.

Chairman KLINE. Without objection.

[The information follows:]

Thank you for providing the opportunity to submit comments regarding the Notice of Proposed Rulemaking for the Head Start Program Performance Standards. Head Start and Early Head Start represent a state and national commitment to offering early learning opportunities and comprehensive services for vulnerable children and their families in order to achieve long-term stability and success. Specifically, the Head Start Program Performance standards have helped programs across Michigan and the country to recognize this two-generation commitment as crucial to the success of the last fifty years. The Michigan Head Start Association (MHSA) believes that every child, regardless of circumstances at birth, has the ability to succeed in life if given the opportunity that Head Start offers to children and their families. MHSA is the unified voice of the more than thirty-four thousand children and their families in Head Start and Early Head Start programs across Michigan, and MHSA with our membership offer the following response to the Notice of Proposed Rulemaking (NPRM):

The proposed rule, if implemented appropriately, represents a strong vision for Head Start continuing as a research-based program of the highest quality and adaptability in which innovation and local design actively support underprivileged children and families. The document offers a desperately needed reorganization in order to make the Head Start Program Performance Standards easily navigated by Head Start staff, parents, and partners. One of the biggest challenges we face is the uncertainty of additional funding, with the consequences of the loss of children and families in Michigan's Early Head Start and Head Start programs.

The comments below have been developed through meeting with Michigan Head Start and Early Head Start grantees and with the realities of program impacts across the state in mind. In addition to comments on opportunities to strengthen and clarify the proposed rule, we recommend alternatives for implementation and increased flexibility in order to reduce to lost opportunities for children and families while still finding ways to strengthen quality.

High Quality Programming for Individual Communities

We propose that there be a minimum of two years put in place for a Head Start or Early Head Start program to become compliant with the published Performance Standards with plans made in their next grant year rather than what is currently stated in section 1302.103 Implementation of Program Performance Standards. This should allow adequate time for programs to implement required changes and not place a burden on Regional offices to approve grantee plans.

We propose that a full school day and full school year model should call for 1080 hours of service rather than the current 180 days in section 1302.21 Center-Based Option. In many programs the 180 full-day requirement would also eliminate Head Start teachers' time for planning, coaching, and data analysis. For all these reasons, efforts to expand quality could in fact undermine quality and reduce Head Start's ability to partner with others. Programs need the flexibility to match their calendars to local school districts, and if a dosage minimum is the aim, it may be most appropriate to follow the example of several leading state systems and put in place minimum hour requirements, rather than day requirements, across the school year. A minimum of 1080 hours could be implemented as 180 6-hour days or as fewer longer days or more shorter days, based on what best meets local needs and resources.

CACFP requires that there be a designated staff member to oversee monitoring reviews. Once a sponsoring organization reaches 25 centers, CACFP requires one FTE staff position to be designated entirely for monitoring duties. One designated FTE for every 25-150 centers is the CACFP criteria. Since a full-day programing mandate will require agencies to obtain additional centers, programs will likely have to hire additional support staff to handle the CACFP monitoring requirement. This could even affect smaller grantees, unless they have centers with multiple classrooms. For example, a grantee who had only 450 kids, but no sites with multiple classrooms, would already be at the 25 center threshold (450 kids divided by 18 kids/classroom = 25 centers).

If programs move to 180 days it will likely mean that part-year programs will move from 9-month operating calendars (Sept - May) to 10-month operating calendars (Sept-June). Once a center is operating in 10 calendar months, CACFP requires that it be monitored 3 times per year instead of 2 times per year. This would likely result in needing either more support staff for monitoring, or keeping existing support staff on payroll for a significantly longer period, in order to accomplish the 3rd round of site visits.

Lengthening the requirement for Early Head Start days to 230 in section 1302.21 Center-Based Option (c)(1) reduces the ability of programs to offer coaching, find time for data analysis, and train staff on the curricula and other topics required by the NPRM. Because these factors are essential for making child services high-quality, we recommend a minimum of 230 program days rather than child days so programs may set aside an appropriate number for staff development and other program activities.

Serving the Most Vulnerable

We support section 1302.17 Suspension and Expulsion and find the steps under expulsion to work with a child with challenging behaviors to be clear and consistent with current efforts. However we encourage the Office of Head Start to acknowledge the additional demands this mandate creates for mental health staffing and infrastructure and family interventions to support the child's behavioral health at home. For the many rural programs without alternative settings for children who truly cannot be successful in a center-based setting without jeopardizing child or staff safety, the home-based model may need to be a continued option. Guidance may also be required for situations where school system partners or state licensing regulations call for children who pose harm to themselves or others to be immediately suspended or expelled.

We support section 1302.33 Child Screenings and Assessment (a)(5) for children with delays but this step will require significant funding for disabilities coordinators and service providers for speech-language therapy, occupational therapy, and other related services depending on the needs of individual children. While the Office of Head Start should encourage programs to expand services to children waiting for IDEA services, there should be no unfunded mandate to do this work or services across programs could be diluted. This standard should also not be implemented in a way that creates extensive new paperwork requirements.

While we are in support of section 1302.15 Enrollment(c) we believe that children with disabilities should also be included to receive reserved enrollment slots thereby ensuring the most vulnerable children will have access to Head Start services.

Engaging and Empowering the Whole Family

We support section 1302.52 Family Partnership Services which provides flexibility for family partnership agreements and no longer requires a written agreement. However, programs should continue to develop services that focus on the specific needs of the family and the written agreement should be kept as a sample tool for setting goals.

We are in support of section1301.4 Policy Councils and Policy Committees which removes the requirement of parent committees with the understanding that the broader goal of active and meaningful parent engagement in program operations is critical. We agree with removing this requirement because the parent committee structure may not work in all models and that there is not strong rationale for a federal requirement prescribing how active and meaningful engagement occurs.

We are strongly in support of section 1301.4 Policy Councils and Policy Committees (d)(3) that will allow parents to serve on the Policy Council for up to five years. This will allow for parents with children entering the program at birth to then serve on the Policy Council the entire period of their child receiving Head Start services. Parents in this capacity will also have the opportunity to gain more experiences and knowledge that is provided by participating on Policy Council.

We ask that there be stronger and more detailed impasse policies in section 1301.5 Impasse Procedures. The strength of the Policy Councils should not be undermined by impasse procedures that amount to capitulation to the will of Governing Boards; instead, the Standards should call for impasse procedures that include formal mediation. The Head Start Act directs the Secretary to provide policies and guidance concerning "the facilitation of meaningful consultation and collaboration about decisions of the governing body and policy council" and the Final Rule should support this meaningful collaboration.

Safe and Effective Services

We are in support of requiring both a State and Federal background check as indicated in section 1302.90 Personnel Policies. This is especially important if you are in area that closely borders another state as it would be necessary to receive information from outside your home state. We would like more clarification on the time frame of this requirement. We recommend flexibility as state systems grow and welcome dialogue about how to ensure programs are not penalized for state and federal delays.

We support the requirement of posting children's food allergies where staff can easily view it in section 1302.47 Safety Practices (b)(8)(vi) as long as it does not negatively impact the privacy of children in the classroom.

We believe there should be additional clarity in section 1302.102 Achieving Program Performance Goals (d)(1)(ii) of what is considered a health and safety risk and when it is

required to report them to an HHS official. We request a distinction to be drawn about what level of serious or systemic risks call for reporting.

Powerful and Effective Workforce

We recommend in section 1302.91 Staff Qualification Requirements (f)(1) that the CDA be either a home-based OR infant/toddler CDA, as both are relevant and the training opportunities available, particularly in rural areas, may be limited. Knowledge of curricula should also be considered as it is for teaching staff. Following the Final Rule, some programs may need an extension to ensure all staff meets the new requirements set or allow a period of time for a Home Visitor to obtain a CDA credential with an agency plan in place.

Within section 1302.91 Staff Qualification Requirements, in the absence of new funds to support the education and compensation of staff, we recommend no new requirements for qualifications at this time. Instead, we recommend that this issue be revisited during the next Head Start reauthorization. In the interim, programs all set their own minimum qualifications for various roles as part of hiring policies. There should be a strong focus for any future requirements on how experience with Head Start and Head Start families supports the development of important competencies and should be a complement to any academic requirement.

The description of "research-based approaches" needs additional clarification in section 1302.92 Training and Professional Development (b)(3). The systems focus of the proposed rule will lead to programs' professional development being driven by goals and outcomes, with unsuccessful strategies quickly replaced. Adding unfunded mandates about the details of the professional development strategies is unnecessary.

We agree with section 1302.92 Training and Professional Development (b)(4), coaching is an important direction for Head Start professional development. Though we believe coaching should not be mandated without funding and programs should be encouraged to consider coaching as an effective [best] practice, they should maintain local flexibility to design and deliver internal training and technical assistance in ways that are financially and practically feasible.

We agree with section 1302.90 Personnel Policies and support the flexibility provided to programs to develop and approve appropriate methods for staff supervision and feedback for staff reviews.

Focus on Effective Systems

We support the ongoing monitoring or self-improvement in section 1302.100 In General, but see it as being continuous improvement and it needs to be a cycle with a feedback loop to drive continuous quality improvement (CQI) and allow programs to be proactive rather than reactive.

We support the move to following FERPA standards in section 1303.21 Program Procedures—Applicable Confidentiality Provisions, rather than vague language around how to handle these records.

We support the idea of joining Head Start with State Longitudinal Data Systems in section 1302.101 Management System (b)(4)(iii), however while programs are willing to be part of their State Longitudinal Data Systems (SLDS), participating requires additional time and paperwork on the part of staff involved in managing data. Programs also have concerns about the use and appropriate interpretation of data about their studies. At this time, the cost to programs are such that we recommend participation in SLDS be encouraged but not required. To the degree possible, the Office of Head Start should also advocate for SLDS to provide reports and information back to Head Start partners and understand the context of Head Start before interpreting shared data.

We support section 1302.53 Community Partnerships (e) that states Head Start programs participate in Quality Rating and Improvement Systems. However, with areas and states where Head Start programs are not allowed or must pay, therefore creating a financial burden, this should not be a mandate until the system is more uniform. We propose that the federal government provide funds to states to develop better systems where everyone is involved and not excluding Head Start.

Implementation

It should be clearly defined in section 1303.22 Disclosures with, and without, Parental Consent (c), that programs can release personally identifiable information without consent in the case of reporting child abuse or neglect.

We support that home visits should be a minimum of 90 minutes per family in Section 1302.22 Home-Based Option (c)(1) and not per child as long as you are meeting the needs of each child on your case load. This allows for increased time if needed for home visits.

We are concerned that in Section 1302.22 Home-Based Option (d), facilities used for group socializations must meet state, tribal, or local licensing requirements. Many Head Start programs are facing licensable space issues and programmatic changes, and with parents being on-site, we feel that as long as there is basic health and safety expectations licensing should not be mandated.

Mr. WALBERG. Thank you.

Dr. Nolan, on the basis of your extensive experience in the field and with many, many children and families, could you share further your recommendations for alternate implementation, and maybe even more importantly, increased flexibility in the proposed rule that would allow your program to strengthen and improve?

Mr. NOLAN. In many ways what we need is already in place, but we are not able to get to it in a culture that has shifted over the last decade toward catch people doing something wrong as opposed to build on strengths. There's a wonderful book out called, "Soar with Your Strengths," and that particular book speaks to the notion of investing in growing up the things that you're really good at as opposed to trying to cover the things that are weakness areas.

All of us have weaknesses. We all need to work on those. What we need to be doing is investing in building on strengths so that we can take parent involvement. And arguably, we are one of the best organizations in existence on involving parents, and we could be better. We need to have system recognition of those who are surpassing performance standards.

Mr. WALBERG. Getting back to the proposed rule specifically, what is the proposed rule doing differently than that?

Mr. NOLAN. Well, at this point, the proposed rule would lessen the role of parents, which is the direction we don't want to take. We want to look at how to make that work better. It overlooks possibilities that have really not even had formal discussion. As we think about dual generation, how can we get better at that?

And there is very little credit. For instance, I have an individual who's on our board who came to us 32 years ago as a single parent, depressed, and at some point fully on public assistance. Basically, as he found Head Start and we kind of induced him into involvement—and he will tell you, and I have his story, that he was dragged kicking and screaming in—what happened was we helped him get his life in order.

He ultimately started a business 22 years ago. Today he employs seven people. It's not General Motors. But instead of being on public assistance himself, he is providing employment. We need more opportunity to do that and—

Mr. WALBERG. Is success in changing parents relatively few and far between, or do you see this regularly?

Mr. NOLAN. We see it regularly. I mean, in his case, starting a business and being an employer of 22 years, that's unusual, but seeing the progress of parents is pretty much universal. We. Remember that we go out and recruit the least likely to succeed, so lots of chaos going on in people's lives, lots of challenges, and because of the limited percentage of people who can make it into Head Start, those who do are very, very high in need.

Mr. WALBERG. Ms. Sanchez Fuentes, let me just—and I appreciate those comments, and I want to labor further on that—do you find the same thing with parents in working with your group, as it were, and the specific needs relative to the Hispanic community and families?

Ms. SANCHEZ FUENTES. So I would say that at both the local level and at the national level, we have definitely seen that Hispanic children and families have the least access to quality care.

So when they get into Head Start they take advantage of it, and we've seen that it does have positive effects and it can absolutely change the road that their lives take.

Mr. WALBERG. For the kids, the students, but also the families.

Ms. SANCHEZ FUENTES. Absolutely.

Mr. WALBERG. And I guess, Mr. Biel, it looks like you're jumping in your chair. Give me your response.

Dr. BIEL. You're very perceptive.

So I just wanted to point out that it's really not just about generic support for parents. There is really the opportunity to galvanize parents' own skills and capacities through the activity that goes on within the four walls of a Head Start facility, that so much about improving childhood outcomes, some of the brain-based capacities that I mentioned in my testimony, can be really, really accelerated in their improvement through addressing those same capacities in parents' executive functioning and emotional regulation.

Those are capacities that change throughout the lifespan. The most promising time is to get in there in the first 5 years, but it's not too late when we've got a 25- or 35-year-old parent walking through the Head Start doors, to intervene with those parents and by improving their capacity.

Chairman KLINE. I'm sorry, the gentleman's time has expired.

Mr. WALBERG. Thank you, Mr. Chairman. It's good to talk good things about parents.

Chairman KLINE. Indeed.

Mr. HINOJOSA.

Mr. HINOJOSA. Thank you, Chairman Kline and Ranking Member Scott, for holding this important hearing today.

And thank you to the distinguished panelists for testimony and appearance here today.

I strongly believe we must reauthorize Head Start without delay. Strengthening and improving high-quality early learning programs like Head Start is one of the best investments we can possibly make.

I have four daughters, and one of them, the fourth one, was recognized as teacher of the year in a region in south Texas that serves 39 school districts, and she was teacher of the year for early childhood development, teaches 3 and 4-year-olds. And she says: "Dad, Congress can do better."

So let me say that in my congressional district, Head Start and Migrant Head Start serves more than 12,000 children of working families, and these programs have made a significant impact on improving the opportunities for our children, especially our Nation's Latino and African American youth.

I founded what I call the South Texas Literacy Coalition 6 years ago to promote early literacy and parental involvement in our vulnerable children's education opportunities because I have always believed that teaching our children fundamental skills such as early reading and writing is a formula, a winning formula, for success.

This early learning program of reading every day for 30 minutes before bedtime from cradle to age 4, before they go to kindergarten, helps children love books, build a good vocabulary, and helps them stay at grade level kindergarten through the 12th grade. We must

maintain the national program quality and comprehensive services of Head Start that you, as panelists, have recommended.

My first question is to Ms. Fuentes. It's an honor to have you testify here today, and I commend you for your dedication to underprivileged children and to our Hispanic community.

My district is situated on the border with Mexico and is a very high need area with 92 percent Hispanic population. What improvements can we make to the Head Start program so that all minority children and their families in high-need areas like my district can continue to benefit from this Head Start program?

Ms. SANCHEZ FUENTES. Thank you, Mr. Hinojosa. I appreciate that.

So I would say very clearly that one thing that Congress can do is actually blend Head Start and Early Head Start into one seamless program, birth-to-five, so that it does create the flexibility that programs need in making sure that they're serving the most vulnerable children.

Migrant and Seasonal Head Start is a perfect example of this. They've been doing it since the inception. And they really do provide services to those that are most in need, but they also have the flexibility, depending on what is happening in their community, to determine who are those children on a case-by-case basis. And that happens through flexibility, accountability, and also through very robust community needs assessment that takes into account who is in your community, what are the other services that are available, and who are the kids who are being left out.

So thank you for the question.

Mr. HINOJOSA. Ms. Sanchez, in your testimony you stress the importance of maintaining the community-based structure. Are you concerned that the Head Start program is moving towards a more centralized structure rather than a community based one, as you described?

Ms. SANCHEZ FUENTES. Not at all, sir. I was really referring to stating explicitly that the program should remain a Federal to local program. These are Federal tax dollars, and we do have to be held accountable for how those are used, but—

Mr. HINOJOSA. Thank you.

Ms. SANCHEZ FUENTES. Thank you.

Mr. HINOJOSA. Thank you.

I want to ask a question of Sara Mead. The bipartisan 20–0-7 Head Start reauthorization called for significant improvements to Head Start. Important changes to the program have been made over the past 8 years. What impact have you seen thus far?

Ms. MEAD. So we talked about some of the changes in terms of more teachers with bachelor's degrees, improvements in classroom quality, turnover of some of the low-performing grants. We don't actually have data right now to see what impact it's made in changes on children's learning. It just takes too long to do that kind of research for us to know what the impact has been on children's learning.

But as we look at any of the research from the Impact Study, for example, it's important to realize that Head Start today is a very different program than Head Start in 2002 was in a number of key

quality domains when the children in the Impact Study went to school.

Mr. HINOJOSA. Before I yield back to you, Chairman Kline, I just want to close by saying to my colleagues on both sides of the aisle, we in Congress can do more. Thank you.

Chairman KLINE. The gentleman yields back.

Dr. HECK.

Mr. HECK. Thank you, Mr. Chair.

Thank you all for being here and for your testimony today. And certainly anyone who spent any time in a Head Start classroom, like I have in my district, would understand and see the clear benefits of the program.

But I would ask, you know, for those that are detractors or naysayers, and there are some that are out there, about Head Start programs, how do you explain the incongruencies between what would seem intuitive and what all of you have discussed this morning, that early intervention in education prepares children for future success, especially those children that suffer from, quoting Dr. Biel, early adversity, and the HHS Head Start Impact Study that found by the end of the third grade there were very few impacts in any of the four domains of cognitive, social-emotional, health, and parenting practices, and the few impacts that were found did not show a clear pattern of favorable or unfavorable impacts for children?

There seems to be a disconnect between the HHS study and what appears to be intuitive and what you have all talked about today.

Mr. NOLAN. Let me jump in, because it obviously is an albatross that's been around our neck since 1970 in the Nixon administration. One of the things that I think we've got to be very careful of is to imagine that Head Start can be a magic bullet that can erase the family challenges of the most needy families in the country on a permanent basis.

I mean, what we're looking at is a 4- or 5-year-old who's handed over to the public schools and now we're looking at them 4 years later to look at differences. And I have two pieces that I want to put in. One is a quote from Governor John Kasich of Ohio who has said publicly multiple times that when children are in Head Start, they are on a superhighway, and then they hit the gravel road of public education. And one of the issues that we face is public education is not prepared to maintain differences over time.

A personal experience. My oldest daughter was born to two college students, so she watched us read a lot, which then induced her to become an early reader. By 18 months, she was decoding words. She was an accomplished reader by the time she hit public school.

Their accommodation was to put the first grader into second grade reading. Then we had a meeting. And the meeting with the first grade teacher, second grade teacher, and the principal was ended by me when the principal announced: "I wouldn't worry much about Tracy. By the time she's in third grade, she'll be pretty much like everybody else."

And as a parent, that was not our goal. And what we're up against is we're running a public education system that still is on a modified agrarian calendar using a manufacturing batch model

system trying to prepare kids for an electronic age. We've got to work together on schools.

I mean, one of the things that encouraged Arne Duncan, the Secretary of Education, on is we need to quit treating kids as though they are a baton to be handed off to the public schools. We would like to keep working with the parents to help them figure out how to become a part of decision making in their child's life once they hit public schools.

Mr. NOLAN. And I'll end with a comment from one of the principals in one of our partnerships who said: "You really need to keep in mind that quite a number of building principals see themselves as the gatekeeper to keep parents out of school, as opposed to encouraging them to come in." We need to change that.

Ms. MEAD. So first I think it's important to recognize that the Impact Study did show that children in Head Start made significant learning gains while they were in Head Start. But I think in context, it just underscores Mr. Hinojosa's point that we need to do better. Because most early childhood intervention shows some form of decline in impact over time, the magnitude of that impact at kindergarten entry is very important. And Head Start's impact at kindergarten entry was not as large as some other high quality pre-K programs. So we need to look at what we can do in the program to increase that impact.

And we also need to look at the variation that we're now seeing in the Impact Study data across Head Start programs themselves, to try to understand what are the various factors within different Head Start programs that lead to better and worse results. And to try to get more Head Start programs to look like the ones that are producing the best results for kids. We have programs that are producing great, long-term, sustained results for kids. We need to spread that across the entire program.

Mr. HECK. Great. I thank you all very much. Dr. Nolan, thank you for your insightful review. And I hadn't heard Governor's Kasich's quote previously, but I'm sure I'll be using that again.

Mr. NOLAN. Yes, I have.

Mr. HECK. Yield back.

Chairman KLINE. The gentleman yields back, setting an excellent example for all of my colleagues. Just so everybody in the room understands, we're working a deal up here where people filibuster for 4 minutes and 50 seconds and then ask you a question that you need 3 minutes to answer. My patience is wearing thin. Ms. Fudge, you're recognized.

Ms. FUDGE. Certainly, I'm sure, Mr. Chairman, you're not referring to me since I always give my time back.

Chairman KLINE. Yes, you do.

Ms. FUDGE. Thank you so much. And thank you all for being here today.

Let me start with Dr. Biel. You mentioned the myriad negative effects of growing up poor and the mental and emotional health of children. As we look at today that school children living in poverty is almost 49 percent, can you expand on the intervention strategies that you think are necessary for Head Start to mitigate the nationwide future effects of these 49 percent of students growing up in poverty?

Dr. BIEL. Absolutely. Thanks for the question, Ms. Fudge. I think we can think about several tiers of intervention, things that all kids living in poverty should have access to, and then things that kids who are living in poverty and are showing other risk factors or signs of real additional vulnerability should have access to.

And I think that Head Start is a place where both tiers can really have a chance to be implemented. There need to be universal, sort of protections for kids who are living in poverty. And Head Start provides the opportunity for kids to get away from an environment that may be either associated with deprivation or with additional sort of, real stress.

Kids need to get away from survival mode in order to progress developmentally. And that includes the full spectrum of social development, emotional development, academic development. None of those things can progress appropriately when kids are living moment to moment, survival to survival.

And so Head Start provides that oasis. And by including parents, as we've all spoken about, that's clearly a common theme here, by including parents' input and also assessing and addressing parents' capacities. That's also a universal element that can be introduced within Head Start settings. There are going be a number of, not all of those 49 percent of kids living in poverty are going to have additional vulnerability. That's sort of a baseline vulnerability. There's additional vulnerability based on some of the other factors I've talked about like mental illness or exposure to trauma among kids who are very young. Those kids need additional intervention.

And I'll mention one really terrific example, which is the Trauma Smart model. The Head Start Trauma Smart model out of St. Louis, which took a really holistic approach to supporting families, training teachers, working individually with children who'd had a trauma exposure, and were in Head Start programs. And what they were able to do is really engineer a cultural shift within the Head Start site and their programs to really take trauma very seriously and to address it proactively in kids and families. And that sort of multi-dimensional approach is very, very promising and it really merits further support.

Ms. FUDGE. Thank you very much.

Dr. BIEL. Sure.

Ms. FUDGE. Ms. Mead, in your testimony you stated that Federal policies have added new requirements to Head Start programs without providing sufficient funding to meet them. If no congressional action is taken, what effect do you think another sequester cut will have on Head Start programs and the families that the program services?

Ms. MEAD. Well, we saw in the last sequester that there were a significant number of families that lost access to Head Start services as a result. And that was both very problematic for those families that lost the services and for the children, both from a development and from families' ability to work by having childcare perspective. But it was also very disruptive for the programs and, therefore, caused disruptions for the children who were still served in the programs as well.

So, the absolute magnitude will depend on the actual numbers and the math that other people besides me need to do. But it is

a significant negative impact on those children, their families, and really all the children served in the programs as well.

Ms. FUDGE. Thank you. Mr. Chairman, I yield back.

Chairman KLINE. Oh, you are absolutely my hero. Mr. Carter, you're recognized.

Mr. CARTER. Thank you, Mr. Chairman. And thank all of you on the panel for being here.

Ladies and gentlemen, I'm from the State of Georgia, and we're very proud of our lottery-funded pre-K program that I hope all of you are aware of. It's very similar, as you know, to the Head Start program. However, there are some differences. First of all, it was the first universal program in the Nation. But specifically between Head Start and the lottery-funded pre-K program, the pre-K program has shorter days. It also has, it has more educational requirements for the teachers.

But, most significantly is the cost per child is several thousand dollars less than the Head Start program. Any idea why that would be, why that program would be so much more efficient and so less costly than the Head Start program? Dr. Nolan?

Mr. NOLAN. I don't know that program. I actually did spend 3 years as the strategic planning consultant to the Department of Ed in Georgia. So I'm familiar with Georgia education a while back. And—

Mr. CARTER. It must have been quite a while back.

Mr. NOLAN. Yes, it was. Warner Rogers was superintendent. And he's in a history book someplace. I think part of what happens with Head Start is, as we look at the additional services, those services cost money. And most preschool programs don't have more in-depth services. So the mental health consultation, et cetera, that can become a factor.

Another factor that we're up against, for instance, as we compare efficiency—for instance, payroll for teachers, we're, as people have identified, as much as $20,000 behind. One of the reasons is by both State licensing and best practice, the classrooms require a multiple of teachers in a room. I mean, I called our Federal program officer a while back and said we're paying our teachers the same as public school teachers. She was enthralled until I said but we have to spread that salary among two and a half people.

Mr. CARTER. That would kind of be my question. Is that, is the program so rigid that it can't be, it can't be intertwined into an existing State program?

Ms. SANCHEZ FUENTES. May I jump in?

Mr. CARTER. Yes.

Ms. SANCHEZ FUENTES. Thank you. So I would agree with part of what Mr. Nolan started with. So Head Start is by law required to ensure these comprehensive services. And I think that definitely goes into this higher cost per child.

One of the things that we have to start to think about is how, at the State, and the Federal, and the local level, we start to think about this collaboration that everyone here has talked about. So how do you use those resources more efficiently so that we raise quality for all the kids who are in our programs. But we also support teachers. And we support parents. And we make sure that kids are healthy, getting their dental care, and—

Mr. CARTER. Okay. And I appreciate that. But my concern is the program is too rigid, that we're not able to incorporate it into existing State programs that work quite well. And, I'm sorry, but I've got a limited amount of time.

And I want to get into something, Dr. Biel, about the longer days. I was in the State legislature for many years. And during that time, we talked about extending the days in the pre-K program, but we really didn't want to pay for nap periods. Are the extended days for 3- and 4- and 5- year olds, it seems they would lose focus after a while.

Dr. BIEL. Thanks for the question. I think that it all depends upon how that time is spent. And I think that most kids in that age range are absolutely available for different kinds of learning across the day. If we're talking about pre-literacy drilling for kids that are 3- 4- and 5- years old throughout the day, that's absolutely, I think, probably an inappropriate allocation of time.

But for other kinds of programs, because kids in that age range, whether they're in a Head Start program or at a playground, are learning and exploring and developing all the time. And so if properly supported and scaffolded in an early childhood program, it can absolutely be time well spent. And they'll have a better time to nap but it's absolutely a time for learning as well.

Mr. CARTER. But my point is, and the point has already been made, that you're required to have certain teachers. I mean, if that extra time is just being spent for naps and we're having to pay these teachers during that time, that's not money well spent. Dr. Nolan, I know you wanted to say something.

Mr. NOLAN. Yes, I want to support you. That for 3- year olds it's different than 4- year olds. In 3- year olds, virtually all State licensing requires that they nap. So if we were to move a 3.5-hour day to a 6-hour day for a 3 year old, we would be paying for probably 2 hours of nap time. It's different for 4- year olds.

Mr. CARTER. Thank you very much, Mr. Chairman. I yield back.

Chairman KLINE. I thank the gentleman. Ms. Bonamici, you're recognized.

Ms. BONAMICI. Thank you very much, Chairman Kline and Ranking Member Scott. This has been an interesting and enlightening discussion.

A couple of points to start, we've talked a lot about the role of parents and the importance of parents. In light of the fact that the United States is the only industrialized country in the world and, in fact, one of the only countries in the world that has no paid parental leave, I just want to emphasize the importance of the Early Head Start programs, whether they're combined into one program or not, I just want to emphasize that.

Dr. Nolan, I really appreciated your comment about the whole child, and especially as it relates to not making public schools, that transition—make public schools more like Head Start, not Head Start more like public schools. And I want to invite everyone to watch, I'm soon introducing, re-introducing a bipartisan whole child resolution, talking about the importance of educating the whole child.

And that leads me to my question which is about nutrition. I'm working on legislation with Congresswoman Elise Stefanik of the

committee to make changes to the Child and Adult Care Food Program. And Head Start providers are participants in that program. So we know the importance of nutritious meals for children and also the importance of educating families about nutrition. So will you each make a comment about the role of nutrition and also how the nutrition programs can be improved? And I want to save time for another question.

Mr. NOLAN. Sure. I'll go quickly. One of the things that we pride ourselves on is we are, obviously, are a participant in the USDA program, but it's only a foundation for what we do. In an 8-week, 40-lunch period, we only repeat 3 lunches in 40 lunches.

We have a chef on staff who is highly talented. One of the reasons is we have to manage for 300 kids eating, 81 specialized diets. So the whole nutrition area is absolutely critical to make sure that—the typical Head Start child gets the bulk of their daily nutrition while they're at a Head Start center. They get a breakfast and a lunch and a snack.

Ms. BONAMICI. Dr. Biel, the importance of the healthy nutrition?

Dr. BIEL. Sure. Another brief comment, thank you. I just wanted to emphasize that social and emotional health in early childhood is biological. And the experiences of early diversity, which I keep coming back to, they get under the skin. And when we think about the potential ramifications of effective programming for early kids, early childhood, that extends to risk factors for things like obesity and diabetes that I mentioned in my testimony.

Kids who are exposed to early adversity that is unmitigated, unchecked, unbuffered, have inflammatory changes in their biology that extend across the lifespan and impact things like risk for obesity decades later.

Ms. BONAMICI. That's great. Thanks. Ms. Mead?

Ms. MEAD. Obviously nutrition is important for young children's development. And the Child and Adult Care Food Program is a crucial source of support for that, and not just for Head Start but for other early childhood programs. That said, it also is a program that has a lot of bureaucratic and paperwork requirements. And to the extent that in seeking to strengthen and improve that program, that can be done in a way that lessens that paperwork burden—

Ms. BONAMICI. I appreciate that. I heard that when I visited a center. Ms. Sanchez Fuentes?

Ms. SANCHEZ FUENTES. I would ditto what Ms. Mead said. It's reducing the administrative burden because it's not just Head Start, it's childcare, family childcare, lots of folks rely on it.

Ms. BONAMICI. Terrific. Now I want to ask you each again to make a comment about the need for improved coordination in the transition from Head Start to a K-12 program. What could we do to make that transition better? Dr. Nolan?

Mr. NOLAN. We're in, because I mentioned in my testimony that we're already in a deep partnership with one of our major districts where we have, where we're delivering 4- year old kindergarten services in a contract with the District, as well as Head Start services, that integration obviously becomes very natural.

One of the challenges that we face is that the schools are not that focused on transition. So we have to work very hard to have meetings, to transfer information, to work with one another.

Ms. BONAMICI. Dr. Biel?

Dr. BIEL. Thank you. I'll just say briefly, here in Washington, we're working locally with D.C. Public Schools, with early childhood education centers. And also with primary care to figure out how we can more effectively share information and share data in a way that's going to really optimize kids' outcomes. And that's going to take a lot of work.

Ms. BONAMICI. Sure. Ms. Mead?

Ms. MEAD. I don't have a lot to add to what they've said. And time is limited, so I'll give it to Ms. Sanchez Fuentes to answer.

Ms. BONAMICI. Thank you. Ms. Sanchez Fuentes?

Ms. SANCHEZ FUENTES. I would suggest that there be some requirement on the public school system to have a very real relationship with their Head Start and their Early Head Start programs in order to share data, to share information, and to transition families appropriately into the public school.

Ms. BONAMICI. Terrific. Thank you. I yield back, Thank you, Mr. Chairman.

Chairman KLINE. I thank the gentlelady. Mr. Bishop, you're recognized.

Mr. BISHOP. Thank you, Mr. Chairman. And thank the panel for being here today and sharing your testimony today.

Dr. Biel, on the subject of outcomes, continued discussion on outcomes, you indicated that to truly improve outcomes, it's critical to engage families and effectively collaborate with community resources to support diverse needs of families. I would like you to expand on that if you could please.

And also as a father of three and I'm from a big family as well, my three kids are in the public schools right now, I'm a firm believer that the most consistent, that the family is the most important influence in terms of outcomes.

And I'm wondering if, in your experience, you can tell us if there's any engagement techniques, that a family can do better than others, that would help outcomes, just for my own and for all of our benefit, how we can best help our children?

Dr. BIEL. Thank you for the question. I can speak about some experiences that I've been really impressed by, again, locally in my work in D.C. I think that there are things that schools, and this extends from early childhood education settings all the way into public elementary and higher grades as well. That send a message from schools to families that they're welcome, that their input is important, that they're included in part of the educational process.

There's a terrific organization here in town called the Flamboyan Foundation that sends all of its teachers in August out to all of their kids' homes and does an hour sitting down with the parents in the family's home, having conversation about what do we need to know about your child, what do we need to know about your family, here's what you need to know about me as a teacher. And it gets the school year off to a tremendous start where there's this feeling of really active collaboration. I think gestures like that are, much more than gestures actually, are very substantive. That's one example. Dr. Nolan?

Mr. NOLAN. Yes, I just wanted to confirm, that's automatically part of Head Start. Home visits are multiple times during the year

so that we help to build those compassionate partnerships. And a suggestion to you, one of the things that I think we need to be looking at, there's a wonderful book out called Creating Innovators by Tony Wagner from Harvard, where he talks about what do families do that result in children who can actually thrive in this information age. And a lot of it is continuing creativity.

I mean, I did my doctoral work in creativity and thinking skills. We're particularly good at killing creativity. There's a fade-out effect among gifted children. Those who are most creative as they hit kindergarten as little as 18 months later have stopped asking questions. I mean, if you think about it, our way of taking in information is asking questions and reflecting on those answers. So things that we can do that maintain creativity as opposed to squelch it.

Mr. BISHOP. Thank you very much. Mr. Chairman, I yield back.

Chairman KLINE. I thank the gentleman. Ms. Clark.

Ms. CLARK. Thank you, Mr. Chairman and Ranking Member Scott. Thank you to all the panelists for being here today. This is a tremendous conversation. And particularly I want to pick up, Dr. Biel, on, you had mentioned a trauma program. I'm very interested in the effect of trauma and toxic stress on kids and families and on childcare providers.

And I have filed some legislation really trying to promote the Head Start model. Because, as Dr. Nolan mentioned in his testimony, we're seeing these sorts of startling rates of expulsion, which are really hard to believe in 3- and 4- year old children. But that's what's happening. And Head Start has taken a different—has really shown leadership in this area that's very different than some of the statistics we're seeing.

I wondered if you could elaborate a little bit on what programs work. And then sort of a second part of this, being a leader in this trauma informed care, do you think there are training and technical assistance dollars that could be even better optimized by the Head Start programs?

Dr. BIEL. Thanks very much for the question. I think that it's, it's critical that there be the opportunity within Head Start programs to do a frame shift away from thinking about kids' behaviors in this early childhood school setting as being bad behaviors and toward understanding them. What does a 3- year old's behavior tell us about the rest of that child's life? Kids that are showing up in early childhood ed settings with behaviors like inability to pay attention, with aggression, with inability to sort of attend to a particular task, an age-appropriate task, that usually is an indicator that there's something going on in that child's environment that merits attention.

And what ends up happening, unfortunately, when it's not recognized as such, is that kids are punished, families are punished. Kids show up in my office with the idea that there are going to be medicines that are going to address these problems. When, in fact, what's going on is that there's a traumatic environment that kids are growing up in.

And the program that I mentioned at, that's in St. Louis, the Trauma Smart program, I think is particularly laudatory because it takes this multi-dimensional approach. It does this training for teachers. It helps teachers to understand, how do we really under-

stand kids' behavior in the setting of adversity—how can we reframe and rethink kids behavior and respond to it more effectively. That is accompanied by specific skills that teachers get in managing the classroom and responding one-on-one to kids who are showing up with difficult behaviors.

And then there's also this intervention for kids who are clinically in need that takes place within the Head Start setting, which is the most efficient and effective way to get at kids.

And so, there's some evidence-based psychotherapy techniques that if we use with young kids who have been traumatized really, really have proven to be effective and can be delivered in the Head Start setting. The Trauma Smart model incorporates all of those.

Ms. CLARK. You mentioned in your testimony that Head Start providers tend to have more of that training and technical assistance, but that across a spectrum we need to have early educators and childcare providers receive that training. Do you think that Trauma Smart is the type of program that could be replicated across the system?

Dr. BIEL. That's certainly my hope. I think that there's clearly been, as Ms. Mead testified, a real uptick in the level of expertise of educators at early childhood centers and Head Start. There still tends to be underdevelopment of professional skills specifically related to social and emotional needs of kids. There can be more done there.

I think Trauma Smart is one example. I can mention others, in written testimony of other examples of programs I think are very promising from around the country. But there's no shortage of promising programs. I think Trauma Smart is a particularly impressive one. But I can mention others as well.

[The information follows:]

Yasmina Vinci, Executive Director, National Head Start Association
U.S. House Committee on Education and the Workforce

Strengthening Head Start for Current and Future Generations

Thank you for the opportunity to submit testimony for the record related to the "Strengthening Head Start for Current and Future Generations" hearing held on Wednesday October 7th. The hearing, following the Committee's request for public comments on how to strengthen Head Start in the spring of 2015, provided an important and revealing discourse that exemplified the Committee's commitment to Head Start and to the vulnerable children and families we serve. As 2015 marks the 50th Anniversary for Head Start, there could not be a more important time for the Committee to begin thinking about how to strengthen and grow Head Start so that children today, tomorrow, and in another 50 years are given the opportunity to succeed in school and in life.

The following statement is respectfully submitted on behalf of the National Head Start Association (NHSA) to clarify and reiterate several points that were raised during the hearing. NHSA believes that every child, regardless of circumstances at birth, has the ability to succeed in life if given the opportunity that Head Start affords children and their families. We are the national voice of the more than a million children, 200,000 staff, and 1,700 grantees in the Head Start and Early Head Start program annually. Head Start and Early Head Start represent a national commitment to provide quality early learning opportunities for the children who are most at-risk and who, it has been proven, benefit the most from early learning experiences.

Parent and Family Engagement

Throughout the hearing, it was very clear that Committee members, both Democrats and Republicans, recognize and celebrate Head Start's unique and effective role of engaging and involving parents. One of the most critical conditions for the life success of young children is the engagement of their families. Parents are a child's first and most important teacher, yet most education programs in our country view parent participation and partnerships as a low priority. As several members of the Committee and all of the witnesses agreed, Head Start is the exception and has been the leader in involving and engaging parents over the past fifty years.

Head Start programs recognize that long term success for young children must include working with and engaging the child's family. Following the Head Start standards for family engagement, programs accomplish this in many ways. For example, family service workers support families to develop family plans; find appropriate medical and dental homes for their children; and reinforce children's educational development at home. To promote a more stable

family life, families are connected to TANF, LIHEAP, employment support, and other safety net services as needed. Head Start programs also work with families to become effective advocates for their children in the K-12 school system and beyond. This model of family engagement is essential to children's success, and should be adopted by all early learning and even elementary school programs. As an existing strong practice, it must remain a priority for Head Start as Congress looks towards a reauthorization.

Local Flexibility and High Standards

A second important theme, which was echoed by many Committee members and the witnesses during the hearing, is the need for local flexibility and local control while simultaneously maintaining a high bar for quality. The 2007 reauthorization of Head Start, while making strides in improving many aspects of quality, has unfortunately led to an overwhelming and detrimental focus on compliance. The challenge for policy makers, as in many other programs, is finding the appropriate balance of compliance and flexibility – ensuring that programs are providing the highest possible quality of services, but also that they are granted the flexibility to address the unique needs and challenges of their respective communities.

Since its inception, Head Start funds have flowed directly from the federal government to community-based Head Start providers in the form of grants. This model is the epitome of local control and accountability. It ensures a baseline of consistent quality across the country, but allows programs to tailor their services to fit their communities' needs. This is accomplished by allowing locally designed program options to be based on (1) Head Start Performance Standards and (2) an extensive triennial community needs assessment. Local grantees form partnerships with community businesses, local /state governments, school districts, non-profit organizations, and safety net providers to help design and customize their program in order to specifically benefit the children and families they serve. This combination of federal accountability and local flexibility and control is a particularly valuable aspect of a national program that reaches low-income children and parents in urban, suburban, and rural environments, on Indian reservations and in migrant worker populations, each of which have their own unique assets and challenges. It is critical that Congress recognize and support this model in the next reauthorization by maintaining strong uniform standards while simultaneously allowing communities to design and run their programs based on the needs of their respective communities.

Changes Since the Last Reauthorization

During the hearing, several Members of the committee, including both Chairman Kline and Ranking Member Scott, made note of the changes that Head Start has made since the program was last reauthorized in 2007. However, the conversation on the changes largely skipped over the specific improvements that Head Start has made over the last eight years. The majority of

these reforms were a direct result of the *Improving Head Start for School Readiness Act of 2007*, which passed with overwhelming bipartisan support. While several of these changes had begun to be implemented as early as 2008, the most significant changes occurred between 2010 – 2013.

First, the Office of Head Start announced and implemented "The Head Start Roadmap to Excellence." The roadmap set the vision and priorities of the Office of Head Start specifically focusing on developing a stronger Child Outcomes Framework, a more responsive and thorough Training and Technical Assistance network, and a pathway to excellence for all of Head Start and Early Head Start. Following the initial improvements made by the roadmap, the Office of Head Start has also created a new Aligned Monitoring System, issued the Early Head Start and Child Care partnership grants, and moved all Head Start grantees into a five year grant process.

Second, as a result of a GAO report uncovering inconsistencies in enrollment practices, the Office of Head Start began conducting unannounced monitoring visits of Head Start and Early Head Start programs in the summer of 2010. The unannounced visits focus on a few different areas of compliance and are in addition to the regular exhaustive triennial review process for Head Start and Early Head Start programs. Subsequent reporting from HHS and GAO shows that steps have been taken to clarify and strengthen the regulations, and that programs have shown marked improvements in this key accountability measure.

Finally, and most significantly, the Office of Head Start has created and implemented the Designation Renewal System, as mandated by the 2007 Head Start Act. The DRS, also known as re-competition, is a process by which grantees that are not considered the highest performing will not have their grant automatically renewed at the end of its term (every 5 years). The grant for that service area is available through an open competition, meaning that any provider in the community, including the current grantee, can apply for the grant. The first round of competitions took place in the summer of 2012 and there have now been four cohorts of competition as more than 30 % of all grantees have competed for their grants. While this is arguably the biggest and most impactful reform to Head Start since the creation of Early Head Start, it is clear that the system has flaws in its administration and Congress must make changes to the current system in the next reauthorization. NHSA has outlined several of these changes in letters to the Secretary of HHS and will continue working with the Committee to see them made.

The other significant reforms that were developed in the *Improving Head Start for School Readiness Act of 2007* are listed and described below:

Teacher Certification

The Act dictated that by September 30, 2012 at least 50% of Head Start teachers have a BA or advanced degree in early childhood, or in a related area with pre-school teaching experience. In addition, 100% of teachers who did not have a BA (or advanced degree) had to have at an Associate's degree by 2011. Stricter qualifications were also created for Education Coordinators and Head Start teacher assistants. These requirements were intended to provide Head Start children with high quality educational experiences; as research indicates that the highest outcomes for children are associated with BA teachers. Despite a number of barriers, by 2014, 72% of Head Start teachers nationally had reached these new, higher standards, and that number continues to grow.

MOUs with Local School Districts

As of December 12, 2008, each Head Start program was required to enter into a Memorandum of Understanding with its local school district(s). These agreements allow programs and schools to work together to ensure that children and families transition smoothly to kindergarten and that children with disabilities are quickly identified and have their needs met. Complimentary requirements for Local Educational Agencies (LEA's) are not currently enacted into law, but both the House and Senate passed ESEA reauthorizations include important provisions ensuring both Head Start and LEA's must have agreements.

CLASS Assessment Tool for Classroom Improvement

As described above, while the Office of Head Start has long had the power to defund failing programs, the Act called for concrete measures by which to identify low functioning programs. In addition to the various financial management-related standards programs must meet, the CLASS assessment tool was introduced as one way of identifying high and low quality programs by evaluating teacher-child interactions, and has informed professional development across the Head Start system. On a survey conducted by NHSA in spring 2012, 92% of responding programs reported using the CLASS tool.

Population

While Head Start has historically served the most vulnerable children, the 2007 Act made homeless children categorically eligible, regardless of income. As a result, the number of homeless children served nearly doubled from 2007 to 2012, to almost 50,000 children – and that number continues to grow. The Act also enabled programs to propose to convert preschool age slots to infant and toddler slots, which allowed them to flexibly respond to need in their communities, especially where state pre-K was able to serve greater numbers of older children.

Scientifically Valid Curricula

While Head Start programs had always striven for excellence, the Act explicitly stated that all programs implement scientifically valid curricula. This stipulation ensures that children's learning experiences are of the highest quality and are age and developmentally appropriate.

Centers of Excellence

Since 2010, twenty programs across the country have been designated as Centers of Excellence and have received funding to disseminate their innovative and effective practices in the areas of social-emotional support, parent engagement, teacher mentoring and curriculum development.

These extensive reforms have had program quality improvement as a major goal, and as a result of their implementation, Head Start and Early Head Start lead in delivering high quality early childhood education for children and families with income below the federal poverty guidelines, and other vulnerable children (special needs, homeless, English Language Learners, migrant, foster children, and others).

Comprehensive Services

One final theme that was not discussed at much length during the hearing is the critical importance of the comprehensive services that Head Start provides to children and their families. Head Start children and families have extensive and challenging needs that are real barriers to success in school and in life. Many also lack access to basic services that help their more advantaged peers prepare to learn. For a successful intervention designed to get children and families ready to learn, programs must address these needs through a variety of services. These services, including health, dental health, mental health, nutrition, and safety, can be costly, but are absolutely integral to healthy brain development and later success in life. To be able to learn, children have to be healthy. Children cannot be ready to learn if they are hungry, cannot see a chalkboard, or cannot hear the teacher. In tailoring the intervention to each child's needs, the Head Start model recognizes physical development and health, and social and emotional development as key domains necessary for learning. These domains and the comprehensive services that support them are the foundations of school readiness and invaluable to any effective early learning intervention. It is critical that a reauthorization of Head Start strengthens programs' abilities to offer, provide, and connect families to these services.

In conclusion, NHSA and the entire Head Start community would like to thank and applaud Chairman Kline, Ranking Member Scott, and the members of the Committee for holding the hearing on October 7, 2015 about the future of Head Start. We look forward to working together to strengthen Head Start and ensure that all vulnerable children and families have what they need to succeed in school and in life.

Ms. CLARK. Great. And do you think there is a way that Head Start could even do better in using those technical assistance dollars to address toxic stress and trauma?

Dr. BIEL. I think there are a lot of ways that they could. One example that comes to mind is mental health consultation which ranges widely in the dose that a given Head Start Center receives. Some centers receive just a couple of hours. Others receive many more hours. And there probably is a minimum effective dose of mental health consultation from experts that allows centers to respond really impactfully to the problems they're presenting in their population of kids.

An hour a week is probably not enough time. And if time were allocated more generously, I think that there would be a really, really positive impact with that.

Ms. CLARK. Great. Dr. Nolan?

Mr. NOLAN. I would love to jump in on that one. One of the things that we're up against, I think, as we think about what does it take to succeed in a Head Start classroom, is you have to remember that the classroom is also the child's home.

There was a study at Harvard where they were looking at in a third grade child's life, what percentage of time that they spend in a classroom. And it ends up to be about 19 or 20 percent of their waking hours. Seventy-seven to 80 percent of time is about parents. We are in a situation where we take a basic teacher, 4-year degree, certified, licensed teacher, and give her 2 years worth of additional training in work in terms of how to work with children. There is no college or university right now who is preparing somebody to be in that intervention role in a classroom. We really have to work, more on that.

Ms. CLARK. Thank you.

Chairman KLINE. Sorry. The gentlelady's time has expired. Mr. Grothman.

Mr. GROTHMAN. Thank you. Thanks for all being here today. I think it was on January 5, I took an oath to uphold the U.S. Constitution. I'm glad we have four educators here. Under what section of the Constitution would it be permissible for us to, say, re-fund Head Start? Anybody have an answer to that question? For any of the four of you? Okay.

Next, one of my pet peeves, I think it was Dr. Nolan, to a lesser degree, Dr. Biel, mentioned poverty. And it always bothers me a little because poverty is a material, a money-based definition. And I always think it's far more family structure based as the disadvantage. In other words, I can think of children who have a very difficult background, who are materially well off, and children who don't have a lot of material goods who are not well off.

Certainly in other countries, there are people who come here who do fantastically well in our university system, who, by any standard, you know, square foot per person living space, food intake, electronic gadgets around the house, would be considered dirt poor by American standards doing very well.

Dr. Nolan, you in particular talked about the disadvantage of poverty. Do you think poverty is a bigger problem for children or is it family structure?

Mr. NOLAN. I don't know how to weigh one against the other. Early Head Start, early in Head Start's history, we went to poverty because it was measurable in financial terms. I believe that the issues that launched Head Start in 1964, are equal opportunity afflictions these days. I mean, we operate a fully socioeconomically blended childcare program where we're serving upper middle class, middle class, and low income families all in one setting. Many of the issues—

Mr. GROTHMAN. Let me cut you off because you're not answering my question. And I've only got 5 minutes. What is more important in a child's life, that they have—and, again, observing people who do very well in our universities, who come here from, say, the Indian subcontinent, from Southeast Asia, when I talk to them, they have very little in material goods, far poorer than so-called American children in poverty.

What is a bigger problem in a child's life? The child's family structure or how much material goods they have as a child?

Mr. NOLAN. I think it comes back to the environment that they're growing up in. The family structure is a huge issue. For instance, even in Head Start, those who are economically eligible are not automatically brought into Head Start. We look at the risk factors in a family, about 30 different risk factors, the kinds of things I think you're alluding to.

So those are the factors that we're really dwelling on. As you well know, there are families with very little finances who are doing very well. They're figuring out how to make it.

Mr. GROTHMAN. And you think it's true then, if we want to improve the next, the lot of the next generation of children, we should maybe spend more time focusing on family structure and not as much time focusing on, say, things that money can buy?

Mr. NOLAN. And I think that's what Head Start does, is works on the family structure.

Mr. GROTHMAN. That's the more important. Now, one other quick thing, I've always kind of loved Head Start because as government explodes, it's so rare that we ever find a program in which the studies show it has been unsuccessful.

And, of course, I'm sure you're familiar with the Brookings Institution studies. The Oklahoma studies on pre-K. I think just this week we came out with a study showing that Tennessee's pre-K program was not effective. Nevertheless, we have four people up here who all say it's a good thing. Could some of you comment a little on all these studies showing that pre-K programs, their benefits seem to fade a little, or to a degree—

Mr. NOLAN. I'll jump in. One of the things that I would emphasize to the committee is that there never in 50 years has been a study of Head Start that didn't identify that Head Start graduates leave vastly improved from where they were when they arrived. For us to take a look at what happens four years later, is that really a statement about their preschool experience or is it a statement about public education?

Mr. GROTHMAN. Okay. So your thing is you're saying Head Start is a success, it's the other 13 years in public education that's the problem?

Mr. NOLAN. I think we have challenges at every level as we work with children in our society.

Chairman KLINE. The gentleman's time has expired. Mr. Grijalva.

Mr. GRIJALVA. Thank you, Mr. Chairman. Head Start is the antithesis of social Darwinism, survival of the fittest. And I guess that's what the four panelists are talking about today and that we're dealing with the question of children.

One of the discussions at the last reauthorization was the idea, and it's not so prevalent a part of the discussion now, but the idea of block granting the Head Start funds to the State and creating that discretion for the State. I think some of you alluded to what your opinion of that process was when you talked about individuality.

Let me start with Ms. Fuentes, if you don't mind?

Ms. SANCHEZ FUENTES. Thank you, Mr. Grijalva. So I would just state again I think it's critical to maintain the Federal to local structure that Head Start currently has. It is important for Congress to think about other ways to improve the Head Start program. And we've heard lots of ideas here about flexibility, coordination, and of course, thinking about how to use resources more efficiently.

Mr. GRIJALVA. If you don't mind, I have one more question for all four after this. Please, I don't know, if someone has a different opinion than Ms. Fuentes?

Ms. MEAD. I was just going to add that I think I would agree with Ms. Fuentes that block granting Head Start to the States is a bad idea, but that there are a variety of things short of that could help to improve coordination between the programs that States already have and Head Start.

Mr. GRIJALVA. And legislation could encourage that?

Ms. MEAD. And that to the extent we can take the idea of block granting off the table, we can have a much better and more robust conversation about how States and Head Start work together.

Mr. NOLAN. And this committee was astute in 2005, 2006, and 2007 to not hand it to the States. Had it been handed to the States in the format that it had originally been proposed, it would have gone without the pesky performance standards. And something between 35 and 40 States essentially 2, 3 years later had moved into near bankruptcy.

Mr. GRIJALVA. Thank you. I was gonna also. I believe, and other indicators seem to point that out is that, poverty is still the biggest obstacle to a child's success given all the ramifications that poverty brings with it, family issues, toxicity, questions that we're talking about.

And Head Start from the inception was a categorical response to that poverty question, to begin to deal with kids at an early age in preparation for kindergarten. That begs the question about resources and need.

As we talk about reauthorization and the fine points that many of you have made today, we still, you know, the elephant in the room is the resources and the money that would go into Head Start. Could you respond in terms of need? And is it measurable now to say how much would be needed in the future, to address

the fact that somebody mentioned, you know, more than half of the kids in our traditional public schools right now and in public charters are low-income kids. So we're still dealing and confronting that poverty question.

Mr. NOLAN. On a local basis, I would tell you that our spending power is down about 18 percent over the last 11 years, at the same time that expectations are going up—

Mr. GRIJALVA. Yes. But we're talking about amounts that are national level right now, sir. So 18 percent higher than what we're doing now would be your point, right?

Mr. NOLAN. Well, essentially we've lost spending power. I mean, obviously we have two issues. One is how do we fund—

Mr. GRIJALVA. Well, let me get the other panelists to respond as well, sir, if you don't mind. Any other panelist?

Ms. SANCHEZ FUENTES. I don't know exactly the dollar amount, Mr. Grijalva. But I would suggest that the Federal Government, probably the Office of Head Start, has actually at some point run some numbers around what that looks like. I think Sara in her testimony mentioned that only half of the eligible kids receive services. And that's even less in Early Head Start. So we have a ways to go.

Mr. GRIJALVA. Thank you. Anything else? I yield back, Mr. Chairman. Thank you.

Chairman KLINE. Thank the gentleman. Dr. Foxx.

Ms. FOXX. Thank you, Mr. Chairman. I would like to do a little follow up on Mr. Grothman's question, toward the end of his questioning time. Dr. Nolan, and then I'll invite all of you, if you want, to say something about this. We're often told that intentions are what is important in terms of programs, not necessarily what the results are.

Dr. Nolan, we know every study that's been done shows that Head Start has no long-term effect. You said that though Head Start should be evaluated on what happens at the end of Head Start and not later than that, is the way I understood it.

So should Head Start only be evaluated on its short-term effect? If that's true, the administration, I think, has a great ideal of hypocrisy involved with its wanting to say to higher education, we want to know what your income is going to be, if we're going to put money into it, we want to know what your income is going to be four years later, eight years later, in your lifetime if you get loan money.

So why should we have a double standard for Head Start and other programs?

Mr. NOLAN. And of course, we should not. There should be probably four different points where we're evaluated. One is when the kids arrive. One is when the kids leave. Those are very important. We should be looking at what happens to them in early elementary school. What we also need to do, though, is to keep the support dosage up so that those gains don't evaporate.

And then we have a fourth one which is what happens with them over their lifetime. And the results there have not wavered. The research that's been done with that, James Heckman, out of the University of Chicago, is very clear that the things that have socioeconomic impact are sustained through their public education expe-

rience and show up in reduced incarceration, reduced teen pregnancy, et cetera.

So I think the third piece, that we need to come back and get better at, is, you know, how do we examine what it is that is possible in our current public education system for a child who has been in that system for four years. How do we get better at that?

Ms. FOXX. If others of you want to respond very quickly because I have a follow-up.

Dr. BIEL. Just quickly picking up on Jim Heckman's research is that the return on investment for early childhood programming that is high quality is between $4 and $9 for each dollar invested.

Ms. FOXX. Does that take into consideration the amount of money that's gone into the research? You know, I don't think the government, I don't think you can call it a return on investment. I think you have to talk about spending. But I do think our way of measuring the results on government spending is a little bit different from what happens in business in terms of return on investment.

But how much do these studies do? And how reliable are the studies that are done long term? What's your pool that you're dealing with? I haven't seen those studies. But what kind of pool are you dealing with?

Dr. BIEL. Others can join in too. We can share some of those studies with the committee. And the studies are small. They're not tens of thousands of kids. But they are very high-quality studies. Without disputing semantics, I absolutely would characterize it as investment in the future of our Nation's kids.

Ms. FOXX. And we don't know—do we know from the studies whether we're just getting a Hawthorne effect or if there's a true impact from this? Has anybody compared the two? Is it a Hawthorne effect or is it simply actual changes that get made from the programs?

Mr. NOLAN. I think, for instance, Dr. Heckman, who I actually get to introduce at a conference next week, is a pretty tough individual, not particularly prone to soft measures. He's very much into looking at rates of incarceration and the cost of that, rates of teen pregnancy and the cost of that. So when we give you those references, I think you'll see that, in fact, it is quite traceable.

The reason the sample size is small is it's a 40 year-long ongoing longitudinal study. So they're looking at impacts over time.

Chairman KLINE. The gentlelady's time has expired. Ms. Adams.

Ms. ADAMS. Thank you, Mr. Chairman and Ranking Member. And thank you to our witnesses as well.

As a mother, a grandmother, and a former educator, I do recognize that early education provides students with what they need in their most critical learning years. More than 27 percent of the people in my district live below the poverty line.

Students in low-income families already have obvious disadvantages that are exacerbated. When they arrive to kindergarten, they're less prepared than middle- and high-income peers. Ms. Mead, in my district, we have a significant achievement gap. What role does early childhood education play in closing that achievement gap for low-income and minority students?

Ms. MEAD. Obviously, early childhood plays a crucial role in closing that achievement gap. We know from research that between half and a third of the black-white achievement gap exists by the time children start 1st grade and that there's a similarly large achievement gap for low-income kids compared to more affluent children.

Early childhood programs, we also know, can help to narrow that gap by providing high-quality early learning experiences that mitigate from some of the challenges that children have had early in their lives and help to accelerate learning. Early childhood education programs cannot do that on their own. Though, they can put children on a solid foundation to start kindergarten. But obviously the public school system has to carry the ball the next 13 years.

And so, ideally, what we want to see is high-quality early childhood coupled with a high quality K-12 experience. That said, we are increasingly seeing folks who started working to improve education outcomes in the K-12 system reaching down to try to get involved in early childhood because they're seeing that they can make an even bigger difference for children if they started earlier.

Ms. ADAMS. Thank you. In my home State of North Carolina, the General Assembly has put early childhood education on the back burner. I was a part of that General Assembly for more than 20 years.

Our North Carolina pre-K program and childcare subsidies are funded at inadequate levels. And we have long waiting lists. For places like North Carolina, can you speak to the important role that Head Start funding plays in ensuring that low-income students have access to early childhood education in the face of reduced State spending?

Ms. MEAD. I mean, Head Start plays a crucial role in early childhood education, particularly in the many States that, while you have good reasons to be disappointed with your General Assembly, there are many States that do far less for young children than North Carolina does.

And so in States that don't have any form of publicly funded pre-K, Head Start is crucial as the primary and sometimes sole program serving our poorest children who are at most risk of school failure later in life. And that is an absolutely crucial role.

Mr. NOLAN. And a quick comment on that. One of the pluses of Federal Head Start is it has been relevant stable over time. And State funding tends to be quite more volatile. So you had Ohio that went up to $100 million invested in Head Start aged kids. And it went down to zero. So I think one of the things is that stability.

Ms. ADAMS. Okay. Thank you for that. As a follow-up, would you say that the reduced spending has had a negative effect on Head Start programs? Ms. Mead? Mr. Nolan? Any of the witnesses?

Mr. NOLAN. Well, we're struggling because obviously we've had years where we can't even give a cost of living increase to staff. When we had one, it was .72 percent, which is almost an embarrassment. So, trying to retain staff is a difficult thing. And as we keep having higher and higher standards, my teachers are 4-year degree teachers who can go elsewhere for $20,000 to $30,000.

In all of my management staff of six people, we have seven master's and a PhD across there. We're here because we're part of the

investment. And we talk about the cost of Head Start, some of that is paid on the backs of our vast number of underpaid staff.

So I think we've got to look for the long term how do we make progress with that. But right now, people stay kind of because of their passion and values. If you're into big bucks, you don't come to Head Start to work.

Ms. ADAMS. Thank you. Would anybody else like to respond? Okay. Thank you, Mr. Chair. I yield back.

Chairman KLINE. I thank the gentlelady. Mr. Allen.

Mr. ALLEN. Thank you, Mr. Chairman. And thank you all for what you do for our young people and our children.

You know, we all agree that it's critical, development occurs in the early childhood. And we can't underestimate the value of loving, safe, and nurturing homes which is so critical. I have visited many of the childhood Head Start programs in our district. And I'm fascinated by the care and love and attention that the children are getting. In fact, to the extent that, in some cases, you almost don't want to let these children go home because it's not exactly that way at home.

You know, my concern is what has, I mean obviously, the numbers are growing in Head Start, at least in our State and in my district. I mean, the need is there. And it's ever increasing. And, of course, we all, I think, would agree that Head Start is needed because the child is not getting its needs met at home.

Have you thought about how to change that cycle? I mean, obviously, Head Start could take over and be the family needed. But that creates cost. And it creates other problems. How do we change this cycle?

Mr. NOLAN. I mean, one of the things that I would encourage you to think about, we've not talked a whole lot about Early Head Start other than to identify that program for pregnant moms, infants, and toddlers up to age 3 has only got 5 percent coverage at this point in terms of who we can serve.

One of the things that we work very hard in my program, come back to my on-the-ground experience, we have a home-based Early Head Start where we go into the home and work with parents. Basically, we enroll the parent who happens to have either a pregnancy, infant, or toddler in their lives and work with them to build their capacity. We do not want to become the substitute. What we want to do is build capacity in that parent to be the best, most deliberate nurturer of that young child's life.

And I think the more we do that—so more investment in Early Head Start, continued investment because part of what we're looking at in this proposed rulemaking, if we pulled back on parent services at the same time that we want to propose deepening them, that's not the right direction.

Another issue that the chairman raised in his introduction was we're running a risk right now under noticed proposed rulemaking of losing between 125,000 and 145,000 slots at a point where that becomes one of the most incredibly expensive ways to fund quality improvement. And we must have quality improvement. We can't do it by serving vast numbers of fewer children.

Mr. ALLEN. It seems to be a problem with motivation as well. In other words, you know, when I grew up, poverty was a motivation

to work hard, to find a skill, to get a good education. And the motivation is somehow missing today. Poverty is, sometimes is a choice. And it runs cycle to cycle and generation to generation. And, you know, like I said, these programs are great.

But at some point in time, how do we figure out how to motivate, and you're looking at the thorn of ages here. How do we psychologically motivate these folks to say you know what, I can do better than this. We have got a lot of examples in this Nation of people who have come out of extreme, very difficult circumstances.

Mr. NOLAN. Yes. And that's an area where we need to be very deliberately working harder. One of the things that Dr. Biel will, I'm sure, confirm is, many of the families that we're dealing with—we're dealing with high percentages of depression. The gap for some of these parents from where they are to independence is huge. We need to put more energy into that.

I can't motivate anybody. But I can create conditions that enable them to be motivated. And we see that when they start to get, we have a program that we call Soaring, which is a self-esteem building program that never says the word self-esteem for 8 weeks. But people going through that emerge with a project. And they start to get a project mentality and a sense of possibility. And the parents don't have the models they need. We need to help the parents become the models that their children need.

Mr. ALLEN. Thank you very much. I yield back.

Chairman KLINE. The gentleman's time has expired. Mr. Jeffries.

Mr. JEFFRIES. Thank you, Mr. Chair. And I want to thank the witnesses for your presence here today and, of course, the work that you do.

Dr. Nolan, you mentioned that there are four sort of evaluation points along the continuum with respect to Head Start participants, I gather the moment you arrive in Head Start, the moment you depart, your elementary school experience, and then lifetime results. Is that correct?

Mr. NOLAN. Yes.

Mr. JEFFRIES. And of those four points along the continuum, would you agree that whether there's been an impact over the course of your life in terms of outcome, that's the most important factor as to whether the investment in Head Start has yielded a return?

Mr. NOLAN. Yes.

Mr. JEFFRIES. And you referenced the Heckman study. And I believe Dr. Biel also referenced it. And there was some question as to whether, you know, the study was, I guess, legitimate in terms of how it was conducted and whether there was some reliability as it relates to the results.

And so I just wanted to ask a few questions about that now. Now, it was a longitudinal study, in other words, it covered a period of multiple decades in terms of—

Mr. NOLAN. Actually continuing too.

Mr. JEFFRIES. And it's continuing. And was that, is it a quantitative study or was it a qualitative study?

Mr. NOLAN. Yes. I mean, at some level or another, the measures tend to be countable things like incarceration, et cetera.

One of the things that we're faced with, and it's true for everything that this committee addresses, we tend to measure that which is easiest to measure, as opposed to that which is most important. So it's harder for us to look at, for instance, Mr. Allen's comment around motivation. It's hard to measure motivation. So you try to convert that to the accomplishment of landing and retaining a job. So you go to those kinds of measures.

Mr. JEFFRIES. Would you say in the academic context the results are widely accepted as statistically significant?

Ms. MEAD. Can I address this in a slightly different way? On that, the body of evidence for the effectiveness of high-quality early childhood education, is probably the most robust body of evidence for anything we do in education. We know more about it than we do about high school, elementary school, and so forth.

And that evidence comes from a variety of sources. It comes from what we know about child development, the type of work that Dr. Biel was talking about and does. It comes from studies that were started in the 1960s with small scale model programs with a very high quality randomized design and continue to follow those people into adulthood today.

It also comes from big population studies where they compared people after the fact who'd attended Head Start to other folks and found improvements in life outcomes you know, in 40s and 50s and later.

And it comes most recently from the body of studies that we have on high-quality State-funded pre-K programs where we're now seeing those programs produce results for kids at scale that lead to meaningful changes in their outcomes through the elementary school grades. We have to look at the evidence on Head Start next to and against that entire body of evidence about early childhood education. And the conclusion that we can draw from that is that Head Start makes a difference in both skills at kindergarten entry and adult life outcomes, but that it's not producing the magnitude of gains that kindergarten entry of the very highest quality pre-K programs.

And, as a result, we are not seeing the level of changes once kids progress through elementary school that we would like see. But because we're seeing other programs do it and because we're seeing the best Head Start programs do it, we know it's possible. We just need to figure out how to get there.

Mr. JEFFRIES. Okay. And, Dr. Biel, in terms of sort of those life outcomes that the literature seems to suggest clearly lead to positive results for Head Start participants, if we could just kind of quantify that based on, I guess, the Heckman study or any other study that has been done.

So is it fair to say that participation in Head Start generally yields a reduction in the likelihood of incarceration?

Dr. BIEL. Yes. And just a note about Dr. Heckman's methodology. He won a Nobel Prize in economics. He's a very, very rigorous researcher. And his methods are fairly unassailable. The sample size is small because, as Dr. Nolan pointed out, these are 40-year studies. It's hard to follow a large group of kids for that long, as they become, as they go into middle age. But the methods are quite strong. And incarceration is one of the outcomes, yes.

Mr. JEFFRIES. So reduction in the likelihood of incarceration. Would reduction in the likelihood of teen pregnancy also be a result of participation in Head Start?

Dr. BIEL. Yes. Potentially. Dr. Heckman's studies do, I'm sorry to interrupt. Followed several model early childhood programs that share an enormous amount in common with the best Head Start programs.

Mr. JEFFRIES. Okay. And, lastly, would reduction in dependency on government benefits through adulthood also be a result of participation in a high quality Head Start program?

Dr. BIEL. I think absolutely, yes.

Mr. JEFFRIES. Thank you. I yield back.

Chairman KLINE. The gentleman's time has expired. Dr. Roe.

Mr. ROE. Thank you. I'm sorry I was late, I was over fixing the VA this morning, probably unsuccessfully.

I want to thank you all for your investment in the most important resource we have which is the future of this country which are our children. No question about it.

And I know, Dr. Biel, you stated in your paper, and I did read all of your testimony, while Head Start providers are important, contributors to a child's health and development, the family is the first and most consistent influence. And schools are part time, families are all the time.

And I have a next door neighbor, that I'm going to share with you for just a second, who is a principal of an elementary school, 70, 80 percent free and reduced lunch. I saw her show up one day with four kids, four Hispanic children, from about 4 to 9 or 10 next door. I said Sharon, what are you up to?

Well, the mother had six children. They were all behind. They were about to go into State custody. And my next door neighbor took these four children in and began to nurture them. I've watched that over the last 1 year. Those children with proper parenting have made up two grades in school. It is absolutely amazing to see what that type of influence can make.

And I think one of the things, Dr. Nolan, you brought up earlier, we've all had the question did the outcomes, if you go to Head Start, why do the benefits seem to evaporate? And the findings of the recent Vanderbilt study in the Tennessee pre-K program were similar to the Head Start impact studies. They show evidence of important initial gains in several critical aspects of child development, but that such gains may not be sustained through the third grade.

Well, I dug a little deeper. And if you look at a low-income child versus a high-income child, by the time they've hit pre-K, they've heard, the high-income child has heard 30 million more words probably. And so they're at a language disadvantage. If you take that child, as Dr. Nolan said, who's in a high performing Head Start program, is doing very well when they leave. They all go to school. And they all have a summer break. And if you look at the reading skills of a child—when a low-income child, when they exit summer, they lose a month of reading.

And so no matter what you do in pre-K, by the time they're in the 4th, 5th, 6th, 7th grade, they're a year behind. And many of them drop out of school. So I think that upstream there's no ques-

tion that there's some benefit there. I think you can improve. The question is how do you sustain any benefits that you have? I think that's what I heard you all say.

And I guess the recent NPRM seeks to make Head Start, I want to answer this question, more like a pre-K program. Given this recent study, why would we seek to make Head Start more like a pre-K program? Isn't the inherent design of Head Start that it's tailored to meet individual and comprehensive needs of each child? Anybody could take that on.

Mr. NOLAN. I would love to jump in on that. Wisconsin is the national poster child on 4-year-old kindergarten. It's been in our constitution since 1848. The 4K program that my grandsons went to is 102 years old. And 4-year-old kindergarten varies dramatically. But in most cases, it's still mostly like 5-year-old kindergarten. In Head Start, we have a max group size of 20 kids, two to three adults working in that room with those kids. Down the street, in our large urban district in Milwaukee, we have classrooms with between 28 and 32 kids, 4-year-old, for 5 hours with one teacher.

And at some point or another, whoever has decided that that's a more desirable model for Head Start eligible kids really doesn't understand how kids learn. And I think part of what we've got to be very careful of is how do we take best practices and extend those forward in terms of a child's learning, not just for Head Start but for all children.

Ms. MEAD. I also think it's important not to view the results that were released recently from Tennessee as representative of everything we know about State pre-K programs. We have seen positive results from programs in New Jersey, Oklahoma, Georgia, North Carolina that are in many cases sustained over time. So it's not the case—

Mr. ROE. Not to interrupt, this was a, I've spoken to the author of this. This is a Vanderbilt study.

Ms. MEAD. And I'm a Vanderbilt alum.

Mr. ROE. They might take umbrage with that. They felt like they did a rigorous study.

Ms. MEAD. I am not questioning that they did a rigorous study. But it's one piece of evidence. And so it doesn't reflect all State pre-K programs. There's variation across State pre-K programs. And we need to learn from that. We cannot conclude, based on this one study, that State pre-K programs never work. In fact, we have a lot of evidence that they do in the right context.

Mr. ROE. Okay. Mr. Chairman, I yield back.

Chairman KLINE. The gentleman yields back. We don't often get a prestigious institution like Vanderbilt brought on the carpet like this; this has been very interesting. Mr. Rokita, you're recognized.

Mr. ROKITA. Thank you, Chairman. Thank you for hosting this hearing.

As we look ahead to reauthorizing Head Start and writing language, et cetera, to that end and as chairman of the Kindergarten through 12th Grade Education Subcommittee on this committee, I'm going to get a little bit wonky. Ms. Sanchez Fuentes, if you don't mind, for a minute. During your time at the Department, you oversaw the creation of the DRS, the Designation Renewal System,

developed because of a requirement that the reauthorization of 2007 put in.

And I wasn't here to hear your testimony, so I apologize if you covered this. But I would like to hear from you whether you believe this recompetition has been effective. Has it enhanced the program integrity, increased competition, and improved quality of providers?

Ms. SANCHEZ FUENTES. Yeah. Thank you. Thank you for the question. I actually haven't talked about it.

So I would say that, yes, it absolutely did increase quality over time. We do have programs who I think probably wouldn't have taken a second look. Say I'm going to take a second look, at what I'm doing and think about how I can do things better and more efficiently.

In terms of, and I think Dr. Nolan talked about this a little, there are some things to reconsider with regards to the Designation Renewal System. And I would encourage Congress to think about what the next steps are for the next iteration.

But I would emphasize that competition is important. It has forced Head Start programs across the country to think about what they're doing and also to be able to talk about what they're doing. So what are the things that they're doing that are making a difference for the kids and the families in their community.

Mr. ROKITA. What specifically what would you like to see in your dream DRS?

Ms. SANCHEZ FUENTES. In my dream? So I don't have the answer to that. I actually, sir, have been thinking about that probably for two years. But I would definitely say that we need to rethink what those triggers are. I will, say very honestly, that we did the best that we could at the time with the information. We have learned some things over the last three iterations of competition. I think they're on their fourth now.

And it's time to take a look at the data. So who did well, why, who are the new players who have come into Head Start and why, and open it up, think about what the triggers are, think about who should go into competition.

Mr. ROKITA. Okay. Thank you. Any other of the members of the panel wish to comment on my question? No. Okay.

Dr. Nolan, I was told about an exchange between you and Ms. Foxx here on the committee about how we should be judged, on short term versus long term. And I heard that was quite good. I'm not sure if other members of the panel got to comment on that though. Does anyone else want to comment on how we should be judging this program? Should it be in the short term or the long term?

Dr. BIEL. Thank you. I'll just say briefly that I think it actually should be both and that we should think about, I guess this picks up on some of the earlier questions as well, we should think about really high-quality early childhood education as an onramp.

It's not an inoculation against all the future difficulties that kids may run up against either in the educational system or in other aspects of their lives.

Dr. BIEL. But it's a really, really critical onramp, and so the short-term measurements are really important. And what could be

important than the long-term measurements that we were discussing a minute ago?

Mr. ROKITA. All right. Thank you.

Mr. NOLAN. And at a program level, we're measuring constantly. We're using data. One of the early pieces of testimony was around the necessary use of data. I mean, we're using data to inform our practice on a constant basis. And I absolutely agree with Dr. Biel, it should be all of the above. And we need to get better at measuring how our expenditures become investments.

Mr. ROKITA. I thank the panel.

I thank the chair.

Chairman KLINE. The gentleman yields back. It looks like everyone has had a chance to ask questions.

Let me recognize Mr. Scott for his closing comments.

Mr. SCOTT. Thank you. Thank you, Mr. Chairman.

I think we've heard a lot of very good testimony, and I want to thank our witnesses. This has been extremely helpful. We have, I think, a consensus that Head Start works, that the long-term benefits are there, and that the return on investment by reduced incarceration, reduced teen pregnancy, reduced remedial education, those reduced costs are a lot more than the cost of the Head Start program.

There has been a little discussion about the fading results, but I think the long-term results are clearly there, and some of the fade could be the summer slide that Head Start can't cure or poor follow-up in elementary school or other students just catching up. When you see the other students doing well, they have an incentive to catch up.

But I think by any stretch of the imagination, all of our witnesses, invited by Democrats and Republicans, have unanimously endorsed the long-term benefits of the Head Start program. And so there appears to be good bipartisan support for the program.

And, Mr. Chairman, I look forward to working with you as we reauthorize this very successful program.

Chairman KLINE. I thank the gentleman.

I want to thank the witnesses. I agree with my friend and colleague, Mr. Scott, very excellent panel. You are indeed experts. You've helped us a lot.

I think there is agreement, probably, I don't know if it's 100 percent, but very bipartisan agreement that Head Start is a very, very important program for underprivileged, for poor kids. We want to see it succeed.

There are differences, and we heard about those here today, where there are some pre-K programs that are doing very, very well and some not so well, in and out of Head Start, because some Head Start programs are doing really well and some maybe not so well. We've heard about the success of competition, and we may want to look at how to make that more successful.

So we've got a lot of work to do here, but the panel has been very, very helpful. I want to thank you for your testimony and for your active and lively engagement. And I'm sorry about Vanderbilt.

There being no other business, the committee is adjourned.

[Additional submissions by Mr. Nolan follows:]

Testimony to the Committee of Education and the Workforce...

Four Points in Time:
Defining the Success of Our Nation's Head Start Investment

Dr. Tim Nolan

2015 marks the 50th anniversary of Head Start creating opportunities for at-risk children and families. Ten percent of all Americans have now attended Head Start, including Darren Walker, president of the Ford Foundation, and the Honorable Sylvia Mathews Burwell, Secretary of HHS. This topic could not be more important as we look toward shaping the future of this national resource.

Head Start was created in 1964 and launched in 1965 as an intervention program. Physicians and psychologists were invited to the table to shape the program. There was not an educator among them. Head Start has always been an intervention program that would include, but not be limited to, achieving cognitive learning gains. What makes Head Start unique is its focus upon achieving life readiness gains that show up in school, in adolescence and in adults with a Head Start experience.

To accomplish this, we focus on the whole child: nutrition, medical and dental health, mental health, interpersonal skills development and the multiple domains of cognitive development. Young children cannot learn if their teeth hurt, if they are hungry, or if they are regularly absent because of unstable housing or family challenges. We also work with parents, their child's first and foremost teacher.

Evaluating the investment in Head Start children and their families is critical to ensure that the spending of federal dollars is held to the standard of being an investment rather than a mere expense. Head Start has differentiated itself well as a great investment in the world of publicly funded programs.

Head Start must be evaluated at four distinct points in time:

1. As children newly arrive in either Head Start or Early Head Start
2. As these same children leave Head Start to enter public school
3. As these children progress through early elementary school
4. As Head Start graduates progress through adulthood

1. Program evaluation as children arrive in Head Start/Early Head Start

Head Start is in business to find, enroll and work intensively with children and families who are both low income and identifiable as likely to encounter problems in their life and in school. Given the limited funding currently available, only about 5 percent of eligible children can be served in Early Head Start and less than 50 percent of eligible children can be served in Head Start. The children eligible for the program are ranked by need with the most needy being admitted. As an intervention program, Head Start programs should be evaluated on the basis of their success in finding and enrolling the most in need of Head Start intervention services. Measuring the newly admitted child's performance helps to establish the benchmark with which to compare their progress upon completing

their Head Start experience. Measures in place now include child performance across the full spectrum, including social skills and cognitive functioning. Given that Head Start is mandated to serve the most needy, we could create a means of gathering and consolidating data that would rate the individual grantee's success in enrolling the most in need.

2. Program evaluation as the same children leave Head Start to enter public school

Every single study completed on Head Start indicates that children leaving Head Start have vastly improved performance than their performance upon entry into Head Start. There simply is no study in 50 years that indicates that Head Start does not greatly increase the enrolled child's cognitive capabilities, ability to learn and social skills necessary for success in school and in life.

The outcomes data on enrolled children is gathered regularly on every child. We gather data as the year begins, again midway through the year and once again at the end of the year. Data is used to inform practice. It enables Head Start teachers to tune their approaches to fostering learning in each individual child in ways that large groups with a single teacher cannot begin to accomplish.

When the data gathered as children leave Head Start is compared with the data collected when they first were enrolled in the program, significant gains are the norm for the children. Additionally, the same comparisons are there for gains made by parents from the beginning to the end of their child's Head Start experience. Gains in the lives of parents and specifically gains in parenting skills are the norm for parents. Some parents make Head Start a life-changing experience for themselves and their child.

3. Examining success in school

One challenge that Head Start was created to address on its way to shaping life readiness is success in school, a very important variable in a child's life. One challenge that Head Start faces is that, while it *feeds children into some of the very best-performing schools in the country, it also feeds children into every one of the worst-performing schools in the country.* Measuring children four years after they leave Head Start to determine long-term impacts upon school performance is a major challenge. As a society, we tend to measure that which is easiest to measure rather than that which is the most important to be measured. This means that measures of impact on school performance are often reduced to test scores of third-grade students. There is no measurement of the rest of the child's performance, including such important variables as ability to function in the classroom, work with others or anything related to critically important life skills such as creativity and innovation. We want to believe testing of third-grade children is the definitive measure of success. Of course, it is not.

Head Start children are too often faulted for demonstrating what has been labeled as a "fade-out" effect, meaning that the gains that were clear in the 5-year-old child delivered to the front door of their public school are no longer as

evident after four years of public school education. The assumption too often made by policy makers is that this should be blamed upon the failure of those who worked with the child in their early years. Logic would indicate that the public school bears major responsibility for not being able to maintain the gains made early in the child's life, given that the school had control over the child over the most recent four years of that 9-year-old child's life. Children entering public schools often find themselves in groups of 20 to 30 children with a single teacher. Their families are not encouraged to continue their role as a partner with their child's public school teacher. Meeting the needs of the whole child is not seen as the mission for the public school. As supports drop off, gains logically dwindle.

Another possibility is intertwined into this period. It is well understood in the literature that young children (and by the way successful adults) learn by exploring. They ask questions of the adults around them and ask and answer questions of themselves as they explore their environment. Research has indicated that children may ask up to 100 questions a day. Healthy young children have a natural curiosity that drives their learning. As they hit formal education, the number of questions they ask declines rapidly. Our belief is that this represents the *dampening effects that come from standardized approaches to education that shift the locus of control over what is being learned from the student to the teacher, and to an increasing degree, the standardized tests that loom in the future for both child and their teacher*. This rapid shift from learner-centric learning to teacher-centric education could be considered a "cliff effect" since it moves so rapidly. Public education could not be better designed to suppress creativity.

We also need to determine whether the easily measured cognitive aspects of the child are what truly matter above all else. We know very well that we need to move education away from the accumulation of facts and knowledge, which are available online instantaneously, to critical thinking skills that support creativity and innovation. In 2010, IBM financed the IBM 2010 Global CEO Study, a poll of 1,500 CEOs from 60 countries and 33 industries that identified the most important factor for future success in employees as creativity. We need to be sure that we are measuring what matters most for the future. In two of our books, we cited a story that came from an interview with hockey great Wayne Gretzky. When asked his secret to success in hockey, he answered, "skate to where the puck is going to be." In many ways, our public education system is skating to where the puck *used to be* as it deepens its focus on memorization and knowledge storage in a world that requires creativity, innovation and the ability to work with others to create solutions to ever-changing challenges. We need to measure life-relevant skills.

3. How well does Head Start change lives on a long-term basis? Evaluating the impact upon life...

The most important challenge that Head Start's creators addressed 50 years ago as they invented Head Start was success in life. Historically, children raised in poverty had much higher rates of enrollment in special education; higher dropout

rates from school and high rates of teen pregnancy and incarceration. *Head Start was created to intervene into and change the trajectory of the lives of these children so much at risk.*

Measurement of this impact upon a young child's life requires specialized longitudinal research. Longitudinal research in this context requires identifying young children entering a program such as Head Start and then establishing the capability to track their progress over upcoming decades.

Longitudinal studies of the work of quality early childhood programs were launched as early as 1967. The research tracking two groups of 58 children, one with a strong preschool experience and the other without such experience, tracked children at the Perry Preschool Project in Ypsilanti, Michigan, which operated from 1962 to 1967. Project staff collected data annually on both groups from ages 3 to 11 and again at ages 14, 15, 19, 27, and 40, with a missing data rate of only 6% across all measures. At 40 years of age, the results of this investment were stunning, with longitudinal results demonstrating a $195,621 public benefit for $15,166 invested in a child. Modest investment in a top-quality program results in increased graduation rates from high school, increased rates of employment, increased median income, reduction in teen pregnancies, and increased home ownership. Many more made the transition from dependency on public assistance to economic independence.

Dr. James Heckman, Nobel Prize-winning economist from the University of Chicago, has examined this High/Scope Perry Preschool, the Abecedarian Project, and the Chicago public school programs and declared there is no other investment of dollars that creates a higher and more predictable return on investment. He identified a return on investment in excess of $7 for each dollar invested in the programs covered in the longitudinal research that he studied.

Head Start's success must be measured. These measures must be used to further strengthen the already powerful outcomes of the work we do with young children and their families. They must be used to ensure that federal expenditures continue to be *investments*, which demonstrate both strong returns economically and the creation of better citizens for our country. Ten percent of all Americans have now attended Head Start. We want to continue to improve our quality to better deliver on the promise that any child can succeed in America!

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Quality Early Childhood Education: Enduring Benefits.

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Disadvantaged children who receive quality early childhood development have much better education, employment, social and health outcomes as adults, the vast majority of research shows. Unfortunately, this good news is getting lost in the current obsession over third-grade test scores. This is the case with the recent debate around the new Vanderbilt study on the Tennessee pre-K program. Opponents and proponents of early childhood education alike are quickly turning third-grade assessments into a lopsided and deterministic milestone instead of an appropriate developmental evaluation in the lifecycle of skills formation.

There is a reoccurring trend in some early childhood education studies: disadvantaged children who attend preschool arrive at kindergarten more intellectually and emotionally prepared than peers who have had no preschool. Yet by third grade, their math and literacy scores generally pull into parity. Many critics call this "fadeout" and claim that quality early childhood education has no lasting effect. Not so, and not by a long shot.

Too often program evaluations are based on standardized achievement tests and IQ measures that do not tell the whole story and poorly predict life outcomes. The Perry Preschool program did not show any positive IQ effects just a few years following the program. Upon decades of follow-ups, however, we continue to see extremely encouraging results along dimensions such as schooling, earnings, reduced involvement in crime and better health. The truly remarkable impacts of Perry were not seen until much later in the lives of participants. Similarly, the most recent Head Start Impact Study (HSIS) seemingly shows parity at third grade while numerous long-term, quasi-experimental studies find Head Start children to attend more years of schooling, earn higher incomes, live healthier, and engage less in criminal behavior. Considering this, it is especially

important that we see HSIS through before condemning Head Start.

The decision to judge programs based on third grade test scores dismisses the full range of skills and capacities developed through early childhood education that strongly contribute to future achievement and life outcomes. The success of an early childhood program ultimately comes down to what is being evaluated, and too many evaluate the wrong things. Too many measure only half the child, focusing on IQ and cognitive gains at the expense of social and emotional skills that are often stronger determinants of adult success. Conscientiousness, self-control, motivation, persistence and sociability have far greater influence on full-time employment, lifetime wages, health, family and social outcomes than IQ and cognitive skills. In fact, these skills facilitate better performance on achievement tests despite treated children performing no better on IQ tests.

Quality, persistence and the right measurements are essential to actualizing the promise of quality early childhood education to elevate the lives of disadvantaged children and families. The Abecedarian preschool program in North Carolina started at birth and provided parental education, early health, nutrition, and early learning up to age five. After over 35 years of follow-up study on the treatment and control groups it is the only early childhood program that permanently raised IQ and instilled greater character skills which, in combination, delivered greater returns in educational achievement, employment and, most importantly, health. At age 35, treated males had zero incidence of metabolic syndrome—a precursor to chronic disease—in stark contrast to 25% of males who didn't participate in the program. A 25% reduction in chronic disease is lifesaving *and* cost saving.

Research clearly shows that we must invest dollars not dimes, implement high quality programs, develop the whole child and nurture the initial investment in early learning with more K-12 education that develops cognition and character. When we do, we get significant returns in better education, health, social and economic productivity that more than pay for the cost of quality early childhood programs. Yes, quality early childhood education is expensive, but we pay a far higher cost in ignoring its value or betting on the cheap.

[Whereupon, at 12:05 p.m., the committee was adjourned.]

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