



Testimony of

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Chairwoman Mikulski, Ranking Member Burr, and members of the Subcommittee, I am pleased to appear before you to discuss investments that the Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) is making to promote early childhood development and support working families. Recognizing that children's early experiences are critical in shaping the foundation for their long-term health and education, early childhood development is one of Secretary Sebelius' highest priorities, so we are especially appreciative that you are holding this hearing today.

Over the past 2 years, ACF has developed a more integrated early childhood unit that has become a focal point for early childhood activities at the Federal level. ACF not only provides oversight to the two largest Federal programs, Head Start and the Child Care and Development Fund, but we are engaged in a series of interagency efforts within HHS and with our colleagues at the Department of Education that provide a unique model of collaboration within the Federal government. To describe our agency's successes further, I would like to focus my remarks today on three topics. First, I will highlight why investments in the early years are so important. Second, I will describe some of the core investments we are making in early childhood. Finally, I will discuss our efforts to improve quality to better achieve results.

Investments in the Early Years Lay the Foundation for Success

Ten years ago, the Department of Health and Human Services (in collaboration with other Federal agencies and private funders) funded the National Academies to produce From Neurons to Neighborhoods, a seminal report on early childhood development. The most important findings from this comprehensive synthesis of the science of early childhood development are that brain development is most rapid during the first 5 years of life, and that early experiences matter for healthy development. Evidence continues to mount demonstrating how children's earliest experiences provide a foundation that can have a profound influence on their later success. Nurturing and stimulating care given in the early years of life literally builds optimal brain architecture that allows children to maximize their enormous potential for learning. On the other hand, hardship in the early years of life can increase the odds of towards later problems. Interventions in the first years of life are capable of helping to shift the odds for those at risk of poor outcomes toward more positive outcomes. Because of the relationship between early experience and later success, investments in high quality early childhood programs can pay large dividends.

Cost-benefit analyses have been conducted for a number of early childhood programs, and while the specific numbers vary depending on the method used to calculate them, all find that high quality early interventions pay off. For every

dollar invested in these high quality early interventions, there was a long-term return on that investment.

These investments are most critical for disadvantaged children and families – the families ACF and our state and local partners serve in Head Start and child care assistance programs.

High quality early care and education programs support school success and positive outcomes for children promoting long-term productivity in the next generation's workforce. We cannot win the future without ensuring that every child reaches his or her full potential – and to do that, we need every child to start kindergarten ready to succeed. Finally, early care and education programs also have an important economic impact. By providing safe, supervised settings for young children, programs allow parents to work - and look for work during temporary periods of joblessness. In addition, many States and communities have conducted studies and discovered that the early care and education sector has an economic impact that can be as valuable as many other sectors. This economic effect comes not only through direct employment of early care and education teachers, but also from the goods and services that child care providers purchase.

Early Childhood Programs in the Administration for Children and Families

As you will hear this morning, both the scientific and economic case for investing in the early years is strong. Our job in the Administration is to move forward with policies that build on this evidence. In order to assure that children grow up healthy, happy and successful, we have established a set of principles that guide our work. These include: focusing on the continuum of development from prenatal to age 8, adopting early learning and development standards, improving quality standards in early childhood programs, developing a comprehensive assessment system, coordinating uniform data collection, supporting the workforce so it can deliver high- quality programs, promoting the importance of families as a core element in quality programming and in their children's overall development, addressing the health needs of children, and making sure that we address the needs of the most vulnerable.

HHS administers a set of programs that affect the healthy development of young children and support families. The early childhood programs administered by ACF are designed both to provide enriching early childhood experiences that promote the long-term success of children and to assist low-income working parents with the cost of child care. Creation of my position as Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development was a first step in the Department's vision to better align our early childhood

programs. The interagency work includes stronger linkages with the health side of HHS and bold new initiatives with the Department of Education.

ACF administers both the Head Start Program and the Child Care and Development Fund and co-administers with the Health Resources and Services Administration (HRSA) the Maternal and Infant and Early Childhood Home Visiting Program. And, result of language included in the Full-Year Continuing Appropriations Act, 2011, we are now jointly administering the Race to the Top -- Early Learning Challenge with the Department of Education.

Head Start

Head Start promotes school readiness for children, ages three to five, in low-income families. Head Start programs also promote school readiness through the provision of educational, nutritional, social, and other services to enrolled children and families. Programs actively engage parents in their children's learning and help parents make progress toward their own educational, literacy and employment goals. The Office of Head Start (OHS) provides grants to 1661 local public and private non-profit and for-profit agencies to provide Head Start and Early Head Start services to meet the needs of local communities. The size and structure of these agencies vary widely from a program serving 20 children in an Alaska Native village to a large metropolitan school district serving more than 20,000 children.

Early Head Start (EHS), launched in 1995, provides support to low-income infants, toddlers, pregnant women and their families. EHS programs enhance children's physical, social, emotional, and intellectual development; assist pregnant women to access comprehensive prenatal and postpartum care; support parents' efforts to fulfill their parental roles; and help parents move toward self-sufficiency.

The Recovery Act included \$2.1 billion to expand Head Start and Early Head Start, support investments in teachers, classroom materials, and quality services and establish State Advisory Councils on Early Childhood Development and Education. With this historic investment in early childhood education, Early Head Start programs increased the number of children served by 48,000 infants and toddlers and 13,000 three and four year olds.

In total, more than 965,000 children and families are receiving comprehensive services, including early care and education, health, nutrition, disability services and a range of other family supports this year. The President's FY 2012 budget for Head Start of \$8.1 billion would maintain services for these children and support critical quality improvements to maximize the effectiveness of the investment in Head Start. Even with the historic expansion under the Recovery Act, Early Head Start serves less than five percent of poor infants and toddlers

across the country are receiving services. Head Start serves less than half of poor three- and four- year olds.

Results from the Head Start Family and Child Experiences Studies (FACES) (1997, 2000, 2003, 2006, and 2009) document that, on the whole, children enter Head Start at a great disadvantage in terms of school readiness skills compared to their more economically advantaged peers. The FACES studies show that the gap is diminished, but not eliminated, as children enter school. Nonetheless, there is considerable evidence that Head Start makes a difference in the life course of disadvantaged children.

The Head Start Impact Study (HSIS), which randomly assigned children to Head Start or community services as usual, found that, at the end of one year in Head Start, children in the Head Start group had better cognitive skills and younger children had fewer behavior problems than children in the non-Head Start group. Despite these early gains, by the end of first grade, overall, children in the Head Start group had similar levels of achievement as children assigned to the comparison group.

Although effects of Head Start were not evident in first grade on traditional measures of children's achievement, there were positive differences in other areas. For instance, Head Start children received a broader range of health, parent, and family social services than the control group children. Head Start

children had higher rates of health insurance coverage into first grade and were 15 percent more likely to receive dental care. Additionally, after one year in Head Start, parents reported participating in more educational activities (i.e., read to child, family cultural enrichment) with their children, and parents of children who entered as 3-year olds were less likely to use physical discipline.

It is also important to note that there were benefits into early elementary school for some groups of children. By the end of first grade, children in the 3-year-old Head Start entry group had closer and more positive relationships with their parents. In addition, a number of gains persisted for certain subgroups of children, including children who were dual language learners, children in higher risk families, and children with special needs.

A rigorous random-assignment evaluation found that at the end of the program, Early Head Start was effective in improving outcomes for children across all areas of development studied—cognitive, language, social emotional, and health—as well as parenting and family self sufficiency. Impacts were especially strong for African Americans, families who entered during pregnancy, those programs that had the potential to provide both center- and home-based services, and those programs that were fully implementing the Head Start Program Performance Standards. The research found the potential for long term impacts as well. Two years after the end of the program, positive impacts remained for children’s social emotional development and for many parenting

outcomes. Both short and longer term outcomes depended on what experiences children had after leaving Early Head Start.

It is important to remember that there is a large body of research on Head Start, in addition to these impact studies that were undertaken by the Department. A number of studies, taking advantage of longitudinal data sets such as the National Longitudinal Study on Youth or the Panel Study of Income Dynamics, have found long-term effects of Head Start for children who participated in Head Start when compared to siblings who did not. Head Start children were less likely to be retained in grade or receive special education services by the time they were 14 (Currie & Thomas, 1995; Deming, 2009). Additionally, a random sample of children who attended Head Start between 1988 and 1990 performed better on an index of adult functioning that considered educational attainment, employment, teen parenting, criminal behavior, and health outcomes (Deming, 2009), while some groups were more likely to complete high school and attend college or less likely to be charged with a crime or become obese during childhood (Frisvold, 2006; Garces, Thomas, & Currie, 2002). At least one of these studies also found a long-term increase in cognitive test scores (Currie & Thomas, 1995). There is also a growing body of research demonstrating effective strategies for improving Head Start and other early care and education programs through curricular enhancements, professional development for teachers, and other key supports (for example, research by Pianta, Bierman, Fantuzzo, Raver, and others).

Evidence indicates that Head Start helps get our most vulnerable children ready for kindergarten. However, we can and must strengthen the program and raise the bar on quality. Our efforts on this front are discussed below.

The Child Care and Development Fund

The high cost of child care presents real barriers to work for low-income parents and limits their ability to access high quality care. The average annual price of care for an infant in a center ranges from \$4,550 in the least expensive State to \$18,750 in the highest (National Association of Child Care Resource and Referral Agencies, 2010).

The Child Care and Development Fund (CCDF) program plays a critical role in assisting low-income working parents with the cost of child care, as well as improving the quality of programs to promote the long term success of disadvantaged children. Investments made in the CCDF program are especially important because they have a two-generational impact. Low-income parents need access to child care in order to work and gain economic independence and low-income children benefit the most from a high quality early learning setting.

The first part of the investment from CCDF is to support financial assistance to families to reduce the burden of high child care costs. In 2009, the program

provided subsidies to 1.6 million children each month. Nearly half of the families receiving subsidies had incomes below the poverty level (which was \$18,310 for a family of three in 2009), and only 15 percent had incomes above 150 percent of poverty. Approximately 75 percent of families receiving assistance were working; the remaining families were enrolled in training and education programs leading to work, or to assist children in need of protective services. CCDF also leverages child care investments from the Temporary Assistance for Needy Families (TANF) program and other funding streams, resulting in financial support to make child care more affordable for a total of 2.5 million children each month. However, even counting these additional investments, only 1 in 6 federally eligible children actually receives assistance – leaving many families that are forced to choose lower quality care, quit their jobs, leave their children unsupervised, or make other untenable choices.

The second, and equally important part of the investment from CCDF, is in improving the quality of child care. States spend \$1 billion annually in CCDF funds to support child care quality improvement – on average, nearly three times the 4 percent required by law. CCDF quality investments result in better learning environments and more qualified caregivers in child care settings across the country. In many States, CCDF is the primary funding source for infrastructure and systemic reform that supports quality improvement—such as Quality Rating and Improvement Systems to help programs meet higher standards and provide parents with critical information about the quality of their

child care choices. In addition, States are focusing on professional development for caregivers, creating career pathways leading to higher levels of qualifications, professional recognition, and better compensation. These investments benefit millions of children nationwide—not just those receiving child care subsidies.

Congress significantly increased funding for the Child Care Development Fund through the Recovery Act to meet the needs of low-income families during the recession. That funding helped support child care assistance as well as critical quality improvement efforts. However, as States exhaust their Recovery Act funds and continue to struggle with lower revenues, many are scaling-back services and reducing investments in quality. We are concerned about some of the cuts we are hearing about throughout the country and hope that as the economy and States' revenues improve, States will once again invest in these important efforts.

The President's budget request provides a \$1.3 billion increase for the CCDF program, for a total of \$6.3 billion in FY 2012, and would support services to approximately 1.7 million children. This investment would not only expand access, but it would support new quality investments that can help improve quality for all children in care.

Maternal, Infant and Early Childhood Home Visiting Program

I would like to briefly discuss the Department's efforts with the Maternal, Infant, and Early Childhood Home Visiting Program to implement the Home Visiting program, another example of the President's commitment to targeting funds towards evidence-based approaches while also spurring – and evaluating – continued innovation. In a little over a year since enactment of the Affordable Care Act, we have made great strides implementing the program. The FY 2010 programs are well underway and the FY 2011 funding opportunity announcements are being issued, with a competitive announcement issued on June 1 and a formula announcement forthcoming. Most of the increase in funding in FY 2011 as compared to FY 2010 (the FY 2011 allocation is \$250 million, compared with \$100 million in FY 2010) will be awarded through this competitive process. Technical assistance is being provided to all grantees to support their planning and implementation activities and the Secretary's Advisory Committee on the National Evaluation was convened to inform the design of the evaluation and a request for proposals for the national evaluation has been issued.

ACF and HRSA continue to collaborate on the implementation of the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, drawing on the important work both agencies do to support healthy child development through

programs such as HRSA's maternal and child health block grant and ACF's early education and child welfare programs.

Research has found that home visiting programs can have both short- and long-term effects on the well-being of children and families that participate in the programs. Each home visiting program is unique in the constellation of services it provides and in the ages of children and type of family it targets. As a group, home visiting programs can produce an array of positive outcomes, including improvements in child and maternal health, child development, and school readiness; reductions in child maltreatment; increases in positive parenting practices; and improvements in family economic self-sufficiency.

Race to the Top Early Childhood Challenge

We are very appreciative of Congress for including, in the FY 2011 CR, \$700 million for Race to the Top and for adding "Improving Early Childhood Care and Education" as a core goal. On May 25, 2011, U.S. Secretary of Education Arne Duncan and U.S. Secretary of Health and Human Services Kathleen Sebelius announced that the Administration plans to use approximately \$500 million of the FY 2011 Race to the Top funding for a major competition in support of bold and comprehensive State plans for reforming early learning and development programs to close the school readiness gap.

This competition, the Race to the Top-Early Learning Challenge (RTT-ELC), jointly administered by the Departments of Education (ED) and Health and Human Services (HHS), will not mean another program or more bureaucracy. It will award grants to States that show the most promise in narrowing the school readiness gap by aligning existing programs and resources more effectively and making key reforms to improve quality across programs.

Specific competition requirements, priorities, and selection criteria are still under development. However, consistent with the statute, applicant States will need to take actions to:

- Increase the number and percentage of low-income and disadvantaged children in each age group of infants, toddlers, and preschoolers who are enrolled in high-quality early learning programs;
- Design and implement an integrated system of high-quality early learning programs and services; and
- Ensure that any use of assessments conforms with the recommendations of the National Research Council's reports on early childhood.

Because high quality early childhood education spans the ages of birth to age 8 and involves the transition of children from early childhood programs into our nation's schools, we look forward to continuing the historic collaboration between the Department of Health and Human Services and the Department of Education.

Other Interagency Initiatives

Secretary Sebelius has charged all of us at HHS to seek out collaborations within the Department and with other Departments where those collaborations can improve outcomes and make our efforts more effective. The following are just some examples of those efforts:

The Office of Head Start and the Office of Child Care have joined forces with the Department of Defense as part of a Military Family Federal Interagency Collaboration. This collaborative effort is focused on increasing the availability and quality of child care in 13 States for military families, especially those families not near military bases or not having easy access to other military child care supports.

- Asset/Financial Stability for Families with Young Children is a special ACF initiative stressing the importance of family financial stability in the development of young children. Through this initiative, ACF seeks to explore new opportunities for ensuring that those involved in early care and education services – providers and families with children – have access to financial education, Individual Development Accounts (IDAs) and other asset building strategies.
- In 2009, ACF established an early childhood child welfare partnership among federal agencies to increase communication, coordination, and collaboration among early childhood and child welfare systems at the

Federal, State, and local levels. This partnership promotes increased access, participation, and attendance in high quality early learning and development programs and maximizes program continuity for young children, especially those first being placed in foster care, changing placements, and/or reunifying with their families.

Efforts to Improve Quality to Better Achieve Results

Across all of our programs, our goal has been to assure young children are healthy, happy and successful from their earliest years and as they transition into school. Nothing is more important to achieving this goal than our efforts to improve the quality of the services provided.

There is much that we already know about what makes for high quality early childhood programs. For example, research indicates that better child outcomes are associated with high quality adult –child interactions. Specifically children need teachers and caregivers who are sensitive and responsive and who provide language rich, stimulating environments and opportunities. Relatedly, evidence increasingly demonstrates the connection between the quality of implementation of evidence-based practices and the outcomes that are obtained highlighting the necessity of ongoing professional development.

Within our new interagency structure, the Office of Head Start and the Office of Child Care have been working together to better align their programs. This has included regular meetings with the leadership of both offices, as well as targeted meetings across policy divisions and training and technical assistance divisions. This has resulted in a plan for a more coordinated technical assistance system, better alignment of policies and a special project to use Early Head Start as a hub of comprehensive services for family child care. In addition, efforts have been made to better integrate ACF's research agenda and projects across early childhood.

Head Start

Ongoing quality improvement of every Head Start program is a key element of the Administration's education agenda, which is designed to help every child meet his or her full potential and make our country more competitive. Almost one million children depend on the Head Start program, and they all deserve to be in settings where program activities are engaging and developmentally appropriate, and promote increased vocabulary, early literacy, early math, problem solving, and healthy social, emotional and physical development. The challenge is ensuring that more programs are of the highest quality and produce the results we know are possible. Head Start children and families deserve the best services we have to offer, and we are taking aggressive steps to meet our commitments to them.

As the Department laid out in *Roadmap to Excellence in Head Start*, we have designed quality improvement initiatives that use the latest evidence on promoting positive, sustained child outcomes. These comprehensive quality initiatives build on those called for in the December 2007 Head Start Reauthorization Act, and include:

- raising the standards to which Head Start programs are held;
- fully engaging families in their child's development and learning;
- raising teacher qualification requirements;
- providing better training to teachers and other Head Start professionals, focused on bringing current research and the best available evidence-driven strategies for early child development and education directly into Head Start programs;
- improving monitoring of Head Start programs to ensure that evidence based methods are being implemented; and
- requiring low-performing grantees to compete for Head Start funds.

In all of these efforts we are using research to focus on what matters most to children's development. One example of how we are using evidence to improve quality is our use of the Classroom Assessment Scoring System (CLASS), a research based observational instrument to assess classroom quality that was developed by researchers at the University of Virginia. The CLASS focuses on the multiple dimensions of teacher-child interaction that are linked to positive

child development and later achievement. Since teacher-child interactions are such an important measure of quality, HHS has provided CLASS training to every Head Start program across the country and is utilizing CLASS in Training and Technical Assistance and in the monitoring of Head Start programs.

OHS also is enacting stronger accountability provisions to ensure that grantees meet expectations. We expect to move forward with the implementation of the Designation Renewal System this year when we issue a final rule. For the first time, Head Start programs that do not provide high-quality services will be forced to compete for continued funding. Under the proposed rule, grantees will be evaluated based on criteria that look at measures of classroom quality, health and safety, financial management, and program management. Programs that fail to meet any one of the standards will be required to compete for continued funding. We have proposed that the lowest performing 25 percent of programs reviewed, at a minimum, have to compete.

Requiring low performing Head Start grantees to compete for funding will represent a historic step towards accountability and quality control in Head Start. We understand that some are concerned about this change and the number of grantees that could be impacted. However, the Administration is deeply committed to funding only high performing grantees and conducting effective and rigorous competitions to provide quality services for all Head Start children and families.

Head Start has strengthened its Training and Technical Assistance system to provide enhanced evidence based support to programs in their delivery of quality services to children and families. The new system consists of six National Centers functioning as a team to provide consistent information across service areas, a network of State technical assistance providers, and direct funding to grantees. The Centers will communicate “best practices” and provide content-rich, usable, practical resources and information to grantees. The Office of Head Start also has funded ten Centers of Excellence to showcase promising models of high quality early childhood service delivery across the country.

Finally, we have taken strong steps to ensure program integrity. Specifically we have enhanced current monitoring procedures by partnering with the HHS Office of Inspector General and conducting 174 unannounced monitoring visits to Head Start and Early Head Start programs, setting up a fraud hotline, and proposing new regulations to strengthen the eligibility verification processes.

Child Care

Our focus in the child care program is on raising the quality of care across the country. A large body of research has linked the quality of child care and early education programs to children’s developmental outcomes, especially for children from low-income households and with multiple risk factors. The most

recent findings from the National Institute of Child Health and Human Development study of child care found that the quality of child care that children received in their preschool years had modest but detectable effects on their academic success and behavior into adolescence.

In addition, new research findings indicate that the quality of interactions between children and adults in child care and early education programs, especially those interactions focused on supporting children's progress in specific developmental domains, are most predictive of children's developmental outcomes at the end of preschool (Zaslow et al., 2011).

Despite the importance of quality, the research and data available indicate that the quality of our Nation's child care, on average, is inadequate to support children's learning and development to help them succeed in school and in life, and in the worst cases is harmful to children's basic health and safety. Too often State-established standards are not high enough to ensure the health and safety of children; they do not apply to many settings in which young children are cared for; and monitoring to ensure compliance with standards is not adequate.

We are addressing this inadequacy by improving the Child Care Program in the following ways:

First, the Child Care and Development Block Grant is long overdue for reauthorization and the Administration has put forward principles for reform the program and promote quality as envisioned in the following core principles:

- **Improving Quality** – Reauthorization should establish a foundation that will assure health and safety in child care and a systemic framework through which States can improve the quality of child care by increasing the share of dollars dedicated to quality improvement. Increased quality funding will support stronger State health and safety standards, the implementation of Quality Rating Improvement Systems that set standards of excellence and help programs meet higher standards, and professional development systems to improve the qualifications of child care teachers.
- **Expanding Access** – Increased funding will support services to 1.7 million children, approximately 220,000 more than could be served without additional funds.
- **Promoting Continuity of Care** – Our reforms would establish longer eligibility periods for families receiving child care to minimize disruptions for children and to support parent employment and reemployment.
- **Ensuring Program Integrity** – We propose to invest in regional and State capacity to improve program integrity and provide technical assistance to States on reducing waste, fraud, and abuse.
- **Streamlining Resources for Early Childhood Development Programs** – We will facilitate coordination of funding streams at the State and local

level and remove barriers to collaboration so that States and communities can better address the comprehensive needs of children from zero to five.

Second, we are moving forward on several administrative reforms by developing mechanisms to measure and report on efforts to raise quality. We have proposed a revision to the Child Care and Development Fund Plan application that would redesign the child care quality section to focus on the components of a strong child care system: health and safety requirements, early learning guidelines, quality improvement systems for programs, and professional development and workforce initiatives. The new Plan application will for the first time require an annual progress report - the Quality Performance Report - which will collect data on child care quality activities and quality outcomes.

Third, we are redesigning and improving the child care technical assistance network to specialize in core areas, including three new National Centers which are focused on child care quality improvement systems, professional development systems and workforce initiatives, and subsidy administration and program integrity. The Office of Child Care's redesigned technical assistance (TA) network will align with TA efforts of the Office of Head Start in order to support quality improvement at the State systems level that links with enhancements at the local program level.

In coordination with overall HHS efforts, ACF technical assistance has also extended to incorporate emergency preparedness and response activities, with a key focus on child care. In February of this year, the Office of Child Care published the first comprehensive Federal guidance to States on how to plan for the continuity of services during a disaster and work with child care providers to prepare for emergencies. ACF has worked closely with FEMA, the National Commission on Children and Disasters, and non-governmental and voluntary organizations to widely distribute this guidance and other best practices. These efforts have begun to pay off – ACF is one of several partners to establish a child care taskforce to help respond to the tornado disaster in Joplin, Missouri.

Through this partnership we are working to ensure the State and community are able to access the assistance they need to ensure children are in safe and protective environments as parents make efforts to rebuild their lives.

Finally, we are working with CCDF grantees to ensure that all program funds are used to the benefit of eligible children and families. Our efforts to strengthen program integrity focus on reducing administrative errors and preventing, detecting, and eliminating fraud. Recently, we issued stronger policy guidance to grantees advising them of how to prevent waste, fraud and abuse without creating access barriers for eligible children. We are working with States to conduct triennial case record reviews to identify and reduce administrative errors in the CCDF program. We will be providing States with a self-assessment instrument that will help them better analyze risk and strengthen internal controls

to prevent improper payments. Further, we will be issuing a revised version of a guide for child care administrators which covers key considerations that program officials should take into account when building automated systems to reduce improper payments.

Taken together, these reforms would help transform the Nation's child care system into one that provides safe, nurturing care that fosters healthy child development, promotes future academic success, is focused on quality improvement, ensures integrity of funds, and supports parental employment.

These efforts are key elements of the Administration's broader education agenda designed to help every child reach his or her potential and improve our Nation's competitiveness.

Conclusion

Our nation's competitiveness depends on ensuring that every child is able to reach his or her full potential. And, early childhood programs have a critical role to play in this effort.

We are excited about the agenda I have shared with you today and are convinced it will lead to real results in healthy child development, school readiness, school achievement, and adult success. This Subcommittee plays a

critical role in our reform efforts and we look forward to continuing to working with you on the reform agenda outlined in the President's FY 2012 budget, including on the reauthorization of the Child Care and Development Block Grant Act, which celebrated its 20th anniversary last year.

I appreciate the Subcommittee's support for early childhood programs and the opportunity to address you today. I would be happy to answer any questions.