

**EXAMINING QUALITY AND SAFETY IN CHILD
CARE: GIVING WORKING FAMILIES SECURITY,
CONFIDENCE AND PEACE OF MIND**

HEARING

BEFORE THE

SUBCOMMITTEE ON CHILDREN AND FAMILIES
OF THE

COMMITTEE ON HEALTH, EDUCATION,
LABOR, AND PENSIONS

UNITED STATES SENATE

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FIRST SESSION

ON

EXAMINING QUALITY AND SAFETY IN CHILD CARE, FOCUSING ON GIV-
ING WORKING FAMILIES SECURITY, CONFIDENCE, AND PEACE OF
MIND

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EXAMINING QUALITY AND SAFETY IN CHILD CARE: GIVING WORKING FAMILIES SEC- URITY, CONFIDENCE AND PEACE OF MIND

THURSDAY, SEPTEMBER 8, 2011

U.S. SENATE,
SUBCOMMITTEE ON CHILDREN AND FAMILIES,
COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS,
Washington, DC.

The subcommittee met, pursuant to notice, at 10:25 a.m. in Room 216, Hart Senate Office Building, Hon. Barbara Mikulski, chairman of the subcommittee, presiding.

Present: Senators Mikulski, Casey, Hagan, Franken, Bennet, Blumenthal, and Burr.

STATEMENT OF SENATOR FRANKEN

Senator FRANKEN. This hearing will come to order. The Chair, Senator Mikulski, is stuck in traffic. So I'm going to get it started, but she'll be here momentarily.

I want to thank the witnesses for being here today on this extremely important topic, which is on early childhood education and care, and it's something that I know that our Ranking Member, Senator Burr, cares about a lot.

And why don't I pass it off to you? If you have any statements you'd like to make, please do.

OPENING STATEMENT OF SENATOR BURR

Senator BURR. Well, I thank my colleague, and I look forward to the Chair's arrival. I apologize for the weather to our guests from all over the country, but occasionally this happens. And I know that Maryland was deluged last night, and the Chair has to drive in from Maryland, so I'm sure she's been taking some alternative routes.

If I could, in her absence, let me talk about the Child Care Protection Act of 2011. This is a bill that Senator Enzi and I have introduced and the Chair has graciously co-sponsored. It's one of many proposals for CCDBG reauthorization related to quality and safety that I believe this subcommittee, the committee and the Congress needs to consider. We'll hear about another one from Senator Casey, who is just arriving.

As we discussed at our last hearing, CCDBG has not been reauthorized since 1996, and there are critical, commonsense changes needed to ensure that infants and toddlers receive high-quality care in a healthy and safe environment, and I want to stress high

quality in a safe environment. Far too many kids in this country are in child care subsidized and paid for by the Federal Government that is not safe, healthy, or of general good quality.

While it's important for working parents to have the access to child care, what's more important is to have access to quality child care. One of the more commonsense changes that I propose is a background check. When parents leave their children in the care of someone else, they want to know that their children are in a safe place. Parents shouldn't have to worry that they might be dropping their children off to be cared for by someone who has been convicted of a violent crime.

Although a recent survey found that 95 percent of parents with children under 5 support a background check for child care providers, and 85 percent of parents assume that the child care providers have gone through a background check or they wouldn't be there working with children, only 10 States require that child care providers complete a comprehensive background check, State and Federal fingerprint checks, as well as comparing individuals' names against sex offender lists and child abuse and neglect registries.

The Child Care Protection Act would institute a comprehensive background check for child care providers to assure parents that their children are being taken care of by quality individuals in a safe environment. Let me just highlight for a second for my colleagues some of the pieces that are found in this Act.

It requires States that receive funds under the Child Care and Development Block Grant program to conduct comprehensive background checks, State and Federal fingerprint checks, sex offender registry checks, and a check of child abuse and neglect registry for all licensed, regulated, or registered providers.

It makes individuals ineligible to be employed by a child care provider, operate a family child care home, or receive child care subsidies if such individual refuses to consent to a background check, makes false statements in connection with a background check, is registered or required to be registered on a State sex offender registry, or has been convicted of a violent crime, including child pornography, spousal abuse, a crime involving rape or sexual assault, kidnapping, arson, or physical assault, battery, or other drug-related offenses committed within the last 5 years.

It requires that background checks be processed as expeditiously as possible, and restricts fees to the actual cost or less to the State for the administration of background checks.

It requires complete background checks to be repeated every 5 years, and it requires States to have an appeals process in place by which a child care staff member may appeal the results of a criminal background check to challenge the accuracy or completeness of the information contained in the individual's criminal background report.

It becomes effective 2 years after the enactment of this Act.

It's very straightforward and I think easy to understand what we're getting at. We're trying to bring the uniformity across the country of the need to police better those who work in child care facilities and to give that ultimate assurance to every parent that if there are Federal funds involved, then the individuals who have

worked there have been thoroughly vetted and checked. And I would hope that my colleagues unanimously would support this Act.

And with that, I will conclude, as I see our illustrious chairwoman entering the room, and I'm sure she will have some remarks to make. Welcome.

OPENING STATEMENT OF SENATOR MIKULSKI

Senator MIKULSKI. Good morning, everybody. Sorry I'm late.

Senator Franken, thanks for kicking off the hearing.

I'm going to catch my breath a minute.

Senator Casey, I know you're going to have some ideas to present. But first, I understand that they're evacuating 100,000 people from Wilkes-Barre, so I know you've got a lot on your mind this morning, and our heart goes out to your constituents.

For those of us who are coastal Senators, we know what it's like to live through hurricanes and floods, and Minnesota has had its share, yes, earthquakes, etc. So this seems kind of a benign environment compared to what's going on.

Let me just say a few words, and I'll give my own statement a little bit later. I'm going to go right to you because I know you have another commitment and an emergency situation.

First of all, thanks for everybody coming, our experts and our colleagues. The purpose today is really on quality and safety and making sure that families have confidence and peace of mind when they turn to use child care, and I'm going to compliment my colleagues on their initiatives and the ideas in the legislation they've introduced.

Senator Burr and I have worked for some time on protecting vulnerable populations. I want to thank him for his contribution, on his idea on child safety and making sure that we really do the appropriate screening so no child is vulnerable in child care, and we look forward to seeing how we can incorporate that in upcoming legislation.

Senator Casey is a longstanding advocate of children. Every issue, he makes sure there's a children's focus as we look at it and has put a lot of thought into both the reauthorization of the Child Care and Development Block Grant, and also the emphasis on quality and safety.

Senator Casey, why don't we hear your ideas? We've heard Senator Burr's. Then we'd like to go to our distinguished panel, and hi to you. And then we can have just a general conversation. But if you need to go, I think we have an idea of where you want to go ahead; OK?

So, Senator Casey, why don't you proceed?

STATEMENT OF SENATOR CASEY

Senator CASEY. Madam Chair, thank you very much. We're grateful for this opportunity. We're also grateful that you got here. I was actually traveling similar roads last night, and it was bad last night. I can only imagine how bad it is today where you were, so thank God you're here.

I want to thank our witnesses for being here, and all of our colleagues. I know that Senator Mikulski, as the chair of the subcommittee, has had a determined focus on a number of issues that relate to children, especially today on this issue of child care. And I know that Senator Burr and Senator Franken, who started us off today, have similar concerns.

I think we're focused principally on one of our priorities, our children, and obviously their parents and their caregivers, because if we say we care about our kids, and as I've often said, every child is born with a light inside them, if that light is going to reach the full measure of its potential, then we've got to get a number of things right, and one of those, of course, is child care.

For the reasons that Senator Mikulski just outlined, if it's in a phrase, it's peace of mind, so that when a parent begins a relationship with a child care facility, that they can do that with the peace of mind to know that they'll be getting the kind of care they would hope to see, as if they were with their child every moment of the day and that that child is going to have the kind of quality early care and education that we should have a right to expect.

I'll just highlight one piece of legislation, and then we can move on. I have a bill called Starting Early, Starting Right, Senate bill 1155, and it basically focuses on four major areas.

First, the health and safety issues, obviously.

Second, access to child care and payments to providers. There's a whole series of provisions on that.

Obviously, third, quality, the quality of the care and the services provided.

And then finally, the workforce that we need to have in place to take care of our children.

So I think this issue of child care is a bipartisan concern. No matter where you turn, we have folks in both parties all across the country concerned about this as a major part of our workforce and as a major part of our ability to grow the economy of the United States of America, and this is one of the most important hearings we'll have, I think, on any issue that relates to children this year, and I want to thank Chairwoman Mikulski for bringing us all together.

Senator MIKULSKI. Thank you very much, Senator Casey.

This is the second of our hearings. The first one was about "do we get a bang for the buck?" In other words, we have to have a frugal government, and therefore our investments need to be very targeted, and we established that in early education and it was a terrific investment. Again, we like to be evidence-based and data-driven. Now we're onto quality and safety, and we want to get—and I think this is what Senator Burr and Senator Casey have talked about, and other of our colleagues have talked about—now we'd like to get ideas from our panel on what you think are the must-do list to ensure that we can ensure safety and quality, but also look at the budget realities, that we can't have every training program we'd like to have, but we need to have a must-do list than a should-do list and a we-would-like-to-do list. And if you could share your insights, your experience, your scholarship with us, it would be greatly appreciated.

I'm going to introduce Dr. Karolak, who represents, as the executive director, the Early Child Care and Education Consortium. This is an alliance of more than 7,500 early learning programs providing care and education to over a million children in all of our States and the District of Columbia. You led, Dr. Karolak, as I understand, the National Child Care Information Center, which was the largest clearinghouse and technical assistance program for early education care. And one of the questions I'll ask you later, I'll just tell you now, is that we had an excellent hearing where we reviewed also military child care for information purposes, and we know that they have a national hotline for individuals to report any issues related to safety violations or suspected child neglect or child abuse, because as much as we want to do inspections, they might be limited by the State to one a year. We're going to insist on inspections in whatever we do, but there's nothing like people being on the ground. So we need watchdogs.

You know, we all like to do hotlines, so that will be one of the questions I ask you. But I know that you've conducted policy research and fiscal analysis in the area of child welfare. So we'll look forward to having your testimony. And we'll just introduce everybody.

Senator Burr, did you want to introduce Dr. Bryant?

Senator BURR. I would be delighted to. Donna Bryant is the senior scientist at the Frank Porter Graham Child Development Institute at the University of North Carolina at Chapel Hill, one of the finest institutions in the country, I might add. That's tough for a Wake Forest graduate to admit, but given that two of my sons, both my sons graduated from Chapel Hill, I have to claim part of it.

Dr. Bryant has been at Frank Porter Graham for 33 years. Her current research focuses on the evaluations of quality indicators and quality rating and improvement systems. Over the years, Dr. Bryant has conducted studies on child care centers, family child care home visit programs and other programs that provide early intervention and prevention for at-risk children. She's done much of the evaluation work for the North Carolina Smart Start Program, which I know Senator Bennet is familiar with.

We are delighted to have you here today and to have your expertise and knowledge as part of this hearing. Thank you for being here.

Senator MIKULSKI. And then, Senator Bennet, Dr. Brantley.

STATEMENT OF SENATOR BENNET

Senator BENNET. Thank you very much, Madam Chair. I want to thank you and Senator Burr for your bipartisan commitment to ensuring that our children have access to safe and high-quality childcare. It's always such a pleasure to come to these committee hearings because of that.

I also want to thank you for bringing Charlotte Brantley to Washington to highlight some of the great work happening in Colorado on this topic. I've had the honor of working with Charlotte, and she's got a wealth of experience and great insights to share with the committee today.

Charlotte has dedicated her career to the field of early childhood development and education. She has a deep understanding of the Child Care and Development Block Grant, is a leading advocate, an incredibly skilled practitioner, and I'm so pleased to welcome her here today.

Charlotte runs the Clayton Early Learning Center in Denver. Last year Clayton was named a Center of Excellence by the U.S. Department of Health and Human Services. Clayton is part of the Denver Preschool Program, which provides parents with additional subsidies to attend high-quality child care centers like Clayton. I might add that it also enabled the Denver Public Schools in 1 year to go from serving 500 4-year-olds in early childhood education to 2,000 4-year-olds in early childhood education.

Clayton is a model in continuous improvement using research to identify the best practices and integrating them into the learning environment for the children and their Head Start and Early Head Start programs. Charlotte understands early learning policy options, and I hope you will enjoy her testimony. I apologize that I will likely have to step out for votes on the Banking Committee. But the one thing I can tell you about Clayton is that every one of us would be proud to have our children or grandchildren in that program, and that ought to be the standard we have for all the children across the United States.

Thank you, Madam Chair.

Senator MIKULSKI. Welcome. Dr. Karolak, we're going to go right with you and then work down. We know that many Senators wanted to come, but once the President announced his jobs speech today, everybody is doing double duty and triple time. So don't think that because they're not here—they're represented very well by their staffs, and I think there is a mood in this subcommittee for us to really try to form a bipartisan bill, and we look forward to your advice and counsel.

Doctor, do you want to kick it off?

**STATEMENT OF ERIC KAROLAK, Ph.D., EXECUTIVE DIRECTOR,
EARLY CARE AND EDUCATION CONSORTIUM, WASHINGTON,
DC**

Mr. KAROLAK. Understood. Thank you, Senator Mikulski, Senator Burr, Senator Franken, and other members of the subcommittee. It's a real privilege to be here with you today and to have the committee focused on the Child Care and Development Block Grant and possible reauthorization in the near term.

Those 7,500 centers enrolling nearly a million children in every State in the country share something in common. They share a common commitment to developing high-quality early learning programs at scale. However, my members represent only a small portion of the child care market, and quality varies widely in this diverse industry.

Just about every parent I've spoken with—rich, poor, urban, rural—anguishes whether they've found the right, the best arrangement for their child, and too often care bought with public subsidies is of lower quality than it should be. Still, for the families who receive this help, this assistance is nothing short of an economic lifeline.

Child care is a vital resource. Parents need child care in order to go to work, and children in care learn the skills they need to succeed in school and in life. This two-generation impact, benefits to the child and to the parent, helps our Nation stay competitive with a stronger workforce today and into the future.

It's impossible really to talk about one component of child care in isolation. Health and safety requirements are the foundation for quality, and quality has an impact on the cost of care, and cost affects affordability and access, and all of these are a function of the available public and private resources.

Since 1990, CCDBG has helped literally millions of Americans, low-income working families, pay for child care, but its requirements and funding levels have been limited. States are required to have health and safety regulations, yes, but standards specifically vary by State, and vary widely. And funding has not kept pace with the growth in demand or the rise in cost. Over the last decade, the number of children likely eligible rose, while the number of children helped through CCDBG actually fell. Today, only one in six eligible children receives assistance.

Stagnant funding has also dramatically eroded CCDBG's buying power. In 2001, 22 States reimbursed child care at the federally recommended level, which meant a parent with CCDBG could purchase care at three out of four providers in her community. Today, however, only six States reimburse at that level, and many pay far less, which means that parents are less able to access high-quality care, and participating providers have fewer resources with which to deliver it.

Now, the recession has affected squeezed family budgets, and we're beginning to see cuts at the State level. North Carolina's child care waiting list increased nearly 25 percent in the last year. In Maryland, Child Care Resource Network, a vital support for training and quality improvement, was cut by nearly 20 percent last year. Our members across the country have seen families lose child care assistance and reluctantly leave our programs to seek cheaper, lower-quality arrangements.

So this is the context as we examine ways to improve CCDBG. What can be done quite literally really depends on the resources that we are able to bring to bear in any reauthorization. With few resources, States could lengthen the eligibility period to 1 year and create different initial and continuing eligibility limits. This would improve continuity of care and provide an added measure of stability for families and providers.

With more robust additional funding, States could develop quality rating and improvement systems, which I understand the other speakers will speak to also. Although half of the States currently have quality rating and improvement systems, most do not adequately fund the cost to reach or maintain higher levels of quality. That will need to be addressed if the potential of quality rating and improvement systems is to be realized.

Other ideas along a kind of resource reform continuum include incentivizing quality and reimbursement policies. States should be required to raise rates over time at least to that minimum Federal recommended level so that parents have greater buying power in the marketplace.

Strengthening health and safety requirements and making them more uniform across States and among providers is important. We support basic child protection such as annual inspections and minimum pre-service and ongoing training requirements.

Moving toward requiring providers paid by CCDBG to meet minimum licensing standards. Unlicensed providers have become a large part of the subsidy system in a number of States, accounting for 1 in 5 children served overall. This is a long-term goal that will require new strategies and resources to address.

There is much that can be done if we commit ourselves. Pursuing any of these reforms without adequate funding will mean either the anticipated improvement will not materialize or that fewer children will be served and working parents will lose access to care, to that vital economic lifeline. We can't afford either of those options.

[The prepared statement of Mr. Karolak follows:]

PREPARED STATEMENT OF ERIC KAROLAK, PH.D.

Good morning, Chairwoman Mikulski, Senator Burr, and members of the Subcommittee on Children and Families. Thank you for inviting me to testify today on quality and safety in child care.

I am Eric Karolak, executive director of the Early Care and Education Consortium (ECEC), an alliance of America's leading national, regional, and independent providers of quality early learning programs. Consortium members operate more than 7,500 centers enrolling nearly 1 million children in all 50 States and the District of Columbia. Our members include private non-profit organizations and for-profit companies who offer full-day/full-year programs for children birth through age 12, State-funded prekindergarten, before- and afterschool programs, extended day, and summer programs in licensed centers with enrollments that reflect the rich diversity of our communities and Nation.

ECEC's members share a commitment to providing quality child development and early learning programs at scale—across the member locations of a State association, across the hundreds of centers of a modern corporation, across the affiliates of a national non-profit. Everything we do is devoted to assuring that the children in our care are happy and successful, and develop to their full potential as students, future employees, and citizens.

This commitment to quality shows in results from a recent survey of our membership,¹ which found that:

- six out of ten ECEC member centers surveyed were accredited or seeking accreditation;
- more than 70 percent of ECEC member centers participate in their State's quality rating and improvement system—more than a quarter at the highest quality rating possible;
- more than 60 percent of our lead teachers have 5 or more year's experience, and nearly one-third have 10 or more year's experience.

ECEC is the largest national organization of licensed child care centers; of centers participating in the child care subsidy program and in the Child and Adult Care Food Program; of community-based providers of State-funded prekindergarten; and of providers of employer-sponsored child care programs—all signs of the confidence public and private consumers place in ECEC's members as providers of high quality child care and early learning programs.

However, ECEC members represent only about 7 percent of the more than 110,000 licensed child care centers operating nationwide, and none of the nearly 200,000 licensed family child care homes, nor any of the countless unlicensed providers.² Quality varies widely in this diverse industry. And too often, the care that is bought with public subsidies is of lower quality than it should be. Still, for the

¹ECEC *Child Care Provider Survey 2009* (Early Care and Education Consortium, May 2011). Available online at <http://eececonsortium.org/ChildCareProvSurvey.pdf>.

²The 2007 Child Care Licensing Study (National Child Care Information and Technical Assistance Center and the National Association for Regulatory Administration, February 2009), pp. 8–9. Available online at http://www.naralicensing.org/2007_Licensing_Study.

families who receive help with the cost of child care, this assistance is nothing short of an economic lifeline.

Child care is a vital resource for America's families, our communities, and our Nation's future.

Parents need child care so they can go to work. With child care, families can get ahead because parents have the support and peace of mind they need to be productive at work. Children in child care learn and develop skills they need to succeed in school and in life. The most recent findings from the National Institute of Child Health and Human Development's study of child care show that the positive effects of high-quality child care on academic achievement and behavior in a child's early years last at least through adolescence.³ And numerous economic analyses detail the substantial return on investment expenditures on quality early childhood education and care have, up to a return of \$8 for each \$1 spent.⁴ This two-generation impact—benefits to the child and to the parent—helps our Nation stay competitive, with a stronger workforce now and in the future.

It's impossible to talk about any component of child care in isolation. Health and safety requirements are the foundation for quality. Quality has an impact on the cost of care, which affects program access and affordability. And all are affected by the available resources.

The child care market is in reality countless local markets with wide variations in the quality of care provided. Some local markets operate well, others imperfectly with resulting shortages or other dysfunctions. No matter the market, quality costs. Some parents enter these markets with college degrees, "9-to-5" jobs, and healthy incomes; others have fewer advantages, work non-traditional-hour jobs in our 24/7 economy, and live in underserved areas. Over the last 15 years, I've heard from many parents in a variety of socio-economic circumstances, from Philadelphia attorneys to Toledo factory workers, anguished about whether they've found the best possible child care arrangement for their child.

Since 1990, the Child Care and Development Block Grant (CCDBG) has helped literally millions of low-income working Americans pay for child care, care they otherwise might not be able to afford but which they need to work or to attend job training or educational programs. While CCDBG has helped low-income working families *afford* child care, its requirements and funding levels have been limited.

We all know that strong health and safety requirements are the foundation of quality programming, but at the time CCDBG was created States strongly opposed national standards in this area. States were required to have health and safety regulations, but what those requirements were was left to the discretion of the States. CCDBG also was designed to help States improve the quality of child care. States must spend at least 4 percent of their block grant award on activities that improve the quality of care. On average, States spend nearly 7 percent on these quality initiatives; along with additional funds targeted for other quality activities and improvements in infant/toddler care and school age care, State spending on quality activities in 2009 approached 1 billion or about 11 percent of CCDBG expenditures.⁵ New health and safety requirements, like new quality initiatives, will come with added costs to the States and to providers.

Over the last decade, Federal funding has not kept pace with the growth in demand or the rise in the cost of child care.⁶ As a result, during this period, the number of children living in low-income families that may be eligible for child care as

³ Vandell, D., Belsky, J., Burchinal, M., Steinberg, L., Vandergrift, N., & the NICHD Early Child Care Research Network. (2010). Do effects of early child care extend to age 15 years? Results from the NICHD Study of Early Child Care and Youth Development. *Child Development*, 81(3), 737–56.

⁴ Art Rolnick and Rob Grunewald, "The Economics of Early Childhood Development as Seen by Two Fed Economists," *Community Investments* (Fall 2007), pp. 13–14. This overview and numerous other works exploring the economic returns from investing in high quality early childhood programs are available from the Web site of the Minneapolis Federal Reserve Bank at http://www.minneapolisfed.org/publications_papers/studies/earlychild/.

⁵ Hannah Matthews, *Child Care Assistance in 2009* (Center on Law and Social Policy, March 2011), p.3. Available online at www.clasp.org/admin/site/publications/files/childcareassistance2009.pdf.

⁶ Base year funding for CCDBG has remained essentially flat since 2000. The American Reinvestment and Recovery Act of 2009 included \$2 billion in funds for the Child Care and Development Block Grant, but States have expended these one-time monies.

assistance rose while the number of children helped through CCDBG actually fell.⁷ Today, only one in six eligible children receives assistance through CCDBG.⁸

Stagnant funding has brought a dramatic erosion in the buying power of CCDBG, with hardships for families and participating providers. In 2001, 22 States reimbursed child care at the federally recommended 75th percentile of the State's market rate survey. In other words, in nearly half the States, a parent with CCDBG's assistance could choose to buy child care from three out of every four providers in her community. In 2010, only six States reimbursed at the 75th percentile, and many States pay far below that essential level.⁹ This dramatic reduction in reimbursement rates means parents are less able to access high quality care; providers participating in the subsidy program have fewer resources with which to deliver quality programming; and other providers are deterred from participating in the subsidy program.

And in the last few years, we've seen the impact of the economic downturn, compounded by State budget cuts. Family budgets have been squeezed, and many States have cut back general fund appropriations for child care. North Carolina's waiting list for child care assistance increased from 37,900 in 2010 to 46,700 in 2011; in Maryland, funding for the Child Care Resource Network, a vital support for training and quality improvement, was cut by nearly 20 percent; Arizona has cut the number of children receiving child care assistance from 48,000 to 29,000 since February 2009; and in Denver, CO they've stopped accepting applications for child care assistance altogether.¹⁰

As a result, ECEC members have seen families receiving child care assistance forced to leave our programs and seek cheaper, lower quality arrangements. And many providers have been forced to make difficult decisions regarding whether to continue enrolling families receiving child care subsidies and even whether to keep centers open especially in low-income neighborhoods.¹¹

Families are under huge stresses in our rapidly changing economy. With two-income families now the norm, child care is as vital to the family economy as it is to the economy of our communities and our Nation. For many parents, if they lose child care assistance, they have no alternative but to buy cheaper care that is less safe and less stable, making it harder for parents to work, and less supportive of their child's healthy growth and development. As a Tehachapi, California bank employee, facing the loss of child care assistance told us recently, "I am very concerned of who my children will be with on a day-to-day basis as I will not have a stable child care for them."¹²

It is important to keep this context in mind as you examine ways to improve the Child Care and Development Block Grant. Congress has a number of options to consider, drawing on innovations pioneered in States with CCDBG funds and benefiting from a rich body of research in early childhood education. What improvements specifically can be accomplished is a function of the level of resources that can be brought to bear in reauthorization.

For example, with few new resources, CCDBG reauthorization could require States to lengthen the eligibility period for child care assistance to 1 year, and to create different initial and continuing income eligibility limits. Already 25 States have annual eligibility determination, and 11 States allow families to remain in the subsidy program at a higher income level than the threshold for initial eligibility.¹³

⁷Hannah Matthews, *Child Care Assistance: A Program That Works* (Center for Law and Social Policy, 2009), p. 2. Available online at <http://www.clasp.org/admin/site/publications/files/0452.pdf>.

⁸U.S. Department of Health and Human Services, Office of Human Services Policy, Office of the Assistant Secretary for Planning and Evaluation, *Estimates of Child Care Eligibility and Receipt for Fiscal Year 2006* (April 2010). Available online at <http://aspe.hhs.gov/hsp/10/cc-eligibility/ib.shtml>.

⁹Karen Schulman and Helen Blank, *State Child Care Assistance Policies 2010: New Federal Funds Help States Weather the Storm* (National Women's Law Center, September 2010). Available online at <http://www.nwlc.org/sites/default/files/pdfs/statechildcareassistancepoliciesreport2010.pdf>.

¹⁰"Additional Child Care Funding Is Essential to Prevent State Cuts" (National Women's Law Center, August 18, 2011). Available online at <http://www.nwlc.org/resource/additional-child-care-funding-essential-prevent-state-cuts>.

¹¹ECEC Child Care Provider Survey 2009 (Early Care and Education Consortium, May 2011), p. 10.

¹²"CalWORKS Stage 3 Funding is Crucial for Families, Child Care Providers and the Economy" (Early Care and Education Consortium, Updated December 8, 2010). Available online at http://action.ececonsortium.org/site/DocServer/ECEC_Cal_Parent_Stories_updated_12.8.10.pdf.

¹³*Child Care and Development Fund Report of State and Territory Plans, FY2010-11* (Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human

This would enhance quality by assuring continuity of care, insulating children from abrupt changes in their care arrangements caused by temporary or modest changes in family circumstances, and providing an added measure of stability for low-income families and the providers who serve them.

With robust additional funding, States could develop voluntary quality rating and improvement systems (QRIS) that provide a framework for parents to understand different levels of quality and for programs to be rewarded and compensated for the additional costs of achieving and maintaining higher levels of quality. Already half of the States have a QRIS; however, most do not include adequate resources for provider supports and financial incentives that are essential to make meaningful and sustained quality improvements. In fact, most do not even pay at the 75th percentile for higher quality care.¹⁴ Adequately-funded, QRIS can create a roadmap to quality for programs, help parents navigate the market, and move more low-income children into quality programs.

In between these ends of a reform continuum, there are many potential improvements and a few that deserve consideration include:

- **Incentivizing quality in reimbursement policies.** Ultimately, States should be required to raise rates over time at least to the 75th percentile of currently valid market rates. This would increase the buying power of CCDBG and allow parents to access higher quality providers.

- **Strengthening health and safety requirements and making them more uniform across States and among providers.** Many minimum standards vary widely from State to State and by type of provider. These fundamental elements of quality should not be subject to the accident of location or the choice of provider. We support basic, consistent child protections in health and safety regulations. With appropriate funding, changes could be made that would fundamentally improve quality by, for example, requiring annual inspections and setting minimum pre-service and on-going training requirements for providers.

- **Moving toward requiring all providers paid through CCDBG funds to meet minimum licensing standards.** The government requires States to regulate child care, but in practice unlicensed providers have become an important part of the subsidy system in a number of States, accounting for 1 in 5 children served overall.¹⁵ This trend has arisen because of the lack of supply of licensed care in underserved areas, the prevalence of shift work and non-traditional hours, and other factors. Changing the trend is a long-term goal that will require significant and targeted additional resources and strategies to address its causes. One first step is to require States to address in their block grant plans how they are aligning policies and reimbursements to support this goal.

- **Establishing payment policies that mirror generally accepted payment practices providers use with private paying parents (those not receiving CCDBG assistance).** For example, parents typically pay to enroll their child in a child care program and if their child misses a day their tuition isn't reduced. The program provider has to pay staff and other costs regardless. However, in many State subsidy programs providers are paid based on attendance, with a complicated process of downward adjustment in reimbursements for absent days. Steps such as this one would harmonize CCDBG's interface with the child care market, reduce distinctions between children based on their participation in the subsidy program, and encourage more licensed providers to participate in State child care assistance programs.

Each of these improvements and the others we're discussing today promises improvements in the quality of care accessible to children of low-income working families. Each comes with a cost. Pursuing any of these reforms without adequate funding will mean either the anticipated improvement in quality will not materialize, or that fewer children will be served through CCDBG and working parents will lose access to care, to that economic lifeline so critical for families, communities, and our Nation. We cannot afford either of these options.

Services, n.d.). Available online at <http://nccic.acf.hhs.gov/files/resources/sp1011full-report.pdf>. For States with tiered income eligibility levels, the most recent census is included in *Child Care and Development Fund Report of State and Territory Plans, FY 2008-9* (Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, n.d.). Available online at <http://nccic.acf.hhs.gov/pubs/stateplan2008-09/index.html>.

¹⁴NAEYC Quality Rating and Improvement Systems Toolkit (National Association for the Education of Young Children, July 2010). Available online at <http://www.naeyc.org/policy/statetrends/gris>.

¹⁵Office of Child Care, "FFY 2009 CCDF Data Tables (Preliminary Estimates)," Table 4—Percent of Children Served in Regulated Settings vs. Settings Legally Operating without Regulation. Available online at http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/09ac/800_preliminary/table4.htm.

Thank you for the opportunity to discuss these issues with you today.

Senator MIKULSKI. That's very meaty. Thank you very much, doctor.

Dr. Bryant.

**STATEMENT OF DONNA M. BRYANT, Ph.D., SENIOR SCIENTIST,
UNIVERSITY OF NORTH CAROLINA FPG CHILD DEVELOP-
MENT INSTITUTE, CHAPEL HILL, NC**

Ms. BRYANT. Thank you, Senator Mikulski, Senator Burr, Senator Franken, and Senator Blumenthal, for inviting me to speak with your committee about what research tells us about child care quality and the implications for CCDBG. I feel like I'm a researcher sandwiched here between two practitioners and policy-makers, and I get to speak for just a little bit about what the data tell us.

I have four points to share with you. First, high-quality early learning matters to young children. You previously have heard evidence on this. You heard evidence about the famous early studies and heard evidence about the cost effectiveness. But we have a wealth of studies in early child care that show that the quality of children's care affects, short-term and long-term, their language, cognitive, and social outcomes. We also have evidence that quality has a stronger effect for low-income children and at-risk children, the very children served by CCDBG.

My second point is that we researchers, and I think the policy-makers and practitioners have agreed with this, that we have a broad definition of what constitutes quality, we know how to measure it, and we know the precursors of quality. They include things such as better child care ratios, lower group size, better preparation for teachers, teacher beliefs and motivation also make a difference, professional development, good supervision, and wages. If I really want to improve one early childhood program, I'd pay attention to one or more of these variables and put them in place.

But what if you wanted to improve lots of programs? Well, my third point is that communities and States have been our experimental laboratory for the last 20 years, developing and implementing programs that are based on these predictors of quality, programs that try to improve large numbers of child care. These include salary supplement programs that try to reduce turnover, scholarships for teachers to obtain more education, and a variety of on-site professional development programs that are sometimes called consulting or coaching or mentoring or TA. Don't get into an argument with people about what they want to call their program, I have discovered, but these are programs where one-on-one help is provided, individualized help is provided to child care teachers and family child care providers. Many of these programs have been developed, and many have been proven to work, but no single intervention will help a State improve quality across large numbers of programs. So some States, like my own, have undertaken coordinated child care quality improvement programs like Smart Start.

Another comprehensive quality improvement effort recently, in the last 15 or 20 years, has been the development, as Eric said, in half the States of quality rating and improvement systems, QRIS's. These are tiered systems of quality that build the capacity for qual-

ity and reward programs for achieving accountable higher levels. Usually they're called Star programs, 3-star programs or 4-star or 5-star programs. I believe that these programs set the stage for additional Federal efforts.

CCDBG already commits to quality through the mandatory 4 percent set-aside, which has affected quality. But you asked how you could do more. I believe there are a number of ways you could make quality the baseline, as opposed to an add-on, in CCDBG. It could include policies to encourage States to develop their QRIS programs, and for those that already have QRIS, to increase participation in the QRIS program.

You could require States to evaluate their funded quality improvement programs to assure they are meeting their goals. Payment levels for children and child care subsidy could be tied to the tier of quality that the child is attending.

Turnover could be reduced, as Eric mentioned, and I know that Charlotte will talk about this. Turnover could be reduced by having longer periods of eligibility. CCDBG could encourage collaboration in pursuit of quality across many of the auspices of care, child care, Head Start and pre-K, by asking States to report through these reporting mechanisms do you have common linkages across your standards, across your quality improvement programs. So you could try through reporting to make States focus on it.

In short, quality for children from low-income families could become a more central goal of CCDBG. I'm quite impressed by a study that came out last year showing that over 1,000 children in almost 700 pre-K programs that children from low-income families make no gains in programs of low quality, no cognitive language or social/emotional development gains over the course of a year spent in low-quality care. They do make gains, however, at the high end of quality, and the higher the quality, the more gain the child makes. I think all low-income parents should be able to obtain a subsidy that lets their child enroll in one of these higher-quality programs.

Thank you for letting me speak today.

[The prepared statement of Ms. Bryant follows:]

PREPARED STATEMENT OF DONNA M. BRYANT, PH.D.

SUMMARY

Extensive evidence shows that the quality of a child's early care and education experiences influence the child's language, cognitive and social outcomes, effects that are more pronounced for children of low-income families. We have broad agreement about what constitutes "quality" and we know how to measure it.

Improving quality is a different matter. Predictors of quality include child-teacher ratios, group size, teacher beliefs and motivation, professional development and training, good supervision, and wages; the evidence on teacher education is not as clear-cut—as in K–12, the content and quality of professional preparation and ongoing professional development seem to be most important.

Based on these predictors, many programs have been developed to improve quality, including salary supplements to reduce turnover; scholarships for teachers to obtain more education; and on-site professional development through consultation, coaching, mentoring, or technical assistance. No single intervention or approach will help a State improve quality across large numbers of early education programs, so some States have implemented more comprehensive, coordinated interventions (e.g., NC's Smart Start). The most promising and comprehensive quality improvement effort has been the development in about half the States of Quality Rating and Im-

provement Systems (QRIS), tiered systems of quality that build the capacity for quality and reward programs for achieving accountable higher levels of quality.

The existing Child Care and Development Block Grant (CCDBG) commitment to quality via the 4 percent minimum set-aside requirement could be increased by several efforts that would make quality the floor of CCDBG. This could be accomplished by encouraging States to develop QRIS and motivating those that have QRIS to increase QRIS participation; to evaluate their funded quality improvement programs to assure that they are meeting goals; to tie payment levels for children in child care subsidy to the tier of quality their program provides; and to reduce child turnover by establishing longer periods for eligibility determination (i.e., a year). CCDBG could encourage collaboration in pursuit of quality across child care sectors by requiring States to report on whether they have common standards across auspices (child care, Head Start, pre-K) and whether their quality support efforts are aligned with their standards.

In short, quality for children from low-income families could become a more central goal of CCDBG, rather than a secondary or tertiary goal. Research shows that below certain thresholds of quality, children from low-income families make no cognitive, language or social gains, but they do make gains at the higher levels of quality. Low-income parents should be able to obtain a subsidy that would pay for their children to enroll in care that is not only safe but that helps them grow and develop.

Thank you Senator Mikulski, Senator Burr and other members of the committee for inviting me to speak today on what research tells us about child care quality and the implications for policies in the Child Care and Development Block Grant. My name is Donna Bryant and I am a Senior Scientist at the Frank Porter Graham (FPG) Child Development Institute at the University of North Carolina at Chapel Hill.

When I started at FPG 33 years ago, the Abecedarian children were ages 1–6 and they filled the classrooms in our building. I worked on the studies that came after Abecedarian—studies of home visiting, Head Start, and public pre-k; and evaluations of North Carolina’s comprehensive Smart Start early childhood program and several States’ child care Quality Rating and Improvement Systems (QRIS). My current work is to help evaluate a network of 12 very high-quality early childhood schools around the country called Educare.

Today I have four points to share with you. First, quality early learning matters to young children. Second, we can define what we mean by quality and we know many of the factors that lead to it. Third, States have been experimenting with a variety of large-scale quality improvement initiatives and have set the stage, especially with Quality Rating and Improvement Systems (QRIS), for additional Federal efforts. And fourth, as you fulfill your charge to consider policy options within the Child Care and Development Block Grant, there are ways to integrate quality as part of the baseline, rather than an add-on. These ways could build on current public policy work in the States and our science of early development.

I. QUALITY MATTERS FOR YOUNG CHILDREN

At previous hearings this subcommittee has heard about the important difference that receiving high-quality early care and educational experiences can make in the lives of all children and especially in the lives of children from low-income families. The Abecedarian Project and the Perry Preschool Project showed that high-quality child care experiences yield good cognitive and social outcomes for children from low-income families, outcomes that translate into life-long savings in terms of increased education and employment and decreased criminal activities (Campbell, et al., 2002; Schweinhart, et al., 2005). These pioneering studies have been followed by dozens of other studies of early childhood programs that were of much larger scale than Abecedarian and Perry—programs for children from low-income families such as Early Head Start, Head Start, and public pre-k, as well as community-based child care and nursery school programs for children from families with all levels of income. Extensive evidence links the quality of these types of child care with children’s academic and social development (Lamb, 1998; Vandell, 2004), although the effects are typically not as strong as Abecedarian and Perry because the programs are generally not as good. In addition, many studies show that children from low-income families make even greater gains than non-poor children in community care (e.g. Burchinal, et al., 2000; Peisner-Feinberg, et al., 2001) and pre-kindergartens (Gormley, et al., 2005).

The conclusion from these studies is that better programs lead to better outcomes for children, especially for children from low-income families.

II. WHAT IS QUALITY AND WHAT ARE ITS PRECURSORS?

“Quality” is a broad but commonly used term that encompasses many inter-related components of a good child care and early learning experience for infants, toddlers, or preschoolers—learning and developing in a stimulating and safe environment with an interesting variety of materials and with teachers who frequently interact with them with positive, responsive language and intentionally teach them new words, concepts and skills throughout the day. Teachers should be covering language, early numeracy, science, social studies, and be especially attuned to every opportunity to promote socio-emotional and behavioral development.

We have several widely-used observational measures of quality, all of them known by acronyms: the CIS (Caregiver Interaction Scale, Arnett, 1989), the CLASS (Classroom Assessment Scoring System, Pianta, 2007), the ECERS-R (Early Childhood Environment Rating Scale-Revised, Harms, 1998), the ITERS-R (Infant-Toddler Environment Rating Scale-Revised, Harms, 2003), and the PQA (Program Quality Assessment, High/Scope, 2003). There are even more. Trained researchers can observe a classroom with these scales and arrive at a “quality” score. We know from research that these measures predict children’s cognitive, language and social outcomes. Even after we take into account the many other factors that we know influence a child’s development, such as parents’ education, family income, and mother’s age (teen mom), their child care quality helps predict their outcomes.

Given that we know how to measure quality, how do we increase our numbers of higher quality programs? First, one needs to know the research on predictors of quality, summarized recently by Peisner-Feinberg and Yazejian (2010). The quality predictors are: better teacher-child ratios (e.g., 1 teacher/4 babies rather than 1/6) and smaller class size (e.g., 16 preschoolers rather than 20), although class size is not as important if the ratio is good; strong professional preparation and ongoing development (strong pre-service professional preparation and annual professional development in areas appropriate to the age-group they are teaching); good supervision and support from the director, higher wages, and low teacher turnover.

If I were a director and could only do one thing, I would say that it is to hire the right people, but there is no screening test to help a director pick out the best people. Research shows that teacher beliefs and motivation influence the quality of child care. Some studies show that more education is related to quality, but more recent studies do not. One explanation for these contradictory findings—which are comparable to what has been found in K–12 education—may be that educational attainment is part of a complex system and cannot be reduced to a single variable (BA/no BA) (Peisner-Feinberg & Yazejian, 2010).

The educational attainment puzzle—the lack of a clear prediction of education level to quality—means that degrees and credentials alone are not sufficient to achieve quality. It is likely that the *content* of the education matters, as well as the *context* in which it was obtained. Child development is complex; strategies for teaching infants, toddlers and preschoolers are different and many children need individualized attention. A teacher needs to know how to observe and assess to best meet each child’s needs. Partnering with parents assures a stronger mutual focus on the child’s development and learning. This set of teaching behaviors is what is needed. A director’s most important job is to find and hire teachers and assistant teachers who can do these things.

Even though there is not a clear recipe to follow to achieve quality, research has shown us many of the ingredients. We also know that thousands of directors across the country run great programs for young children (for example, the Educare programs that I currently work with) and that new directors can take a mediocre program and turn it around. This process is facilitated if the program is in a region or a State that has a coordinated system for assisting, recognizing and rewarding quality improvement.

III. STATE EFFORTS TO IMPROVE CHILD CARE QUALITY

No single intervention or approach will help a State improve quality across large numbers of early childhood education programs. However, let me describe for you the traditional method of increasing quality and then outline for you some areas where we have seen creativity on the part of States that have decided to focus on quality.

Regulation

States typically regulate child care facilities. A blunt method—but an incomplete one—is for a State to require more stringent structural characteristics for child care, based on the research I cited earlier. A State can undertake improvements in areas such as the regulations about ratios of teachers/children and hours and types of

teacher training. Each of these may bear some relation to child care quality, and we have known for quite awhile that States that have more stringent structural regulations do have higher observed quality in classrooms (CQO Study Team, 1995). However, these types of regulatory improvements alone will not likely get a State where it wants to be in terms of quality.

Systematic Quality Improvement Initiatives

In addition to regulations that apply to all child care programs, beginning in the 1990s States began to implement a variety of quality improvement initiatives that were based on the research linking specific factors to child care quality, initiatives that were more focused on quality. These early initiatives tended to focus on just one part of the quality equation. They did not necessarily try to change the underlying problem and they were not comprehensive. For example, State quality initiatives offered child care teachers scholarships in order to increase their education or implemented supplementary compensation and benefits programs in order to reduce staff turnover. My State, North Carolina, was an early innovator, so I will describe a few of its initiatives and the research findings.

Programs to Increase Education

The T.E.A.C.H. Early Childhood® program (Teacher Education and Compensation Helps) began in North Carolina and is now implemented in 26 States. T.E.A.C.H.® provides scholarships to assist child care teachers, assistant teachers, and leaders with the costs of attending college including tuition, books, travel, and work release time. Participants agree to continue their employment for a specified time and receive a bonus or pay increase when their educational goals are met. A 2009 survey of T.E.A.C.H.® States reported turnover of 11 percent or less (CCSA, 2010), a rate far lower than the national rate of 30 percent (Whitebook, et al., 2001) and even better than the public school teacher turnover rate which is 17 percent nationally (NCTAF, 2006).

Professional Development Through Consultation, Coaching, Mentoring, and Technical Assistance (TA)

States also have recognized the value of site-based professional development and program quality improvement strategies, variously called consultation, coaching, mentoring, or TA. This help is provided by individuals with a wide variety of qualifications and competencies, and the State child care agency—which may use Federal as well as State child care dollars to finance this work—has discretion to set appropriate standards (or not) for this type of strategy. These consultants focus on a variety of content and visit their clients anywhere from just a few on-site visits to much more frequently. The majority of these programs use a classroom observational tool, followed by one-on-one consultation visits with the teacher and/or director to discuss and help with areas of needed improvement. In a recent study with colleagues in 5 States, we randomly assigned 101 consultants from 24 agencies to use a particular model of consultation or to use their agencies' typical approach to consultation. We found that the child care teachers helped by these consultants made significant gains in their classroom quality regardless of the approach used by the consultant (Bryant, et al., 2009). The gains were significant, but modest.

Professional Development/Training Plus Consultation

Other studies have combined training plus consultation to improve the quality of Head Start classrooms (Farmer-Dougan, et al., 1999; Peisner-Feinberg, 1998) as well as improvements in specific content areas such as the teaching of math (Clements & Sarama, 2008) or literacy (Smith, et al., 2008). My Teaching Partner is an innovative web-based consultation intervention developed by Bob Pianta and colleagues (Pianta, et al., 2008) that gives teachers access to video clips of high-quality teaching and web-based consultation that provides ongoing feedback to teachers through a protocol that focuses on specific dimension of the CLASS observation measure. In random studies of these interventions, the group of teachers that received the special training and consultation made significant gains on the quality measures used in the studies. The gains were typically of the same magnitude as in our study of in-person consultation—statistically significant but not huge.

My summary of the widely used consultation approach to improving early childhood quality is that it is not a silver bullet, but one of the better ones we have because it begins where the teacher is, builds on strengths, and can address weaknesses. Consultation should be based on research; grounded in observation; tied to early learning, program, and professional development standards; individualized for the client, and given time to work. We need to be realistic about the amount of change to expect from consultation, but indeed quality improvements can be made.

Comprehensive Statewide Initiatives

Some States have recognized the valid but piecemeal approaches described above cannot have the type of systemic impact that they are seeking for improved quality and outcomes for young children, particularly their low-income and at-risk children. As a result, some States have developed organized systems of early childhood programs.

North Carolina pioneered a comprehensive approach to early childhood health and development. Beginning in 1993, NC's Smart Start initiative created a unified approach to governance that involved State and regional leadership and accountability, and started to work more systematically to address improved quality in early learning. A variety of efforts received funding, and the State meaningfully increased its State contribution on top of the Federal CCDBG funds. All of the efforts I described above were included and, in addition, because of the broad-based understanding of child development, home visiting and health interventions were also part of this comprehensive approach. Over half the funds were devoted to child care quality and access. Four statewide assessments of early childhood classroom quality from 1994 to 2001 showed significantly improved quality over time (Bryant, Maxwell, & Burchinal, 1999; Bryant, Bernier, Peisner-Feinberg, & Maxwell, 2002). Although the Smart Start evaluation showed that programs participating in *more* of the quality enhancement opportunities made greater gains on quality measures, *particular* interventions that made the most difference in quality could not be identified. [The Smart Start evaluation also positively linked higher classroom quality to preschoolers' receptive language, literacy, math, and social skills. (Bryant, Maxwell, Poe, & Taylor 2003)].

QRIS As the Framework for Quality

The last decade has seen the development of a very promising State strategy to improve child care quality—statewide Quality Rating and Improvement Systems (QRIS). A QRIS is a systematic approach “to assess, improve, and communicate the level of quality in early care and education programs” (Mitchell, 2005, p. 4) that can bring together a fragmented set of resources to build an aligned and comprehensive system of early care and education. Oklahoma (1998) and North Carolina (1999) were the first and now 25 States have a QRIS with all five important elements used to create stepping stones to increasingly higher levels of quality. These components are: (1) quality standards (child, program, practitioner); (2) accountability measures to monitor the standards; (3) outreach and support to programs and practitioners; (4) financial incentives; and (5) dissemination of ratings and information to parents to raise awareness and market demand for quality.

A QRIS develops levels or steps between basic licensing quality and high quality, usually with 3, 4 or 5 steps or levels. These steps then become the structure for aligning funding to programs by a variety of important methods, including increasing child care subsidies (with rates increasing at higher quality levels); requiring all programs participating in child care subsidy to participate in the QRIS; merit or grant awards to programs as they achieve higher levels of quality; support awards to get to another level of quality; priority access to professional development support such as T.E.A.C.H.® and coaching, mentoring and professional development. Even though most State QRIS systems are relatively new, a few studies already have shown that quality improvement has occurred over time (summarized in Tout & Maxwell, 2010).

States are able to customize their QRIS to their own political and economic context. With a few exceptions, most States invite centers and FCC homes to participate voluntarily. States that have put relatively more resources into their QRIS can afford to hire independent observers to validate the quality of the programs at the higher levels; States with fewer resources rely on self-report or accept the reports of other validators (e.g. accepting NAEYC accreditation or a Head Start program's 3-year site-visit report). Some States offer significant financial rewards for attaining a higher star level while others offer much smaller amounts. States differentiate award levels based on the enrollment of at-risk children into the program (i.e. children from the subsidy program or those who have a developmental delay or disability). Many States increase the child care subsidy rates for children in programs with more stars, although the amounts differ. States may prioritize access to professional development and other quality improvement supports in order to assure an integrated approach to quality improvement.

One study of these naturally occurring differences between States is underway, but more research on QRISs would lead to better understanding of how to weight various components in the system, how to better match quality improvement interventions to programs at different levels, and how to persuade all programs (especially those of low quality) to participate in the QRIS and receive quality improve-

ment help. Certainly the focus on QRIS in the Early Learning Challenge will help push and refine this work.

QRISs, Early Learning Standards, and Professional Development Systems

QRISs developed around the same time that the standards-based education movement began. All 50 States now have early learning standards for what preschoolers should know and be able to do, typically developed by departments of education (or wherever State pre-k resides) (Scott-Little, et al., 2010). Thirty-two States now have infant/toddler standards, half developed by the department of education and half developed by the State's department of human services (Scott-Little, et al., 2010). Simultaneously, many States developed early childhood professional development competencies, specifying the skills that people teaching young children should have. Community colleges, colleges and universities may or may not be required to teach these competencies. The QRIS systems have typically developed out of the departments of human resources/social services, where child care resides. The more sophisticated of these systems incorporate the early learning standards and the professional development competencies as part of the comprehensive vision. And then there are all of the Head Start and Early Head Start programs, which do not reside in education or health. As you can tell, many agencies are now involved in efforts to improve quality and their efforts would be more effective if they were better linked. This leads me to one of the questions you asked me to address.

IV. WHAT CAN CCDBG DO TO IMPROVE QUALITY?

In your invitation, you asked for my recommendations on how to improve child care quality and safety within the existing CCDBG program. Given its commitment to quality through the 4 percent minimum set-aside requirement, Federal policy has already affected quality, but it could do much more. The minimum amount of quality set-aside could be raised—many States are already using a higher percentage for quality. Given the importance of quality to the children served by the block grant, an alternative strategy could be to make quality the basic floor of the program through the following possible strategies. States could be required to use their quality funds on interventions that have been shown to work, such as QRIS, that influence teaching and learning practices and with research evidence that links the practices to children's outcomes. States could be required to link their payment levels for children in child care subsidy to participation in these efforts.

Knowing that continuity is important for children, you could establish longer periods for eligibility determination (i.e., a year) so children are not evicted from child care as soon as a parent earns a bit too much. The data and reporting requirements should also be aligned. (I believe Charlotte Brantley will address these two recommendations more thoroughly.) You could encourage those States without QRIS systems to develop them (as the Race to the Top/Early Learning Challenge Fund is doing). In short, you can embed pay for performance more strongly within the CCDBG, based on objective standards-based practices and their implementation. Quality for low-income children and families could be a more central goal, rather than a tertiary goal.

Change in the CCDBG should bring with it changes in Federal leadership for the other early childhood programs as well. We need to work harder at unifying the many early learning programs we fund. This will happen within those States fortunate enough to receive the Challenge funds, but that will leave out many States. I also hope that when the Federal Government provides CCDBG, IDEA, and Head Start funds, the States and Head Start programs would be asked to report on whether they have common standards across programs, whether the system of teacher and provider supports is aligned with the quality standards, and whether it applies to all sectors of the early childhood system (child care, Head Start, pre-K, early intervention/preschool special education). If we measure collaboration, we will get more of it. This should help better leverage resources and most significantly, best serve the target population of high-risk children that these programs are designed to serve.

In closing, I want to be clear about why we should use public resources for improved quality for our children. Right now, CCDBG and the States' child care systems do not serve all of the at-risk children who qualify and we don't provide quality care to all of those we currently do serve. This situation seems to legitimize a discussion of trading off higher quality for more access. This is a choice that would bewilder Solomon and we should not be asked to choose.

Let me describe a study that is relevant to this issue. Quality programs make a difference in the learning and social skills of all children, but for children from poor families, they make even more difference at the higher ranges of quality. Last year, my FPG colleague Peg Burchinal led a study of over 1,000 public pre-k children who

all qualified for free or reduced price lunch, relating their language, math, and behavioral scores at the end of the school year to the quality of their classroom (Burchinal, et al., 2010). These children were in 670 preschool classrooms in 11 States. The study's purpose was to test whether there might be a minimal "just-good-enough" threshold of quality, above which the quality difference would not matter.

Not only did these authors find NO evidence of a just-good-enough threshold of quality, they found the opposite: for these poor children, below certain thresholds there were NO gains *and* the association between quality and children's gains was stronger at the higher quality levels than at the lower levels. Poor children, those who get the CCDBG subsidies, may get no social or academic benefit from attending low-quality care. Low-income parents should be able to obtain a subsidy that would pay for their children to enroll in care that is not only safe but that helps them grow and develop.

The Federal framework for the CCDBG does matter and there are approaches you can take to put more resources into quality improvement. I hope that we can move towards both goals—greater accessibility and higher quality—at the same time. But make no mistake about it, we will not realize a quality agenda if we don't find a better way to infuse quality into the floor of the CCDBG.

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Senator MIKULSKI. Thank you, Dr. Bryant. That was part of exactly what we wanted to hear, which is data-driven and evidence-based.

Ms. Brantley, we're going to turn to you, and I know I called you Dr. Brantley. I think you deserve one. If anybody hasn't given you an honorary doctorate, I'd like to do that today.

STATEMENT OF CHARLOTTE M. BRANTLEY, PRESIDENT AND CHIEF EXECUTIVE OFFICER, CLAYTON EARLY LEARNING, DENVER, CO

Ms. BRANTLEY. Thank you. I'll take the honorary doctorate. Thank you very much.

Well, good morning, Senator Mikulski, Senator Burr, Senator Franken, and Senator Blumenthal. I very much appreciate the invitation to come today to address this issue that has certainly been near and dear to my heart and has actually helped frame a good portion of my career in the early childhood field.

I had the opportunity to actually teach at my alma mater at the University of Texas for a while in the Early Childhood Department there, and then went on to work for the State administration of the CCDBG. In fact, I was a State administrator when the CCDBG was first enacted in the early 1990s and went through the implementation process of that in the context of welfare reform as the 1990s moved forward, and then had the opportunity to lead what was at that time known as the Child Care Bureau. Now it is the Office of Child Care. I spent about 2½ years doing work in the Child Care Bureau, so I got to see it from the Federal administration side, and now have the incredible pleasure and opportunity to be able to see this program in action every single day in a local program in the city of Denver that you heard Senator Bennet mention.

We are a Head Start Center of Excellence. We are also one of the 12 operational Educare Schools now in the Educare Network of Schools that is growing across the country. We're all Head Start and Early Head Start at our core, and also provide very high quality results-driven, data-driven, as Donna knows. Donna is the principal investigator on the nationwide implementation evaluation of the Educare model.

I have seen the CCDBG, as I mentioned, kind of up one side and down the other since its inception, and many of the comments that my colleagues here, whom I've also worked with on these issues for a number of years, these are issues that are not new. We've been talking about these issues for a very long time, and I am very, very pleased to see this coming to a level of this kind of a hearing where we can really talk seriously about what we might be able to do at this point. I think we know what to do. I think our difficulty is often how do we go about doing it.

From my perspective, the CCDBG is often the glue that holds multiple funding streams together. As States and program providers seek to offer comprehensive services that address child development outcomes, as well as supports for working parents, in a program like mine at the Clayton Educare School, we're using the Child Care and Development Block Grant as that glue. We have Head Start. We have Early Head Start. You heard Senator Bennet mention the Denver Preschool Program. We also use the Colorado Preschool Program to fund the services that we offer.

And yet you walk into the building and you cannot tell which child or which service or which teacher or which classroom is being funded by which one of those funding streams. You have to look at our auditable spreadsheets that are this thick and that wide and deep, our cost allocation plans to know what's happening there. It looks easy. I'm here to tell you that it's not to make it look that easy.

I think that we have often put in place well-meaning but often disjointed program implementation policies and authorizations of programs that have inadvertently created barriers to delivering the quality services to those most in need. For example, in order to access a full working day of service that also addresses the child's developmental and educational needs, families must qualify for and providers must juggle multiple funding streams that do not always coincide in terms of eligibility criteria, in terms of the quality

measurements and the standards, and in terms of the length of service.

Providers of early childhood care and education that accept CCDBG child care subsidies face a constant threat of losing funding and children. The original focus of the program on supporting parents as they become engaged in work is critical to family self-sufficiency. However, with historically limited funding in the program, increased demand for the service, and increased wait lists in many States, again well-intentioned implementation policies have too often become the enemy of the good.

In an effort to stretch the limited funding to serve as many as possible, we have set rates that do not reflect the true cost of quality and caused families and children to cycle on and off the program in relatively short bursts that neither support children's development nor their parents' long-term attachment to the workforce. The situation has only been exacerbated by the nature of program reports required of State administrators. These program reports tend to focus on the numbers served, not on how well they were served or what the outcomes might be either for the children or for the parents.

In addition, while we have attempted to address the need for increased quality in services since the inception of this program, we have, quite frankly, not held ourselves accountable on any large scale for whether we have actually made a difference.

So at your invitation, I am submitting the following recommendations on ways the CCDBG can become a vehicle for improved quality in all child care settings and can further ensure continuity of care in evidence-based programs for our highest-need children.

To formalize in statute the program guidance that has been in place since 1999, addressing alignment of eligibility periods with Head Start or State-funded pre-kindergarten programs for children who are enrolled in both the CCDBG and one or the other of those programs.

To require States to establish eligibility redetermination policies that support continuity of care for all children for a period of at least 12 months, including limited or no reporting changes in family income or work arrangements of the parents during the authorized period, as is already the case with the Head Start eligibility and with most State pre-kindergarten programs that are means tested.

To encourage all States to build or continue to strengthen an existing tiered quality rating and improvement system such that all early childhood settings are included and incentivized to reach the higher levels of quality.

To establish financial rewards for States that make steady progress in providing access to higher rated programs for higher needs children.

In support of that one, to allow States greater flexibility in using contracts for CCDBG-funded slots with high-quality providers as measured by their quality rating improvement system by removing the requirement that each parent must always be offered a voucher in lieu of a contracted slot.

To require States to recognize the actual costs of higher quality when establishing reimbursement rate structures for CCDBG funded slots.

To require that if States choose to use the CCDBG funding for licensing and monitoring, particularly if it's new funding, that the work performed with the new funds are related directly to higher quality standards as measured by their quality rating improvement system.

And finally, I would suggest that we continue to revise the State reporting requirements. I was quite heartened to see the changes that were put in place around reporting in the most recent version of the State planned pre-print for this program that is giving some additional guidance to States around the kinds of information that would be helpful for us to know at a national level and that would perhaps move the needle on quality.

We should continue that process so that we begin to measure what really matters, including the number of CCDBG-funded children enrolled in higher-quality settings, the number of parents that remain employed, progress among providers in achieving the higher ratings within a State's QRIS, the alignment of standards within a State across all early childhood settings, and the progress of teachers in achieving higher levels of professional preparation.

I think that the process that many States are going through right now to get themselves ready to submit their application for the Early Learning Challenge Fund grants is actually also a bright spot in what's going on right now in the environment. I think to some extent we're signaling a new era here. Even though very few States in all likelihood are going to receive grants under that funding stream, the process that States are going through, I'm playing a role in that in the Colorado State process and in touch with some other States and the processes that they're going through, the process alone is incredibly valuable to this field. It's requiring States to really bring together all of the players in the early childhood arena, not just the direct education providers but also the care providers, the family home providers—what are parents doing, what is the health community doing, what is the mental health community doing, what kind of family supports do we have in place—all culminating in children's school readiness and their success.

It's helping to examine what kinds of things could, in fact, be done that perhaps might not even cost new money but might be new ways of approaching the work that we do, might be new ways of encouraging providers to become engaged, encouraging families to become engaged that may not be as expensive in the long run as we think they are. Not to say that we don't need additional money in this program; we absolutely do. I think we all know and accept that. I also, though, believe that the conversations that are happening are such that there are people at the tables who perhaps have not been there before who maybe have some resources that can be called upon. Thank you.

[The prepared statement of Ms. Brantley follows:]

PREPARED STATEMENT OF CHARLOTTE M. BRANTLEY

SUMMARY

Good morning Senator Mikulski, Senator Burr and members of the committee. Thank you for this opportunity to testify regarding “Examining Quality and Safety in Child Care: Giving Working Families Security, Confidence and Peace of Mind.” I have been engaged in early childhood development and education throughout my career, and specifically involved in administering the Child Care and Development Block Grant (CCDBG) at the State, Federal and local program delivery levels.

The CCDBG is often the “glue” that holds multiple funding streams together as States and program providers seek to offer comprehensive services that address child development outcomes as well as supports for working parents. However, the well-meaning but often disjointed way in which programs have been authorized and implemented has inadvertently created barriers to delivering quality service to those most in need. In order to access a full working day of service that also addresses the child’s developmental and educational needs, families must qualify for and providers must juggle multiple funding streams that do not always coincide in terms of eligibility criteria and length of service.

Providers of early childhood care and education that accept CCDBG child care subsidies face a constant threat of losing funding, and children. The original focus of the program on supporting parents as they become engaged in work is critical to family self-sufficiency. However, with historically limited funding in the program, increasing demand for the service and increased wait lists in many States, well-intentioned implementation policies have too often become the enemy of the good. In an effort to stretch the limited funding to serve as many as possible, we have set rates that do not reflect the true cost of quality and caused families and children to cycle on and off the program in relatively short bursts that neither support children’s development, nor their parents’ long-term attachment to the workforce. The situation has only been exacerbated by the nature of program reports required of State administrators. In addition, while we have attempted to address the need for increased quality in services, we have not held ourselves accountable on a large scale for whether we have actually made a difference.

At your invitation, I submit the following recommendations on ways the CCDBG can become a vehicle for improved quality in all child care settings and can further ensure continuity of care in evidence-based programs for our highest need children.

1. Formalize in statute the program guidance in place since 1999 addressing alignment of eligibility periods with Head Start or State or local funded prekindergarten for children enrolled in both CCDBG and one or both of the other programs.

2. Require States to establish eligibility redetermination policies that support continuity of care for all children for a period of at least 12 months, including limited or no reporting of changes in family income or work arrangements of the parents during the authorized period (as is already the case with Head Start and most pre-kindergarten programs that are means tested).

3. Encourage all States to build or continue to strengthen an existing tiered quality rating and improvement system such that all early childhood settings (child care, Head Start, and preschool) are included and incentivized to reach the higher levels of quality.

4. Establish financial rewards for States that make steady progress in providing access to higher rated programs (as measured by QRIS) for higher needs children.

5. In support of No. 4, allow States greater flexibility in using contracts for CCDBG slots with high quality providers (as measured by QRIS) by removing the requirement that each parent must be offered a voucher in lieu of a contracted slot.

6. Require States to recognize the actual costs of higher quality when establishing reimbursement rate structures for CCDBG slots.

7. Require that if States choose to use CCDBG funding for licensing and monitoring, the work performed with the funds is related directly to higher quality standards as measured by QRIS.

8. Revise State reporting requirements so that we begin to measure what really matters, including the number of CCDBG-funded children enrolled in higher quality settings, the number of parents that remain employed, progress among providers in achieving the higher ratings within a State’s QRIS, the alignment of standards within a State across all early childhood settings, and the progress of teachers in achieving higher levels of professional preparation.

Good morning Senator Mikulski, Senator Burr and members of the committee. Thank you for this opportunity to testify regarding “Examining Quality and Safety

in Child Care: Giving Working Families Security, Confidence and Peace of Mind.” I have been engaged in early childhood development and education throughout my career, and specifically involved in administering the Child Care and Development Block Grant at the State, Federal and local program delivery levels. From the late 1980s through 1998 I was the State child care administrator in Texas, and then spent approximately 2½ years leading the Child Care Bureau (now Office of Child Care) within ACF. Currently, I am president and CEO of a large non-profit in Denver—Clayton Early Learning—operating one of the Educare Schools. We also provide teacher preparation programs, curriculum design, and program evaluations. For a good part of my career I have worked on policies and administrative procedures related to maximizing the public investments our country makes in young children and their families through child care assistance, Head Start, and State and local prekindergarten programs. This experience includes working directly with State and Federal legislative bodies on bill language, drafting of State and Federal program rules and regulations, and program implementation at the local level. This background gives me a deep knowledge of both the day-to-day workings of the child care subsidies available to low-income parents through the Child Care and Development Block Grant (CCDBG), as well as an appreciation of the opportunities and challenges faced by State and local administrators and the families that access the program.

The CCDBG is an essential thread in the overall fabric of early childhood education and developmental supports, along with Early Head Start and Head Start, State and local prekindergarten programs, and programs for children with identified special education needs. While it was authorized as a separate program in legislation, has a separate appropriation, and its own set of regulations, at the local program level it is often the “glue” that holds multiple funding streams together. For example, it can be used to extend the day and year for children enrolled in part day, part year Head Start and prekindergarten programs. However, unlike these other programs a child’s eligibility for CCDBG funding is tied to the parent’s engagement in work or training.

As our country has grappled with a growing understanding of the importance of the earliest years in a child’s development, the significance of early education to later academic achievement, and attempts to help low-income families achieve economic self-sufficiency, we have inadvertently created a jigsaw puzzle of programs and services, often with ill-fitting pieces. We talk about providing supports to children with “high needs”, yet the needs of an individual child are often defined differently depending on the program or funding stream in which the child is enrolled. For example, a child from a low-income family is defined as needing comprehensive early education, family support and health/mental health services if he is enrolled in Head Start. The very same child is defined as only needing early education if enrolled in prekindergarten. And again, the very same child is defined as primarily needing safe child care during the hours his parent(s) is (are) working if he is enrolled in a CCDBG child care subsidy. Which of these programs the child is actually enrolled in is often the luck of the draw, and is highly dependent upon the funding source available at the time the low-income parent seeks a program, the parent’s knowledge of the programs available in the community, the parent’s work schedule, and the age of the child. As Louise Stoney and Anne Mitchell put it so well in their recent white paper entitled *Toward Better Policy for Early Care and Education in the United States*, “The US can no longer afford the inefficiency of making policy by funding stream.”

This inefficiency is illustrated by a family, father David and sons Jeremy and Frank, currently enrolled in Clayton Educare. David has sole custody of his two young boys and was employed when they were first enrolled in our full-day, full-year Early Head Start and Head Start program. Access to the full-day, full-year option requires that the parent qualify for both Head Start and the child care subsidy program, as the Head Start per child funding only covers part-day, part-year. When first enrolled, as a toddler and young preschooler, the boys were very shy, did not speak much at all, and seldom engaged in play with the other children. After the first year, both boys were making great progress as noted by their teachers both anecdotally and through various norm referenced assessments. However, David then lost his job. He was given a period of job search by his child care assistance caseworker and found temporary work, but that soon also dried up. As he reached the end of his allowable weeks of job search for the child care subsidy, he faced losing the full-day full-year services for his boys. By stretching resources, our program was able to cover the funding gap for a few months over the summer so that Jeremy could continue in the program until transitioning to kindergarten this fall. The younger child, however, is now enrolled in just part-day, part-year for his final year prior to entering kindergarten next fall. In addition to a shorter day, this also

means he is placed in a different classroom with new teachers and new peers. We are concerned that he may very well lose ground in this arrangement as the program “dosage” is simply not deep enough for our most-at-risk children, and the all-important continuity of care has been lost. We frankly also question the wisdom of now risking the public investment already made in this child by not allowing continued child care funding to support bringing him across the finish line. In addition, David is now limited to just 3 hours per day to continue his job search (while Frank is in the part-day Head Start program).

Unfortunately, this story is not unique. Providers of early childhood care and education that accept child care subsidies face a constant threat of losing funding, and children. The original focus of the program on supporting parents as they become engaged in work is critical to family self-sufficiency. However, with historically limited funding in the program, increasing demand for the service and increased wait lists in many States, well-intentioned implementation policies have too often become the enemy of the good. In an effort to stretch the limited funding to serve as many as possible, we have caused families and children to cycle on and off the program in relatively short bursts that neither support children’s development and school readiness, nor their parents’ long-term attachment to the workforce. The situation has only been exacerbated by the nature of program reports required of State administrators. When the primary marker of success is the number served, a “slot” occupied in 1 year by two to three children is cause for celebration. How different would our policies and therefore our celebrations be if instead we were asked to report on the number served in programs with proven track records of preparing children for success in school, and on the number of parents that remained employed while their children were enrolled?

In recognition of the critical need to address the quality of settings in which children receive child care services, the CCDBG, as you are aware, offers small amounts of funding in the form of set asides for a variety of initiatives including teacher professional development, licensing and monitoring, classroom and playground enhancements, resource and referral for parents and providers, quality rating and improvement systems, and initiatives specifically addressing care for infants and toddlers. However, to date we have not held ourselves accountable on a large scale for whether the funded initiatives have actually made a difference in either measurable quality of settings, or child and family outcomes. I frankly believe that we have been fearful of the repercussions if our efforts were found to be inadequate. And they may well be inadequate, not for lack of trying, but for lack of both sufficient funding and comprehensive approaches aimed at true systems level change.

I am heartened by the recent revisions to the State plan preprint for the CCDBG as I believe they clearly signal a new era is upon us. The changes offer greater guidance to States on ways the funds can and perhaps should be used to create a stronger foundation for more child and family outcome focused administration of the program. I am also very excited about the opportunity for States to compete for the Early Learning Challenge Fund grants. While to some extent it seems that we are all trying to front load everything we’ve been dreaming of into this one grant, I do believe the very process of applying is extremely valuable to States, even though only a limited number will receive funding. The guidelines for the grant application are causing strong examination of where States are, and again signal a new era of accountability for systems change that will help ensure that more high-need children are in higher quality settings based on evidence of what can really make a difference.

It is also exciting to witness additional efforts on the part of the Federal Government to address long standing issues regarding the often fragmented approaches to school readiness and program monitoring across multiple funding streams and programs. Colorado is participating in this effort as one of the school readiness learning lab States. As a provider of a program of exceptional quality and proven child outcomes, I welcome the exploration of potential joint monitoring among funding stream administrators and a deep look at how school readiness is supported by multiple programs. At Clayton Educare, while we use multiple funding streams, the program functions as one. A visitor cannot tell which funding stream is funding which child, which part of the day, which teacher, or which set of classroom materials. We have vast amounts of paperwork that lay all that out, but it is invisible to the children, the families and our visitors. A reduction in that paperwork, greater alignment among program regulations and policies, and a clear focus on child outcomes among funding streams, would go a long way toward making our dreams of all children entering school ready for success a reality.

With the new State plan, the Early Learning Challenge Fund guidance, and the school readiness and monitoring learning labs as backdrop, I bring recommendations on ways the CCDBG can become a vehicle for improved quality in all child

care settings and can further ensure continuity of care in evidence-based programs for our highest need children.

POLICY RECOMMENDATIONS

1. Formalize in statute the program guidance in place since 1999 addressing alignment of eligibility periods with Head Start or State- or local-funded prekindergarten for children enrolled in both CCDBG and one or both of the other programs.

2. Require States to establish eligibility redetermination policies that support continuity of care for all children for a period of at least 12 months, including limited or no reporting of changes in family income or work arrangements of the parents during the authorized period (as is already the case with Head Start and most pre-kindergarten programs that are means tested).

3. Encourage all States to build or continue to strengthen an existing tiered quality rating and improvement system such that all early childhood settings (child care, Head Start, preschool) are included and incentivized to reach the higher levels of quality.

4. Establish financial rewards for States that make steady progress in providing access to higher rated programs (as measured by QRIS) for higher needs children.

5. In support of No. 4, allow States greater flexibility in using contracts for CCDBG slots with high quality providers (as measured by QRIS) by removing the requirement that each parent must be offered a voucher in lieu of a contracted slot.

6. Require States to recognize the actual costs of higher quality when establishing reimbursement rate structures for CCDBG slots.

7. Require that if States choose to use CCDBG funding for licensing and monitoring, the work performed with the funds is related directly to higher quality standards as measured by QRIS.

8. Revise State reporting requirements so that we begin to measure what really matters, including the number of CCDBG-funded children enrolled in higher quality settings, the number of parents that remain employed, progress among providers in achieving the higher ratings within a State's QRIS, the alignment of standards within a State across all early childhood settings, and the progress of teachers in achieving higher levels of professional preparation.

Thank you again for this opportunity to express my thoughts about how we can move forward as a nation in addressing outcomes for our highest need children. The CCDBG is an essential component in our forward movement, and I look forward to changes that will support greater alignment of this program with others within the fabric of early childhood care and education.

Senator MIKULSKI. Thank you very much, Ms. Brantley.

What I'd like to do now is turn to each one of my colleagues, starting with Senator Burr and going around—I'll be the last—to make sure we each get a question in, and then I'm going to kind of run this like open mike, where anybody can ask a question or jump in. That's why we wanted to do a roundtable, perhaps even cueing off of each other.

Senator Burr, why don't I turn to you, and Senator Franken, Senator Blumenthal. Senator Blumenthal, are you leaving now?

STATEMENT OF SENATOR BLUMENTHAL

Senator BLUMENTHAL. I apologize, Madam Chairman. I do have to leave. I'm going to try to get back, though.

Senator MIKULSKI. OK. Well, go ahead. Do you want to go first? Thank you. I mean, we're trying to keep this loose.

Senator BLUMENTHAL. If I could ask a general question about background checks, and what role and how important do you think they are in this process.

Ms. BRANTLEY. As a direct provider of services, maybe I should jump in with the first answer to that. I think they are incredibly important and necessary, and I think that anything that we can do to assist local licensed child care providers to access information that is outside of what their State has is very important.

We face this as a provider of services now. We do all the background checking we can possibly do, and yet we also know that there are databases that we cannot tap into that perhaps reside in New York State or someplace else where someone may have come from. So it's a very important process to do. Protecting the children from people who have been known to cause harm to others is absolutely basic.

Ms. BRYANT. From a researcher point of view, I have to say I don't know research on this area. It's obvious to me that children need to be protected from bad people. But I guess I would say—I mean, I think it's an excellent idea.

I guess I would say that once you do that, don't forget that it alone, is not going to address quality. It's not going to address the teaching and the caring that goes on during the day. So it seems to me like it should be the floor. It should be at a minimum that that should happen, and then pay more attention to the more important things.

Mr. KAROLAK. Just to cascade, I would also say they're very important. They're one way of protecting children in care. They won't guarantee quality, obviously. They also don't guarantee safety—that children are safe. The best background check in the world, of course, won't catch a first-time offender, and there are data issues. Charlotte mentioned access to databases. There's also issues in terms of what the level of automation, the level of data that's available in systems.

But I think this is something we need to explore. We need to look at how there is variation over States.

Senator BLUMENTHAL. And are there ways to, No. 1, make it more comprehensive? You referred to some of the gaps in databases, and also make it less costly. I realize they may be competing or contradictory goals.

Ms. BRANTLEY. Right, it won't be free. That's for sure. And, you know, the nitty-gritty details of it, I would have to admit, I'm not probably the person. I've got staff in my program who could tell you absolutely. I do know that there are issues in terms of where are people registered as offenders of certain types, and data systems that don't talk to one another. Now, there are probably confidentiality issues around that. There are all kinds of other issues. From my perspective, though, what is paramount in terms of protection is the children, and as my colleagues are pointing out here, it's not the absolute silver bullet, but it's certainly a very important component, of knowing before you hire someone if there has been an issue.

Senator BLUMENTHAL. I understand that all of you agree that it's necessary but not sufficient for quality. But often the floor or the minimum is important to guarantee peace of mind at a basic level. And I want to join in thanking all of you for being here and apologize that I do have another commitment that I'm going to have to leave to attend. But I really admire your work and thank you for giving us the benefit of it. Thank you very much.

Thank you, Madam Chairman, and thank you, Senator Burr, for giving me the opportunity to ask a couple of questions.

Senator MIKULSKI. Senator Burr.

Senator BURR. Thank you, Madam Chairman. And I might say to Senator Blumenthal, we estimate that the cost of the background check to be, on average, around \$35 per background check. The Chairman told me that in Maryland it's \$54. Even if that's a high water mark, which is an appropriate term I think today for Maryland—

[Laughter.]

Senator BURR [continuing]. Then I think we would all agree this is affordable, and I would hope that we would all consider it not as an add-on but as a floor requirement for any participants in the program. So I thank you.

Let me get back to quality, because it's been the focus of the Chair's interest since the beginning. Our last hearing I think was entitled "Are We Getting The Most Bang For The Buck?" And, Dr. Bryant, you described a recent study that set out to test whether there might be a minimal just-good-enough standard, and let me just read what your findings said.

"Not only did the authors find no evidence of just-good-enough thresholds of quality, they found the opposite. For these poor children, below certain thresholds there were no gains, and the association between quality and children's gains was stronger at the higher quality levels than at lower levels for poor children. Those who get the CCDBG grant subsidies may get no social or academic benefit from low-quality care. We will not realize a quality agenda if we don't find a better way to infuse quality into the floor of CCDBG."

And Ms. Brantley stated in her testimony,

"When the primary marker of success is the number served"—in other words, a slot—"occupied in 1 year by two to three children is cause for celebration, how different would our policies, and therefore our celebrations be if instead we were asked to report the numbers served in programs with a proven track record of preparing children for success in school and on the number of parents that remained employed while their children were enrolled?"

I think both statements get at the foundation of what we should stay focused on, the last being the threshold of the test, are we achieving what we set out to.

In our last hearing, which was are you getting the most bang for the buck in quality early education and care, Dr. Bryant, the findings from the recent study you described seem to say that children of low-income parents, the target of CCDBG, will not realize the bang for the buck for the individual child, the family, or the American taxpayer until we get serious and set a floor of quality in the program. Have I got it exactly right?

Ms. BRYANT. Yes. That most recent study I spoke about took place in 11 States, so a large number. I mean, I think you can generalize the findings. It was with preschoolers, not infants and toddlers, but I think it just re-inforces our belief that quality is important for all children, but especially for low-income children. So I appreciate the fact that your committee is trying to figure out how to infuse quality into CCDBG, and that's probably not a real easy

thing to do, but I think you've heard some suggestions here today, and the question is how feasible are they to change the system.

Senator BURR. Well, you said earlier you're sandwiched between practitioners and policymakers.

Ms. BRYANT. Yes.

Senator BURR. And I'm trying to drill this point home for all the members of Congress, that from a policymaker's standpoint, why would we fund something that had no effect? So if we're going to fund it, which we all agree, not just for slots but for outcome, then why wouldn't we set the floor to where more people had the opportunity to experience gain?

Ms. BRYANT. Right. I mean, I absolutely agree with you. I understand that part of the reason for providing subsidies is so parents can go to work, and that's great. But you want them to be secure at work that their kids are doing well and they're learning something. So I think it would be wonderful if the baseline of CCDBG could be raised somewhat.

Mr. KAROLAK. Senator, if I could jump in, quality counts. I mean, we all know that. I don't think anyone would suggest that any kind of care is OK in terms of providing an outcome, a level of quality. But not only does quality count, it also costs, and that's really the conundrum with the block grant. In order to define that level of quality, whatever the minimum base standard would be, we'll have to have resources to be able to meet that level of quality. That's part of the reason why we have children in some high-quality settings but not in all of those settings. And as long as we are looking at the kind of level of funding and the way it's distributed through that reimbursement rate, and the pressures the States are under, and here as well, it's going to be very difficult to obtain quality without paying more for it, and I think that's really the heart of this matter.

Senator BURR. I understand fully what you're saying, but I want to go back to Ms. Brantley. This isn't about slots. It's about the outcome. Now, if you could serve 100 kids and have no quality, but you could serve 50 kids and have quality, what would you choose? I hope that is not the choice that we have.

Senator MIKULSKI. That's an excellent question.

Senator BURR. But I don't think we can look at it and say, "well, we can't meet this requirement because then we either reduce slots or we don't have a pool that's big enough of professionals." Well, that doesn't lessen the fact that our policy should be that we're going to make sure that every child that's in the system has the opportunity to gain because there's a quality metric there that we're testing, and I would add to that individuals who have cleared some type of check that we know that safety is a factor.

Ms. Brantley, I know you want to say something.

Ms. BRANTLEY. This is, I think, the age-old dilemma in the program. I think you heard my colleague Eric. I believe he said one in six. I tend to spout out 15 percent, roughly the same, mathematically the same.

We only reach approximately 15 percent of the potentially eligible children in this program anyway. It would take a whole—

Senator MIKULSKI. One in five, or five in zero?

Senator BURR. One in five.

Ms. BRANTLEY. Fifteen, 1–5. Sorry. It would take more money than we can ever dream of appropriating to serve 100 percent. So we're not going to serve 100. I think we have to start with that acceptance, frankly, much as we don't want to, that we're not going to be able to serve 100 percent of the eligible kids in this family.

So then it does become a question of how well do we serve those that we can reach? We just went through a process in Colorado last year, not the most recent legislative session but the year before, and did enact a piece of legislation there with a lot of bipartisan support to extend the eligibility period to 12 months for all children, and to also align it with Head Start for children who were dually enrolled in both programs, and a lot of the conversation about that was an understanding that making that move would, in fact, could, probably will somewhat reduce our total numbers of children served, because we're not going to have two or three kids occupying every slot every year. So it may, in fact, reduce it.

But it is going to ensure, particularly in the Head Start child care connection, it's going to ensure that children who are, in fact, enrolled in a program that is evidence-based and is intending to make a school readiness difference, that those children will get to stay there long enough for it to make a difference. In my written testimony I submitted to you a little paragraph about an actual family in our program who is right now facing having to pull back on the dosage, if you will—that's one of Donna's words—the dosage of the high-quality program that we offer because we cannot afford to have the child in the program full-day/full-year without CCDBG subsidy, and the father is no longer eligible because he's lost his job.

And so the child—we've already invested several thousands of dollars in this child and this family, and now we risk losing both the taxpayers' investment, and we risk losing, way more important, this child's absolute readiness for school. We're going to do the best we can in a half-day, part-year, but if we had the CCDBG subsidy still in place, that glue as I mentioned before, we'd bring this child across the finish line for sure.

Senator BURR. Well, I might add that the length of time that it's been since we reauthorized the Act is a reminder to us of how things have shifted since then, and a new understanding of the continuity of care is one of many aspects, and all of these things beg us to do reauthorization, and to do it with the changes in mind.

So, thank you, Madam Chair.

Ms. BRYANT. Could I add to Charlotte's comment that the research base for not kicking kids out in the middle of the year is that there's a good bit of research about the attachment, particularly of infants and toddlers, to their care provider, and how the disruption that occurs when they are coming and going, and also the same would be true for preschoolers, but also for the learning gains, that it's a very short period of time, even in a very high-quality program, isn't going to do them a lot of good. So I think there's some support for that.

Senator MIKULSKI. We're going to move to Senator Franken now and come back.

Senator Franken.

Senator FRANKEN. Thank you, Madam Chair, for calling these series of hearings on early childhood.

We have obviously this budget debate going on, and I always think of this as the debate that has to be about long-term sustainability of our deficits and our debt and what works best for the long-term. And if you make the right investments at the right time and the right cuts at the right time, that's going to have an impact on our long-term sustainability more than just focusing on short-term cuts.

Basically what I'm hearing, of course, is that this is underfunded and that we're only serving about 15 percent of the kids who qualify. Is that right? And that we know that there is tremendous return on investment when kids have quality, high-quality care, and that it costs money to raise the quality. Is that right? Does everyone agree on that?

So the question really is, are we being penny-wise and pound-foolish by cutting investment in our children? And as I know in your testimony, you've said that this has an economic development aspect to it because kids—when parents have good quality daycare for their kids, they're free to go to work, and they can work and do their jobs.

So I guess what I'm really asking is that if we're talking about long term, the long-term economic health of this country, would it be wise to increase funding for these block grants and do it in quite a significant way? Could this be scaled up in a meaningful way? Could we be training high-quality early childhood care providers in quantities enough that we can reap the benefits that we see when kids do have good high-quality early childhood education and early childhood care? Anyone care to take that overarching generalized question?

Mr. KAROLAK. Well, absolutely. We all believe these are the best programs you can invest in, and far better sources have said this to this subcommittee. Earlier this summer you heard from Art Rolnick, a Federal Reserve economist from your State, Senator, and a body of research has demonstrated that investments in high quality have enormous returns, as much as \$8 to the dollar invested. And there are ways to direct those dollars into higher-quality settings, to incentivize so that more low-income children are served in higher-quality settings. We're not saying nothing can be done. It just takes resources to do the best things, of course.

I would go so far as to say that the shadow that's not in the room—you've alluded to it—is the current economic condition the country is in, and private paying parents are absolutely feeling that. The government is feeling that at the Federal and the State levels, and it's important to be thinking about how we parse the dollars so that we get the biggest bang for the dollar spent.

The greatest challenge to quality most likely—I mean, we may look back in 6 months and say, actually the work being done by the Joint Select Committee or the work of the Congress as a whole in terms of grappling with the deficit, because if they choose to cut this program, which is a very real possibility, it would be simply devastating to the families that receive care, it would be a tremendous step backward for businesses trying to grow the economy, and it will ultimately hurt the children especially.

So the stakes are high, and questions about quality can't be removed or separated out from issues about access and other aspects of how we fund this program. But absolutely, I think you'll find uniform agreement that we all think investments in high-quality early childhood are worth making.

Senator FRANKEN. When we compare how our kids are doing in school compared to other OECD countries, we see ourselves falling in comparison to them, and I'm wondering how early childhood and child care is conducted in these other countries that seem to be lapping us in achievement in school. Does anyone have any comment on that?

Ms. BRYANT. In some of the countries that are ahead of us, they have universal access at ages 3 and 4, and lots more options for care for infants and toddlers. But I also think many of those countries are under stress now, and they're probably conducting the same kind of conversations about how to keep their early childhood programs adequately funded.

Senator FRANKEN. When you say universal, we're talking about 15 percent right now that we serve.

Ms. BRYANT. Right. That's just 15 percent of the low-income children who qualify.

Senator FRANKEN. That's 15 percent of the low-income.

Ms. BRYANT. Right, right.

Senator FRANKEN. And when they say universal, do they mean universal?

Ms. BRYANT. Available, yes. Universally available.

Senator FRANKEN. Available. And so——

Ms. BRYANT. But not necessarily——

Senator FRANKEN [continuing]. So they have a completely different emphasis on this than we do, and the results are pretty staggering when you look at what the test scores are in other countries compared to what they are in the United States and how we are just falling behind. We know that our future economic prosperity will depend on our workforce, the quality of our workforce, our ability to compete, and when we're not making this investment, you wonder if we are hobbling ourselves for the future and whether we are hobbling our ability to pay off the debts that we are incurring and have incurred, and have incurred because of some bad policies in the past.

Are we now compounding that by, in this time of fiscal restraints, cutting in the wrong areas?

Senator MIKULSKI. I would like the answers to be crisp because I need to get to Senator Hagan.

Senator FRANKEN. I'm sorry to make that question so long.

Ms. BRANTLEY. Well, if I may, one point that I think we need to bring up here in answer to that question that is a fundamental issue with the Child Care and Development Block Grant and why things are sometimes so hard to marry these together, the CCDBG with Head Start with pre-K with other early childhood intervention services and things like that. This country decided, or maybe by default because there was no decision, in this country access to early childhood care and education is primarily paid for by parents, unlike public school, unlike, you know, if you're in Head Start maybe you get it without having to pay.

But most of the early childhood in this country is paid for by parents, and they're having to purchase it—I know there's probably a lot of parents in this room who either used to or are currently now trying to afford that when they are likely in their own careers at the lowest income level they may ever have because they're new to the workforce, they're young.

So we have established early childhood as a market as if it was being sold like a loaf of bread in the grocery store, and the comments that my colleagues have made here about the market rate, the 75th percentile—this, that, the other—we have limited ourselves in actually being able to use this funding stream to pay for quality by looking at it through the lens of how child care is sold to families in the general population. And we know that the highest quality care is flat-out unaffordable to most of our families, and yet we also know now through more and more research that people like Donna are doing, and many, many others, that the quality of the environment that children are in, particularly birth to 3, birth to 5, has direct correlations to how they do later. And if you want to measure it by 3rd grade reading scores, by some other measure of success, there is a very high correlation.

And yet we have established ourselves in this country in helping families pay for it based on the market driving forces in it, and it just simply doesn't work, to be able to pay for quality with that kind of a mindset.

Senator FRANKEN. Thank you.

Senator MIKULSKI. I'm going to move now to—I know others want to comment. Perhaps later on.

Senator Hagan.

STATEMENT OF SENATOR HAGAN

Senator HAGAN. Thank you, Madam Chairman. I really do appreciate you and Senator Burr holding this hearing. I think it's very, very important.

In North Carolina, we've made really great strides. In 1993, under the leadership of former Governor Jim Hunt, we established Smart Start, which placed a huge focus in North Carolina on quality child care, and being sure that children are healthy and ready to begin kindergarten.

I was in the State legislature from 1999 to 2008, and we worked hard to establish Smart Start, and More at Four. As so many parents know, and Ms. Brantley, just pointed out, early childhood years are the most formative of time for the brain, and the more we can do to help educate and to ensure that they have a quality setting, quality instruction, quality people, it really does make a difference long-term.

I'm very interested in this hearing today, and I really do want to honor Dr. Bryant, for her work at the Frank Porter Graham Child Development Institute at UNC Chapel Hill. I think you all do great work, and I'm honored that you're here with us today.

In your testimony, Dr. Bryant, you say there's no singular approach to helping States improve the quality of child care, and that there are several areas in which States can develop initiatives to improve the quality of child care, and in particular you discuss the quality rating and improvement system. I know that in North

Carolina we have the 5-Star rating program, and we've also got a program called TEACH, which is really helping people, who are employed in our child care centers, receive funding for extra education so they can do a quality job.

I can remember being in the State legislature and getting postcard after postcard from these individuals saying thank you for this stipend to help me be better trained.

Can you talk about whether or not other States are doing that? Is that anything that the Federal Government is also looking at?

Ms. BRYANT. TEACH in specific is I think in 26, was in 26 States. Sue Russell has exported that program to many, although I think a couple of States may have cut it as a result of their State cutbacks this year. But that makes me think about Senator Franken's question about are there more cost-effective ways of doing things, and while we've put a lot of things in place in North Carolina to improve quality early childhood, I've always wondered if we are teaching—what we know is that the teacher is the most important factor in how well that classroom is run, what the kids are getting out of it, how much gain they make.

I think we still could do a lot more in trying to find better ways of educating people for the early childhood teaching profession, and it may not necessarily be the same way you educate someone to teach high school. And we have sort of a graduated approach. In research, we look at it as is it a high school degree or a CDA, a child development credential, or an associate's degree, or a bachelor's degree. A teacher's progress along that educational continuum sometimes bears relation to the quality, but not always, and that's just the same as K-12. I mean, it's not an absolute predictor. And I've wondered if we could try some experimental ways of infusing quality in the early childhood profession.

There was a recent paper about early childhood academies maybe being a way to get a lot of the important stuff in for people who just can't take 9 years through TEACH and finally get to their degree.

Senator MIKULSKI. Twenty-three thousand dollars a year.

Ms. BRYANT. Pardon me?

Senator MIKULSKI. For \$23,000.

Ms. BRYANT. Oh, yes. Duke University dropped their early childhood program years ago. I don't know why they did it, really, but I figured it's because if you were paying \$50,000 a year for tuition, you weren't going to have your daughter probably go to a teaching profession where you were making maybe \$20,000 or \$25,000 if you were lucky.

So I think we could do some experimentation with the teaching core and how we improve that, and that may be a large-scale way to infuse quality everywhere.

Senator HAGAN. Thank you. Thank you, Madam Chairman.

Senator MIKULSKI. First I want to say to my subcommittee, I'm really proud of everybody. Your questions are so robust and content-focused, and I think there's a spirit here to reauthorize the bill. I will be, after this hearing, consulting with members exactly on that.

I remember before 1996 when there was just scattered kinds of child care programs. One was focused primarily, though, on those

on welfare, which was the old AFDC program. In 1996, this was all part of moving people from welfare to work. We had a booming economy. The Internet was coming. We thought America was going to head toward full employment, and we needed to provide the support services to do it.

Well, the economy has changed, and this bill hasn't been reauthorized since 1996, and there's a new fiscal reality I think in the United States because we spent our money on other things; OK? We won't go into that, but we have.

So where are we? This is where I'd like to ask one of my questions. I think we have to find the balance between regulation and strangulation—regulation where we really insist on proper standards for safety and quality, and at the same time are not so rigid, one-size-fits-all out of Washington regardless of the size of the State or the demography of the State.

And then we have what I call underground daycare. For all of us who know and have worked in child welfare, we know that the thing that we would fear the most is children in environments where there is no supervision, no nothing actually, and they are truly a vulnerable population. So that's where I'm heading.

So let me go to the safety questions. And then the other, you know, one of the big bugaboos besides money is mandates. Wherever you go, whether you're talking about the reauthorization of title 1 or this bill, they say, oh, God, whether you're a governor or a provider, don't give us more mandates. So we need to have local flexibility, and yet national standards. So you see where I'm heading.

Let's go to the safety. I think there is the sense that there should be, as Senator Burr has done in his bill, background checks on those people we know will get government money. If government is going to help pay for child care, government should insist that people are fit for duty, and one of the criteria, of course, is that you do not have a record of criminal conviction, especially related to the abuse of children. So that would be No. 1.

But the other goes to inspections. Now remember, States can only spend 4 percent, I think, on quality. They're limited on administrative funds. The DOD bill—you know, if you're in money from the Department of Defense, they mandate four inspections a year. I would imagine if I called the dynamic woman who was the governor of North Carolina, or Governor O'Malley, they'd say, "Barb, love to, but just can't do it."

Do you believe that inspections of facilities are a necessity, and how frequently would you recommend them to be able to do that? I'm talking now about safety. I'll get to quality. Do you have a recommendation on this?

Ms. BRANTLEY. I'll jump in again from the perspective of a direct provider currently, as well as someone who has dealt with those issues on both sides, both as the regulator and as the regulatee—is that the word?—the person being regulated.

Senator MIKULSKI. What's the recommendation?

Ms. BRANTLEY. I do believe inspections are incredibly important. I think they should occur. I think that even perhaps once a year is not necessarily good enough. I see the drill my own staff go

through when they know it's time for an inspection. Things get really good when they——

Senator MIKULSKI. But that's an announced inspection.

Ms. BRANTLEY. That's when they know that it's time and it's coming at some point, in the next few weeks or months. There's sort of this mindset. In order to afford it, what we're trying to accomplish in terms of on-site inspections, I would like to see us look down the road to ways in which we can be combining and joining forces with others who inspect.

The program that I run, it's a licensed child care facility, so it's inspected by child care licensing, it's inspected by the food program, it's inspected actually by the local arm of the State health department, it's inspected by Head Start, and it's inspected separately by Early Head Start.

Senator MIKULSKI. So we have multiple inspections.

Ms. BRANTLEY. Federal agency, and it's inspected by the HIPPI USA because we use the HIPPI curriculum, and it's inspected by Denver Public Schools because we are a Denver Public Schools Colorado preschool program provider, and now we're being also inspected by the Denver Preschool Program. So we are inspected by funding stream, if you will.

We are an incredibly high-quality program. We have all the stars you can get. We'd have more stars if there were more stars in Colorado's QRIS. We have incredibly clean every 3 years Head Start and Early Head Start. There are never any findings in this program, and yet I am monitored by everybody and their brother. We're spending a lot of money to——

Senator MIKULSKI. Well, let me jump in here. First of all, that was very insightful, really tremendously insightful, and I'd like you, because you are an actual hands-on provider, to give me a list of everybody that inspects you.

Ms. BRANTLEY. OK, I'd be happy to.

Senator MIKULSKI. Because I think this is important, and I know it's exactly the kind of thing that Senator Burr is keen on, needless duplication and so on.

Ms. BRANTLEY. I think that the Office of Child Care is currently looking at that as well.

Senator MIKULSKI. Let me go to my next point. One of our ways of thinking about it would be how certain inspections would deem appropriate for everybody; OK? It will be complicated, but there should be a way we'd make it for States to be able to do this.

The second thing would be what I call good guy bonuses, that if you're inspected and, gosh, you're like, you should get fewer inspections every year, but some need more frequent inspections—in other words, the worse the record, the more frequent the inspection. So some might have to have four visits until they right their ship, and someone like you might have to only be inspected every other year. And I think there has to be a reward system.

I'm a carrot and a stick kind of gal. So I think those are—do you think that's a good way to think about it?

Ms. BRANTLEY. I do think that there is some value in that. I also think, again, figuring out—and I will provide you with that list. I think figuring out where we can cut out the duplication would actually make it much more affordable to do those——

Senator MIKULSKI. And perhaps make it much more flexible to the States to——

Ms. BRANTLEY. Yes.

Senator MIKULSKI [continuing]. Keep up with that system.

Ms. BRANTLEY. Yes, right.

Senator MIKULSKI. You know, I think where we all agree, then, is less Washington mandates, but certainly descriptive rather than prescriptive.

Now, Dr. Karolak, that takes me to you. You were the hotline guy. You ran a hotline providing technical assistance?

Mr. KAROLAK. The Technical Assistance Network that the Office of Child Care operates includes a hotline to help connect parents with providers.

Your question earlier about could you report concerns about safety through that line, I'm not entirely sure. I'm sure if you did as a parent, they would get the appropriate attention. That line is manned very well, or staffed very well.

Senator MIKULSKI. Do you like hotlines? Do you think they work? I used to love hotlines, but now I wonder do hotlines really work? They work in the Violence Against Women Act. We know that over a million women, in the original Biden legislation, have used it, and it's been enormously successful.

Mr. KAROLAK. Yes, I think there's something worth looking at in terms of how that hotline that exists can be promoted to parents. Of course, you need to inculcate in parents an understanding of what quality is, what things to be concerned about when it comes to safety.

Senator MIKULSKI. No. I'm talking about the guy that delivers the bread, and he just thinks something is funny every day; OK?

Mr. KAROLAK. Sure.

Senator MIKULSKI. I'm talking about really what a hotline is, and again that's the delicacy between reporting and snitching and retribution, because there's a lot that goes on in communities.

Mr. KAROLAK. It would be good to have a way for anyone who's got concerns about a particular program, if there's something going on in the neighborhood, to be able to report that. I think that's probably a very good idea. I do think that ultimately it comes back to what does someone do with that information, and that requires—you know, we were talking about inspections, for example, and the workload that goes with that. That requires having folks able to go out on the ground to look into matters.

I like this notion that you triage inspections so that problem providers get a little more attention, and some of the best programs maybe aren't given full inspections. There's key indicators that are focused on. And that is a way of triaging some of the workload.

But a hotline will only identify something that needs to be followed up on. And so there's a——

Senator MIKULSKI. But that's pretty good.

Mr. KAROLAK. Oh, absolutely. It might be a way that a program——

Senator MIKULSKI. That could be an option for a State to establish. In other words, rather than a national hotline where you get into privacy, who follows up, who tells who, more bureaucracy, more yeah-yes, yeah-yes, that you enable a governor through their

legislative body to think about that. What do you think, Senator Burr?

Senator BURR. I think you're onto something. I would caution all of us that hotlines in some cases can be used as a reason not to act, not to institute certain requirements that commonsense tells you you ought to do.

Senator MIKULSKI. Like an inspection.

Senator BURR. Like an inspection. I might say for the record, North Carolina does require four inspections a year. So we hit your threshold.

Senator MIKULSKI. I'd like to tell O'Malley about that. It's bad enough we have to put up with your basketball teams.

[Laughter.]

Senator BURR. You've got quite a football team up there this year based upon how they played against—

Senator MIKULSKI. And fashionistas, I might add.

[Laughter.]

Senator BURR. But I think you raise two really important issues, and that's how do we support the right policy, how do we reward people who go above and beyond from a standpoint of a quality institution and hopefully coordinate to where it's not overload from the standpoint of reporting or inspections, and how do we supplement the public's participation in the assessment of quality facilities or at-risk facilities I might say, and I think there's a way to publicly promote that, but it does have to be done at the State level and not at the national level.

Senator MIKULSKI. I think that's something to think about.

My last point, though, is about training and quality, because I think the consensus of the experts here is that one of the thresholds is that in order to get quality, you have to have people who know what they're doing. Now, the average rate of pay for a child care worker in the United States is under \$25,000 a year. They often make less than the people who are getting the subsidy. So this is an issue, and I'm not commenting specifically on the problem of pay. I mean, we would all like it to be higher. So to ask them to pay is, I think, a burden. So the question is what is it we require, and what is it we require at what level, and then who pays for it?

The question is do you have minimal accreditation standards, licensing standards? There seems to be a difference between accreditation and licensing and so on. And yet people have to be trained. And yet is it the teacher, is it the college graduate, is it an assistant who is not a college graduate but who loves children and has a unique way and valuable skill set?

You know, we're talking about children—like everybody is going to show up with shiny, bright eyes and be toilet trained and ready to go, hoo-ha, give me that jar of Play-Doh. Many of our children have significant physical challenges, now a growing emotional challenge, particularly with the high rate of autism, particularly among our little boys growing up to be big boys. That's an enormous, enormous challenge.

So what do you think about that? How rigid do you think our training should be? Right now there are no training standards.

Ms. BRYANT. You're right that the teacher is the most important. We do have standards that have been developed in almost every State, I think, for early learning, what children should know and learn, and we need to connect what teachers get taught so that they can teach to those standards.

I think that licensing, just to clarify, licensing is what States do. When we say accreditation, typically we mean accreditation by the National Association for the Education of Young Children or one of the other national agencies, and that's usually at the high end of quality. So State licensing is sort of the baseline quality, and you would hope to achieve national accreditation. A nationally accredited—many States' QRIS's says if you've achieved national accreditation, you're at our top level.

I got off track.

For teachers, I think that it has to be individualized where they are, and I think that I want a college degree for every teacher because I think a college degree is the coin of the realm in our country. It's a human capital issue. It doesn't guarantee good teaching, and so they need training, technical assistance, consultation, whatever you call it, and possibly some of that is going to occur in the college classroom, or the community college classroom.

TEACH is a good way of funding it. But again, it's one of those dollars versus leaving people where they are issues. So I wish I had a solution for you.

Senator MIKULSKI. This will be my last question. Dr. Karolak, what do you think about that?

Mr. KAROLAK. Well, first I hesitate to add anything to what Dr. Bryant has to say on this subject. She's a far greater expert than I am. But I would say, and I think this is—I know this is borne out by the research, that we know that the more early childhood-specific training and education a provider receives, the better the work that she does, and the better the outcome, the experience for the child.

And so I think that as we think about licensing standards, having States require pre-service and the ongoing training requirements that include early childhood development-specific training is very important and is a way of making sure that the workforce that is there and its experience is embraced and is developed in that kind of continuum that Dr. Bryant mentioned.

I think it's important to also note that the wage level, which is really the endpoint that we're trying to get to when talking about that, is a function of the public and private dollars that are available in the child care arena, in the early learning arena. And unless we see some great change in the valuation—you mentioned the coin of the realm—unless we see a change in the valuation of early childhood development in the society, it would be very hard to move that wage level without some significant help from Washington.

Senator MIKULSKI. Well, I think that's an enormous challenge in today's fiscal climate, but it is worth consideration.

One of the things we note, though, in nursing, that there is a continuum of certification, whether it's the certified nursing assistant, the licensed practical nurse, the 2-year person from our community college that performs an important role, to the 4-year bach-

elor's, to then a sophisticated master's degree nurse practitioner like from an outstanding school like Chapel Hill or Hopkins or the University of Minnesota, there is a continuum and they're called upon to perform different functions.

Now, often we know a hospital, an acute care or a nursing home, again these are larger institutions with a lot of public participation and so on. But I think that there are lessons learned——

Mr. KAROLAK. Absolutely.

Senator MIKULSKI [continuing]. Where we look at a continuum, and then also establish a career ladder, where if you enter at one level, that you can then move to another, and then that level takes you to another over your own time as you progress. And I think this is an area—I think we can get real clarity on the safety issues with good ideas and local flexibility. But I think this education, as well as the funding, is going to be one of our biggest challenges. Do you agree with that?

Senator BURR. Madam Chairman, I agree with you, and I want to highlight something that Dr. Bryant said, and I would ask my colleagues to think about this in the context of K–12 and the reauthorization of that legislation.

Basically, what you said is we've got to look at the way we teach these folks to make sure it's appropriate for what we're asking them to do. Well, Erskine Bowles, when he was president of the university system in North Carolina, raised with me one day that he wanted to look into whether we taught teachers the right way to teach today's students.

Now, unless you think about it in the simplicity of the way the statement was made, you wouldn't realize we can't teach teachers today the way we taught them 50 years ago because generationally and population-wise it's different. By the same standpoint, we probably need to look at how we go through the instruction process for workers in this field to make sure that it's appropriate for the curriculum that we're asking to be adopted. If we're not teaching them to meet the thresholds that you've identified, this is where you should be at the end of this period, then we've come up woefully short if we did everything else right. So it's not only appropriate here; I would ask my colleagues to think about it from the context of the reauthorization of K–12.

Senator FRANKEN. Well, and before K–12, since we're talking about early childhood, and Ms. Brantley, in your written testimony you said that the strategies for teaching infants, toddlers and preschoolers are different, so I think we have to be cognizant of that. I mean, not only are there differentiations between pre-K, but there are differentiations between infants and toddlers and other preschoolers.

Ms. BRANTLEY. Absolutely. And one of the things that we're finding that also has to be addressed in this whole conversation about teacher preparation is who is it that's doing the preparation of the teachers and how prepared are they? We discovered in Colorado that——

Senator MIKULSKI. I think that signals a time for another hearing and another day. I think the issue of training has to be dealt with, and we could go into this in a substantive way, but our time here in this room has really expired.

So thank you for your really content-rich, meaty contributions here, and the issues that you've raised that sparked a lot of thinking among ourselves. But what I hope that you come away with is that we really listened, we took it to heart, and we're also listening to each other despite what's on the media and so on. We're actually listening and working together with each other, and this is why I'm optimistic that this subcommittee will be able to produce a reauthorization of the Child Care and Development Block Grant, and look forward to that.

We're going to be back to you when we hit a speed bump, a pothole, or flooding in our States. So thank you very much, and have a really safe trip home, and thanks for your willingness to come and testify.

Senator FRANKEN. Thank you.

Ms. BRANTLEY. Thank you.

Senator MIKULSKI. You're welcome. The record will remain open for 10 days.

[Whereupon, at 11:57 a.m., the subcommittee was adjourned.]

