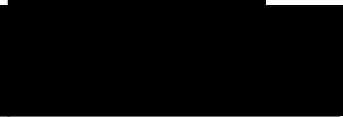


**Labor Health and Human Services, Education, and Related Agencies  
Witness Disclosure Form**

**Clause 2(g) of rule XI of the Rules of the House of Representatives requires non-governmental witnesses to disclose to the Committee the following information. A non-governmental witness is any witness appearing on behalf of himself/herself or on behalf of an organization other than a federal agency, or a state, local or tribal government.**

Your Name, Business Address, and Telephone Number:

Yasmina Vinci



1. Are you appearing on behalf of yourself or a non-governmental organization? Please list organization(s) you are representing.

On behalf of the National Head Start Association.

2. Have you or any organization you are representing received any Federal grants or contracts (including any subgrants or subcontracts) since October 1, 2008?

Yes  No

3. If your response to question #2 is "Yes", please list the amount and source (by agency and program) of each grant or contract, and indicate whether the recipient of such grant or contract was you or the organization(s) you are representing.

N/A

Signature:



Date: 3-26-12

**Yasmina Vinci**  
**Executive Director**  
**National Head Start Association**  
**Subcommittee on Labor, Health and Human Services, Education and Related Agencies**  
**Department of Health and Human Services**  
**Office of Head Start**

**March 29, 2012**

Chairman Rehberg, Ranking Member DeLauro, and Members of the Subcommittee, thank you for allowing the National Head Start Association (NHSA) to testify on behalf of funding for Head Start and Early Head Start in Fiscal Year 2013 (FY13). As the Head Start community's voice, NHSA believes that Head Start centers nationwide need robust investment to provide quality school readiness opportunities for young children and their families. The essence of Head Start is a national commitment to provide critical early education, health, nutrition, child care, parent involvement and family support services in return for a lifelong measurable impact on the low-income children and families enrolled in Head Start. Today, as our nation's children face greater obstacles than ever, there is a significant need to prepare the next generation for success in school and later in life, and Head Start has a proven track record of accomplishing this.

NHSA is grateful that Congress and the President made a solid commitment to quality early childhood education in Fiscal Year 2012 by providing the necessary funding to maintain services for children currently served by Head Start and Early Head Start programs across the country. We are particularly grateful for the leadership of this Subcommittee.

Quality early education prepares the nation's youngest children for a lifetime of learning. In fact, studies show that for every one dollar invested in a Head Start child, society earns at least \$7 back through increased earnings, employment, and family stability; as well as decreased welfare dependency, crime costs, grade repetition, and special education. Unfortunately, the economy has taken its toll on the program as well. During this most recent recession, Head Start and Early Head Start directors have experienced rapidly rising operating costs that may eventually affect their ability to maintain program size.

**NHSA hopes that this Subcommittee will support the Administration's drive to improve accountability, as well as account for the rising cost of maintaining programs.** Though we appreciate the President's request for an \$85 million increase over the FY12 enacted level, after extensive conversations and input from the field we must report that, sadly, it is not enough. The Head Start community is proposing an increase of \$325 million over FY12 to provide the funding necessary to ensure that Head Start centers can meet the rising costs of service for an additional school year, improve access for vulnerable infants, and meet the requirements of the 2007 Head Start Reauthorization Act.

## **Head Start Fixed Costs Are Rising**

Though funding for Head Start has increased significantly in recent budget years, the cost of serving families has risen at a much faster pace. When surveyed, a full 83% of Head Start centers reported that their costs have increased just over the past year—in fact, 25% of those who responded report that their fixed costs, including maintenance, transportation, and insurance, have increased by more than 11% over the last twelve months. In some areas, rent on facilities alone has gone up between 5-10%. It is an enormous task to keep costs low and still maintain our comprehensive model.

Though center directors have some flexibility to streamline and try to be more efficient, there are limits to how far they can go. Most centers have already laid off staff, closed facilities and consolidated programs to save costs, and are leaning more than ever on other community partners to help provide health, employment, and other services that are required by the model. The Head Start community is reaching its limit on how far it can take this practice, given statutory quality standards. The only logical next step for many programs may in fact be to change their service delivery method, which can result in moving from full-day to part-day service, or worse, reducing the number of children it can enroll.

Energy costs have gone up significantly. It is becoming more expensive to heat and cool and keep the lights on; in California, utility costs have gone up 15%. An overwhelming majority of programs are finding it difficult to keep up with fuel costs for the transportation of kids to and from the center. This is particularly challenging in rural areas. One Idaho Tribal Head Start program spends an astonishing \$1,000 per month on gasoline. They believe that they must continue to provide transportation because, as the director says, “Many of our families can barely afford gas for work, let alone transport their child to Head Start.”

Deferred maintenance of Head Start centers poses its challenges as well. Ravalli Head Start in Montana uses buses that are over 20 years old—but cannot spare the extra funding to replace them. Many other centers, operating in older facilities, hope the roof will hold out one more year, or that the playground equipment will remain solid and safe. Regardless, the centers are judged by frequent monitors who have the ability to demand change when they see a potential hazard—with the additional funds being requested, Head Start directors could do more to *prevent* potential safety hazards.

Further, due to new regulations, as well as to new drives to implement systemic change at the State and local levels, Head Start centers are also faced with the need to implement new data systems that will track more nuanced child outcomes data than the standard Head Start Program Information Report (PIR). The systems, electronic software-based in nature and requiring subscriptions to maintain, are expensive but necessary. Even the small Head Start programs report the cost just for the tracking software to be upwards of \$5,000.

Finally, Head Start centers are required to provide health insurance for their staff. These costs have increased at staggering rates. In Montana, centers are facing an increase in their health insurance premiums of about \$40,000 or 18.5% over last year's cost. In California's Bay Area, health insurance at one program has gone up \$500 per employee just this year. In Louisiana, the Iberville Parish Council Head Start, which serves 360 children and employs 61 teachers and staff at 6 centers, has struggled to make ends meet because of rising health insurance and other costs. Ultimately, the Parish Council voted to relinquish control of the program entirely and turn it over to the federal government rather than tell families they could not serve their children because, as a local entity, they could not afford to continue subsidizing the increasing costs. The director said of the decision, "The federal government wants you to run a Cadillac program on Chevrolet prices."

### **Head Start Salaries Are Noncompetitive**

Another pressing cost concern directly related to a child's progress is the quality of teachers. Five years ago, a bipartisan Congress passed, and President George W. Bush signed, the Improving Head Start for School Readiness Act of 2007 (P.L. 110-134). Included in this reauthorization were a number of welcomed quality improvement measures for Head Start and Early Head Start programs; particularly, requirements for more-qualified teachers.

Specifically, by September 30, 2013, at least 50% of Head Start teachers nationally are required to have a Bachelor's Degree, an Advanced Degree, or an equivalent degree in a field related to early childhood education. I am pleased to share that the Head Start community has already met this requirement.

However, it has become extremely difficult to keep these credentialed employees in place. Qualified staff comes at a price, a price the Head Start budget does not easily afford. According to data collected by the PIR, in 2010, a Head Start teacher with a CDA made on average \$22,329 per year; a teacher with a graduate degree \$35,194. The average across all Head Start teachers is \$27,880. This is, according to the Center for Law and Social Policy, considerably less than the average salary for a preschool teacher in elementary in secondary schools, which was \$42,150 in 2010. Young graduates of education schools, moreover, are not choosing early education as a viable career path.

In order to achieve compliance, Head Start directors encouraged their staff to obtain degrees. When possible, they helped supplement tuition and costs in order to ensure that staff would stay on once the degree was obtained. Having a Bachelor's degree means that they are qualified for any number of jobs outside of early education. Some employees leave to work for the local bank or another business, where the salaries and benefits are much more competitive and better for their families. After all, many of these newly credentialed individuals were once Head Start parents themselves, due to the early focus on "parents as teachers." We cannot, and do not, fault them for rising out of poverty to make a better life for themselves and their families.

This constant turnover is disruptive to Head Start children and families, and is another burden on center directors who must find qualified replacements, then have the new staff's backgrounds checked and have them fully oriented to the complicated expectations of the program. With uncompetitive salaries, this is very difficult. In rural areas, it is nearly impossible—the labor pool is limited, and relatively unchanging.

### **Designation Renewal System**

One of the most anticipated provisions of the 2007 Head Start Act being implemented will require Head Start grantees designated as low-performing to compete for the continuation of their grant. Different from the Head Start grant termination process, this additional accountability measure, the Designation Renewal System (DRS), is an enormous undertaking for the Office of Head Start and will certainly require additional funds to fully staff and execute. NHSA supports the Administration for Children and Families' request for additional staff to ensure that the renewal competitions are executed in a fair, transparent, and effective manner.

Last December, the Office of Head Start began the first stages of the DRS by informing an initial 132 grantees that they would be asked to re compete for their funding. These grantees will be notified by September whether they have secured funding. We are very concerned with the potential impacts of transitioning a Head Start program from one organization to another, in particular the impact on children and families.

We therefore appreciate the Administration's request for \$40 million as a "rainy day fund" and understand these funds may indeed be necessary. However, we hope that if any of these funds are not utilized that they will be reinvested in the training and technical assistance activity funds available to grantees. During this time of change in the program, especially as new organizations may become Head Start grantees; it will be helpful to assist everyone in our continued drive to sustain excellence and remain compliant with all of the more than 1700 separate Head Start regulations.

### **The Gap Between Early Head Start and Head Start**

When NHSA talks to the dedicated Head Start directors across the country about how they could better serve their communities, many of them say they wish they could get to more children earlier. Though Migrant/Seasonal and American Indian/Alaskan Native Head Start programs are able to provide services to children aged 0-5, Head Start begins at age 3. Early Head Start covers the gap from birth to three for only a scant handful of the eligible children. In fact, all Head Start programs serve less than three percent of eligible infants.

The waiting lists are increasingly long, especially as the economy continues to present significant challenges to the poor. Today, one in five children are born into poverty—and eligible for Early Head Start. In one center in Burien, Washington, the Early Head Start program serves 30 infants,

ten of which are homeless, and seven of which are “special needs” children. There are currently over 50 families on the waitlist. In the Bay Area, where services have even expanded over the past few years, they are facing especially high demand for full-day, full-year services for low-income working parents.

Knowing all we know about the effectiveness of intervention in these early years, NHSA strongly supports even a small investment in increasing access to Early Head Start.

### **Centers of Excellence**

Lastly, the National Head Start Association supports continued investment in the now 20 Centers of Excellence in Early Childhood that were named, but only partially funded, over the last two years—in the following localities: Greensburg, PA; Baltimore, MD; Mount Vernon, OH; Houghton, MI; Owensboro, KY; Morganton, NC; Birmingham, AL; Denver, CO; Albuquerque, NM; Dunkirk, NY; Laguna, NM; Rock Island, IL; Reno, NV; Modesto, CA; Marshalltown, IA; Elmsford, NY; Tulsa, OK; Hugo, OK; Mayaguez, PR; and Chattanooga, TN. The resources and tools these Centers have designed and provided to the Head Start community are effective, well-designed, and serve as models for other Early/Head Start programs to emulate. Their innovative practices and peer-learning approaches will be much more in demand as practitioners adjust to the requirements of the 2007 law.

### **Head Start Works**

Since 1965, Head Start (and now Early Head Start as well) has been providing a proven, evidence-based comprehensive program to prepare at-risk children and families for a stable, successful life. Head Start improves the odds and the options for at-risk kids for a lifetime. Research repeatedly demonstrates that Head Start has genuine cost benefits—conservatively, it is estimated to yield a benefit-cost ratio as large as \$7 to \$1.<sup>i</sup>

Head Start saves hard-earned tax dollars by decreasing the need for children to receive special education services in elementary schools.<sup>ii</sup> Data analysis of a recent Montgomery County Public Schools evaluation found that a MCPS child receiving full-day Head Start services when in Kindergarten requires 62 percent fewer special education services, and saves taxpayers \$10,100 per child annually.<sup>iii</sup> States can save \$29,000 per year for each person that they don’t need to incarcerate because Head Start children are 12% less likely to have been charged with a crime.<sup>iv</sup>

A study released by the National Bureau of Economic Research shows that Head Start parents are more actively engaged in their children’s academic careers long after the child has entered kindergarten, a key ingredient of a learning environment that leads to future success.<sup>v</sup> The Baltimore Education Research Consortium (BERC) released findings in March 2012 related to chronic absenteeism in Kindergarten—which studies have shown to relate to poorer overall academic achievement as late as 5<sup>th</sup> Grade. BERC’s research shows that students who had attended Head Start showed the highest attendance rates in kindergarten and the lowest level of

chronic absence in first through third grades.<sup>vi</sup> These non-test-score findings help illustrate the long-term viability of the program—today, the more than 27 million Head Start graduates are working every day in our communities to make our country and our economy strong.

Head Start families with their increased health literacy also show immediate health care benefits, including lower Medicaid costs—on average \$232 per family. The program has also reduced mortality rates from preventable conditions for 5-to 9-year olds by as much as 50%.<sup>vii</sup> Studies have shown that the program reduces health care costs for employers and individuals because Head Start children are less obese,<sup>viii</sup> 8% more likely to be immunized,<sup>ix</sup> and 19 to 25% less likely to smoke as an adult.<sup>x</sup>

The Head Start community understands the budgetary pressures the federal government is facing and is very grateful for the commitment shown by this Congress and the President to keep early learning, and Head Start in particular, a priority. The research shows that the “achievement gap” is apparent as early as the age of 18 months - we will spend substantially more downstream if these same young people are not prepared to graduate high-school, attend college and lead prosperous lives. We urge the Subcommittee to fully invest in Head Start and Early Head Start to improve accountability, increase access, and ensure that we have a stable and prosperous workforce for generations to come.

Thank you for your time and consideration.

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<sup>i</sup> Ludwig, J. and Phillips, D. (2007). The Benefits and Costs of Head Start. *Social Policy Report*. 21 (3: 4); Meier, J. (2003, June 20). Interim Report. Kindergarten Readiness Study: Head Start Success. Preschool Service Department, San Bernardino County, California.

<sup>ii</sup> Barnett, W. (2002, September 13). The Battle Over Head Start: What the Research Shows. Presentation at a Science and Public Policy Briefing Sponsored by the Federation of Behavioral, Psychological, and Cognitive Sciences.

<sup>iii</sup> NHSA Public Policy and Research Department analysis of data from a Montgomery County Public Schools evaluation. See Zhao, H. & Modarresi, S. (2010, April). *Evaluating lasting effects of full-day prekindergarten program on school readiness, academic performance, and special education services*. Office of Shared Accountability, Montgomery County Public Schools.

<sup>iv</sup> Reuters. (2009, March). Cost of locking up Americans too high: Pew study; Garces, E., Thomas, D. and Currie, J. (2002, September). Longer-term effects of Head Start. *American Economic Review*, 92 (4): 999-1012.

<sup>v</sup> National Bureau of Economic Research. (2011, December). Children's Schooling and Parents' Investment in Children: Evidence from the Head Start Impact Study (Working Paper No. 17704). Cambridge, MA: A. Gelber & A. Isen.

<sup>vi</sup> Baltimore Education Research Consortium (2012, March). Early Elementary Performance and Attendance in Baltimore City Schools' Pre-Kindergarten and Kindergarten. Baltimore, MD: F. Connelly & Olson, L.

<sup>vii</sup> Ludwig, J. and Phillips, D. (2007) Does Head Start improve children's life chances? Evidence from a regression discontinuity design. *The Quarterly Journal of Economics*, 122 (1): 159-208.

<sup>viii</sup> Frisvold, D. (2006, February). Head Start participation and childhood obesity. Vanderbilt University Working Paper No. 06-WG01.

<sup>ix</sup> Currie, J. and Thomas, D. (1995, June). Does Head Start Make a Difference? *The American Economic Review*, 85 (3): 360.

<sup>x</sup> Anderson, K.H., Foster, J.E., & Frisvold, D.E. (2009). Investing in health: The long-term impact of Head Start on smoking. *Economic Inquiry*, 48 (3), 587-602.

## **YASMINA VINCI BIO**

A seasoned leader in both executive and policy roles, Yasmina Vinci's professional experience and capabilities have delivered improvements in the lives of children at the national, state, and local levels. She is now Executive Director of the National Head Start Association. Yasmina comes to the National Head Start Association after several years as principal and founder of EDGE Consulting Partners. At EDGE, Yasmina pursued local, national and global projects that utilized the knowledge, experience, and connections of her years in human services and early education, to enhance the capacity of organizations to thrive as competent, strategic entities capable of influencing policy. Yasmina founded EDGE after receiving her Master in Public Administration degree from Harvard's Kennedy School of Government.

Yasmina brings to her role over ten years of executive director experience at national organizations. As the first Executive Director of the National Association of Child Care Resource & Referral Agencies (NACCRRRA), she led NACCRRRA's transition from an all-volunteer association of less than 200 child care resource and referral agencies to a powerful national network of 860+ community-based organizations. In this role, she worked with affiliate organizations, other national advocacy and research organizations, the press, federal and state governments, and the US Congress to implement NACCRRRA's system-building public policy agenda on early care and education. Under her leadership, NACCRRRA organized the national grassroots campaign that was instrumental to securing the funding for child care in the welfare reform legislation.

Yasmina currently serves on the Governing Board of the Council for Professional Recognition, and numerous advisory boards.