

Prepared Statement of Matthew Melmed, Executive Director, Zero to Three

Chairman Miller and Members of the Committee: My name is Matthew Melmed. For the past 13 years I have been the Executive Director of ZERO TO THREE, a national non-profit organization that has worked to advance the healthy development of America's babies and toddlers for 30 years. I would like to start by thanking the Committee for its continued interest in early childhood education. I would also like to thank the Committee for providing me the opportunity to discuss the importance of investing in early education, particularly for our nation's infants and toddlers.

The Importance of the Earliest Years

Some may wonder why babies matter in public policy. While almost every social policy—from education to welfare reform to substance abuse and mental health—affects infants and toddlers, the impact of these policies on very young children is seldom sufficiently addressed. Instead, policies often focus on the effects of ignoring the needs of infants and toddlers, for example, by having to address the cognitive gaps between low-income preschoolers and their more affluent peers or providing intensive special education services for problems that may have begun as much milder developmental delays left untreated in a young baby.

Science has significantly enhanced what we know about the needs of infants and toddlers, underscoring the fact that experiences and relationships in the earliest years of life play a critical role in a child's ability to grow up healthy and ready to learn. We know that infancy and toddlerhood are times of intense intellectual engagement.¹ During this time—a remarkable 36 months—the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. The early years establish the foundation upon which later learning and

development are built. If experiences in those early years are harmful, stressful, or traumatic, the effects of such experiences become more difficult, not to mention more expensive, to remediate over time if they are not addressed early in life.

All babies and toddlers need positive early learning experiences and consistent quality caregivers to foster their intellectual, social, and emotional development and to lay the foundation for later school success. The years during this most critical of developmental stages may be even more crucial for young children living in poverty.

Of the 12 million infants and toddlers living in the United States, 44%—a staggering 5.4 million—live in low-income families (defined as families with incomes at or below twice the federal poverty level or \$41,300 for a family of four).² What is particularly troubling, in addition to the rise of childhood poverty, is the fact that very young children are disproportionately impacted by economic stress—that is, the negative effects of poverty are likely to be more severe when children are very young and their bodies and minds are still developing. Infants and toddlers in low-income families are at greater risk than infants and toddlers in middle- to high-income families for a variety of poorer outcomes and vulnerabilities that can jeopardize their development and readiness for school, including learning disabilities, behavior problems, mental retardation, and developmental delays.³

Mr. Chairman, my message to you is that babies can't wait! We know that investing in quality early care and education programs for our nation's infants and toddlers promotes healthy development in young children.

Investing Earlier

Although there is a growing interest nationwide in early childhood services in the years immediately preceding kindergarten, for our most vulnerable at-risk infants and toddlers, the achievement gap often emerges long before they reach the preschool door. We know that high quality early learning experiences during the infant and toddler years are associated with early competence in language and cognitive development, cooperation with adults, and the ability to initiate and sustain positive exchanges with peers. With high quality, effective services, those infants and toddlers who are competent, yet at-risk for compromised development, will be better equipped to reach their full potential in life. Without increased investments focused on the availability and accessibility of quality early care and education experiences, many infants and toddlers will continue to be left behind.

Not only do infants, toddlers, and their families pay a price for our failed policies, so does all of society. Effective, evidence-based early childhood policies, programs, and services go a long way in supporting stronger families and communities. They are also fiscally sound investments which can reduce the need for more expensive reactive interventions and governmental supports in the future. In fact, economists have found that for every dollar invested in early childhood programs, savings of \$3.78 to \$17.07 can be expected.⁴ While many of these savings benefit individuals, the public reaps far more of the benefits in terms of reduced crime, abuse and neglect, and welfare dependency while increasing educational performance and job training, leading to higher incomes and a more productive workforce. Playing catch up later in life is expensive and inadequate. We need to address the needs of vulnerable infants and toddlers today. Children who start behind, stay behind!

High quality early care and education programs provide protective buffers against the multiple adverse influences that may hinder a young child's development in all domains. Therefore, it is extremely important to invest in programs such as Early Head Start, the Child Care and Development Fund (CCDF), and Part C of the Individuals with Disabilities Education Act (IDEA).

Early Head Start

Early Head Start is the only federal program specifically designed to improve the early education experiences of low-income infants and toddlers. The mission of Early Head Start is clear: to support healthy prenatal outcomes and enhance the intellectual, social and emotional development of infants and toddlers to promote later success in school and life. It does so by offering early learning experiences, parent support, home visitation, and access to medical, mental health and early intervention services. This comprehensive approach supports the whole child—physically, socially, emotionally and cognitively—within the context of the family, the home and other child-serving settings.

Research demonstrates that Early Head Start is effective. The Congressionally-mandated Early Head Start Research and Evaluation Project—a rigorous, large-scale, random-assignment evaluation—concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. For example, Early Head

Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development.⁵ Early Head Start also had significant impacts for parents, promoting family self-sufficiency and parental support of child development. Children who participated in Early Head Start had more positive interactions with their parents than control group children—they engaged their parents more and parents rated their children as lower in aggressive behavior than control parents did.⁶ Early Head Start parents were also more emotionally supportive and less detached than control group parents and provided significantly more support for language and learning than control group parents.⁷

Furthermore, a follow-up wave of research demonstrated that a number of the positive impacts of participating in Early Head Start are still demonstrated two years later, showing that children who attended Early Head Start and pre-kindergarten between the ages of three and five experienced the most positive outcomes.⁸

Unfortunately, Early Head Start is reaching only a small proportion of at-risk children and families—only three percent of all eligible children and families are served.⁹ Increased funding for Early Head Start will ensure that we reach the most at-risk infants and toddlers early in life when we have the best opportunity to reverse the trajectory of poor development that can occur in the absence of such supports. It will also help us ensure that parents have the supports they need to sufficiently nurture the healthy development of their infants and toddlers.

The Child Care and Development Fund (CCDF)

Second only to the immediate family, child care is the context in which early childhood development most frequently unfolds, starting in infancy.¹⁰ According to 2005 data, 42 percent of one-year-olds and 53 percent of one-to-two-year-olds have at least one regular non-parental care arrangement.¹¹ The increase in the number of working parents with babies and toddlers comes at a time when science has demonstrated the critical importance of supporting the development and learning of children ages birth to three, and makes the need for quality child care even more significant. However, more than 40 percent of infants and toddlers are in child care rooms of poor quality.¹²

The evidence associating the quality of infant and toddler care with early cognitive and language outcomes “is striking in consistency.”¹³ High quality child care is associated with outcomes that all parents want to see in their children, ranging from cooperation with adults to the ability to initiate and sustain positive exchanges with peers, to early competence in math and reading—all of which are key ingredients to later school success.

While hours of care, stability of care, and type of care are all associated with developmental outcomes, it is the quality of care, and in particular, the quality of the daily interactions between child care providers and infants and toddlers that most significantly impact development.¹⁴ Elements of high quality infant and toddler child care include: small groups; high staff-to-child ratios; a consistent caregiver; health and safety; and cultural and linguistic continuity.¹⁵ Quality child care is also contingent upon the special training that caregivers receive in the profession of early childhood development.¹⁶ High quality child care where providers are both supportive and offer more verbal stimulation creates an environment where children are likely to show more advanced cognitive and language development.¹⁷ It provides environments and opportunities for socialization, problem-solving, empathy building, sharing and relating.

Research indicates that the strongest effects of quality child care are found with at-risk children—children from families with the fewest resources and under the greatest stress.¹⁸ Yet, at-risk infants and toddlers who may benefit the most from high quality child care are unlikely to receive it—they receive some of the poorest quality care that exists in communities across the United States.¹⁹ The results can be devastating. Poor quality child care for at-risk children may diminish inborn potential and lead to poorer developmental outcomes.²⁰

CCDF is a block grant that provides funds to help improve the quality and supply of child care for low-income children and their families. Through the use of subsidies, CCDF helps working parents make informed choices about the most appropriate child care for their children. The infant-toddler set-aside of CCDF, currently prescribed through the appropriations process, has helped states focus on the unique needs of infants and toddlers by investing in specialized infant-toddler provider training, providing technical assistance to programs and practitioners, and linking compensation with training and demonstrated competence. The quality set-aside, currently 4% of the total amount provided under the law, allocates funds to states in order to support and develop innovative strategies for improving the quality of child care. Despite modest increases in federal child care funding, CCDF funds are insufficient to serve all eligible children.

Congress should ensure that all babies and toddlers, particularly those living in poverty, have access to quality child care when their parents are at work. An increase in federal funding for child care would lead to increased investments in quality and would help to ensure that more low-income infants and toddlers have access to quality child care settings. More funding needs to be directed specifically at improving the quality of care for infants and toddlers, including professional development opportunities with infant-toddler content for early childhood staff who work with this age group.

Part C of IDEA

Part C of the Individuals with Disabilities Education Act (IDEA) authorizes federal support for early intervention programs for babies and toddlers with disabilities and provides federal assistance for states to maintain and implement statewide systems of services for eligible children, birth through age two, and their families. For young children with disabilities, early intervention provides intensive services and supports to promote the highest possible level of developmental competence. For young children at significant risk, early intervention can protect them against influences that may compromise their development.

Under Part C, all participating states and jurisdictions must provide early intervention services to any child below age three who is experiencing developmental delays or has a diagnosed physical or mental condition that has a high probability of resulting in a developmental delay. In addition, states may choose to provide services for babies and toddlers who are “at-risk” for serious developmental problems, defined as circumstances (including biological or environmental conditions or both) that will seriously affect the child’s development unless interventions are provided. Early intervention services under Part C may prevent or minimize the need for more costly services under Part B of IDEA later in a child’s life.

Despite the promise it holds for the future, there is a wide variation in the percentage of infants and toddlers enrolled in Part C programs across states. Currently, states carry a significant burden to fund Part C programs, in part, because of inadequate federal funding. The result is that many eligible infants and toddlers do not receive the early intervention services they desperately need in order to reach their full potential in school and in life. Increased investments in early intervention programs will go a long way in addressing developmental delays at a time when we can have the greatest impact on a child’s future.

Building the Capacity of our Nation’s Early Childhood Workforce

Our nation’s early childhood workforce is facing a major crisis. Finding and supporting well-trained early childhood professionals who work with children age birth to five is a challenge; it is particularly difficult for professionals working with children birth to three. There is tremendous variability among the teachers and providers who make up the early childhood workforce (child care providers, Head Start and Early Head Start teachers, child welfare workers, and infant and early childhood mental health professionals). According to the U.S. Department of Education, training for infant/toddler professionals is minimal, contributing to overall personnel problems.²¹ The need for more and better qualified providers cuts across a range of disciplines and professions.

One of the most consistent findings in developmental research links the quality of care that young children receive to virtually every measure of development that has been examined.²² This is particularly true for low-income children who are at-risk for early developmental problems and later educational underachievement. However, unlike programs that exist for elementary and secondary education teachers, the U.S. higher education system lacks a robust infrastructure to develop the next generation of early childhood professionals. We must build the capacity of our nation’s early childhood workforce by creating economic incentives—including adequate compensation and loan forgiveness—to enable early childhood providers to seek out training opportunities which will allow them to provide the care needed while reducing the harmful staff turn-over currently plaguing the system. Likewise, it is imperative that colleges and universities are afforded grants in order to infuse infant and toddler coursework into their programs and develop and disseminate distance learning courses.

Conclusion

During the first three years of life, children rapidly develop foundational capabilities—physical, social-emotional, and cognitive—on which subsequent development builds. These areas of development are inextricably related. Yet, too often, we ignore the early years of a child’s life in making public policy, waiting until at-risk children are already behind physically, emotionally, or cognitively before significant investments are made to address their needs. We must change this pattern and invest

in at-risk infants and toddlers early on, when that investment can have the biggest payoff—preventing problems or delays that become more costly to address as the children grow older.

All young children should be given the opportunity to succeed in school and in life. Ensuring that infants and toddlers have strong families who are able to support their healthy development will help lay the foundation for a lifetime of success. We must increase federal investments so that infants, toddlers and their families have access to developmentally appropriate early learning programs such as Early Head Start, quality and affordable child care, and early intervention services to help ensure that they are ready for school.

I urge the Committee to consider the very unique needs of infants and toddlers as you invest in early childhood programs.

Thank you for your time and for your commitment to our nation's at-risk infants, toddlers and families.

ENDNOTES

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³Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*.

⁴Heckman, James, Grunewald, Rob, and Reynolds, Arthur. 2006. The dollars and cents of investing early: Cost-benefit analysis in early care and education. *ZERO TO THREE Journal* 26 (6): 10-17.

⁵U.S. Department of Health and Human Services, Administration for Children and Families. 2002. Making a difference in the lives of infants and toddlers and their families: The impacts of Early Head Start. <http://www.acf.hhs.gov/programs/opre/ehs/ehs—resrch/reports/impacts—execsum/impacts—execsum.pdf> (accessed October 23, 2006).

⁶Ibid.

⁷Ibid.

⁸U.S. Department of Health and Human Services, Administration for Children and Families. 2006. Research to practice: Preliminary findings from the Early Head Start prekindergarten followup. <http://www.acf.hhs.gov/programs/opre/ehs/ehs—resrch/reports/prekindergarten—followup/prekindergarten—followup.pdf> (accessed October 23, 2006).

⁹Note: 61,243 is the exact number of children under three served by Early Head Start in Fiscal Year 2005. Head Start Program Information Report for the 2004-2005 Program Year, Early Head Start Programs Only. Retrieved October 23, 2006. Note: 2,552,000 children under three in the U.S. live below the federal poverty level. U.S. Census Bureau. 2005. Current population survey, 2006 annual social and economic supplement. POV34: Single year of age—Poverty status: 2005. <http://pubdb3.census.gov/macro/032006/pov/new34—100—01.htm> (accessed October 23, 2006).

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¹²Cost, Quality and Child Outcomes Study Team. *Cost, Quality and Child Outcomes in Child Care Centers*, Public Report, 2nd edition. (Denver Economics Department, University of Colorado at Denver, 1995).

¹³Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*.

¹⁴Ibid.

¹⁵Lally, J. Ronald, Griffin, Abbey, Fenichel, Emily, Segal, Marilyn et al. 2003. *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Washington, DC: ZERO TO THREE.

¹⁶National Research Council. 2000. *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press.

¹⁷Ibid.

¹⁸Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*.

¹⁹Ibid.

²⁰Ibid.

²¹U.S. Department of Education. 2001. 23rd Annual Report to Congress on the Implementation of the Individuals with Disabilities Education Act. <http://www.ed.gov/about/reports/annual/osep/2001/index.html> (accessed December 29, 2006).

²²Shonkoff, Jack and Phillips, Deborah. 2000. *From neurons to neighborhoods: The science of early childhood development*.