

NEW DIRECTIONS FOR AMERICA'S EARLY CHILDHOOD POLICIES¹

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This volume explores whether the nation's early childhood programs are boosting child development and preparing children for schooling and proposes reforms that would improve the programs. The volume contains contrasting papers on the success of Head Start, Early Head Start, and home-visiting programs and on policies that would improve these three programs. In this overview paper, we detail government spending on early childhood programs, review the number of children enrolled in each type of program, review the papers on the three programs and an additional paper on program coordination, and recommend policies that would increase the returns produced by early childhood programs.

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The Obama administration has shown a great commitment to expanding and improving early childhood programs and a willingness to make difficult budgetary decisions based on hard evidence about program effectiveness. Thus, with generous support from The Pew Charitable Trusts, the Center on Children and Families at the Brookings Institution and the National Institute for Early Education Research at Rutgers asked several of the nation's leading scholars to examine current policies and evidence regarding the impacts of early childhood programs supported by federal policy and, in light of the best available evidence, to propose reforms they thought would improve current programs individually and collectively. Their reviews cover Head Start, Early Head Start, home visiting, and some discussion of child care in the context of coordinating early childhood policy. There are at least four reasons we believe now is the right time to conduct this review and to propose new directions for federal early childhood policy.

First, most of the major federal policies have been in effect for at least a decade, providing adequate time to judge their value after full implementation. The field of early education now has considerable information on how federally funded programs operate and their effectiveness. Second, despite some common aims, each federal program has a unique history characterized by its own goals, administrative structures, financing, and interest groups. As often happens when policymakers create several policies with similar or overlapping purposes, some trimming or coordination between the programs might be in order. Third, the federal budget is on an unsustainable path

creating the virtual certainty that federal taxes will have to be raised and spending will have to be cut soon.² Similarly, states collectively face one of their worst fiscal situations ever and can be expected to continue their search for both new revenues and program cuts.³ Thus, although early childhood programs account for a small percentage of federal and state government spending, the years of steady if somewhat bumpy increases in funding for such programs—including child care—may soon come to an end and the potential is great for cuts in the near future. These fiscal considerations make efficient and effective use of resources for early childhood programs imperative. Finally, the Obama administration has made a commitment to improving and even, at least temporarily, expanding federal support for some early childhood programs despite the fiscal constraints. Congress may be expected to approach such proposals warily, at best. For all these reasons, we believe the time has arrived to provide a frank assessment of early childhood policy and to make recommendations based on program performance and fiscal realities.

We begin by reviewing the most important numbers needed to analyze current policy; namely, government expenditures on the major programs and the number of children receiving various types of services. We then turn to a brief overview of the major programs, with special attention to the evaluations of program effectiveness, the details of which are provided by the papers that follow. Having reviewed demand, spending, and program effectiveness, we conclude with a set of policy recommendations for the Obama administration and Congress.

EARLY CHILDHOOD EXPENDITURES AND ENROLLMENTS

Table 1 presents estimated and projected expenditures for the major federal early childhood programs. Although our projections are rough estimates, it is clear that there has been a substantial infusion of public funds between 2008 and 2011, some of it through the American Recovery and Reinvestment Act of 2009 (ARRA).⁴ Although much of the ARRA funding has been spent, the Congressional Budget Office indicates that some child care funds will be spent after 2011. Our projections for 2011 also include increases in the president's 2011

proposed budget, though we do not know as of this writing that Congress will approve the continued funding (we did not include the Early Learning Challenge Grants which appear unlikely to be funded). Early Head Start, Head Start, child care, and home visitation are likely to have received substantial permanent increases by 2011. Preschool special education and early intervention are not expected to receive a permanent increase. It appears that total federal spending across all these programs could rise from just over \$17 billion to over \$21 billion, an increase of \$4.6 billion from 2008 to 2011, not including the increase in tax credits which could add another \$2.2 billion.⁵ State and local

Program⁴	2008	2010	2011 Federal Budget
Head Start (excluding Early Head Start) ^{4a}	\$6.2 billion	\$6.7 billion*	\$7.2 billion*
Early Head Start ^{4a}	688 million	1 billion*	1.7 billion*
Child Care Subsidies ^{4b}	5.2 billion	5.7 billion*	6.5 billion*
Child Care Food Program ^{4c}	1.3 billion	1.4 billion	1.5 billion
Tax Credits (CDCTC and DCAP) ^{4d}	2.2 billion	2.2 billion	Expected increase since Obama proposal raises CTDC eligibility limits
DoD Child Care ^{4e}	300 million	750 million	800 million
Title I Preschool ^{4f}	400 million	500 million*	550 million*
Preschool Special Education (IDEA Part B, Sect. 619) ^{4g}	374 million	574 million*	374 million
Early intervention for infants and toddlers with disabilities (IDEA Part C) ^{4h}	436 million	632 million*	649 million*
Home Visiting ⁴ⁱ	0	100 million	250 million
<i>Total**</i>	<i>\$17.1 billion</i>	<i>\$19.5 billion</i>	<i>\$21.7 billion***</i>

*Totals include additional ARRA funds for FY 2010 and FY 2011.
**Note that part of the reason for the significant increase from 2008 is ARRA funding, which accounts for \$1.4 billion of the 2010 funding and \$1.6 billion of the 2011 funding.
***This total includes tax credits continuing at 2010 levels. President Obama has announced his intention to increase the credit amount, "nearly doubling" its value; see Eric Karolak, "FY 2011 Federal Budget Process Begins with Bold Proposal," *Child Care Exchange* (March/April 2010), p. 40.
Sources: See endnote 4.

governments provide additional support for early childhood programs, much of it for children with special needs as federal expenditures for preschool special education and early intervention cover only a small fraction of the costs of these programs.⁶ State and local expenditures for pre-K passed \$5.7 billion by 2009, up \$500 million from 2008, but are not expected to increase appreciably through 2011.⁷ State expenditure on child care for children under age 5 is estimated to add at least another \$2 billion annually.⁸ Thus, total federal and state spending on preschool programs and child care is likely to exceed \$31 billion in 2011. A major purpose of this volume is to propose reforms that would increase the returns on this substantial investment in children's development.

Exactly how many children are served by public programs is less easily determined. Table 2 presents participation rates in center-based programs in the two years prior to kindergarten by family income, as reported by parents in 2005. For children who are in more than one arrangement, Head Start is always reported if this is one of the arrangements; otherwise the arrangement providing the most hours is reported. Very few parents reported regular multiple center-based arrangements (supplementary home-based arrangements are more common).⁹ As can be seen, roughly 75 percent of children are enrolled in a center during their 4-year-old year and 50 percent during their 3-year-old year. Children also receive care by relatives and non-relatives outside their homes, but rarely at age 4 and somewhat more frequently at age 3. About half of children under age 3 receive nonparental care or education, and this is more likely to be home-based than center care.¹⁰ Infants

and toddlers in low-income families are more likely to be at home with their parents; about 40 percent receive regular nonparental care.¹¹

The number of children enrolled in Head Start was somewhere between nearly 800,000 and just over 900,000 in 2009, depending on how enrollment is defined (continuously enrolled or enrolled at some time during the year) and reported. However, no matter what figure is used, it is clear that Head Start enrollment declined slightly from 2006 to 2009, and there was no substantive enrollment increase in 2010 (an increase of about 14,500 children is projected for 2011). Most of the increased expenditure for Head Start (not including Early Head Start) has been devoted to cost of living increases for staff, program improvements, staff training, and similar purposes.¹²

From the data in table 2, it appears that there are numerous income-eligible children who are not in Head Start. Since 2005, some of these children may have instead been taken up by the expansion of state pre-K programs, which have not received any targeted funding from the federal government. Early Head Start has been quite small, but is expected to increase enrollment by more than 50,000 children by 2011, a large increase over the 66,000 served in 2009, but a tiny fraction of poor children under age 3.¹³

With an enrollment of even 900,000 Head Start would serve somewhat less than half the nation's over two million 3- and 4-year-olds in poverty (10 percent of Head Start enrollees are permitted to be over the poverty line and additional children may be enrolled up to 130 percent of poverty

Table 2: Ages 3 and 4 Preschool Program Participation, Spring 2005

Type of center	Percent of all children	Percentage within each family income quintile				
		1st (<\$20,000)	2nd	3rd	4th	5th (>\$100,000)
3-year-old cohort						
Head Start	8	20	9	7	1	1
Special Education	4	1	3	3	3	10
Private—fee paid	32	15	18	27	51	66
Private—no fee	4	7	4	2	1	2
Other Public	3	3	3	4	3	3
<i>Total</i>	<i>51</i>	<i>45</i>	<i>38</i>	<i>43</i>	<i>59</i>	<i>82</i>
4-year-old cohort						
Head Start	13	29	23	4	5	0
Special Education	6	2	5	10	7	4
Private—fee paid	36	12	18	37	52	72
Private—no fee	6	10	6	7	5	3
Other Public	13	11	13	11	16	12
<i>Total</i>	<i>74</i>	<i>64</i>	<i>64</i>	<i>69</i>	<i>85</i>	<i>90</i>

Source: Estimates from the 2005 National Household Education Survey. Data are reports in the spring of 2005 for school age cohorts so that children “age 4” are those expected to attend kindergarten in the fall of 2005 (some of whom have already turned 5 by the time of the interview) and children “age 3” are those expected to attend kindergarten in fall of 2006. Head Start is listed as the participant's primary enrollment whenever it is reported; otherwise primary enrollment is the one in which the child spends the most time. Few children are reported to participate in multiple types of centers.

if all children under the poverty line are served in a given area). However, poverty is a moving target, and perfect targeting is not possible. As family incomes rise and fall, some children who are poor at entry to Head Start will not be poor six, twelve, or eighteen months later, while others who did not qualify at the beginning of the school year will become poor later in the year. This ensures that Head Start will always include some families who are not poor when income is measured later in the year (as in table 2) and will always miss some families who are poor. In addition, a recent Government Accountability Office (GAO) study reported that, at the urging of local Head Start staff, some ineligible families misrepresent their income in order to enroll their children

in the program.¹⁴ How much this misrepresentation (as opposed to changing family circumstances) contributes to over-income enrollment is unknown, but the bottom line is that when measured in the spring, about half the children enrolled in Head Start are not poor, and about 18 percent of the children served by Head Start are not even in the bottom 40 percent of families by income considering all children across both age groups. Obviously, some error is possible in the self-report, but the overall numbers are consistent with Head Start's own enrollment figures. Head Start appears to serve many children who are not poor. While most of those are low-income, of the children in the bottom income quintile, all or nearly all of whom are in poverty, Head

Start serves only about 30 percent of children at age 4 and 20 percent of children at age 3.

Of course, not every poor family with a preschooler wants to enroll their child in Head Start. Most Head Start programs are open only on school days. Some offer only half-day services, while most others are open six hours, and some are only open four days per week. These schedules may not provide sufficient child care for some parents. Unless wrap-around care is available for additional days and hours parents may choose other services. Many Head Start eligible families are also eligible for state and local pre-K programs, the majority of which also operate for six or fewer hours per day. Nevertheless, in 2005 about half of 3-year-olds and over one-third of 4-year-olds from families in the bottom fifth of the income distribution (poor families) were not enrolled in any center-based program and most of these were at home with their parents.

In sum, there is a substantial population of children in poverty who could be served by Head Start or some other program, but are not. Head Start could serve many of these children if it were better targeted. However, we do not know how much targeting can be improved at a reasonable cost. Families' incomes fluctuate over time so the target is always moving. Some unserved children in poverty might not enroll if offered the opportunity, though the recent GAO report suggests that many would enroll. Another potential difficulty for Head Start is that its centers (unlike public schools) are located in only some communities, and when families in poverty move to other communities Head Start may find it

difficult to recruit and transport children to one of its programs.

Federal child care subsidies (not including tax credits) served about 1.2 million children under five per month (550,000 at ages 3 and 4; 660,000 under age 3) in 2008.¹⁵ Not all families receiving these subsidies are below the federal poverty line. The number receiving subsidies is about 10 percent of all children under age 5 in child care.¹⁶ It was anticipated that the ARRA funds for child care subsidies would increase the number of subsidized children by about 150,000 per month, and 82,500 of these would be expected to be under age 5.¹⁷ Many of the children and families receiving child care subsidies and tax credits appear in the totals in table 2. Children who only receive family home day care or relative care at ages 3 and 4 (and children under age 3 regardless of type of care) do not appear in table 2. As noted earlier, more than half the children under age 5 receiving subsidies are actually under age 3 where informal care is even more common.¹⁸ We note that the number of children receiving a subsidy at some time during the year is considerably higher than the monthly average because of turnover. Eligibility for subsidies is contingent on periodic redetermination of parental work status and income. This also means that many children receive far less than a year of continuously subsidized care. The quality of much subsidized care is not high, and it provides little support for child development.¹⁹ As a result, most of the subsidized child care children from poor and low-income families receive is not an adequate substitute for a regular early education program.

Federal child care tax credits, which reimburse between 20 percent and 35 percent of the amount parents pay for care up to a maximum, helped by far the largest number of children and families. The credit was claimed by nearly 6.6 million families of children under age 13 in 2007.²⁰ About \$2.2 billion of the almost \$4 billion in credits were for children under age 5.²¹ In contrast to other policies and programs, tax credits favor higher-income families. None of the child care tax credits is estimated to benefit families in poverty, while over 70 percent is estimated to be received by families in the top 40 percent of the income distribution.²²

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State and locally funded pre-K programs serve a substantial portion of the population at age 4. Most target lower-income families, but they are much less targeted by design than Head Start, and in practice participation rates in state and local pre-K are similar for lower-, middle-, and higher-income families. In 2005, preschool special education and “other public” programs facilities served 19 percent of 4-year-olds. Special education and other public programs are primarily administered and funded by state and local education agencies. Enrollment in these state and

local education programs at age 4 rose to 28 percent by 2009, but much of this increase appears to have been accompanied by a reduction in private program enrollment or, more precisely, by the incorporation of private programs into state pre-K, usually with higher standards.²³ State and local public programs enroll few children at age 3, and this has changed little for nearly a decade.

OVERVIEW OF MAJOR PROGRAMS

In this section we summarize the following papers on Head Start, Early Head Start, and home visiting as well as the conflicting views expressed on both the purposes of these programs and their effects on children's development. We also comment briefly on the paper outlining ways these programs might be better coordinated.

Head Start

Initiated in 1965, Head Start aims to improve children's school readiness by enhancing their social, emotional, and intellectual growth. The program provides educational, health, nutritional, social, and other services to low-income families and children, primarily those ages 3 to 5 in the two years prior to kindergarten. Annually, Head Start may serve around 900,000 children at a cost exceeding \$7 billion.²⁴ As noted earlier, programs vary in the number of hours per day, days per week, and days per year. Less than half of the children enrolled received a full school day, five days a week during the school year in 2009.²⁵ The Obama administration expanded Head Start funding with nearly \$1 billion in the ARRA and has proposed a permanent increase of nearly

\$1 billion for Head Start and Early Head Start (see below) in its 2011 budget.²⁶

Following a 1997 Government Accountability Office report telling Congress that the information then available was not adequate to evaluate Head Start effectiveness,²⁷ in 1998 Congress ordered the U.S. Department of Health and Human Services (HHS) to conduct a large-scale random assignment study of Head Start impacts. The resulting study—the Head Start Impact Study—subsequently conducted in response to the congressional requirement provides longitudinal data on about 5,000 3- and 4-year-old children who applied for Head Start in the fall of 2002 and were randomly assigned to treatment and control groups for one year (3-year-olds in the control group could attend a year later at age 4). Participating children represented 383 centers in eighty-four agencies around the country, making this the biggest study of a representative sample of Head Start children and control children ever conducted. The study collected information from in-person and telephone interviews, child assessments, direct observations of program quality, and teacher ratings of individual children.

Even taking all of the mitigating considerations into account, we conclude that these reports show that Head Start is not fulfilling its promise.

Two detailed reports have now been published about the outcomes of the study. The first report, published in 2005, found some modest impacts on language development and parents' behavior at the end of the Head Start year.²⁸ The most recent report, published in 2010, found virtually no overall cognitive, social, or emotional impacts at the end of first grade.²⁹ In assessing these results, it should be recognized that: (a) there were significant crossovers between treatment and control groups (no-shows and control children who wound up in Head Start); (b) there were many control children who attended child care or other preschool programs; and, (c) the public schools children attended after Head Start may have helped control children catch up with children who had attended Head Start. In addition, the study estimated the effects of only one year of Head Start at a time and not the combined effects of two years.

Even taking all of the mitigating considerations into account, we conclude that these two reports show that Head Start is not fulfilling its promise. Even the most favorable estimates of Head Start's initial impacts are far smaller than those demonstrated by the programs that inspired Head Start, including the Child Parent Centers which were delivered to disadvantaged children on a large scale by the Chicago Public Schools.³⁰ Head Start learning gains also are distinctly smaller than the estimated gains in some state-funded preschool programs for similar populations.³¹ The Impact study itself indicates that the learning trajectories of Head Start (and control children) in literacy and math were quite slow at ages 3 and 4 compared to rates of growth for the same children in kindergarten and first grade.

This is consistent with results of the 2003 longitudinal study—the Head Start Family and Child Experiences Study (FACES)—of a random sample of Head Start children that found minimal increases in standard scores for literacy and math from fall to spring.³²

These findings are troubling. There is evidence of long-term impacts of Head Start from other nonexperimental studies, as discussed in the chapter by Ludwig and Phillips.³³ However, the experimental evidence indicates that Head Start produced at best minimal improvements in short-term educational, social, emotional, and health outcomes in the last decade. There is no plausible mechanism by which substantial long-term impacts could be produced without even stronger short-term results.³⁴ While some health-related benefits may have been important in the past, advances in access to health care for children in low-income families have obviated much of the reason for Head Start to assist in obtaining health care, as the Impact study suggests.³⁵ Given that the major purpose of Head Start is to improve learning and development with a view to increasing school readiness, the Head Start program needs major reform.

Early Head Start

Established in 1994, Early Head Start (EHS) began operation with sixty-eight programs in 1995. In 2009, EHS funded more than 650 programs enrolling over 66,000 children under age 3 at a cost of \$709 million.³⁶ Additional funds were made available through the ARRA for 2009 and beyond, and the administration has proposed to fund EHS at \$1.3 billion in 2011, exclusive of

ARRA funding.³⁷ This figure is nearly double the level of a few years ago.

In 2008-2009, Early Head Start served about 27,000 children in full-time center-based programs and 23,500 in home-visiting programs.³⁸ Additional children were served through other modes of service including family home day care, and some children received both home visiting and child care. The EHS program was established at a time of increased attention to the prenatal-to-toddler period as a period of rapid growth and development by the end of which large gaps have opened up between poor children and middle-class children.³⁹ Earlier intervention to prevent development of the gap was believed to be important and EHS was developed to fulfill the need for such early intervention.

A rigorous evaluation of EHS produced findings that were consistent with the results of other randomized trials of home-visiting and comprehensive two-generational models.⁴⁰ Although there were some modest effects on parenting and fewer subsequent births in the two years after program entry, effects on child development by the end of the program at age 3 were small in both absolute terms and relative to the gap with more advantaged children. To put the magnitude of the effects in perspective, the percentage of parents who reported reading to their child every day at age three increased from 52 percent to 57 percent, and children's vocabulary scores increased from the 10th percentile to the 13th percentile. In follow-up at age 5, no lasting effects were found for language or cognitive development, while small effects were found for parent-reported behavior problems and

approaches to learning, but not for other parent-reported measures of social and emotional development. Although it has been reported that some effects are larger for some types of programs or for some subgroups of children, these findings are not the same at age 3 and age 5, suggesting to us that they result from capitalizing on chance rather than real differences in programs or subgroups. It appears that EHS is no more effective at improving children's school readiness than is one year of Head Start. The large increase in EHS funding presents an opportunity for serious evaluation to develop more effective models.

Home Visiting

Among its many provisions, the historic health care legislation enacted by Congress in March 2010 contained a provision establishing a federal home-visiting program with \$1.5 billion in funding over five years, starting at \$100 million in 2010 and gradually increasing to \$400 million in 2013 and 2014.⁴¹ From beginning to end, the story of home-visiting programs is steeped in the social science community's call for policy based on evidence.

Although home visiting has been studied since the 1960s and has been publicly provided on a limited scale for many years, it began to receive greater attention from researchers and policymakers due to findings of positive outcomes for the Nurse-Family Partnership program developed by David Olds in Elmira, New York, beginning in 1978.⁴² The fundamental justification for the Olds program—and most other home-visiting programs—is the age-old notion that the best way to reach the very young child is through the mother. The

Olds program sends trained nurses into the homes of disadvantaged mothers starting before the third trimester of pregnancy with their first child, and provides guidance to the mother about prenatal care, breast feeding, nutrition, smoking, alcohol consumption, employment, and many other topics vital to child development and the mother's responsibilities and opportunities. The visits continue throughout the pregnancy and, with decreasing frequency, through the first and second years of the baby's life. A major characteristic of the program is that the mother develops a close relationship with the nurse—a respected authority figure—whose major goal is to help the mother make good decisions in her personal life and for her baby.

In two carefully controlled randomized trials Olds replicated his Elmira program, with some planned variations, in Memphis and Denver. Meanwhile, his program developed a substantial national following and Olds, eschewing rapid expansion of his model program, tried to control expansion in order to maintain quality. Even so, by 2009 the Nurse-Family Partnership program was serving mothers and children in twenty-eight states, and the program had gained international notice and was being implemented in England, Australia, and other countries.

During the 2008 presidential campaign, Barack Obama stated on several occasions that, if elected, he would fund a national network of home-visitation programs based on the Olds model.⁴³ True to promise, once elected President Obama included funding for a nurse-visiting program, modeled on the Olds program, in his 2010 budget. Although child advocates supported the

president's proposal to establish a home-visiting program, many of them believed that focusing on the Olds program was too narrow and left out other worthy home-visiting programs.⁴⁴ Advocates were particularly concerned about potential disruptions if states already operating home-visiting programs that did not follow the Olds model were forced to change their programs in order to receive federal funds. The administration and Congress, with child advocates playing an important role, worked out a compromise in which the Obama home-visiting initiative would provide two pools of funding for states. The first pool would reserve 75 percent of the funds to pay only for programs shown by random assignment or quasi-experimental designs to have significant impacts. In the case of home visiting, several programs besides the Olds program have shown significant impacts, though not always consistently.⁴⁵ Programs that have some but less evidence of success and thus show promise would be eligible for funding from the second pool that has 25 percent of the funds.

The story of home-visiting programs is steeped in the social science community's call for policy based on evidence.

This two-tier structure and funding arrangement for home-visiting programs has been passed by Congress and federal guidelines are now in the process of development.⁴⁶ Meanwhile,

the Obama administration followed almost the same procedure in funding teen pregnancy prevention programs as part of the 2010 budget. It would appear that the administration intends to fund some social programs based on evidence of success—as indeed both the president and his cabinet secretaries have publicly stated on many occasions.⁴⁷ The president has also indicated that the administration intends to improve or reduce funding for programs that do not work.

However, even Olds' Nurse-Family Partnership has not consistently produced overall effects on the cognitive or language development of all children served by the program, although it has shown consistent impacts on the development of children born to poor mothers with fewer psychological resources to manage the care of their children. It has also produced sustained effects on children's math and reading achievement for this vulnerable group in the Memphis trial.⁴⁸ The Nurse-Family Partnership has yet to be evaluated by someone other than its originator or as a full-scale routine public program, but the Obama home-visiting initiative will apparently provide just such a broad trial of the program and perhaps other home-visiting programs.

Child Care Subsidies

Federal and state governments provide various subsidies for child care, the largest of which is the Child Care and Development Fund (CCDF) and related state expenditures, including funds from the Temporary Assistance for Needy Families program (TANF). In its budget for 2011 the administration is proposing an increase of \$1.6 billion in federal funds for the CCDF (over

baseline funding, not including ARRA funds), which would create funding for around 235,000 additional children, but Congress has not enacted the increase as of this writing. We estimate federal funding (including ARRA funds) on child care subsidies will reach \$6.5 billion for children under 5 under current proposals for 2011 (see table 1). The CCDF is relatively free of federal requirements, but states do have to submit an annual report, set aside as much as 7 percent of their funds to improve the quality of care (in part through rating systems and professional development), have minimal health and safety regulations, and offer parents a voucher to purchase care.

Despite the quality improvement set-aside, the quality of care supported by the CCDF has been shown to be mediocre or worse.⁴⁹ A major ingredient in quality is well-trained and well-supervised teachers.⁵⁰ But many child care facilities, including both centers and family day care offered in the homes of women who run a small business, do not provide an enriching educational experience. The evidence shows that children may receive a slight boost in cognitive development from the average child care center while their social and emotional development is not significantly harmed.⁵¹ Thus, from the perspective of preparing low-income and minority children to better succeed in kindergarten and beyond, routine subsidized child care is at best modestly effective and often does not reach even that level. There is even some evidence that it can be harmful.⁵² Under current policies, subsidized child care contributes less to improving child development than does Early Head Start and Head Start. On the other hand, subsidized child care provides a

relatively inexpensive and usually safe environment for families to place their children while they work.⁵³

Whether the administration will actually defund programs that are not succeeding remains an open question with great implications for Head Start, Early Head Start, and home visiting.

Significantly increasing the quality of the many thousands of subsidized child care facilities around the country would cost billions of dollars and would therefore substantially raise the cost of care. Despite its increases in funding over the years, even now the CCDF does not serve all eligible families. Research finds that child care subsidies reduced the out-of-pocket burden of child care costs by 14 percentage points among low-income single parents who received subsidies.⁵⁴ Given constraints on government spending on child care, federal and state policy is encountering a quantity-quality tradeoff in which increased spending on quality improvement would increase the already high number of struggling families paying out-of-pocket costs or shifting to informal, unregulated care that could be of even lower quality.⁵⁵ Some parents could even find themselves unable to work because of lack of affordable care. While the magnitude of these negative effects is

uncertain, it remains clear that if public funds are not available to pay for increased quality while maintaining or even increasing the amount spent on child care subsidies, there would be negative as well as positive consequences. On the other hand, if quality is not sufficiently high, increases in child care subsidies could have modest negative effects on child cognitive development and social behavior.⁵⁶

ANALYSIS OF INDIVIDUAL PROGRAMS

Given the significant federal and state resources invested in the various programs to promote child development or provide routine care for children, and the problems with quality and coverage just reviewed, we turn now to a brief overview of the papers that analyze Head Start, Early Head Start, and home-visiting programs and the cross-cutting paper on how early childhood programs can be better coordinated. Authors of each chapter were asked to assess evidence on the effects of the respective programs and to make policy recommendations that would enable the nation to promote the development and school readiness of poor children in the most effective and efficient way possible. We asked two authors or sets of authors to examine Head Start, two to examine Early Head Start, and two to examine home-visiting programs. The authors were selected to provide contrasting views of the evidence and the best policies to improve the programs.

Chapters on Head Start

The Head Start chapters by Jens Ludwig and Deborah Phillips and by

Craig Ramey and Sharon Landesman Ramey provide a sharp contrast. The major recommendation made by Ludwig and Phillips, based on four decades of research, is that the impacts of Head Start, though modest, are nonetheless worthwhile and provide children with a boost that can be detected well into the teenage years and after.⁵⁷ Thus, they make the interesting argument that the priority for policy should be to ensure that as many children as possible receive a preschool program that is at least as good as Head Start.

By contrast, Ramey and Ramey believe that far too many Head Start centers are ineffective because they are of such low quality. Indeed, they claim that the poor quality and lack of impact of Head Start have been widely known for many years and that a “culture of silence” about these shortcomings has grown up around the program to protect it from being cut. In fact, Head Start’s budget has grown every year from 1970 to the present under both Republican and Democratic administrations with the exception of level funding in 1975 and small declines in 1986 and 2008.

Consistent with the Ramey and Ramey claim, there has been little reaction by policymakers to the 2010 longitudinal study report showing that virtually no impacts of the Head Start program on academic performance were found at the end of the first year of schooling.⁵⁸ Until this year, there has been no plan for improving the average quality of Head Start, other than to implement the important changes Congress mandated in 2007. The 2007 legislation required that 50 percent of teachers and all education coordinators in centers have at least a bachelor’s degree by September 30, 2013. It also

established new procedures for grantee renewal and recompetition.⁵⁹ In January 2010, the Obama administration released a document outlining a series of specific changes they were taking to improve Head Start quality.⁶⁰ In addition, based on discussions with administration officials, it is clear that further changes addressed to quality are being contemplated. We are encouraged by this information and offer specific suggestions in a later section of this paper for what we think the administration should do about Head Start.

Chapters on Early Head Start

Like the two Head Start chapters, the chapters on Early Head Start (EHS) by John Love and Jeanne Brooks-Gunn and by Nicholas Zill offer a remarkable contrast. Both EHS chapters base their conclusions about effectiveness on a large-scale random assignment study of seventeen program sites. Initiated in 1996, the study followed the same group of children from 14 months to 63 months of age. The children were also followed up for a last time when they were in fifth grade (not yet published). Data were collected on cognitive, language, and social-emotional measures based on direct assessment of the child or on parent report.

Love and Brooks-Gunn emphasize impacts during and immediately following the program at 14 through 36 months of age. The results showed modest impacts on a range of child and parent outcomes including cognitive, language, and social-emotional development as well as attention and engagement. The authors also emphasize that some of these effects—particularly increased attention

and reduced behavioral problems—were observed even two years after the end of the program (at age 5), although the effects on vocabulary (except for a few subgroups) and school-related cognitive abilities in literacy and mathematics did not continue. The authors also emphasize the importance of impacts on parenting and the home environment from ages 14 months through age 5 years. Finally, Love and Brooks-Gunn note that these impacts were produced when the program was first created and despite the fact that many children in the control group were in center-based programs other than EHS, thus making it more difficult to show differences between experimental and control children.

Zill on the other hand argues that the EHS impacts are mostly quite small, that many expected outcomes measured at the various assessment points did not materialize (no difference between the program and control groups), and that many of the positive impacts were found only on parent reports while direct assessments of the same or related measures showed no differences. Zill concludes that the “lack of sustained impacts in critical areas of children’s cognitive and language development tells us that the program is not succeeding.” We note that when experts disagree to the degree shown by our two papers on EHS (or for that matter the two papers on Head Start), policymakers are tempted to throw up their hands because they’re not sure what to believe. In such a situation, it is useful to focus on specific quantitative results, as we do later in our recommendations section.

Chapters on Home Visiting

Although the differences between the paper by David Olds and the paper by Deborah Daro and Kenneth Dodge are not as stark as the differences between the two Head Start or the two Early Head Start papers, there are interesting differences nonetheless. Olds, not surprisingly, is fully supportive of the current federal policy approach that focuses on low-income, first-time mothers and concentrates most of its spending on programs with the strongest empirical evidence of effectiveness. Daro and Dodge would like to change federal policy in several major ways. They strongly object to adopting Olds approach as the prevailing model because they believe that many families will be left out, that other programs have good evidence of effectiveness, and that more effort should be placed on screening to determine who needs more extensive home visiting.

More specifically, Daro and Dodge want a universal program of home visiting that would serve as a screening program to determine which mothers and babies need additional help. Under the Olds program, only first-time mothers with income below poverty (or some other low-income cutoff) would be eligible, potentially leaving out more than 90 percent of newborns.⁶¹ Moreover, families winding up in the child protection system may not use prenatal care and could therefore be missed by the Olds program.⁶² Daro and Dodge cite evidence that the per child cost of the type of screening they favor would be around \$200. Families that were found to be experiencing difficulties in child rearing or related issues would be eligible for a more extensive home-visiting program. Their

arguments are primarily based on problems that are or could be preventable. Whether the proposed universal screening and referral to more intensive home visitation could prevent a significant amount of abuse and neglect and contribute to improved child development is largely untested.

Programs are administered by different funding agencies, pursue different goals, have different rules and regulations, and often have different licensing agencies.

Chapter on Coordinating Programs

The early childhood field is populated by a diverse array of public programs. Not only does the field include Head Start, Early Head Start, and home-visiting programs, it also includes major federal spending on child care programs and significant state spending on pre-K, child care, and other programs. In addition, the federal government makes funds available for preschool special education, for the disadvantaged through Title I (though little of Title I's \$14.5 billion is spent on children under 5),⁶³ and for an assortment of other special-purpose programs. These programs are administered by different funding agencies at the federal and state level, pursue different goals, have different rules and regulations, and often have

different licensing or accreditation agencies.

Walter Gilliam's chapter proposes to bring some order out of this unruly mix of programs. His biggest recommendation is to let state pre-K programs continue to expand and eventually serve all 4-year-olds or at least all poor 4-year-olds. Head Start could then focus on what Gilliam says it does best; namely, provide comprehensive services, work with parents, and conduct home visits. He also raises the possibility that Head Start could focus its attention on 3-year-olds and children under age 3. Implicit in this recommendation is the necessity for Head Start and Early Head Start to cooperate even more closely than they do now and extend the cooperation to every state in the nation. He also calls for closer cooperation between child care programs and high-quality programs that provide services for only part of each day. To facilitate full-time work or education by parents, state pre-K programs would work with child care providers to establish wrap-around services for children who attend their part-day program, something they already do on a limited basis. Similar arrangements would also have to be made for children under age 4 with working parents served by Head Start and Early Head Start (about 10 percent of Head Start children currently receive more than eight hours per day). Although Gilliam does not discuss the specifics in any detail, he raises the possibility that both state pre-K programs and Head Start could help child care programs increase the quality of their services through coordinated in-service training and coaching.

An important problem with any coordination effort would be figuring out how to consolidate the many licensing and certification agencies that now operate in the early care and education field. Gilliam points out that some programs must now be licensed or accredited by as many as four different agencies, each with its own standards and requirements. Again, Gilliam does not explore the details of a solution, but he implies that a way should be found to have programs licensed or certified by only one agency and set of standards. This outcome would probably mean that some agencies relinquish control and could be put out of business.

RECOMMENDATIONS

The Obama administration, as the president promised during the campaign, began with more ideas and more specific proposals for early childhood programs than any previous administration. The president put more than \$4 billion in the ARRA law for Head Start, Early Head Start, and child care; initiated a home-visiting program through health care legislation; and proposed expanded funding for the child care block grant, the child care tax credit, and Head Start and Early Head Start in his 2011 budget. In addition, he proposed to spend about \$10 billion over ten years on a program called the Early Learning Challenge Fund, the major purpose of which would be to help states improve the quality of early care and education programs in their state.⁶⁴ Most of the money would be reserved for states that have a plan for coordinating programs and improving quality, although some money would be reserved for states that are just getting started in planning and conducting a broad effort to increase the number of children in

high quality care. The Challenge Fund passed the House, but has not been considered by the full Senate, although the Senate Labor, Health, and Human Services Subcommittee of the Committee on Appropriations approved \$300 million for the new program in initial action on the 2011 spending bill. Budget realities are now rising in importance, which could spell difficulty for the Challenge Fund and perhaps other Obama administration early childhood initiatives.

Like many others, we applaud the administration's zeal in supporting policies to improve the development of poor children during the preschool years. We also applaud the administration's emphasis on data-based decision making and willingness to fund or defund public programs based on their effectiveness. In the spirit of friendly advice, we have four sets of proposals—not all of which impose new costs on the already-stressed federal budget—that we bring to the attention of the administration and other policymakers interested in getting the most out of what we spend as a nation on the care and education of children before they reach kindergarten.

Head Start

First, we support greatly increased attention to and bold action in improving Head Start. Judged strictly on the basis of impacts on child development at age 5, Head Start cannot be judged more than modestly effective. Head Start does not accomplish its most important goal because it has only small effects on learning and development at the beginning of school and, at least according to the recent national randomized trial, few discernable effects

on academic abilities at the end of either kindergarten or first grade.⁶⁵

We support greatly increased attention to and bold action in improving Head Start.

Although it is not reasonable to expect Head Start to close the entire achievement gap by itself, it is reasonable to expect effects several times larger for both cognitive and social development.⁶⁶ If this is to happen, Head Start needs a new approach to encourage innovation, improve average performance, and eliminate persistently poor performance. The current process for ensuring compliance with Head Start's existing performance standards is not producing these desired results. Indeed, it appears that programs with fewer regulations and standards are outperforming Head Start on a regular basis, though the standards they do have are often higher.⁶⁷ Head Start should be judged primarily by its outcomes for children based on actual performance, not by its ability to produce a paper or electronic document of compliance. The primary focus should be on learning and teaching in the classroom. However, as others may doubt this view, we recommend that the federal government develop a competitive research program which uses randomized trials to systematically test new models of Head Start services. These trials would also permit generous waivers of the Head Start Performance Standards when needed to implement new models and integrate with other programs.

In addition, the average quality of Head Start would be improved by terminating defective programs. Evidently Congress agrees with this approach. In 2007, Congress directed the Secretary of HHS to appoint a Committee on Re-Designation of Head Start Grantees. The Committee was charged with recommending a system to evaluate every local Head Start program on a periodic basis for the purpose of improving the program, ending the program, or allowing other programs to compete for the Head Start money. The Committee was duly appointed in 2008 and reported back to the Secretary in 2009 at the end of the Bush administration. There are indications that the Obama administration may now be blowing some of the dust off the report. Recently, for example, HHS Secretary Kathleen Sebelius stated that “we are going to fund only high-performing programs,” and her staff has indicated to us that they are reviewing the Re-Designation Committee report.⁶⁸

In any case, what we need—consistent with the Re-Designation Committee’s recommendations—is a program of continuous evaluation of every Head Start program. We are aware that the National Reporting System, implemented early in the Bush administration and then terminated by Congress, was an attempt to move in the direction we recommend.⁶⁹ However, the fate of the National Reporting System should not prevent the administration from creating a continuous improvement system for Head Start that includes more appropriate assessments of the learning and development of children enrolled in Head Start.⁷⁰ Such a system would provide feedback to teachers, staff, and administrators on learning, teaching, and other program activities. Teacher

coaches are likely to play an important role in such a system.⁷¹ Most programs will improve with feedback, but those that continue to be identified as failing because they teach children poorly and produce little or no gains in learning and development should be replaced.

Any discerning reader can tell that we admire the emphasis the Obama administration has placed on early childhood programs and the capable personnel planning and administering its various early childhood initiatives. It would be surprising if an administration that is rapidly gaining a reputation for the most data- and evaluation-oriented administration ever should take the powerful indications that too many Head Start programs are floundering without living up to its word to do something rigorous about failing programs. Our plan would at least offer a relatively low-cost way to generate innovation, improve the quality of many Head Start programs, and terminate failing programs.

Early Head Start

Our second recommendation addresses Early Head Start. EHS costs more per child than Head Start and produces results for children that may be even weaker than one year of Head Start despite the fact that many EHS children and families receive three years of services. Combined with the fact that the best evaluation is more than a decade old, the evidence of modest to poor results leads us to recommend that the administration take steps to innovate and systematically evaluate promising new approaches as well as the status quo of EHS on program quality and outcomes. The administration is emphasizing rigorous program evaluations as the basis for funding decisions, but in the

case of EHS, there is really no current evidence on which to make decisions. Thus, the administration should create a better system of continuous data collection on child and family progress and on program implementation together with random assignment evaluations of innovative EHS programs. Such an approach is similar to what we suggest for Head Start, though with an even larger scope for innovation and experimentation and with full recognition of the difficulties of adequately assessing the development of very young children.

The administration should give some states the authority to use federal funds to try to build a coordinated early care and education system with an emphasis on program effectiveness.

Home Visiting

Not enough is yet known about how the new home-visiting initiative will be conducted for anyone to recommend major changes. It is difficult not to like the administration's emphasis on home-visiting program models that have been shown by evidence from rigorous evaluation to produce impacts on mothers and children, a decision that should result in this network of programs starting with local projects that are more effective than the initial projects in many

other federal grant programs. The trick, of course, will be to figure out ways to ensure that projects are implemented in a manner consistent with the program model they are following, although some room for reasonable local adjustments must be allowed. The administration will have its hands full figuring out how to maintain project fidelity and produce impacts without being subjected to external criticisms at this early point. Advocates, researchers, and members of Congress should be patient for three or four years and see what these projects produce. Rigorous evaluation will be required to determine whether even the Olds' program produces the promised outcomes when implemented as regular public programs with a predefined population. While we agree that programs with the strongest evidence currently should be the presumptive favorites, we also believe that it is much too soon to close the door on alternatives and innovations. Our only recommendation is that the administration conduct some randomized trials to test existing and new approaches, including low-cost screening and referral to home visiting, and collect reliable information on implementation fidelity and a set of standard outcome measures, including assessments of children's learning and development, for samples of children in all programs. Such studies could be randomized by place rather than by individual mothers.

Coordination

Our fourth recommendation is the most controversial. As part of its Early Learning Challenge Fund or some other legislative vehicle, the administration should give some states the authority to use federal funds from the child care block grant, Head Start, Early Head

Start, Title I, and perhaps other federal sources to try to build a coordinated early care and education system with an emphasis on program effectiveness, particularly for disadvantaged children.⁷² We do not anticipate that funds necessarily would be withdrawn from local schools and Head Start agencies and given to states, but that barriers to these agencies co-mingling funds and activities as part of a state plan would be waived.

Disadvantaged children are not achieving as they should or could with proper help and preparation during their preschool years.

These efforts, implemented in perhaps three or four diverse states, should include third-party evaluations. States should agree to a minimum set of conditions, including substantial contributions of their own funding to preschool programs, specification of their plan for increasing quality in different types of services, maximization of parent choice, adoption of good measures of learning and development for children participating in programs, and termination of funding for programs that do not meet quality standards or agreed-upon child outcomes. One or two of the states should agree to rigorous evaluations in which they follow children for several years after they enter the public schools and perhaps all the way

through their college years. In return for agreement on all these conditions, states should receive additional federal subsidies from the Challenge Fund (or other sources) and the federal government should pay 100 percent of evaluation costs. We realize that what we propose may seem like a daunting challenge and may be perceived as a threat by agencies currently receiving funds. But we also believe that many states and federal agencies would be eager to take up the challenge.

CONCLUSION

The federal government's efforts to deliver on its promise, first made by President Lyndon Johnson in 1965, to help children from poor and minority families arrive on the doorstep of the public schools ready to learn has, for the most part, become stale and stagnant. Neither Early Head Start nor Head Start has delivered much, and the nation's child care programs have been repeatedly shown to be of mediocre quality or worse. The real bottom line is that disadvantaged children are not achieving in the public schools as they should or could with proper help and preparation during the preschool years. Efforts to dramatically improve federal early childhood programs will succeed only if they are tied into ongoing, systematic, rigorous evaluations of alternative approaches. Our four-part plan holds promise for breaking us out of the current stagnation by creating continuous improvement processes and allowing the boldest and most innovative states to use all the resources at their disposal to develop models for coordinating the money we now spend and producing school readiness outcomes we all know should be within our reach.

Notes

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² Alice Rivlin and Isabel Sawhill, *Restoring Fiscal Sanity: How to Balance the Budget* (Washington, DC: Brookings Institution Press, 2004); Alan Auerbach and William G. Gale, *Déjà Vu All Over Again: On the Dismal Prospects for the Federal Budget* (Washington, DC: Urban-Brookings Tax Policy Center, 2010).

³ Some states are already beginning to cut funding for pre-kindergarten programs; see Elizabeth McNichol, Phil Oliff and Nicholas Johnson, *Recession Continues to Batter State Budgets; State Responses Could Slow Recovery* (Washington, DC: Center on Budget and Policy Priorities, 2010 [Updated May 27]).

⁴ Some figures in this chapter refer to amounts for fiscal years, not calendar years.

Some of the numbers in Table 1 are not originally with respect only to children under 5. We scaled these numbers to reflect either the percentage of children under age 5 or the percentage of federal money that would go to children under age 5; see Matthews, *Child Care and Development Block Grant Participation in 2008*; Administration for Children and Families, “FFY 2007 CCDF Data Tables: Table 15, Child Care and Development Fund, Average Monthly Payment to Provider (Including Family CoPay) by Age Group and Care Type (FFY 2007),” (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2007). Available at

http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/07acf800/table15.htm

^{4a} Head Start and Early Head Start:

For 2008 data, see Administration for Children and Families, *Head Start Program Fact Sheet 2009: Fiscal Year 2009* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2009). Available at

<http://www.acf.hhs.gov/programs/ohs/about/fy2009.html>. For 2010 and 2011 data, we used a combination of baseline data and ARRA figures. For baseline data, see Administration for Children and Families, *Justification of Estimates for Appropriations Committees, Children and Families Services Programs, FY2011 Budget* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2010): 91. For ARRA figures, see Chris Kelly, *Children's Budget 2010* (Washington, DC: First Focus, 2010): 129. Available at <http://www.firstfocus.net/sites/default/files/ChildrensBudget2010.pdf>.

^{4b} Child Care Subsidies:

(CCDF)—*Child Care Development Fund*
(CCDBG)—*Child Care Development Block Grant*

For 2008 data, for total level of subsidy, see Matthews, “Child Care Assistance in 2007.” Center for Law and Social Policy (September 2009). Available at

<http://www.clasp.org/admin/site/publications/files/childcareassistance2007.pdf>. For proportion of children under age 5, see Ibid., *Child Care and Development Block Grant Participation in 2008*. To calculate expenditure by age, see Author analysis of Administration for Children and Families, “FFY 2007 CCDF Data Tables: Table 15, Child Care and Development Fund, Average Monthly Payment to Provider (Including Family CoPay) by Age Group and Care Type (FFY 2007),” (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2007). Available at http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/07acf800/table15.htm. For 2010 and 2011 data, both baseline and ARRA (adjusted by percentage of spending on children under age 5), see Kelly, *Children's Budget 2010*, pp. 30, 128.

^{4c} Child Care Food Program:

Data was adjusted by percent of children under age 5. For 2008 data, see Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2009, Analytical Perspectives, Table 8-10: Child and Adult Care Food Program* (Washington, DC: U.S. Government Printing Office, 2008).

For 2010 and 2011 data, see Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2011, Analytical Perspectives, Special Topics, Table 17-10: Child and Adult Care Food Program* (Washington, DC: U.S. Government Printing Office, 2010).

^{4d} Tax Credits:

(CDCTC)—*Child and Dependent Care Tax Credit*

(DCAP)—*Dependent Care Assistance Program*

Data was adjusted by percent of children under age 5. Adam Kent and others, *Data Appendix to Federal Expenditures on Pre-Kindergarteners and Kindergarteners in 2008 and Federal Expenditures on Elementary-Age Children in 2008* (Washington, DC: Urban Institute and The Brookings Institution, 2010).

^{4e} Department of Defense (DoD) Child Care:

Data was adjusted by percent of spending on children under age 5. For 2008 data, see Gail L. Zellman and others, “Options for Improving the Military Child Care System,” prepared for the Office of the Secretary of Defense by the RAND National Defense Research Institute, 2008 (p. 35). Available at http://www.rand.org/pubs/occasional_papers/2008/RAND_OP217.pdf. For 2010 and 2011 data, see Office of Management and Budget, *Budget of the United States Government, Fiscal Year 2011, Fact Sheets, Department Fact Sheets, Department of Defense* (Washington, DC: U.S. Government Printing Office, 2010). The Department of Defense received an additional \$240 million in ARRA funding specifically for the purpose of constructing new childcare centers; see U.S. Department of Defense, *American Recovery and Reinvestment Act 2009: Department of Defense Expenditure Plans* (Washington, DC: U.S. Department of Defense, 2009): 2. Available at http://www.defense.gov/recovery/plans_reports/2009/march/ARRA_DoD_Expenditure_Plans.pdf.

^{4f} Title I Preschool:

For 2008 data, see Sara Mead, “FY2008 Budget Cuts Early Education Funding,” New America Foundation, The Early Ed Watch Blog (January 8, 2008). Available at <http://oti.newamerica.net/blog/early-ed-watch/2008/fy2008-budget-cuts-early-education-funding-353>.

For 2010 and 2011 data, see Laura Bornfreund, “A Look at Proposed Federal FY 2011 Funding for Early Education,” New America Foundation, Early Ed Watch Blog (July 19, 2010). Available at http://earlyed.newamerica.net/blogposts/2010/a_look_at_proposed_federal_fy_2011_funding_for_early_education-34524. To determine the percent of funding for preschool, see Daniel Ewen and Hannah Matthews, *Title I and Early Childhood Programs: A Look at Investments in the NCLB Era* (Washington, DC: Center for Law and Social Policy, 2007). Available at <http://www.clasp.org/admin/site/publications/files/0379.pdf>

^{4g} Preschool Special Education (IDEA Part B, Sect. 619):

(IDEA)—*Individuals with Disabilities Education Act*

Kelly, *Children’s Budget 2010*: p. 36. Available at

<http://www.firstfocus.net/sites/default/files/ChildrensBudget2010.pdf>. For ARRA data, see U.S. Department of Education, “American Recovery and Reinvestment Act of 2009: IDEA Recovery Funds for Services to Children and Youths with Disabilities,” (April 4, 2009). Available at <http://www2.ed.gov/policy/gen/leg/recovery/factsheet/idea.html>.

^{4h} Early intervention for infants and toddlers with disabilities (IDEA part C):

Kelly, *Children’s Budget 2010*, pp. 34, 128.

⁴ⁱ Home Visiting:

Nurse-Family Partnership, “House of Representatives Passes Historic Health Care Reform Legislation,” public policy update, Nurse-Family Partnership (March 22, 2010). Available at http://www.nursefamilypartnership.org/assets/PDF/Policy/NFP_PP_Update_March_22_2010

⁵ Eric Karolak, “FY 2011 Federal Budget Process Begins with Bold Proposal,” *Child Care Exchange* (March/April 2010), p. 40.

⁶ W. Steven Barnett and Leonard Masse, “Funding Issues for Early Childhood Care and Education Programs,” in *Early Childhood Education and Care in the USA*, ed. Debby Cryer (Baltimore, MD: Paul H. Brookes Publishing, 2003).

⁷ W. Steven Barnett and others, *The State of Preschool 2009: State Preschool Yearbook* (New Brunswick, NJ: Rutgers University, National Institute for Early Education Research, 2009); Dale Epstein and W. Steven Barnett, *Brief Report: Funding Cuts to State-Funded Pre-Kindergarten Programs in FY 10 & 11* (New Brunswick, NJ: Rutgers University, National Institute for Early Education Research, 2010).

Available at http://nieer.org/pdf/Funding_Cuts_to_State-Funded_Prekindergarten_Programs_in_FY10_FY11.pdf. These figures do not include much of the cost of preschool special education that is borne by states.

⁸ Matthews, "Child Care Assistance in 2007." States are not required to report amounts spent in excess of federal requirements.

⁹ These enrollment statistics differ slightly from others in that they estimate enrollment for school cohorts—4-year-olds are children who will start kindergarten the next year (half of whom have already turned 5 by the spring before kindergarten) and 3-year-olds are those who will start kindergarten in two years (many of whom are 4 by the spring).

¹⁰ Theoma Iruka and Priscilla Carver, *Initial Results From the 2005 NHES Early Childhood Program Participation Survey*, NCES 2006-075 (Washington DC: U.S. Department of Education, National Center for Education Statistics, 2006).

¹¹ Kristin Flanagan and Jerry West, *Children Born in 2001: First Results From the Base Year of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)*, NCES 2005-036 (Washington DC: U.S. Department of Education, National Center for Education Statistics, 2004); Gail Mulligan and Kristin Flanagan, *Age 2: Findings From the 2-Year-Old Follow-up of the Early Childhood Longitudinal Study, Birth Cohort (ECLS-B)*, NCES 2006-043 (Washington DC: U.S. Department of Education, National Center for Education Statistics, 2006).

¹² Administration for Children and Families, *American Recovery and Reinvestment Act: Improving Children and Community Service: Administration for Children and Families: Head Start* (Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families). Available at <http://www.hhs.gov/recovery/reports/plans/headstart.pdf> [August 13, 2010].

¹³ Administration for Children and Families, *Head Start Program Fact Sheet: Fiscal Year 2010* (Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2010). Available at <http://www.acf.hhs.gov/programs/ohs/about/fy2010.html>; U.S. Departments of Education and Health and Human Services, *The Federal Budget: Fiscal Year 2011: Promoting Early Learning for Success in School and in Life* (author, July 2010). Available at <http://www.ed.gov/sites/default/files/2011-budget-promoting-early-learning.pdf>.

¹⁴ Gregory D. Kutz, *Head Start: Undercover Testing Finds Fraud and Abuse at Selected Head Start Centers*, GAO-10-733T (Washington, DC: U.S. Government Accountability Office, 2010). Available at <http://www.gao.gov/new.items/d10733t.pdf>. The U.S. Department of Health and Human Services has taken several actions in response to the GAO study; see U.S. Department of Health and Human Services, "HHS Secretary Kathleen Sebelius Outlines Plans and Steadfast Commitment to Upholding the Integrity of Head Start Program," news release, May 17, 2010, available at <http://www.hhs.gov/news/press/2010pres/05/20100517d.html>; and Kathleen Sebelius, "Letter to Head Start Grantee," news release, May 17, 2010, available at http://www.hhs.gov/news/press/2010pres/05/head_start_letter.html.

¹⁵ Hannah Matthews, *Child Care Assistance in 2007: Spending Update*. (Washington DC: Center for Law and Social Policy, 2009); Matthews, *Child Care and Development Block Grant Participation in 2008*. An estimated 2.2 million children were subsidized by Child Care Development Block Grants (CCDBG) and Temporary Assistance to Needy Families (TANF) in 2007, 55 percent of whom were under age 5.

¹⁶ Matthews, *Child Care and Development Block Grant Participation in 2008*; National Child Care Information and Technical Assistance Center, *United States Child Care Statistics, an NCCIC Resource Guide* (author, 2010). Available at <http://nccic.acf.hhs.gov/poptopics/statistics.pdf>.

¹⁷ Matthews, *Child Care and Development Block Grant Participation in 2008*.

¹⁸ National Center for Education Statistics, *Digest of Education Statistics: Table 46: Percentage Distribution of Children at About 2 and 4 Years of Age, by Type of Child Care Arrangement and Selected Child and Family Characteristics: 2003-04 and 2005-06* (Washington, DC: U.S. Department of Education, 2006).

¹⁹ Chris M. Herbst and Erdal Tekin, "Child Care Subsidies and Child Development," *Economics of Education Review* 29, no. 4 (2010): 618-638; Edward Zigler, Katherine Marsland, and Heather Lord, *The Tragedy of Child Care in America* (Ann Arbor, MI: Yale University, 2009); Deborah Lowe Vandell and Barbara Wolfe, "Child Care Quality: Does It Matter and Does It Need to Be Improved?" special report no. 78, Institute for Research on Poverty (November 2000).

²⁰ Internal Revenue Service, *Statistics of Income—2007 Individual Income Tax Returns: Table 1.3, All Returns: Sources of Income, Adjustments, Deductions, Credits, and Tax Items, by Marital Status, Tax Year 2007*, Publication 1304, Rev. 07-2009 (Washington, DC: IRS, 2009).

²¹ It is not possible for us to identify those children who have late birthdays and should be counted with the “under 5s” but will not enter kindergarten until the following year. Thus, we exclude one-third of the estimated credits for children ages 3 to 5 from our estimate. (A similar problem afflicts our estimates for child care subsidies which exclude all children reported to be age 5); see Kent et al., *Data Appendix to Federal Expenditures on Pre-Kindergarteners and Kindergarteners in 2008 and Federal Expenditures on Elementary-Age Children in 2008*. We estimate that the total value of the tax credits was \$3.94 billion in 2008. Based on the percentage of eligible children under age 5, we estimate that about \$2.2 billion went to children under age 5.

²² Tax credits allow families to deduct a given amount directly from their tax payment. Thus, if families do not pay any federal income taxes, they cannot benefit from a tax credit—unless the credit is refundable, which the child care credits are not; see Elaine Maag, “Taxation and the Family: How Does the Tax System Subsidize Child Care Expenses?” in *The Tax Policy Briefing Book* by the staff and affiliates of the Tax Policy Center (The Urban-Brookings Tax Policy Center, updated 2010).

²³ Barnett and others, *The State of Preschool 2009: State Preschool Yearbook*.

²⁴ Administration for Children and Families, *Head Start Program Fact Sheet: Fiscal Year 2010*.

²⁵ Some Head Start programs provide full-day child care coverage using other state or federal funds.

Statistic derived from Early Head Start enrollment data by the Office of Head Start in the Administration for Children and Families, U.S. Department of Health and Human Services.

²⁶ Estimates of ARRA spending by year for Head Start are from Kelly, *Children’s Budget 2010*; also see Lisa Guernsey, *A Closer Look at Obama’s FY11 Budget: Head Start*, Early Ed Watch Blog (Washington DC: New America Foundation, Early Education Initiative, 2010). Available at http://earlyed.newamerica.net/blogposts/2010/a_closer_look_at_obama_s_fy11_budget_head_start-27490.

²⁷ U.S. Government Accounting Office, *Head Start: Research Provides Little Information on Impact of Current Program*, GAO/HEHS-97-59 (Washington, DC: U.S. Government Accounting Office, 1997). Note: In 2004, the Government Accounting Office changed its name to the Government Accountability Office.

²⁸ Michael Puma and others, *Head Start Impact Study: First Year Findings* (Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, 2005).

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⁵⁷ According to the national randomized trial, the effects of Head Start are negligible by first grade across all domains. Large-scale non-experimental studies have found that Head Start effects are negligible for cognitive outcomes and possibly even modestly negative for social and emotional development; see Susanna Loeb and others, "How Much is too Much? The Influence of Preschool Centers on Children's Social and Cognitive Development" *Economics of Education Review* 26, no.1 (2007): 52-66; Magnuson, Ruhm, and Waldfogel, "Does Pre-Kindergarten Improve Preparation and Performance?" Yet, other non-experimental studies find long-term effects, sometimes on achievement and school success (though only for some ethnic groups) and more often on health-related outcomes including obesity, smoking, and mortality; see Kathryn H. Anderson, James E. Foster, and David E. Frisvold, "Investing in Health: The Long-Term Impact of Head Start on Smoking," *Economic Inquiry* 48, no. 3 (2009): 587-602; Pedro Carneiro and Rita Ginja, "Preventing Behavior Problems in Childhood and Adolescence: Evidence from Head Start," (London: Centre for Microdata Methods and Practice, University of London, 2008); Janet Currie and Duncan Thomas, "Does Head Start Make a Difference?" *American Economic Review* 85, no. 3 (1995) 341-364; *Ibid.*, "Does Head Start Help Hispanic Children?" *Journal of Public Economics* 74, no. 2 (1999): 235-262; Eliana Garces, Duncan Thomas and Janet Currie, "Longer Term Effects of Head Start," *American Economic Review* 92, no. 4 (2002): 999-1012; Jens Ludwig and Douglas L. Miller, "Does Head Start Improve Children's Life Chances? Evidence from a Regression Discontinuity Design," *Quarterly Journal of Economics* 122, no. 1 (2007): 159-208. In our view, the large positive long-term effects estimated by these studies are inconsistent with the evidence from the national randomized trial and other studies of Head Start's immediate and short-term effects. We suggest that such findings reflect methodological limitations of the studies rather than real effects of the programs, though estimated health-related effects in some studies may reflect a past when health services were far less available to Head Start eligible children without that program's intervention than they are today. With no substantive near-term effects on the child or parents, there simply is no pathway for long-term effects; see W. Steven Barnett and Gregory Camilli, "Compensatory Preschool Education, Cognitive Development, and 'Race,'" in *Race and Intelligence: Separating Science from Myth*, ed., Jefferson M. Fish (Mahwah, NJ: Erlbaum, 2002), pp. 369-406.

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Child at Harvard; see National Forum on Early Childhood Policy and Programs, *Understanding the Head Start Impact Study*, Evaluation Science Brief (2010). Available at http://developingchild.harvard.edu/index.php/download_file/-/view/627/.

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⁶⁰ See Office of Head Start, *Improving School Readiness and Promoting Long-Term Success: The Head Start Roadmap to Excellence* (Washington DC: U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start). Available at http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Director/Head_Start_Roadmap_to_Excellence.pdf [Accessed on August 8, 2010].

⁶¹ Federal poverty guidelines for 2008 were \$21,200 for a family of four and \$17,600 for a family of three. In 2008, only 17 percent of all births were to women in families with incomes below \$20,000 and first births to women in such families accounted for only 7 percent of all births; see U.S. Census Bureau, *U.S. Statistical Abstract 2010: Table 92: Women Who Had a Child in the Last Year by Selected Characteristics: 1990 to 2008*, 2010 Statistical Abstract (author, 2010). Available at http://www.census.gov/compendia/statab/cats/births_deaths_marriages_divorces.html.

⁶² We do not know what percentage of pregnant women whose children wind up in the child protection system fail to get any prenatal care but only 3.6 percent of all children have mothers who fail to get care before the third trimester, and some of these get care in the third trimester; see Annie E. Casey Foundation, "Births to Women Receiving Late or No Prenatal Care, (Percent)—2006," *Kids Count Data Center* (2009). Available at <http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=10>.

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⁶⁵ Some point to subgroup effects in the National Impact Study as evidence that Head Start is more effective for some children. However, this study conducted nearly 10,000 statistical comparisons for subgroups, more than twice the number of subjects in the study. A modest number of positive effects were identified for some subgroups while negative effects were found for others employing unusually loose criteria for protecting against false discoveries. Little consistency is apparent in subgroup effects between the age 3 and age 4 samples.

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⁶⁷ Vivian C. Wong and others, "An Effectiveness-Based Evaluation of Five State Pre-Kindergarten Programs," *Journal of Policy Analysis and Management* 27, no. 1 (2008): 122-154.

⁶⁸ Kathleen Sebelius, "Obama Administration Has Plans for Head Start Improvement," letter to the editor, *USA Today*, July 20, 2010. Available at http://www.usatoday.com/news/opinion/letters/2010-07-20-letters20_ST1_N.htm.

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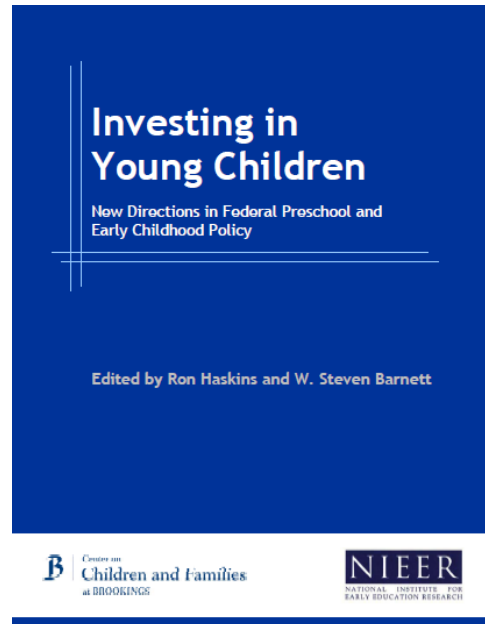
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⁷² To some extent our recommendation echoes earlier recommendations from the 2000 National Academy of Sciences report; see Jack Shonkoff and Deborah Phillips, ed., *Neurons to Neighborhoods: The Science of Early Childhood Development* (Washington DC: National Academies Press, 2000). See especially recommendations six, seven, and eight, p. 393 and p. 396.

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