36TH LEGISLATURE OF THE VIRGIN ISLANDS
COMMITTEE ON EDUCATION AND WORKFORCE DEVELOPMENT

The Honorable Senator Kurt A. Vialet
Chair of Committee

Testimony Presented By
The Honorable Justa Encarnacion, RN, BSN, MBA/HCM
Commissioner of Health

on

Bill No. 36-0069 An Act amending title 17 Virgin Islands Code, chapter 9, subchapter 1, section 82, subsection (a) by changing the age a child begins kindergarten from five years of age to four years of age

Sponsor: Senator Alma Francis Heyliger

Good day, Honorable Senator Kurt A. Vialet, Chair of the Committee on Education and Workforce Development; Vice Chair Senator Avery L. Lewis; committee and non-committee members; and the viewing and listening public. I am Dr. Nicole Craigwell-Syms, Assistant Commissioner for the VI Department of Health, testifying on behalf of Health Commissioner Justa Encarnacion, who is currently out of the territory attending an ASTHO board meeting. Also joining me today are Assistant Commissioner Reuben Molloy, Deputy Commissioner for Health Promotion and Disease Prevention Janis Valmond and Chief Legal Counsel Mackiesh Taylor-Jones.

Thank you for the opportunity to testify on Bill No. 36-0069 An Act amending Title 17 Virgin Islands Code, Chapter 9, Subchapter 1, Section 82, subsection (a) by changing the age a child begins kindergarten from five years of age to four years of age.

At its core, the proposed Bill seeks to strengthen early learning by allowing children to begin kindergarten at four years of age instead of five. The motivation is understandable: we all want Virgin Islands children to have the strongest possible educational foundation. It reflects a shared understanding that early learning lays the foundation for academic success, social development, and lifelong wellness. What research shows, however, is that earlier access does not automatically mean better outcomes, particularly when readiness, equity, and system capacity are not equally addressed.

Developmental Considerations: Readiness is Rational, Not Chronological

Across the United States, the standard age for kindergarten entry is five years old, a benchmark grounded in decades of research in child development, public health, and education. By age five, most children have reached key milestones in cognitive, social-emotional, and behavioral growth. They can typically follow multi-step directions, sustain attention in structured environments, and engage meaningfully with peers. Their fine motor coordination, early literacy, and emerging numeracy skills are also more advanced, enabling them to participate fully in kindergarten-level learning.

In contrast, many four-year-olds are still developing these foundational skills, increasing the likelihood of early academic struggles and behavioral challenges when placed in formal

schooling too soon. Local pediatrician Dr. Trevena Moore, board-certified in both pediatrics and developmental-behavioral pediatrics, supports this position. She notes that while early access to school services can benefit families and help identify developmental concerns, research consistently shows that most four-year-olds are not yet socially or emotionally ready for the academic expectations of kindergarten. Many may display early cognitive ability but lack the attention span, emotional regulation, and stamina required to succeed in a full-day structured setting.

National studies and pediatric research affirm that introducing formal academics prematurely can heighten anxiety, frustration, and behavioral issues without yielding long-term academic gains. Developmentally, most four-year-olds are still mastering self-regulation, focus, and emotional control. When placed among older peers, they may experience increased behavioral redirection, classroom disruptions, and feelings of inadequacy.

Mandating kindergarten entry at age four therefore risks placing children in environments designed for older, more mature students, settings that prioritize early literacy benchmarks over play, exploration, and social-emotional learning. Leading organizations such as the American Academy of Pediatrics (AAP) and the National Association for the Education of Young Children (NAEYC) caution that chronological age alone is not a reliable indicator of school readiness. Children, particularly those born later in the calendar year, may face unnecessary emotional and academic strain when required to begin formal education before they are developmentally prepared.

Physical and Health Considerations

Physical and health factors strongly support maintaining the current kindergarten entry age. By age five, most children have completed their early childhood immunizations, providing essential protection for both themselves and their classmates in group learning environments. Their physical development, such as bladder control, stamina, and motor coordination, is also more advanced, enabling them to handle the structure and demands of a full school day. These developmental milestones align naturally with kindergarten expectations, creating safer and more successful learning environments.

In contrast, Pre-Kindergarten (Pre-K) and Head Start programs are specifically designed to meet the developmental needs of four-year-olds. These classrooms focus on social, emotional, and early academic growth through smaller class sizes, play-based learning, and routines that match how young children learn best, through exploration, conversation, and hands-on activities. This structure differs intentionally from the more formal academic setting of kindergarten.

A key purpose of both Pre-K and Head Start is to build school readiness, the foundational social, emotional, and cognitive skills that support later academic success. Head Start also provides wraparound support such as health screenings, nutrition services, developmental assessments, and family engagement activities. These services extend beyond the classroom, helping to reduce inequities and remove barriers to learning for children and families. In the Virgin Islands, programs like Granny Pre-K, Sugar Apple Pre-K, and Head Start were created to offer this crucial year of growth before kindergarten, ensuring children enter school healthy, confident, and developmentally prepared to thrive.

Data Assessment

Data collected by the Virgin Islands Department of Health highlights the need to strengthen early childhood support rather than lower the kindergarten entry age. Assessments show that access to early learning opportunities remains uneven. Many children from low-income households, or those without access to private preschool, enter school for the first time at age five and may begin behind their peers in language, social skills, and behavioral development.

According to the 2023 Maternal and Child Health Needs Assessment, only 48 percent of children ages three to five in the Virgin Islands receive timely developmental screenings. This gap underscores the urgent need to expand structured early learning environments that can identify and address developmental delays before kindergarten. The same assessment found that 21 percent of children ages two to five are classified as overweight or obese, reinforcing the critical role early childhood programs play in promoting physical activity, healthy nutrition, and preventive health habits before children reach school age.

While early learning programs, such as Pre-K and Head Start, provide valuable developmental and health benefits, access is not universal. Eligibility is based on age and, in some cases,

income, yet not all qualifying children are able to enroll. Limited capacity and resource disparities continue to create barriers, particularly for families in underserved or low-income communities. These findings point to a clear policy direction: rather than lowering the kindergarten entry age, efforts should focus on strengthening and expanding access to high-quality early childhood programs that meet the developmental, social, and health needs of every young learner.

Research supports this approach. A longitudinal study published in *Pediatrics* (2020) found that the skills children bring to kindergarten—such as vocabulary, math knowledge, and classroom engagement—predict academic performance, health behaviors, and grade point averages well into adolescence. Similarly, a well-known Stanford University study comparing children who entered kindergarten at age five with those who delayed entry until age six found that the older group demonstrated 73 percent lower levels of inattention and hyperactivity into adolescence, illustrating the lasting behavioral benefits of additional developmental time. Further analyses of state kindergarten cutoff policies across the United States confirm that older kindergarten entrants generally experience stronger academic and behavioral outcomes throughout their early school years.

As we all work to improve educational outcomes in the Virgin Islands, maintaining age-five kindergarten entry is a developmentally sound and equitable policy. This policy reflects extensive developmental science, public health standards, and educational research. It ensures that our children are more prepared to meet classroom expectations. It aligns with national health standards and allows pre-kindergarten programs for four-year-olds to focus on essential readiness skills. This is about giving our children the strongest possible start. By keeping kindergarten entry at age five and expanding early childhood support, we can work together to build a healthier, more successful future for our young people.

This concludes our testimony. Thank you for your time and for your commitment to the well-being and future of the children of the Virgin Islands. We welcome any questions the Committee may have.