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Correspondence to Various Staff Alphabetized [1]

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Mrs. Clinton
C/O Usher's Office
9/9/96

Correspondence to Various Staff
Alphabetized

Yale University

The Bush Center in Child Development and Social Policy
310 Prospect Street
New Haven, Connecticut 06511-2188

Telephone: 203 432-9931
Fax: 203 432-9933

Sharon L. Kagan, Senior Associate

August 6, 1997

Ms. Jennifer Klein
Special Assistant to the President for Domestic Policy
2nd Floor, West Wing
The White House
Washington, D.C. 20502

Dear Ms. Klein:

In response to Elena Kagan's letter, I am writing to follow-up our recent meeting regarding the White House Conference on Child Care. I fully concur with the idea that the conference should be a springboard for a durable initiative to spark interest and investment (fiscal and attitudinal) in child care, and with the need for broad media coverage of the day. In addition, there are several conceptual issues that I believe need to be addressed:

- First, when we think of child care, we must also think of early education. "Child care" is often considered a service for the poor, with "education" for others. To achieve our goal of ensuring that quality services are available to all who elect to use non-parental care, child care and early education must be linked, so that all quality programs provide care *and* education. I realize that you may not be able to include the word "education" in the conference title, but the idea that education is a part of child care should be a dominant theme in the day's content.

- Second, when we consider child care and early education, we should consider the whole system. And when we talk about improving the system, we are not only talking about improving direct services for children and families, but also supporting the infrastructure. Infrastructure supports should include: parent information and engagement; professional development and licensing (training, education, licensing, and support); facility licensing, enforcement, and program accreditation; funding and financing (assuring adequate funding and coordinated, flexible financing of early care and education programs); and governance, planning, and accountability. To the degree that the conference can highlight these issues, the future of child care will be well served.

Please do not hesitate to call the Bush Center in Child Development and Social Policy at (203) 432-9931 if I can be of any further assistance to you as you prepare for the upcoming conference.

Sincerely,

Sharon L. Kagan, Ed.D.

Angela A. Crowley, MA, APRN, CS, PNP
Associate Professor
Pediatric Nurse Practitioner Program
Primary Care Division

Yale University School of Nursing
100 Church Street South
P.O. Box 9740
New Haven, Connecticut 06536-0740

(203) 737-2548 FAX (203) 785-6455
Email: CrowleyAn@maspo1.mas.yale.edu

Yale University

School of Nursing
100 Church Street South
P.O. Box 9740
New Haven, Connecticut 06536-0740

Campus address:
100 Church Street South
Telephone: 203
Fax: 203 785-6455

July 31, 1997

Ms. Jennifer Klein
Special Assistant to the President for Domestic Policy
2nd Floor West Wing
The White House
Washington, D.C. 20502

Dear Ms. Klein:

It was a privilege for me to participate in the June 30 planning session for the upcoming White House Conference on Child Care. It was a wonderful opportunity to provide input into this important event.

As I mentioned at the meeting, health professionals, especially those of us who care for children and young families, and health policy makers are especially eager to support our early childhood colleagues in providing healthy and developmentally appropriate child care. Research findings and the legacy of Head Start confirm the vital role that good health plays in educational readiness and achievement. The current Child Care Bureau/ Maternal Child Health Bureau Healthy Child Care America Campaign and the Maternal Child Health Bureau Health Systems Development in Child Care Community Integrated Service Systems (HSDCC/CISS) grants to most of the 50 states are promoting health and early childhood collaborative initiatives. I believe that these efforts should be highlighted at the Conference. In addition, the HSDCC/CISS grantees could disseminate the recommendations from the Conference to each of the states.

As a health consultant to the Connecticut HSDCC/CISS grant, I have shared my thoughts with Nancy Berger, MPH, of the Connecticut Department of Public Health and Project Director of the Connecticut HSDCC/CISS grant. She is most eager to assist with coordinating communication among the HSDCC/CISS grantees and to facilitate the dissemination of findings. Please let me know how I and Ms. Berger can assist you in preparing for this important event. Please feel free to contact me at 203/737-2548.

Sincerely yours,

Angela Crowley

Angela Crowley, MA, APRN, CS, PNP
Associate Professor
Co-Chair, Child Care Special Interest Group
National Association of Pediatric Nurse Associates and Practitioners

Panel Presentation
Healthy Child Care America Campaign

Join us for a panel presentation about the Healthy Child Care America Campaign, a joint initiative of the Child Care Bureau and the Maternal Child Health Bureau of the US Dept of Health and Human Services

- Learn about the Campaign, and what you as a PNP can do to support this initiative to promote children's health and safety in child care
- Receive important free resource materials on child care health and safety

TO BE HELD

*in the **NATHAN HALE ROOM***

(SIG business meeting 1:00 to 1:30, presentation to follow)

Wednesday, March 5, 1:30PM to 2:30PM

Presenters from the ***National Association of Child Care Resource and Referral Agencies (NACCRRA)*** and the ***National Association for the Education of Young Children(NAEYC)*** will discuss important linkages that can be made between nurses and child care professionals. Carole Kuhns, RN, Ph.D. Research Scientist at the Institute for Public Policy Research, Virginia Polytechnic Institute, and Angela Crowley, MA, APRN, CS, PNP of Yale University School of Nursing and Co-Chair of the NAPNAP Child Care Special Interest Group will discuss the history of the Campaign, and how PNPs can contribute to this initiative.

Presentation open to
all conference participants,
No prior sign up required

Attendees will receive a packet of child care health and safety information

Sponsored by NAPNAP's Child Care SIG

Healthy
Child Care
America

National Association of Pediatric Nurse Associates and Practitioners
Child Care Special Interest Group

Adopt-a-Child Care Program

*As a partner in the **Healthy Child Care America Campaign,** which is sponsored by the Child Care Bureau and the Maternal Child Health Bureau and coordinated by AAP, the **NAPNAP Child Care SIG** is encouraging NAPNAP members to provide health consultation to one child care program, Head Start program, or family child care provider.

*By having access to a health consultant, child care programs are more likely to:

1) Develop healthy and safe practices to promote children's growth and development.
2) Provide health education for children, staff, and parents.
3) Integrate children with chronic illnesses and special needs.
4) Develop appropriate health policies including health-related exclusion policies.
5) Promote children's access to primary care and utilize community health resources.

*Many child care providers in this country have little to no access to health consultation. By providing this service NAPNAP members can promote children's health in child care settings. While some members have developed extensive, reimbursable, on-site services for child care programs, many members do not have the time for this level of commitment. However, by volunteering to provide a minimum of telephone consultation, as needed, to one provider or program NAPNAP members can positively influence the health of children in child care.

Connecting with a Child Care Provider/Program

-A program which many of the children in your primary care practice utilize
-A local Head Start program (to augment the services of the Health Coordinator)
-A local National Association for the Education of Young Children (NAEYC) accredited program
-Through a local affiliate of the National Association for Child Care Resource and Referral Agencies (NACCRRA)

Resources

State child care regulations
Healthy Child Care America: Blueprint for Action (Child Care Bureau, MCHB)
National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (MCHB)
Health Practices Assessment for Child Care Centers (MCHB, GSA)
AAP Healthy Child Care America Campaign

For More Information

Contact:

Maggie Ulione, Co-Chair, Child Care SIG
(W) 314\ 516-6170
EMAIL smsulio@UMSLVMA.UMSL.edu
FAX 314\ 516-7082

Joyce Rezin, HCCA-Child Care SIG
(H) 619\268-0975

NAPNAP CHILD CARE SPECIAL INTEREST GROUP

Co-Chairs
Angela Crowley (AAP Liaison)
Maggie Ulione

Secretary
Carole Kuhns

Treasurer
Patricia Zajac

Newsletter Co-Editors
Mary Dooling
Maggie Ulione

Liaison-National Resource Ctr for Health and Safety in Child Care Advisory Board
Katherine Duchen Smith

Healthy Child Care America
Joyce Rezin
Kay Froemming
Rolaine Grandey

The Child Care SIG has over 120 members. As of this year, members receive a minimum of four communications each year: a welcome packet with a description of the SIG goals, activities, and directory of members and three newsletters. The dues are currently $15.00/year. For more information about joining the Child Care SIG contact the NAPNAP national office.

Because most young children have mothers in the work force, the majority of families are struggling with child care issues. This SIG was established to educate PNPs and advanced practice nurses about the influence of child care on children's health and development and to provide a network for those members with a special interest in this area. SIG members range from those who have full or part-time consultative practices in the child care area to those who have an interest in the field with little experience. In addition, the SIG seeks to: promote the role of nurses in child care, encourage active communication between child care providers and PNPs, disseminate information about child care health and development to NAPNAP members, and promote quality child care.

Activities-1996

1996 NAPNAP Conference-SIG presented a workshop for the second year on Health Consultation Training.

Katherine Duchen Smith and Ann Greco-Davidon represented the SIG at the Advisiory Board meeting of the National Resource Center in Denver, CO.

Angela Crowley attended two meetings with AAP-Committee on Early Childhood Adoption and Dependent Care (Chicago, IL). We are currently participating in several projects with AAP: Healthy Child Care America Campaign, the development of self-instructional training materials for child care health consultation, and the revision of Health in Child Care: A Manual for Health Professionals.

Carole Kuhns has developed the proposal for the self-instructional training materials and is currently seeking funding for this project.

SAMPLE

Dear (Child Care Provider/Director),

I am a Pediatric Nurse Practitioner, and I am currently practicing (place). Recently, I learned about the Healthy Child Care America Campaign, which is sponsored by the Child Care Bureau and the Maternal Child Health Bureau and coordinated by the American Academy of Pediatrics. The purpose of the Campaign is to promote a linkage between child care providers and health providers to coordinate health services and promote children's health. Many national organizations including the National Association for the Education of Young Children and the National Association of Resource and Referral Agencies are currently promoting this Campaign.

As a member of the National Association of Pediatric Nurse Associates and Practitioners (NAPNAP), I am interested in participating in this effort. NAPNAP is encouraging members to offer consultation services to child care providers and programs. As a PNP, I have expertise in pediatric primary care including well child care, anticipatory guidance, and the management of both acute and chronic childhood illnesses. I am also experienced in hearing and vision screening, developmental assessments, and patient and family education (list additional areas as appropriate).

(Find out state regulations. Comment here if your state requires or recommends health consultation. If so, the child care provider may be seeking a consultant.)

(If you wish to offer on-site services for a negotiated fee, mention here and suggest that you would be available to discuss this at a mutually convenient time.)

Because I recognize the value of linking child care and health care and how much we both can learn from each, I am willing to provide you telephone consultation at no cost. Many child care providers find it very helpful to have a health professional available by phone to offer health related guidelines, resources, and support. If you are interested.....

National Association of Pediatric Nurse Associates and Practitioners

Mission statement: *to provide a professional home for pediatric nurse practitioners and specialty nurses in advanced practice providing primary health care to infants, children, and adolescents and their families. NAPNAP accomplishes this through providing a voice, advocacy, and professional development toward improved health care for clients.*

What's New

Welcome to the NAPNAP web site.

NAPNAP was founded in 1973 as a non-profit specialty nursing organization devoted to improving the quality of infant and child health care. The pediatric nurse practitioner provides an advanced level of care to children and their families, including: counseling on normal development and behavioral problems, the prevention of illness and accidents, and care of children with acute or chronic conditions. NAPNAP promotes high standards of child health care through education, research, and legislative action involving over 5,000 members in 46 chapters across the country.

Our activities include:

- monitoring health legislation affecting maternal child care
- serving in an advisory capacity to state boards of nursing
- producing and distributing materials to educate consumers on child care
- providing opportunities and funding for continuing education of PNPs
- submission of testimony on issues affecting child health care and nurse practitioner practices

Address: NAPNAP
1101 Kings Highway, North, Suite 206
Cherry Hill, New Jersey 08034-1912

telephone: (609) 667-1773

fax: (609) 667-7187

email: info@napnap.org

NAPNAP Home Page	NAPNAP News	NAPNAP Services	Membership Application
More About NAPNAP	Legislative Update	NAPNAP Chapters	NAPNAP Catalog
NAPNAP History	NAPNAP FAQ	NAPNAP Foundation	Links

NAPNAP Services

- Special Interest Groups (SIGs)
- Task Force List
- The PNP Advantage: Guidelines for Hiring a PNP
- Order NAPNAP Publications

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NAPNAP Special Interest Groups

The National Association of Pediatric Nurse Associates and Practitioners

- Child Care
- HIV
- Immunization
- School-Based Health Clinics

NAPNAP Child Care Special Interest Group

Developed in 1993, the Child Care SIG was established to educate PNPs and other nurses about the influence of child care on the health and development of children and additionally, the SIG provides a network of members with a special interest in child care and child care health consultation. The SIG seeks to: promote the role of nurses in child care, encourage active communication between child care providers and nurses, disseminate information about child care health and development to members, and promote quality child care.

The Child Care SIG has over 130 members nationally. Members receive a minimum of four communications each year: a welcome packet with a description of the SIG goals activities, and directory of members and three newsletters. The newsletters include current resource and research information of interest to nurses working with child care health and development. The dues are currently $15.00 per year and membership is open to all nurses who join NAPNAP.

For more information about membership in the Child Care SIG contact the NAPNAP National Office or Carole Kuhns, Phd, RN at ckuhns@vt.edu

NAPNAP HIV Special Interest Group

The HIV SIG approved in October 1996 seeks to increase the role of the PNP as an advocate for the child with HIV infection as an educator of parents, families, other health care providers, and the public about this disease and its associated issues. In addition the SIG will assist the Executive Board in keeping abreast of issues and reviewing policies related to pediatric HIV infection. The SIG will serve as a support group and network system for PNPs on a national basis and will be an educational resource for all NAPNAP members.

The first HIV SIG was held at the Annual NAPNAP meeting in March and it is planned to hold meetings annually. A quarterly newsletter detailing local, regional and national research projects and new therapies, will be started soon. To join this group, send your name and $15 dues to the National office, indicating your interest in joining the HIV SIG.

NAPNAP Immunization Special Interest Group

With 156 members, the Immunization SIG is a large and active group. Activities of the NAPNAP Immunization SIG include writing and distributing a quarterly newsletter to SIG members on the latest changes in the area of vaccine practice; representing NAPNAP at national immunization meetings and conferences; and helping to shape NAPNAP's policy on immunization.

Goals include advising NAPNAP and members about immunization issues at the national level, and sharing current information for SIG members local level practices. This SIG hosts an annual meeting during the NAPNAP Annual Conference. Dues are $13.

NAPNAP School-Based Health Clinics Special Interest Group

Information is forthcoming

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NAPNAP History	NAPNAP FAQ	NAPNAP Foundation	Links

NAPNAP Links

American Academy of Pediatrics	http://www.aap.org/
Coalition for America's Children	http://www.kidscampaigns.org/
Pampers Parenting Institute	http://www.totalbabycare.com/
Stand for Children	http://www.stand.org/
National Library of Medicine	http://www.nlm.nih.gov/
Legislative Information on the Internet	http://thomas.loc.gov/
NP Support Services	http://www.nurse.net/np/index2.html
Journal of Pediatric Health Care	http://www.mosby.com/Mosby/Periodicals/Promos/phsb.html
The National Certification Board of Pediatric Nurse Practitioners/Nurses	http://www.pnpcert.org/
AccessAbility Internet Services	http://www.ability.net/

VA: Hampton Roads Chapter of NAPNAP http://members.aol.com/pnpplace/

Washington State Chapter of NAPNAP http://www.nurse.org/wa/napnap/

Please note that this list of links is new and growing. If you have a link to suggest, please send us email.

NAPNAP Home Page	NAPNAP News	NAPNAP Services	Membership Application
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Marriott

Marriott International, Inc.
Corporate Headquarters

Marriott Drive
Washington, D.C. 20058
301/380-3000

July 30, 1997

Ms. Jennifer Klein
Special Assistant to the President
For Domestic Policy
2nd Floor, West Wing
The White House
Washington, DC 20502

Dear Jennifer:

As a participant in the discussion surrounding the upcoming White House Conference on Childcare, I am writing to follow-up on those conversations. I have just been informed that the Conference is scheduled for October 23 and would like to, again, propose that the discussion and the topics covered be reflective of the diversity of all American workers. While there have been many advances in the arena of work/life and childcare, there are few models, if any, that are as solution- oriented and economically viable for a service industry workforce as Marriott's Associate Resource Line. I have recommended this program to two cabinet members (Secretary Shalala and Secretary Herman) as a national model and continue to be convinced of its significance in that regard.

Lower income families need comprehensive support. To address childcare independently has not proven to be effective. The Associate Resource Line is a hybrid program Marriott developed to meet the childcare and family needs of all segments of our workforce - from entry level hourly workers to executive management. It provides case management support for our working families through Master-level social workers and is delivered in 8 languages. We have nationwide utilization of over 8% annually. **Most importantly however, this is an economically viable model for which we, as a corporation, conservatively estimate a 4:1 return on our investment. For every $1 we invest in the service, we estimate cost avoidance of $4 based on reduction in turnover, absenteeism and tardiness.**

I respectfully request you consider including the Associate Resource Line as a presentation topic for the White House Childcare Conference. I know of no other program that meets the needs of the multi-cultural and economic station of so much of today's workforce.

Sincerely,

Donna M. Klein
Director
Work/Life Programs

DMK/eah

CC: Elena Kagan
Joan Lombardi

YWCA
of the U.S.A.

Washington Office
3rd Floor
624 9th Street, N.W.
Washington, D.C. 20001
202-628-3636
Fax: 202-783-7123

July 24, 1997

Jennifer Klein
Senoir Policy Analyst
Domestic Policy Council
White House
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Dear Ms. Klein:

The YWCA of the U.S.A., on behalf of the nearly half a million children served by our associations, as well as their parents, thank you for including our organization in the planning of the White House Conference on Child Care. We believe strongly that President and Mrs. Clinton's dedication to providing quality child care for all who need it will be a legacy for which this Administration will be long remembered.

This letter is a follow-up on comments made in earlier meetings and includes some strategies which the YWCA believes will make this one day meeting live far beyond 24 hours. Enclosed you will find some further thoughts on the goals of the conference, desired outcomes, as well as format suggestions.

The YWCA has provided child care services since 1868 and currently serves approximately half a million children in over 1000 locations. Our varied programs serve children of all ages from diverse economic and ethnic populations. Often our child care programs are coupled with employment training programs, schools, abused women's shelters, and homeless programs ensuring that women struggling to become economically independent will not have to worry about their children's care. Additionally, working poor, middle income, and upper income children frequently share the same high quality care in YWCAs.

Because of our history and current programs, we would like to offer our services to the organizers of the White House Conference of Child Care in at least four ways coinciding with our recommendations as to the format for the Conference:

* Prior to the Conference, the YWCA in at least 10 states could coordinate visits to local YWCA and other child care programs as well as meeting with conferees to answer questions and describe child care in their community;

* The YWCA can be available for filming sites for an introductory video;

* The YWCA annual Week Without Violence is the week of October 19 to 25th. If the Conference should coincide with this week (of which Mrs. Clinton served as Honorary Co-Chair last year), the YWCA can reinforce components of this public engagement campaign with the Conference;

* Dr. Prema Mathai-Davis, Chief Executive Officer of the YWCA of the U.S.A. would make an excellent participant in the White House Conference with her experience as a working parent, an educator in child development and as a national leader of an organization with a rich history in child care, youth, and employment issues of women. She could draw on the actual experience of the many different child care and youth development programs in the YWCA.

The YWCA is eager to work with you in any way you believe would be beneficial to the goals of the President in providing child care for all children as we keep America working. Enclosed you will find further information about the YWCA which you may find useful in determining how our organization can be of assistance in this process.

The YWCA is a member of the Media Strategy Group and full-heartedly agrees with its offer to work with the Administration to make the White House Conference a success.

I can be reached at 212/614-2805 or 717/290-7362.

Sincerely,

Rhea F. Starr

Rhea F. Starr,
Child Care Advocate

Enclosures

2000 South Batavia Avenue
Geneva, IL 60134
Phone: (630) 262-4000

Refrigerated Foods Companies

July 25, 1997

Jennifer Klein
Special Assistant to the President for Domestic Policy
Second Floor, West Wing
The White House
Washington D.C. 20502

Dear Ms. Klein,

This is in response to your July 18th letter concerning the Child Care Conference. I am attaching a letter I sent to Joan Lombardi as a follow up to the focus group meeting I attended on June 27th.

In addition, I wanted to suggest a further point. One of the major accomplishments of this administration was the welfare reform legislation. Inherent in that success was the state level implementation. The states are actively involved in implementing the strategy. Had the administration tried to reform welfare at the federal level, the initiative would have failed both in Congress and at the state level. Someone once told me that like politics, all child care is local. Couldn't we take the welfare reform model and apply it to a child care policy? In other words, make the states an active partner in policy formation and administration. Current state initiatives in child care are way ahead of the curve, such as in North Carolina, Florida and Colorado. Many states are doing little or nothing.

Much like in welfare reform, couldn't we assess the best practices among the states and raise them into a coherent national policy? This could make a lively workshop at the Conference.

Thank you for asking me to participate in this process. My company and I stand ready to help and support this endeavor.

Sincerely,

C. R. Romeo

Charlie R. Romeo
Director, Employee Benefits

2000 South Batavia Avenue
Geneva, IL 60134
Phone: (630) 262-4000

Refrigerated Foods Companies

June 30, 1997

Joan Lombardi
Associate Commissioner
HHS, Administration for Children and Families
330 "C" St., SW
Washington D.C. 20201

Dear Joan,

Thank you very much for inviting me to your focus group for the Fall conference. Because I have met you before, I feel I can write you and express both my appreciation and my concerns. I am writing this letter because I am not sure I was able to articulate my views adequately. I believe it is commendable for the White House to solicit varied points of view. However, I was a bit confused at the conclusion of the meeting.

I thought the issue before us was child care in America. The discussion bounced from child care to early childhood development, to the Brain Conference, to the need for earlier education. All are worthwhile issues, and all are interrelated. However, a one day conference in the Fall is not going to be effective if we try to include a variety of worthwhile but diverse issues.

I know there will be a follow up letter to us and I am looking forward to responding. But please allow me to make the following points:

- If child care in America is our charter, let's stay with it. Instead of having the Conference try to accomplish 150 things, let's identify two or three goals and stick with them.
- Logistics- pick the date, and get it out early so people can get it on their calendars.
- Committees should be established immediately .
  These committees should be chaired by a staff member and made up of other staffers and perhaps selected members of your focus groups. These committees could be:
  - "Agenda": Goal is to keep the conference focused upon the specific goals of the administration. Goals should be clear, precise and attainable.
  - "Attendance": This committee should focus on who is invited. Don't round up the usual suspects! If all you invite are child care advocates and "Working Women" corporations, we will just be preaching to the converted. States, other than Colorado and North Carolina, for example, should be invited. Ambivalent and indifferent corporations should also be invited.
  - "Logistics": This committee should ensure the environment for the conference. Don't stick 150 people in an uncomfortable room for eight hours and talk at them. Get interactive. For example, have a general session of all attendees in the morning. The First Lady could give the keynote address. This could be followed by someone from a

state, Bea Romer from Colorado, for example. You would run your satellite feed at this part of the conference. If the President is in town, he could perhaps speak at the luncheon gathering. In the afternoon, the attendees could break into various workshops designed around the goals of the conference. These workshops could include titles such as "The Business Case for Child Care," "State Initiatives," "Public/Private Collaborations," etc. No more than 20 people in a workshop to encourage participation. Run the workshops concurrently so attendees can choose topics of interest.

- "Situs": Joan, let's face it, the Old Executive Office Building is a lovely setting, but it is a museum. It limits your ability to be flexible in your conference planning and it's not participant friendly. Have you thought of having the conference at a local hotel? Pardon my naiveté in this area, but can you ask corporations to help? I can't speak for Marriott, but what if you asked Donna Klein if Marriott could host? My company could supply the food (a veritable feast, I assure you). Now we have a conference hotel, more comfortable and convenient for out of town attendees, and a setting more conducive to the general session/workshop configuration. Other companies could also be asked to host.
- Finally, the conference goal or final product. This should be pragmatic and achievable. "How do we make quality child care more affordable and more available for the working parents of America?" Stay focused on that for the conference. Don't digress.

Joan, I want to thank you once again for asking me to participate. ConAgra stands ready to assist in whatever way we can.

Sincerely,

Charles R. Romeo
Director, Employee Benefits

CRF/lmf

cc: Nicole Robner, Office of the First Lady

P.S. Joan, can you circulate the list of attendees at our focus group meeting? I didn't have the chance to meet all of them.

PERMANENT JUDICIAL COMMISSION
ON JUSTICE FOR CHILDREN
c/o Pace University School of Law
78 North Broadway
White Plains, New York 10603
(914) 422-4425
Fax# (914) 422-4405

FAX COVER SHEET

Date: 7/25 Total Number of pages 3 (including this page)

PLEASE DELIVER THIS DOCUMENT TO:

Name: Jennifer Klein

Location: The White House

Fax #: (202) 456-2744

Tel #: _____

****

From: Sheryl Decker

Tel #: (914) 422-4425 / Fax #: (914) 422-4405
If you have trouble receiving this fax, please call the above number. Thank you

MESSAGE: Receipt of 3 pg letter from Sheryl Decker

PERMANENT JUDICIAL COMMISSION
ON JUSTICE FOR CHILDREN
c/o Pace University School of Law
78 North Broadway
White Plains, New York 10603
(914) 422-4425
FAX # (914) 422-4405

July 25, 1997

Ms. Jennifer Klein
Senior Policy Analyst
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Jennifer,

It was good to see you at the Kellogg meeting.

As promised, I have sent under separate cover materials about New York's statewide system of Children's Centers in the Courts.

This Commmission created the Children's Centers to provide a two-prong service: quality drop-in child care to enable caregivers to attend to court business, to provide a safe haven for children and to facilitate efficient court operations; and a site-- possibly the only place until a child enters school-- where families can learn about and gain access to services vital for their child's development such as WIC, Early Intervention and Head Start. Fourteen Centers (there will be 22 by the end of 1997) served over 36,000 children last year. Through special projects with Head Start (the nation's only colloboration between Head Start and the courts), the New York Children's Health Project and the presence of trained Center staff, thousands of families have received information and referrral about essential services and over 1500 children have been enrolled in Head Start, WIC and Early Intervention or received immunizations and other health services.

The Children's Centers initiative illustrates three themes for comprehensive national child care policy. First, it is important to recognize and support a wide variety of quality early childhood programs --day care centers, family day care, early intervention, Head Start, and drop-in child care in the courts, hospitals or other institutions. Second, quality child care that addresses the needs of parents and children produces secondary benefits such as more efficient courts, a stronger economy as well as

well as children more ready to learn. Third, quality early childhood programs can be the key forums for implementing the findings of the White House Brain Conference. In addition to tailoring educational programs, they can serve as unparalled sites to screen and link children to the immunizations, basic health care, developmental assessments, early intervention services, and healthy nutrition that are vital for healthy development.

I am hopeful that these themes will be highlighted at the upcoming White House Conference on Child Care. I look forward to discussing the conference, developments on Adoption 2002 and other matters with you in the near future.

I hope that you and your baby are doing well.

Warm regards,

Sheryl

Sheryl Dicker

fcd FOUNDATION FOR CHILD DEVELOPMENT
345 EAST 46 STREET • NEW YORK, NEW YORK 10017-3562
212/697-3150 FAX 212/697-2258

RUBY TAKANISHI
President

July 29, 1997

Jennifer Klein
Special Assistant to the President
for Domestic Policy
The White House, Second Floor, West Wing
Washington, DC 20502

Dear Ms. Klein:

I am responding to Elena Kagan's letter of July 18th requesting written comments for planning the White House Conference on Child Care. I appreciate the invitation to the focus group meeting in June, and her request to comment in writing.

The President has the opportunity provide urgently needed, national leadership to benefit our nation's most vulnerable children--those living in families in poverty despite work. Many more families are among the "working poor" than in official poverty. With changes in welfare legislation, the number of these families will increase. These forgotten American families do not have the benefits government provides to those in official poverty and those who are advantaged, particularly in access to affordable child care and education. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act is already shifting limited child care subsidies from working poor families to those making the transition to work. The President can truly make PRWORA work by (see also attached article by B. Bergmann):

- Using his position to highlight the importance of quality child care for all American families, especially those who are working at low wage jobs. When the public and our elected officials support parents "working and playing by the rules," access to child care is essential for them to work.
- Identifying developmental child care as a essential family support, critical to the health, learning, and well-being of children.

The President can lead by articulating the facts regarding our current child care crisis and principles for future action. By creating a climate for change and hope, the White House Conference on Child Care can be a significant legacy of his administration.

Sincerely,

Ruby Takanishi

Attachment

Real Welfare Reform: Help for Working Parents

Barbara Bergmann

Republican and Democratic ideas on welfare reform are inadequate, argues this economist. She says the nature of the problem requires a more practical and bolder approach.

The American welfare system, dysfunctional as it currently is, takes care of a real problem: there are single mothers who cannot earn enough to support their families, given their need for child care and health care. Sooner or later, the country will have to awaken from its pipe dream. A government-free America will not bring on a problem-free America. For the foreseeable future there has to be a government program to help some parents with some of the expenses of raising their children. When it does wake up, the country can start to consider whether there is an alternative to the present system that could move us toward some widely shared objectives: (1) getting most single parents into jobs; (2) reducing the number of improvident births; and (3) lowering the proportion of children in poverty. Such a program would not be cheap. But we could, if we had the political courage, divert into a sensible and humane welfare reform some of the billions we spend on programs we need a great deal less.

For a while, the Republicans flirted with the idea of simply abolishing welfare. But the American people will not countenance a program that makes mothers so desperate as to give up their children to orphanages, in order that the pitiful sight might deter other poor, husbandless women from new pregnancies.

The alternative idea of the Republicans—to send the whole mess back to the states accompanied by block grants—is basically a retreat to a far less generous version of the present system. Much the same people will be on welfare; each family will simply get less. That would push millions of children deeper into poverty. As the states compete through low taxes to attract industry and well-off residents, state-controlled programs helping poor children would likely get still more stingy.

We should not be too proud to look at how other countries deal with this problem. When we do, we see that the United States has the worst record of any of the developed countries in allowing children to grow up in poverty. The countries

BARBARA BERGMANN's new book, *Saving Our Children from Poverty: What the United States Can Learn from France*, will be published this fall by the Russell Sage Foundation.

Table 1 **Statistics on the Condition of Families with Children in Four Countries**

	Sweden	France	Netherlands	United States
Single-mother families (as a percentage of families with children)	15	7	10	19
Single mothers with earnings (percentage)	90	83	31	70
Poverty rates for children (percentage)	3.0	6.5	4.1	21.5

Source: Tabulated from the Luxembourg Income Study databases.

of Europe with per capita incomes comparable to ours have poverty rates for children in the neighborhood of 5 percent, while in the United States child poverty rates are over 20 percent.

Table 1 compares the situation in the United States with that in Sweden, France, and the Netherlands. The three European countries achieve lower poverty rates for children despite having many single parents, and many parents whose wage income is not sufficient to keep them above the poverty line. Sweden and France provide generous cash allowances to families in which the parents work at low wages, subsidize paid-for child care heavily, and have universal health insurance. Most Swedish and French single mothers are earners, as are most married mothers. By contrast, the Netherlands provides little child care, but subsidizes low-income at-home mothers heavily whether they are married or single. Not surprisingly, relatively few mothers in the Netherlands are earners.

Current United States policy is closer to that of the Netherlands: most cash allowances go to families in which the single mother is at home, and very little child care is provided. The difference in child poverty rates between the Netherlands and the United States is, of course, due to the fact that allowances to the single mother at home in the Netherlands are sufficient to keep the nonearning mother out of poverty, while in the United States they are not.

Table 2 shows three ways in which a single mother with two preschool children in the United States could be provided with enough resources to live in decency. In the first column is the "Netherlands" solution, which would require a big increase in the level of AFDC payments. The Netherlands' solution to the child poverty problem would certainly not fit the present state of public opinion in the United States. Nor, in my opinion, would it be good policy.

Such a program would have to include sizable payments to married as well as husbandless women, if marriage is not to be discouraged. It would encourage women to make full-time motherhood into a decades-long career. This would most likely halt or reverse the progress women have made toward equality with men, which has resulted from the abandonment by a majority of women of the practice of spending long stretches of time in full-time motherhood. Such a program might well create a large caste of dependent nonworking men, who would move in to share the now more generous government checks, throwing the women and children back into poverty. There would be a further deterioration in the power of parents over their teenage children.

The second column of Table 2 depicts the "self-reliance" that the Republicans have been preaching as the solution to the child poverty problem: the mother holding a job that is good enough to lift her and her children out of poverty. It shows the wage a single mother would need to make (in a job with health insurance) in order to pay for licensed child care out of her earnings, and still have enough left over to live at a decent level. That annual wage was $24,273 in 1993. The median wage for single mothers already at work is considerably below that. So "self-reliance" at a decent standard of living is out of reach for a majority of the single mothers now on welfare.

A reduction of poverty down to the levels we see in France and Sweden cannot be achieved unless we do as they do—subsidize child care and health insurance for all low-income families with children whether or not they have been on welfare. It is not enough to do this for just a year or two. Rather, we must do it for as long as they need them. That would keep families from

Table 2 **Three Ways a Mother with Two Preschool Children Could Escape Poverty, 1993**

Requirements	Nonimpoverishing Welfare (Netherlands Solution)	Independence Through a Good Job (Republican Solution)	Help for Working Parents (HWP) (French/Swedish Solution)
Child Care	Stay-at-home mother	$9,600, paid by mother	Provided by HWP
Health Insurance	Medicaid	Provided by employer	Provided by HWP
Other Goods and Services	$10,487	$11,400	$11,400
Source of Support			
Cash and Near-Cash	Current AFCD $4,404 Current Food Stamps 2,690 New benefit 3,393	Job with benefits paying $24,260	Full-time minimum-wage job paying $8,800 Current food stamps $1,890 Earned Income Tax Credit $1,511 New benefit $50
Taxes (–)	0	–$3,260	–$851

For sources, see Barbara R. Bergmann, *Saving Our Children from Poverty: What the United States Can Learn from France.*

going on welfare to get child care and health insurance, as well as enabling many now on welfare to leave. Subsidizing these costs for married as well as single parents, as the Europeans do, would reduce the disincentive to get or stay married. The effect of a "Help for Working Parents" program designed along these lines on the situation of a single mother with two preschool children is shown in the third column of Table 2. With the HWP provision of child care and health insurance, plus the support given by the 1995 authorized levels of food stamps and the Earned Income Tax Credit, a mother with a minimum-wage job would have enough to escape deprivation.

I would propose a "Help for Working Parents" (HWP) program modeled after the Swedish and French examples that would subsidize all child care costs for the bottom 20 percent of families with children, subsidize it partially for the next two quintiles, and provide health insurance for all families with children now without it. The cost would not be trivial. We would have to spend perhaps $100 billion a year over and above what we are now spending. Some reconfiguration of existing programs would also have to take place. For example, kindergarten and Head Start would have to become full-day, multiyear activities. An attraction of the "Swedish/French" solution for the American public would be that it would not involve additional cash payments to single parents beyond those now mandated—the additional help these parents need can be provided as services that working single mothers and their children obviously need.

The Republican governors of Michigan, Wisconsin, and Massachusetts, who are trying to reduce the number of AFDC clients, have had to face up to the reality of these families' needs for subsidized child care and health insurance. But they do not have enough funds to provide these necessities to every family whom they would like to move off AFDC. It goes without saying that their current funds would be grossly insufficient to cover these necessities for families who are not currently on AFDC. More financial resources are required to solve the child poverty problem; it cannot be done on the cheap.

A system of publicly subsidized high-quality child care centers would benefit many of the children themselves. As occurs abroad, they could be offered care that fostered their development, nutritious meals, and remediation for disabling but reversible physical or mental conditions. The amount of violence and abuse children now suffer would be reduced. They would emerge far more ready for school. Research has shown that children benefit from care in a high-quality center, and children from deprived backgrounds benefit more than average.

The HWP program would reduce the current powerful incentive for mothers to cling to welfare. It would reliably provide to mothers costly things they now lose when they go off welfare: care for their children and health insurance. But could large numbers of welfare mothers get jobs? It is commonly assumed that they would not be fit to hold any jobs at all without elaborate and expensive training for which billions of dol-

lars of government funds would have to be expended, and that, in addition, there are no jobs for them to fit into. Those assumptions can be challenged. As Table 2 shows, jobs with the lowest wage possible—those at the current minimum wage—would suffice to get most families up to a decent standard, if child care and health insurance are provided. Teenagers get and perform satisfactorily in such jobs by the millions without special, expensive, government-financed training, and there is no reason to think that single parents are inferior as workers to the general run of teenagers. Some single mothers would, of course, get better than minimum-wage jobs immediately on going off welfare or graduate into them from minimum-wage jobs. Concern for poor children should motivate better enforcement of the laws against race and sex discrimination to enable more single mothers to move up the wage scale. Even the poorest job, however, would support a standard of living above that allowed by current welfare grants, as long as child care and health care are provided.

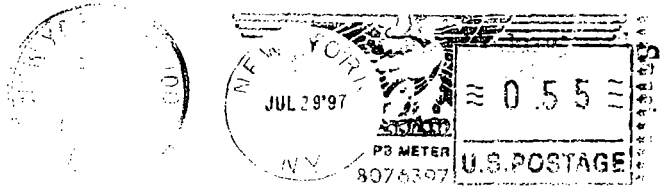
Those who offer the "no jobs" objection assume that new entrants into the labor force must endure unemployment until the number of jobs grows to accommodate them. The fatuity of that objection is shown by the fact that nobody says that we cannot graduate our high school seniors because there are no jobs for them. In fact, there is considerable turnover, particularly in low-wage jobs, and new entrants compete with those previously in the labor force for the vacancies that result. Moreover, the provision of child care to them and to other low-income families would create many jobs in child care centers. Some jobs in public-service employment could be provided in geographic areas with high unemployment rates. Better unemployment insurance coverage for single parents and support for parents disabled from work would also be needed.

Probably the most common objection to such a program is that we cannot afford it. U.S. politicians who say that we "can't afford" to provide the resources to reduce child poverty to European levels (to say nothing of treatment for drug addicts and alcoholics who desire to kick their habit, medical insurance for all, and repairs for crumbling bridges) are obscuring the truth. In my view, we could easily mobilize the resources since such a program could be financed by a modest rearrangement of the federal budget. These politicians are really saying, "We don't want to spend the money to reduce child poverty."

No politician dares to say that we have better things to do with our resources than mobilizing them to improve the lot of children in this country, and that these better things include the B-2 bomber, farm subsidies, or spending for still more luxuries by the upper-income groups. That would not sound good or responsible. But saying that we "can't afford" the programs sounds prudent and allows us to relieve our conscience of the sin of allowing large numbers of our children to suffer deprivation when it would be well within our power to do otherwise.

Government financial support of child care and health insurance for families with children is the only policy on the horizon that has any promise of bringing our child poverty rates down. It seems remote at the present time, but stranger things have happened.

fcd FOUNDATION FOR CHILD DEVELOPMENT
345 East 46th Street, New York, N.Y. 10017-3562



Jennifer Klein
Special Assistant to the
President for Domestic Policy
The White House, 2nd Floor, West Wing
Washington, D.C. 20502

Joyce E. Butler
395 Rochambeau Avenue
Providence, Rhode Island 02906
401-351-8516

June 25, 1997

Jennifer Kline
Second Floor, West Wing
The White House
Washington, D.C. 20500

Dear Ms. Kline:

Thank you for the opportunity to attend the June 23, 1997 child care focus group. As a founding member of **USA Child Care**, I was privileged to represent our president, Shirley Stubbs-Gillette, who is on vacation. When she returns I expect she will want to provide you with formal feedback on behalf of the organization. In response to your invitation for written follow up, I have reiterated and elaborated on several comments I made at the meeting.

1. Invest in the child care infrastructure. The supply of child care cannot expand to meet the growing demand without support for the current system, new program development, and expansion of existing programs. Most states have invested in buying as much of the available child care supply as cheaply as they can. States have neglected infrastructure investment as it competes with the pressing need to reduce long waiting lists of eligible families. Limited funding available for quality initiatives in the Child Care and Development Block Grant has been spread too thin to significantly impact the child care infrastructure of most states. And child care rates are so low that providers drain all their charitable resources to support state subsidized children - leaving little help for anyone or anything else. Nearly all children in child care are affected by this structural poverty. A significant presence of undersubsidized state funded children in a program - I put it at 15% or more - will erode the quality of care all enrolled children receive.

Physical plants are deteriorating. Many centers and family child care homes serving poor and low income families are economically fragile. Potential family child care providers dwelling in inner city rental housing lack the resources to make changes necessary to meet basic health and safety codes needed for certification. Operating at the fiscal edge, each physical plant crisis can threaten program stability as most providers lack funds to address these problems (lead paint abatement, window replacement, crumbling concrete, asphalt replacement). The consequences of long term structural poverty are leaky roofs,

hazardous playgrounds, drafty windows, unreliable heating systems, faulty plumbing, etc. This time of year, young children nap on sticky polyethylene cots in the sweltering heat of non-air conditioned rooms while a single fan blows hot air around. And playgrounds with inadequate shelter and shade can be as dry as a desert.

High staff turnover, lack of training opportunities and low salaries have resulted in a loss of leadership. The focus group discussed this at some length. I would like to reinforce the need for leadership development initiatives. Seasoned leadership in child care is fast becoming a rare commodity. We will not be able to build and maintain the child care infrastructure without it.

The availability of family resource and support has significantly diminished. Low rates of reimbursement have gradually eroded the comprehensiveness of child care services. New staff and parents have no memory of the education coordinator, the on-site social worker, the bilingual home visitor. . . In one program I bartered for children's social services by reserving child care slots for homeless families in exchange for a local mental health agency's services. It shouldn't be so hard to get help for troubled children and families.

Any legislative initiative on child care should address these key areas:

- Funding that raises rates of reimbursement for the provision of child care services to low income children. Rates should also be sufficient to supply families with resource and support services.

- Funding (grants and loans) to support new program development, physical plant improvements and renovation, and program expansion.

- Funding to build leadership skills among direct service child care providers and that involves the federal government (including labor and higher education), professional organizations, institutions of higher education, foundations, and the private sector.

2. A primary focus of the President's message to the American people should link child care to the healthy economy. The nation's economic health has resulted in low unemployment. Higher employment rates naturally lead to the need for more child care. And child care can help keep the economy moving forward. But low income parents entering the workforce will not be able to compete for the available child care slots if the value of their child care voucher or certificate is not competitive in the marketplace. While the child care infrastructure must support parents of all income levels, welfare reform will fail and backlash will occur if low income families are squeezed out of the child care market. We must invest in the child care infrastructure while there are resources to do so.

3. An easy and effective way to leverage private sector investment is through matching gift programs. I agree that efforts to encourage public private partnerships should be encouraged (mentor a center, for instance). In a related discussion after the meeting ended, I suggested that private corporations be urged to include non-profit early care and education programs as part of their corporate giving/matching gift plans. While my spouse can offer his alma mater or a local private school a donation of $500 that is matched by $1000 through the corporate giving plan, a donation to the local non-profit child care center we supported was not matched. The President's influence could help convince corporations of the legitimacy and value of matching employee donations to local non-profit child care programs that serve the children of their employees and their community.

Finally, I concur with the suggestion of a member of our focus group that the President help improve the morale of parents - and I would add, providers - about child care. But parents can only feel good about child care when it is good. And the public image of child care has seriously eroded the morale of direct service providers. Media and professional dialogue about child care often focuses on the negative and inspires concern and suspicion - even among the advocates (poor to mediocre quality - infectious disease - sexual abuse - not as good as Head Start - diaper ghettos - etc.). My colleagues in child care have struggled for decades to deliver quality services to poor and low income children and families - despite the lack of resources, respect, support, and compensation. We must all be held responsible for the quality of child care in this country, but those on the front lines urgently need our support.

It is my sincere hope that the President's efforts on behalf of child care will help to build a quality child care system for America's children and families.

Sincerely,

Joyce E. Butler

Joyce E. Butler
Early Childhood Policy Consultant

cc: Joan Lombardi, Associate Commissioner, Child Care Bureau
Shirley Stubbs-Gillette, President, USA Child Care

The Annenberg/CPB Project

July 22, 1997

Jennifer Klein, Senior Policy Analyst
Domestic Policy Council
2nd Floor, West Wing
The White House
Washington, DC 20500

Dear Ms. Klein:

You followed us on the agenda of the Child Care Media Strategies group earlier this month. Now, I am writing to give you the information we shared with that group and to encourage you to consider using the new PBS series, **The Whole Child**, in the White House Conference on Child Care. As a product of the Annenberg/CPB Projects, and produced for public broadcasting, the series already belongs to the nation. We would love to have it make a contribution to the White House Conference.

The Whole Child: A Caregiver's Guide to the First Five Years will begin airing on PBS stations in early 1998. Produced to entertain as well as educate, it will be a great resource for parents and informal caregivers as well as for childcare providers. The series will also be available on videocassette.

As you plan the White House Conference on Child Care, I hope you will think about using footage from the series to lead into discussions of critical child care issues. We also would be delighted to provide information about the series for conference participants. Teaching by example, each program in **The Whole Child** series features real children and caregivers in situations involving just about every kind of child in every possible child care setting.

The enclosed tape features the program on discipline. We would be glad to share other programs with you. When the new 10-minute overview of the series is done, I will send you a copy.

Please consider **The Whole Child** as a resource for your conference. We will be glad to cooperate with you as you plan the event. You can reach me at 202/371-1999 or call David Pelizzari at 202/879-9643. We look forward to speaking with you.

Sincerely,

Nancy Thompson

Nancy Thompson

A Project of the Corporation for Public Broadcasting and
The Annenberg School of Communications
to provide opportunities for higher education

901 E Street NW
Washington, DC 20004

(202) 879-9600
FAX: (202) 783-1036

The Annenberg/CPB Project

For more information:
Nancy Thompson (202) 371-1999
David Pelizzari (202) 879-9643

Fact Sheet

The Whole Child: A Caregiver's Guide to the First Five Years

What is it?

- A video series and PBS broadcast, in 13 half-hour lessons, on developmental education and care from birth to five
- A complete curriculum adaptable for C.D.A. and teaching certification
- A college telecourse for distant learners
- A video demonstration, through real examples from the field, of the principles and practices described in Joanne Hendrick's highly-regarded text, *The Whole Child*

What are its unique advantages?

- It teaches by example
- It provides an ongoing curriculum in child-care training from a leading authority, nationally televised as a common reference point
- It presents multi-cultural, multi-level, and multi-need programs and challenges throughout, not just in token "special issue" lessons
- It is available in both English and Spanish versions

What print materials can be used with it?

- Textbook: Joanna Hendrick's *The Whole Child: Developmental Education for the Early Years*, Sixth Edition
- Student Guide: a workbook for the student following the series for credit, designed primarily for the distant learner; in English and Spanish
- Faculty Guide: a teacher's manual integrating the 13 video programs with the textbook, including suggested activities, assignments, questions, and other teaching materials
- Parent Guide: a booklet for parents and other caregivers not taking a formal course for certification or credit, and who may not have access to the textbook *The Whole Child*; in English and Spanish

How do I get it?

- Watch for it on PBS beginning in January 1998
- Buy it on videocassette from the Annenberg/CPB Project by calling 1-800-LEARNER
  Entire series (13 half-hour programs on VHS cassettes): $295
  Single half-hour programs: $24.95
- License it for college telecourse use through the Adult Learning Service at 1-800-257-2578

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Jennifer Kline
Second Floor, West Wing
The White House
Washington, DC 20500

Received without contents at
02904

THE WHITE HOUSE

WASHINGTON

OFFICE OF THE FIRST LADY

TO Joan Lombardi

FROM Jennifer Klein

FAX # 690-5600

PHONE #

OF PAGES (including cover)

COMMENTS Response from focus group for your review.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fax	Personal (Partial) (1 page)	07/28/1997	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Jennifer Klein
OA/Box Number: 10866

FOLDER TITLE:
Correspondence to Various Staff Alphabetized [1]

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Joyce E. Butler
395 Rochambeau Avenue
Providence RI 02906
401/351-8516

[001]

Fax Cover Sheet

DATE: July 28, 1997 **TIME:** 7:45 AM

TO: Jennifer Kline c/o Brecken Armstrong
The White House

FAX: (202) 456-6244

RE: June 27, 1997 letter

Number of pages including cover sheet: 4

Message

Enclosed is a copy of the letter you requested. (b)(6) (b)(6)

This represents my third attempt to get this to you. The Post Office notified me that the first letter was lost so I mailed a second one the first week of July.

I'd appreciate a call when you receive it.

Thanks,

Joyce

Joyce E. Butler
395 Rochambeau Avenue
Providence, Rhode Island 02906
401-351-8516

June 25, 1997

Jennifer Kline
Second Floor, West Wing
The White House
Washington, D.C. 20500

Dear Ms. Kline:

Thank you for the opportunity to attend the June 23, 1997 child care focus group. As a founding member of **USA Child Care**, I was privileged to represent our president, Shirley Stubbs-Gillette, who is on vacation. When she returns I expect she will want to provide you with formal feedback on behalf of the organization. In response to your invitation for written follow up, I have reiterated and elaborated on several comments I made at the meeting.

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Any legislative initiative on child care should address these key areas:

- Funding that raises rates of reimbursement for the provision of child care services to low income children. Rates should also be sufficient to supply families with resource and support services.
- Funding (grants and loans) to support new program development, physical plant improvements and renovation, and program expansion.
- Funding to build leadership skills among direct service child care providers and that involves the federal government (including labor and higher education), professional organizations, institutions of higher education, foundations, and the private sector.

2. A primary focus of the President's message to the American people should link child care to the healthy economy. The nation's economic health has resulted in low unemployment. Higher employment rates naturally lead to the need for more child care. And child care can help keep the economy moving forward. But low income parents entering the workforce will not be able to compete for the available child care slots if the value of their child care voucher or certificate is not competitive in the marketplace. While the child care infrastructure must support parents of all income levels, welfare reform will fail and backlash will occur if low income families are squeezed out of the child care market. We must invest in the child care infrastructure while there are resources to do so.

3. An easy and effective way to leverage private sector investment is through matching gift programs. I agree that efforts to encourage public private partnerships should be encouraged (mentor a center, for instance). In a related discussion after the meeting ended, I suggested that private corporations be urged to include non-profit early care and education programs as part of their corporate giving/matching gift plans. While my spouse can offer his alma mater or a local private school a donation of $500 that is matched by $1000 through the corporate giving plan, a donation to the local non-profit child care center we supported was not matched. The President's influence could help convince corporations of the legitimacy and value of matching employee donations to local non-profit child care programs that serve the children of their employees and their community.

Finally, I concur with the suggestion of a member of our focus group that the President help improve the morale of parents - and I would add, providers - about child care. But parents can only feel good about child care when it is good. And the public image of child care has seriously eroded the morale of direct service providers. Media and professional dialogue about child care often focuses on the negative and inspires concern and suspicion - even among the advocates (poor to mediocre quality - infectious disease - sexual abuse - not as good as Head Start - diaper ghettos - etc.). My colleagues in child care have struggled for decades to deliver quality services to poor and low income children and families - despite the lack of resources, respect, support, and compensation. We must all be held responsible for the quality of child care in this country, but those on the front lines urgently need our support.

It is my sincere hope that the President's efforts on behalf of child care will help to build a quality child care system for America's children and families.

Sincerely,

Joyce E. Butler

Joyce E. Butler
Early Childhood Policy Consultant

cc: Joan Lombardi, Associate Commissioner, Child Care Bureau
Shirley Stubbs-Gillette, President, USA Child Care

The Bank Street
College of Education

Office of the President

July 31, 1997

Jennifer Klein
The White House
2nd Floor West Wing
Washington, D.C. 20502

Dear Ms. Klein:

I appreciated the opportunity to speak with you on Tuesday. We are extremely interested in Bank Street College of Education being involved and contributing to the upcoming **White House Conference on Child Care**. As I hope the brief enclosure illustrates, we have a great deal to contribute to a national dialogue on affordable quality child care.

Two years ago when I left my position with the Administration as Assistant Secretary of Education to take on the presidency of Bank Street College, I knew that I was inheriting an extraordinary institution which boasted an 80-year history of commitment to quality child care and quality education for young children.

In 1992, Bank Street awarded its highest honor -- the President's Medal -- to Mrs. Clinton as an expression of our support and respect for her outspoken advocacy on behalf of children. Everyone here shares my elation at the continued support for children and families that has characterized this Administration and are hopeful that we will have a real breakthrough in child care policy over the next few years.

We are most eager to find ways to support and participate in the White House initiative. We have, for example, several faculty members who are experts in infancy and early development. We also have several faculty who have done extensive research on family day care. Our own Family Center is a model center which accommodates infants and toddlers with a wide range of learning needs. It has attracted visitors from all parts of the country and many other nations. We would be happy to host visitors during the days and weeks leading up to or following the Conference.

I would ask that you please feel free to call me or my assistant, Toni Gifford, at any time (212-875-4595). I look forward to future discussions with you.

Sincerely,

Jessie Kappner

Augusta Souza Kappner
President

Enclosures

Graduate School
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Early Care and Education

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In 1992, First Lady Hilary Rodham Clinton visited Bank Street's Family Center.

Need for the Conference

The White House Conference on Early Brain Development raised several important questions and paved the way for discussions of what the next steps should be. Now that we know that what happens in the first three years of a child's life is critical to healthy brain development, what should we do about it? Where can we make an impact and who should lead the way?

The research shows that children need healthy supportive connections with care giving adults. It points to the importance of healthy stimulation and appropriate educational environments. It also demonstrates the intolerable negative impact of neglect.

The next logical step is to take a closer look at who is caring for our nation's children and at how we can support their efforts. The upcoming White House conference on child care provides us with the opportunity to take that step.

Today's families face the daunting task of trying to find quality care in a system where the demand far exceeds the supply. Our nation's child care system is fragmented, underfunded and plagued with problems. Child care and early education in the U.S. have not — and do not — receive the public support common in other countries.

Programs are plagued by problems of quality, supply, leadership, teacher training, and teacher recruitment and retention. If we, as a nation, are to begin to solve these problems, we must come together to develop imaginative and cost-effective approaches to the issues posed by child care.

We at Bank Street applaud your efforts to bring these issues to the table. This conference will bring leaders in the field of early care, education and family support together to share strategies and develop new possibilities.

There are programs across our country that address issues of quality care and education, meet family needs and provide satisfying professional possibilities for staff. *We need to hear more about why these programs work.*

There are communities where the focus on children and families has helped to create a comprehensive system of child care. *We need to use these communities as models.*

There are professionals in the world of education, health and social services who have developed a significant body of knowledge and done hands-on work to improve the early care, education and family support system. *We need to listen to these people.*

This conference could be an important first step in improving the state of children and families. Child care and early education are critical to this effort. We can hope that under the leadership of the President and the First Lady, and in collaboration with families, educators, social service and health care providers and business leaders, our nation, as a whole, will begin to put children and families at the top of the national agenda.

Bank Street: America's Most Trusted Name In Early Childhood Education

Admired by Dr. Spock and often referred to as "America's most trusted name in early childhood education," it is no surprise that Bank Street experts are in demand as consultants on all aspects of child care for clients ranging from AT&T to Iceland's national school system.

And Bank Street experts are regularly sought by the media — from a column on

parenting issues in *Child* magazine to regular appearances on national television programs such as the Today Show, the CBS Morning News, and The McNeil-Lehrer Report.

Bank Street took the lead in designing the competencies for the national Child Development Associate (CDA) credential, now accepted by virtually every major child care organization in the country. The CDA credential defines the standards for training in center-based child care and family day care.

Bank Street helped design the national Head Start program and operated the Bank Street 42nd Street Early Childhood Model Head Start Training Center in the 1960s and 70s, helped design the Follow Through program and continues to be involved with Follow Through by sponsoring Follow Through sites in New York City.

Other Bank Street Projects In Early Care and Education Include:

- A survey commissioned by *Fortune* magazine and used as the basis for a cover story: "The Number One Cause of Executive Guilt: Who's Taking Care of the Children and How Will They Turn Out?"
- A study funded by several foundations and corporations to determine how corporations can respond more effectively to the needs of working parents.
- A national study, funded by the Ford Foundation, of public school-based pre-kindergarten programs.
- A project to assist New York City in implementing and evaluating its new pre-kindergarten program.
- A series of audiocassette tapes providing training for family day care providers, a group notoriously difficult to reach by conventional methods.
- The Bank Street "Ready to Read" series. More than 60 books have been published so far, and the series is as popular as ever.
- Bank Street recently held a conference on the ramifications of the new FCC regulation that requires a minimum of three hours per week of television educational programming for children. This is our most recent step in a long history of serving as advisors to children's television programs. For example, Bank Street experts were called upon to serve as consultants to "Captain Kangaroo," one of the first educational programs for children. Bank Street also served for many years as consultants to the ABC After-School Specials. Next came the Voyage of the Mimi, a multimedia math and science learning package broadcast nationwide on PBS in 1984. Currently, Bank Street experts serve as consultants to "Allegra's Window," a pre-school television show on NICK Jr.

A Short History of Bank Street's Groundbreaking Work In Early Care and Education

In the 80s, Bank Street teamed up with Wellesley College to conduct a massive national study on preschool programs in the public schools. It was a "first," and the findings are widely used by state departments of education.

The founders of Bank Street College of Education were pioneers in the application of child development principles to the educational process. They created the Bureau for Educational Experiments to test those principles and to create optimal learning environments for young children.

More than 80 years later, these principles are still the driving force behind Bank Street, a small and complex institution — a vibrant place known worldwide for its programs in teacher education, early childhood education and education leadership training.

Through its ongoing work with teachers, school leaders and care givers, the College's impact is direct and immediate. Its impact is amplified through its influence on policy and through its nationally-known educational products in all media — from books for children and teachers to the Internet.

The Bank Street Family Center – A "Best Practices" Model

The College's highly regarded Family Center, a community and work site child care facility serving children six months to four years old, is a nationally-recognized model for early intervention and inclusion of children with developmental delays and disabilities. This program, launched in 1986, has become a "best practices" model for child care programs across the country.

In 1991, the Center began "Teens and Tots," a collaboration with the Liberty Parternships Program, a New York State program with sites at Bank Street and other educational institutions around the State, that serves high school adolescents at risk of dropping out of school. "Teens and Tots" provides stipends, mentoring and training in early care and education for these adolescents to work after school with teachers and young children in Family Center classrooms.

The Center for Family Support

In 1992 Bank Street created The Center for Family Support as a direct response to two trends: the growing national interest in family support and parent education, and the growing demand for Bank's Street's skill and expertise in this area. The Center offers staff development for agencies and individuals who work with young children and their families, technical assistance for agencies seeking to develop family support programs, and policy evaluation and research. Partners for Success, a collaboration of nine community-based organizations offers family support for approximately 450 formerly homeless families each year; and Even Start programs that offer family literacy services to low-income families.

Bank Street's Infancy Institute: An Intensive Training Program for Child Care Providers

More than 5 million infants and toddlers are now in the care of others while their mothers work. The quality of that care is an issue that is receiving national attention — especially as large numbers of mothers move from welfare to work. Child care for infants and toddlers is of particular concern. A recent study of infant and toddler rooms in four states found that only 1 in 12 (8%) met the good quality level, while 2 in 5 (40%) rated less than minimal. Preparation of caregivers and the existence and enforcement of state or local regulation are indicators of quality care. We at Bank Street feel that it is a national disgrace that 31 states permit teachers with no special training to care for infants and toddlers in child care centers, particularly in view of the fact that extensive research shows that quality care is linked to specialized training. "Virtually all states allow infants and toddlers to be cared for by providers who have not completed high school, have no training specific to infant and toddler development, and have received less than five hours of annual in-service training." (*Carnegie Task Force on Meeting the Needs of Young Children*, 1995).

To meet this need, for the past decade Bank Street has offered The Infancy Institute, an intensive three-day training program for child care providers. Providing training in child development and in working with children and families, the Institute has gained national recognition — drawing participants from across the United States, Canada and Puerto Rico. Attendance has grown from 88 in the first year to more than 200 in 1997. The annually increasing popularity of The Infancy Institute is a testament to the interest that many child care providers show in furthering their knowledge and professionalism, and the need for adequate training for child care providers who care for infants and toddlers grows more urgent each year.

Bank Street's Renowned Graduate Program In Infant and Parent Development

Infant and toddler care continues to be the most rapidly increasing form of child care in the country, with nearly 60% of mothers with children under age one currently in the labor force. A unique graduate program at Bank Street offers a master's degree to those planning a career working with children under age three and their families. The master's degree program includes courses, for example, in designing, setting up and maintaining learning environments, courses in human growth and development and a practicum in developmental assessment of infants and toddlers.

Providing Informal Caregivers With Employment Opportunities

In the wake of welfare reform, the quality of informal child care (care provided by relatives or neighbors) in the United States will become more important than ever before. With funding from the Surdna Foundation, Bank Street is working to enhance the quality of care provided by informal caregivers for young children of welfare recipients and to provide economic opportunities for welfare recipients who choose child care as employment. "Supporting

Informal Caregivers: A Strategy for Community Development" is a collaboration between Bank Street and Child Care Inc., New York's largest child care resource and referral agency.

Bank Street and Child Care, Inc. will conduct focus group discussions with informal caregivers recruited by community agencies. Based on the focus group findings, Bank Street will conduct special training sessions on topics such as supporting language and cognitive development and employment opportunities in the child care field.

The documentation component of the project will provide valuable information to policy makers who are responsible for implementing welfare reform. Reports on different aspects on the project will include: demographic characteristics of informal caregivers; strengths and weaknesses of different strategies for recruiting and engaging informal caregivers; and ways to enhance community development organizations' capacity to meet community child care needs.

Training Head Start Parents To Work as Paid Child Care Providers

As more and more children move into child care at earlier ages and for longer periods of time, there is an increasing need for trained caregivers. Recent studies show a dearth of trained child care workers — especially in the early years. Making matters worse, a high turnover rate among child care providers makes continuity of care nearly impossible.

To help parents seeking jobs as child care providers in Head Start or other early childhood programs, Bank Street teamed up with Head Start to create an intensive training program to enhance parents' skills as care givers. Parents and assistant teachers in Head Start centers who have participated in this program eventually became eligible to enroll in a college-based Child Development Associate (CDA) credential training program. These parents were also able to acquire credits toward their undergraduate degrees. Because of the success of the program, Bank Street has applied to become a certified workfare training site.

School Reform: Model Kindergartens for Newark, New Jersey

Because of traditionally poor student performance, the State of New Jersey essentially "took over" the Newark Public School system in 1995, and Bank Street was asked to tackle the issues that are at the core of Newark's decline. As part of a bold plan to restructure the early childhood classrooms of Newark, Bank Street, in collaboration with the Newark Public Schools, and using Bank Street School for Children classrooms as the model, has implemented Project New Beginnings, a three-year project to completely overhaul the early education of Newark's children. After the project's first year, test scores prove the project is a resounding success — Project New Beginnings kindergartens outperformed all others in the city by a wide margin.

A Bank Street "Best Practices" Model: Educational Support for Low-Income Families

Believing in a holistic approach to the support of children and families, Bank Street teamed up with Head Start and created a Head Start and Family Center at Genesis Apartments, a 93-family permanent housing facility operated by the non-profit agency, Housing Enterprise for the Less Privileged (HELP). The families housed at Genesis are formerly homeless or considered to be at-risk for becoming homeless.

A public-private sector partnership, the Genesis model has been cited as one of the country's most innovative community redevelopment and urban revitalization programs. Principles such as prevention before intervention, independence versus dependence, and empowerment are principles that are shared by all of the partners at Genesis. There are two Bank Street Head Start classrooms for 3- and 4- year olds, child care for infants and toddlers, and a home-visiting program for parents of children under three that addresses parents' needs and concerns and the developmental needs of the children.

A Social Worker for the New Millennium and Beyond

With Hunter College's School of Social Work, Bank Street will offer a dual degree for social workers interested in specializing in infant and parent development. The dual degree, to be launched this fall, will be the only one of its kind, thereby creating an entirely new type of social worker. This highly-trained social worker will not only have a broad understanding of child development, but also an understanding of how such factors as socioeconomic conditions, ethnicity, culture and language influence the self-definition of parents and their goals for their children. An integral part of the program is a model for counseling parents, with sessions devoted to working with families of special needs children.

Next Steps

As the programs outlined above demonstrate, Bank Street is deeply committed to reforming early care and education — from supporting families through the innovative programs of our Center for Family Support, to providing informal caregivers with employment opportunities and training Head Start workers to get better jobs as paid child care providers. Bank Street has much to contribute to the national dialogue on child care and looks forward to working with the White House conference on child care to address these critical issues.

Smart START

Building brighter futures
for North Carolina's children

What is Smart Start?

Smart Start is a comprehensive public-private initiative to help all North Carolina children enter school healthy and ready to succeed. Smart Start programs and services provide children under age six, access to high-quality and affordable child care, health care and other critical family services.

Smart Start was launched in 1993 by Gov. Jim Hunt and is the only program of its kind because it is a comprehensive approach to preparing children for school. Local partnerships determine programs and services that best meet local needs. The North Carolina Partnership for Children is the nonprofit organization which sets guidelines as well as provides oversight and technical assistance to local partnerships across the state.

FACTS

- High quality child care makes a difference. **Smart Start has increased the overall quality of child care** in the 18 counties which first started providing programs and services. *(FPG study)*

- The number of top quality child care centers in the state has increased by more than 60 percent in Smart Start counties.

- Smart Start programs and services are currently in 43 counties while 12 counties are in the planning phase. Applications from the remaining 45 counties were approved in May.

Getting results throughout the state

In **Ashe County**, 58 of the 69 child care teachers in the county (85 percent) have received a higher level of education, through a credential or degree program, because of the T.E.A.C.H. Early Childhood Project.

In **Orange County**, 182 child care teachers and directors received salary supplements to increase their education and to encourage them to remain in their programs. As a result, there was a 22 percent decrease in the turnover rate in the county.

In **Wilkes County**, every child care center in the county and 50 percent of its family child care homes are participating in Smart Start programs designed to improve the care for children. These improved services are affecting the care of approximately 1,234 of their young children.

Because of the collaboration initiated through Smart Start, the local community college in **Cleveland County** has established an early childhood associate degree program, a child care administrators certificate program as well as the child care credential program. None of these were in place prior to Smart Start.

In **Person County**, an assessment was conducted of children who were not recommended for promotion to kindergarten. No child identified as unready was involved in Smart Start services.

In **Cumberland County**, 3,578 new spaces are available for children in licensed family child care homes and centers, Head Start, and other early intervention programs.

(continued on back)

OUR GOAL

Smart Start reaches children during the most critical years of development, with the intent that they arrive to school healthy, motivated and ready to succeed. Our goal is to ensure that every child in North Carolina has this opportunity for a brighter future.

CORE SERVICES

- **Child care:**

high quality
(incentives for higher quality, TEACH, classroom assessment, technical assistance)

accessible
(resource & referral, transportation, additional child care spaces)

affordable
(financial help for low-income working families)

- **Health**
(vision, dental, hearing screenings, immunizations)

- **Family Support**
(family resource centers, resources/information for parents)

FACTS

In 32 Smart Start counties:

- more than 34,000 children have received child care subsidies so their parents can work.
- more than 22,000 child care spaces have been created.
- more than 72,000 children have received early intervention and preventive health screenings.
- more than 26,000 teachers have received additional training through Smart Start educational programs.

- Smart Start should be expanded statewide:

Eighteen percent of kindergartners in 1995 were not ready to participate successfully in school, according to their teachers. (UNC-CH)

- The NC Partnership adopted and implemented an accountability plan to ensure the fiscal integrity and accountability for all Smart Start funds and programs.

- The NC Partnership raised $3.4 million this year for fiscal year 1996-'97. In-kind contributions were $4.7 million. There were more than 107,000 hours of volunteer time donated. In total, more than $18 million in cash has been raised since Smart Start began.

In **Ha fax County**, a large rural county, a child care and education program was established in 1995 through Smart Start and now serves 160 children in four Head Start classrooms and three child care classrooms. The school system makes the school available at no cost and blends funds with Smart Start to pay for the food program, cafeteria, custodial staff and transportation.

Six pre-kindergarten classes have been established in **Jones County** to teach readiness skills to young children who have never been exposed to learning activities. In addition, eight learning groups have been established for very young children in area churches to allow them to have readiness experiences.

In **Catawba County**, almost 1,000 children receive subsidized child care every month with funds provided through Smart Start and the waiting list for child care has been completely eliminated. This county has allocated 79.3 percent of their total Smart Start funds to pay for subsidies and to improve the quality of child care.

Mecklenburg County spends more than 80 percent of their Smart Start funding to subsidize child care. Last year nearly 7,000 children were involved in programs that received Smart Start enhancements to improve the quality of their care.

In **Burke County**, prior to Smart Start, more than 33 percent of the children entering kindergarten needed dental treatment. Through Smart Start, a public dental health clinic was established, bringing together local dentists and the health department, to provide dental treatment for children and dental education for parents. More than 200 children have had corrective treatment done in the clinic so far.

Smart Start has made it possible for nearly 1,400 children in **Lenoir and Greene counties** to have health and developmental screenings.

In **Nash and Edgecombe counties**, 2,265 families with young children have been identified through the Smart Start outreach project and have received parent education and support.

Smart Start cited a national model

North Carolina is **one of only eight states** in the nation with a comprehensive, focused plan to promote the well-being of children, according to Columbia University.

Research conducted by the Frank Porter Graham Child Development Center determined that **Smart Start has increased the overall quality of child care** in the 18 counties which first started providing programs and services.

Working Mother magazine recognized North Carolina as working harder than any other state in the nation to improve the quality of child care and expand services to children and families. In 1995, the magazine called North Carolina the **"Most Exciting State"** because of Smart Start.

The *Pittsburgh Gazette, The New York Times, and Appalachia* magazine have recognized Smart Start and North Carolina as a **model for early childhood initiatives.**

Through its efforts with Smart Start, Wilkes Community College was selected among 12 other programs in the nation to receive the Secretary's Award for Outstanding Adult Education and Literacy.

A Coopers & Lybrand Performance Audit called for the expansion of Smart Start and confirmed that it is a **"credible program that delivers substantial good to children and families in North Carolina."**

NORTH CAROLINA PARTNERSHIP FOR CHILDREN
1100 Wake Forest Road, Suite 300, Raleigh, NC 27604
Phone: 919-821-7999 Fax: 919-821-8050 Web: http://www.smartstart-nc.org

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Getting results throughout the state

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In **Ashe County**, 58 of the 69 child care teachers in the county (85 percent) have received a higher level of education, through a credential or degree program, because of the T.E.A.C.H. Early Childhood Project.

In **Orange County,** 182 child care teachers and directors received salary supplements to increase their education and to encourage them to remain in their programs. As a result, there was a 22 percent decrease in the turnover rate in the county.

In **Wilkes County**, every child care center in the county and 50 percent of its family child care homes are participating in Smart Start programs designed to improve the care for children. These improved services are affecting the care of approximately 1,234 of their young children.

Because of the collaboration initiated through Smart Start, the local community college in **Cleveland County** has established an early childhood associate degree program, a child care administrators certificate program as well as the child care credential program. None of these were in place prior to Smart Start.

In **Person County**, an assessment was conducted of children who were not recommended for promotion to kindergarten. No child identified as unready was involved in Smart Start services.

In **Cumberland County**, 3,578 new spaces are available for children in licensed family child care homes and centers, Head Start, and other early intervention programs.

(continued on back)

OUR GOAL

Smart Start reaches children during the most critical years of development, with the intent that they arrive to school healthy, motivated and ready to succeed. Our goal is to ensure that every child in North Carolina has this opportunity for a brighter future.

CORE SERVICES

- **Child care:**

high quality
(incentives for higher quality, TEACH, classroom assessment, technical assistance)

accessible
(resource & referral, transportation, additional child care spaces)

affordable
(financial help for low-income working families)

- **Health**
(vision, dental, hearing screenings, immunizations)

- **Family Support**
(family resource centers, resources/information for parents)

FACTS

In 32 Smart Start counties:

- more than 34,000 children have received child care subsidies so their parents can work.
- more than 22,000 child care spaces have been created.
- more than 72,000 children have received early intervention and preventive health screenings.
- more than 26,000 teachers have received additional training through Smart Start educational programs.

- Smart Start should be expanded statewide:

Eighteen percent of kindergartners in 1995 were not ready to participate successfully in school, according to their teachers. (UNC-CH)

- The NC Partnership adopted and implemented an accountability plan to ensure the fiscal integrity and accountability for all Smart Start funds and programs.

- The NC Partnership raised $3.4 million this year for fiscal year 1996-'97. In-kind contributions were $4.7 million. There were more than 107,000 hours of volunteer time donated. In total, more than $18 million in cash has been raised since Smart Start began.

In **Halifax County**, a large rural county, a child care and education program was established in 1995 through Smart Start and now serves 160 children in four Head Start classrooms and three child care classrooms. The school system makes the school available at no cost and blends funds with Smart Start to pay for the food program, cafeteria, custodial staff and transportation.

Six pre-kindergarten classes have been established in **Jones County** to teach readiness skills to young children who have never been exposed to learning activities. In addition, eight learning groups have been established for very young children in area churches to allow them to have readiness experiences.

In **Catawba County**, almost 1,000 children receive subsidized child care every month with funds provided through Smart Start and the waiting list for child care has been completely eliminated. This county has allocated 79.3 percent of their total Smart Start funds to pay for subsidies and to improve the quality of child care.

Mecklenburg County spends more than 80 percent of their Smart Start funding to subsidize child care. Last year nearly 7,000 children were involved in programs that received Smart Start enhancements to improve the quality of their care.

In **Burke County**, prior to Smart Start, more than 33 percent of the children entering kindergarten needed dental treatment. Through Smart Start, a public dental health clinic was established, bringing together local dentists and the health department, to provide dental treatment for children and dental education for parents. More than 200 children have had corrective treatment done in the clinic so far.

Smart Start has made it possible for nearly 1,400 children in **Lenoir and Greene counties** to have health and developmental screenings.

In **Nash and Edgecombe counties**, 2,265 families with young children have been identified through the Smart Start outreach project and have received parent education and support.

Smart Start cited a national model

North Carolina is **one of only eight states** in the nation with a comprehensive, focused plan to promote the well-being of children, according to Columbia University.

Research conducted by the Frank Porter Graham Child Development Center determined that **Smart Start has increased the overall quality of child care** in the 18 counties which first started providing programs and services.

Working Mother magazine recognized North Carolina as working harder than any other state in the nation to improve the quality of child care and expand services to children and families. In 1995, the magazine called North Carolina the **"Most Exciting State"** because of Smart Start.

The *Pittsburgh Gazette, The New York Times, and Appalachia* magazine have recognized Smart Start and North Carolina as a **model for early childhood initiatives.**

Through its efforts with Smart Start, Wilkes Community College was selected among 12 other programs in the nation to receive the Secretary's Award for Outstanding Adult Education and Literacy.

A Coopers & Lybrand Performance Audit called for the expansion of Smart Start and confirmed that it is a **"credible program that delivers substantial good to children and families in North Carolina."**

NORTH CAROLINA PARTNERSHIP FOR CHILDREN
1100 Wake Forest Road, Suite 300, Raleigh, NC 27604
Phone: 919-821-7999 Fax: 919-821-8050 Web: http://www.smartstart-nc.org

State of California

CHILD DEVELOPMENT POLICY ADVISORY COMMITTEE

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July 28, 1997

Jennifer Klein
Domestic Policy Council
The White House
1600 Pennsylvania Avenue
Washington D.C. 20500

Dear Ms. Klein:

On behalf of the Child Development Policy Advisory Committee, thank you for taking such a strong leadership role to address the issues facing children and families in their efforts to access affordable and high quality child care services.

Access to affordable, reliable, and quality child care services is a challenge for many low-income and working poor families of our nation. Additional funding for federal programs such as Head Start and the Child Care and Development Block Grant has provided some relief. Yet, child care remains a forlorn issue to many policy makers. Often, child care is overshadowed by loftier issues with immediate financial implication.

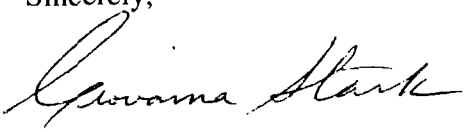
The Child Development Policy Advisory Committee would like to work with the White House and the US Department of Health and Human Services in organizing the conference, gathering and distributing materials, or by participating directly in the conference. The Committee is a statutorily-created citizen's review board whose primary mandate is to assist and advise the Legislature and the Governor on the effectiveness of child care and development programs in California. In addition, our mandate is to assist the Department of Education in developing the State Child Care Plan. The Committee also works with community leaders and planners to ascertain local child care needs and develop priorities and a comprehensive plan for providing child care services in communities.

The Committee's work at the state level and with citizens and planners in local communities gives us a unique perspective of the needs and issues surrounding child care in California. California has much to share in its experiences with child care and development programs and policies. In fact, California is one of a few states where child care programs are administered by its education agency and not by a social services

agency, making child care a developmental issue rather than solely the domain of public welfare. Our state's commitment to high quality, developmentally advanced child care and development programs is a phenomenon to be shared with other state policy makers.

Again, thank you for your attention to children and families concerns for safe, high quality child care. The Committee would be pleased to assist your efforts to address this important issue. For additional information or questions, I can be reached anytime at (916) 653-3725.

Sincerely,



Giovanna Stark
Executive Director

Cc: Joan Lombardi, Associate Commissioner, Child Care Bureau,
US Department of Health and Human Services

Attachments: Committee Background and Biennial Report

Child Development Policy Advisory Committee

CHILD DEVELOPMENT POLICY ADVISORY COMMITTEE

915 Capitol Mall, Room 336 • Sacramento, California 95814 • Voice: (916) 653-3725 • E-mail: cdpac@ix.netcom.com • FAX: (916) 446-9643

BACKGROUND

The Child Development Policy Advisory Committee is a citizen's review board comprised of appointed members - parents, public members, family child care and child care center operators - and representatives of five State departments. The Committee meets monthly and operates through two forums:

- Meetings of the whole which are open to the public; and
- Subcommittee and workgroup meetings that are open to participation by anyone interested. Currently the active workgroups are: Child Care Planning and Policy Development, and Integrated Children's Services.

Since its inception, the primary role of the Committee has been:

To provide public policy recommendations to the Governor, the Legislature and relevant State Departments concerning child care and development, and

To encourage child development policies and programs that are long range, developmentally appropriate and socially advanced.

The Child Development Policy Advisory Committee has undergone several organizational changes since it was created as the Governor's Advisory Committee (GAC) on Preschool and Educational Programs in 1965 by the enactment of AB 1331 (Unruh).

The Advisory Committee was initially charged with continually evaluating the effectiveness of the preschool programs and reporting at each general session of the Legislature. It also served to advise the State Departments on the establishment of maximum cost standards for preschool programs. In 1970 subsidized child care was expanded to include children's centers and child care programs. As a result, the Committee's purview expanded as well.

Currently the Committee's Primary Roles and Mandates are to:

- Advise and assist the Department of Education on the implementation of the State Plan.
- Review the effectiveness of child care and development programs and the need for children's services.

Specifically, the Committee acts to:

- Advise and assist the Superintendent of Public Instruction, the Secretary of Child Development and Education, the Governor and the Legislature on the development of the State Plan, the implementation of the Federal Child Care Development Fund and the review of all child care and development issues;
- Facilitate and coordinate local child care planning;
- Review work related programs and develop new strategies to better meet the child care needs of working families;
- Develop and distribute information on employer supported child care;
- Address issues as they arise in a public forum, related to special needs, licensing, child protection, parental choice, consumer education, local child care planning and data collection procedures;
- Identify successful models throughout the state related to both child care planning and programs, such as school-age child care and perinatal substance abuse programs; and
- Maintain an active clearinghouse on information that relates to young children including grandparents as parents, teen parents, the role of child care in child abuse prevention, school-readiness, and perinatal substance abuse programs for children and their families.

WORKGROUPS

In order to perform its mandates, the Child Development Policy Advisory Committee established workgroups to focus on specific issues. The workgroups are co-chaired by members of the Committee and professionals in the children's services community. In 1996, the Local Child Care Planning Workgroup was folded into both remaining workgroups based on the recognition that local planning was a critical component of each. The following are workgroups developed by the Committee and the major topics currently covered by each.

Child Care Planning and Policy Development

Co-Chairs: Joyce DeWitt and to be determined
Local Planning Co-Chair: Kathy Malaske Samu

- AB 2184 Child Care Streamlining Project
- Comprehensive Child Care and Development Block Grant
- Community Planning and Children's Services
- Other Child Care Service Delivery Issues

Funding for the Legislative and Community Action Project is provided by the David and Lucile Packard Foundation

LEGISLATIVE AND COMMUNITY ACTION PROJECT

Integrated Children's Services

Co-Chairs: Mary M. Emmons and Kay Ryan
Local Planning Co-Chair: Louise Johnston

- Promoting Comprehensive Services
- Child Care for Abused, Neglected, and At-Risk Children
- Family Preservation
- Family Support Services
- School-Linked Services
- Integrated Service Pilots
- Healthy Start
- Relative Caregiver Issues

COMMITTEE PROJECTS

In addition to fulfilling its statutory mandates, Committee work includes the following current projects:

Local Planning: Supports local communities in their efforts to determine specific child care needs, evaluate resources and set local priorities.

Legislative and Community Action Project: Orients legislators and their staff to early childhood care and development issues through policy manuals, reports summaries and issue briefs.

Grandparents as Parents: Provides informational resources to relative caregivers and performs statewide workshops addressing the issues of relative caregivers.

Clearinghouse: Maintains broad range of brochures, issue briefs, report summaries, information packets, videos and posters.

Web Site: Maintains an up to date on-line resource of valuable information relating to local child care planning, legislation, and links to organizations relating to children and families.

COMMITTEE MEMBERSHIP

Twenty-two appointed citizens and representatives of State departments compose the Child Development Programs Advisory Committee.

1996-97 Executive Board Officers:
Chair: Dianne Philibosian, Ph.D.
Vice Chair: Elizabeth Lowe
Secretary: Christiane Traub
Treasurer: Kathryn Dronenburg

The Committee's mandate directs the following representation:

- Parent or parent with Child in Subsidized Care
- Three Public Members
- Public School Children's Center Teacher
- School Administrator
- Private Education
- Proprietary Child Care
- Family Child Care
- State Board Of Education
- Private Health Care
- Child Welfare
- Community Action Agency
- Education, School-Age Child Care Programs

In addition, five State Departments have representation on the Committee, including:

- State Department of Education (CDE)
- State Department of Health Services (DHS)
- State Department of Developmental Services (DDS)
- State Department of Social Services (DSS)
- Employment Development Department (EDD)

COMMITTEE PUBLICATIONS

What's New?

- *1997 Alphabet Soup: A Children's Glossary of Terms*
- *1997 Integrated Services Directory*
- *Take Some Credit, It Makes Cents Brochure*
- *Employer Supported Child Care Kit*
- *Child Abuse Services Directory*

The Child Development Policy Advisory Committee regularly publishes information regarding child care issues. A listing of publications and resources is available through its current clearinghouse. For a complementary brochure which details these resources, please contact the Committee staff at (916) 653-3725.

INFORMATION

The staff at the Child Development Policy Advisory Committee are available for questions and concerns regarding child care and development issues. The Committee's office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. CDPAC's library, open to the public, is located in the office. For more information regarding CDPAC events and legislation, call the Committee Hotline at (916) 653-3977.

For 24 hour access to information about CDPAC visit our Web site at http://www.cdpac.ca.gov or send CDPAC staff any questions vis email at: cdpac@ix.netcom.com

SCHEDULE OF MEETINGS

1996	**Location**
September 19	Sacramento
October 17	Sacramento
November 21	Sacramento
1997	**Location**
January 15-16	*Local Planning Conference*, Radisson Hotel, Sacramento
February 20	Sacramento
March 20	*Executive Board Meeting*, Sacramento
April 17	Sacramento
May 15	Sacramento
June 19	Sacramento

Updated January 1997, by Despina Costopoulos, Student Assistant

For Additional Information Concerning Child Care and Development Programs Contact:
Child Development Policy Advisory Committee, 915 Capitol Mall, Room 336, Sacramento, CA 95814
Phone: (916) 653-3725 or (916) 653-3977 • Fax: (916) 446-9643
E-mail: cdpac@ix.netcom.com • Website: www.cdpac.ca.gov

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93-95 BIENNIAL REPORT

CHILD DEVELOPMENT PROGRAMS ADVISORY COMMITTEE