Congress of the United States
House of Representatives
Washington, DC 20515

July 7,1997

Women's Caucus Hearing on

0-3 CHILD DEVELOPMENT AND IMPLICATIONS FOR CHILD CARE

Thursday, July 10, 1997
9:15 a.m.
Longworth 1302

Dear Friend:

We are excited about having the first ever Women's Caucus hearing on the breaking issue of 0-3 child development and implications for child care. We hope legislation reflecting our concern for children in these critical years will come from this historic hearing.

Parents of every income group are now aware of just how critical 0-3 years are for children. We now know that children who do not meet certain cognitive, linguistic, emotional or motor goals within the first three years will never completely develop these critical life skills. National experts in the field will testify before the Women's Caucus and help Congress find ways to support more intensive work in early childhood.

The 1993 Census revealed that the average family consisting of an employed mother and children under age five spent $79 per week, more than $4000 per year, for child care. Yet only the poorest of families qualify for the federal Head Start program. The Caucus will confront the national neglect of children at an age where we are most able to influence their development.

We very much appreciate your attendance at this hearing.

Sincerely,

Eleanor Holmes Norton Nancy Johnson

ELEANOR HOLMES NORTON
DISTRICT OF COLUMBIA

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WOMEN'S ISSUES

Congress of the United States
House of Representatives
Washington, D.C. 20515

Statement of Congresswoman Eleanor Holmes Norton
at the Congressional Caucus for Women's Issues Hearing on
0-3 Child Development and Implications for Child Care

July 10, 1997

As Co-Chair of the Congressional Caucus for Women's Issues, I am pleased to share the chairmanship of this first-ever Women's Caucus hearing with my distinguished colleague, Congresswoman Nancy Johnson. We have an unusually exciting topic: 0-3 child development and the implications for early stimulation for parents and for child care. The biological science and the social science are so dramatic and so new that infant brain development has seized the attention of the country -- feminists and traditionalists alike, but most of all, families of every variety and scientists throughout the country. I want especially to thank Congresswomen Ellen Tauscher and Deborah Pryce, the Team Leaders of the Women's Caucus legislative team on Educational Child Care and School Readiness, for their work on this issue. We hope legislation reflecting our concern for children in these critical years will come from this ground breaking hearing.

Our panels are experts on the cutting edge of this new knowledge. They will examine the latest evidence demonstrating the importance of the first three years of a child's life; innovative federal, state and private initiatives that address the child care crisis; and the quality and accessibility of child care. Scientific research reveals extraordinary new information -- that early stimulation in a child's environment can determine the brain functions of a child. Parents of every income group are now aware of just how critical the 0-3 years are for children. We now know that children who do not meet certain cognitive, linguistic, emotional or motor goals within the first three years may never completely develop these critical life skills.

Now, more than ever, affordable quality child care is imperative for the well-being of our children. The 1993 Census revealed that the average family consisting of an employed mother and children under age five spent $79 per week, more than $4000 per year, for child care. Yet only the poorest of families qualify for the federal Head Start program. Today, the Women's Caucus confronts the question of whether we as a society, as parents, as caregivers, and as a Congress are doing enough to provide the quality child care and early childhood education necessary for children to thrive.

Thank you all for joining us for what promises to be an enlightening and informative hearing.

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U.S. CONGRESSWOMAN
ROSA DELAURO

NEWS RELEASE

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FOR IMMEDIATE RELEASE
Thursday, July 10, 1997

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STATEMENT OF CONGRESSWOMAN ROSA DELAURO
HEARING ON EARLY CHILDHOOD DEVELOPMENT AND CHILD CARE

Good morning, and thank you all for joining us today. I want to offer my thanks to the co-chairs of the Women's Caucus, Congresswoman Eleanor Holmes Norton and Congresswoman Nancy Johnson, not only for putting together today's important hearing, but for all of their work with the Women's Caucus.

I also want to thank all of the witnesses who have taken the time to join us today to share their expertise in the area of child development and child care. I am particularly proud that we are joined by Dr. Edward Zigler, who has conducted truly brilliant research on child development in his position as Sterling Professor of Psychology at Yale University, in my hometown of New Haven. Welcome Dr. Zigler, and thank you for traveling to Washington to be with us today.

We are also honored to be joined by another eminent researcher, Dr. Peter Jenson of the National Institute of Mental Health. The groundbreaking research of these two doctors and others across the nation has given us scientific proof of what so many parents and grandparents already know: that the first few years of life are a critical time for intellectual, emotional and social development. Failure to give our children the attention and care they need at this age can lead to school failure, teenage pregnancy, and juvenile delinquency later in life.

Most parents would love to stay home with their children and shower them with the love and attention they need to spur healthy development. But the truth is, most parents -- even middle class parents -- simply need two paychecks to survive and have no choice but to depend on child care for their infants and toddlers.

(more)

In fact, more than 5 million American children under the age of 3 are in the care of other adults while their parents work outside of the home. We have a responsibility to these parents, and most of all to their children, to ensure that they have access to the best possible care.

I introduced the Early Learning and Opportunity Act along with Congressmen Hoyer and McGovern to improve the quality and availability of care for children under the age of three. It would provide flexible grants to states to help them provide quality child care, and support services for parents to help make sure all of our kids get the best possible start in life.

All of us here today know that the care of our children must be our nation's top priority. I am looking forward to hearing from everyone today on different strategies we can use to make sure all of our children get the care they need in the first few years to prepare them to grow up to be healthy, productive and responsible members of society.

-30-

Congressional Caucus for Women's Issues
0-3 Child Care Hearing

July 10, 1997
9:15 a.m.
1302 Longworth

SUMMARY OF PANELS

Panel I: Current evidence of early brain development.

This panel will focus on recent research showing the effect external stimuli have on 0-3 brain development and new and important findings on why 0-3 are critical years for nurturing a child's capacity for learning.

Dr. Peter S. Jensen, Chief of the Child & Adolescent Disorder Research Branch, Division of Clinical & Treatment Research at the National Institute of Mental Health, has authored over 100 scientific articles and books and edited two books on children's mental health research.

Dr. Edward Zigler is currently Sterling Professor of Psychology at Yale University and Director of the Bush Center in Child Development and Social Policy. He has studied the growth and development of children for over 40 years and is the author of 28 books and over 500 scholarly articles.

Panel II: Federal, state, and private initiatives in 0-3 child care.

This panel will examine innovative proposals to expanding quality child care. Panelists will discuss regulated versus unregulated child care, state and federal initiatives,. and private industry's accommodations for workers with 0-3 child care needs.

Helen Blank, Director of Child Care and Development at the Children's Defense Fund (CDF), works to increase support for positive early care and education for children. She has played a strong role in the promotion and implementation of federal child care legislation and has authored major studies that have been sources of reference for state child care policies. She will give an overview of child care initiatives nationwide.

Helen Taylor, Associate Commissioner of Head Start, will testify on Early Head Start, a program established in the 1994 Head Start Reauthorization with broad bipartisan support to extend Head Start from preschoolers down to babies, toddlers, and their families. The purpose of the project is to enhance children's cognitive, social, emotional and physical development, assist parents in fulfilling their parental roles and help parents move toward self-sufficiency.

Stephanie D. Fanjul is currently Director of the North Carolina Division of Child Development which oversees both Smart Start and Teacher Education and Compensation Helps (TEACH). North Carolina's Smart Start and TEACH are nationally recognized state-wide programs that are considered among the best early childhood initiatives in the country.

Ted Childs is currently IBM's Vice President of Workforce Diversity and maintains worldwide responsibility for the implementation of model workforce diversity programs within the company. He is a firm believer in family-friendly policies and exerts his influence as a member of numerous prestigious councils, such as the American Business Collaboration for Quality Dependent Care. IBM has been cited by *Time*, *Newsweek* and *Working Mother* magazines as having one of the best child care options for its employees.

Panel III: Issues of quality and accessibility.

This panel will provide a first-hand account of the dilemmas faced by parents who need 0-3 child care but are unable to find safe and adequate child care for their infants. A specialist in providing child care will testify about the problems in providing quality care given the low pay and low standards for child caregivers. Survey results will be provided to show how the child care crisis is prevalent across the country.

Dr. Marsha Weinraub will discuss the National Institute of Child Health and Human Development Study of Early Child Care, of which she is the Principle Investigator. This large-scale, comprehensive study examines the effects of child care, particularly infant care, on the development of children in the United States.

Parents and child care providers will also testify about their first-hand experience with infant care.

Congressional Caucus for Women's Issues
0-3 Child Care Hearing

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Panel I

Dr. Peter S. Jensen
Chief, Child & Adolescent Disorder Research Branch, National Institute of Mental Health

Dr. Edward Zigler
Sterling Professor of Psychology, Yale University
Director, Bush Center in Child Development and Social Policy

Panel II

Helen Blank
Director of Child Care and Development, Children's Defense Fund

Helen Taylor
Associate Commissioner, Head Start

Stephanie D. Fanjul
Director, North Carolina Division of Child Development

Ted Childs
Vice President of Workforce Diversity, IBM

Panel III

Dr. Marsha Weinraub
Principal Investigator, National Institute of Child Health and Human Development

Kevin Doyle
Parent

Pam Humphry
Director, Marriott Child Care Center

62599

0-3 Child Development & Implications for Child Care

$79 per week, $4000 per year for average family

Deborah Pryce –
- scientific proof of importance of 1st 3 years
- 36% of California's need for childcare under age 2, only 3% of institutions able to care for children that young
- Michigan study – for every $1 put into prevention, save $19 in later problems (drop-outs, pregnancy, etc.)

*White House Conference on Early Childhood Development mentioned by Congresswoman Morella
- build on conference of 1st Lady - Maloney
- hope to use that information and more to help build policy

- this is great issue of our time, not an expense but an investment

Dr. Peter S. Jensen - National Institute of Mental Health
- use knowledge to create healthy environments for development
- which interventions for school readiness + success
- most of Western nations are more advanced in these areas than we are
- self perpetuating problem
- we don't devote enough policy to this

Dr. Edward Zigler - Yale University
- ~~nature~~ nurture plays very powerful role, shown during MRI's
- wants to turn situation around w/ policy
  1) Family + Medical leave Act expanded
     - strengthen law
     - care of newborns, possibility for women spend more time w/ newborns
  2) improve child care
     - only 1 in 12 infant/toddler rooms are stimulating
     - hundreds of thousands of children are in care that is bad for their development
     * average child care worker makes less than gas station attendant
  3) expand parent education programs

** delighted to hear that Clinton admin. is expanding Early Head Start program

Helen Taylor - Head Start
* President announced support for increasing Head Start program

Questions by C. Johnson

1) ~~Do~~ is quality of relative care equal to parent care? TV?

Jenson - there are real probs in child care but also in parents also, parents having probs caring
- need parallel attn to probs in home as well as child care
- child born to depressed mother doesn't have proper stimuli
- not severity of condition but constancy

Zigler - study on relative vs natal care
- only 1% of relative care is of quality
- even mothers who stay at home aren't educated @ how raise child
-

2) recomendations for funding?

Jenson - many of children's drugs + interventions haven't been ~~tested~~
* increase funding in this area

3) where should Fed. gov go now?

Zigler - rules more family friendly - Family Resource Center (Missouri)
- all children start school at 3yrs. old

-realize how many women work

Jensen - long way to go for public education

4) how about after 0-3

Zigler - learning is life long process

- brain continues to develop

Jensen - learning ~~all~~ happens always plasticity

- we not using our knowledge to improve child care

Helen Blank - Children's Defense Fund

→ Stephanie Fanjul - N.C. Division of Child Development

Smart Start - jewel of N.C.

- born + raised in communities
- local small non-profits
- $ only from state $
- assess needs + resources in each community
- people know solutions
- isn't Head Start, or parent as teachers, etc.
- extended to 100 counties

Ted Childs VP of Workforce Diversity, IBM

- spent $100,000 train people
- b/c so many people in workforce were women, wanted to provide care + time so that $ wasn't wasted, protect their jobs so they could come back later
- commissioned child care consultant to help them develop system
- 1984 - 70,000 children serviced, 1st nat. child care service
- introduced other programs - adoption, college selection, etc.
- 1989 - workers wanted more, more projects
  - put up money in NY, NC etc to create more programs
  - $2 mil for a child care center
  - take pressure off center + invest $ in good staff
  - IBM holds standards, won't support center if not up to standards 1 to 4 children
  - put computers in center w/ software
- 1991 - invited 33 companies to mtg
  - invested $27 mil in care, 300 projects
- 1995 - IBM invested more, $100 mil from group

- IBM making investment for their employees

-not subsidizing care, sponsoring it

Kevin Doyle - Parent

-wants flexibility in schedule + some minor help

Questions

1) Smart Start Funds?
-only 12% of children paid for by SS
-SS funds filled in gaps, working parents
-homeless children, etc
-expands, doesn't supplant, federal funds
-catch the kids that other programs missed

2) How much training needed for parents?
-giving them Community College credits is good idea, classes for parents

Marriott

-doesn't pay for cost, financial assistance
-company pays operating costs @ 30% of cost
-parents pay tuition

Study NICHD Dec 31st

-funded research through 1999, through 1st grade
-retention rates
-100% federally funded, NIH

- Caucaus will hopefully continue the funding of this study

H.R. 988 -- THE CHILD CARE AVAILABILITY INCENTIVE ACT
Representative Deborah Pryce (R-OH)
Representative Tim Roemer (D-IN)

The Problem:

- The increase in single parent households, working mothers, and dual income families has seen a dramatic rise in the need for quality, affordable child care.

- Access to child care is a problem for many due to prohibitive costs, lack of availability, and inconvenience.

The Solution:

- This legislation increases the availability of child care by encouraging businesses to provide child care services to their employees.

- The bill provides businesses a tax credit equal to 50 percent of the expenses paid or incurred, including depreciation allowances, to provide on-site or site-adjacent dependent care services.

- The child care must meet state and local requirements and be offered to employees on a non-discriminatory basis.

- Access to affordable child care at the work site allows parents to work and spend more time with their children. Employer involvement in child care often results in higher quality.

- Employers receive a credit for providing a significant employee benefit which results in increased worker productivity and decreased absenteeism.

- The bill promotes family-friendly policies and addresses an urgent societal need.

The Cost:

- While the bill would decrease tax revenues, federal subsidies for child care are expected to decrease in the long term. In addition, studies have shown that employers who provide on-site day care experience higher productivity in the workplace as absenteeism decreases and workers are better able to concentrate on their jobs.

- A cost estimate was provided by Joint Committee on Taxation during the 104th Congress. According to JCT, the bill will cost $841 million over five years. Currently, Rep. Pryce and Rep. Roemer are looking for an offset.

CONTACT: Lori Teets -- X5-2015, Pete Spiro -- X5-3915

Updated 7/10/97

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STATEMENT OF

PETER S. JENSEN, M.D.

NATIONAL INSTITUTE OF MENTAL HEALTH

NATIONAL INSTITUTES OF HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

UNITED STATES CONGRESS

JULY 10, 1997

Thank you, Madam Chairwoman, and other members of this distinguished Caucus. I am pleased to participate in this hearing on behalf of the National Institute of Mental Health (NIMH) and the Department of Health and Human Services. I send the greetings and regrets of Dr. Steven Hyman, Director of the National Institute of Mental Health. He very much wanted to be here today to testify before the Women's Caucus, but was unable to reschedule his family's long-standing vacation plans abroad. If you please, as a part of my testimony, I would like to submit additional materials for the record on behalf of Dr. Hyman.

I am a pediatric psychiatrist and am Chief of the Child and Adolescent Disorders Research Branch at NIMH, within the National Institutes of Health. In my testimony I am drawing upon ongoing and recently completed research conducted by NIH scientists focused on the mental health and development of young children, early brain-behavior relationships, and related research on developmental disorders.

Never before in the history of NIMH or NIH has research on the first three years of life been more exciting, more charged with opportunity, and in fact, more fruitful in terms of recent progress than today. My enthusiasm is fired by the development of 1) new methods and models that allow us to understand the developing brain, and how it is molded by environmental experiences, and 2) the emergence of scientific findings with relevance for parents, teachers, child care workers, clinicians, and policy makers. If you will allow me, I would like to briefly outline these two areas of progress.

New Models for Understanding Human Development and Behavior.

First, our older models of viewing human development, including brain development, have been replaced with newer, more complete understanding. Formerly -- in fact for centuries --, scientists and theorists were guided by the notion that in order to understand human learning, emotion and behavior, they should *and could* tease apart fully the impacts of nature versus nurture, biology versus psychology, or more recently, genes versus environments.

Yet we have now established beyond reasonable doubt that such dichotomies are misleading, much like debating whether air or water is more important for human life, or in geometry, whether a rectangle's height or width is more important in determining its total area. As one of our scientists recently put it, "nurture has a nature, and nature is nurtured". Our emerging understanding that the environment and, in fact, even our thoughts themselves can modify the structure of our brains has supplanted the old notion of *nature versus nurture*. Today we know that these two components inseparably shape the child's unique outcomes during the course of growth and development.

To illustrate: in a young infant's developing eyesight, significant parts of brain development take place after birth. For the eyes and the visual system of the brain to get "wired" together correctly, the young infant must receive the stimulation that occurs as part and parcel of the young infant's daily visual experiences. The newborn with an undetected cataract, if not fixed within the first year, risks losing permanently the development of normal vision in that eye – so-called "cortical blindness" –, even though the genes were normal and the necessary brain connections were intact at birth. But for normal visual development to occur, and for the visual system to come fully "on line" as the child grows, appropriate environmental stimulation is needed at specific periods.

And this is true not just for vision...ample evidence now indicates that other neural systems are similarly developmentally regulated, that is, they are malleable and sensitive to a range of environment inputs, more so early on, than during later stages of development. Characteristics such as binocular vision, hearing discrimination, speech and language acquisition, social awareness, and even so-called "intelligence," or IQ, appear to be malleable, particularly during the child's youngest years. The mature form of these systems depends upon the layering of environmental experiences simultaneously with the progressive unfolding of the genetic endowment. And remarkably, even *which* of the body's estimated 100,000 genes are active and functioning within a given brain cell, at any given point in time, depends on the environmental influences impacting upon that cell, as well as that cell's previous history of genetic and environmental influences. By "environmental influences," I mean both the *immediately surrounding environment*, such as the activity of other nerve cells in the vicinity, presence of hormones, foreign chemicals, or toxins, as well as influences arising from the child's larger environmental contexts of nurture and stimulation.

This malleability or sensitivity of the nervous system to external influences is called "neural plasticity." Obviously, such plasticity is ideal for enabling each child's developing brain to adapt itself to the demands of his/her unique environment. But plasticity is a "two-edged sword." Just as with vision, in the event that the necessary types and amounts of environmental inputs that the brain is "expecting" at certain periods are not received, brain system development can be hampered or even "derailed", with potential long-term consequences. Further, if environmental experiences are injurious or traumatic, a chemical cascade of events can unfold with detrimental consequences to individual nerve cells, cell assemblies, and risk to the young child to develop disorders of thinking, feeling, and behaving.

Two caveats, however: First, while the environment plays a critical role in development, only rarely does it affect the actual DNA (i.e., cause a mutation) or the genes passed on to the next generation. Second, as with environments, genes can be both facilitative and detrimental to healthy development, but specific outcomes depend on other factors – environmental influences – acting in concert with those genes. For example, it is now well-accepted that a person's genetic endowment may convey susceptibilities to particular illnesses and developmental disturbances, but usually with required "second hits" from the environment. These points are outlined in detail in the comments submitted by Dr. Hyman.

Relevance for Researchers, Policy Makers, and the Public

What are the implications of these new models and new knowledge for NIMH and NIH research? NIMH is devoting additional research resources on this period of life, both to understand how healthy developmental patterns are established, as well as to ascertain which specific environmental factors portend risk for development of mental disorder. For example, what are the most effective environments for healthy development? How much stimulation might be too much, and may actually prove to be harmful, for certain children? To address such questions, we are focusing our efforts to determine more precisely the nature, intensity, and duration of necessary stimulation for optimal brain development in the hope of determining how these factors interact with susceptibility genes. And along with this, we are accelerating our search for genes that convey susceptibility to developmental disturbances in learning, behavior, and emotion, i.e., learning disabilities, attention-deficit hyperactivity disorder (ADHD), depression, and autism.

With an eye on more immediate pay-offs, we are also accelerating efforts to determine which interventions can increase children's school readiness and success, and decrease vulnerable children's risk for subsequent disorder. For example, given the importance of children's early environments, including intellectual and social stimulation, and, conversely, the detrimental effects of various forms of deprivation and lack of opportunity, NIMH and the Administration for Children, Youth, and Families (ACYF) are working together to develop multi-site studies in partnership with Head Start programs and leading universities. This effort is expected to yield findings with the potential to enhance Head Start program design and to yield eventual mental health benefits to many children at risk for developmental disturbances and mental disorders.

Research findings concerning the impact of environmental factors on young children's development, plus evidence suggesting that young children's mental health needs are identified only a small proportion of the time, poses difficult questions for policy makers and the public. What kinds of screening programs should be instituted to identify children in need? What educational efforts are needed to assist teachers, child development workers, and even primary care providers to identify children at risk, without the accompanying fear that "labels" will unnecessarily stigmatize a child? What kinds of additional resources should be put in place to assist these children and families, and how might they be financed? Failing to identify children in need due to lack of evaluation and treatment resources becomes a self-perpetuating problem: when only few children are identified, policy, educational, and health care planners may not devote sufficient resources to meet the underlying, unspoken needs. The results of such inattention may be far more costly for society later as these children grow older, experience difficulties entering the workforce, and confront their own problems in providing optimal environments for the next generation of children.

Fortunately, effective interventions are increasingly at hand. For example, interventions with families at risk to teach parenting strategies have been shown to reduce young children's oppositional and disruptive behaviors, as well as to enhance children's peer relations. Environmental interventions are now quite well-established with autism, other interventions have been shown to reduce depression in young children, and great strides have been made with severe disorders such as ADHD. To increase the generalizability of these research findings across various communities, NIMH is increasing its support of treatment and preventive intervention strategies for high risk children and their families.

Given our increased understanding of brain development and awareness of the remarkable interplay between young children's environments and the progressive unfolding of their genetic endowments within "critical" or "sensitive" periods, we now have greater understanding regarding how our prevention and/or remediation strategies for children at risk can be accomplished, including facilitating the establishment of compensatory or alternative neural circuits and/or the development of more adaptive behavioral responses to environmental events. Indeed, just this year NIMH studies of neural plasticity and brain development have directly led to theory-driven, neural-circuit-specific remediations for groups of children with developmental disorders previously thought intractable. Just as healthy development may be mediated by healthy environments under *most* circumstances, healthy development in at-risk children may be accomplished by various environmental enrichment and remediation strategies, once we understand the neural circuitry involved and the type of intervention required.

I cannot close without noting that while I am excited by the current opportunities, the pace of research progress is still too slow, and the research needs will always outstrip our ability to address them. For example, much evidence suggests that the frequency of mental health conditions affecting children is on the rise. Depression in young children, rarely identified in previous years, is now more common. Further, children born today are more at risk for the development of depression than those born in previous decades, and when they do develop it, it strikes them at a younger age than those born in earlier years. While we have research underway to address this and other complex questions, the answers do not yet appear in sight. This gives us plenty to do, but also bodes ill for the current and future suffering of our families, friends and communities. Given the impact of stigma on public recognition of such problems in young children, we are very appreciative of this Caucus' interest in these issues and this opportunity to testify.

Congress of the United States

U.S. House of Representatives

Congressional Caucus for Women's Issues Hearing

July 10, 1997

Testimony of Edward Zigler, Yale University

Thank you, Madam Chairperson, for giving me the opportunity to speak before this committee on how new discoveries about brain development should impact national policy. I am Sterling Professor of Psychology at Yale University and director of the Bush Center in Child Development and Social Policy. I have studied the growth and development of children for over 40 years. In the 1970's, I was named first director of what is now the Administration for Children, Youth and Families and was the federal official responsible for administering our nation's Head Start program.

The brain research you have heard about today is indeed exciting: it tells us that an infant's brain grows rapidly in the first weeks and months of life -- more rapidly than previously suspected – and that the early experiences of the growing child play a determining role in the basic "wiring" of the brain for life. For example, a baby who is talked to often and sensitively will develop a greater capacity for the complex use of language than will babies who receive little verbal stimulation or whose attempts at vocalization are ignored. Thanks to the new research, we can't just attribute these differences to genetics, or "nature." Nurture plays a powerful role, starkly visible in MRI images of the developing brain: unstimulated, unused neural pathways are literally pruned away forever beginning at about the age of two; only the neural connections that have been used remain.

establish the rhythms of life, to reach a level of sensitive attunement and to become securely attached.

Secondly, the problem of child care in America should be seriously addressed. Excellent child care exists for infants and toddlers, but it is the exception, not the rule. Most families are not able to find out-of-home care that is both affordable and good for their children. In a recent study of child care centers in four states, 40% of the infant and toddler rooms were observed to be unstimulating and, even worse, to actually put children's health and safety at risk. Only one infant/toddler room in 12 provided developmentally beneficial care. The news is no better for family day care homes, where many young children spend long hours. Only 12% of all regulated family day care is good for children, as is 3% of non-regulated care and 1% of out-of-home care provided by relatives. The rest is mediocre or inadequate. These grim statistics mean that the majority of caregivers are not engaging children in the kind of conversation and other activities that enhance growth and development.

One important step toward improving child care would be to set reasonable national standards for child care quality, to be used as guidelines by the states. Currently, standards for child care practice vary widely from state to state. A recent analysis of state regulations for center-based infant and toddler care found that no states have regulations that require good child care practice, and only 17 states can be characterized as minimally acceptable. The rest are rated as poor or very poor. As individual states respond to an increased demand for subsidized child care under welfare reform, many are looking for ways to relax or circumvent their own standards for regulated care in an attempt to pay less than what they know good care costs. This trend is harmful to children and should be resisted. In addition to insisting on decent standards for child

care quality, we should also find ways to improve the training of child care workers and to also improve their abysmally low salaries.

My final recommendation is to support the expansion of parent education programs such as Parents as Teachers, which provide home visits and timely information about child development to parents of children from birth to age 3. These programs are voluntary and very popular with parents in states, like Missouri, where they are offered through the public schools. On a positive note, we should be aware that our nation's relatively new Early Head Start program is totally consonant with the new research on brain development. I was delighted to hear at the White House a month ago that the Clinton Administration is planning to expand this program by 100 sites.

Children's Defense Fund

Testimony of the Children's Defense Fund

before the

Congressional Caucus on Women's Issues

THE FEDERAL ROLE IN CHILD CARE: Many Gaps to be Filld

Presented by:

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CHILDREN'S DEFENSE FUND

July 10, 1997

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I am Helen Blank, Director of Child Care and Development at the Children's Defense Fund (CDF). CDF welcomes the opportunity to testify today on child care. CDF is a privately funded public charity dedicated to providing a strong and effective voice for children, especially poor and minority children.

In the United States, child care and early education are a partnership between the public sector (federal, state and local governments), the private sector, and parents.

The federal government is a relative newcomer to this issue. Other than some involvement in providing child care to women working during the Second World War, the federal government a very limited role in child care and early education until the 1960s when the Head Start program was created. The federal role in providing child care to help low-income parents work did not expand significantly until the late 1980s.

Launched in 1965, Head Start's goal was not to help low-income families work but to help children get a strong start before they entered school. In order to meet this goal, Head Start provides an array of comprehensive services including education, health and nutrition, social services and parent involvement. Although Head Start is perceived primarily as a part-day program, 29 percent of the programs offer full-day services, most with federal and state child care dollars. In 1994, Early Head Start was authorized to supplement Head Start's Parent and Child centers and bring the program's comprehensive services to families with children ages 0-3.

Unlike Head Start, funding for child care support has always been based primarily on the goal of helping parents work. As a result, although many children who might be eligible for Head Start are enrolled in child care settings, most child care programs do not have the resources to offer families comprehensive services. During the 1970s and 1980s, the federal government offered parents limited child care assistance to help cover the cost of child care for parents.

The Title XX Social Services Block Grant was used by many states for child care. States have allowed working families on welfare to disregard a portion of their child care expenses before calculating their cash assistance level. Since the 1970s, the federal government has made assistance available to child care programs to enable them to offer nutritious meals and snacks to children through the Child and Adult Care Food Program (CACFP).

The CACFP was designed to be a logical companion to the National School Lunch Program. It is common sense that children who are well fed in their early childhood settings will be much more likely to enter school ready to learn. For many of these children, the child care program they attend is their primary source of food; they spend 10-12 hours each day in care, receiving most of their meals while there. According to Congress' Select Panel for the Promotion of Child Health, preschool children often receive 75-80 percent of their nutritional intake from their child care providers.

The CACFP has been particularly important to children in family child care settings, as it not only ensures their good nutrition, but is also linked to improvements in the quality of care that children receive. Family child care providers, many of whom are low-income women, often work extremely long hours and are very isolated from other adults. Many have little training on how to work with a group of children. CACFP has made real differences in the lives of providers and the children in their programs by providing a strong incentive to family child care providers to become licensed or registered. This not only gives them access to a range of training and support activities, but also helps make sure they leave the underground economy and begin to pay taxes. Through umbrella sponsors, family child care providers also receive two to three site visits a year. These visits are particularly important, since states with limited resources are providing less and less monitoring and support to family child care providers who care for as many as twelve children.

The supply and quality of family child care will be seriously eroded by changes made in the CACFP in 1996. Because family child care providers serving middle-income children will have their food subsidies drastically cut, it is expected that a large number across the country will choose to drop out of CACFP, operate underground or illegally, or go out of business entirely.

In addition, since 1976 all families have been entitled to a tax credit for a portion of their child care expenses. Since the credit is not refundable, it is not available to low-income families who have no tax liability.

Child care support expands in the 1980s.

In the late 1980s, Congress drew its attention to child care. When the Family Support Act was enacted, child care was a centerpiece of the welfare reform agenda. It included the first guarantee of child care assistance for families on welfare, as well as for one year of help for families leaving welfare.

In response to widespread public recognition that additional child care assistance was essential to help low-income working families trying desperately to remain off welfare, two child care programs -- the Child Care and Development Block Grant (CCDBG) and the At-Risk Child Care Program -- were enacted in 1990. In addition to providing help to low-income working families, the CCDBG recognized, for the first time, the importance of a public role in improving the quality and support of child care by including funds specifically dedicated to this purpose.

Ironically, although its emphasis was on helping families' work, the new welfare law enacted eliminated the guarantee of child care help for families on welfare and for those transitioning off. It merged four major child care programs into the existing CCDBG. States can use these funds to help families on welfare, as well as low-income working

families pay for child care. At least four percent of these funds are set-aside to address the critical problems of child care quality and adequate supply.

State investments and policies vary widely.

Prior to the late 1980s, states varied enormously in the extent to which they invested state or federal funds in child care services or even had significant programs in this area. While some states invested state funds in child care, and/or chose to use federal Social Services Block Grant funds for child care subsidies, many states spent relatively small amounts. As of 1990, for example, there were four states that essentially had no child care subsidy program for low-income working families, and there were huge discrepancies between states in their investments in child care and early education.

As of 1994, every state invested at least enough state funds to draw down some of the federal child care money made available in the 1980s and early 1990s. The extent to which states invest their own funds over and above any federal matching requirements varies widely.

A number of states also have chosen to invest in early childhood education initiatives, either by supplementing the federal Head Start program with state funds to expand Head Start, or by setting up a new state initiative. In 1991-92, a CDF study found that 32 states invested a total of $665 million in prekindergarten programs and served 290,000 children. Some states have significantly increased their investments in prekindergarten since then. However, most of these programs operate on a part-day, part-year basis and do not recognize the needs of parents who work outside of the home.

States also play a primary role in determining policies for all federal and state child care subsidy programs, though the federal government does provide some guidelines. For example, states have the responsibility to determine:

- Eligibility criteria--establishing income guidelines, and defining the activities in which parents must be engaged to qualify for assistance (such as being on cash assistance, working, going to school, getting job training, or job hunting). These criteria vary widely, from the poverty level in some states, to over 200 percent of the poverty level in others. Yet, whatever a state's eligibility cut-off, child care assistance is still primarily focused on the lowest-income families. In 1995, approximately 70 percent of CCDBG funds were targeted to families with incomes at or below the poverty level.

- Sliding fee scales--determining how much parents must contribute towards the full child care fee charged by child care providers. States usually have the parent co-payment level vary by the parent's income level. The level of parent co-payments affects the extent to which states are helping make child care affordable, and the extent to which parents are helped to have a choice of good child care programs for their children. High co-payments can limit families child care choices.

- Reimbursement rates--determining the maximum fee that the *state* will agree to pay or reimburse child care providers. Accordingly, rates have a major impact on the type and quality of care families can access, and whether programs in their communities will be willing to serve children receiving child care assistance. Child care payments are significantly below the market rate in many communities. Low rates can seriously limit parental choice, as providers are unwilling or unable to serve low-income children.

    * A 1986 study by the Washington State Department of Social and Health Services found that many providers refused to accept subsidized children, and 60 percent of those that did said they limited the number of subsidized children they accepted, typically because the subsidized rates were too low (Wicks and Caro).

* A study by the Illinois Department of Public Aid found that many AFDC recipients reported they were unable to find a caregiver willing to accept state reimbursement for subsidized care (Siegel and Loman, 1991).

* In a fifty-state survey in 1991, 26 states reported some providers were unwilling to serve parents subsidized by JOBS or receiving transitional child care assistance because of low rates (Ebb and Lookner, 1991).

- Basic health and safety protections for publicly funded care--As many states exempt large numbers of providers from being licensed or regulated, states must determine the basic health and safety provisions for providers who are exempt from state licensing requirements but receive *public funds*. States are not required to set such protections for children cared for by certain relatives.

States determine whether and how to allocate funds to improve the quality of care (for example by funding training, Resource & Referral agencies, and grants and loans) or to improve supply of care (for example, by funding start-up costs for programs in underserved areas or for underserved populations). Prior to 1988, some states invested their own funds in these efforts. The CCDBG, however, allowed these states to use federal funds to increase their efforts significantly, and allowed other states to begin to make such investments.

All states license at least some child care providers to ensure the basic health and safety of children in child care settings. However, there is wide variation in which providers they allow to be exempt from being licensed and monitored, the requirements they set for regulated programs, and the extent to which they enforce their requirements. For example:

- Many states exempt smaller family child care providers from any regulation, and some states exempt family child care providers serving as many as six, eight, or twelve children. Some states exempt child care programs run by religious organizations or schools, programs operating on a part-day basis, or drop-in programs such as those run in shopping malls or exercise clubs.

- States may vary in the number of providers that may care for children. For example, in Idaho, one adult may care for up to 12 infants, while in Massachusetts, one adult can be responsible for no more than three infants.

- States vary in the extent to which licensed programs have to even meet basic health and safety requirements--such as ensuring that children in child care have their basic immunizations, that child care providers have first aid and CPR training, that providers wash their hands before and after diapering and preparing food, and that there be small numbers of children per provider and in a single group.

States also differ in the extent to which they visit programs to ensure that they comply with these requirements, with some states visiting programs quite infrequently, or--in the case of family child care providers--not at all.

This past year, the welfare Act fueled new investments in child care in a number of states. Yet, the pattern across states still remains remarkably uneven. For example, Illinois just approved an increase of $100 million in state dollars which will allow the state to provide child care assistance to all families earning below 50 percent of the state's median income which is approximately $22,000 for a family of three this will allow the state to serve all families on the waiting list for child care assistance. However, Texas added no new state dollars beyond what they needed to draw down their federal

child care dollars, despite a waiting list of close to 36,000 children in low-income working families who need child care assistance.

Whether families have access to help paying for child care, what quality of child care is available, and whether the supply is adequate is dependent on what state, county, or neighborhood a family lives in. However, regardless of where a family lives, the current child care system in most communities still leaves enormous gaps for children and families because we, as a nation, have not come to terms with the investment necessary to address the affordability, quality, and supply of child care to ensure children receive the supportive care they need to grow and thrive.

There are a plethora of issues that communities now face. Changes in the welfare system underscore many gaps that must be addressed if parents are to be able to find and keep jobs and children are to enter schools ready to succeed.

Shortages of infant care and school-age child care are common in most communities but these shortages are most prevalent in low-income neighborhoods.

- Many studies have reported shortages of center-based infant and toddler care:

    * A 1990 study surveyed centers and found that "vacancies for infants and toddlers are especially limited; fewer than 10 percent of all vacancies could be filled by infants and toddlers.

    * In a 1995 GAO study, Michigan officials reported their state had a shortage of infant and special needs child care in the inner cities and all types of child care in rural areas.

* A recent study of child care in California found similar patterns--only four percent of slots in licensed child care centers were for infants younger than age two.

* A study of child care needs in six cities found serious shortages of infant care. In four sites (Bath, Boulder, Chicago, and San Francisco), CCR&R staff reported that demand for child care for infants exceeded the supply of care. Some CCR&Rs recommended parents put their name on waiting lists for infant care as soon as they knew they were pregnant. In both Boulder and San Francisco, staff reported because they were been unable to help young mothers find care for their infant, women had lost their jobs and returned to welfare.

- Schools in low-income areas are much less likely to offer the extended day and enriched programs that can help keep children safe after school, and help them stay out of trouble. In 1993, only one-third of the schools in low-income neighborhoods offered such programs, compared with 52 percent of the schools in more affluent areas.

- A national study found more affluent counties had two to three times the supply of preschool programs per capita, meaning that low-income families have far less access to the preschool programs that enable parents to work and children to get the early learning experiences that allow them to enter school ready to succeed.

- Recent studies have found that there are significant geographical areas where no licensed programs exist for families to choose:

  * One recent study found that nine of 55 counties in West Virginia had no licensed child care centers, and another 14 only had one center.

* A study of families receiving welfare in Illinois found that licensed care was simply not available in some relatively large areas in the state. Furthermore, the study found that in some areas where care *was* available, the demand greatly exceeded the available supply. This was most common in the poorest areas of the state.

Communities now face tackling the difficult task of encouraging odd-hour child care to help the large portion of low-income women who will work on weekends or on night shifts.

- Nearly one in five full-time workers--14.3 million--worked nonstandard hours in 1991. More than one in three--five million of them-- were women.

- One-third of working-poor mothers with incomes below poverty and more than one-fourth of working-class mothers (incomes above the poverty line but below $25,000) worked weekends.

A study of 207 Illinois families receiving transitional child care subsidies after leaving welfare due to employment, found that nearly 75% were working irregular hours.

The instability of parents' work schedules also presents a challenge for families trying to find child care.

One study found that almost half of low-income working parents worked on a rotating or changing schedule, compared with one-quarter of working-and middle-class mothers and one-third of working-and middle-class fathers. This presents a greater obstacle to finding child care than either a regular weekend or evening schedule.

Head Start and state prekindergarten programs now face the challenge of finding resources to extend their day to meet the needs of families who, facing work requirements and time limits, will need full-day, full-year child care.

Other witnesses will address the quality of child care which also offers great cause for concern.

Finally, although we have made considerable progress in the last decade in expanding families access to child care assistance, too many low-income families simply cannot afford safe child care that allows them the peace of mind they need to be productive at work and their children to have the early education experience they need to enter school ready to succeed.

The escalating work requirements in the welfare Act threaten to even further limit low-income working families access to child care.

Even before the welfare Act, the scarcity of child care dollars and demands of welfare reform pushed states into the difficult position of devoting more and more child care resources to help families get off of welfare, and away from those working families who are struggling to keep their jobs and stay independent.

A 1994 study by the Children's Defense Fund illustrates this graphically:

- Fifteen states (AK, AZ, AR, CA, CO, FL, HI, IL, MS, MT, NV, NH, NJ, SD, and TX) used the Child Care and Development Block Grant (intended to provide help to low-income working families) to pay for welfare-related child care because the Block grant does not require a state match. Additional states indicated they may need to use the Block Grant in the future.

- Eleven states (AK, AZ, DC, FL, MD, MN, MS, RI, SC, WA, and WI) took state child care funds that were helping working families stay off welfare, and reallocated them to families working to get off welfare.

- Twenty-five states including DC reported an increase in the proportion of child care slots or dollars going to AFDC families rather than the working poor.

It makes no sense to force states to make the Solomon-like choice between helping families get off of welfare versus helping families stay off welfare in the first place. Welfare reform will not work unless both groups of families are helped. Otherwise a revolving door is created through which families who are trying to be independent are gradually forced out of the labor force and onto welfare--where maybe they can get child care assistance to try to become independent again.

An increasing number of families are working low-wage jobs and need child care help.

- Today more than a third of all America's poor children belong to families where at least one parent works all year.

- A recent report by the National Center for Children in Poverty found young children in a traditional nuclear family (two-parent family with one parent working full-time) are 2 and 1/2 times more likely to be poor in 1994 than they were in 1975. The poverty rate for young children in such traditional nuclear families rose from 6 to 15 percent between 1975 to 1994.

- Half of the young families with children (with family head younger than age 30) earned less than $20,000 in 1994. The cost of decent child care is beyond the reach of these families unless they get help.

Child care can *easily* cost over $4,000 a year, and can be much higher for younger children and in some regions of the country. This is a significant part of a working family's budget and can keep families from being able to afford to work.

- In 1990, mothers who were employed full time and paid for child care for a child younger than five paid on average about $3,650 for their youngest child in center-based care, $2,950 for family child care, and $5,025 for in-home care. This was only the amount they paid for their *youngest* child--families with more than one child in child care paid more.

Obviously, low-income parents would have difficulty affording even average-priced care for one child--at the rates reported above, a single mother working full time and earning the minimum wage would have to pay 41 percent of her income to put her child in a center. Given the other costs of raising a family such as rent, food, transportation, and clothes, it is clearly impossible for low-income parents to afford good care without help.

Several studies around the country have found that child care difficulties have forced families onto welfare:

- A 1994 survey of welfare recipients in Maine found that 31 percent of those who had left a previous job did so because of child care difficulties.

- A 1991 study of welfare recipients in Illinois found that 20 percent of the women who returned to welfare within the year of the report had returned due to child care problems. Also, 42 percent who had quit school, had quit due to child care problems.

- At least one in five families that remain on the waiting list for child care help in Montgomery County, Maryland for a prolonged period, end up on welfare, according to a study by the Montgomery County Commission on Child Care.

- In Milwaukee County, Wisconsin, approximately one-fourth of all families that exhausted their Transitional Child Care (TCC) benefits returned to welfare between October 1992 and November 1993. During that same period, the county was not able to provide continued child care assistance to these families. The county believes that the unavailability of child care assistance was the major reason for the families' return to welfare.

Given the time limits now tied to welfare, families will no longer be able to continue to move back and forth between work and welfare. As a result, it is even more important for the federal government and states to address the child care needs of families who work in low-wage jobs.

Low-income working families that need child care assistance and can't get it find it more difficult to work, have to place their children in less safe situations, and get into financial difficulties.

- A study of low-income working families on the waiting list for child care in Minnesota found a broad range of problems. One-fourth of all the families interviewed had to go on welfare to survive. Some found it difficult to maintain employment because of unstable child care arrangements. One-third of the parents felt their children's child care settings threatened their safety and development, and many families were experiencing severe stress.

Parents shared their experiences:

- *I lost that job after eight months because of upsets in my schedule...due to baby-sitting problems--although I was very conscientious about lining up child care arrangements, disruptions caused everything that I had carefully planned to come tumbling down.*

- *I pay $460 a month for child care. I am a single parent and a manager of a restaurant. As a result of day care expenses I try to cut back on hours at work...to reduce the day care amount. My unit then suffers...to the point I worry I may lose my job. I have lost out on bonus money I depend on and have fallen behind on several bills....I am currently looking into bankruptcy.*

- *The baby-sitter leaves Alicia with her son who is 17 years old and very immature. It bothers me to come and get her and she's crying hysterically and he just ignores her and she's hungry.*

- *My child is six months old and has been in three horrible daycares in two-and-one-half months.*

- *I go to bed...every night nervous or crying with frustration wondering if the money left will make it to my next paycheck. I'm finding myself short with the kids more and then stop myself and say, "Think. It's not fair, they are only kids...." So I give them hugs and say I'm sorry.*

Parents in other communities face similar untenable choices:

- When a Rhode Island officials interviewed families on the waiting list for child care assistance, they found that many mothers were starting to question whether their hard work in low-wage jobs paid off for them or their children. One mother wrote, *"I had to quit work because I earned less than $200 a week and I had to pay $150 for [child*

care for] my three sons and I did not know why I went to work. Now, I am applying for AFDC. I would like to working and be useful, rather than sitting here and getting a check that doesn't cover too much of anything."

Obviously, we have a long way as a nation to address the child care needs of our families and children. There is good reason to move forward.

Good child care makes a major difference to children in the first three years of life. Child care also plays a strong role in helping children to enter school ready to succeed and ensuring that children stay in school and continue to learn.

Hearings, like this one today, provide an important forum for discussing how the multiple facets of child care and development and how to move ahead to help children and families.

DEPARTMENT OF HEALTH & HUMAN SERVICES

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STATEMENT

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ASSOCIATE COMMISSIONER

HEAD START BUREAU

ADMINISTRATION FOR CHILDREN AND FAMILIES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

before the

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

UNITED STATES CONGRESS

JULY 10, 1997

I am delighted to be here today to discuss the Early Head Start Program, one of the most promising early childhood initiatives of the Clinton Administration. This program was created in the 1994 bipartisan reauthorization of Head Start (P.L. 103-252) to extend the benefits of Head Start's comprehensive quality services to infants and toddlers and their families. Designed with the help of a distinguished advisory committee of scholars and practitioners, Early Head Start incorporates the latest advances in research on child development and the lessons of successful programs for our youngest children.

Early Head Start is designed to foster three primary goals:

- To enhance children's physical, social, emotional and cognitive development;

- To enable parents to be better caregivers and teachers for their children; and

- To help parents meet their own goals, including improving their own education and economic self-sufficiency.

Each Early Head Start program carries out a locally-designed program of services, organized around four common cornerstones: child development, family development, community building and staff development. Programs offer high quality child care and early education, family support services, home visits, parent education, comprehensive health and mental health services (including services for women prior to, during and after pregnancy) and nutrition.

Earlier this year at the White House Conference on Early Childhood Development and Learning, the President announced his support for increasing the enrollment in the Early Head Start Program. $?5 million will be available this year to increase Early Head Start services. When combined with funds requested in the President's budget for next year, we expect to increase Early Head Start enrollment to 35,000 children and families in 1998, an increase of roughly 50% over 1996.

Next week we will begin a peer review process to assess over 600 proposals for new Early Head Start programs to determine the best candidates to add to our existing network of 143 projects in 44 States, the District of Columbia and Puerto Rico. School districts, non-profit community-based agencies, colleges and universities, local governments, mental health and health service organizations are among the organizations providing services.

The need for Early Head Start comes from a growing base of knowledge on the complexity and significance of development in infants and toddlers; on the rewards and key elements of successful prevention programs in the first years of life; and from our

growing awareness of the costs of failing to support very young children and their families.

Certainly the most astonishing component of this research is new revelations of the development of mental capacity and brain development in infancy. But we also know more than ever about how very young children learn to understand and use language and how their early relationships with parents, family members and caregivers shape their long-term social and emotional development. Clearly we know enough to act with confidence and conviction in this arena.

Since 1965, Head Start has blazed a trail for our nation by showing the benefits of high quality, comprehensive early childhood services. Countless states and communities have built on the example and principles of Head Start to create a host of new public and private initiatives to serve preschool children and their families. Head Start has spread the word and shown the way through research, through national efforts to set standards and create materials, and through the everyday example of Head Start staff members making a difference in the lives of our most vulnerable children, families and neighborhoods.

We have similar hopes for Early Head Start. We are committed to continue to expand funding of new local programs. We are also committed to using Early Head Start to motivate a national campaign to do the right thing for our youngest children.

Towards that end, we have developed detailed performance standards for serving infants, toddlers and pregnant women to help guide program development at the state and local level. We have created a major rigorous evaluation to assess outcomes and determine effective strategies in our initial set of Early Head Start projects. We are also beginning a new emphasis on partnerships with other federal agencies involved in child care, health services, community development, and education reform. And we are reaching out to work with state and local governments to stimulate others to invent their own ways to provide more young children with the chance for safe, healthy development and learning.

Testimony on the
NICHD Study of Early Child Care

By
Dr. Marsha Weinraub
Principal Investigator of the
Temple University Site

Before the
Congressional Caucus for Women's Issues
Congress of the United States
Washington, DC

Thursday, July 10, 1997

Good morning, I am Dr. Marsha Weinraub, Professor of Psychology at Temple University, in Philadelphia. I am one of the investigators of the Study of Early Child Care funded by the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health. It is a pleasure to be here.

NICHD Early Child Care Research Network

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Susan Spleker, University Washington at Seattle
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Today I present information about how children's early experiences in child care affect different aspects of their psychological development. Our research has shown how early experiences in child care affect children's relationships with their mothers, their early understanding of the world, and their readiness for school. These are just a few of the many outcomes we are measuring in the NICHD Study of Early Child Care.

Over the last two decades, researchers have examined the effects of early child care on young children. Some researchers presented evidence that early and extensive nonmaternal child care posed risks for infants. Others showed that children thrive in child care so long as the care the children receive is high. Still others argued that early experiences did not affect children's development unless these experiences were characterized by extreme deprivation. There were data to support each position. The public was confused.

Why was there so much disagreement about the effects of child care? First, research studies available throughout the 1980's were not large enough to take into account all of the critical family, child and child-care variables that influence the development of young children. Conclusions about the effects of early child care were based on small samples of primarily white children, most from middle class families. Second, many of these studies were limited in that they did not take into consideration differences in the types of care or the quality of the care that children received in their mothers' absence, nor did they follow the children over time to see the continuing effects of child care.

Recognizing these limitations, in 1988, there was a unanimous call from child development experts for more comprehensive research on the effects of child care. In response, Dr. Duane Alexander, the Director of NICHD, initiated a large scale, comprehensive study to examine the effects of child care, particularly infant care, on the development of children in the United States. Following stringent scientific review by independent experts, 10 teams of investigators were selected from universities and research institutes across the country. Together with the NICHD scientific program staff, these researchers became the NICHD Early Child Care Research Network. As a group, we have designed, implemented, and co-authored the NICHD Study of Early Child Care.

Overall Aim

To examine the effect of variations in early child care on the psychological development of children

following the children from soon after birth until first grade

taking into account the characteristics of the
child,
the family,
and the nonmaternal child care situation.

The overall aim of the study has been to examine the effect of variations in early child care experiences on children's development. We recruited children and their families to participate in the study soon after the child's birth. NICHD has made it possible for us to follow these children until the end of first grade. By (1) including a diverse sample of families, (2) measuring pre-existing characteristics of the children, their mothers and their fathers, and (3) taking extensive observations of these children's experiences at different ages and across a wide variety of settings, we can evaluate what effects, if any, child care has on America's children and their families. Today, I report a few of our findings concerning child care effects during the first three years of children's lives.

First, let me give you a brief description of the families that participated in our study and what data we collected.

Demographic Characteristics of the Sample

- Number of Families
- Income-to-Needs
- Maternal Education
- Child Ethnicity
- Child Gender
- Two-Parent Family
- Hours per Week in Care
- Type of Care

We screened nearly 9000 births at more that 24 hospitals from across 10 sites. From this group, we selected 1364 families to be part of our study. The families were diverse. They lived in urban, suburban and rural areas.

They varied in income, educational level, ethnicity, family structure, and whether or not the mother was employed outside the home. Mirroring national statistics, most of the families in the study used nonmaternal care for their infants; about one third of the families used little or no nonmaternal care. Sometimes the care was extensive, sometimes, not. At 15 months of age, about 11% of the children were cared for in a child care center, 22% were in a child care home, 36% were in relative or in-home care of a nanny, and just less than a third of the children stayed at home with their mother. Whether or not the child was in care with their mothers or in the care of others for most of the day, all families participated in our study.

Data Collection Schedule

- Major assessments were done at 1, 6, 15, 24, 36, and 54 months and will be done in first grade.
- Intervening phone contacts were made every 3 to 6 months.
- Questionnaires were completed in kindergarten.

We visited the families in a variety of settings. We visited families in their homes when the children were 1, 6, 15, 24, 36 and 54 months of age. If the children were in any type of regular child care, we visited them in their child care setting, taking extensive measurements of the quality of the careproviders and the setting. Starting when the infant was 15 months of age, families also visited us at our laboratories. To make sure we didn't miss anything, we telephoned mothers every three months. The families who participated in this study gave generously of their time and energy, and we are deeply indebted to them. This year, the children are turning 6 years old, and we will be seeing them soon in first grade.

So, what have we measured in these different settings? We have measured children's relationships with their mothers, their fathers, and their peers. We measured children's adjustment and self-concept. In the area of cognitive development, we measured general intellectual functioning, children's language skills and their readiness for school. In the nonmaternal care situation, we measured those characteristics of care that can be regulated by government agencies. These include, for example, the number of children in the setting, the child:caregiver ratio and the education and training of the careproviders. At each assessment point, we also measured the number of hours of nonmaternal care children received, the stability of that care, the quality of that care, and the characteristics of the careprovider. These measures enable us to determine which specific aspects of child care experiences affect child outcome.

While we took extensive measures of children's child care settings, we also took into account the child's home life, and the characteristics of the adults in the child's world. When the children enter first grade, we will measure their experiences in school.

So, what have we learned so far? First, families rely on others to take care of their children starting very early in infancy. By 4 months of age, nearly ¾ of our children were cared for by someone other than their mothers. The settings in which children received care ranged in quality. At 6 months, high quality care, as rated by our trained observers, was associated with small group sizes, low child-adult ratios, caregivers' progressive beliefs about childrearing, and physical environments that were safe, clean, and stimulating. In general, poor children who were cared for in home settings by a family member or child care home provider received lower quality care than other children. Poor children cared for in child-care centers received care equivalent in quality to that received by children from more affluent families. Children just above the poverty level received lower quality care in child care centers than children in poverty, probably due to subsidies available to poverty families that increased the quality of the care for children in poverty bringing it up to the quality available to the more affluent.

For today, I have selected, three areas in which child care affects mothers' and infants' functioning in the first three years: the mother's behavior with her infant, the infant's attachment to the mother, and the infant's cognitive functioning and language skills.

The first set of results concerns the effects of child care on mothers' interactions with their infants. The quality of child care was important, and so was the quantity of care. Mothers whose children were in higher quality care were more sensitive and affectionate with their children than mothers whose infants were in lower quality care. Using child care for more hours per week was associated with less sensitive, more negative, and less affectionate mother-child interactions. These effects, while small in magnitude, were consistent.

The mother-child interaction is one part of the mother-child relationship that we have looked at. Another way of looking at the mother-child relationship is to look at the security of children's attachment to their mothers. The second set of results concerns how children's attachment to their mothers was affect by child care.

Psychologists believe that infants' attachment to their mothers is important because it establishes a solid base from which infants can explore and learn about themselves and their world. Previous studies have shown that infants who are securely attached to their mothers get along better with other adults and children and do better in a variety of problem solving situations in early childhood. Concerns about the risks of early child care grew to a crescendo in the 1980's when it was thought that early and extensive child care might be related to increased levels of insecure attachment. Our study, with the large and diverse sample, state-of-the-art measures, and consideration of the infant's experiences at home and in care was designed to more carefully investigate the potential risks of early care for children's attachment to their mothers.

Effects of Child Care on
Children's Attachment of their Mothers
at 15 months of age

- Secure infants, compared with insecure infants, had mothers who were more sensitive and better adjusted psychologically.
- Child-care features, in and of themselves, were unrelated to attachment security or to insecure avoidance specifically.
- Low-quality child care, unstable care, and more than minimal hours in care were each related to increased rates of insecurity when mothers were relatively insensitive.

Let me summarize our results concerning attachment. First, the mother's behavior with the child was the best predictor of infant's attachment security. Mothers of secure infants were more sensitive and better adjusted psychologically than mothers of insecure infants. But once we took into account variations in the mothers' behavior, child care amount, stability, type, or quality did not affect children's attachment to their mothers. Only when children had less sensitive and less responsive mothers and children were also either in low-quality child care, unstable care, or more than minimal hours in care, were children less likely to be securely attached to their mothers compared to children in higher quality care, more stable care, or fewer hours of care.

Effects of Child Care on
Children's Cognitive and Language
Development
in the first three years of life

- Higher quality child care was related to better child outcomes. The contribution of the child care quality variables ranged from 1% to 4% of the differences in test performance.
  - ⇒ More positive caregiving ratings of the child care provider were related to higher cognitive scores at 2 years and higher school readiness scores at 3 years.
  - ⇒ More positive caregiving ratings of the child care provider were related to higher language scores at all ages.
- Under similar conditions of child care quality, center care predicts better performance on cognitive tests at 2 years, school readiness at 3 years, and language skills at all ages.

The third set of results concerns child care effects on children's cognitive and language development. Again, family and maternal characteristics predicted cognitive and language outcomes. After taking these characteristics into account, we found that the quality of the interaction between the child and the careproviders also predicted child outcomes. These effects were small, but again, they were consistent. Higher quality child care predicted higher cognitive, higher school readiness, and higher language scores. These findings were primarily accounted for by the amount of language stimulation children received from their careproviders in the child care setting. Finally, when we took into consideration variations in child care quality, we found that children in center care, compared to children in other types of arrangements, performed better on our tests at two and three years.

To summarize: Across the first three years of children's lives, we found, first, that family factors were more important than child care characteristics in predicting what happens to children. Second, we found that, above and beyond the contribution of the family, child care makes an additional contribution. The effects of child care on the mother-child interaction and on children's cognitive development were small but consistent. The quantity of child care children receive as well as the quality of that care have important effects on what happens to our nation's children.

Reports in preparation from the NICHD Study of Early Child Care

Infant child care and mother-child interaction.

Early child care and self-control, compliance, and problem behavior at 24 and 36 months.

The effects of child care on health and growth.

The effects of child care on peer relations.

Predictors of positive caregiving.

Early life and child care experiences of Head Start eligible children.

Studying the effects of early child care experiences on the development of ethnic minority children in the US: Towards a more inclusive agenda.

Fathers and child care.

Effects of child care for children from families with psychosocial risk.

Do developmental processes operate differently across child care niches?

Effects of regulable aspects of child care on child outcomes.

Chronicity of maternal depressive symptoms, mother-child interaction, and child outcome.

This study is very much a work in progress. We expect to have many more detailed reports of the effects of child care available in the next year. So far this year, our project has had 5 reports published or soon to be published in prestigious scientific journals. In addition, we have another 14 reports currently in preparation. We have a lot more work to do.

On behalf of all the members of the Study Steering Committee and the many families who are participating in this research, I thank you for inviting us to report these initial findings. We would be delighted to keep the Caucus informed about our results, and we would welcome the opportunity to update you as more findings become available.

TESTIMONY OF KEVIN DOYLE BEFORE THE CONGRESSIONAL CAUCUS ON WOMENS ISSUES JULY 10, 1997 QUALITY AND ACCESSIBILITY OF CHILD CARE FOR CHILDREN AGES 0 TO 3 YEARS OLD

My name is Kevin Doyle and I am the father of two wonderful little boys now ages 5 and 8. I am here today to contrast the quality and accessibility of infant and toddler care, as experienced by my family, in the raising of our two sons.

When my first son was born my wife and I began our search for child care when he was about two months old in anticipation of wife's return from maternity leave when he became six months old. At first we used the child care referral service offered by my employer. A listing of home care providers and child care centers that offered infant care was given to us. As we worked our way through this list we discovered that even though these providers were listed as infant care providers they had limited slots for infants which, in general, were full. There were also those who would take infants only if they could not get enough 3 to 5 year old children. Upon interviewing the providers from this listing that had infant care openings we were shocked at the quality of conditions and care many of these providers offered. We could find none we considered acceptable. The day care centers listed either had no openings, were of questionable quality or were so expensive as to preclude our using them. Two weeks prior to my wife's return to work we ran an ad in the newspaper and had to settle for an unlicensed home care provider.

We were relatively happy with this arrangement until about a year later when our provider informed us that her husband had taken a job on the night shift, needed to sleep during the day, and gave us two weeks notice to find care for our child. The same process of searching for infant care followed with the same results. We were forced to depend on neighbors and friends to watch our child while we continued to search. Finally, we were able to find an acceptable home care situation. However, by the age of two and a half my son had been through four different day care providers. Lost were hours of sleep worrying, and weeks of work spent covering child care or interviewing potential providers. Most importantly, however, was the total lack of continuity and security my son had to experience during this period. I will never forget the sick feeling as I looked into my little boys' eyes and left him, once again, in an unfamiliar place and in a room full of strangers.

Let me contrast that experience with the infant care experience of our second child. At about the time of his birth my employer announced they would be opening an on-site child care center. We signed the list of interested parents immediately. Upon my

wife's return from maternity leave we placed both of our children in the center. Our older son was now three and our infant 6 months. In contrast to a home care situation where a provider was trying to entertain and control other children in the 3 to 5 year old range as well as care for infants, here was a room filled only with other infants, in an environment designed specifically for infant care. Parents were free when taking a break or at lunch time to come down and spend the time with their babies, and they took advantage of it. Some mothers chose to continue to breast feed even after returning to work. Mothers and fathers could be seen playing in the playground or pushing their giggling infants in swings and returning to work with smiles on their faces secure in the knowledge that their babies were happy and in good hands. As our children progressed through the infant and then into the toddler and two year old programs they transition to teachers they already knew and into an environment where nurturing, discipline etc. were consistent with what they were used to. They also were with the same children they were used to. My youngest son just graduated from our kindergarten class and with him were his friends who have been with him almost every day since he was six months old. They are like brothers and sisters.

When our child care center first opened I formed an organization called the Parent Advisory Group. The purpose of this organization is to provide a forum for parents to voice their opinions on the care of their children and to provide an avenue for these opinions to be brought to the attention of management and board of directors of the center. I eventually moved on to become a member of the board of directors and the President of the Board of Directors of the center. A consistent theme through all these organizations was always putting a priority on providing quality and affordable infant care. One way that we do that is by charging a higher than cost tuition for 3 to 5 year old care, basically creating a profit for this program, and using this source of revenue to lower the tuitions in the infant and toddler programs. We then use fund raisers to create a tuition assistance fund for lower income parents who cannot afford to pay even these lower-than-market tuitions. This tuition structure is explained to the parents and they buy into it. I have never in my 5 years of working with the center heard a parent complain about this structure. Every parent understands both the lack of availability and afford ability of infant care. I mention this only to illustrate that if quality infant care is made a priority there are creative ways to make it happen.

I would like to touch on one other subject. What I have seen is that on-site child care when combined with family friendly employment policies, such as flex-time, can be a powerful tool in allowing families to juggle the tremendous demands of career and quality family time. My wife and I are both fortunate enough to work in offices where flex-time is available. This allows my wife to go to work at 6:00 A.M. so that she leaves work at 2:30 P.M. and allows me to go to work at 9:30 A.M. and leave at

6:00 P.M. This flexibility allowed me to get my children up, fed, dressed and to get our school age child off to school before taking our then two year old to the child care center. My wife was then able to pick up our toddler early and be home in time to meet our school age son when he returned home from school. This flexibility allowed us to minimize the time our two year old was in child care, avoid a "latch-key" child situation with our school age child and allow for scheduling of doctors appointments etc. while not necessitating either of us being absent from work. Due to this flexibility of schedule we were able to avoid having our toddler in child care for ten or twelve hours a day. In contrast, our toddler spent six hours a day in child care and the rest with at least one of his parents.

In conclusion, I would like to point out that although my wife and I were lucky to have the child care and family-friendly policies of our employer available to us it still does not make raising children easy. I still get up about 5:00 A.M. and don't get home from work until about 6:30 or 7:00 P.M. My wife puts in similar hours. But we are willing to put in the time and effort if it means spending more time with our children. I believe that almost all parents would do the same. Parents aren't asking employers to break the bank to help us and we certainly aren't asking anyone else to raise our children. All we are asking for is the assurance that our children are safe and well cared for and a flexibility of schedule which makes it feasible for us to provide a quality family experience for our children.

BACKGROUND INFORMATION -- Kevin Doyle

Employment: Budget Analyst -- Social Security Administration

Child Care Background: Father -- 8 years.

Formed Parent Advisory Group -- Social Security Child Care Center -- 1991

Parent Liaison to Board of Directors -- Social Security Child Care Center -- 1991 - 1993

President, Board of Directors Social Security Child Care Center -- 1993 - 1997 (ended May 1997)

Congressional Caucus for Women 7/10/97

My name is Pam Humphrey. I work for CorporateFamily Solutions, a management company based in Nashville, TN. We develop and manage child development centers as well as provide other family related services for major corporations. CorporateFamily Solutions manages over 90 centers throughout the United States. I am the Director of the Center for the Marriott Corporation in Bethesda, MD. Our facility opened in October of 1990 and provides quality care for 97 children.

The Marriott Center serves the children of Marriott employees, ages 6 weeks to 5 years old. We are open year round from 7:00a.m. to 7:00p.m. Our center is accredited by the National Association for the Education of Young Children (NAEYC), with a dedicated focus on high quality care and programming.

Quality child care is much more than just "babysitting". It requires a highly trained and dedicated staff, strong parent-teacher partnerships, a safe and healthy environment, stimulating and developmentally appropriate programming, small group size, and high teacher to child ratio, just to name a few. Each of these areas has a tremendous impact on the children in our care.

Research has shown time and again that the caregiver is the key to quality, so our focus begins there. We seek to hire the best early childhood educators and provide them the best possible compensation and benefits package. We continue their training and professional development through paid in-service training , opportunities to attend professional conferences as well as encouraging and supporting their educational goals through our training pool and scholarship program.

With a dedicated, quality staff, we can then promote and develop a strong partnership with each family. We do this through our open door policy which encourages parents to visit the center as much as possible. New mothers can continue to nurse their babies after returning to work and parents can visit frequently to solidify the bonding with their newborn baby. We provide many communication systems including written daily charts about each child, phone calls to share information, parent conferences on a regular basis, newsletters and E-mails about the latest happenings. We provide informal lunch-time get-togethers to share ideas and commiserate on the challenges of parenting. We have lunch time seminars by experts such as pediatricians, psychologists, & nutritionists on topics ranging from biting to balancing work and family

life. If a child is sick or hurt, the parent is close by to provide comfort and a quick response.

I am fortunate to have the opportunity to manage the Marriott Center and I am particularly proud to be part of the growing number of enlightened companies that proactively support the family needs of their employees. The resource commitment provided by these private businesses makes good work/life sense as well as good business sense, and is crucial in assuring delivery of high quality child care. Without these additional resources, infant care -- the hardest to find, the most difficult to afford and the most important in shaping a child's intellectual potential for a life time -- can be economically beyond the reach of most working families. It is my sincere hope that today's hearing will promote greater private and public sector involvement in meeting our children's developmental needs at their most crucial time....the first three years.

I thank you all for the opportunity to speak here today.

U.S. Congresswoman
Rosa DeLauro

NEWS RELEASE

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DELAURO INTRODUCES EARLY LEARNING AND OPPORTUNITY ACT
Ground-Breaking Brain Research Spurs Public Policy Changes

WASHINGTON -- Today, Congresswoman Rosa DeLauro (D-Ct) introduced comprehensive legislation to help America's children get a good start in life, particularly in the critical early years from birth to age three.

DeLauro's announcement comes at a time when the nation is increasingly focused on the importance of development during a child's first three years. The President and Mrs. Clinton are hosting a White House Conference on Early Childhood Development and Learning, which DeLauro is scheduled to attend. This past Monday, DeLauro brought together scholars and educators at Yale University in her district for a forum on new research about how the brain develops. The forum examined the implications of this research for early childhood development and education.

"The exciting research going on at Yale and other facilities around the nation has proven what parents and grandparents have long suspected -- that the first few years of life are a critical time for intellectual, emotional, and social development. We know that unhealthy development contributes to school failure, teenage pregnancy, and juvenile delinquency later in life. My bill would give parents the tools they need to make the most of these critical years," said DeLauro.

Congressman Steny Hoyer (D-MD) and Congressman Jim McGovern (D-MA) joined DeLauro as an original co-sponsor of the legislation. The DeLauro-Hoyer-McGovern bill would improve the quality and availability of care for children under the age of three, and improve the coordination and effectiveness of family support services to parents with children in that age group.

"This bill provides necessary fuel to innovate and streamline programs and services for children under three. There is mounting evidence that there is no greater return on an

(more)

investment that the resources devoted to our nation's youngest children. The bill also helps focus the nation on the incredibly vital issues of early childhood development. As we enter the 21st century, we must increase our commitment to enhancing and improving the education and general care of our nation's children. By investing wisely today, we will reap huge return down the road," said Hoyer.

"If we neglect the developmental and educational needs of young children, we are turning our backs on our future," stated McGovern. "Increasing investment in Head Start, expanding the Family and Medical Leave Act, and improving the quality and availability of child care and family support services will help ensure that young children are healthy, and that they mature to their fullest potential."

The DeLauro-Hoyer-McGovern legislation will address these problems in three crucial ways. It will:

o Create a flexible competitive state grant to:

- improve the quality and availability of care for children under the age of three;

- improve the quality and availability of support services to families with children aged zero to three;

- encourage states to improve coordination of existing services to these families to reduce duplication and improve their efficiency.

o Amend the Family and Medical Leave Act to cover companies with more than 20 employees. This will extend parental leave privileges to 15 million additional working women and men.

o Increase funding for Head Start and, over four years, more than double funds available for the Early Start program which provides education, health, nutrition and parent support services to children aged zero to three.

"Scientific research shows that how individuals function from preschool through adolescence and adulthood hinges to a significant extent on the experiences children have in their first three years," stated DeLauro. "I want to make sure that all of America's children are given the care they need in their first years of life to prepare them to grow up to be healthy, productive and responsible members of society."

Early Learning and Opportunity Act

DeLauro, Hoyer and McGovern

In 1993, the National Educational Goals Panel reported that nearly half of American infants do not have what they need to grow and thrive.

Purpose

- to improve the quality of care for children under age 3
- to improve the availability of care for such children
- to improve the quality of family support services for parents
- to improve the availability of family support services
- to improve the coordination and effectiveness of existing programs serving families with children under age 3

TITLE I: EARLY LEARNING AND OPPORTUNITY GRANTS

- competitive, flexible grant to states to improve quality and availability of care for children under the age of three; to improve quality and availability of family support services for the parents of such children; and to improve coordination of existing programs and services

- funded at $360 million/yr for five years

- repeal of the "runaway plant" loophole to recover $1.8 billion in tax revenue shall be used to pay for this title.

- State and private/not for profit sector will provide at least a 30% match (may be cash or in-kind) of federal funds

- Priority under this competition will be given to states which have taken substantial legislative or executive measures to reduce program overlap, duplication, or barriers to coordination among the services to families with very young children which are under state jurisdiction.

TITLE II: FAMILY AND MEDICAL LEAVE ACT AMENDMENT

- amend the Family and Medical Leave Act to cover companies with greater than 20 employees to cover 15 million additional women and men

TITLE III: HEAD START AMENDMENT

- authorize $600 million per year increase for Head Start

- gradually increase the set-aside for 0-3 Early Start program from 5% in 1998 to 9% by 2002

Early Learning and Opportunity Act

STATUS OF AMERICAN INFANTS AND TODDLERS
FACT SHEET

- Poor developmental outcomes early in life have been shown to be significant risk factors for academic failure, teen pregnancy, and juvenile delinquency later in life.
- In 1993, the National Educational Goals Panel reported that nearly half of infants in the United States do not have what they need to grow and thrive.
- According to the Carnegie Foundation "Turning Points" report, most parents today have few choices for infant and toddler care. Even middle class parents cannot afford to stay at home with their children, and yet cannot afford high quality child care which will promote normal development.
- Fewer than half of America's working women are covered by the Family and Medical Leave Act, which provides a 12-week, unpaid leave to parents of companies which employ more than 50 employees.
- The United States is the only industrialized country in the world which does not provide paid maternity leave.
- Thirty developing countries provide paid maternity leave.
- More than half of mothers with babies under one year of age are working outside the home.
- More than 5 million American children under age 3 are in the care of other adults while their parents work outside the home.
- Studies of care for very young children shows that less than 20 percent of such care is of good quality.
- One multistate study showed that 40 percent of child care for babies was so poor that it adversely affected the babies' development and threatened their health and safety.
- One in three victims of physical abuse is a baby less than one year of age.
- Families with children under age 3 are the single largest group living in poverty.
- Three million children - 25% of all children under age 3 --are living below the poverty line, at greater risk for malnutrition, poor health, and maltreatment, and are less likely to receive the care they need from parents or other child care providers to grow and develop normally.

An early-childhood education for Washington

THOMAS OLIPHANT

WASHINGTON

"We know what works," Hillary Rodham Clinton was saying the other day. "We have to intervene with overstressed parents, but we don't have any systematic way to do it."

True on the first point. True on the second. But not entirely true on Mrs. Clinton's third point about early-childhood development – the next frontier in education, freshly fertilized with breakthrough science on the first three years of life. There is a way; what's at issue is will.

At last week's stunning White House gathering to give broader dissemination to the increasingly voluminous body of research showing how much of the brain's all-important wiring develops in the first few years after birth, there were two critical words missing: Rosa DeLauro.

The Connecticut congresswoman, a patron saint to working families of modest means, is blessed by the presence in her state of the world-renowned Child Study Center at Yale, where Hillary Rodham hung out 26 years ago when she met a fellow law student named Bill Clinton.

Well before last week's conference, DeLauro was working to spread the word about the latest research. But she has also fashioned the first legislative proposal to take full advantage of its momentous implications for those young, struggling families on which it can have the most impact.

The last presidential election at least settled the argument that it takes a village. But science shows that it also takes DeLauro's Early Learning and Opportunity Act.

For the drop-in-the-bucket sum of $1.8 billion over the next five years, states could get a powerful boost to vastly improve and focus their efforts to help kids under the age of 3 and parents with information, better day care, and more family-friendly values.

To pay for the core of her proposal, DeLauro suggests closing just one of the scores of loopholes that subsidize the comfortable who have good lobbyists – in this case the tax loophole that encourages the closing of plants and the moving of jobs.

The bill would also take a big step in mandating territory by dropping to 20 workers from the current 50 the employer-size exemption in the Family and Medical Leave Act. All this would do is extend vital, enabling rights to 13 million more working women. Before the chorus of business lobbyist whining starts, it helps to remember that this is the only industrialized country in the world without a paid maternity leave law, which some 30 developing countries have as well.

Finally, the DeLauro proposal would significantly expand Head Start and the fledgling Early Start program for infants and toddlers. Head Start, aimed at preschoolers from needy families but still shamefully reaching less than half the 4-year-olds eligible, would get $600 million more a year until it reached $6.7 billion five years hence.

And Early Start – which combines learning, health, nutrition, and parent education for science's newest focus group – would get a rising percentage of the Head Start authorization – reaching 9 percent, or $600 million, in 2002, a doubling of the money and a major expansion in service to nearly 50,000 kids. Every one of those dollars spent, as a report for the conference from the President's Council of Economic Advisers made clear, will eventually earn even more dollars from more productive citizens and avoid still more dollars spent to deal with wrecked lives.

In scandal-crazed, balanced-budget-fixated Washington, the extent of the progress already made in recent years is unappreciated. Since 1992, for example, Head Start has expanded by more than 40 percent, a nearly 2 million more people now bene from the literally life-saving Women, I fants, and Children program of nutrition and education.

Not enough laurels to rest on, howev Last week's bully pulpit work – it went to more than 100 sites via satellite in states – was significant. And the inform tion, above all its magnificent simplicity, c help millions of parents without anoth dime of government money.

However, one-fourth of the kids und age 3 live in poverty, more than half t mothers of kids under age 1 work, 5 milli kids under 3 are cared for by others wh their parents work, and welfare refo alone will increase these populations cons erably in coming years.

For a baby facing tall hurdles, long-te policy goals are not particularly helpful. Mrs. Clinton herself noted, quoting a C lean poet, "To him, we cannot say tomorr his name is today. We have known this stinctively, even poetically; now we know scientifically."

But she should have added that thanks Rosa DeLauro there is a systematic, dec tralized way to act on this knowledge.

Thomas Oliphant is a Globe columnist.

THE WASHINGTON POST 4/18/97

Experts Describe New Research on Early Learning

White House Panel Stresses Importance of First 3 Years

By Barbara Vobejda
Washington Post Staff Writer

A panel of experts at a White House conference yesterday described compelling new research showing that a child's language, thinking and emotional health are largely formed before age 3 and argued that the nation needs to intervene earlier if the lives of many disadvantaged young children are to be turned around.

In an unusual conference convening scientists and child development specialists from around the country, panelists called for high-quality day care, parenting education and expanded health coverage for children, much of which is supported by President Clinton and first lady Hillary Rodham Clinton.

"We know what works," said Hillary Clinton, who hosted the all-day affair. "We have to intervene with overstressed parents. But we don't have any systematic way to do it."

The conference, carried by satellite to nearly 100 sites across the country, was meant to highlight a growing body of research that points to a period of rapid brain development in children from birth to age 3. Until a few years ago, infants were commonly viewed as passive creatures largely unaware and unaffected by their surroundings. But new research methods, including brain scans, have allowed scientists to study the effect of a child's environment on brain development in the first years of life.

"The impact of the environment is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the brain is wired," according to "Rethinking the Brain," a report by the Families and Work Institute issued in connection with yesterday's conference.

The first lady holds up report on child rearing as President Clinton looks on at White House sympo

Not only are most brain synapses—connections between brain cells—formed before age 3, the report said, "those synapses that have been activated many times by virtue of repeated early experience tend to become permanent; the synapses that are not used tend to become eliminated."

In effect, the research suggests that a child's brain structure is still forming after birth, and that the language they hear, the toys they play with, even the images they see combine to affect the brain's long-term development.

Panelists urged the adoption of several programs to help young children, including those that would emphasize higher wages and better training for day care workers, better parenting education, better training for pediatricians to help parents, more prenatal care and expanded health coverage.

Clinton, in opening the conference, cited his support for Head Start programs for younger children and an expanded Family and Medical Leave Act. He also enlisted the Department of Defense, whose day-care centers have been cited as models; to enter partnerships that would help improve the quality of private-sector child-care centers.

Celebrated pediatrician T. Berry Brazelton said that 40 percent of the nation's children are not getting effective preventive health care and called for universal coverage for children and pregnant women.

In calling for policy changes, Brazelton and others emphasized that these initiatives must reach children at the earliest stages, while they are still receptive to learning. Carla Shatz, professor of neurobiology at the University of California at Berkeley, said the "use it or lose it" phenomenon in brain development has been confirmed by studies of children who suffered from cataracts. Even when the cataracts were removed, the children were blind—unlike adults who have cataracts removed—because the "visual pathways necessary to see were never developed."

[illegible] Kuhl, co-director of the Univ[illegible] Washington and a member of the panel, said t[illegible] portance of early brain development in settin[illegible] foundations for language is apparent in babies [illegible]ger than 6 months.

At birth, she said, a child can distinguish the various sounds of all languages.

"This is quite a feat," she said. "But infants [illegible] change to culture-bound specialists" and be[illegible] learning one language.

She described research showing that Jap[illegible] babies who at 6 months could distinguish be[illegible] the sounds of "R" and "L" no longer hear th[illegible] tinction at 12 months. These growing babies [illegible] to ignore the distinctions not necessary for [illegible] language, she said.

Other studies have shown that, by 20 week[illegible] babies have learned that language is a "social [illegible] prise." When an adult begins speaking to them, [illegible] in a minute, the baby will begin to coo in respo[illegible]

Kuhl and others emphasized the importa[illegible] parents and care-givers talking to infants.

"When we speak," she said, "we bring about [illegible] development. Infants are born to learn. Our ro[illegible] be good developers."

Babies are drawn to "parent-ese," the [illegible] voice and vocabulary parents often use with th[illegible] fants, and will choose to pay attention to tha[illegible] guage rather than adult conversation, said [illegible] That may be because it has "meaning," or w[illegible] and attentiveness, she said. And for that rea[illegible] child is not likely to learn language in the same [illegible] from exposure to a radio or television.

Hillary Clinton said some of her best mem[illegible] were of reading to Chelsea as a young child.

"Reading to her when she was young was a [illegible] Bill and me," she said. "But we had no idea [illegible] 17 years ago that what we were doing was [illegible] turning on the power in her brain, creating [illegible] nections that would enable her to learn and [illegible] as high a level as she possibly could learn to."

FOR MORE INFORMATION

For the text of Hillary [illegible] conference, click on [illegible] page of The Post's Web [illegible] www.washingtonpost.com

New Haven Register, Sunday, April 6, 1997 Page B3

Preschool opens window of opportunity for young children

EDWARD ZIGLER
JULIA DOWNS

EXCITING new scientific discoveries about brain development underscore the importance of the early years of childhood. We now know that vast networks of nerve cells are created with astonishing speed in a young child's brain.

When stimulated by sensory experience, these neurons form connections that support the complex development of language skills, motor and visual coordination, and even emotional patterns. Unused neurons, however, are pruned away forever when the time-limited "window of opportunity" for outside influence on brain growth closes at about age 8 to 10.

The implications for educational achievement are obvious. Children with richer, more stimulating early childhood experiences — and, thus, more highly developed brains — will be better prepared to learn in school. And we all have a stake in education: Children who do well in school are more likely to become productive members of society.

Fortunately, the General Assembly is moving on a plan to make a good early education available to every 3- and 4-year-old in the state, regardless of income. Two legislative leaders from New Haven are players in this effort: Rep. Cameron Staples, D-96, co-chairman of the Education Committee, will play a decisive role in assuring that the state's program will be of high quality; and Rep. Bill Dyson, D-94, chairman of the Appropriations Committee, will be the one to make sure the plan is ultimately, and adequately, funded.

An investment in preschool will be money well spent. Just a year ago, the Packard Foundation published a comprehensive review of decades of excellent research on the long-term outcomes of early childhood programs. The Packard report finds overwhelming evidence that large public programs, including Head Start, result in educational gains. Years later, children who participated in the preschool programs were less likely than their peers to repeat a grade or use special education services.

Two states that already offer public-funded preschool to all low-income 4-year-olds, Washington and Kentucky, have conducted regular evaluations of their programs and have found positive educational outcomes. Children in Washington showed dramatic improvements in language skills, conceptual abilities and motor abilities. The Kentucky participants excelled beyond their peers in expressive communication, social skills and familiarity with books. Here in Connecticut, children in Bridgeport who entered kindergarten with some preschool experience scored significantly higher on the fourth-grade mastery test than their socioeconomic peers who had no preschool, according to a report published by the Grausstein Memorial Fund.

There is no shortage of evidence that preschool education is beneficial to children.

Middle-class parents have long recognized the value of nursery school and have willingly paid the fees to enroll their own offspring. Nationwide, 76 percent of the children in families with income over $50,000 are in preschool or center-based child care, while fewer than half the children from working-class or poor families have any early education experience.

These figures raise the question of equity: Should young children be denied a valuable educational opportunity just because their families can't afford it at a time when the nation's No. 1 educational goal is to make sure all children enter school ready to learn?

A publicly funded preschool program in Connecticut would help redress the serious inequalities in education received by racially segregated poor children in Hartford, New Haven, Bridgeport and smaller cities.

The best plan would be universal preschool open to all children regardless of family income. It should begin at age 3 and offer extended hours matching the typical workday of parents. The additional "child care hours" could be financed through parent fees assessed on a sliding scale adjusted for income.

Children with richer, more stimulating early childhood experiences — and, thus, more highly developed brains — will be better prepared to learn in school.

At present, child care in Connecticut is so poor that it compromises school readiness: Only 24 percent of the child care centers in the state provide good quality care. In contrast, child care developed under a new statewide preschool policy should be designed to follow the highest standards of practice.

A good model already exists in the 30 Family Resource Centers operating throughout the state, where full-day developmental child care for preschoolers age 3 to 5 — plus other services to families — are offered through the public schools. Comprehensive early childhood programs similar to Connecticut's Family Resource Centers do more than enhance a child's readiness for school, they actually prevent future criminality and delinquency in participating children, according to research cited in the Packard Foundation report.

Thus, 30 years of studies provide evidence that preschool education is not only related to better school performance, but also to a better society for us all.

With the leadership of Staples and Dyson, Connecticut has a good chance to reap the long-term rewards of a timely investment in the critical developmental years of early childhood.

Edward Zigler is Sterling Professor of Psychology and director of the Bush Center in Child Development and Social Policy at Yale University. He is one of the founders of the national Head Start program. Julia Dawes is assistant director of the Bush Center. Readers may write them at the center, 310 Prospect St., New Haven 06511.

TESTIMONY OF MARK FIEDELHOLTZ
BEFORE THE
CONGRESSIONAL CAUCUS ON WOMEN'S ISSUES
JULY 10, 1997

The Jeremy Fiedelholtz Institute To Protect Children
8362 Pines Boulevard • Box 283
Pembroke Pines, Florida 33024

Introduction

Mr Chairman and members of the committee, the Fiedelholtz family would like to thank you for the opportunity to discuss our 3 month old son's tragic death after his first two hours of daycare and the national ramifications of this incident.

As American citizens we feel a moral obligation to shed light on a growing daycare safety problem in this country. We offer this testimony because of our deep faith in America and to insure that no other children die like Jeremy.

Historically, we are a country of constant change. Our system is designed to accommodate these changes and move forward. America is not afraid of change because we know without it our society can't grow and prosper. Although we tend to initially resist change, America has a proud history of forging ahead. "There is nothing more permanent except change" (Heraclitus)

This hearing marks a new era in child care. As we move into the next millennium, our country faces many difficult challenges. One monumental challenge is the composition of America's workplace. Women now comprise a significant portion of the workforce and are important contributors in both the private and public sector.

According to a study conducted by two Federal agencies-the Child Care Bureau and the Maternal and Child Health Bureau, by the year 2,000, 75 percent of women with children under five years of age will be employed and in need of child care. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). This is direct evidence that quality child care is imperative.

Another societal change accelerating the demand for daycare is passage of the Welfare Reform Act. As more parents enter the workforce, they will be looking for safe centers to watch their children. The combination of more women in the workplace and the Welfare Reform Act lends support to the notion that good child care has to become a top legislative priority immediately.

Our testimony today is a call for help. The circumstances surrounding Jeremy's death exposes an unregulated and dangerous daycare system in the United States. If something isn't done right away, thousands of children are in severe danger of being harmed or losing their lives. According to a 1995 report by the U.S. Advisory Board on Child Abuse and Neglect, 2,000 children die from abuse or neglect each year by a parent or caretaker. This translates into five children each day suffering a senseless death. What a sad commentary on America's inability to protect our innocent children.

Jeremy's story will shed light on fundamental perceptual problems regarding our view of daycare in America. This perception problem has cost the lives of many innocent children and must be changed quickly. Anyone who defers or decides to abandon this problem, is signing a death warrant for our children. Jeremy died from two episodes of neglect. He was neglected at a daycare center and neglected by an unregulated daycare system that is harming or killing our children.

Jeremy's Background

Jeremy Fiedelholtz was born on October 24, 1996 around 11:00pm at Plantation General Hospital in Florida. Jeremy weighed 8 pounds and 2 ounces at birth and over a three month period had no major medical problems.

Prior to Jeremy's daycare center tragedy, he just starting smiling and was very playful. His favorite activity was looking in the mirror and playing with plastic figures that were attached to a vibrating chair. We adored this boy and showered him with great love and supervision. Jeremy was Mr. Fiedelholtz's first biological child and Mrs. Fiedelholtz's second child. Her first son is 13 and loved Jeremy very much.

The Tragic Story

Once Jeremy was 3 months old, Mrs. Fiedelholtz prepared to go back to work. Our first choice was to find a qualified person to take care of Jeremy in the house. We sent out notices in the neighborhood and contacted various friends for referrals. Unfortunately, we could not find anyone to take care of Jeremy in the house. Our next decision was to temporarily find a cozy licensed daycare center.

Through Family Central-a referral service offered by Broward County, Florida, we were given a list of licensed home daycare operators. We felt a licensed home daycare would be a more supervised situation than a larger facility daycare. We visited a few home daycare centers and then decided to look at a daycare close to our house.

The Infamous Meeting

About a week before we took Jeremy to Mrs. Schwartzberg's licensed home daycare center at 5660 SW 3rd Ct., Plantation, Florida, we meet with her. This meeting would change our lives forever.

Taking Jeremy with us we met Mrs. Schwartzberg and toured her facility. The idea was to collect information on her daycare to see if it met our standards. Her daycare facility was immaculate and well organized. She seemed knowledgeable about child care and business oriented. This impressed me because some of the other daycare operators were loving and caring but unorganized.

Mrs. Schwartzberg told us the following about her licensed daycare center:

1) Jeremy would be the 4th child with a few drop offs
2) Only the licensed room we saw would be used for daycare
3) Mrs. Schwartzberg has a permanent helper who is certified in CPR
4) Her permanent helper Cheryl Lavigne will run all the errands

After this meeting we did a civil and criminal background check, called references and was informed by Broward County licensing that no complaints were filed against the Schwartzberg daycare center. Based on our thorough background check, and the meeting with Mrs. Schwartzberg, we decided to try out her daycare for two hours.

A Fatal Decision

On January 29, 1997 at 9:00 a.m. Mr. Fiedelholtz called the Schwartzberg daycare center to see if there was enough room for Jeremy that day. The helper Cheryl Lavigne said, "yes, there is plenty of room". Based on that phone call, Mrs. Fiedelholtz took Jeremy to Mrs. Schwartzberg's daycare center around 10:00 a.m. Upon her arrival she saw only two children and figured everything was fine. Mrs. Fiedelholtz gave Mrs. Schwartzberg a few directions and then left the daycare center.

A Parent's Worse Nightmare

Mrs. Fiedelholtz decided to pick up Jeremy early around 11:50 a.m.. She felt an unannounced visit would calm her fears and is recommended by the county. Mrs. Fiedelholtz knocked on the side door of the house where the daycare center was located. It took awhile, but helper Cheryl Lavigne came to the door. She walked past Jeremy's crib which was right by the door, and said, "Oh, your son did great, he is sleeping very nicely."

When Mrs. Fiedelholtz looked at Jeremy she noticed he was on his stomach. A quick thought went through her mind that she would never bring Jeremy again. Every daycare operator or helper knows or should know, you don't put a baby on the stomach because it increases the chance of SIDS.

When Mrs. Fiedelholtz went down to pick up Jeremy he was blue and his head was down in vomit and blood, he was not breathing. Mrs. Fiedelholtz screamed and the helper didn't know what to do. Mrs. Fiedelholtz blew a few breaths into Jeremy but there was no response. Helper Lavigne didn't know how to do CPR so she called 911. The Paramedics came within minutes, revived Jeremy's heartbeat but he was brain-dead. Mrs. Fiedelholtz frantically called Mr. Fiedelholtz to come right away.

When Mr. Fiedelholtz arrived at the Schwartzberg home, Mrs. Schwartzberg was just pulling into the driveway. According to the police report she left for an errand to go to the supermarket for 45 minutes. Mrs. Schwartzberg went into the house and never spoke to the Fiedelholtz's again.

The Lies, Ignorance and Greed

It wasn't until the afternoon of January 29, 1997 that we found out the Schwartzberg daycare center was a death trap. Human Resource Service investigator Roy Chandle came to interview us at the hospital. We really didn't understand why he was there, but we assumed it was routine because the incident involved a child. The information that Mr. Chandler told us, would change our lives for ever and shatter our faith in the American daycare system.

A Meat Market Mentality

When we decided to take Jeremy to Mrs. Schwartzberg's daycare center we based our decision on three criteria; our background check, tour of the facilities and meeting with Mrs. Schwartzberg. Everything Mrs. Schwartzberg told us about her daycare center was a lie and her motive was to procure our business at any cost. On the next page is a comparison of what we we were promised and what actually happened.

Promise: Jeremy would be the 4th child with a few drop offs.

Truth: Plantation police department found 13 children at the Schwartzberg home. She had six infants, six 1yr olds and one 2yr old. This law states if you have four infants you can't have anymore children. She was nine over the legal limit.

Promise: Only the licensed room we saw would be used for daycare activities.

Truth: Plantation police found an unlicensed back room where Mrs. Schwartzberg was napping five children. Neither the Fiedelholtz's nor licensing knew this room existed. On a January 6, 1997 official inspection, Mrs. Schwartzberg never told the inspector about the room.

Promise: Mrs. Schwartzberg would never leave the premises. Her helper Cheryl Lavigne would run the errands.

Truth: According to the police report, Mrs. Schwartzberg told the police she went to the supermarket for 45 minutes, leaving the 7 month pregnant helper alone to care for 13 children in two rooms at different ends of the house.

It was also discovered Mrs. Schwartzberg knew that Mrs. Lavigne couldn't run errands because she had a restricted drivers license Additionally, Mrs. Schwartzberg knew that helper Lavigne was suffering from fainting spells. She had gone to the doctor for this problem.

Promise: Mrs. Schwartzberg said that helper Lavigne was certified in CPR and was fully qualified according to Broward County Licensing standards.

Truth: The licensing investigator found helper Lavigne was not certified in CPR and was not a qualified substitute. Mrs. Lavigne is also accused of giving a false social security number on her criminal background check.

Mrs. Schwartzberg's license was suspended. Inorder to avoid testifying at a revocation hearing she surrendered her license. Mrs. Schwartzberg and Mrs. Lavigne have refused to talk to police, the medical examiner or anyone else regarding Jeremy's death. Although the medical examiner's report hadn't been completed, Mrs. Schwartzberg told the parents we brought a very sick baby to her daycare. This statement contradicts what she told the licensing investigator. Mrs. Schwartzberg said Jeremy looked fine before she left for the supermarket. It was later determined by the medical examiner's office that Jeremy was a healthy boy but he suffocated.

A Painful Good-bye

Seeing Jeremy suffer from seizures on the afternoon of January 29th, we decided that our beautiful boy should suffer no more Once Jeremy was officially determined to be brain-dead, we decided to sign a waiver to remove his life support.

On January 30, 1997 around 4:00pm, we pulled Jeremy's respirator from his mouth. Our screams were so loud, we're sure the entire hospital heard us. How could this happen? How could somebody neglect this beautiful child? What kind of women would lie to parents about their daycare center and credentials? This death was so senseless. A perfectly healthy boy dies at daycare in his first two hours due to neglect.

Death Due To Neglect

The official medical examiner's report concluded Jeremy's death was due to positional asphyxia. This means because Jeremy was placed on his stomach with the crumpled crib sheet around his nose, he suffocated. It was determined that Jeremy was asphyxiating for close to ten minutes. The Child Protection Team of Broward County has determined Jeremy's death was due to neglect on the part of operator Christine Schwartzberg and helper Cheryl Lavigne.

A Cold Response

We knew neither Mrs. Schwartzberg nor Mrs Lavigne would take responsibility for the lies to parents and dangerous conditions in their daycare center. But, we did expect some form of condolence for Jeremy's death, it never happened. Once Mrs. Schwartzberg came back from the supermarket, she immediately contacted her lawyer and we never heard from her or Mrs. Lavigne again. This woman and her helper gambled on the lives of 13 beautiful children and one died. However, she refused to show any humanity by at least sending formal condolences to the Fiedelholtz's.

More Neglect

At the time of writing this testimony, neither Mrs. Schwartzberg nor Mrs. Lavigne have been charged by the Broward County Attorney's Offices. Although they have been actively investigating this case for three months there has been no resolution. Since there are no criminal penalties for daycare violations, Mrs. Schwartzberg's only penalty has been $100. This is an outrage and proves how America's children are neglected.

The direct evidence is overwhelming that Mrs. Schwartzberg and Mrs. Lavigne conspired to defraud the Fiedelholtz's and other parents at their daycare center to procure their business. The cited violations Mrs. Schwartzberg was cited for by Broward County are extremely serious and strike at the heart of daycare. If you don't have supervision you don't have daycare. Mrs. Schwartzberg and Mrs. Lavigne's reckless behavior placed all 13 children in jeopardy that day.

A Political Decision

Although the official line is that the Broward County Attorney Mike Satz is waiting for an opinion from a national expert, the real determination rests on whether this case is politically viable to move forward. Head of the Homicide department, Charles Morton, and County Attorney Mike Satz have concerns that the case will be tossed out on directed verdict or overturned on appeal. Since this is a high profile case, nobody wants to take the chance of losing. This could negatively affect their won-loss record and may hurt their political and career goals. What a disgusting mentality.

There is overwhelming evidence that could defeat the defense's claim that Jeremy's death was an unfortunate accident. Jeremy's death occurred during the period that there was gross overcrowding and the operator left one unqualified person to care for 13 small children in two rooms. Additionally, Jeremy's head was visible in the mat for up to 10 minutes. If Mrs. Lavigne had the legal limit of four infants in one room, she would have seen Jeremy run into trouble during those 10 minute. This establishes the legal causality of Jeremy's death. Finally, the statutes that Mrs. Schwartzberg and Mrs. Lavigne knowingly violated were designed to protect the death or harm that occurred. Cases with less direct evidence than this one, have resulted in manslaughter or other felony charges. But, the Broward County State Attorney is still pondering whether the acts of daycare operator Christine Schwartzberg and Cheryl Lavigne amount to criminal negligence. They just don't want to believe a daycare operator and helper could devise a money making scheme that results in a child's death.

Unfortunately, this type of mentality is prevalent throughout the country. When it comes to abuse cases at daycare centers. Our children not only fall victim to the abuse of a daycare operator, they also succumb to the smothering political ambitions of prosecutors and their staff. Traditionally, prosecutors would shy away from these cases calling them an unfortunate accident. However, times are changing and District Attorney's are starting to recognize that juries will not tolerate the neglect of children from anyone. This is especially true of a daycare operator who has a higher duty of care to supervise and protect children.

Time For Change

Jeremy's story resonates loudly that something has to be done to stop the abuse and neglect of children at daycare. Thinking a woman or mother wouldn't hurt children and possesses an innate ability to care for kids is wrong. It's this mentality that has caused us to avoid regulating daycare which has resulted in scores of senseless deaths or abuse. Many daycare operators are using our children as pawns in a get rich scheme.

Parents are so worried about daycare, that it's a good day when their child hasn't been sexually molested or physically harmed at daycare. Even after Jeremy's death, many of the parents at the Schwartzberg daycare center said they would go back. This type of ignorance is what daycare operators feed on.

We represent millions of parents who are tired of daycare being a Wild Wild West Show with our children being caught in the crossfire. The states have shirked their duty with minimum daycare regulations and allowing unqualified and dangerous people to enter the daycare field. It was determined in a recent study by the Families and Work Institute, that 86% of center based daycare and and 88% of family based daycare can cause serious harm to children. These statistics prove our daycare system is broken.

The Future of America's Daycare

It's impossible to embark on change in daycare, if we don't eradicate the myth that child care can be self-regulated. Certain questions need to be addressed. Are we willing to place children's safety above the political and economic pressures of the growing daycare business. Will daycare be considered a profession as in other countries? Will we fight for national regulations and criminal penalties. These are just a few of the fundamental questions that need to be addressed immediately.

On the issue of immediacy. The evidence is clear, the present daycare system is allowing criminal behavior which is harming and killing our precious children.
We need to move quickly to counter this trend and construct a daycare infrastructure that will protect our kids going to child care. Lawyers, Doctors, Nurses and other professions all have to be tested, retested and closely monitored, why not daycare providers. Dealing with infants and small children is dangerous business.

State daycare regulations are embarrassing. For instance in our state Florida, you can take a three hour course, criminal and civil background check, pay a $25 application fee and your now a bona fide daycare operator. 57 out of 67 Florida counties could have licensing procedures but don't.

In Illinois, state officials are thinking about giving welfare moms a 4 month training course and presto, they are daycare operators. With all due respect to these people, many of the welfare moms are just starting to acquire the basic skills of reading and writing. This is a clear example of how the states are always looking for a quick fix.

In a 1996 study of Family Child Care in America by the Children's Foundation, it clearly shows the lack of uniformity in state daycare regulations:

Only 18 states require daycare licensing exclusively.

Only 23 states require regulated daycare providers to attend an orientation session

Only 39 states require regulated daycare providers to have CPR/First Aid Training

Only 42 states require more than basic CPR/First Aid training for regulated providers

Only 32 states require unannounced inspection visits in response to a complaint

The states have done a miserable job in taking daycare seriously. Their attitude is to leave it up to the individual counties or cave in to daycare lobbyists who don't want more regulations because it would hurt their bottom line. This type of ignorance has to stop because it's killing our kids. There is an alternative.

The Cidcare Bill

Jeremy's story and the Welfare Reform act are two excellent reasons why the Cidcare bill has to succeed. The premise of the bill relies on a natural shift of the marketplace towards safe and quality daycare. This bill will provide a daycare subsidy package that offers quality oriented daycare at a reasonable cost. With parents desperately looking for daycare, a Federal subsidy daycare package will be a welcome addition to the marketplace. The parents receive better daycare delivery at a reasonable cost, and daycare operators get paid more as long as they follow the rules. Thus, a safer and more productive daycare environment for everybody.

Similar to other countries, America needs to make a firm commitment that daycare will be professionally run and regulated. Daycare operators receive professional wages and in return they are educated and obey the law. As you consider the Cidcare Bill and other options, we strongly recommend the inclusions on the following page:

Daycare Operator Educational Requirements

All daycare operators and staff must take a 40 hour substantive course with a heavy medical component. This is a uniform course that every accreditation center offers. The course can be offered through distant learning such as the internet, video training or traditional classroom style.

The substance of the course is divided into three parts:

First, medical training on infants, toddlers and older children. The curriculum supersedes the basic CPR/First Aid course. Verification of knowledge is measured by various written and role-playing tests.

Second, a thorough knowledge of state daycare laws. Daycare operators and staff wil be trained on adult-child ratios, inspections, business practices and criminal penalties.

Third, all students will have to show practical knowledge of their skills in a realistic crisis and non-crisis situation. Failure to pass this test means the daycare operator does not obtain a license.

On the issue of retraining, daycare operators and staff must take a sixteen hour mandated retraining course every year with testing. Failure to meet this requirement means immediate suspension of an operator's daycare license.

Inspections

Part of the Cidcare bill must require frequent inspections. There would be a two pronged approach to inspections. First, both facility and home daycare centers must be inspected every three months. Independent contractors can be hired to do the inspections on a rotating basis so the daycare operator won't be able to establish a relationship with any one inspector. The inspections must be unannounced, unbiased and adhere to a strict criteria. Any daycare operator who is found to be in serious violation of safety procedures would lose their license immediately and have to reapply showing the inadequacy was rectified. If the same violation reoccurs, the license would be suspended pending a revocation hearing.

Second, parents would be educated on inspection procedures and have the right to inspect all rooms in a facility or home day care. Any daycare operator who refuses this privilege, would be sanctioned. Parents would be advised to immediately remove their child from that particular daycare.

Criminal Penalties

Many states have administrative sanctions instead of criminal penalties for daycare violations. This would change immediately. Inorder for any state to gain access to the Cidcare subsidy program, they would need to create laws that demand strict criminal penalties for violating daycare laws. Not one red cent should be given to any state that has weak daycare sanctions. This requirement is crucial, daycare operators violate laws because they know the rules won't be enforced.

Parent's Awareness

All the previous requirements are crucial, but parent awareness is essential to the success of this bill. Parents must be educated about daycare laws and procedures. All credentials need to be verified before the child comes to the center.

Promises by the daycare operator must be authenticated. Quiz the daycare operator about fundamental daycare procedures. If they don't know or are unsure about these questions, don't take your child to that center. Additionally, visit the daycare center a few times before you bring your child there.

All daycare operators must hand out a brochure explaining the state's laws on ratios, inspections and other relevant issues. In addition to the brochure, the operator will give a parent the following:

- Educational Credentials (all formal education and child care classes)
- Copy of operators license, certifications and all staff's certifications
- Disclosure of complaints or signed affidavit of no complaints
- Demonstrate skills to parents in CPR/First Aid on a toy doll
- The right to quiz the operator on fundamental daycare principles
- The right to inspect the entire facility during business hours.

These steps can't always overcome complex schemes like the Schwartzberg daycare center. But, it can reduce these type of daycare operators from flourishing.

The passage of the Cidcare bill is important, because it acts as a first step in creating a professional infrastructure for daycare in America. Anyone who fails to vote for tougher regulations in daycare is signing a death warrant for our children. We have Federal protection for the Spotted Owl and other animals but when it comes time to protect our children, we cry poverty or claim it would expand the Federal bureaucracy. If Congress can find money to fund the investigations of Whitewater and Campaign Financing investigations, surely money can be sent on keeping our children safe at daycare. Our children are not second class citizens.

Anytime you think about abandoning this issue, just remember how Jeremy Fiedelholtz died in his first two hours of daycare. This could have been your children or grandchildren. Thank you for the opportunity to appear before your committee and testify today.

U. S. Department of Housing and Urban Development
Secretary's Representative

Southeast/Caribbean

November 2, 1997

Mr. Bruce Reed
Senior Advisor for Domestic Policy
The White House
1600 Pennsylvania Avenue
Washington, D. C. 20500

Dear Mr. Reed:

The President and the First Lady held a nationwide satellite conference devoted to child care issues on October 23, 1997. The local meeting at Georgia Public Broadcasting's new facility included approximately 70 attendees representing dozens of local organizations concerned with child care issues. I was pleased to host the local meeting with excellent advice from a panel of local child care advocates.

I am enclosing a video tape of the day long meeting edited to capture the high points, especially an excellent dialogue that included a local panel of child care experts. I hope that you find the video tape to be a valuable reference discussing a wide range of child care issues.

If you have any questions or comments, please do not hesitate to contact me (telephone 404/331-5136).

Sincerely,

Davey L. Gibson
Secretary's Representative
Southeast/Caribbean

Enclosure

Call Jennifer
when we assign
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456-2599