The Fund for the Improvement of Health, Safety, and Learning in Child Care

Purpose: To provide funds to communities to address the improvement of health, safety, and learning of infants and toddlers in child care settings.

Eligible grantees: Funds would be provided to States that apply on a formula basis. Tribes would be eligible for a one percent set-aside on a competitive basis. The funding reserved for any State that does not apply will be reallocated among those States that apply. To be eligible for funding, Grantees must agree to establish, monitor, and report on a set of benchmarks designed to improve the health, safety, and learning of infants and toddlers in child care settings. Grantees must provide their definition of a community and their plans for allocating the funding with evidence that at least 50 percent of the funding will be targeted to areas containing high concentrations of poverty. A minimum of 85 percent of funds must go to communities. Grantees may reserve 15 percent of funds to provide technical assistance to communities and for special innovations.

States may provide funding to communities on a formula basis or through a competitive process. To be eligible for funding, the community must submit to the State a plan to make progress toward the State benchmarks for health, safety, and learning of infants and toddlers in child care settings. The plan must have been developed by a community planning and monitoring group composed of, at a minimum, representatives from local government, health care providers, business leaders, child care providers, and parents. The plan will identify how the funding will be spent and the timelines for action. The community must also agree to monitor and report on the status of infant and toddler child care in a manner specified by the State. States will determine whether communities are making sufficient progress toward their benchmarks to allow continued receipt of funding.

Eligible Uses of Funding:

- In-Service or Pre-Service Health, Safety, and Child Development Training
- Improvement and Enforcement of Licensing Programs
- Creation and Support of Family Child Care Networks and/or Family Child Care Home Visiting Programs
- Healthy Child Care America Activities, including Health and Mental Health Consultation
- Parent/Consumer Education

Construction is not an allowable activity.

Differences Between the Fund for the Improvement of Health, Safety and Learning and the CCDF Quality Set-Aside

- The Fund will allow States to specifically target the quality of life for infants and toddlers in child care. With the increased demands for child care subsidies, especially among parents leaving or avoiding welfare, many States have been forced to use only the minimum amount of quality funds (4%) from the Child Care and Development Fund, in spite of increasing demands from parents, licensing specialists, trainers, and providers to improve quality for all children.
- By law these minimum set-aside CCDF funds must focus on children from birth to age 13, rather than solely on infants and toddlers, the most vulnerable group of children whom research demonstrates are more likely to be in poor quality care.
- Currently, there are no funds specifically targeting quality child care in communities. States currently have many needs for state-level focused activities which may force smaller, community-level projects into a lower place on their list of priorities. The Fund would require resources to be passed through to communities, with decisions made at the community level.
- This is the first Federal source of funding specifically for state-level technical assistance activities to communities for the development of quality initiatives.
- This is the first initiative to require States to make a commitment to setting and measuring benchmarks in order to receive funding. This effort, which is consistent with GPRA and the Administration's commitment to results, will ensure a focus that will have a high level impact on our youngest children.
- This fund will be targeted on an age group and a set of activities that will give the Administration and States a real opportunity to influence results for children. As the "Rationale" section emphasizes, and as the White House Conference on Early Childhood Development and Learning demonstrated, this age group is very vulnerable and at the same time offers real opportunity for positive influences. The allowable activities are the ones for which we have the best research and practice evidence.
- The Fund makes visible the Administration's commitment to health, safety, and learning for babies and toddlers -- following up on the promise of the White House Conference on Early Childhood Development and Learning and the child care focus groups held this fall (convened to gather information for the White House Conference on Child Care). The Fund will make it possible for us to hold States accountable; to challenge other actors, public and private, to make their own contributions to this agenda; and to promote innovation and creativity directed at this critical goal. By contrast, the set-aside represents in large part, the dollars States were already spending on quality; it is already committed in many States and not easily redirected without losses elsewhere; and it does not send a signal about accountability, innovation, or the Administration's clear commitment to infants and toddlers.

- By making a substantial amount of funds available ONLY if a State commits to serious benchmarks for child care quality, the Fund demonstrates a serious commitment to safety, quality, and standards while maintaining State flexibility and avoiding the serious concerns about rigidity that have been associated with Federal standards.

Rationale

Child Care and the Workforce

There have been dramatic changes in the workforce. At one time, many mothers worked in their own homes and cared for their children. Today, with a growing number of women in the workforce, more mothers are working outside the home, both in two-parent and single parent families. Additionally, more single parent men are becoming custodial parents with child care needs. More recently, welfare reform will move even more parents into the workforce and more very young children into child care.

- Child care is becoming an ever increasing fact of life. More women stay in the workforce after they have children, and there is an increase in the number of single parents. In 1980, according to U.S. census data, 38 percent of mothers, ages 18-44, with infants under one year of age, worked outside the home. By 1990, this percentage has climbed to 50 percent, and has remained stable since. ("*Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care,*" NICHD, 1997)
- More than half of all mothers return to the workforce within a year of their baby's birth; many of these infants and toddlers spend thirty-five or more hours per week in **substandard** child care. (Starting Points, Carnegie Foundation, 1996)

Impact on Infants

- In 1993, the National Educational Goals Panel reported that nearly half of our infants and toddlers start life at a disadvantage and do not have the supports necessary to grow and thrive. A significant number of children under three confront one or more major risk factors, including substandard child care.
- The first three years of life appear to be a crucial "starting point"--a period particularly sensitive to the protective mechanisms of parental and family support. Parents and experts have long known that how individuals function from the preschool years all the way through adolescence and even adulthood hinges, to a significant extent, on the experiences children have in their first three years. Babies raised by caring, attentive adults in safe, predictable environments are better learners than those raised with less attention in less secure settings. Recent scientific findings corroborate these observations. (Starting Points, Carnegie Foundation, 1996)

Quality of Care for Infants and Toddlers

Research is showing us what elements are important for the growth, development, and learning of infants and toddlers:

> Evidence is emerging that across a wide range of child care settings, quality child care, as defined by positive caregiving and language stimulation is positively related to early cognitive and language development. ("*Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care,*" NICHD, 1997)

- "[T]he quality of child care for very young children does matter for their cognitive development and their use of language. In addition, quality child care in the early years, meaning care with a high degree of positive interaction between caregivers and children, can also lead to better mother-child interaction." (*"Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care,"* NICHD, 1997)

Child Care for Infants and Toddlers in America

Center and Large Group Care Settings:

- In a 1994 Inspector General Study, "Nationwide Review of Health and Safety Standards at Child Care Facilities," more than 1,200 violations were found in 169 child care facilities in five States. Among the hazards found were fire code violations, toxic chemicals, playground hazards, and unsanitary conditions.
- Almost half of the infants and toddlers in child care centers studied as part of the "Cost, Quality, and Child Outcomes in Child Care Centers" study (University of Colorado at Denver,1995) were in rooms having less than minimal quality. This means that the care did not have basic sanitary conditions for diapering and feeding; that safety problems existed in the room; that warm, supportive relationships with adults were missing; and that the rooms did not contain books and toys required for physical and intellectual growth.

Home-Based Child Care Settings:

- Many infants and toddlers of working parents are cared for in home-based child care settings with 33 percent of children under 5 being cared for in homes.
- Only 10-18 percent of home-based caregivers are regulated by state authorities. (National Center for Children in Poverty)
- In a Rhode Island study of subsidized in-home and relative caregivers, 42 percent of homes had safety problems and 44 percent of the children were exposed to at least one safety hazard. Eighty-five percent of the homes with safety hazards were in urban areas.
- In a 1994 study of family child care providers in three communities (Charlotte, Dallas/Ft. Worth, and San Fernando/Los Angeles), only 9 percent of the homes in the study were rated as good quality while 56 percent were rated as adequate/custodial, and 35 percent are rated as inadequate.
- In a 1996 License Exempt Provider Survey in Los Angeles, CA, only 44 percent of responding providers reported that they were interested in working with children as a career. Twenty-two percent of the respondents had been providing care for less than one year. Only 19 percent had taken courses related to child development. However, 71 percent were interested in training.

- The Study of Children in Family Child Care and Relative Care (1994) reported that 65 percent of parents who looked for alternate child care believed they had no choices, and twenty-eight percent reported they would use other care if it were available.

Improving the Quality of Care: What Works?

- Training has an impact on the quality of child care in family child care. According to the Family Child Care Training Study, children are observed to behave in ways that indicate they feel more securely attached to their providers, after their providers receive training. Feeling safe and secure with their providers frees children to explore, play and learn about themselves and the world.
- Infants are more vulnerable to injuries and infections. Their rapid changes in behavior make regular or frequent visits by a health consultant extremely important. Linking health care and mental health specialists to child care settings can help develop healthy policies and inspect and provide technical assistance to sites for reducing safety and infection control hazards. (**Caring for Our Children: Guidelines for Out-of Home Child Care Programs**, American Public Health Association and American Association of Pediatricians)
- Consumer education can help parents choose and monitor the quality of child care for their children.
- Family child care providers are often isolated from other providers due to the nature of their work setting. Networks and home visiting programs can help provide support and professional development through sharing of health and safety practices, learning activities for children, and developmentally appropriate discipline techniques that work. They can also provide substitute care for training opportunities.
- In a 1994 report, the Inspector General recommended that States utilize such practices for improving child care as:
    - ✓ Inspector training
    - ✓ Prioritizing inspections based on previous performance
    - ✓ Financial incentives to encourage the recruitment and retention of licensed or registered providers
    - ✓ Parental involvement
    - ✓ Training and technical assistance for providers
    - ✓ Developing evaluation and ranking systems to measure the degree of compliance with health and safety standards
    - ✓ Developing a provider self-appraisal system

OPTIONS TO IMPROVE THE QUALITY OF CHILD CARE

Recent research has documented that quality child care plays a critical role in assuring the well being of our nation's children and families. Quality care protects children from harm; it promotes children's development, school readiness and academic achievement and it meets parents' needs for reliable care that fits their work schedule.

Despite a growing awareness of the importance of child care quality, a number of studies have emerged over the past decade that raise concerns about child care quality. From the National Child Care Staffing Study released in 1989 to the more recent Cost and Quality Study, we know that the quality of child care for most children remains far from adequate.

Four percent of federal dollars are set aside to address quality, however, there continues to be a need for training, consumer services and other improvements.

In addition to the options described in the earlier paper on promoting health and safety in child care settings, the following options suggest a multi-pronged approach to improving access to quality care. **Each of these options, alone or in combination, could also be tied to the health and safety options.**

1. Create A Quality Incentive Fund

Funds would be available to States to provide community grants to establish family child care networks, promote accreditation, provide consumer education, provide training, meet standards, promote health and parent education in child care and improve access and affordability. Communities would select priorities based on local need. **States would be required to assure that their child care standards incorporate those key protections for children's health and safety outlined in "Stepping Stones".**

Participating communities would be required to form local partnerships to leverage resources and develop strategies to address the child care needs of working families in the community.

Advantages:

- o Funding can be used as an incentive for States to incorporate key standards.
- o Communities would tailor services to their specific needs and serve as laboratories for innovative practices.

- o Community needs assessments and planning will help States target their child care services appropriately, i.e., for family child care or infant care.

- o Would bring together critical partnerships at the community level, stimulating local public/private investments and facilitating linkages with state programs.

Disadvantages:

- o Flexibility of approach could make it difficult to evaluate across programs.

2. **Create a family child care network support fund.**

Funds would be available to States to establish and support family child care networks. With more than 2 million family child care providers in the U.S. caring for millions of young children, family child care is woven into the fabric of every community. Family child care provides care in small group settings in close proximity to the child's home. Small group size enables providers to include very young children and children with special needs, and to interact more closely with parents. The flexibility of family child care can also respond to the child care needs of parents working non-traditional hours. Family child care networks provide a formal network of support to help build and expand child care capacity in communities.

Advantages:

- o Networks provide a mechanism for screening, recruiting and training providers within a community and assist providers in meeting any licensing or health and safety requirements.

- o Networks provide contact and professional support to caregivers who are otherwise very isolated.

- o Networks can provide a realistic assessment of the child care needs and resources in the community and can improve the quality and continuity of care across the network through technical assistance, monitoring, and other supports such as equipment purchasing plans, alternate care arrangements when the provider is ill, and access to child care food programs.

- o Networks can help provide outreach to families and organize parent activities to ensure both parent involvement and consumer education.

Disadvantages:

- o Focuses investment on supports to a specific category of provider while other providers may also need similar supports.

. Create a national public awareness campaign, stimulate technology and establish a research fund

Funds would be available to:

Establish a consumer hotline for parents that would connect with local resource and referral agencies.

Launch a public awareness campaign for parents on choosing and monitoring quality care and parent involvement.

Establish a National Center for Child Care Statistics

Support research and demonstrations on child care issues that could benefit other communities.

Develop new technologies for long-distance training of child care providers.

Advantages:

- o Would provide critical consumer supports to help parents make informed child care decisions in the best interest of their children.
- o Would stimulate and maximize the use of technology to improve the quality of care available.
- o Would build capacity within the child care system to identify and address the needs of working families.

Disadvantages:

- o Specifies a narrowly defined range of activities.
- o Provides no additional funds to the states.

QUALITY CHILD CARE

KEY ELEMENTS

STRATEGIES

EXAMPLES

OPTIONS

QUALITY CHILD CARE

Goal

Child Care that promotes child development leading to school readiness and academic achievement.

Seven Key Elements to Quality

Safe and Healthy environments

Trained, adequately compensated and supported staff

Low turnover (continuity of care)

Small groups

Good staff child ratios

Health Promotion

Parent Involvement/parent education/family support

Strategies for Achieving Quality Child Care*

Standards

Support to meet standards

Enforcement of standards

Accreditation

Training/credentialing/compensation

Provider support networks

Higher Reimbursement Rates

Linkages with other services (Health, Family (Support, Head Start)

Consumer education

*Military child development programs use almost all of these strategies.

EXAMPLES OF STRATEGIES

1. **Training and compensation of staff**

   (T.E.A.C.H.-North Carolina)

2. **Provider support network**

   (Family Child Care Network, Madison, WI)

3. **Health Promotion**

   Community Example (Healthy Child Care, Montgomery County, Maryland)

   State Example (Healthy Child Care, South Dakota)

4. **Community-wide, multi-faceted approach with the private sector**

   Community Example (Rochester, New York)
   State\Community Example (Smart Start, North Carolina)

5. **Linkages with other services**

   Community Example- Kansas City Full Start
   (Head Start/child care partnership)

   State Example- Colorado's Resource and Referral
   (linkages on services to children with disabilities)

Options for Improving the Supply of Quality Child Care

I. Protecting Children

- Promote the use of "Stepping Stones"
- Require some key standards
- Provide States with incentive funds to States to improve standards and enforcement
- Require the implementation of "Stepping Stones" for some or all types of care

II. Promoting Child Development

- Implement a scholarship program (e.g., T.E.A.C.H. USA)
- Fund a State child care training and technical assistance center in each State to promote quality
- Fund a nationwide Consumer Hotline and public awareness campaign (with more resources, could be tied to nationwide resource and referral network)
- Include a provision in the Higher Education Act for Graduate Scholarships in Early Childhood Education
- Establish a Public/Private Partnership Fund to promote community-based efforts for accreditation and other quality and supply-building activities (e.g. Smart Start)
- Fund a network of CHILD CARE PLUS programs in every State to serve as models and provide technical assistance and support (Similar to Higher Education Institutes

1) T.E.A.C.H.

FINANCING CHILD CARE THROUGH PUBLIC-PRIVATE PARTNERSHIPS

The T.E.A.C.H. Early Childhood® Project (North Carolina)

Description

The T.E.A.C.H. (Teacher Education and Compensation Helps) Early Childhood® Project provides educational scholarships for child care teachers, center directors and family child care providers statewide. Under the T.E.A.C.H. Early Childhood® umbrella, scholarships partially fund the cost of tuition, books and travel for individuals who are interested in achieving formal education leading to the attainment of the North Carolina Child Care credential, the Child Development Associate (CDA) credential, and associate and bachelor's degrees in child development. Wage increases or bonuses are provided upon completion of an agreed-upon number of course hours or upon attainment of the North Carolina Child Care credential. Some scholarships also provide paid release time.

When Established

The project was piloted in 1990 and provided scholarships for 21 child care providers in that year. By 1995, more than 2,000 child care providers were participating in the program.

Amount Generated Annually

The amount of funding varies annually, and represents a combination of both private and public dollars. The project has received allocations of between $850,000 and $1,000,000 of state funds for each of the last three years. Additionally, the project has received federal funds from the Child Care and Development Block Grant, corporate and foundation grants, and partnered dollars with participants in the program.

Services Funded

All scholarships funded through the T.E.A.C.H. Early Childhood® Project provide partial funds for tuition and books and include a travel stipend. Some scholarships provide partial reimbursement to child care center sponsors or direct payments to family child care providers for release time. All participants who successfully complete their contract receive either a raise or a bonus.

How Funds Distributed

Once awarded a scholarship, recipients are allowed to charge their tuition at their respective educational institutions. They are reimbursed for the cost of their books, minus their share of the cost of tuition and books, and receive a quarterly or semester travel stipend.

Sponsoring programs are billed for their share of tuition and are reimbursed for release time given to scholarship participants. Family child care providers also are reimbursed for release time taken. Bonus awards or raises are paid directly to the scholarship participant either from their sponsoring program, the T.E.A.C.H. Early Childhood® Project or a combination of the two.

Population Served

Scholarship eligibility is extended to center-based teachers, directors and family child care providers who work 20 to 30 hours per week in a regulated child care setting in North Carolina.

Strategic Considerations

Inception of the T.E.A.C.H. Early Childhood® Project was based on research about North Carolina's early childhood workforce. The project was established to: increase the knowledge base of child care staff and therefore improve the quality of early care and education that children receive; encourage child care programs to support continuing staff education; offer a sequential professional development path for child care personnel; link increased compensation to training; reduce staff turnover; and create model partnerships focusing on improving the quality of child care. The T.E.A.C.H. Early Childhood® Project has received bipartisan support because it helps teachers and family child care providers help themselves. Other strategic considerations include:

- T.E.A.C.H. isn't perceived as "big government running programs." The focus is on providing a framework to help community-based organizations and individuals work together to solve problems. The T.E.A.C.H. Early Childhood® Project is flexible enough to adapt to individual needs and circumstances.
- Funds are available in almost every county in the state and use broad eligibility criteria for scholarship recipients (including staff in many Head Start, nonprofit and proprietary child care programs), thereby reaching a broad constituency.

- Child care quality is raised without significantly increasing parent fees and without more regulations.
- Funds are leveraged from the private sector.
- Direct incentives are provided for the higher education system to become more responsive to the educational needs of the child care workforce. (Early childhood courses are given by—and tuition paid to—community and technical colleges across the state.)

Other Sites With Similar Strategy

A license to replicate the T.E.A.C.H. Early Childhood® Project has been issued to not-for-profit organizations in Georgia, Florida and Illinois. Several other states are exploring the feasibility of pursuing a license to replicate the project.

Contact

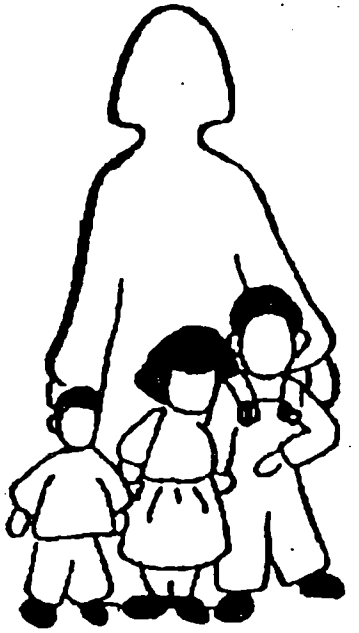
Susan Russell or Edith Locke
Day Care Services Association
P.O. Box 901
Chapel Hill, NC 27514
Phone: (919) 967-3272
Fax: (919) 967-7683

What Makes a Quality Child Care Program?

Providers who are members of Satellite make a commitment to become city certified and offer quality family child care that meets higher standards than state or county regulations require. City certification addresses these areas that define quality of care:

- Meeting children's developmental needs including physical, intellectual, verbal and creative development;
- Meeting children's emotional needs, including guidance/discipline, and social development;
- Child care setting including safety, appropriate toys and equipment, arrangement of indoor/outdoor space;
- Interactions between parent and provider, provider and child, and provider and his or her own family;
- Business management and professionalism.

SATELLITE FAMILY CHILD CARE, INC.



A Family Child Care System for Providers and Parents

Family Child Care Network

3200 Monroe Street
Madison, WI 53711
(608) 233-4752

What is Family Child Care?

Family Child Care Providers care for small groups of children in their homes. Children spend their days in a home environment, and establish a caring relationship with one consistent provider.

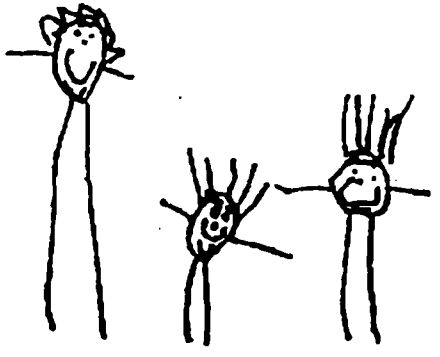
What is Satellite?

Satellite Family Child Care works with family child care providers, parents, and the City of Madison to provide quality child care in the Madison area. Satellite staff offer a variety of services for families and providers. Together, they work to assure that the standards of quality care established by the City of Madison are maintained.

Each Satellite home is unique. Satellite consultants work with each provider to maintain an environment which enhances the emotional, physical, social and intellectual development of each child.

Satellite Family Child Care, Inc. is a non-profit agency. Funding sources include the City of Madison, United Way, and fees from parents and providers.

In addition to the family child care system, Satellite has established several community-based childcare programs for low income children.



Services to Providers

- City Certification
- Assistance in establishing and maintaining a quality family child care business.
- Home visits by professional consultants for technical assistance and support.
- Referrals: screened for appropriate location, age of child and full- or part-time care.
- Business support, including information on recordkeeping, and forms for enrolling families.
- Training opportunities, CPR classes, and an annual Family Child Care conference.
- Support network of professional providers.
- Recognition as a professional family child care provider.
- Qualified substitutes to care for your group. This service is structured to provide some respite at no cost and increased respite care at an hourly rate.
- Quarterly newsletters
- Professional growth opportunities, including assistance with State Quality Improvement grants, and CDA and WECA accreditation.
- Large equipment loans, including high chairs, porta-cribs, double strollers and gates.
- Curriculum Units: a collection of toys, materials, books and tapes centered around a theme.
- Program equipment loans, including large motor equipment, water tables, foam blocks and riding toys.

Services for Parents

Satellite offers many services to families enrolled with Satellite Family Child Care providers.

- Screening and on-going monitoring of Satellite family child care programs.
- Referrals to alternate Satellite family child programs if a provider is temporarily unable to provide care.
- Quarterly newsletters containing upcoming events and articles of interest on child care and c n
- Special events for parents and children.
- Information about tuition assistance for child
- Technical assistance with child development, chil care, or other parenting questions.
- Information about other child care resou In th community.
- Parent participation opportunities, including Boar membership, committee membership and lic sharing.

City Child Care Provides

- quality standards
- certification
- training
- consultation
- grants and loans
- assistance for low-income parents in paying for quality care

Office of Community Services
Room 225
215 Martin Luther King Jr. Blvd.
P.O. Box 2627
Madison, Wisconsin 53701
(608)266-6520

City of Madison
Office of
Community
Services

Child Care Program

Working to Improve the Quality of Child Care for Madison's Children

The main goal of the City Child Care Program is to support and improve high-quality child care in the City of Madison.

The City has established high quality standards for child care centers and homes. Certification is voluntary. It is designed to promote the optimal development of the child. By contrast, the State of Wisconsin has mandatory licensing which enforces the minimal standards necessary to protect health and safety of children.

To become certified, centers go through a thorough review by Child Care Specialists. Home care is certified by family child care systems under a contract with the City.

City certification is unique in its emphasis on direct observation of the program in action with children. Child care experts don't just run through a check list, but spend many hours observing the program and the way staff handle the children to see that standards for care are met. In addition, Specialists conduct a thorough administrative review.

City Child Care Specialists Review

- the activities, environment and equipment offered to children
- the kind and quality of attention children receive from staff
- language and learning experiences
- communication with parents
- health practices
- administrative practices

City Child Care Assistance for Parents

City assistance is available on a sliding scale for low-income parents who need child care while they work or participate in qualified training programs. A family of two would qualify for full assistance at the annual income of $16,152, with sliding scale assistance available at incomes above that amount. City Child Care Assistance can be used only in certified centers and family child care homes.

The City program combines rigorous standards of quality with timely help to improve the quality of child care for Madison's children.

Our City Child Care Specialists offer training and consultation services to help programs meet the City's Standards of Quality. Centers needing financial assistance can get help from the City's small grants program or the revolving loan fund. City certification is voluntary, but only certified centers can serve parents on City Child Care Assistance.

Certification is renewed annually, and the Specialist is available for consultation between certification reviews. Specialists also investigate complaints and concerns of parents.

Centers and homes are justifiably proud when they earn the right to call themselves Certified by the City of Madison.

If you are looking for child care for your child, ask whether the program is certified by the City of Madison. Our children deserve the best.

For more information about City Certification, call the Office of Community Services at 266-6520.

3) Health Promotion

Healthy Child Care America Update: South Dakota

In South Dakota, three Early Childhood Enrichment programs have been funded through the Child Care and Development Block Grant (CCDBG). These programs provide on-site vision, hearing, and developmental screenings for young children and also training and support for providers.

The services provided through the Early Childhood Enrichment programs are similar, yet the models of service delivery are diverse. One site is affiliated with a hospital that has an established training and resource program for child care providers and families. Hospital nursing staff conduct the developmental screenings.

Another program is located at a resource and referral service at a major university. It is managed by the Interagency Single Point of Contact, which is funded through the South Dakota Department of Education with Part H funds. Supervised student nurses conduct the screenings.

A third model of service delivery is not affiliated with an existing program; rather, services are contracted with an early childhood development specialist. On-site screenings are handled through subcontracts with experienced nurses.

Recognizing the importance of the on-site screenings for identifying special needs, as well as the desire for consistent provider training, guides were developed through the support of both CCDBG and Part H. Each guide includes training materials, handouts, overhead transparencies, marketing information, forms, practices and procedures. The guides cover such topics as parent involvement, age appropriate activities, managing a child care business, creating environments, working with children who have special needs, and caring for infants and toddlers. Future plans include incorporating Child Development Associate (CDA) training into all programs.

The Office of Child Care Services, in conjunction with the Part H program, has made additional training resources available. Several sets of the video training series entitled *The Program for Infant/Toddler Caregivers*, developed by WestEd (formerly the Far West Laboratory for Educational Research and Development) and the California Department of Education, were distributed to agencies to make available for loan. The Office of Child Care Services also coordinated a satellite training demonstration through the Rural Development Telecommunications Network to inform child care directors, Head Start directors, Cooperative Extension Service educators, Part H Single Point of Contact directors, and others of this new resource for providers.

Pat Monson is Program Manager for the Department of Social Services, Office of Child Care Services. To learn more or to obtain a copy of the Early Childhood guides, contact the South Dakota Department of Social Services, Office of Child Care Services, (605) 773-4766.

Montgomery County Joins the *Healthy Child Care America Campaign*

In May 1995, two federal agencies, the Child Care Bureau and the Maternal and Child Health Bureau, united to launch the *Healthy Child Care America Campaign* to urge communities to create innovative projects to ensure that children in child care are in healthy and safe environments. The agencies developed the *Blueprint for Action*, ten steps communities can take to forge linkages between child care and health programs.

In July 1995, the Montgomery County, Maryland, Commission on Child Care issued a report, *Health Care Services for Child Care Programs: A Critical Need*. The report called for additional health consultation for child care programs in Montgomery County. Children in child care comprise a very young, vulnerable population, and there are approximately 25,000 children in care in the County. According to the U.S. Department of Health and Human Services, the incidence of child care related infections is expected to increase significantly as more children enroll in group care unless comprehensive prevention and control programs are in place.

In response to the Commission's report and the call to bring the *Healthy Child Care America Campaign* to the community, the Montgomery County Department of Health and Human Services developed a collaborative approach to help meet health needs in child care. Using locally determined priorities and goals, Montgomery County became the first jurisdiction in the nation to join the campaign. The *Blueprint for Action* frames the combined efforts of the health care and child care communities to provide health guidance to child care programs in Montgomery County.

The challenge: To provide a broad array of health consultation services to the child care community without additional public funding.

The approach: The core functions of public health -- assessment, policy development and quality assurance -- serve as a framework for program development.

An advisory group consisting of members of the child care and health care communities was convened. The group established the following health outcomes as goals for all child care programs:

- Up-to-date immunizations
- Sound nutrition practices
- Safe environments
- Decrease in communicable disease
- Adaptive environments for children with special needs
- Healthy development of children

The group identified the services needed to meet these outcomes and determined resources their agency/corporation could contribute.

The program: The Department of Health and Human Services, the Department of Fire and Rescue Services, the private sector and volunteers share responsibilities for enhanced health services in child care programs.

Department of Health and Human Services Role

- One third of a specialized community health nurse's position will be dedicated to coordinating the efforts. The nurse will serve as an expert in child care health issues.

- Every child care center that serves infants will receive on-site health consultation from a generalized community health nurse.

- School community health nurses will provide on-site health consultation to child care centers located on public school property.

- The Immunization Program will provide yearly immunization training to the child care community, and immunization consultation will be made easily available.

- Communicable Disease Control Program training and consultation will be geared to the unique needs of child care providers.

- A Health-Line will be created. One central number will provide a single point of entry to readily connect the caller with appropriate county services. Magnets advertising the telephone number will be distributed.

- An updated version of the popular health manual for child care providers, "The Teddy Bear Book," will soon be available.

Department of Fire and Rescue Services Role

- Fire Marshals will incorporate an injury prevention checklist that is non-regulatory in nature into their child care inspection visits. This approach compliments the DFRS Safety in the Neighborhood program's goal to reduce preventable injuries.

Volunteers

- Volunteer health care professionals will provide training, write health articles, or provide direct consultative services, depending on their interests and specialties.

ChildCare ActioNews

4) Community-Wide

CCAC
Child Care Action Campaign
May–June 1997 • Volume 14 No. 3

Improving Care for Rochester's Children

Partnerships Build Quality Early Education

Dolores Schaefer

It has no address, phone number or paid staff. No bank account, logo, or glossy annual report.

What it does have are results: 2,000 new child care slots; one of the highest concentrations of accredited centers in the country; and a significant increase in the amount of subsidized care available to low-income families.

What has achieved these results? The Rochester/Monroe County Early Childhood Development Initiative (ECD), a unique process begun in 1990, has brought together leaders of the public and private sectors to understand needs, agree on priorities, and develop strategies to improve child care and early education in this New York community. It is one of some 50 examples of innovative strategies outlined in *Financing Child Care in the United States*, produced by The Pew Charitable Trusts and the Ewing Marion Kauffman Foundation (see box, p. 5).

The Rochester/Monroe County Early Childhood Development Initiative is making a difference for children and families.

A 1988 study funded by the Rochester Area Foundation (RAF) showed that only a small percentage of three- and four-year-olds participated in formal pre-school programs. It also found that 40% of public school children in Rochester were held back for one year between kindergarten and third grade, indicating that an unacceptably high number of children were entering school unprepared to learn. RAF then asked a grassroots task force of child care and social service providers, city and county agencies, and local universities to recommend ways to improve child care and early education.

After being presented with facts and recommendations of this task force, the Mayor convened a small strategy group—including the County Executive, the heads of the Chamber of Commerce and Industrial Management Council, and the presidents of RAF and United Way—to examine the problem. The group concluded that what was needed was a feasible strategy to move a community agenda forward that included practical funding recommendations. The Mayor challenged the group to come up with one.

Creating Consensus on Priorities

The strategy group believed that progress on early

(Continued on page 4)

Partnerships Build Quality Early Education

Children read at the Jefferson Avenue Childhood Development Center in Rochester, which is working toward accreditation by NAEYC. Rochester's Child has raised $96,000 for the accreditation effort.

(Continued from page 1)
childhood development meant bringing people together to agree on priorities, and that no single participant could finance—or gain the commitment of community leaders to finance—the array of projects needed to make a difference. It called upon the Mayor and County Executive to sponsor an Early Childhood Development Initiative and to put in place a Steering Committee that would approve the strategy, assess what progress had been made, and determine if priorities had changed and new problems had arisen. Over the years the Steering Committee grew from 12 to some 40 members and became known as the Forum. A smaller Strategy Committee was formed that meets at least monthly to examine problems, come up with solutions and find people to implement them. It meets with the larger Forum three or four times a year.

Business Promotes Quality

Businesspeople answered the call to get involved in ECD by forming a private sector fundraising initiative called Rochester's Child. They wanted to make sure that the care children received was of good quality. They set a high standard—accreditation by the National Association for the Education of Young Children (NAEYC)—and recruited businesses to "adopt a center." Since its inception in 1990, Rochester's Child has raised $2 million, increasing the number of accredited centers from three in 1989 to over 40 today. Most importantly perhaps, Rochester's Child set the quality standard for efforts that followed, including those of the Wegman family and United Way's Success by Six.

Last year Rochester's Child began working with United Way to help family child care providers become accredited by the National Association for Family Child Care. It provides funds for training and matching funds for providers to buy equipment and make necessary improvements in their homes. Eighty homes were accredited last year, and another 40 providers are currently in the training program.

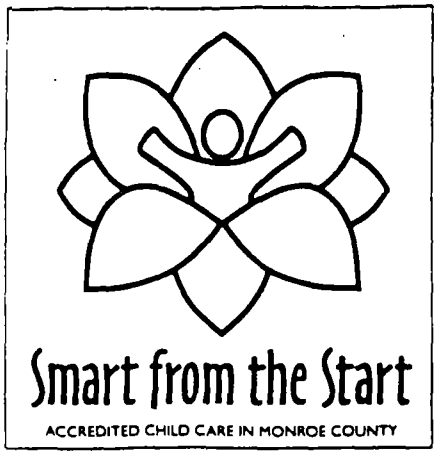
Creative Solutions to Expand Supply

During its first five years, ECD's effort led to the development of some 2,000 new child care slots. 86% of three- and four-year-olds in Rochester are now in some sort of program, up from 55% of four-year-olds and 20% of three-year-olds in 1989.

United Way, a key participant in ECD's Steering Committee, adopted the Success by Six model in 1991, and allocated $4.3 million a year for programs to address the needs of children from conception to age nine. Success by Six reaches 20,000 children a year with a host of programs that promote healthy births, school readiness and success, and family stability. Among its efforts is the Rochester Early Education Program (REEP), a collaborative effort of 12 agencies whose services include prenatal care, infant-toddler playgroups, pre-school programs, and after-school care.

According to Mary Kanerva, Manager of Community Investment Operations at United Way, ECD has helped make United Way's work more effective. "We do more things collectively, we have a mission, and we know what the community's plan is. We set goals each year, review progress, and brainstorm about what issues need to be addressed."

For example, United Way worked with the county's Department of Social Services (DSS) to leverage funds needed to draw down federal child care money. DSS has been an important partner in ECD in developing strategy. In late 1995, when public attention was drawn to the long waiting list for subsidized care, the county worked to redirect existing funds to provide more subsidies. United Way pitched in with $500,000 for a scholarship fund to be used in accredited centers. As a result, 630 new subsidized slots became available for low-income families.



"Sometimes it doesn't take money to solve problems," said Bonnie Hineman, Director of Grants and Programs at RAF. "Things happen when people sit around a table." For example, in 1994 federal money became available to expan Head Start, but an appropriate building couldn't be found. At the same time, many accredited child care centers found their enrolment declining because maintaining good quality had made these centers a little more expensive than non-accredited centers. ECD helped work out an arrangement for Head Start classrooms to be set up in these centers, resulting in 400 new spaces.

The increased awareness of the importance of early childhood education was one of the factors that in 1993 led Robert Wegman, owner of a regional supermarket chain, to donate $3 million over three years to the Diocese of Rochester to expand its preschool program in 12 Catholic schools. The donation, which paid for minor building renovations, staff, equipment, and tuition assistance for families that needed it, allowed 450 new slots to be developed for three- and four-year-olds. In 1995, Wegman announced a $25 million, ten-year commitment to the Diocese, part of which will be used to continue funding for the preschool program.

Getting the Word Out

ECD found that expanding the supply of quality care does not always mean parents will rush to use it. The Rochester Area Children's Collaborative, a local advocacy organization involved in a wide range of children's issues, is working with Rochester's Child to disseminate information so parents can recognize and choose quality care. Called "Smart from the Start," its logo is displayed in all centers and family child care homes that have gained accreditation, and the campaign hopes that parents will "look for the union label."

Is It Working?

Have the initiatives in Rochester made a difference for children? The Primary Mental Health Project, affiliated with the University of Rochester, conducted a study of 400 public school third graders in Rochester to find out whether attending a preschool program made a difference. According to Dirk Hightower, the project's director, the answer is a resounding yes. Preliminary results also show that children attending certain programs had significant gains by third grade: none had been retained and they scored 13 points higher on math and reading tests after controlling for poverty and mother's education. A second study underway will track 4,000 children over ten years to assess the impact of child care and early education. It will look at how parents make decisions about child care and how they assess the care they've chosen; evaluate the quality of care being provided; and assess children's performance in school.

The Impact of ECD

When asked what has made ECD successful, Howard Mills, a retired businessman and consultant for RAF, said, "You don't decide which of the four legs of the horse made him win the race." In one way or another, all the partners in ECD made things happen.

In setting priorities, partners focused on what services children and families need. People came together to agree on priorities and make decisions based on those priorities; no plans came down from above. ECD provided a forum for service providers to get and share information, avoid duplication of effort and settle turf issues. The initiative had no single sponsor or funder, but both public and private sources of funds—the city, county, philanthropic community, and business—were part of ECD's leadership. Rather than pooling funds, partners administer their share of the funds based on the annual commitment of their respective organizations and in line with ECD's analysis and priorities.

Because ECD has been successful in mitigating the problem of child care and early education, partners worry that political leaders are turning their attention to more pressing issues. ECD's intention was "to go out of business" once it had succeeded in establishing an ongoing process of strategic, collaborative planning. The group has joined the Change Collaborative, a Rochester organization whose mission is to see that all major problems in the area are addressed.

"We're not willing to leave the preparation of young children to free market forces yet. We want to feel that someone in the community is responsible to determine if there are enough slots, if there's good quality, and monitors results so we get what we pay for," said Howard Mills. "We brought the power of the community into early childhood education. People wanted to do it, and we showed them how."

Keeping it going is ECD's next challenge.

Financing Child Care in the United States: An Illustrative Catalog of Current Strategies

This 130-page compendium describes the country's most innovative public- and private-sector strategies for financing child care services, with in-depth profiles and analyses of nearly 50 projects. The catalog explores strategies for increasing child care financing by generating new public revenue; allocating existing public general revenue; financing in the private sector; financing through public-private partnerships; and financing child care facilities.

Written by Anne Mitchell, Louise Stoney and Harriet Dichter, the catalog was developed with support from the Ewing Marion Kauffman Foundation and The Pew Charitable Trusts. To receive a free copy, write to: Publications Fulfillment, The Pew Charitable Trusts; 2005 Market Street, Suite 1700, Philadelphia, PA 19103-7017.

Smart START

Building brighter futures
for North Carolina's children

What is Smart Start?

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

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

FACTS

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

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

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

Getting results throughout the state

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

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

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

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

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

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

(continued on back)

OUR GOAL

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

CORE SERVICES

- **Child care:**

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

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

affordable
(financial help for low-income working families)

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

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

FACTS

In 32 Smart Start counties:

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

- Smart Start should be expanded statewide:

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

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

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

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

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

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

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

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

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

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

Smart Start cited a national model

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

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

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

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

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

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

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

Full Start: The Results Are In!

Preliminary findings of a two-year study of the Head Start Community Partnership Program, Full Start, confirms that Head Start can be used as a catalyst to create a high quality, seamless child care system that leaves no child behind.

KCMC Child Development Corporation sought assistance from Kansas City's Ewing Marion Kauffman Foundation, which contracted with the Families and Work Institute of New York to conduct a two-year outcome study of the Full Start program. The study addressed the effects of Full Start in four areas: (1) the overall quality of classroom environments; (2) the behavior of child care center staff; (3) the quality of teacher-child relationships; and (4) children's behavior.

Preliminary findings from the Families and Work Institute's study indicate that Full Start has demonstrated two important and far-reaching principles:

- It is possible for Head Start and community-based child care centers to collaborate without sacrificing the quality and standards of a strong Head Start program.
- It is possible for Full Start to produce positive outcomes for children and centers in a relatively short period of time (e.g., one year).

The study employed a quasi-experimental design that estimated effects by examining changes over time. The study compared the following program variations:

- A Full Start program in operation for two years at the beginning of the study.

by **Dwayne A. Crompton**
Executive Director, KCMC Child Development Corporation

- A Full Start program in operation for one year at the beginning of the study.
- A Full Start program that began operation after the first year of the study.
- A full-day, full-year traditional Head Start program.

The study looked at 146 three- and four-year-olds enrolled in three centers in 1995, and 182 four-year-olds enrolled in four centers in 1996. Comparisons of children attending the centers revealed no significant differences based on age, racial or ethnic background, family income, maternal education and employment status, or single-parent status.

A total of 13 measures were used to assess program outcomes, including standardized questionnaires and rating scales; extensive on-site observations of children and teacher-child interactions; and interviews with center administrators and parents.

Interim findings from most of the 13 measures indicated that Full Start offers a viable approach to improving the quality of existing child care programs in low-income communities. The findings suggested that a Full Start partnership had no adverse effect on Head Start quality and performance standards.

Moreover, Full Start appeared to have positive impacts on teacher behavior, teacher-child attachment, child activity and behavior, and quality of the global classroom and center environments. Findings at the end of year two confirmed these positive impacts.

When the two Full Start centers operating in the spring of 1995 were compared with a third center scheduled for Full Start conversion in the fall of 1995, the existing Full Start centers had higher ratings of global quality than the yet-to-be converted center. This finding suggested that Full Start provides a higher quality of education and care that many child care centers in low-income neighborhoods.

The Full Start evaluation also used the Early Childhood Environment Rating Scale (ECERS) to measure some specific indicators of overall classroom and center quality. ECERS found that during the first nine months of program implementation, the quality of the third center increased significantly. This suggested that the Full Start approach can improve the quality of a substandard center quickly.

Finally, when average quality ratings of the three Full Start centers in the spring of 1996 were compared to ratings of a local full-day, full-year Head Start center, no statistically significant differences were found. This leads to the conclusion that the Full Start seamless child care system can help existing low-quality, neighborhood child care centers to achieve the high quality of a comprehensive child development program, such as Head Start.

For more information, contact:
KCMC Child Development Corporation,
2104 East 18th Street,
Kansas City, MO 64127.
T: 816/474-3751, F: 816/474-1818

Collaborative Efforts Promote Inclusive Child Care in Colorado

In January 1995, Colorado began a collaborative effort to enhance the quality of services for all children, to increase access to child care settings by children with special needs, and to provide parents with greater access to various scheduled and temporary (respite) settings.

This project, Colorado Options for Inclusive Child Care (COFICC), aims to:

- Increase the awareness of child care resource and referral agencies (R&Rs) of the issues that impact families of children and youth with special needs, and to assist R&Rs to develop strategies that support families in building partnerships with child care and respite care workers;
- Build the capacity of R&Rs as a catalyst in promoting community involvement in inclusive child care;
- Increase community utilization of R&Rs for recruiting, training and supporting providers of child care and respite services.

COFICC services for families and providers include problem solving when care options are limited or non-existent, tips on interviewing and contracting, and help in identifying barriers to inclusion specific to each care setting. They also aid in linking with community resources for on site training, consultation and support.

COFICC is jointly funded by the Colorado CCDBG and the Department of Education, Part H Unit. There is additional support from a grant to the Colorado Division of Child Care from the Administration on Children, Youth and Families to develop family directed respite options for families of children with disabilities and/or chronic or terminal illnesses.

CORRA (The Colorado Office of Resource and Referral Agencies), the coordinating office for the statewide network of child care resource and referral, has taken responsibility for supporting and coordinating the COFICC project.

For more information, call COFICC Coordinator, Jennifer Burnham, Colorado Office of Resource and Referral Agencies (CORRA), at (303) 290-9088, or the Colorado Division of Child Care Grants and Quality Initiatives at (303) 866-2304 or (303) 866-4556.

Special Needs R&R

Child care resource and referral agencies are critical in locating and supporting child care providers, as well as in helping parents work with providers to facilitate a successful placement. Since 1980, BANANAS, Inc., the child care resource and referral agency in northern Alameda County, California, has been serving child care providers and families. BANANAS' services include an emphasis on special needs child care. The agency has a number of publications, including *Building a Special Needs Component into Your Child Care Resource and Referral Service*, the *BANANAS' Child Care Providers' Guide to Identifying and Caring for Children with Special Needs*, and *Choosing Child Care for a Child with Special Needs*.

To learn more, contact Ginger Barnhart, Resource and Referral Coordinator, BANANAS, Inc., 5232 Claremont Avenue, Oakland, CA 94618 or call: (510) 658-1409.

November 20, 1997

The Department of Labor's Role in the President's Child Care Initiative

Background:

On October 23, 1997, President Clinton hosted the White House Conference on Child Care -- to focus the Nation's attention on the importance of addressing the need for safe, affordable, quality child care. The Domestic Policy Council has highlighted four current programs supporting child care:

- Child and Dependent Care Tax Credit
- HHS's Child Care and Development Block Grant
- USDA's Child and Adult Care Food Program
- Department of Education's 21st Century Learning Centers

At this time, three general goals have been suggested for the Child Care initiative. These goals, and policy options relating to them are as follows:

1. Helping more parents afford child care -
   - Increase Federal investment in HHS's Child Care and Development Block Grant
   - Modify the Child and Dependent Care Tax Credit

2. Assuring safety and quality in child care -
   - Increase Federal Funds Targeted to Quality Improvements
   - Increase Federal Investment in Provider Education and Training
   - Increase Federal Investment in Consumer Education, Research, and Technology

3. Making child care more affordable -
   - Invest in School-Age Care Opportunities
   - Provide Tax Incentives to Businesses

Department of Labor's Role:

As a follow-up to the White House Conference, and the Department of Labor's on-site forum discussion on model partnerships that promote quality child care, Secretary Herman added child care as an outcome measurement to her fifth goal of helping workers balance work and family. The Secretary has said that she wants to:

- Increase the number of workers with access to quality child care outside the family.
- Change the paradigm so that child care workers have the respect, compensation and sense of self worth that they deserve.

Quality child care service goes hand in glove with having an adequate supply of competent, professional child care providers. This requires enhanced training opportunities and a redefinition of the basic concept of what constitutes a child care provider. Based on these facts, the Department is proposing several projects that could be woven into a quality child care initiative. They include:

1. *The Expansion of the Bureau of Apprenticeship and Training's Registered Apprenticeship Program in West Virginia to train Child Care Development Specialists.* Integral to providing the "right" care is the quality of child care workers. This is a nationally recognized program that since 1989 has trained, or is training, 800 quality child care workers. The career path for professional child care development specialists can go in two directions -- becoming a child care center director or becoming an independent child care provider. As part of this proposal, the Department anticipates that this work would link closely with the work currently being undertaken by the National Skill Standards Board (NSSB) in developing systems of voluntary national skill standards in different occupational clusters.

   The Employment and Training Administration has submitted a 3-year, $19 million proposal to OMB as a supplemental FY 1999 request to expand this system of training quality child care workers to all 50 states.

2. *Utilization of DOL's new O*NET system to address the classification concerns around child care workers.* Secretary Herman has called for a revision of the Dictionary of Occupational Titles (DOT) to more accurately reflect the needed skills and training to be a child care worker. Since 1993, the Department of Labor has been revising the DOL. The O*NET will be its automated replacement, and this new system will offer a new approach and structure to identifying and describing occupational requirements and worker characteristics.

Both of these projects strongly support the second goal of the initiative -- assuring safety and quality in child care.

Other Information:

In addition to the two projects discussed above, the Department also has two ongoing initiatives that relate to child care:

1. *Expansion of Child Development Centers in Job Corps.* The Employment and Training Administration's FY 1998 budget request included funding for the construction of facilities for 10 additional Child Development Centers to increase access to quality child care for Job Corps students. Currently, 19 of the 111 Job Corps centers have on-site child care facilities. Staff is working with HHS to implement Head Start programs at the 10 new locations.

2. *The Welfare-to-Work Initiative.* A major component of Welfare-to-Work is the issue of child care, and will be a key element in the Welfare-to-Work competitive grant program, which is in its early planning stages. A solicitation for grant award for the approximately $600 million available for the competitive grants will be issued before the end of the year.

Overall, the Department of Labor has a crucial role to plan in proposed Child Care initiative. Carefully defining a career path and requisite qualifications for professional child care providers and training child care workers is essential. The Labor Department -- in conjunction with the NSSB -- will define the career path and establish necessary requisite qualifications. At the same time, the Department anticipates that attractive, well-compensated job opportunities and entrepreneurial changes will grow.

U. S. Department of Labor
Employment and Training Administration
Bureau of Apprenticeship and Training
FY 1999 Supplemental Request

Decision Paper: Quality Child Care Initiative - National Expansion of the Child Care Development Specialist Registered Apprenticeship Program (" Working Together for Quality Child Care")

Proposal: Many working parents struggle to find affordable, quality child care. A primary element of the Department of Labor's strategy to equip working parents with the tools they need to be both good workers and good parents is a new quality child care initiative. To implement this initiative, the Employment and Training Administration is requesting $10 million -- $1 million for 10 Full Time Equivalents (FTEs) in the Bureau of Apprenticeship and Training (BAT) and $9 million in pilot and demonstration funds. The multi-year request for FY 2000 is $5 million and for FY 2001, $4 million.

Rationale: On October 23, 1997, President Clinton hosted the White House Conference on Child Care -- to focus the Nation's attention on the importance of addressing the need for safe, affordable, quality child care. Integral to providing the "right" care is the quality of child care workers.

The child care industry is in trouble. A 1989 study by the National Center for the Early Childhood Workforce found that the quality of services provided by most day care centers was rated as "barely adequate," and a more recent four-State study by the University of Colorado at Denver found that only 14 percent of child care centers were rated as good quality. In addition, child care workers are faced with relatively low wages, inadequate benefit coverage, and high job turnover.

Quality child care service goes hand in glove with having an adequate supply of competent, professional child care providers. This requires enhanced training opportunities and a redefinition of the basic concept of what constitutes a child care provider.

The United States Department of Labor's BAT in West Virginia has developed -- in cooperation with the Center for Career Development in Early Care and Education (at Wheelock College in Boston, Massachusetts) -- a model for training Child Care Development Specialists. This Child Care Apprenticeship Training Program incorporates training based on the 13 functional areas of the Child Development Associate model with on-the-job observation and practice. An agreement was made with the West Virginia community college system to enable participants to apply 33 credits toward a 64 credit associate of applied science (AAS) degree in occupational development with an early childhood specialization. This highly successful model has been in operation since 1989 and

has produced 300 apprenticeship graduates all of whom are working in the field at this time. Currently, 500 registered apprentices are employed and receiving training.

On October 23, 1997, a Quality Child Care Targeting Agreement was signed among the Bureau of Apprenticeship and Training (BAT), the National Association of State and Territorial Apprenticeship Directors (NASTAD) and The Center for Career Development in Early Care and Education to expand nationally the involvement of the child care industry in the utilization of Registered Apprenticeship as a means of ensuring a high-quality, high-skilled workforce. The goal of the initiative is to replicate this program in all States and territories over 3 years, creating a sound infrastructure for quality workforce development in the child care industry.

Approach: The Department of Labor will convene several (7-8) regional meetings during Fiscal Year 1998 to introduce the model and foster the partnerships needed for implementation on a nationwide basis. Each meeting will be broadly inclusive -- participants will include child care experts, apprenticeship representatives, health and human service providers, education specialists, and other interested parties.

The Labor Department anticipates that the major impetus of this initiative will begin in FY 1999 and continue on through FY 2000 and FY 2001. At the outset, BAT will require 10 additional FTEs to manage the increased workload required to build the child care industry infrastructure, including the promotion and implementation of the child care development specialist apprenticeship system.

Currently, there are 23 "BAT" States -- States where the apprenticeship staff are Federal employees. The BAT States will begin implementing the model initially. The other States and territories are "SAC" States -- States which have their own independent State apprenticeship councils/agencies and which are governed by State statute. In accordance with the October 23rd agreement, BAT and NASTAD cooperatively will implement the model in the remaining States. The goal is to have the model implemented in all States and territories.

The BAT will require the services of outside experts -- including a designated intermediary -- to support this effort. It is envisioned that a high quality, national organization will be engaged on a contract basis to perform several tasks. Initially, the intermediary will identify and facilitate replication of the West Virginia model and will provide technical assistance to BAT.

The intermediary's primary functions will include: (1) build system and capacity through technical assistance to States; (2) act as a liaison with other national organizations with activities in the child care industry; and (3) work with federal staff in cooperating with Bureau of Labor Statistics (BLS) and O*NET (the Occupational Information Network) to update occupational data. As part of the

system-building effort, the intermediary will guide the development of infrastructure to implement a child care development specialist apprenticeship training system and track its progress.

The Labor Department anticipates that this work would link closely with the work currently being undertaken by the National Skill Standards Board (NSSB) in developing systems of voluntary national skill standards in different occupational clusters. This effort also will take advantage of the work being done by other interested organizations in the child care "network" such as the National Association of Family Child Care, and the National Institute for Early Childhood Professional Development.

One of the guiding principles of the National Registered Apprenticeship System is to create a life-long career track for workers. This career path for professional child care development specialists can go in two directions. One direction or career goal could result in an individual becoming a child care center director. This responsible position demands the highest degree of professional skill and integrity. The other direction could lead an individual to become an independent child care provider -- in other words, a "microentrepreneur." (Microentrepreneurs include both individual child care providers and individuals who open small centers that employ 2-3 people). In order to move in the latter direction, an individual would require a somewhat different set of skills. Thus, a component of this initiative will test microenterprise training and development in five States. This activity will involve a competitive procurement, inviting States to provide microenterprise training to a defined group of child care providers.

The case for this budget initiative is extremely compelling. Carefully defining a career path and requisite qualifications for professional child care providers and training child care workers is essential. The Labor Department -- in coordination with the NSSB-- will define the career path and establish the requisite qualifications in this area. At the same time, the Department anticipates that attractive well-compensated job opportunities and entrepreneurial chances will grow.

Finally, the Labor Department proposes to support a full-scale evaluation of the initiative by an independent, outside contractor -- someone who was not in any way connected to the intermediary.

Budget Impact: $10 million for FY 1999 with an additional $9 million for FYs 2000 and 2001. The budget is front-end loaded, assuming that start-up in States will require significant resources.

Fiscal year 1999 - $10 million:

- o S&E: $1 million -- new BAT staff including travel and supplies; and

- Pilots & Demonstrations: $9 million (implementation of the model includes costs for the intermediary to assist States in building the infrastructure, testing the West Virginia model, piloting enhanced training for microenterprise development, and assessing initiative results.

Fiscal Year 2000 - $5 million (S&E:$1 million - BAT staff; Pilot & Demonstrations: $4 million).

Fiscal Year 2001 - $4 million (S&E: $1 million - BAT staff; Pilots & Demonstrations: $3 million).

Performance: It is anticipated that at least three substantive goals will be achieved through this initiative:

- National improvement in the quality of the child care workforce.
- A system for training and credentialing of child care providers will be available in all states and territories.
- A voluntary set of nationally recognized skills standards for the Child Care Industry will be adopted.

Relationship to the Secretary's Goals: Secretary Alexis M. Herman set five goals for the Department of Labor after she took office, and the Child Care Quality initiative directly relates to three of them: (1) equipping working Americans with the skills to find and hold good jobs with rising incomes throughout their lives; (2) helping working people balance work and family so that Americans can succeed at home as well as on the job; and (3) helping people move from welfare to work.

Discussion Draft

A Quality Incentive Fund

PURPOSE: To encourage and support strategies to improve the quality of child care. This proposal would create a dedicated pool of funds that can help communities focus on and initiate locally designed efforts targeted toward providers. There are a number of structural and content decisions that should be considered in creating such a program.

What kind of activities do we want to encourage with the fund?

While we know elements of quality that have research evidence and some strategies to enhance quality, there are obviously many strategies to use and quality enhancement priorities will vary by community.

Option 1

Funds would be available with few or no restrictions to implement community-developed plans. There would be a menu of allowable activities to stimulate a fuller discussion of options in communities that seek funding. Among the possible activities are:

- in-service or pre-service training and compensation initiatives
- help for providers who are trying to meet accreditation or licensing standards
- consumer/parent education
- creation of family day care networks and activities that provide quality enhancement of the homes in the network
- licensing enforcement efforts
- incentives to form and support partnerships between Head Start providers, pre-kindergarten programs, and child care programs or betweeen child care and other services such as health or mental health.
- a home visiting strategy for family day care providers

- management programs for center directors
- incentive bonus for providers who meet high quality criteria

Pros: States would have flexibility to design strategies that fit with other activities in the states and with community needs assessments.

Con: Difficult to evaluate impact if not targeted.

Option 2

The fund could be restricted in a number of ways including the following:

A. It could be targeted to a subset of activities directed toward a specific concern such as promoting family day care networks:

- Certification that home/provider meet quality standards
- Regular visits to the homes (2-4 times yearly)
- Support group and special training for providers
- Back up substitutes
- Loan and small grant program for quality improvements
- Mentoring system with other providers

B. It could be focused on child care for children of one age group (e.g. infant and toddler care).

C. A portion of the fund could be targeted on a subset of activities and/or an age group.

Pro: Could target outcomes

Con: Less flexibility for states/communities

Who should be the grantees for the fund?

Option 1

Funds could be granted to the States on a formula basis. Either all (or all-but-an-allowable State set aside-) would then pass from the State to communities based on a competitive process structured by the State.

Pros: This would put the States in charge and create buy-in. It would also encourage coordination with other State activities and allow a stronger link between state and community planning.

Option 2

Funds could be granted directly to communities A direct Federal to-community program through a competitive grant process.

Pros: This would allow more direct control over decisions about the types of communities and range of strategies funded.

What approach should be used to focus on essential quality outcomes?

Option 1

Have states/communities establish benchmarks for quality care. This could include a range of options:

- A menu of outcomes/benchmarks (increased rates, improved standards, increased in accreditation, improved enforcement of standards)

- Allow states/communities to establish benchmarks

- Allow states/communities to incorporate other established models of quality (key elements of the military system, Head Start Standards)

Pros: This would allow states/communities to focus on the priorities they identify. It would allow adoption of alternative standards, some already in use. This would facilitate a community process much like that undertaken in Oregon.

Cons: Benchmarks by themselves would potentially leave many quality issues unaddressed unless areas in which benchmarks must be established are identified.

Option 2

Require 2-3 key standards. These could be selected from the "Stepping Stones" (eg; fire warning and exit requirements, storage of weapons and toxic substances).

Pros: Would target efforts on key safety issues

Cons: General resistance to setting federal standards even for incentive only

Option 3

Have states/communities make a commitment to move toward requiring "Stepping Stones" for all providers.

Pros: "Stepping Stones" is a reasonable set of health and safety standards to protect children. It was developed by national health organizations. Adoption of these standards would certainly increase quality with a focus on basic protections.

Cons: Identifying "Stepping Stones" will focus attention on health and safety requirements and potentially reduce the attention paid to curriculum, management, and other elements of quality care. There are other sets of "quality" requirements used by some States and communities. States/communities that have worked hard on their quality improvement efforts could resist the requirement of another set of standards.

Option 4

Combine a requirement for the adoption of several critical health and safety standards with a commitment to move toward "Stepping Stones" or with the establishment of benchmarks.

Other remaining questions

1. Should communities have to conduct a needs assessment and an action plan to receive funds?

2. Should a match be required at the state level only, or from localities?

3. Should communities demonstrate that they have a partnership of key community leaders, providers, and resident/consumers as a condition of receiving funding?

4. Who at the community level should receive the funding? The money could go to local government; it could go to the local government or a non-profit; or it could be left to the State to determine an eligible entity.

FAX TRANSMITTAL SHEET

RECEIVER TELECOPIER NUMBER: 456-2878

TO: Nicole Rabner

FROM: Cheryl Dorsey

DATE: 11/14/97 **TIME:** 4:15 pm

PAGE NUMBER ONE OF 5 **PAGES**

TRANSMITTER TELECOPIER: (202) 219-7971

ADDITIONAL COMMENTS: Nicole,

Here's a copy of the proposal to OMB. It was sent over last week and we are preparing responses to initial OMB questions. I look forward to speaking with you again. Please call if any questions.

IF YOU HAVE QUESTIONS REGARDING THIS FAX CALL: 219-8271 x148

DRAFT

DRAFT

U. S. Department of Labor
Employment and Training Administration
Bureau of Apprenticeship and Training
FY 1999 Supplemental Request

Decision Paper: Quality Child Care Initiative - National Expansion of the Child Care Development Specialist Registered Apprenticeship Program (" Working Together for Quality Child Care")

Proposal: Many working parents struggle to find affordable, quality child care. A primary element of the Department of Labor's strategy to equip working parents with the tools they need to be both good workers and good parents is a new quality child care initiative. To implement this initiative, the Employment and Training Administration is requesting $10 million -- $1 million for 10 Full Time Equivalents (FTEs) in the Bureau of Apprenticeship and Training (BAT) and $9 million in pilot and demonstration funds. The multi-year request for FY 2000 is $5 million and for FY 2001, $4 million.

Rationale: On October 23, 1997, President Clinton hosted the White House Conference on Child Care -- to focus the Nation's attention on the importance of addressing the need for safe, affordable, quality child care. Integral to providing the "right" care is the quality of child care workers.

The child care industry is in trouble. A 1989 study by the National Center for the Early Childhood Workforce found that the quality of services provided by most day care centers was rated as "barely adequate," and a more recent four-State study by the University of Colorado at Denver found that only 14 percent of child care centers were rated as good quality. In addition, child care workers are faced with relatively low wages, inadequate benefit coverage, and high job turnover.

Quality child care service goes hand in glove with having an adequate supply of competent, professional child care providers. This requires enhanced training opportunities and a redefinition of the basic concept of what constitutes a child care provider.

The United States Department of Labor's BAT in West Virginia has developed -- in cooperation with the Center for Career Development in Early Care and Education (at Wheelock College in Boston, Massachusetts) -- a model for training Child Care Development Specialists. This Child Care Apprenticeship Training Program incorporates training based on the 13 functional areas of the Child Development Associate model with on-the-job observation and practice. An agreement was made with the West Virginia community college system to enable participants to apply 33 credits toward a 64 credit associate of applied science (AAS) degree in occupational development with an early childhood specialization. This highly successful model has been in operation since 1989 and

has produced 300 apprenticeship graduates all of whom are working in the field at this time. Currently, 500 registered apprentices are employed and receiving training.

On October 23, 1997, a Quality Child Care Targeting Agreement was signed among the Bureau of Apprenticeship and Training (BAT), the National Association of State and Territorial Apprenticeship Directors (NASTAD) and The Center for Career Development in Early Care and Education to expand nationally the involvement of the child care industry in the utilization of Registered Apprenticeship as a means of ensuring a high-quality, high-skilled workforce. The goal of the initiative is to replicate this program in all States and territories over 3 years, creating a sound infrastructure for quality workforce development in the child care industry.

Approach: The Department of Labor will convene several (7-8) regional meetings during Fiscal Year 1998 to introduce the model and foster the partnerships needed for implementation on a nationwide basis. Each meeting will be broadly inclusive -- participants will include child care experts, apprenticeship representatives, health and human service providers, education specialists, and other interested parties.

The Labor Department anticipates that the major impetus of this initiative will begin in FY 1999 and continue on through FY 2000 and FY 2001. At the outset, BAT will require 10 additional FTEs to manage the increased workload required to build the child care industry infrastructure, including the promotion and implementation of the child care development specialist apprenticeship system.

Currently, there are 23 "BAT" States -- States where the apprenticeship staff are Federal employees. The BAT States will begin implementing the model initially. The other States and territories are "SAC" States – States which have their own independent State apprenticeship councils/agencies and which are governed by State statute. In accordance with the October 23rd agreement, BAT and NASTAD cooperatively will implement the model in the remaining States. The goal is to have the model implemented in all States and territories.

The BAT will require the services of outside experts -- including a designated intermediary -- to support this effort. It is envisioned that a high quality, national organization will be engaged on a contract basis to perform several tasks. Initially, the intermediary will identify and facilitate replication of the West Virginia model and will provide technical assistance to BAT.

The intermediary's primary functions will include: (1) build system and capacity through technical assistance to States; (2) act as a liaison with other national organizations with activities in the child care industry, and (3) work with federal staff in cooperating with Bureau of Labor Statistics (BLS) and O*NET (the Occupational Information Network) to update occupational data. As part of the

system-building effort, the intermediary will guide the development of infrastructure to implement a child care development specialist apprenticeship training system and track its progress.

The Labor Department anticipates that this work would link closely with the work currently being undertaken by the National Skill Standards Board (NSSB) in developing systems of voluntary national skill standards in different occupational clusters. This effort also will take advantage of the work being done by other interested organizations in the child care "network" such as the National Association of Family Child Care, and the National Institute for Early Childhood Professional Development.

One of the guiding principles of the National Registered Apprenticeship System is to create a life-long career track for workers. This career path for professional child care development specialists can go in two directions. One direction or career goal could result in an individual becoming a child care center director. This responsible position demands the highest degree of professional skill and integrity. The other direction could lead an individual to become an independent child care provider -- in other words, a "microentrepreneur." (Microentrepreneurs include both individual child care providers and individuals who open small centers that employ 2-3 people). In order to move in the latter direction, an individual would require a somewhat different set of skills. Thus, a component of this initiative will test microenterprise training and development in five States. This activity will involve a competitive procurement, inviting States to provide microenterprise training to a defined group of child care providers.

The case for this budget initiative is extremely compelling. Carefully defining a career path and requisite qualifications for professional child care providers and training child care workers is essential. The Labor Department -- in coordination with the NSSB-- will define the career path and establish the requisite qualifications in this area. At the same time, the Department anticipates that attractive well-compensated job opportunities and entrepreneurial chances will grow.

Finally, the Labor Department proposes to support a full-scale evaluation of the initiative by an independent, outside contractor -- someone who was not in any way connected to the intermediary.

Budget Impact: $10 million for FY 1999 with an additional $9 million for FYs 2000 and 2001. The budget is front-end loaded, assuming that start-up in States will require significant resources.

Fiscal year 1999 - $10 million:

- o S&E: $1 million -- new BAT staff including travel and supplies; and

- Pilots & Demonstrations: $9 million (implementation of the model includes costs for the intermediary to assist States in building the infrastructure, testing the West Virginia model, piloting enhanced training for microenterprise development, and assessing initiative results.

Fiscal Year 2000 - $5 million (S&E:$1 million - BAT staff; Pilot & Demonstrations: $4 million).

Fiscal Year 2001 - $4 million (S&E: $1 million - BAT staff; Pilots & Demonstrations: $3 million).

Performance: It is anticipated that at least three substantive goals will be achieved through this initiative:

- National improvement in the quality of the child care workforce.
- A system for training and credentialing of child care providers will be available in all states and territories.
- A voluntary set of nationally recognized skills standards for the Child Care Industry will be adopted.

Relationship to the Secretary's Goals: Secretary Alexis M. Herman set five goals for the Department of Labor after she took office, and the Child Care Quality initiative directly relates to three of them: (1) equipping working Americans with the skills to find and hold good jobs with rising incomes throughout their lives; (2) helping working people balance work and family so that Americans can succeed at home as well as on the job; and (3) helping people move from welfare to work.