Clinton Presidential Records
Digital Records Marker

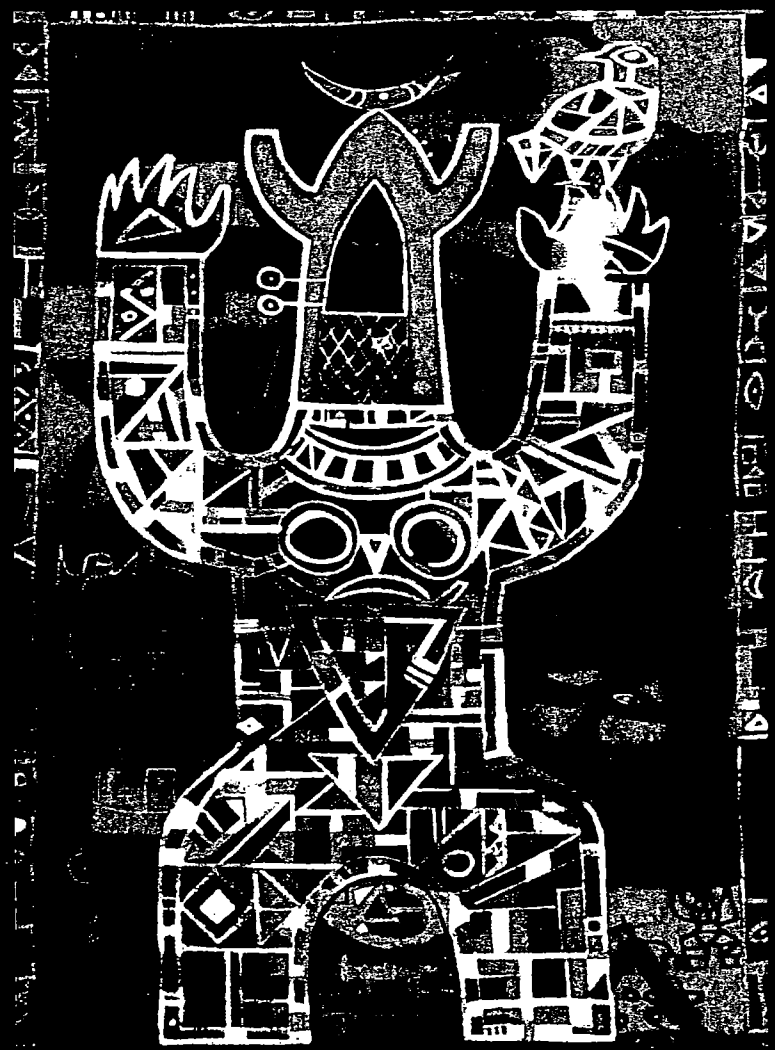
This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

Kyrgyzstan: A Country In Transition

The UN Presence in the Kyrgyz Republic



THE WHITE HOUSE

WASHINGTON

November 10, 1997

Dear Friends:

I regret that because of my travel to Ukraine, I am unable to join all of you gathered in Washington to honor Bruce Ladd on the occasion of his move to North Carolina.

I came to know Bruce in his role as historian of the Emil Verban Memorial Society and Chief Cheerleader for the Cubs. It was Bruce who formally welcomed me (#655) into the Cubs Washington family - an inexplicably large group in light of the Cubs' limited success since 1945.

Bruce, I wish you all the best as you embark on your new life in North Carolina. May you always be blessed with the "positivism" of Ernie Banks and, unlike the Cubs, may you prosper.

Sincerely yours,

Hillary Rodham Clinton

Hillary Rodham Clinton

WALTER R. HOWELL III

November 6, 1997

Ms. Verveer:

As a member of the "Committee" if I can be of assistance, please do not hesitate to call. You will know Bruce Ladd as the Historian of the Ernie Verban Society - the Chicago Cubs fan Club here in Washington and a friend of Mrs. Clinton.

Sincerely

Tip Howell

THE SELF-APPOINTED UNINDICTED COMMITTEE

to rid Washington

of one

BRUCE C. LADD, JR.

A celebration of his departure without subpeonas or the U.S. Marshall in hot pursuit!!!

Question before the House:

What warning of his impending arrival should be sent

...stabulary of Chapel Hill, North Carolina?

Tuesday, November 18, 1997

5:30 - 8:00pm

International Club

(University Club at International Center)

1800 K Street, N.W.

2nd Floor

Washington, D.C.

Regrets Only to:

Michelle Wilson

202/218-3504

THE WHITE HOUSE
WASHINGTON

October 20, 1997

Mr. David Lawrence, Jr.
Publisher & Chairman
The Miami Herald
One Herald Plaza
Miami, FL 33121-1693

Dear Dave:

The First Lady very much enjoyed speaking at the Awards dinner. Your introduction captured her well. Thank you very much for your thoughtful letter and for the Readiness Committee draft. We will find it useful as we continue to pursue education issues and early learning in particular.

Congratulations to the Miami Herald for your exemplary commitment and service to community.

Thanks and best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

The Miami Herald
A Knight Ridder Newspaper

David Lawrence Jr.
Publisher and Chairman
[illegible]
[illegible]

October 1, 1997

Melanne Verveer
Assistant to the President
and Chief of Staff to the First Lady
The White House
Washington, D.C. 20500

Dear Melanne:

It was wonderful having the First Lady in town. It was all most successful. I have heard so many good comments already. For our community, it was a grand evening. Thank you for your considerable part in making all this work so well.

As promised, here's where we stand on the Readiness Committee draft, presented earlier this month to the full Governor's Commission on Education. Gov. Chiles would tell you himself that he is enthusiastic about the possibilities here. In preparation for this report, for which there will be a later draft by the end of this year, we've spent months going to Early Start centers, Head Start classes, the Smart Start program in North Carolina, and so forth.

You also might like to see a column I wrote on this topic recently. As you can see, I do think this is vital to the future.

Let me know if I can help in this cause, or any other, anytime.

Please stay in touch.

Sincerely,

Dave Lawrence

[illegible] NE 5th Place, Miami, Florida 33132-1693 (305) 350-2111

The Miami Herald
A Knight-Ridder Newspaper

David Lawrence Jr.
Publisher and Chairman
(305) 376-3525
Fax: (305) 376-8950

October 1, 1997

Melanne Verveer
Assistant to the President
and Chief of Staff to the First Lady
The White House
Washington, D.C. 20500

Dear Melanne:

It was wonderful having the First Lady in town. It was all most successful. I have heard so many good comments already. For our community, it was a grand evening. Thank you for your considerable part in making all this work so well.

As promised, here's where we stand on the Readiness Committee draft, presented earlier this month to the full Governor's Commission on Education. Gov. Chiles would tell you himself that he is enthusiastic about the possibilities here. In preparation for this report, for which there will be a later draft by the end of this year, we've spent months going to Early Start centers, Head Start classes, the Smart Start program in North Carolina, and so forth.

You also might like to see a column I wrote on this topic recently. As you can see, I do think this is vital to the future.

Let me know if I can help in this cause, or any other, anytime.

Please stay in touch.

Sincerely,

Dave Lawrence

The Miami Herald

David Lawrence Jr.
Publisher and Chairman
(305) 376-3525
Fax: (305) 376-8950

October 1, 1997

Hillary Rodham Clinton
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mrs. Clinton:

It was a magnificent evening. What you said about "the spirit of excellence" and the spirit of this country set such a tone. Walking out to the parking lot, I ran into a woman named Tiffany Grantham. "Inspiring," she wanted me to know.

Thank you.

I've followed up with Melanne Verveer on that early-childhood education program that we are proposing for Florida. (I chair the Readiness Committee for the Governor's Commission on Education, and chair the Success by 6 effort in Dade County). Here's a column I wrote on this topic a few weeks back.

One other matter about which you may already be aware:

Sue Miller is among the most outstanding volunteers I have known anywhere, a Miamiam honored nationally by United Way. She has done quite extraordinary work in raising the level of volunteer contributions. The Dade County United Way sets the single best example in the country of major contributions. Sue Miller deserves more of the credit for this than anyone else.

Sue and others of us involved in United Way hope that the White House would invite million-dollar United Way contributors to a dinner there. (There are a total of 107 Million Dollar Roundtable members in this country.)

This would be wonderful recognition for splendid givers and, surely, would spur others to set such an example of great giving and great good.

Can you help us make this happen?

Thanks.

Sincerely,

Dave Lawrence

bcc: Hilarie Bass, Claudia Grillo, Sue Miller, Harve Mogul

Spirit of Excellence
Sept. 30, 1997
Introduction of Hillary Rodham Clinton

White House protocol underscores that some people truly need little introduction because they are so well known that there is precious little more to say. But this evening I should say at least this:

Hillary Rodham Clinton took her place at the front of the national stage a half-dozen years ago. But she was a national "success story" considerably before then. What she most cares about now -- issues such as children and diversity -- are the issues she cared about many years ago, which is only to make the point that this is no Jane-come-lately to this country's most enduring values and challenges.

She grew up in a self-described "Father Knows Best" family, but one that taught her love and respect for differences when frequently the latter was not the standard example in our country. Those lessons she learned by example and at the family dinner table -- those lessons of understanding for people different and frequently less fortunate -- have stood her in good stead for the America to which she has devoted all her adult life. (I pause here for a moment to note that three of the people at that dinner table of the 1950s are in the audience this evening: The First Lady's mother, Dorothy Rodham, and Hillary Rodham Clinton's younger brothers, Hugh and Tony. Please welcome them.)

I insert here one favorite family story, which I am told is true. Mrs. Clinton shortly will confirm or deny. Anyhow, after being picked on constantly by other children, then 4-year-old Hillary raced into her Park Ridge, Ill., home, in tears to avoid her tormentors. Thereupon, her mom said, "There is no room for cowards in this house," and sent her back outside, where she would stand up for herself. Only years later would Mrs. Clinton learn that her mom watched the whole episode from behind the dining room drapes, shaking with worry over what might happen.

Building from those years and those lessons, our speaker is a leader, always ready to speak up for other people and basic American fairness...a leader ready to support the rights of women to decide for themselves...a leader with great energy in behalf of the rights of children of every age and economic status. Hers has been a pioneering, insistent voice on making sure that all children have every chance to be healthy, for every child to be ready to succeed in the first grade. "Nothing," she will tell you, "is more important to our shared future than the well-being of children."

Within a year of coming to the White House, she would be leading a task force on health care issues that aimed for nothing less than affordable health care for all Americans. That this is not yet achieved is a shame. Some day it will be, and 40 million Americans won't be left out as today they are. But it is also important to remember that the 1996 Family Leave Act might have never been passed had it not been for the groundwork laid first by that panel and her leadership.

Our speaker is one of us, an American citizen coping with life and work and family in the 1990s. She is a Yale-educated lawyer, and a darned good one by all accounts. She is a partner for the President, which is his good fortune and ours. She is a mother who has just sent her beloved daughter off to college, and a mother who gets wonderful marks for making it possible for this daughter in this fishbowl family to lead an almost normal life.

The First Lady is someone who all her life has worked to be even better at everything, but having every right to feel good about herself already.

Ladies and gentlemen, it is a privilege to introduce someone who has fought so many good fights to shatter the glass ceilings of unfairness...a distinguished American who is an international presence on the cutting edge of courage and compassion, and the former editor of the Ralph Waldo Emerson Junior High School newspaper. Ladies and gentlemen, Hillary Rodham Clinton....

DRAFT

Early Childhood Care and Education: Florida's School Readiness Initiative

By Alan Stonecipher

For the Readiness Committee
of the Governor's Commission on Education

DRAFT
(9/2/97)

Early Childhood Care and Education: Florida's School Readiness Initiative

for the Readiness Committee of the Governor's Commission on Education

The condition of Florida's nearly one million children under age five is a growing concern, despite significant current investments in their well-being. Increasingly, we are understanding that the quality of our children's early health care, child care, and education help determine the quality of the remainder of their lives, as well as the kind of society we are creating for the future. More Floridians than ever are realizing that we can do better by our children--not only because of moral conviction, but also because the right kind of investments in children produce savings for society in the long run.

Florida's early child care and education "system" lacks coherence and comprehensiveness. Whether the issue is access to quality child care so parents can work, to quality preschool so children are ready for kindergarten, or to preventive health services, too many children and families fall through the cracks.

For many of Florida's poorest, for the least educated, and for those whose family lives are least stable, the gaps in the state's early childhood programs doom their children to similar lives of underachievement. In recent years, each group of Florida children entering kindergarten is poorer than the one before. Many come to school behind their more fortunate peers, quickly fall further behind in most current school environments, and fail to reach even minimal academic achievement levels. Lack of quality child care consigns too many Florida children to inadequate custodial care, especially inappropriate now that neuroscience is decoding development in the first years of life. The working poor and parents attempting to move off welfare often face the unpalatable necessity of patching together a variety of people to "watch" their children while they work, seek jobs, or obtain job training.

Quantifying the gaps in services is difficult. But it is estimated that more than 100,000 at-risk Florida children, 0 to age 5, are not receiving readiness-enhancing services from state or federal programs. The unserved are particularly large in the birth to three group, where about 53 percent of 150,000 income-eligible children receive some services Among those three- and four-years-old, about one-fourth of income-eligible children are not in readiness programs or any kind of publicly subsidized care. In total, about 180,000 of Florida's 285,000 at-risk children receive government health, care or education aid.

Some of those unserved children may not need services, of course, because of parental choice or satisfactory unsubsidized private-sector arrangements. But many more parents desire such services than existing programs can satisfy. The names of 25,000 children remain on waiting lists for subsidized child care, and a recent legislatively mandated study by the State Coordinating Council for Early Childhood Services found 14,000 eligible children not enrolled in the state's prekindergarten program because of space and funding limitations.

To dream that Floridians together can improve the lives of many of its 980,000 children, newborn through age five, is not an idle fantasy. In fact, it is rational to believe that many more of our children can come to kindergarten ready to learn, to imagine that the success of welfare reform can be enhanced, and to anticipate saving billions of dollars in future years. Studies of early childhood programs--some following the same children for 30 years--prove that quality services can help achieve these goals. And it is equally rational to believe that all parents in Florida--not only those poor or raising children alone, but also the educated and affluent--can be better parents, nurturers and teachers for their children.

Florida, therefore, can be a leader among the states in creating a vision for, and then actually providing, a coherent, community-based, family-oriented, voluntary system of early childhood services for its youngest children.

This paper is intended as a broad, comprehensive look at early childhood care and education in Florida today. It looks at what is today and what can be tomorrow. It provides facts about current programs, the context in which they operate, and the rationale for necessary improvements. Finally, it offers specific recommendations for a "next generation" statewide emphasis on early childhood.

Why Florida Needs To Improve Early Care and Education

Seven developments of recent years add urgency to the need to improve Florida's early childhood efforts:

■***Indicators of Children's Well-Being.*** The 1996 National Kids Count data places Florida 48th among the 50 states and the District of Columbia in overall well-being of its children. In a "Children's Environmental Index" by Zero Population Growth released in August, five large Florida cities scored in the bottom half nationally in rankings of quality of life for children (Jacksonville 121st of 219, St. Petersburg 130th, Orlando 145th, Fort Lauderdale 197th, Miami 202nd, and Tampa 210th).

The indicators are grim both for today's teenagers, whose early childhood and education experiences are over, for better or worse, and today's youngest children.

In the Kids Count data, our teens commit crimes at a rate that ranks Florida 39th in the nation in juvenile violent crime arrests. They drop out of school at a rate that ranks us 45th. The

percentage of them not in school and not in the labor force ranks Florida 37th. And teens gave birth to 26,165 babies in 1994, ranking our state 37th in that measure.

Those babies of teenagers constitute only a small portion of Florida infants and toddlers at risk. In 1994, 68,000 of Florida 190,546 births were to unwed mothers. Those young children, combined with their contemporaries in other single-parent families, rank Florida 47th in the percentage of children living in one-parent households. Partly because of these factors, Florida ranks 43rd in the nation in childhood poverty. Nearly one in four of our youngest children live in poverty; among African-Americans under age six, 45 percent are poor.

Conclusion: The status of many of Florida's children is dismal, and as they age, our state may suffer from current inattention to their plight.

▪***Demographics.*** Florida's low ranking on children's well-being is magnified by growth in that population. Today the state's youngest children (0-4) constitute the largest group of all children, a significant change since 1980, and a portent of challenging times ahead for the state. As that group ages, they will make teenagers the largest child age group in Florida by 2010. Today's young children, therefore, represent an impending teenage population surge, with all the potential for youth crime and other societal costs.

Conclusion: Florida's "system" is inadequate to improve child welfare; nor is it postured to address increased demand.

▪***Changes in Family Structure.*** The United States is in the middle of a child-care revolution, the U.S. Bureau of the Census reports. The increasing movement of women into the labor force and the rise in single-parent families have produced a growing need for care for preschool children and other family supports.

"In the middle of the 20th century, most children under the age of six lived in breadwinner-homemaker families, that is, in two-parent families where the father worked outside the home to support the family, and the mother could care for the children at home because she was not in the paid labor force," the chief of the Bureau's Marriage and Family Statistics Branch has written. But that is the case no longer. While in 1940, 87 percent of households contained a nonemployed parent available to provide child care, that number had dropped to 48 percent in 1989, and it is even lower today. In Florida, 60 percent of mothers with children under age six now work, as do half of mothers of babies under age one. By 2005, the Census Bureau says, 83 percent of women between the ages of 25 and 54 will be in the labor force.

The need for care is increased by the growth of one-parent families. In 1993, the Census Bureau reports, 21 percent of white, non-Hispanic children under six, 66 percent of blacks, and 34 percent of Hispanics lived in a single-parent family. Those children have higher risks of dropping out of high school, becoming teen parents, and being unemployed, research indicates.

Conclusion: Shifts in family structure have created more families, with more risk factors, who need child care and supports for school readiness more than ever before.

■***Welfare Reform.*** The success of welfare reform depends in part on the availability of affordable child care. The Florida Children's Forum estimates that 42 percent of families receiving cash assistance have at least one child under three. Their ability to work is contingent on someone caring for their children. Under Florida's welfare reform law, single parents previously exempt from work requirements must now be working, looking for work, or engaged in training for at least 20 hours each week as soon as their babies are three months old.

Conclusion: Welfare reform will increase not only the overall need for child care, but also the need for infant and toddler care and evening and weekend care, both in short supply.

■***School Readiness.*** Never before in American history has so much attention been focused on children's readiness for school. Unsatisfactory student achievement levels and costly remediation have led to demands for better-prepared students, at all grade levels. Although readiness for entry into school is number one in both the national and Florida education goals, it remains an elusive objective. Little in the experience of young children in Florida has changed significantly enough since the adoption of those goals to ensure readiness for tens of thousands of kindergarten students who arrive at school behind their peers. The costs to the state are huge.

Conclusion: Lack of readiness leads too often to costly special education, remediation, school failure, dropping out, lower lifetime wages, fewer taxes paid, more criminal acts committed, and more social services consumed. Unless vast progress in readiness is made, Florida's goal of pushing all its children to world-class achievement in school will remain a faint dream.

■***Brain Research.*** Enabled by new technologies, scientists for the first time are unlocking the keys to children's cognitive and emotional development. "A 5-year-old entering school for the first time, on the threshold of a lifelong education, may already have missed some crucial opportunities for learning that can never be recaptured," according to Frank Newman, president of the Education Commission of the States. "A growing body of research indicates the first three years of life are especially critical to laying the groundwork for future learning," Newman says. "We can no longer wait until children enter grade school or even preschool programs such as Head Start to set the stage for later learning. Early intervention makes sense from a scientific, societal and economic perspective. We need to re-examine early childhood education priorities now, before it's too late for millions of children."

In a February 3, 1997 cover story, *Time* reported that "Rich experiences...really do produce rich brains....The new insights have begun to infuse new passion into the political debate over early education and day care. There is an urgent need, say child-development experts, for preschool programs designed to boost the brain power of youngsters born into impoverished rural

and inner city households...." Lessons from the research? "That remedial education may be more effective at the age of three or four than at nine or 10. That good, affordable day care is not a luxury or a fringe benefit for welfare mothers and working parents but essential brain food for the next generation."

Conclusion: Every experience of young children--at home, in formal preschool, and in child-care settings--is important to readiness; in effect, every program for children is a readiness program.

▪***Research on Early Child Programs.*** Long-term studies "indicate that early childhood programs can have substantial effects on children's lives years after their involvement in the programs", according to an analysis of research into the effectiveness of such programs. (*The Future of Children*, Winter 1995) "For example, such programs have led to enhanced school achievement, higher earnings, and decreased involvement with the criminal justice system. Appropriately designed programs have helped parents strengthen their parenting skills and move toward economic self-sufficiency."

The Consortium on Longitudinal Studies, a long-term analysis of large-scale experiments in early intervention, found that "children who had attended preschool programs were far more likely to have proceeded through the schools in a normal manner. They were less likely to have been assigned to remedial classes; they were less likely to have been retained in grade; and, for those old enough, they were more likely to have completed secondary school." In addition, cost analyses have indicated that each dollar spent on quality preschool can save $3 to $7 for remedial education, crime and other costs.

Conclusion: Although it cannot be said that all early childhood care and education programs are effective in producing these social benefits, most researchers agree that well-designed, quality programs provide significant help for children, their families, and society.

Florida's Response to Children's Challenges Today

So how well is Florida responding today to the implications of our early childhood population boom, of the changes in family structure, and of welfare reform? How well are we acting on the imperatives of the brain research and program outcome data, as they relate to school readiness?

Despite our existing investments in an array of well-intentioned programs; despite the heroic efforts of hundreds of thousands of parents, volunteers, charitable and religious organizations, and public and private child service workers; and despite an ever-growing outpouring of rhetoric about putting children first, we collectively do too little, too late, for too few.

Bright spots are evident, of course. The advent of the Healthy Start program in the early

1990s has helped lower infant mortality, low birthweight, and risks of disabling medical conditions, through pre- and postnatal screenings. Florida's prekindergarten school program, funded by the lottery, now serves 27,000 low-income four-year-olds, a decade after its initiation. Head Start, more than 30 years after its founding as a war on poverty program, remains a strong force for another 27,000 poor preschoolers and their parents. Private child care standards have been raised in Florida in the 1990s, and additional funds have been provided to help welfare recipients make the transition to work. And a continuum of early childhood services has existed since 1989, at least on paper, as official state policy, in a "Florida Prevention, Early Assistance, and Early Childhood Act".

But quality early childhood care and education is not delivered on paper, either in state laws or in the never-ending cycle of bills, reports and recommendations about our children. Care and education happen in the millions of settings--homes, the homes of relatives, family child care homes, child care centers, school-based prekindergartens--in which our one million youngest children find themselves every day.

Our challenge as a state is to find ways to improve as many of those settings as possible. It will require more individual effort, more private-sector involvement, more high-level commitment, more interagency collaboration, and more public and private money.

Florida's Existing "System" for Early Childhood

Florida's public-sector programs for early-childhood services mirror the characteristics of those in other states. They generally have been incremental add-ons to existing health, education, and welfare programs. Despite continual efforts, they remain under-coordinated, both at the state level and in most local jurisdictions. They are funded too little to meet program and statutory goals in terms of numbers served, and they vary widely in quality. In most cases, city and county governments and school districts provide little funding and accept little responsibility for the overall well-being of the youngest children in their communities (except when those children happen to intersect with a public safety, welfare, or education program designed primarily for the broader community). Many local not-for-profit agencies and faith-based organizations provide funding to fill the gaps in services for families and their children.

In many ways, the provision of services by a multitude of public, private and religious organizations is a strength. The varied providers of services add vitality and flexibility to Americans' instinctive desire to help others when they most need it. But one test of the effectiveness of our overall system--the combined product of parents, families, and other providers, public and private--is Florida's dismal rating in the Kids Count statewide aggregate measures of children's well-being.

Other, more important indicators are the individual experiences of each child in their homes. Are they being cared for and educated in the manner each of us would desire for our children and grandchildren? Do parents and their youngest children, regardless of income, find

their way to adequate care and education in today's "system" in Florida, in as effective a way as they find emergency medical care or their proper school when they reach age five?

Numerous analyses indicate that Florida and other states fail those tests.

"In Florida, young children and their families receive services through a broad continuum of state and federal programs," the Office of Program Policy Analysis and Government Accountability (OPPAGA) reported in 1994. "These programs provide economic, health, nutritional, social, therapeutic, and educational services, which are necessary for a child to be physically, emotionally, and mentally ready to succeed in school....

"Together, these family support programs represent a complex system of programs that are funded differently, have different eligibility criteria and regulations, and are implemented by a variety of government, private, and not-for-profit agencies," the OPPAGA report says. "The availability of services may not be sufficient to ensure that all children are ready to start school....

"To better ensure that children and families receive needed services, the Florida Legislature and state and local agencies have taken steps to integrate services and reduce service gaps and hardships placed on parents in obtaining services. However, local agencies implementing these projects are often confronted by several problems that may prevent them from providing services in a more effective manner. *Some of these problems are the result of three state level barriers: different program policies and procedures, limited communication among key individuals and state agencies, and a lack of state level guidance.*" (Emphasis added)

A federal study in 1996 found a similar situation nationally. "Our present set of state and federal early childhood programs constitutes a 'union of insufficiencies'. No single program is funded to serve more than a fraction of its eligible clients and our cumulative public investment fails to provide equal access to services for children from low-income families....Rates and formulas for disbursing funds are often inadequate to support a quality teaching workforce and fall well below the actual costs of delivering comprehensive, quality services.

"The diversity of public funding streams makes it costly and complicated for local managers to deal with proposal preparation, reporting, accounting, compliance with standards, and crafting a coherent approach to program services and staffing. In addition, local agencies have difficulty in reconciling differing stances on quality and differing rates of reimbursement across different agencies....The number of different programs also handicaps policymakers when they try to understand the cumulative effects of existing spending patterns. Thus, as a funding system, early childhood programs provide inadequate levels of investment via an overly complex and opaque set of programs

"Rather than being overbearing and powerful, government regulation of early childhood programs is fragmented, inconsistent, and inadequate. There are no consistent policies to safeguard children against abuse nor to support the ingredients of environments which will

optimize development and learning. Fragmentation and inconsistency derive from a system of separate standards for Head Start, child care, and school-based programs. Standards for child care centers are weak in a substantial number of states, due to exemptions for major segments of providers, and low standards on key dimensions such as staff:child ratios and staff training....

"Policy decisions about early childhood services occur in a loosely-knit set of separate fiefdoms, including the Head Start policy system, the child care sector, the education for children with disabilities community, and state prekindergarten program structures. Problems of fragmentation are also seen at the community level....(no) community-wide vision, design or funding system for early childhood services." (Emphasis added)

The Development of Care and Education Programs for Children

Within this century, a long but uneven progression of social and policy trends has changed the nature of children's lives, leading to greater emphasis on their education. In the United States' first century, the demands of an economy based on farming prevented most children from receiving extensive formal schooling. In 1870, the Bureau of the Census reports, only about half of children five through 19 were enrolled in school, and school terms were much shorter than now. As the industrial economy took hold, 95 percent of children seven through 13, and 79 percent of those 14 through 17, were in school in 1940. The length of the school year doubled by mid-century. Child labor laws were passed, the child welfare movement began to protect children from unsafe conditions, and compulsory education laws mandated universal school paid for by local governments.

In Florida, statewide public education began as a federal mandate to educate former slaves after the Civil War. A 1869 law mandated a uniform system of free common schools. But even by 1920, only 64 percent of eligible whites and 47 percent of blacks attended school. A complete revision of school laws in 1947, following recommendations of a gubernatorial Citizens Committee on Education, included the first statutory provisions mentioning kindergartens and special courses for exceptional students. Only in the 1983-84 school year did public-school kindergarten become a universal mandate.

Meanwhile, private preschools began early in the 20th century, primarily for upper- and some middle-income children. Subsidized child care began about 1954, as part of the Social Security program. Experiments providing preschool for the poor began in the late 1950s, primarily to prevent school failure by black children migrating to northern cities from the South. Those experiments led to Head Start, which became a presence nationally and in Florida in 1965. State-funded prekindergarten programs for some at-risk three- and four-year-olds followed approval of the state lottery in 1985, and a variety of smaller education programs, such as First Start, followed. The federal government mandated inclusionary education services for children with disabilities. To provide health screenings and interventions, Florida in 1992 began its Healthy Start initiative for pregnant women and their children through their first birthday.

It is within this historical context that current Florida conditions must be evaluated. The movement toward earlier, higher-quality education and care policies appears inexorable. Yet it proceeds in fits and starts, with incremental add-ons that result in the array of programs discussed below.

Florida Programs Today

Following are descriptions of the major education and child care programs operating in Florida, including programs for children with disabilities. Medical programs such as Medicaid and Healthy Start are not described.

1. Prekindergarten Early Intervention

A formal education program, administered in all 67 Florida counties by local school districts, the program serves about 27,000 children through the appropriation of $97 million in lottery dollars through the Department of Education. By law, at least 75 percent of those served should be economically disadvantaged four-year-old children of working parents, including parents in the WAGES welfare reform program.

The remainder of those enrolled may be abused, from foster homes, exposed before birth to alcohol or drugs, children with disabilities, and poor three-year-olds. After steady expansion in its first eight years, funding and the number served have remained constant for four years, since 1994-95.

Children attend prekindergarten six hours a day for 180 days, and often are taught by certified teachers (at the discretion of the school district). School districts may contract with private preschools and child care centers to provide the services, as well as run the programs directly. The state allocation is $3,200 per child per year.

2. Head Start

The largest federally funded program for poor children and their families, Head Start is a two-generation program, with the dual goals of moving families out of poverty and making their children ready for school. Forty-two programs operate in Florida, serving about 27,000 three- and four-year-old children. Some agencies that receive the federal grants run them directly, while others contract with delegate agencies, including school districts in a few counties.

Head Start is designed as a comprehensive program, including health, mental health, food, transportation, before- and after-school programs, and services for children with disabilities. The program contains a strong parental involvement element; 51 percent of the membership of each local Head Start Policy Council must be parents of an enrolled child. Head Start relies on parents and paraprofessionals, rather than certified educators, for service delivery.

Program functions vary by grantee agency. Some provide the minimum of three and on-half hours of services per day; others operate 12 hours a day. The average funding is $4,500 per child. Federal funding is expected to increase nationally in the next few years, to reach the goal of serving one million children by 2000, up from the current 775,000.

In the belief that the earlier the services, the better for the child, Congress has authorized an Early Head Start program, including five grantees in Florida serving several hundred expectant families and children below age four.

3. Child Care

The Prekindergarten Early Intervention and Head Start programs are relatively easily understood as school readiness and family support services, fully funded by the government, for at-risk children. The child care system, however, is more complex. It is a web of private-sector providers, from large child-care chains to neighborhood babysitters, some of whom receive government funds to subsidize child care expenses for welfare reform participants and the working poor.

In Florida the child care system includes more than 10,000 providers--child care centers, family child care homes, and informal providers, such as relatives and neighbors. Some are required to meet minimal standards for licensure by the state or by the few counties that exert local licensing authority, some are only required to be "registered", some are exempt from regulation, and some operate underground. About 400 of the child care centers in Florida impose above-average quality standards, and have been accredited by the National Association for the Education of Young Children.

The market rate in Florida for full-day child care averages $80 per week for an infant and $71 per week for a toddler. For most middle- and upper-income Floridians, their challenge is finding a private-sector child care arrangement for their children that is safe, nurturing, reasonably priced, and open during the hours needed. For a two-parent family with a gross income of $50,000, the $4,000 spent annually for full-time child care represents just eight percent of earnings. For a family making $20,000, that percentage rises to 20 percent. And for a single parent working at a minimum wage job, paying the market rate for one child consumes 40 percent of gross income.

With government subsidies, higher quality care becomes affordable--at least for those who can obtain subsidies. A single mother in the subsidized program earning up to $19,000 annually pays $24 a week for her first child and $12 for the second--about one-fourth of the market rate.

Unfortunately, however, few low-income working families not on welfare are eligible for subsidized care. Priority goes to those transitioning from welfare and to children who have been abused or neglected. About 25,000 Florida children are on the waiting list for subsidized child care. The result is lower access for low-income families to readiness-enhancing care. In 1993,

the National Center for Education Statistics reported, 45 percent of children from low-income U.S. families attended some form of early childhood program, compared to 73 percent of more affluent children.

About 92,000 children from birth to age 13 are served in the subsidized program, at a cost of $332 million in the current fiscal year. Of that amount, the federal government pays about four-fifths, and the State of Florida the remaining $70 million from general revenue funds. As of June 30, 1997, the program served 5,335 children under age one, 9,628 age one to two, 9,758 age two to three, and 37,174 three- and four-year-olds--a total of 61,895 under age five.

Subsidized child care centers offer care 10 hours a day for 249 days annually, at an average government cost of $3,125 per child, excluding parent fees.

Given the waiting list, it is not surprising that informal, below-market-rate child care arrangements (care by a relative or neighbor, for example) proliferate. While many of these informal providers offer adequate or even excellent quality, many more do not.

According to a quality ranking of all Florida's infant and toddler child care programs in 1994, only 36 percent were rated good, 49 percent were considered of minimal quality, and 15 percent inadequate. Those rankings represent a significant improvement from 1992, when 25 percent of programs were rated good, 44 percent minimal, and 31 percent inadequate.

4. Other Programs

Prekindergarten Program for Children With Disabilities. Authorized by the federal Individuals with Disabilities Education Act (IDEA), it entitles all children with disabilities, ages three through five, to a free and appropriate public education. **Infants and Toddlers with Disabilities,** also authorized in IDEA, provides defined services to children birth to three with established handicapping conditions or developmental delays. Together the programs serve more than 40,000 children annually.

Even Start Family Literacy Program provides $3.8 million in federal funds to 17 grantees in Florida to promote child and adult literacy. Services include home visiting, child care, and adult education.

Florida First Start Program provides early family intervention to at-risk infants and toddlers and their families. For five years, $3 million in state funds has been appropriated annually, serving about 3,000 families each year in 24 school districts.

The Teenage Parent Program, designed to reduce dropouts, operates in all 67 school districts, serving 9,000 pregnant teens or school-aged parents. About $17 million annually is appropriated through the public school funding formula for child care for the 7,000 babies of those students.

The Migrant Prekindergarten Program provides early education services to 3,300 three- and four-year old children of migrant workers with about $6 million in state and federal funds.

Title I Prekindergarten provides education supplements to about 3,200 poor three- and four-year-olds, with about $7 million in federal funding.

What Florida Needs to Do to Improve Early Child Experiences

The Readiness Committee of the Governor's Commission on Education has adopted the following as its mission:

> *"To design and create a system that will make certain that all children in Florida are prepared by the age of five to succeed in school."*

In designing such a system, the Committee has said, several principles should be adhered to:

(1) Every program and activity for children before kindergarten is a "readiness" program: preventive medical care, child care, and formal preschool. "Artificially separating programs that provide child care from those that provide early education limits opportunity for learning," writes an early childhood expert for the Education Commission of the States. "This artificial distinction runs counter to what we know about early learning....The current system often forces families to choose between child care, which meets the needs of parents but may not be able to provide sufficient opportunities for early learning, and early education, which benefits children but often cannot meet the needs of employed parents. This is a Hobson's choice. Both child care and early education are needed and both can be provided simultaneously."

(2) The investment by Floridians in early childhood must be increased. Although government has a legitimate role, society's investment must begin with parents and other caregivers, and include additional involvement by the private sector and nonprofit organizations.

(3) Quality counts in early childhood programs and activities. Florida should not dilute quality in existing high-quality programs and should establish higher quality standards for other programs.

(4) Improved collaboration and coordination is an essential component in increasing Florida's effort in early childhood. Florida's early child initiative should build on the programs and providers in place today, should reduce duplication where possible, and integrate funding streams where desirable.

(5) Community-based efforts, supported by state government, hold the most promise for significant improvements in the state of readiness of Florida's children.

(6) Child care and education programs should be available to all children and parents, as desired, although focused on Florida's at-risk populations.

(7) Florida's programs must require accountability for performance. The goals by which programs should be measured should be keyed to improved outcomes for children. Ineffective programs should not receive public funding.

Recommendations

To make a reality of Florida's aspirations in school achievement, a sustained, multi-year commitment to readiness must be made. Without a clear sense of responsibility at the state and local levels, the hope of advancing a coherent early child care and education agenda is doomed. These recommendations establish the framework for a voluntary, community-based, collaborative, public-private partnership, building on what currently exists, subject to statewide standards. The structure and programs should be designed to support parents in their care and education of their children, recognizing that parents are responsible for the well-being of their children, and that they are their children's first and best teachers.

Inevitably, implementation of these recommendations or any other coherent reforms will be gradual. In fact, it may be advisable to phase-in county's participation by beginning with a limited number of demonstration projects, in counties where collaboration, high-level private-sector involvement and needs assessment are most advanced.

The state and local leadership for this initiative should set year-by-year goals to support the achievement of the vision for early childhood care and education.

I. Elevate medical care, child care and early education for children 0-5, and their families, to the top of Florida's agenda, statewide and in every county.

Without a coherent vision for Florida's youngest children, programs too often focus on narrow objectives and lose connection to an overall goal. Pieces of a coherent mosaic are in place, but policy and leadership inertia keep us from moving beyond the status quo. What is needed is a serious, high-level commitment to make a reality of the state's first education goal: "Communities and schools collaborate to prepare children and families for children's success in school."

Accordingly, the State of Florida and each county should adopt the following as a formal goal: having in place by 2000 the organizational structures, programs, services and funding to make available to every family and their children supports to ensure school readiness by age five.

Adoption of this goal requires a leadership and public engagement campaign at the state level, involving the governor, the Cabinet/State Board of Education, the legislature, the commissioner of education, and business and community leaders. The goal requires a real commitment, on the order of Florida's ambitious attempt in the early 1980s to reach the upper quartile in measures of educational quality. State policy should treat the care of preschool children with the same attention and seriousness devoted to school-aged children

Similarly, each county and city government, each school board and superintendent, and all other public entities that impact readiness should adopt the same goal, encouraged by the state leadership campaign and organizational changes recommended below.

The public engagement campaign should stress these messages: that improving early child conditions is important for all parents and all Floridians; that the brain research dictates a more comprehensive view of early health, care and education services; that parental responsibility remains paramount; and that improving early care is a good investment in Florida's future.

II. Reform state and local governance and organization structures.

When no one is responsible for creating and maintaining a coherent system, fragmentation and duplication are inevitable, as program administrators manage their individual categorical programs. What is needed are strong, state- and county-level coordinating bodies to set goals, to establish program accountability, and to ease conflicting administrative and regulatory burdens.

A. At the state level, the legislature should create a Florida Children's Policy Council at the highest level. This body should include the governor, legislative leaders, the commissioner of education, a representative of the Child Care Partnership Board, and private-sector, community and social service leaders. The Florida Children's Policy Council should receive the active personal involvement of those leaders.

B. The state should create a Children's Cabinet, subordinate to the Florida Children's Policy Council, comprising the heads of the Department of Children and Families, the Department of Health, the Agency for Health Care Administration, the governor's budget director and children's coordinator, and key legislative staff It should monitor progress toward the overarching goals established by the state Policy Council, assess gaps in current services statewide, recommend quality standards, approve community plans, assist in local implementation, provide technical assistance, recommend common eligibility requirements for similar programs, and help secure waivers and changes in law from the state and federal governments.

C. The State Coordinating Council for Early Childhood Services. established in 1989 in the Florida Prevention, Early Assistance, and Early Childhood Act, **should be reconstituted and its mission redefined**. The council is charged with ensuring coordination among agencies and programs serving preschool children, as well as recommending legislation. But it has no real authority. The SCCECS should include representation from all sectors of early health care, child care and education, and should serve as an advisory body to the Florida's Children's Policy Council and the Children's Cabinet.

D. Each county should be encouraged, with significant incentive funding and waiver authority, to create or designate local children's services councils or their equivalents, as currently authorized in Chapter 125 of the Florida Statutes. (Under that law, children's services councils or juvenile welfare boards exist in 25 of Florida's 67 counties. Nine

are independent and unfunded, 10 are county-funded entities, and six are independent boards with taxing authority. In 1994-95, the six with taxing authority generated $63 million and spent about 70 percent on direct services.)

The purpose of the councils should be to assume overall responsibility for improving the condition of children from birth through age five in their communities. They should be expected to mobilize communities behind the 0-5 initiative; to coordinate with the United Way and other charitable organizations, faith-based organizations, and foundations; and to seek private-sector sponsorship and assistance. They should be provided state incentives to provide additional local tax support, through either appropriations of existing local government revenues or initiation of levies through independent taxing district authority.

The existing statute should be changed, or new law created, to direct the councils or their equivalents to emphasize children from birth to 5, and to require a holistic approach to children's needs, including health, child care, and early education. The councils must represent a collaborative, inclusive, community-wide approach to early childhood conditions.

The membership of these county-level bodies (similar to Smart Start coalitions in North Carolina), should be broad-based, including parents, school districts, Head Start, Healthy Start, representatives of the 25 local child care resource and referral coordinating agencies, child care providers, social service providers, representatives of children with disabilities, and health care providers. Each should be governed, by statute, by a board of directors containing at least one-half private-sector membership.

The local councils should be required to develop a needs and resource assessment, funded by the state, and to submit comprehensive one-year and three-year plans for the provision of services that each council deems necessary to improve the readiness of children in their community. The councils should be supported by state incentive grants and empowered to recommend to the Children's Cabinet the dissolution of any existing coordinating bodies.

III. Ensure that every program or service for children before kindergarten is a readiness program.

The artificial distinction between "babysitting" and education must end. Over time, each program supported by public dollars or included in local children's services councils should be required to achieve standards for quality. All parents should expect that their children will receive appropriate safe, nurturing, developmental and educational care, regardless of program or provider. At the same time, competition and parental choice of a wide variety of programs and providers must be retained.

To break down the barriers between "child care" and "preschool", two major efforts must be undertaken:

A. Blend early childhood funding streams over which the state and local governments have control to maximize services from existing funding. Specifically, subsidized child care funds administered by the Department of Children and Families and prekindergarten program funding administered by the Department of Education should be pooled, either formally, through deposit into an early childhood trust fund, or informally, through local-level administrative mechanisms. It should be the responsibility of the state agency-level Children's Cabinet to develop the most appropriate structure for combining funding and determining methods for allocation. In addition, the Children's Cabinet should make recommendations regarding coordinated expenditures from other resources, including funds for children's medical services, the Teenage Parent Program through the Florida Education Finance Program, Title I, and other federal dollars, including Head Start.

B. Increase the quality of early childhood programs, particularly child care. The Prekindergarten Early Intervention Program generally is considered the current benchmark for quality in state-funded early childhood programs, based on low staff-to-student ratios and staff training and curriculum requirements. Some private child care centers reach an equivalent quality standard. The PreK program achieves its quality partly because of higher funding than available in most other child care settings. (See Appendix, "Major Early Care and Education Programs".) It is in these other child care situations, however, that the majority of children below age five receive care. The quality of those other settings is uneven at best, and sometimes unsafe and not nurturing at worst.

Indicators of quality include involvement of parents; training of staff; continuity of care and staff turnover; staff:child ratios; group size; and an appropriate curriculum. Without minimal application of these indicators, program effectiveness will be compromised, researchers say. In fact, some studies say, poor care, characterized by too many children per caregiver or high staff turnover, actually increase some children's risk of school failure.

Therefore, using the blended funding streams and other resources, in coordination with the local children's services councils, Florida should undertake a multi-year effort to increase the quality of the child-care sector. A variety of quality-improvement methods exist, many of them incorporated in a Florida Child Care Initiative of the Department of Children and Families, the Florida Children's Forum, and the State WAGES Board. (The initiative seeks to provide "appropriate numbers of well-trained and credentialed staff, well-defined, developmentally appropriate activities, a healthy learning environment and a strong, varied family support component".)

1. Review regulatory requirements and licensing and registration standards, with particular attention to reducing current ratios of one staff for every 15 three-year-olds and one staff for every 20 four-year-olds. (The National Association for the Education of Young Children recommends one staff member for every 10 three- or four-year-old.) More licensin g and registration of providers should be encouraged. Support services should be funded and provided through the resource and referral/child care coordinating agencies or other appropriate

agencies.

2. Improve professional development to improve the quality of caregiving, to provide opportunities for increased pay, and to reduce turnover. At a minimum, as the Department of Children and Families proposes, all informal providers receiving public funds should be required to complete a three-hour orientation within 90 days of receiving funding. Other staff training requirements should be improved, perhaps with incentive funding. Over time, a career ladder for child care staff should be implemented, so that all training should bear credit, lead to credentialing, and increase pay.

3. Encourage accreditation. The legislature should fund the Gold Seal program, paying higher subsidized child care rates to providers that meet higher standards necessary for accreditation by the National Association for the Education of Young Children or equivalent accrediting bodies. Other differential reimbursement rates should be established to encourage increased training and other quality improvements.

In addition, the initiative should aim to require public schools' prekindergarten programs to provide full-year, full-day services, equivalent to subsidized child care providers, in part through requiring payment of some fee, on an income-based sliding scale, by all parents.

4. Link program training and delivery at the local level. For example, expansions of Prekindergarten Early Intervention should include substantial subcontracting to existing private-sector preschools; school-based training for prekindergarten staff might be made open for staff of family day care homes and child care centers; etc.

IV. Use new federal funding and tobacco liability funds to pay for early childhood health enhancements to increase readiness for school.

The State Children's Health Insurance Program in the federal Balanced Budget Act of 1997 and funds from the tobacco liability settlement, both intended for children of all ages, will be the state's vehicles to fully fund the health needs of children 0-5.

The budget agreement will produce $279 million in new federal funds for the next three years, and slightly lesser amounts the following two years. Combined with about $124 million in federal matching funds, the state will have $400 million additional each year for uninsured children. The legislation requires a Florida state plan to be submitted to the federal government this year.

State options include expanding the Healthy Kids program, which provides health insurance for school-aged children, and expanding Medicaid eligibility for children.

As Florida policymakers determine the state plan, and as they work through expenditures of funds from the tobacco settlement, they should do so in recognition of the broad school

readiness needs of children from birth to age five. These new funds can help assure that no child suffers with an untreated medical condition that might hamper school achievement.

V. Make a multi-year commitment to fully fund comprehensive child care and quality early education, as developed in local coalitions, through a combination of federal, state, local and private resources.

As the local children's services councils assume responsibility for improving readiness for children birth to five, they will identify enhancements in services. They will be expected to maximize local resources, including charitable and private-sector funding. Inevitably, however, new state funding will be required.

Several state funding increases flow from the recommendations above:

(1) In its 1998 session, the legislature should fully fund child care subsidies for the approximately 25,000 children of the working poor.

(2) Additional funding will be necessary for child care improvement initiatives, including staff training, accreditation initiatives, and differential funding rates for accredited providers.

(3) As new governance structures are initiated, particularly the children's services councils, collaboration grants and incentive funding will be required.

The Florida Children's Policy Council, with the aid of the Children's Cabinet and the reconstituted State Coordinating Council for Early Childhood Services should prepare a multi-year plan, with funding requirements, designed to make a reality of the readiness for school goal.

VI. Enhance the role of public schools in the provision of coordinated early childhood services.

Florida's more than 2,700 schools provide convenient locations for many early child care and education services. In some locales in Florida, through the Full Service School program and other efforts, schools are the site of family support services other than traditional education programs for prekindergarten children. Although some argue against an expansion of schools' role for children below prekindergarten age, a strong rationale can be offered for more school-based health, parent education, and child care training. In many communities, schools are the most readily identified and accessible public locations.

Through the local children's services coalitions, the role of schools in the design of a coherent 0-5 readiness program should be enhanced. Schools should be encouraged to partner with child care providers in their attendance zones, to help provide additional training for child

care staff and to ease the transition of children from child-care settings to kindergarten. In addition, schools should enhance collaborations with public health and social service agencies.

Although Georgia has established a universal, voluntary, state-funded prekindergarten program for all three- and four-year-old children, this plan stops short of recommending a similar initiative in Florida in the near future. Much can be done to improve education for preschool children in current child care settings, short of the institution of universal preK. In addition, outcome data on school readiness for children in current preschool programs should be collected and evaluated before such a recommendation is made. (See Recommendation IX below.) However, if that data suggests that children in formal, education-based preschool are more ready for school than other children, then the state and local school districts should be called upon to move school-based programs down to younger and younger children.

VII. Maximize parental involvement.

Research indicates that parental involvement in the child care and education provided for their children outside the home improves school readiness. Yet it often is difficult to involve parents substantially, given other demands on their time, resources, and energy. Throughout the implementation of a comprehensive school readiness initiative, the state and local agencies must seek ways to increase parental involvement. Two-generation programs, designed to help parents as well as their children, offer lessons about how to maximize the role of parents. Local coalitions should borrow parental involvement methods from the Head Start program, the Even Start family literacy program, and First Start.

VIII. Increase private-sector involvement.

No comprehensive early childhood initiative will reach its potential without substantial private-sector involvement. Business and civic leaders can play several key roles in improving the quality of early childhood experiences in Florida.

(1) Business and civic leaders should join with policymakers in the leadership and public engagement campaign discussed in Recommendation I. As state and community leaders outside the usual government policy-making environment, they can issue a clarion call to Floridians and their elected officials about the necessity of investing in prevention and intervention for the state's youngest children.

(2) Private-sector leaders should examine the productivity gains that might be achieved through supporting high-quality child care for their employees. An increasing number of national and Florida businesses are subsidizing child-care expenses for their workers as part of their benefit packages. Some, such as Barnett Bank in Jacksonville and a group of small businesses in Tallahassee, have developed on-site centers for their employees' children. These efforts help businesses and their workers while simultaneously increasing the availability of high-quality care and education.

(3) Business and civic leaders must play formal roles in the early childhood care and education structure, at both the state and local levels. Private-sector leadership in the Child Care Executive Partnership Board and WAGES coalitions, for example, is essential to their success. As local children's councils are implemented pursuant to this plan, business, civic and community leaders at the highest level must be willing to serve and to accept responsibility, to ensure that local plans to improve conditions for young children are meaningful commitments of the entire community.

IX. Improve performance measures and evaluations of early childhood care and education programs.

As state government moves toward a performance-based program-budgeting system, in which funding is tied to achievement, it is essential that mechanisms are in place to measure performance of early childhood programs.

In the last few years, the state has mandated three mechanisms for this purpose. As presently designed and implemented, all are inadequate.

(1) In the first few years of the 1990s, third-party evaluations of the Prekindergarten Early Intervention program were funded. Those evaluations generally found substantial benefits for participants in the PreK program, compared to disadvantaged children who did not receive the PreK education intervention. Those evaluations are no longer funded.

Recommendation: Competitive outside evaluations of all state-funded children's readiness programs, including subsidized child care, should be resumed. The state also should consider funding longer-term university research on outcomes of state-funded early childhood programs.

(2) The Florida Commission on Education Reform and Accountability has adopted performance standards for school readiness. In an attempt to measure readiness by those standards, the Department of Education has designed a kindergarten assessment process, in which each child entering kindergarten is to be assessed on readiness. At the beginning of the 1996 school term, the assessments were conducted by each kindergarten teacher. DOE recently completed collation of the data, which reports that about 80 percent of kindergarten students entered ready to learn.

Several problems exist in the assessment process. One is obvious data errors. Secondly, several dozen different assessments were used in school districts, creating concerns about comparability of data. Thirdly, the assessment data does not indicate the child's previous involvement in an early childhood program, if any. Therefore, it is impossible to say whether children who previously were in the PreK program, or at a child care center, are any more or less ready when they reach kindergarten.

Recommendation: The Department of Education should complete its refinement of the kindergarten readiness system to gather more useful information regarding the background of all children assessed in kindergarten for performance budgeting purposes.

(3) The Department of Education also is charged, in coordination with the Department of Children and Families, with developing performance standards for all publicly funded early childhood care and education programs.

Recommendation: Those standards should be completed and circulated in draft form for comment as soon as possible.

Major Early Care and Education Programs

	Subsidized Child Care	Prekindergarten	Head Start
Total Funding	$332 million	$97 million	$129 million
Average Cost Per Child Per Year	$3,125	$3,200	$4,251
Hours of Service	10 hours per day, 249 days per year	6 hours per day, 180 days per year	6 hours per day, 180 days per year
Average Cost Per Child Per Hour	$1.44	$2.96	$4.20-$4.50
Children Served	92,000; 37,000 under 5	27,000	27,000
Maximum Family Income	150% of federal poverty level	130% of federal poverty level	100% of federal poverty level
Parent Fees Charged	Yes; sliding scale	No	No
Staff Requirements	Centers have 1 CDA or equivalent per 20 children Family day care homes complete 3-hour course. No requirements for informal providers.	DOE-certified teachers; others complete a 30-hour training	Teacher must have CDA or equivalent. Aide must have diploma and be enrolled in CDA program.
Staff: Child Ratios			
Birth-12 Months	1:4		
12-24 Months	1:6		
Two-year-olds	1:11		
Three-year-olds	1:15	1:10	1:10
Four-year-olds	1:20	1:10	1:10

(Source: Florida Children's Forum)

Sources

Key Facts About The Children, The 1996 Florida Kids Count Data Book, Florida Center for Children & Youth, and The Florida Mental Health Institute, University of South Florida.

"Changing Demographics: Past and Future Demands for Early Childhood Programs," Donald J. Hernandez, chief of the Marriage and Family Statistics Branch of the U.S. Bureau of the Census, in *The Future of Children*, Vol. 5, No. 3, Winter 1995.

"The Child Care Focus", Newsletter of the Florida Children's Forum, July 1997.

"Fertile Minds", *Time* Special Report, February 3, 1997.

State Education Leader, Education Commission of the States, Winter 1997.

"Long-Term Outcomes of Early Childhood Programs: Analysis and Recommendations", *The Future of Children*, Vol. 5, No. 3, Winter 1995.

"The Persistent Effects of Preschool Education", Dr. Irving Lazar, Cornell University, in *Early Childhood Toward The 21st Century*.

"Quality Early Care and Education", Florida Department of Children and Families, March 1997.

"Prelude to the New Florida, 1877-1919", Samuel Proctor, in *The New History of Florida*, 1996.

"Fortune and Misfortune: The Paradoxical Twenties", William W. Rogers, in *The New History of Florida*.

"Early Care and Education in Florida: A Status Report", Florida Children's Forum, March 1997.

"Early Childhood Reform in Seven Communities", *Studies of Education Reform*, Office of Educational Research and Improvement, U.S. Department of Education, October 1996.

"Giving Children a Strong Start: Effective Early Childhood Policy in the States", Louise Stoney, for the Education Commission of the States, January 1997

"Building Comprehensive Community-Based Support Systems for Children and Families", Thomas Woods, for The Finance Project, December 1996.

"Financing Child Care in the United States", Anne Mitchell, Louise Stoney, and Harriet Dichter, for The Ewing Marion Kauffman Foundation and The Pew Charitable Trusts, 1997.

"Maximizing Florida's Brain Power: A New Vision for Early Care and Education in Florida", the Child Care Executive Partnership Board, 1997.

The smartest money we could spend for Florida's future

"Of all the discoveries that have poured out of ne roscience s in recent years, the finding that the electrical activity of ain cells changes the physical structure of the brain is per- ps the most breathtaking. . . . The same processes that wire brain before birth, neuroscientists are finding, also drive explosion of learning that occurs immediately afterward. "During the first years of life, the brain undergoes a series extraordinary changes. Starting shortly after birth, a baby's ain, in a display of biological exuberance, produces trillions re connections between neurons than it can possibly use. en, through a process that resembles Darwinian competi- n, the brain eliminates connections, or synapses, that are dom or never used. The excess synapses in a child's brain dergo a Draconian pruning, starting around the age of 10 earlier, leaving behind a mind whose patterns of emotion d thought are, for better or worse, unique."

— From a Time magazine cover story earlier this year.

EAD THOSE two para- graphs one more time. They are important ve facts for Florida.

Fact one: We live in a te, the nation's fourth large- where almost a third of the iseholds with children are by single parents. Of those households ents frequently st scramble to ce it, and their chil- n, too often. Lau- dale, Miami and npa recently were ked by the Cen- pulation Growth inization as among worst cities in the ntry to raise chil- n.

DAVID LAWRENCE JR.
PUBLISHER

Fact two: About f of Florida's rth-graders cannot d and or do math as well as r peers nationally.

Fact three: In Florida, entiles are committing ost 70 percent more violent nes than they were only a ade ago.

Fact four: Florida's teen- rs ages 14-17 — the age ere much of the crime is elerating — will grow by an precedented 42 percent dur- the next 15 years.

Fact five: Society recoups to $7 in savings on medical lfare, school remediation, d correctional costs for every llar spent on prevention and ly intervention.

While Florida has invested in ograms to make an early dif- rence — Healthy Start, Healthy Kids, First Start, Early Start — our state does not yet have a comprehensive, truly coordinated approach.

Nor can Head Start, a federal program that is among the best legacies of the Johnson administration of the '60s, do enough. Even entering Head Start at age 4 is late for many children. Service on the Governor's Commission on Education has shown me that a first-rate, experienced teacher can point out 5-year-olds who probably won't make it. They haven't been reached in time.

The smartest money we could spend for Florida's future would be for high-quality early-childhood care, education, and comprehensive health services to *all* children who need them. Don't count on public dollars alone to do the job. There never will be enough. But a genuine public-private collaboration could make the future for *all* of Florida's children more possible.

It is shortsighted for us not to invest time and money on the front end of the lives of the one million Floridians between birth and age 5.

Dave Lawrence

You can write me at The Herald at 1 Herald Plaza, Miami, FL 33132 or by e-mail: dlawrence@herald.com

CANDACE BARBOT / Herald staff

From left, Julissa Nolasco, Eddie Berrones, and Dedrian Rance

These children are in good hands

MUCH IS already under way in South Florida to give children the boost that they need to become successful in school.

In Dade, for instance, there's a network of programs — under the auspices of United Way — called Success by 6 (that is, getting children fully ready to succeed by the time they reach first grade). Major funding has come from United Way, Health Foundation of South Florida, Royal Caribbean, and Publix. Other examples of Success by 6 programs in Florida are in Jacksonville, Lakeland, and Orlando.

El Jardin, with five locations in South Dade, is one example of such programs. Many of the children served come from poor families, who without help might have poor nutrition and inadequate health care. That frequently results in less ability to learn.

El Jardin's executive director is **Eddie Berrones**, the college-graduate son — the youngest of a dozen children — of migrant farmworkers. He's running for City Council in Homestead.

Watching the children the day I met them were:

■ **Dedrian Rance**, the newly named site supervisor in one of the three Homestead locations. (There are two more in Florida City.) She's a recent graduate of Lee University, with a degree in human development.

■ **Julissa Nolasco**, a Nova Southeastern graduate, just returned to Dade County Public Schools, where she is a special-education teacher at Campbell Drive Middle School.

All three are impressive, people-caring professionals.

Below and alongside are four good examples of the more than 400 low-income children at El Jardin who get enough attention to help them stay even with more-fortunate children. If they are successful, then the future of our whole state is much brighter.

Rachel Dernier

Rachel

Life thus far: 5 this December. Her mother, Rose, born in Haiti, just had a baby boy. She will return shortly to housekeeping at the Cheeca Lodge in Islamorada. The family lives in Homestead.

Status of program: Rachel is in the WAGES Participant program — child care for single mothers moving from welfare to work. No fees are paid. Participants can stay in this program for two years.

What kind of care: Since entering Le Jardin two years ago, Rachel has received a full physical exam, hearing-and-speech evaluation, and a neurological exam for tremors that she no longer has.

What the director says about her: "She's very bright and outgoing. She'll start off well in kindergarten a year from now."

Jose Guajardo

Jose

Life thus far: He'll be 2 in December. His mother, Marina Guajardo, a Mexican American born in Texas, is a senior in high school. The family lives in Leisure City.

Status of program: Jose comes to Le Jardin via the Teenage Parenting Program of Dade County Public Schools. (There is no fee for this program.) His mother is completing her high school education.

What kind of care: A full medical checkup and all his shots.

What the director says about him: "He's especially bright, very active, and is developing well."

Michael Charles

Michael

Life thus far: 5 next January. His mother, Micheline, originally from Haiti, is a housekeeper with the Best Western Motel in Key Largo. The family lives in Homestead.

Status of program: Michael is in the Working Poor program in which a small fee is paid, that amount determined by annual income and the size of the family.

What kind of care: Since entering Le Jardin more than two years ago, Michael has received dental and eye checkups, a hearing-and-speech evaluation, immunization shots, and, currently, counseling for hyperactive behavior.

What the director says about him: "He'll be good and ready for kindergarten next year."

Adoni Solorzano

Adoni

Life thus far: 2 years old. His mother, Maria Villegas, originally from El Salvador, does seasonal work with plants in a nursery.

Status of program: Adoni is in Le Jardin's regular child-development program for the offspring of migrant farmworkers. There is no fee for this program.

What kind of care: He has been in this program since before his first birthday. Adoni has received all his shots.

What the director says about him: "He's adjusted very well. He'll do well in preschool and beyond."

THE WHITE HOUSE

WASHINGTON

October 24, 1997

Dr. Deborah Lowe
The University of Wisconsin
Room 859 Educational Sciences Bldg..
1025 West Johnson Street
Madison, WI 53706-1796

Dear Professor Lowe:

Thank you very much for your letter and for the Merrill-Palmer Quarterly, which I have shared with others here who are working on child care.

Thanks and best wishes in your important work.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

University of Wisconsin-Madison

Department of Educational Psychology
Room 859 Educational Sciences Building
1025 West Johnson Street
Madison, Wisconsin 53706-1796
Telephone # 608-262-3432 Fax # 608-262-0843

October 15, 1997

Hillary Clinton
The White House
Washington, DC 20201

Dear Mrs. Clinton:

Enclosed you will find a copy of a recent special issue of the Merrill-Palmer Quarterly, which was devoted to child care research. In light of the upcoming White House Conference on Child Care, I thought that the articles in the special issue might be of interest to you. The papers reflect the diversity of child care needs facing families, including care for infants and school-aged children. Papers also consider factors influencing the quality of family daycare and center-based care, the effects of child care on children and families, and the impact of efforts to improve child care quality. I suspect that many of these same issues will be considered at the upcoming conference.

I look forward to the White House Conference. It undoubtedly will focus national attention on issues that are important for the healthy and successful development of children. I hope that this attention also can result in actions to improve child care options for families.

Sincerely,

Deborah Lowe Vandell

Deborah Lowe Vandell, Ph.D.
Professor

THE WHITE HOUSE
WASHINGTON

September 15, 1997

Ms. Holly Leachman
2145 24th Street, North
Arlington, VA 22207

Dear Holly:

On behalf of the First Lady and her staff, I would like to thank you and the Team for hosting such a warm, wonderful and uplifting luncheon. I hope you could sense our strong feelings of gratitude to all of you.

We thank you for your support and prayers.

Best wishes and God bless you.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

THE WHITE HOUSE
WASHINGTON

September 15, 1997

Ms. Carolyn Lamm
White & Case
601 Thirteenth Street, NW
Suite 600 South
Washington, DC 20005-3807

Dear Carolyn,

On behalf of the First Lady, thank you very much for your letter and invitation to the DC Bar's mid-year meeting on February 25, 1998.

I have forwarded your letter to Patti Solis Doyle, Director of Scheduling for the First Lady, and she advise as to whether or not it will be possible for Mrs. Clinton to join you.

Best wishes.

Sincerely,

Melanne Verveer
Chief of Staff to
the First Lady

WHITE & CASE

601 THIRTEENTH STREET, N.W.
SUITE 600 SOUTH
WASHINGTON, D.C. 20005-3807

TELEPHONE: (1 - 202) 626-3600
FACSIMILE: (1 - 202) 639-9355
DIRECT DIAL: (202) 626-3605

UNITED STATES
LOS ANGELES
MIAMI
NEW YORK
WASHINGTON, D.C

EUROPE
BRUSSELS
BUDAPEST
HELSINKI
ISTANBUL
LONDON
MOSCOW
PARIS
PRAGUE
STOCKHOLM
WARSAW

AFRICA
JOHANNESBURG

ASIA
ALMATY
ANKARA
BANGKOK
BOMBAY
HANOI
HONG KONG
JAKARTA
SINGAPORE
TASHKENT
TOKYO

MIDDLE EAST
JEDDAH
RIYADH

LATIN AMERICA
MEXICO CITY

August 29, 1997

H.E. Hillary Clinton
First Lady of the United States
The White House
1600 Pennsylvania Ave., NW
Washington, DC 20500

Dear Hillary:

As you know, I am serving as President of the DC Bar this year. Our mid-year meeting is a very well-attended event that will be held this year on Wednesday, February 25. We have a keynote lunch during that meeting which usually draws approximately six hundred lawyers.

It would be tremendous for our Bar, and I would be very honored indeed, if you could make time to deliver some remarks as the keynote speaker at the lunch (or whatever your schedule permits). My thought would be that you could speak about the importance of public service by lawyers in the District of Columbia and pro bono work here in our community. This speech could be very similar to the wonderful speech that you delivered at the ABA Young Lawyers Division dinner of August 1996. Of course, your good words would serve to inspire our members to work on a pro bono basis in the adoption project or to serve the poor in D.C.

If you possibly might be available or interested in doing this, I would very much appreciate it. Please let me know at your earliest convenience, if committed and could not make time to do this.

Many thanks for all that you do. My very best regards,

Very truly yours,

Carolyn B. Lamm

CBL:rml

cc: Melann Verveer, Chief of Staff,
Office of the First Lady

Melanne Verveer

Pls make a copy for Patti.
copy given to Patti.
draft of response enclosed

K. Mazzaferri
A. Marks

Latvia

Anna pls use this letter for response

Dr. I. Lietuviete
Dr. J. Vetra
Dr. A. Gandz
Dr. D. Gardovska
Riga City Maternity Hospital
Miera Str. 45
LV 1013 Riga
Latvia

Dear Drs. Lietuviete, Vetra, Gandz, and Gardovska:

Thank you for your letter supporting the Riga-St. Louis Hospital Partnership. I was very pleased to read of your sincere enthusiasm and support for the Partnership which is managed by the American International Health Alliance (AIHA) with support from the United States Agency for International Development (USAID).

Since last we met in Washington in 1995, you and your hospital partners worked hard to identify the critical areas for reforming health care in Latvian partnership hospitals. I have heard about the substantial accomplishments the Partnership has made in the two years. Of particular interest, the Partnership has created the first hospice in Latvia which now provides 200 patients with humane and appropriate care each year. It also helped improve maternal and child health care in Partnership facilities. In the area of pediatric infectious diseases, you introduced new clinical and management procedures to reduce salmonella cases among Latvian infants. Another accomplishment worth noting is the Nurse Resource Center, recently opened, which will enable nurses to continuously update their knowledge and practice. The Partnership's influence has extended beyond its own borders, as Latvian and Estonian nurses are working on common concerns through the community health initiative.

Both USAID and the AIHA share my interest in supporting the Riga-St. Louis partnership. I am pleased to hear that the partnership will continue beyond the projected September graduation. AIHA will be in touch with the partnership in planning continuing activities for the next year.

I wish you every success in your continuing efforts to improve health care for the people of Latvia through the Riga-St. Louis Partnership.

Sincerely,

Hillary Rodham Clinton
First Lady of the
United States of America

cc: Honorable Ojars Kalnins, Ambassador to U.S.
Mrs. Ulmane, First Lady of Latvia
Honorable Larry Napper, U.S. Ambassador to Latvia
Barbara Bogomolov, Barnes-Jewish Hospital
James P. Smith, AIHA

EMBASSY OF LATVIA
4325 SEVENTEENTH STREET, N W
WASHINGTON, D C 2001

August 15, 1997

Ms. Melanne Verveer
Chief of Staff to The First Lady
The White House
Washington, D.C.

Dear Melanne,

First of all, congratulations on your new position. It no doubt brings an even greater work load (not that you didn't already have one before) and even more demands on your time, attention and judgement.

Two years ago I asked for a meeting with NSC director Tony Lake, in order to present him with a gift of appreciation for his help in bringing down the Skrunda radar in Latvia. I was told that Tony really didn't have the time to spare, but that in this case, he would make an exception. As I was told then, "Usually people want to make appointments to complain or ask for something. It is rare when someone just wants to say thanks." I got the meeting.

I tell you this story not to ask for a meeting, but to call attention to the enclosed letter. As you'll see, it is addressed to Mrs. Clinton and is an expression of gratitude from the Latvian doctors involved in the US - Latvia hospital partnership. I hope that you can bring this letter to Mrs. Clinton's attention. I should add, that much of the thanks should go to you as well for being instrumental in making this all happen.

Apart from the appreciation being felt in Latvia, I am told that USAID is very pleased with the program as well. I have even heard that it is one of the most successful USAID programs in recent years. It may be modest by USAID standards, but it appears to be a smashing success. Whatever criticism may be launched in Washington from time to time against USAID, you only hear good things about their work in Latvia. We don't ask for a lot, and appreciate that which is given.

I understand that the program is coming to a close, which I suspect is one reason for the request in the letter for continuing support. As you may know, USAID is closing down in Latvia in the next two years, so there are no plans to extend the partnership. Nevertheless, if you felt it were worth looking into, it would definitely be appreciated.

I also wanted to convey Irma's best wishes and her hope that she could still meet with you briefly to talk about another project of a much broader nature. She is working with the people at the National Academy of Sciences on a project to promote U.S. health care knowhow and technology to a larger international audience. It's a program that's good for the U.S., but more importantly, could benefit a global audience. (Irma thinks big!)

Good luck and great success in the second term!

Sincerely,

Ojars Kalnins
Ambassador

Mrs. Hillary Clinton
The First Lady
United States of America

July 24, 1997

Dear Mrs. Hillary Clinton,

On the behalf of the Latvian partners of Riga- St. Louis partnership we would like to express our gratitude for Your personal initiative and support in the creating and developing of an efficient relationship between Washington University School of Medicine and BJC Health System, St. Louis from USA side and Children Hospital of Medical Academy of Latvia, Maternity Hospital, Hospital "Bikur Holim", Riga from Latvian side.

Riga- St. Louis partnership was established in 1995, when the Memorandum of Understanding was signed in the White House, Washington DC. The partners and guests of the ceremony were honored by Yours and Mrs. Ulmane's participation.

Since that time we have continuously felt Your personal interest in the development of the partnership. USA Ambassador in Latvia Mr. Larry Napper and Mrs. Napper had participated in partnership's seminars and conferences.

The main fields of interest of the partnership include:

- mother and child health care,
- pediatric infectious diseases,
- hospice;
- cardiology;
- social health

as well as other extremely important subjects.

During this period of time there were performed wide training programs for health professionals, having great impact on health care in Latvia and allowing to develop a new understanding of health care's Mission and Vision.

Within two years there have been developed a lot of new ideas and long- lasting basic programs, which are still in progress. Those basic programs have encouraged creation of new projects, especially during the last year - like a snowball rolling down the hill (in our case- up the hill).

Knowing Your personal interest in health care reforms, we request Your support in continuing the important and sufficient St. Louis - Riga partnership.

Sincerely Yours

Riga City Maternity Hospital
I. Lietuviete, MD
Director

Latvian Medical Academy
Children Hospital
Dr habil. med. J. Vetra
Rector

Jewish Hospital
"Bikur Holim"
Dr.habil.med. A. Gandz,
Director

Dr. habil. med.
D. Gardovska
Chief Clin. Ped. Inf. Diseases

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FAX

Hema - put in other fax

TO: Melanne Verveer

FAX: 456-6244

FROM: Barbara Turner
Deputy Assistant Administrator
Bureau for Europe and the New Independent States

PHONE: 202 647-6050
FAX: 202 647-9973

No. of Pages: 6 (including this page)

MESSAGE: Per our discussion, attached is a suggested response to the Latvian Partnership folks. If you want USAID to finalize the typing & formatting, let me know. Barbara

Dr. I. Lietuviete
Dr. J. Vetra
Dr. A. Gandz
Dr. D. Gardovska
Riga City Maternity Hospital
Miera Str. 45
LV 1013 Riga
Latvia

Dear Drs. Lietuviete, Vetra, Gandz, and Gardovska:

Thank you for your letter supporting the Riga-St. Louis Hospital Partnership. I was very pleased to read of your sincere enthusiasm and support for the Partnership which is managed by the American International Health Alliance (AIHA) with support from the United States Agency for International Development (USAID).

Since last we met in Washington in 1995, you and your hospital partners worked hard to identify the critical areas for reforming health care in Latvian partnership hospitals. I have heard about the substantial accomplishments the Partnership has made in the two years. Of particular interest, the Partnership has created the first hospice in Latvia which now provides 200 patients with humane and appropriate care each year. It also helped improve maternal and child health care in Partnership facilities. In the area of pediatric infectious diseases, you introduced new clinical and management procedures to reduce salmonella cases among Latvian infants. Another accomplishment worth noting is the Nurse Resource Center, recently opened, which will enable nurses to continuously update their knowledge and practice. The Partnership's influence has extended beyond its own borders, as Latvian and Estonian nurses are working on common concerns through the community health initiative.

Both USAID and the AIHA share my interest in supporting the Riga-St. Louis partnership. I am pleased to hear that the partnership will continue beyond the projected September graduation. AIHA will be in touch with the partnership in planning continuing activities for the next year.

I wish you every success in your continuing efforts to improve health care for the people of Latvia through the Riga-St. Louis Partnership.

Sincerely,

Hillary Rodham Clinton
First Lady of the
United States of America

cc: Honorable Ojars Kalnins, Ambassador to U.S.
Mrs. Ulmane, First Lady of Latvia
Honorable Larry Napper, U.S. Ambassador to Latvia
Barbara Bogomolov, Barnes-Jewish Hospital
James P. Smith, AIHA

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

FAX

TO: MELANNE VEVEA

FAX: 456-6244

FROM: Barbara Turner
Deputy Assistant Administrator
Bureau for Europe and the New
Independent States

PHONE: 202 647-6050
FAX: 202 647-9973
No. of Pages: 1 (including this page)

MESSAGE:

Dear Melanne:

Some good news on the Latvia Hospital Partnership. Don Lubin of AIHA just returned from Latvia today (good timing) and he worked out a funding arrangment with our USAID staff where they will extend the Latvia Partnership for one year -- until September 1998.

We will get you next week some suggested language for the First Lady to respond to their letter. Best regards,

Barbara

USAID WASHINGTON, D.C. 20523