DATE: 4-23-98

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 INDEPENDENCE AVE., SW
WASHINGTON, D.C. 20201

PHONE: (202) 690-6311 FAX: (202) 690-8425

OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION
HUMAN SERVICES LEGISLATION
ROOM 413 H HUMPHREY BUILDING

Jen Klein/Nicole Rabner/

TO : Neera Tanden

OFFICE :

ROOM NO :

PHONE NO :

FAX NO : 456-2878

FROM:

[ ] MARY M. BOURDETTE
[ ] BARBARA P. CLARK
[ ] GREG JONES
[ ] PATRICIA BRAVO
[X] AMY LOCKHART
[ ] LAUREN GRIFFIN
[ ] LULA BARNES

TOTAL PAGES (INCLUDING COVER): 4

REMARKS:

Senate Finance Committee
Subcommittee on Social Security and Family Policy Subcommittee
Child Care: Affordability, Accessability, and the Needs of the States
April 22, 1998
Senator Chafee, Chair

Attending: Hatch, Spector, Roberts, Moseley-Braun, Nickles, Snowe

Summary: Senator Dodd made a statement and there were three panels representing both working and stay-at-home parents, the business community, and the states. Overall it was a balanced approach that highlighted the great need for affordable, accessible, quality child care.

Opening Statements: Hatch recognized that more needs to be done for child care, particularly for low-income families. Roberts' noted that child care is a major factor in dependency on federal support as mothers leave welfare to go to work. Nickels made it clear that the President's proposal ignores stay-at-home parents and demanded a more equitable approach. Moseley-Braun pointed out that our policy requires parents receiving welfare to go to work, and advocated additional choices for parents working in or out of the home.

Panels: Senator Dodd highlighted the tremendous need for attention on this issue and urged a bipartisan effort on child care this year.

Parents: Paula Broglio is a single mother who highlighted how difficult it is to find quality child care that is also affordable. Jolene Ivey spoke for MOCHA Moms, a support group for African American stay-at-home mothers. She emphasized that staying home to care for children is a choice, one that requires sacrifices and acceptance of a scaled back lifestyle, and noted that the existing tax code does not respect that choice. Beverly Smith is a single working mom of three children, one of whom is autistic. She spoke of the difficulties of finding an arrangement for her child with special needs and how expensive these limited options are. Susan Dutcher is also a stay-at-home parent who pleaded with the Committee not to craft public policy that devalues her work and to revamp the tax code to provide more individual choice as to how that money is spent. Finally, Susan Muenchow, Executive Director of the Florida Children's Forum, spoke of that state's research and referral network and their successful public-private partnership to provide child care.

Chafee asked Muenchow what was happening to the 2/3 of Florida's children 5 - 12 years of age not enrolled in after-school care. She replied that most were being left alone, some in situations that compromised their safety.

Snowe commented that the panel's collective testimony represented the diversity of the problem, and asked each person to suggest one thing the Congress can do that would be particularly helpful for their situation. Dutcher - cut taxes across the board, reduce the tax burden; Smith - improve the availability of child care, particularly quality child care and especially for children with disabilities; Broglio - employers need to help with child care if they want to retain employees; Ivey-supports tax credit for stay-at-home parents as outlined in Chafee's bill.

Nickles noted that Broglio's child is in day care at a Catholic school and asked whether she thought the President's proposal should apply to religious organizations, emphasizing how troubled he was that the proposal excludes them. Prompting by Mary and Joan resulted in Chafee clarifying that the President's proposal does indeed cover religious organizations, but Nickles was fixated on after-school care. He then went on to question Muenchow as to how much it would cost the state of Florida to meet national accreditation standards and how such a requirement would raise the cost of care. She recommended an increase in mandatory funding for the CCDBG, which the states are already equipped to deal with, and assistance from the business community. A discussion about the tax credit as it currently exists and as proposed in Chafee's bill ensued, with participants demonstrating confusion on the actual numbers.

Businesses: Donna Mundy represented UNUM, a company of approximately 7,200 employees that has been offering on-site child care for 19 years. Although she noted that this arrangement improves employee productivity, the cost to the company is extensive (UNUM pays $100,000+ per year) and a tax credit would be a big help. Bob Hallenbeck represented ECS, a company of 400 employees that also provides on-site care. The company has noted a direct correlation between the operation of their child care center and their ability to recruit and retain employees. The parents appreciate the opportunity to visit their children during lunch, and even those without children like the center because it represents the value the company places on family. However, it cost the company $1.3 million to build the 10,000 square feet center and operation costs run $30,000 per month - their goal is to break even by the end of the year. Donna Klein of Marriott International detailed the on-site care provided at their headquarters in Bethesda, noting the inequity in providing care to headquarter employees and not the majority of their employees who are out in the field. Although their program has increased productivity and morale, they probably won't expand to meet the need due to the expense. She said corporate sponsorship of child care is a solution but not the biggest one, and advocated for an expansion of the CCDBG instead to increase the availability of care.

Chafee asked about transportation for after-school care and the panelists agreed this was a significant problem. Snowe asked if tax incentives would help and it was noted that anything that helps with the cost will be a help but that not all employers have big groups of employees in one area that a center would help, many are smaller or have employees spread out. Snowe asked what would motivate businesses and Mundy responded that business has a role but center-based care may not be the way to go, subsidies to pay for community-based care may be better. Snowe asked if they'd surveyed their employees to see what their problems are and Klein responded that you can't assume employees will bring their children to an on-site center. They've become accustomed to care in the home or neighborhood, and these kind of informal arrangements are what creates instability.

State representatives: Bernard Jackvony, Lieutenant Governor of RI, highlighted the state's Starting Right program and noted that RI is the only state in which child care is guaranteed to working families and it's the only state that provides health insurance to home-based child care providers in order to encourage employment in this sector. Christine Ferguson, Director of RI's Department of Human Services, suggested the Committee decide on an income level below which it is acceptable for both parents to work in order to stay of public assistance

and offered child care assistance accordingly, and above which both working and stay-at-home parents are treated equitably. She also noted that it's actually cheaper to provide cash assistance to some welfare families that to transition them into the workforce. Rochelle Chronister, Secretary of the Kansas Department of Social and Rehabilitation Services, spoke of her state's efforts on child care. Mark Nadel of the GAO summarized the findings of the report they did on child care in the states, requested by Dodd.

Chafee asked Nadel why states haven't drawn down all their TANF money and he replied that there were several reasons, that it takes time to gear up and develop new subsidy programs, that it will take time to educate and outreach to the populations who need these services, and that the draw down is expected to increase over time. He further explained that when he was talking about states being able to meet the need, he was referring to those transitioning off welfare. However, all the states are having problems meeting the needs of the working poor and that it's very important to distinguish between these populations. Despite the flexibility provided to states, they've focused their attention on the welfare population. Chafee requested further clarification: those coming off welfare get assistance but those never on welfare get the shaft? Nadel assured him this was correct, but Chronister was quick to point out this was not the case in Kansas.

Chafee's final question to the state reps was how they would spend the money if they were to get double the money in CCDBG. Chronister replied they would fund new child care and they would especially talk to their business community to develop some models proven successful, and they would seek to improve quality. Ferguson pointed to the Starting Right program and explained that RI has a bipartisan plan ready if the money came through. They would increase quality, increase Head Start sites, expand capacity, expand after-school programs, raise reimbursement rates, increase training for child care providers, etc.

National Journal

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MONDAY **TUESDAY** WEDNESDAY THURSDAY FRIDAY

JULY 28, 1998

Despite Political Appeal, Childcare Legislation Fades

EMPLOYMENT BEFORE MANAGED CARE and tobacco legislation dominated the agenda, President Clinton and members of both parties touted child care as one of the year's legislative priorities — and thought it would prove to be a potent political issue. But after seven months of no movement in either chamber, comprehensive childcare legislation is all but dead for the year, aides said Monday. Helping parents meet childcare needs was a leading theme in Clinton's State of the Union speech in January. Republicans also jumped on the childcare issue as a way to tout their "family values" agenda and soften the edges of welfare reform.

Senate Environment and Public Works Chairman Chafee and **Senate Judiciary Chairman Hatch** unveiled a childcare plan the morning after Clinton's speech. Shortly thereafter, **Senate Republican Policy Committee Chairman Larry Craig** of Idaho felt compelled to talk about child care as part of the GOP Saturday radio response to Clinton. Craig told reporters a Senate GOP leadership childcare plan would be unveiled in a matter of weeks. It never happened. **Sen. Dan Coats**, R-Ind., held a childcare symposium, and Senate budget leaders carved out $9 billion over five years in the budget resolution for a childcare initiative.

House Democrats unveiled their own plan this summer, backed by First Lady Hillary Rodham Clinton.

But the issue has yet to gain trac- *continued on page 8*

Child Care

Continued from page 1

tion among either policy makers or the public.

Unlike health care, childcare costs have remained relatively stable. States are taking the initiative to improve child care as they implement welfare reform.

And families lacking paid child care are finding other means to have relatives or friends take care of their children while they work.

Aides said child care never shows up in the polls as a primary issue about which the public is concerned or demands action. "People are not suffering," said one GOP aide, adding, "There is no crisis."

Another aide said, "They won't do something until they feel the urgency."

Clinton never followed up his State of the Union speech with a big push on child care, complained Republican advocates of childcare legislation.

"If the White House doesn't consider this a priority, then there's no reason to make an effort on this end," said one GOP aide whose boss supports an approach similar to Clinton's.

House Democrats at a news conference this summer claimed child care would be one of their primary policy and campaign initiatives.

But Democrats have done nothing since the news conference to push the issue. House Democrats and the first lady's office did not return phone calls seeking comment.

Republicans said a tax bill is the only real potential vehicle to revive childcare initiatives this year. Such an initiative would be a tax cut for young children, whether at home or in paid day care.

But Clinton and Republicans like Chafee and Hatch want grants in addition to a small tax break to reach low income people. And any tax break would likely be targeted to a larger purpose like the so-called marriage penalty, rather than child care, aides said.

— *BY MATTHEW MORRISSEY*

Jen, EK (whole page)

Parents, the Ultimate Experts, Critique the Clinton Proposal

Diverse Elements For Many Needs

By MARGARET O. KIRK

WHATEVER the merits of its specifics, President Clinton's proposals to spend $21.7 billion over five years to improve child care taps into one of the most vexing daily concerns of many parents at nearly every income level.

Keith and Sondra Conley of Morganton, N.C., put their first child, Arielle, into day care when she was 18 months old, as soon as a spot opened in a group at the nearby Presbyterian Learning Center. Today, Arielle, almost 5, still attends the center, at a cost of $290 a month. And the Conley's second daughter, due at the end of January, is already on the center's waiting list for a slot in August 1998, when Sondra plans to return to teaching fourth grade.

"It's very difficult to find day care for children from birth to age 2, because the care is so expensive," said Mr. Conley, 40, a coordinator of student services at Western Piedmont Community College. "You put them on the waiting list as soon as you find out your wife is pregnant."

Mitral L. Williams of Oakland, Calif., has her children on a waiting list, too. For two years, this 27-year-old single mother has been waiting to receive subsidized child care, as she worked part time and went to school to get off welfare.

Without subsidized care, she said, the child care she could afford was so inadequate for her children, now ages 1 and 5, that she recently quit school and lost her work assignment. "The stress with bad child care, getting calls to come get your children, worrying about them, leaving them with whomever I could find — I couldn't take it," she said. "My first responsibility is to keep my kids safe, and I was placing them in unsafe conditions because I couldn't afford anything better."

Amanda and Robin Mitchell-Boyask, who live in Philadelphia, have managed to avoid day care waiting lists, but staff turnover has been a big concern at the center their two children, 15 months and 3½, attend four days a week.

"Our center is very good, but people talk about staff motivation and turnover as something that needs addressing," said Ms. Mitchell-Boyask, 33, a fund-raiser for the Curtis Institute of Music, which is near the center. "There is a massive need for improved training and improved salaries or

Benjamin Poster for The New York Times

Arielle Conley's parents, Keith and Sondra, of Morganton, N.C., found affordable care.

The President's plan, announced earlier this month, touches on issues that are important to these families and those of the nearly 13 million children under age 6 who are estimated to be in child care nationwide. The plan includes initiatives to improve affordability, availability, quality and safety through such diverse elements as proposals for $5.7 billion in new or expanded tax credits for individuals and businesses, a $3.8 billion increase in Head Start financing and $800 million in additional financing for after-school programs.

One part of the proposal, a $7.5 billion increase for the Child Care and Development Block Grant program that is administered by the states, is intended to provide subsidized child care for people like Ms. Williams. According to Federal estimates, this new money could double the number of children receiving subsidized day care, to two million.

And the President's $3 billion Early Learning proposal to improve the education and the quality and safety of care for young children is modeled in part after the North Carolina program called Smart Start, which helped provide day care for the Conleys'

The President's plan also includes $250 million to create a Child Care Provider scholarship fund, which would provide money to child-care workers to continue their education and training in an effort to reduce staff turnover. According to child-care experts, this turnover averages 42 percent a year nationwide.

THE child-care package faces the objections of Republican leaders in Congress, some of whom say money should go back into the taxpayers' pockets instead of to Federal programs. They are expected to introduce their own plan after the State of the Union address on Jan. 27.

The proposal has already had at least one immediate impact, said Marcy Whitebook, co-director of the Washington-based Center for the Child Care Workforce. "For all the debates about what do we think of child care, the President's proposal acknowledges that it is definitely woven into the fabric of our society," she said.

"The question I have about the proposal is, Do we have the balance right?" she added. "Although there is money for scholarships, there is nothing to reward the people

According to Childspace Cooperative Development Inc., a nonprofit group in Philadelphia that works to improve child-care salaries and conditions, the average hourly wage of child-care teaching assistants is $5.70; teachers make $7.22. Fewer than a third of all centers offer health care benefits to their teaching staff.

The proposed $250 million scholarship fund is patterned after a program that does address the wage-and-turnover issue — another North Carolina program, called T.E.A.C.H. Early Childhood Project, started by the state's Day Care Services Association in 1990.

The T.E.A.C.H. program rewards day care workers who study for an associate degree, said Susan Russell, executive director of the association. After completing course work, the teacher is guaranteed a salary increase through either a raise or bonus. In return, the teacher promises to remain in the sponsoring child-care program or the field for three months to a year, at a minimum.

T.E.A.C.H. participants have a yearly turnover of just 10 percent, Ms. Russell said.

Jackie Parrish, 28, a day care teacher in program with "keeping me in child care and keeping me in school."

"They gave me money and I agreed to stay," he said. "I'm happy, and I really love my job taking care of kids. And I get a raise."

Mr. Mitchell-Boyask, 36, is impressed with the efforts of the President's proposal to improve the quality of day care services through training, accreditation or licensing, and says he hopes all this will help to decrease staff turnover.

Ms. Williams also thinks the proposals have merit. "Anyone coming off of welfare needs subsidized child care," she said. "The President's plan seems to say that."

She is still on the waiting list for subsidized day care, but was able to get her younger son enrolled in a new Early Head Start program that just opened, an initiative the Clinton plan intends to expand. It is only a half-day program, however, and it doesn't solve her need for extended day care and for after-school care for her 5-year-old. But Ms. Williams said she felt fortunate. Her younger son will "be safe and happy," she said.

"And for me to have time to go look for a job, I'll be happy. I'll be able to take it from

Minding the Children

President Clinton's child care proposal would spend $21.7 billion in the form of subsidies and tax credits over five years. It blends several initiatives, expanding some existing programs and adding new ones.

Child Care and Development Block Grant *Increase of $7.5 billion*
To double, to two million, the number of children from low-income families in subsidized child care programs by 2003.

Child and Dependent Care Tax Credits *Increase of $5.2 billion*
To extend credits on a sliding scale to three million families earning as much as $60,000 a year. On average, would result in tax cut of $358 for qualifying families.

Head Start/Early Head Start Programs *Increase of $3.8 billion*
To expand child development programs' reach to one million children by 2002.

Early Learning Challenge Grants *$3 billion*
To create a fund to support and improve early learning and the quality and safety of care for children up to age 5.

After-School Programs *Increase of $800 million*
To provide after-school care for up to 500,000 children.

Corporate Child Care Tax Credits *$500 million*
To encourage companies to offer child care services for employees, either on site or by contracting with off-site providers.

Child Care Provider Scholarship Fund *$250 million*
To support 50,000 scholarships a year for child care workers to improve their skills.

Health, Safety and Research Initiatives *$650 million*
To help improve states' licensing systems and enforcement of health and safety standards, including background checks for child care workers.

A Tantalizing Field, but Not for Unschooled Investors

By SANA SIWOLOP

ADD President Clinton's new initiative to the list of factors that make child care so tantalizing a field for investors.

Mr. Clinton's plan, a Lego-like assortment of measures, ranging from tax credits for families and employers to scholarships for child-care providers, has yet to be fully drawn or to pass muster with Congress. But its $21.7 billion price tag over the next five years — organized child care now generates just $30 billion annually — has quickly gained the industry's attention and perked up many child-care companies' stocks.

The industry looks good on the demand side, too. Study after study has shown that — other than maybe 12 hours of uninterrupted sleep — affordable, high-quality child care is one of the highest priorities for parents of young children.

Moreover, only 14 percent of children are in care arrangements that promote healthy development, according to a recent Yale study that confirms earlier findings. Such studies mean there are ample opportunities for companies to snare parents who want to replace nannies and family day-care providers with organized, high-quality care.

And there is plenty of room for child-care companies to grow. The business is dominated by small, often poorly financed nonprofit providers, with the 50 largest forprofit companies accounting for less than 10 percent of industry capacity.

But while the field has great potential, it is not for the unschooled investor. Its public companies — the field's three biggest ventures are private — are small, with revenues of less than $100 million each. That makes their stocks risky and relatively illiquid, and analyst coverage sparse.

The industry has slim margins and sometimes hefty costs, too, and those traits can spell trouble in this acquisition-minded field. Indeed, Kindercare Learning Centers, the industry leader, went bankrupt in 1992. It was recently bought by an affiliate of Kohlberg Kravis Roberts and taken private.

Child care is also highly regulated; opening a center can easily involve a half-dozen public agencies. Some companies even try to minimize the risk of new regulations by intentionally doing their growing only in states that already have strict oversight.

Besides understanding the sector's risks — including the chance that Mr. Clinton's plan will fizzle — investors must also realize that it is many fields in one. There are the traditional companies, which primarily provide care at their own stand-alone facilities. There are the work-based companies, which aim for the employer market. And at least one other venture, through a network of preschools, elementary schools and middle schools, tries to hold onto its charges from toddlerhood to the teen-age years.

Each strategy poses different risks and prospects for the investor.

Consider Children's Discovery Centers of America and Childtime Learning Centers, the two major public companies that take the traditional approach.

Both these companies get high marks for their educational programs. About 10 percent of Childtime's centers are accredited by the National Association for the Education of Young Children, an industry group, with 30 percent more in the process. That compares with less than 10 percent for centers nationwide. And Children's Discovery tries to distinguish itself by promoting the flexible curriculum developed by Jean Piaget, the late Swiss psychologist.

Childtime's stock has done well recently, rising about 40 percent since early September, to $14.75 at Friday's close. Harvey Eisen, a portfolio manager at the Travelers Group who has a stake in the stock, particularly likes the company's management.

But the stock of the company, which has about 230 centers in 16 states and the District of Columbia, had been sluggish until inklings of Mr. Clinton's plan surfaced in October. Leslie A. Nelkin, an analyst at Furman Selz, suspects that the sluggishness may have stemmed from the lack of any big revenue gains for the company.

Children's Discovery went on an acquisition binge in the early 1990's, it swallowed 85 new child-care centers in 1994 and 1995, for example. The company could not quickly absorb such growth, however, and the problem was worsened by increased competition for smaller acquisitions. A result was that in 1996, Children's Discovery's earnings slid 68 percent.

Frank C. Dougherty for The New York Times

Children's Discovery tries to distinguish itself from other child care companies by having a flexible curriculum. This Oakland, N.J., center is open from 7 A.M. to 7 P.M.

Lately, Children's Discovery has beefed up its margins, in part by growing in a more controlled manner. And its stock, which closed Friday at $9.50, may be a good buy; it trades at only about half of its 1995 peak.

But whatever the pros and cons of the individual companies, revenues in the traditional segment of child care are growing only by 10 to 15 percent a year. Investors seeking faster growth may want to turn to employer-sponsored child care, for which revenues are growing 25 percent yearly.

Because they can usually use an employer's location, companies in this $2 billion-a-year sector also tend to chew up less capital than traditional ventures consume. Edgar Larsen, a portfolio manager at AIM Capital Management in Houston, likes the employer-based sector for another reason: the companies often get multiyear contracts, making the flow of revenue more certain.

Mr. Clinton's proposal, with its tax breaks for employers who sponsor child care, further enhances the sector's appeal.

"While the Clinton initiative may not be a catalyst for large companies, it really will create the incentive for small and medium sized companies to do this," said Michael T. Moe, an analyst at Nationsbanc Montgomery Securities.

Investors have flocked to this sector and the stocks of its two primary public companies have soared. Corporate Family Solutions, which went public in August at $10 a share, was trading at $23.75 at Friday's close. Shares of Bright Horizons Children's Centers, which went public in November, have gone to $19.50 from $14.50.

While Bright Horizons has large clients like I.B.M. and Warner Brothers, Mr. Moe prefers Corporate Family Solutions. That company also has contracts with large outfits, like Citibank and Toyota, and it is skilled as well at using its child-care business as a basis to provide family support, elder care and other services to companies.

But Mr. Larsen, whose firm has stakes in both companies, cautions that the stocks are now very pricey. Corporate Family Solutions trades at 52 times its estimated 1998 earnings per share, while the multiple of Bright Horizons is 45.

How can investors play this sector at a reasonable price? Mr. Larsen's strategy is to buy the stocks on weakness; the sector's volatility means that this opportunity often arises. Corporate Family Solutions, for instance, went from $18 in early September to $15 in mid-November to nearly $24 now.

"If the multiple was 30 to 35 times 1998 earnings, I would be interested," he said.

MR. NELKIN of Furman Selz offers another tactic for investing in the employer-based sector: Go with either Children's Discovery Centers or Childtime Learning Centers. Despite their mostly traditional approach, these companies also furnish some employer-based care, Mr. Nelkin said. About 27 percent of Children's Discovery centers are employer-based. Yet the companies' 1998 multiples — 22 for Children's Discovery and 16 for Childtime — are far lower than those of Corporate Family and Bright Horizons.

Nobel Education Dynamics takes a different tack than other child-care companies. It tries to get its preschools to feed students into its network of elementary and middle schools. Nobel does not publish its pass-along rate, but Mr. Nelkin thinks that between one-quarter and one-third of Nobel's preschoolers stay in its 129-school system.

Nobel's tactics may ultimately work, but like many child-care companies it has had its missteps. Its earnings slid recently, for instance, sending its price-to-earnings ratio to a lofty 58. One reason for the slide, Mr. Nelkin said, appears to be the company's overestimation of demand when it bought nine schools in Indianapolis in 1995.

Like their charges, child-care companies often have such growing pains. Enduring them is the price investors must pay in order to be there when — and if — the industry matures.

The "Ups and Downs" chart that normally appears on this page is on page 7 today.

Child's Plays

Child-care companies pursue a range of strategies. Here are three examples.

Company/symbol Strategy	Annual revenues	Analysts' appraisals	Est. 1998 P/E ratio	Friday's close
Childtime Learning Centers CTIM *Mostly stand-alone centers*	$78.6 million	The company is one of this new industry's largest, but the stand-alone segment is growing just 10%-15% a year.	16	$14.75
Corporate Family Solutions CFAM *Employer-based care*	$62.9 million	Work-based centers are increasing revenues by 25% annually, but this company's stock is pricey.	52	$23.75
Nobel Education Dynamics NEDI *Child care and schooling*	$58.9 million	Revenues are rising at Nobel, which has expanded into elementary and middle schools, but demand overestimation has hurt profits.	58	$ 7.50

Sources: Bloomberg Financial Markets; analysts' reports

CCMC
Communications Consortium
MEDIA CENTER

MEMORANDUM

TO: Jennifer Klein
Senior Policy Analyst

FROM: Karen A. Cowles
Communications Consortium Media Center

DATE: July 11, 1997

RE: Women's Caucus Hearing

Per your request, attached are highlights from the July 10 Women's Caucus hearing on "0-3 Child Development and Implications for Child Care." I also have attached handouts from the hearing that include the written testimony from several of the panelists. In particular, I thought Mr. Kevin Doyle, who provided personal testimony as a parent, was very moving and may be a great spokesman for child care at the White House conference this fall.

I enjoyed meeting you at our Media Strategies Group this week and look forward to working with you in the future. Please feel free to contact me if you have any questions or need anything further at 202/326-8709.

1200 New York Avenue, NW, Suite 300 Washington, D.C. 20005-1754
Phone: 202/326-8700 Fax: 202/682-2154

Congressional Caucus for Women's Issues
0-3 Child Care Hearing
July 10, 1997

Members of Congress Attending: Chairs: Nancy Johnson (R-CT) and Eleanor Holmes Norton (D-D.C.), Lynn Woolsey (D-CA), Elizabeth Furse (D-OR), Connie Morella (R-MD), Donna Christian-Green (D-Virgin Is.), Rosa DeLauro (D-CT), Anna Eshoo (D-CA), Ellen Tauscher (D-CA), Maxine Waters (D-CA), Debbie Stabenow (D-MI), Deborah Pryce (R-OH), Carolyn Maloney (D-NY), Tom Allen (ME), Sheila Jackson-Lee (D-TX).

HIGHLIGHTS:

Rep. Nancy Johnson and Del. Eleanor Holmes Norton began the meeting by stating that affordable, quality child care is needed more than ever. The Congressional Women's Caucus must examine early childhood and education and its implications for the well-being of our children.

Rep. Lynn Woolsey mentioned she is working on the Working Families Child Care Act.

Rep. Rosa Delauro stated that it is the obligation of Congress to take the brain research that will be presented today and turn it into public policy. We need to take the data and move on it.

Rep. Connie Morella remarked she has raised nine children and is the grandmother of fifteen grandchildren. Science has now confirmed what years of raising children have taught her. However, the government cannot raise children, but does have a role to play in maintaining high quality and safety standards in child care, particularly due to the increasing amount of parents with young children who work outside the home.

Rep. Carol Maloney pointed out the First Lady and the White House recently held a conference on Zero to Three and brain development of the young child and stated we need to build on this conference and continue to get the word out to parents of young children.

Rep. Tom Allen called for a national initiative on child care. "We must leave no child behind" and quality, affordable child care is key towards taking care of our nation's kids.

The first panel of speakers included Dr. Peter S. Jensen of the National Institutes of Mental Health and Dr. Edward Zigler of Yale University. Their written testimonies are attached.

Dr. Jensen began by stating he is the parent of five children and has learned the most from raising his own children. He stated that there has never been more exciting research from NIH until now on the brain and the first three years of life.

Dr. Zigler stated he has studied children's health and development for over 40 years. Economic pressures over the last 25 years have forced women who used to stay home to enter the workforce. Most mothers want to stay home with their young children, but can't. Social policy in the U.S. does not address this point and allowing parents the opportunity to stay home with their young child. He recommended that the Family and Medical Leave Act of 1993 be expanded from twelve weeks to six months (three months paid) to include provisions for the care of young infants. He argued the U.S. is the only industrialized country that does not provide an income to parents of newborns for leave to care for that newborn. He also stated we must increase wages and improve training of child care workers, expand parent education programs, and set reasonable national standards for child care settings.

Testimony was provided by Helen Taylor, Associative Commissioner, Head Start, during Panel I. Her testimony is attached.

The chairpersons opened up the discussion after the first panel of testimony for questions and answers. Below are a few questions and several responses:

Rep. Nancy Johnson asked the panelists about the effect of relative care--we have studied child care in formal settings, has it been studied for relative care? What is happening to our kids in so-called, "normal household" environments?

Dr. Zigler pointed out that Ellen Galinsky of the Families & Work Institute has done a study on relative care and found that about only one percent of this care was "high quality." Dr. Zigler implored the Congressional representatives to enact legislation for parent education.

Rep. Tauscher asked how do we create national standards now that we have the evidence this is needed more than ever?

Dr. Zigler stated Congress needs to set standards on what parents and children need and then let the states and children's advocates enforce the standards.

Rep. Sheila Jackson-Lee asked how does the federal government leverage themselves the most in regard to child care in moving into the 21st Century?

Dr. Zigler stated we need to make schools more family-friendly. We need to do more home visitation and network parents and educators. Even though Head Start has been around for 32 years, we only serve 40% of the eligible children. We need to add before and after school care and serve children between the ages of 3 and 12. We also must realize the realistic numbers of women that are in the workforce that need quality, affordable child care.

Dr. Jensen further suggested that we must work with the local groups such as churches, businesses, schools, and communities to educate parents. Congress should issue a national mandate to make this happen.

Delegate Norton raised a concern that many parents across the country may take this information and think that a child's development stops at age four. She asked what happens after three and how important are the school years?

Dr. Zigler stated human development is a lifelong process. Children need environmental nutrients throughout their lives. We must be careful not to communicate to parents that a child's development stops at age three. However, the first three years have the most brain activity; the brain activity slows down in later years.

Rep. Lynn Woolsey asked if we do any training of child care providers?

Dr. Zigler responded with a question stating "What is the motivation for a women to get training who is paid so low?"

Rep. Anna Eshoo stated we must think of some BOLD ways to advance all this information and turn it into policy. So many of our nation's children are being left out. Every member of Congress should have been fighting to be here, but they are not. She suggested to the panelists to do an open letter to the White House and Congress imploring them to take action.

Rep. Lynn Woolsey stated she will fight for paid infant care leave until it happens. She stated she was once a single parent on welfare with three children and all of her children bounced from one child care setting to the next. It is imperative for a child to have stability and consistency in child care. She referred to a program in her district in California called, "Parents as First Teachers."

The second panel of speakers that included Helen Blank of the Children's Defense Fund, Stephanie D. Fanjul of the North Carolina Division of Child Development, Ted Childs of IBM, and Kevin Doyle, a parent.

Helen Blank (testimony attached) talked about welfare reform and how Congress dropped the guarantee for child care for women who must now go to work. She pointed out that Illinois has invested $100 million to cover child care for all

families making $25,000 or less. She further pointed out that we do not pay our child care providers enough. States get child care money, but they determine what segment of child care it goes to. Affordability of child care is an enormous gap.

Stephanie Fanjul spoke of North Carolina's SmartStart initiative and its commitment from their Governor for funds for education and children. All states need to invest the time and resources into the education and care of its young children.

Ted Childs of IBM spoke of how IBM has been a leader in the business community in providing its employees with quality and affordable child care. He stressed IBM does not provide subsidized child care.

Delegate Eleanor Holmes Norton closed the meeting by stating how utterly frustrated and disappointed she is with the child care system in America today, but that she is "fueled by her frustration" to do something about it. She suggested we use the existing structure of the public schools to provide child care. Right now, all child care programs are outside the school system. The public school systems need to be one of the actors. We must stop talking about any barriers to finding child care and break through them.

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

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

Panel I

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

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

Panel II

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

Helen Taylor
Associate Commissioner, Head Start

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

Ted Childs
Vice President of Workforce Diversity, IBM

Panel III

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

Great speaker ★

Kevin Doyle
Parent

Pam Humphry
Director, Marriott Child Care Center

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

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

SUMMARY OF PANELS

Panel I: Current evidence of early brain development.

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

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

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

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

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

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

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

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

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

Panel III: Issues of quality and accessibility.

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

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

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

FOR RELEASE UPON DELIVERY

STATEMENT OF

PETER S. JENSEN, M.D.

NATIONAL INSTITUTE OF MENTAL HEALTH

NATIONAL INSTITUTES OF HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES

BEFORE THE

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

UNITED STATES CONGRESS

JULY 10, 1997

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

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

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

New Models for Understanding Human Development and Behavior.

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

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

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

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

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

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

Relevance for Researchers, Policy Makers, and the Public

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

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

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

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

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

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

Congress of the United States

U.S. House of Representatives

Congressional Caucus for Women's Issues Hearing

July 10, 1997

Testimony of Edward Zigler, Yale University

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

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

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

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

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

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

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

DEPARTMENT OF HEALTH & HUMAN SERVICES

ADMINISTRATION FOR CHILDREN AND FAMILIES
370 L'Enfant Promenade, S.W.
Washington, D.C. 20447

STATEMENT

HELEN TAYLOR

ASSOCIATE COMMISSIONER

HEAD START BUREAU

ADMINISTRATION FOR CHILDREN AND FAMILIES

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

before the

CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES

UNITED STATES CONGRESS

JULY 10, 1997

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

Early Head Start is designed to foster three primary goals:

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

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

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

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

Earlier this year at the White House Conference on Early Childhood Development and Learning, the President announced his support for increasing the enrollment in the Early Head Start Program. $25 million will be available this year to increase Early Head Start services. When combined with funds requested in the President's budget for next year, we expect to increase Early Head Start enrollment to 35,000 children and families in 1998, an increase of roughly 50% over 1996.

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

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

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

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

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

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

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

Children's Defense Fund

Testimony of the Children's Defense Fund

before the

Congressional Caucus on Women's Issues

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

Presented by:

Helen Blank
Director, Child Care and Development
CHILDREN'S DEFENSE FUND

July 10, 1997

25 E Street, NW
Washington, DC 20001
Telephone 202 628 8787
Fax 202 662 3510

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

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

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

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

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

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

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

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

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

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

Child care support expands in the 1980s.

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

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

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

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

State investments and policies vary widely.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Parents shared their experiences:

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

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

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

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

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

Parents in other communities face similar untenable choices:

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

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

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

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

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

Testimony on the
NICHD Study of Early Child Care

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

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

Thursday, July 10, 1997

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

NICHD Early Child Care Research Network

Mark Appelbaum, University of California at San Diego
Jay Belsky, Pennsylvania State University
Cathryn Booth, University of Washington at Seattle
Celia Brownell, University of Pittsburgh
Bettye Caldwell, Arkansas Children's Hospital
Alison Clarke-Stewart, University of California at Irvine
Kaye Fendt, NICHD
Kathryn Hirsh-Pasek, Temple University
Elizabeth Jaeger, Temple University
Nancy Marshall, Wellesley College
Marion O'Brien, University of Kansas
Deborah Phillips, National Academy of Sciences
Henry N. Ricciuti, NICHD
Deborah Lowe Vandell, Univ. of Wisconsin at Madison
Marsha Weinraub, Temple University

Dee Ann Batten, Vanderbilt University
Kimberly Boller, NICHD
Robert Bradley, University of Arkansas at Little Rock
Margaret Burchinal, Frank Porter Graham Child Develop. Ctr.
Susan Campbell, University of Pittsburgh
Martha Cox, University of North Carolina at Chapel Hill
Sarah L. Friedman, NICHD
Aletha Huston, University of Texas at Austin
Bonnie Knoke, Research Triangle Institute
Kathleen McCartney, University of New Hampshire
Margaret Tresch Owen, University of Texas at Dallas
Robert Pianta, University of Virginia at Charlottesville
Susan Spleker, University Washington at Seattle
Kathleen Wallner-Allen, Research Triangle Institute

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

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

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

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

Overall Aim

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

following the children from soon after birth until first grade

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

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

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

Demographic Characteristics of the Sample

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

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

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

Data Collection Schedule

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Reports in preparation from the NICHD Study of Early Child Care

Infant child care and mother-child interaction.

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

The effects of child care on health and growth.

The effects of child care on peer relations.

Predictors of positive caregiving.

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

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

Fathers and child care.

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

Do developmental processes operate differently across child care niches?

Effects of regulable aspects of child care on child outcomes.

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

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

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

action for better care is one of the most important challenges in working for a flexible network of quality child care services.

The need for coordination in the delivery of services arises in every discussion of day care needs. We see the goals as coordination and consolidation at upper levels, with coordination, diversity, and flexibility at local levels.

Although the Federal government is making efforts at coordinated planning through such actions as the Community Coordinated Child Care Program (4-C), designed by the Federal Panel on Early Childhood, it is currently operating over 60 different funding programs for child care or child development. Among these, there are at least seven separate programs with funds for operating expenses, nine personnel training programs, seven research programs, four food programs, and three loan programs. Only a few of these, however, are aimed directly at child development; most were set up for other purposes and day care or child development is only ancillary. Funding, moreover, is grossly inadequate, and state and local support is, with rare exceptions, minimal or non-existent.

As a result of such overlap, child care centers funded by different sources could compete for the same children. In other cases, proposed and needed centers cannot get funded. Lack of coordination may mean frequent placement changes for children. And, ironically, the complexity of sources can result in sorely needed funds remaining unknown and unused.

One solution to this set of problems would be to establish a Federal mechanism for consolidation, and local structures for coordination and diversity.

At the Federal level, consolidation of administrative responsibility for children's programs is urgently needed. The present administration has taken a significant step in establishing the Office of Child Development (OCD) and assigning to it responsibility for day care services. However, the responsibilities have not yet been designated for all programs concerned with early childhood development. Thus, Head Start and other programs could remain within OCD, while day care services delivered as part of the Family Assistance Plan could operate quite separately. This arrangement would violate both the ethical and scientific arguments against segregating children on the basis of financial need. Furthermore, health, educational, psychological, and social services are all part of the many-faceted approach which early childhood programs should include. Developmental day care services should be consolidated in one arm of the Federal Government, charged with general responsibility for all aspects of child development. Child development programs should focus on the child, not on his parents' status or on a bureaucratic division.

At the state and local level, maximum flexibility is needed and is compatible with a democratic form of government. To provide for diversity of programming and sponsorships which can best meet the needs of each community, parent, and child, a mechanism should be established to coordinate the several branches of government involved in the provision of day care services; non-public agencies, involved either directly or indirectly; and a substantial number of parents. Such a coordinative arrangement would serve to share knowledge of funding sources, to process information on the establishment and operation of programs, and to centralize such resources as training and purchasing. A community-wide planning process would determine the priorities of need and funding which would ensure both the continuity of services and the generation of new programs.

The need for supplementary child care services is so great that only by cooperation of all parties can it be met. Estimates of the cost for the immediate unmet needs are on the order of two to four billion dollars a year. Only the Federal Government can mobilize such funds on a coordinated basis; but other sources, public and private, will also be vitally needed for the foreseeable future. Industry, business, and the university can be especially helpful by contributing expertise in organization, accounting, training, and other areas to local and state planning groups. They may also play a special role by supplying starting funds and some operating expenses to community child care services in return for a guaranteed number of places for the children of their employees.

We recommend that a diverse national network of comprehensive developmental child care services be established to accommodate approximately 5.6 million children by 1980 through consolidated Federal efforts via legislation and funding, as well as through coordinated planning and operation involving state, local, and private efforts.

The network's ultimate goal is to make high quality care available to all families who seek it and all children who need it. By 1980 it should be prepared to accommodate approximately 5.6 million of the estimated 57 million children potentially requiring developmental day care services, at a yearly cost of approximately $10 billion. Immediate efforts should be made to accommodate at least 500,000 children in each age group (infants, preschool, and school-age). These efforts will require $2 to $2.5 billion of Federal money per year, assuming that this amount can be matched from non-federal sources, local, state, and private.

Such a network must be comprehensive in services, including at least educational, psychological, health, nutritional, and social services; and the services must support family life by ensuring parent participation and involvement as well as including a cooperative parent education program.

The network must offer a variety of services including, where appropriate, group day care, family care, and home care, as well as evening and emergency care. Services must cover all age groups from infants through elementary school age.

Local coordination of child care services through a Neighborhood Family and Child Center should be strongly considered whenever appropriate. The Center would:

Offer all the comprehensive and supplementary services outlined above.

Serve as an outlet for other programs and services and as a meeting place for parent and youth groups so that it may help create a community without alienation and separation.

Enabling comprehensive Federal legislation must not only provide funds adequate for operating programs (up to 100 percent where necessary) at the levels projected above, but legislation must also:

Establish child care services independently of public welfare, ensuring integration of services to all ethnic and socioeconomic groups

Include funds for planning, support services, training and technical assistance; facility construction and renovation; coordination of programs at Federal, state, and local levels; research and development; and evaluation and monitoring

Ensure program continuity through long-term grants and contracts.

The need for private capital in efforts to develop the system is recognized. This Forum approves this involvement only if quality is maintained in all areas affecting the child and/or his family. The use of private funds should be encouraged by: legislation to provide low-cost loans for facility construction and renovation; tax incentives to the private sector to develop quality child care services; and alteration of tax schedules to provide tax relief to families who have children in developmental care.

While working toward the above goal, first priority for spaces should go to children and families in greatest need, whether the need be economic, physical, emotional, or social. One hundred percent funding should be made available for those who cannot afford quality child care; a sliding scale should also be available to those above the poverty level who are unable to bear full cost of the same developmental opportunities as those given children who must be fully subsidized by public funding.

Coordination of services should be ensured through consolidation of all Federal activities relating to child development in the Office of Child Development, and by coordination and planning by state and local bodies. When a state's efforts are unable to meet the needs of its children, direct Federal funding to local projects should be required.

To hasten the achievement of this network, all construction of housing, business, industry, and service facilities (such as hospitals) which receive Federal funds should be required to provide developmental child care services, either by including such services in the construction or ensuring permanent funds for participation in existing or planned facilities.

All child care centers and services should abide by local, state, and Federal laws that apply to non-discrimination in programming, housing, and construction of new buildings. Day care centers should make every effort to support businesses that have non-discriminatory practices.

Ensure Quality of Child Care Services

We recommend that the quality of child care services in America be ensured through innovative and comprehensive training of child care personnel in adequate numbers; parent and community control of services; and supportive monitoring of services and programs with enforcement of appropriate standards.

To ensure adequate personnel:

The Federal government should fund and coordinate a combined effort by all levels of government, educational institutions, the private sector, and existing child care organizations to train at least 50,000 additional child care workers annually over the next decade.

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Education should be provided for training staff, professionals, preprofessionals, and volunteer staff who work directly with children; administrative and ancillary staff of child care programs; and parents.

Special training for parenthood should be instituted in all public school systems, starting before junior high school. It should provide direct experience in child care centers and should include both male and female students.

Joint efforts by educational institutions and existing child care services should be directed at creating new types of child care workers for child care settings. These new positions could be in areas such as health, child development, education, evaluation, and community services.

Educational institutions should ensure transferability of training credits in child care; issue certificates of training which are nationally recognized; and establish a consistent system of academic credit for direct work experience.

Child care institutions should allow paid periods for continuing training and career development. Funding for this policy should be required in all Federal grants for child care service operations.

To ensure that the system is responsive to demands for quality care:

Parents of enrolled children must control the program at least by having the power to hire and fire the director and by being consulted on other positions.

Parent and local communities must also control local distribution of funds and community planning and coordination.

To ensure the continuing quality of child care:

Standards for service facilities and program elements must apply to all child care services, regardless of funding or auspices.

Standards must be appropriate to the cultural and geographic areas, the types of care, and the available resources.

Parents and other community members must play a role in the flexible administration of standards, licensing, and monitoring.

Licensing should allow for some provisional status while the service is being built up, to enable programs to receive full funding.

Federal and/or state governments should provide funds for training monitoring personnel. These personnel must be numerous enough both to observe the services in their area and to work for their improvement.

National Public Education Campaign

We recommend a national campaign, coordinated and funded by a Federal task force, to broaden public understanding of child care needs and services.

The campaign should be directed by a task force of citizens representing the breadth of economic and cultural groups in America who are concerned with the issues of developmental child care services.

Using Federal monies, the task force should contract with several private, non-profit organizations (such as the Day Care and Child Development Council of America, the Black Child Development Institute, the Child Welfare League of America, and the National Association for the Education of Young Children) to prepare and disseminate to the general public and specific institutions information concerning the difficulties, values, needs, costs, and technicalities of child care services. Consumer education for informed selection of child care services should be a major element of the campaign. The campaign should use all forms of media.

The task force should prepare and make public an annual report evaluating its activities and contracts. A cumulative report should be presented to the 1980 White House Conference on Children.

The task force should operate through the Office of Child Development and should feed back to that office any information it receives concerning the public's need for developmental child care services.

The Federal government should additionally contribute to public awareness by providing child care facilities at all Federally sponsored conferences and conventions, including the 1980 White House Conference on Children.

The task force should encourage business and industry to make it easier to be both an employee and a good parent. For example, job hours should be flexible wherever possible, and more part-time jobs, for both male and female, should be made available with prestige and security equal to full-time jobs.

Resolutions by Forum 17 Delegates

We hereby change the title of Forum 17 from "Developmental Day Care Services for Children" to "Developmental Child Care Services." (The title of Forum 17 was changed by unanimous vote in order to stress that the needs of children and families with which we are concerned are not restricted to daytime hours, and that child care must always be developmental, not simply custodial. The content of the paper should make it clear that we are not discussing "child care services" in the sense of adoption, foster homes, or institutional care.)

We, the Developmental Child Care Forum of the 1970 White House Conference on Children, find the Federal Child Care Corporation Act, S. 4101, inadequate and urge its defeat.

S. 4101 (Senator Long's Bill) does not address the basic problem of providing operating funds. Nor does it provide an acceptable delivery system which must place the decision-making authority at the local level and given parents a decisive role in the policy direction of those programs in which their children participate.

As a matter of principle, we do not believe that program standards should ever be written into law. S. 4101 would not only fix standards in law, but would provide for such minimal standards that it would allow the widespread public funding of custodial programs which we vigorously oppose.

Society has the ultimate responsibility for the well-being and optimum development of all children. The implementation of this responsibility requires that child development services such as day care, Head Start, and after-school programs, be available in all the variety of forms to meet the needs of all children whose parents or guardians request, or whose circumstances require, such services. In further implementation of this concept, we propose that all child development services be completely separated from public

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We applaud the President's stated commitment to the healthy development of young children. We believe that the creation of the Office of Child Development has been an important first step in fulfilling this commitment but further steps have not been evident.

We strongly recommend that the administration now act to provide the necessary resources to implement this commitment. The Office of Child Development must be enabled to meet its appropriate responsibilities, including action on the recommendations of the White House Conference.

We support the plan for a children's lobby presented by J. Sugarman, as amended.

We support the recommendations of the Spanish-speaking, Spanish-surname caucus, especially those most relevant to Forum 17 and as amended by it; to wit:

To ensure that the specific concerns of the Spanish-speaking children of the nation not be neglected and that the issues pertinent to groups such as Spanish-speaking American Indians and Black Americans not be diffused, the Spanish-speaking Caucus makes the following recommendations.	Para asegurar que los intereses de los niños de habla-Hispana de la nación no sean despreciados y que los puntos importantes a este grupo no sean olvidados el caucus de personas de habla Española y de nombres Hispanos sugiere las siguientes recomendaciones.
Multilingual, multicultural education must be provided in the schools, on radio, and television, wherever five percent of the child population is of more than one culture.	El sistema educacional del pais, asi como las radio difusoras, televisión y todo medio de comunicación tiene que levar a cabo programas multilinguales multiculturales dondequiera que el 5% de la población de niños representa mas de una cultura.
Among the most disadvantaged children in the United States are the children of Spanish-speaking and Spanish-surname migrant workers. The highest priorities must be placed on immediate implementation of an extensive and comprehensive program to deal with the health, education, welfare, and labor problems faced by these children and their parents.	Entre los niños de mayores necesidades básicas de los Estados Unidos se encuentran los niños de habla y tradición Hispana, que son hijos de trabajadores de labor en agricultura (migratorio y temporal). Debe prestarse altas prioridades a un programa extenso y comprehensivo de ayudar a resolver los problemas de salud, educación, asistencia social, y trabajo que enfrentan estos niños y sus familias.
The child care and child development programs must be controlled at the community and neighborhood level by the parents of the children served so as to ensure the child an environment akin to his cultural	La dirección de todo programa—sea para el desarrollo del niño o cuidar el niño—tiene que estar en las manos de los padres de los niños en el programa. De este modo los padres de familia como representantes de la

and ethnic heritage. Services must be divorced from welfare agencies and must not be used to force or entice mothers to work if they prefer to care for their own children.

comunidad y los barrios mantienen el control y aseguran que el ambiente del programa refleja y respeta la cultura, el idioma y las costumbres del niño. Servicios tendran que ser separados de agencias de Bienestar Público y asegurar que madres que prefieren cuidar sus hijos no serán obligadas de trabajar.

Through parliamentary error, the statement on child care by the Black Caucus was not brought to the floor for a vote by the delegates. It read:

We strongly urge that Federal funding be available for day care centers for all children. Such programs should be planned and directed by the people of the community who use them and that this funding not be through state or local welfare agencies. All efforts to commercialize day care centers should be resisted.

The Forum members support the thrust of this statement.

The statements by the Women's Caucus, and other groups and Forums, supporting universally available developmental child care are also appreciated. The full texts of these statements were not available for detailed consideration by the Forum members at their final meeting.

Special Resolutions by Forum 17 Members

Forum 17 supported the convening of a plenary session to deal with the following conflicts on a conference-wide basis: direct delegate input to the Conference; racism; and neglect of chairmen and vice chairmen in the initial planning of the Conference.

The Forum panel also feels strongly that there has been no convincing commitment of Conference officials or the Federal administration to sincerely act to implement the recommendations of the Conference. We urge the Forum chairmen, vice chairmen, and representatives of the conference caucuses to remain an independent, self-constituted body to continue to report to the delegates of the White House Conference and to the public on the efforts or lack of efforts taken at the national level to implement the Forum's recommendations.

References

1. Beatrice Rosenberg and Pearl G. Spindler, *Day Care Facts*, United States Department of Labor. Women's Bureau, Publication WB–70–213, May 1970, p. 1.

2. United States Department of Labor, Bureau of Labor Statistics. As presented in *Profiles of Children*, 1970 White House Conference on Children.

3. Mary Dublin Keyserling, *Working Mothers and the Need for Child Care Services*, United States Department of Labor, Women's Bureau, June 1968, pp. 6–7.

4. Seth Low and Pearl G. Spindler, *Child Care Arrangements of Working Mothers in the United States*, Children's Bureau Publication No. 461–1968, pp. 8–10.

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5. See, for example, *Child Care Services Provided by Hospitals*, United States Department of Labor, Women's Bureau, Bulletin 295–1970, p. 20.

6. Low and Spindler, *op. cit.*, pp. 15–18.

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14. *Ibid.*, p. 62.

15. Rosenberg and Spindler, *op. cit.*, p. 27.

16. Keyserling, 1970, *op. cit.*

17. Florence A. Ruderman, "Conceptualizing Needs for Day Care," in *Day Care: An Expanding Resource for Children* (New York Child Welfare League of America, 1965), pp. 14–27.

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22. *PCMR* Message. "The Retarded Victims of Deprivation," an address by Whitney M. Young, Jr., Executive Director, National Urban League, to the 18th Annual Convention of the National Association for Retarded Children, Portland, Oregon, 19 October 1967 (Washington, D.C.: The President's Committee on Mental Retardation, January 1968).

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27. Margaret Mead, "Some Theoretical Considerations on the Problem of Mother-child Separation," *American Journal of Orthopsychiatry* 24 (1954): pp. 477.

28. Estimates of cost of care vary widely, depending on the region of the country, age of the child, and type of care. The Office of Child Development has estimated for preschoolers that full day center care ranges from $1245 to $2320 per child per year; for home day care from $1423 to $2372; for before and after school and summer care from $310 to $653. (*Standards and Costs for Day Care*, mimeograph of Office of Child Development, prepared by J. Sugarman, *et al.*) Additional breakdowns are given by R. Parker and J. Knitzer, *Background Paper on Day Care and Preschool Services: Trends in the Nineteen Sixties and Issues for the Nineteen Seventies*, prepared on behalf of the Office of Child Development for 1970 White House Conference on Children.

29. *Who are the Working Mothers?* Leaflet 37 (rev.), United States Department of Labor, Women's Bureau, May 1970.

30. For practical information on planning and operating developmental child care services, see the publications of the Child

Human Characteristics (New York: Wiley, 1964); Henry W. Maier, *Three Theories of Child Development: The Contributions of Erik H. Erikson, Jean Piaget, and Robert Sears, and their Applications* (New York: Harper & Row, 1965).

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30. For practical information on planning and operating developmental child care services, see the publications of the Child Development Day Care Resources Projects, jointly sponsored by the United States Department of Health, Education, and Welfare, Office of Child Development; the Office of Economic Opportunity; and the Panel on Education Research and Development of the President's Science Advisory Committee. Ronald K. Parker, Project Director.

31. A. B. Willmon, "Parent Participation as a Factor in the Effectiveness of Head Start Programs," *Journal of Educational Research* 62 (1969): 406–10.

32. Special thanks are due to the Forum 17 task force on training and licensing, chaired by June Sale, for many of the ideas on these topics. Their full report will be made available at a later date.

33. Special thanks are due to the Forum 17 task force on delivery of services, chaired by Dr. Alfred Kahn, for many of the ideas on this topic. Their full report will be available at a later date. The address of Wilbur Cohen to the Forum was also helpful in revising this and other sections.

Forum No. 17 Members

Jerome Kagan (Chairman)

Therese Lansburgh (Vice Chairman)

Arnita Boswell

Bettye Caldwell

Luis Diaz De Leon

Donald Fink

Edith Finlayson

Almavina Garcia

Kino Gonzales

Oddie Hoover

Ruth E. Jefferson

Hope Lugo

Mary Robinson

Evelyn K. Moore

Jule Sugarman

Pauline Barton

Clara Godbouldt

Q & A on U.S. News article on child care fatalities

Q. U.S. News & World Report reported today that child care facilities are more dangerous than commonly known, with children dying in the trust of poorly regulated and monitored child care programs. With the new requirements to move more welfare recipients into work, there will be more pressure to expand the number of child care programs further risking quality. How do you respond?

A. The President and First Lady believe that there is no greater tragedy than the avoidable death or injury of a child. The Administration agrees that health and safety training and protections in child care are critically important. Infants and toddlers are most at-risk for abuse and accidental injuries since they cannot sufficiently communicate their problems to adults.

The federal government provides funding to the states to provide child care services to low income and working families, but it is the states that regulate and oversee the operation of child care programs. Though the responsibility of ensuring safe and healthy child care facilities for children rests with the states, the Administration has pledged to work with them to improve the quality of child care to prevent other tragedies.

The Clinton Administration believes in providing parents with quality choices in child care. That's why we fought so vigorously for and secured in the new Child Care and Development Fund a requirement for States to set basic health and safety standards for providers caring for subsidized children. The standard are designed to ensure spaces are protected against infectious diseases, that building and physical premises are safe, and that staff receive appropriate minimum health and safety training.

We also insisted that a set-aside of federal child care funds be used by States to improve the quality of child care services in their states. States have typically used these funds to provide consumer education, child care provider training, and/or grants and loans to provider to meet health and safety standards.

Child care is critical for welfare families to move into work and for working families to maintain self-sufficiency. there is nearly $4 billion more in federal child care funds under the new welfare law. These new funds afford an opportunity to help families achieve and sustain self-sufficiency and to build a quality child care system for parents.

Other information:

- Secretary Shalala launched a public education campaign recently on Sudden

Infant Death Syndrome (SIDS). The campaign emphasizes that parents and child caretakers ensure that children sleep on their backs. In the U.S. News article that Jeremy Fiedelholtz, the 3 month old infant apparently was put to sleep on his stomach and later found dead. The simple act of placing a child on his or her back can prevent unnecessary loss of life.

- The President plans to engage in an honest discussion about the strengthens and weaknesses of child care in America, as he convenes the first-ever White House Conference on Child Care this fall. The Conference will explore ways to strengthen our child care delivery system so we do better by the increasing numbers of working families who need and rely on child care.

In addition to the health and safety requirements and opportunities for quality improvement provided by law, the Clinton Administration/Secretary Shalala launched a Healthy Child Care initiative to encourage partnerships between child care and health in States and communities to promote health and safety in child care. A specific Blueprint for Healthy Child Care has been distributed around the country to guide communities to secure healthy environments in child care, increase the health education available to parents, improve the training of child care providers in health and safety, recruit health professionals to work in child care programs and better coordinate and develop services that focus on the health and safety of children in child care. As part of the Healthy Child Care initiative, the Department of Health and Human Services has provided 46 States with grants to develop health systems in child care.

The Department has prepared a new publication, "Stepping Stones to Using Caring for Our Children", that identifies child care standards most needed for the prevention of injury to children in child care settings. This publication will provide state health, child care, license and regulatory agencies with a valuable tool to use in their efforts to write policies and regulations which promote and protect the health and safety of young children in child care programs. The publication will be available for dissemination next month. We encourage all states to adopt these standards. The publication can be obtained by calling 1-800-598-KIDS.

Also, the Department funds resource and referral centers in the states to guide parents in making quality choices in child care. In addition, the Department has recently initiated a partnership with the American Academy of Pediatrics to facilitate and encourage pediatricians' involvement in child care programs within States and communities across the country.

Cynthia A. Rice 07/26/97 06:58:06 PM

Record Type: Record

To: tgraff @ os.dhhs.gov @ INET @ LNGTWY

cc: See the distribution list at the bottom of this message
Subject: We'll need a Q&A on Child Care Quality--U.S. News Cover Story

Late Saturday, U.S. News faxed me an advance proof of their cover story to be released Monday. The headline of their press release gives you a sense of the tone:

"Deaths in U.S. Child-Care Facilities are More Prevalent Than Some Parents Realize. Licensing and Regulation Offer Little Assurance, U.S. News Cover Story Reports. Welfare to Work Efforts Likely to Put More Pressure on the Nation's Already Burdened Day-Care System."

I've faxed copies to Toby Graff and Jennifer Klein and given one to Diana Fortuna. Would the three of you work on a HHS/DPC Q&A? (As some of you know, I leaving early Sunday morning for grandmother's funeral in Kentucky and won't be back until Tuesday.) Thanks a bunch.

The President's speech for Monday to the National Governors Association says:

Child care is a critical support for families moving from welfare to work and low income families trying desperately to make ends meet. Parents need child care so they can work without worrying and children need quality child care so they can learn and grow. We simply cannot expect parents to go to work if they have nowhere to send their children during the day. We would not think of imposing that dilemma on our families -- and we should not do that to families struggling to make the move to independence. That is why I made sure the welfare reform bill added $4 billion more in child care assistance. Now, you must do your part.

I am pleased to report that efforts to expand child care are widespread. Because of the additional $4 billion we secured in the welfare law, states are now receiving more federal dollars. About half the states are increasing their spending beyond what is needed to receive all of their new federal funds. Some states, including Florida and Wisconsin are adding quite a bit more. And some states are creating seamless child care systems which provide subsidies for all workers below a certain income, whether they have been on welfare or not. That is a model that should be followed throughout the country. So, I challenge every state to make a significant investment in child care.

The First Lady and I are convinced that the availability of quality, affordable child care for all who need it, is the next great frontier we have to cross to truly enable American families to reconcile the demands of work and home. That is why on October 23rd, we will convene the first-ever White House Conference on Child Care to discuss the strengths and weaknesses of the present system so we can find ways to achieve our goal.

Message Copied To:

Bruce N. Reed/OPD/EOP
Elena Kagan/OPD/EOP
Diana Fortuna/OPD/EOP
Jennifer L. Klein/OPD/EOP
Nicole R. Rabner/WHO/EOP
Barry J. Toiv/WHO/EOP
Ann F. Lewis/WHO/EOP

U.S. NEWS & WORLD REPORT

Date:	Jul. 26, 1997
To:	Ms. Cynthia Rice Special Assistant to the Pres.
Organization:	Domestic Policy Council
Fax Number:	12024567431
From:	CELESTE JAMES
Number of Pages:	8
Comments:	NEWS FROM U.S. NEWS

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NEWS RELEASE

U.S.News & WORLD REPORT

CONTACT: CELESTE JAMES
202-955-2229
cjames@usnews.com

FOR RELEASE: NOON
SATURDAY, JULY 26, 1997

DEATHS IN U.S. CHILD-CARE FACILITIES ARE MORE PREVALENT THAN SOME PARENTS REALIZE. LICENSING AND REGULATION OFFER LITTLE ASSURANCE, *U.S. NEWS* COVER STORY REPORTS

WELFARE-TO-WORK EFFORTS LIKELY TO PUT MORE PRESSURE ON THE NATION'S ALREADY BURDENED DAY-CARE SYSTEM

WASHINGTON, D.C.—Most parents take it for granted that day care will not be physically dangerous to their children. But, to a larger degree than many realize, this assumption is incorrect. Deaths and serious injuries occurring at some of the nation's day-care centers serve as extreme illustrations of what can occur when parents place their trust--and their children--in the fast-expanding but only lightly supervised American day-care system.

In a query of all 50 states and the District of Columbia concerning deaths in child-care facilities, *U.S.News & World Report* tallied 76 deaths in 1996. The causes include drownings, falls, being struck by autos, and sudden infant death syndrome--but the data are sketchy, since many states do not report the causes of these deaths. This is doubtless not the full total, since seven states as well as the District did not respond to repeated requests for information--and 16 others, including California and Ohio, said they do not track deaths in day care. Even fewer states record injuries. Figures also are difficult to obtain because so many of the nation's facilities are unregistered. In Texas, a state that has recently revamped its reporting system and does collect detailed data, 22 day-care deaths and 134 serious injuries were recorded in fiscal 1996. If the deaths recorded in Texas and Massachusetts (which also collects detailed data) were projected per capita on the national population, day-care deaths would number between 240 and 320 a year. As a comparison, in 1995, 2,260 American kids between ages 1 and 4 died in all accidents, including 825 in motor vehicle collisions.

Already, at least 4.6 million children, from families in almost every income group, spend part of their day in day care and the pressures on the system are about to increase dramatically: As new welfare reform laws take hold in coming months, some 2 million parents (mainly mothers) now on welfare will join the work force, and their children will need care outside the home. Under pressure of welfare reform, many state legislatures are now scrambling to create new centers as quickly--and inexpensively--as possible. Within three years, 3 out of 4 American women with children under 5 will be working and need child care.

- more -

FOR RELEASE: NOON
SATURDAY, JULY 26, 1997
(SUNDAY MORNING PAPERS)

No degree of care could prevent all deaths or accidents; but the system to which millions of Americans entrust their children is notably under-regulated and -supervised. Typically, the required training for day-care workers is minimal, oversight is cursory, and standards are low. Complaints roll in, but punitive action is rarely taken--until it is too late. Agencies fail to share data that might have prevented injury and greater tragedy. Says Donna Overcash, director of Save the Children's Child Care Support Center, an Atlanta-based advocacy group: "Zookeepers make more, and fast-food restaurants are better regulated."

Starting a day-care center is easy. *U.S. News* sent a 20-year-old male summer intern to apply for a day-care license in Washington, D.C. One of his letters of reference flatly stated he had "no professional training in child care." He filled out some forms, paid a $50 fee, and had his apartment checked out. He was told that with some first-aid training, some spot-cleaning, and a new fire extinguisher he could be licensed in a week.

In most states, the course of study for a driver's license is longer than for certification as a day-care worker. It takes about 1,500 hours of training at an accredited school to qualify as a licensed haircutter, masseur, or manicurist. Day-care providers, by contrast, are usually required to attend a single session devoted to a mishmash of topics from CPR techniques to food menus.

Training usually requires only passive exposure to instructional material; no tests are given. For instance, in a recent six-hour training class in Atlanta, participants sat through presentations on infectious diseases, injury prevention, and child-abuse detection. Of the 15 women there, three did not speak English. One slept through the entire video on infection control. Three women arrived an hour and a half late but were assured by the instructor that they would still be credited the full six hours to receive their certification.

While restaurants are shut down every day for even minor hygiene violations, records show that day-care centers in America are rarely closed. Frequently, licensing authorities try to keep troubled facilities open so working parents won't be left in the lurch.

Parents may assume that a state license means inspectors will regularly check the facility. In most states, it does not. Typically, inspectors visit a center when it opens, for initial accreditation-and thereafter in response to complaints or after a few years pass. In Virginia, a legislative audit showed that the state had failed to make mandatory twice-a-year inspections of 722 of its 4,200 licensed facilities in 1996; 159 centers were not visited even once.

When inspectors do show up, they often concentrate on compliance with the safety rules-whether a first-aid kit is complete, for instance-but may be oblivious to larger concerns about the children's welfare.

This investigative report will appear in the August 4 issue of *U.S.News*, on newsstands Monday, July 28. For more consumer information about child care, U.S. NEWS ONLINE offers links to safety information, back articles from *U.S. News*, and the best parents' guides available on the Worldwide Web. A number of the links offer specific tips on what to ask and look for when making site visits to day-care facilities. GO TO WWW.USNEWS.COM

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SPECIAL REPORT

DAYCARE DANGERS

Too many parents have learned that day-care licensing and regulation, even when they exist, do not guarantee quality. Not to mention safety

BY VICTORIA POPE

Julie Fiedelholtz arrived unannounced to pick up her son, Jeremy, at day care. Jeremy was 3 months old, and it was his first day at Chrissy's Kids day-care center in Plantation, Fla. Julie had left him there two hours earlier; now she was returning to get a candid look at his new surroundings. The day-care helper greeted her reassuringly: "Oh, Jeremy is sleeping so fine. He did good." Julie relaxed and looked with pride at her baby boy. "Buddha belly," she said to herself. That was his nickname, because Jeremy was so nicely plump.

The word caught in her mind: Belly. He's lying on his *belly*. Fear drew her closer to his crib. Jeremy's tiny hands were pulled alongside his head. His head was face down against a rumpled sheet, a smear of vomit across his cheek. His skin was tinged blue. Julie gathered her baby up, but he flopped like a rag doll. She dropped to her knees and screamed his name. She tried CPR. Paramedics arrived a short time later, summoned by the helper.

At 4:17 p.m the next day, Jan. 30, 1997, Jeremy was pronounced brain dead at the hospital. When the final autopsy results were ready two months later, his parents learned that he had died of "positional asphyxia"—in layman's terms, Jeremy had suffocated while lying face down. During the minutes when he was struggling for breath, one day-care employee had been responsible for Jeremy—and 12 other children, according to official reports. This lone day-care worker was a 26-year-old woman, herself in the seventh month of pregnancy. The center's owner, Christina Schwartzberg, was not there because she had left the facility for 45 minutes to go food shopping.

While Jeremy was still lying comatose in the hospital, Roy Chandler, an investigator for the Florida Department of Children and Families, told the Fiedelholtzes that police had found serious violations when searching the Chrissy's Kids site that afternoon, Mark Fiedelholtz recalls. Later, after Jeremy's death, Broward County officials cited Schwartzberg for violation of child-adult-ratio regulations and for leaving the children with an unapproved aide who was not certified in CPR. Schwartzberg voluntarily surrendered her license. She acknowledged no wrongdoing. No charges were filed against her.

As the Fiedelholtzes sought to investigate why and how their son had died, they realized that they had been far too trusting. Before deciding on Chrissy's Kids as a suitable site for Jeremy, they had determined that it was licensed by the county. They had assumed that this ensured at least an adequate level of physical safety. Yet in Broward County, they learned, accreditation required only three hours of training for providers. They saw the county's official child-care manual; only one page was devoted to infants. It made no mention of the American Academy of Pediatrics' recommendations that babies be laid to sleep not on their bellies but on their backs. After Jeremy's death, police interviewed other parents whose children had stayed at Chrissy's Kids at the same time. The Fiedelholtzes were stunned to hear that most of the parents said they would gladly put their

Deaths of the innocent. Clockwise, from top right: Kierra Harrison, 14 months, from head injuries in Las Vegas; Alexandre LeVasseur, 4, of heatstroke in Peters, Pa.; Jordan Ambrozewicz, 23 months, of drowning in Pasadena, Md.; Reagan McBride, 2, of head injuries in Windsor, Conn. At center: Jeremy Fiedelholtz, 3 months, of suffocation in a crib in Plantation, Fla. Such recent tragedies, experts say, underscore unanticipated hazards that can exist in day-care centers.

children back in Schwartzberg's care.

What happened at Chrissy's Kids is an extreme illustration of what can occur when parents place their trust—and their children—in the fast-expanding but only lightly supervised American day-care system. Already, 4.6 million infants, toddlers, and preschool children from every income group, spend part of their day in licensed day care. The pressures on the system are about to increase dramatically: As new welfare reform laws take hold in coming months, some 2 million parents (mainly mothers) now on welfare will join the work force, and their children will need care outside the home. Under pressure of welfare reform, many state legislatures are now scrambling to create new facilities as quickly—and inexpensively—as possible. Within three years, 3 out of 4 American women with children under 5 will be working and need child care.

As more and more mothers have moved into the work force, the varied effects of day care have provoked bitter debate. Some cognitive scientists argue that hired attendants cannot provide the stimulation or attention children need for emotional development; others contend that the independence and socialization forced on children by day care actually help children thrive. Economists point to day care's problems as a classic case of "market failure": Large numbers of parents need the service so they can work, but they are not willing to pay the fees that would be necessary for the well-trained, highly motivated workers they would like their children to have.

Avoiding harm. But whatever their positions in these debates, most parents take it for granted that day care will not be physically dangerous. To a larger degree than many realize, this assumption is incorrect. In a query of all 50 states and the District of Columbia concerning deaths in child-care facilities, *U.S. News* tallied 76 deaths in 1996. The causes included drownings, falls, being struck by autos, and sudden infant death syndrome—but the data are sketchy, since many states do not report the causes of these deaths. This is doubtless not the full total, since seven states as well as the District did not respond to repeated requests for information—and 16 others, including California and Ohio, said they do not track deaths in day care. Even fewer states record injuries. Figures also are difficult to obtain because so many of the nation's facilities are unregistered. In Texas, a state that has recently revamped its reporting system and does collect detailed data, 22 day-care deaths and 134 serious injuries were recorded in fiscal 1996. If the deaths recorded in Texas and Massachusetts (which also collects detailed data) were projected per capita on the national population, day-care deaths would number between 240 and 320 a year. As a comparison, in 1995, 2,360 American kids between ages 1 and 4 died in all accidents, including 825 in motor vehicle collisions.

Cursory oversight. No degree of care could prevent all deaths or accidents; but the system into which millions of Americans entrust their children is notably underregulated and poorly supervised. The great waves of safety regulation in America, from the meat-packing reforms of the muckraking era to the pesticide controls prompted by Rachel Carson's *Silent Spring*, have stemmed from concern that without regulation, public safety will be at risk.

Worries about children's safety have led to no such day-care reforms. Typically, the required training for day-care workers is minimal, oversight is cursory, and standards are low. Complaints roll in, but punitive action is rarely taken—until it is too late. Agencies fail to share data that might have prevented injury and greater tragedy. Says Donna Overcash, director of Save the Children Child Care Support Center, an Atlanta-based advocacy group: "Zookeepers make more, and fast-food restaurants are better regulated."

Starting a day-care center is easy. *U.S. News* sent a 20-year-old male summer intern to apply for a day-care license in Washington, D.C. One of his letters of reference flatly stated he had "no professional training in child care." He filled out some forms, paid a $60 fee, and had his apartment checked out. He was told that with some first-aid training, some spot-cleaning, and a new fire extinguisher he could be licensed in a week.

In most states, the course of study for a driver's license is longer than for certification as a day-care worker. It takes about 1,500 hours of training at an accredited school to qualify as a licensed haircutter, masseur, or manicurist. Day-

When infants are laid in a crib to sleep, the American Academy of Pediatrics recommends that they be placed on their backs to help prevent SIDS. But many child centers don't heed this advice.

PHOTOGRAPHY BY
MICHAEL LLEWELLYN FOR *USN&WR*

Fencing is usually required when a swimming pool is located near a day-care facility, to avoid accidents. In a day-care center in Mattapan, Mass., a drawstring caught in a playground slide apparently led to the death of a young boy. Many safety experts say that children should avoid wearing clothing with drawstrings on playground equipment.

care providers, by contrast, are usually required to attend a single session devoted to a mishmash of topics from CPR techniques to food menus. In Las Vegas, Suzanne Magleby, a supervisor for Clark County social services, says her county requires six hours of training instead of the state-mandated three, which she wants to bump up to 12. "But I'm trying to go slow," she says, hinting at local resistance.

Training usually requires only passive exposure to instructional material; no tests are given. For instance, in a recent six-hour training class in Atlanta, participants sat through presentations on infectious diseases, injury prevention, and child-abuse detection. Of the 15 women there, three did not speak English. One slept through the entire video on infection control. Three women arrived an hour and a half late but were assured by the instructor that they would still be credited the full six hours to receive their certification.

Many states now urge former welfare recipients to be trained as day-care workers. This may be good for the recipients, since it prepares them for jobs; it could well be bad for children, since some states seem ready to lower existing standards to accept these "provisionally certified" providers.

In a just completed review of day-care standards nationwide, the New York-based Commonwealth Fund, a national foundation working with Yale University experts, assessed the quality of day care state by state, based on indicators such as child-adult ratios, programming, and caregiver qualifications. This study gave overall passing grades to only 17 states; and only Minnesota met their criteria in all categories. The study did not rate a single state as "good" or "optimal" on the size-of-group standard, which is key to preventing injuries.

While restaurants are shut down every day for even minor hygiene violations, records show that day-care centers in America are rarely closed. Frequently, licensing authorities try to keep troubled facilities open so working parents won't be left in the lurch. In a recent case in Guthrie, Okla., outside Oklahoma City, a family day-care center had accumulated a staggering 415 complaints against it but was still operating when a young boy died at the facility last November. The victim was 2-year-old Michael Robinson III—known as Trey—who attended A Child's Place day-care center. Trey, inconsolable after his mother dropped him off, had walked out of the building undetected onto a highway. He was struck by a passing automobile. According to the records of Oklahoma's Department of Human Services, A Child's Place had violations against it that included children routinely left unattended, unsafe playground equipment, and in at least one instance an employee with a criminal record of child abuse. Yet the state allowed it to keep operating on six-month permits.

Run over, again. When police tried to reconstruct what happened prior to Trey's death, they turned to a 12-year-old named Anthony. By Anthony's account, written longhand on the police report, a staffer named Dale had asked him to help look for the missing boy. Anthony saw him first, lying on the busy road. "Dale told me to stay there and make sure he didn't get run over again," Anthony wrote. When a speeding car approached, Anthony jumped up and down to try to get it to stop, but the little boy was again run over. The center's owners deny any neglect; no criminal charges were filed. Judy Collins, the statewide licensing coordinator for Oklahoma's Department of Human Resources, says her agency had moved to deny the facility its license before Trey's death.

In Seminole, Fla., near St. Petersburg, Beth Bennion pulled her son out of a day-care center two years ago, she says, after it let a pest-control company spray the premises while children were there. She says the center had also told the licensing board that it had fixed some dilapidated playground equipment when it hadn't. So when Bennion later heard that a gun had been found one Monday morning at the center, she expected it to be summarily shut. Instead, one of the center's owners told the licensing board that the gun might have been a toy or left by carpet cleaners over the weekend. (Later, the owner's lawyer said it was a BB or pellet gun, even though three witnesses—including the center's direc-

tor—described it as a firearm, "gray, heavy, and could fit in the palm of the hand.") The center was fined $200 for keeping a weapon on the premises, but it was not closed.

Extra kids. In the Fiedelholtz case, the 13 children present at the time of Jeremy's death were nine more than the center's owner, Schwartzberg, had told Jeremy's parents would be there at one time. (While police say only one adult was present when Jeremy is thought to have suffocated, Schwartzberg's attorney, Harry Solomon, says that the children were in an area that was small enough to be supervised.)

Regulations that call for adult supervision, of course, can't guarantee it. Two-year-old Jordan Ambrozewicz drowned in an ornamental pond at his Maryland day-care center two years ago. According to Jordan's mother, three adults were on the premises, and the other children had gone home. In a case that led to a tightening of state care regulations in Pennsylvania, a 4-year-old, Alexandra LeVasseur, died in August 1995 after being left in a sweltering van for nearly three hours. The day-care operator had unloaded the van during a field trip and left the girl sleeping in the front seat. No charges were filed in either case.

Similarly, parents may assume that a state license means inspectors will regularly check the facility. In most states, it does not. Typically, inspectors visit a center when it opens, for initial accreditation—and thereafter in response to complaints or after a few years pass. In Virginia, a legislative audit showed that the state had failed to make mandatory twice-a-year inspections of 722 of its 4,200 licensed facilities in 1996; 169 centers were not visited even once.

When inspectors do show up, they often concentrate on compliance with the safety rules—whether a first-aid kit is complete, for instance—but may be oblivious to larger concerns about the children's welfare. When imposing regulations, licensing boards may insist on niggling requirements—that more toilets must be available in case children have diarrhea, or that a fence be built in a completely rural area—but ignore indicators of inappropriate behavior.

Regulatory enforcement is further hampered by poor coordination between different agencies. When state agencies fail to share information, dossiers of troubling testimony may go unread. That's apparently what happened last February, when 2-year-old Raegan McBride, from the Hartford suburb of Windsor, Conn., died. According to the state medical examiner, the cause of her death was a single blow to the back of the head. The blow was allegedly delivered by the child's day-care provider, Kathy Greene, who has been charged with manslaughter in the case. She has pleaded not guilty.

After Raegan's death, investigators probed Greene's record and found multiple complaints of child abuse logged over a 14-year period. Police interviews with Greene's former charges turned up accounts of bruises, cigarette burns, dislocated arms, and vicious threats, all allegedly perpetrated by Greene. One boy told investigators that Greene had thrown him against a washing machine because he had wet his pants. After reviewing a series of complaints, a social worker wrote: "I would not place a child at Ms. Greene's again," stating that the woman was unable to control her "rage for authority and power over children." That was in 1992. Greene remained in business five more years, until Raegan's death.

Kristine Ragaglia, the child advocate for the state of Connecticut, acknowledges that faulty reporting was part of the problem. Beyond that, Ragaglia says, Greene stayed in business because the previous cases boiled down to a child's word against that of an adult—and the regulators consistently sided with the adult.

Many states refuse to share their files with other states; a bad day-care provider drummed out of business in one state can reopen in another. Most states keep day-care records at the county level. Parents can review the records, but obtaining access to the files isn't always easy. When a reporter recently requested information on 19 day-care homes in Anne Arundel County, Md., she was asked to limit herself to four requests and was told that the county could take 30 days to respond. That would discourage many busy parents.

If a chin gets caught in a highchair, a child may be injured. More than once in a day-care facility, a provider has stepped out of the room during mealtime and a child has strangled in a chair. Many states have rules against keeping a gun at a day-care facility, but witnesses said they saw a firearm in a Florida center. The center was fined $200 but was not closed.

SPECIAL REPORT

Reviewing a file is a good precaution, but not an ironclad one. When 14-month-old Kierra Harrison died in her Las Vegas day-care center last March, the cause of death was found to be a fractured skull from severe head trauma: Shards of bone were wedged in her brain. Doctors described her injury as equivalent to falling headfirst from a two-story building onto concrete. The day-care operator was charged with murder. She has pleaded not guilty. Yet when Kierra's mother, Amanda Harrison, checked with the licensing board, the day-care provider's record was clear. After the fatality, Kierra's family learned that the provider allegedly had been reported for abusing her own 3-year-old daughter, but it hadn't shown up in the files because her surname was misspelled. (A lawyer for the provider calls those child-abuse complaints against her "way out of proportion.")

The case has given Kierra's grandmother, Pam Rowse, a registered nurse, a political cause. After Kierra's death, Rowse dropped her 9-to-5 administrative position to work an emergency-room shift, so that she would have maximum free time during business hours to lobby for stronger regulation. Jeremy Fiedelholtz's parents have made the same choice. Mark Fiedelholtz, a lawyer who runs legal studies seminars, and Julie, a social worker with Catholic Charities, have lobbied Congress as well as Florida officials for national day-care reform. In the six months since his son's death, Mark has testily confronted more than one politician for failure to support greater regulation, saying: "What do you need, a body count?"

But while the families of victims lobby for higher standards and stricter rules, proprietary day care, especially the larger franchises, employs a powerful lobby in Washington to keep up opposition to increased regulation. Industry representatives contend that day care can maintain high standards without bolstering requirements, and that new regulations would drive costs up to unacceptable levels. What seems hardest for the mourning families is their abiding sense that they themselves had been naive—naive in assuming that the laws and standards governing day care had produced a system in which their children would be safe. ■

With Margaret Loftus, Jill Jordan Sieder in Atlanta, and Zachary Knight

For more information see U.S. News Online (http://www.usnews.com).

When facilities are close to busy traffic, an unlocked door may invite the sort of tragedy encountered near Oklahoma City recently. A little boy wandered out of his day-care center and onto a street where he was fatally injured by a car, police said.

FIXING DAY CARE

One state tries to do it right

From a regulatory standpoint, Colorado's mountains and wide expanses are a handicap. To check out a file on a day-care provider in a western-most city like Durango, a resident would face an eight-hour drive to state offices in Denver. It's that isolation, however, that has spurred the state to create a new system of data collection. Starting next month, Colorado will put the records from its more than 7,000 licensed day-care centers on computer disk. Consumers will be able to quickly retrieve material through a half-dozen regional referral offices, where a specialist might urge that parents report day-care problems and scrutinize centers' records. "You, the parent, are there [dropping off children] every day. You need to put on your critical hat," says Gail Wilson, head of the private, nonprofit Colorado Office of Resource and Referral Agencies.

Such pragmatism has also powered an overhaul of day-care monitoring. Colorado has admitted to what most states will not: It wasn't doing its mandated annual day-care inspections, partly for reasons of cost. Now it has "risk based" inspections, which means resources will be used where they are most needed. Centers failing to comply in certain key areas will be tracked carefully, while facilities that have proved their faithfulness to the rules won't be visited at all.

These innovations have worked in part because the state's population has higher levels of income and education than the national average. Gov. Roy Romer's mantra—make Colorado the best place to raise a child—is attractive to the state's many newcomers. And Colorado's business community is counting on these quality-of-life seekers to support a new voluntary checkoff program that allows taxpayers to allocate a portion of their state income tax refunds to improving licensed day-care facilities. *-Victoria Pope*

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TV
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DATE July 22, 1997
TIME 7:00-9:00 AM
NETWORK NBC
PROGRAM Today

KATIE COURIC, co-host:

Safe and reliable day care is a constant concern for working parents. NBC's Kerry Sanders has the story of one Florida couple who thought they were doing everything right.

Mr. MARK FIEDELHOLTZ: One minute he's here, the next minute he's gone.

KERRY SANDERS reporting:

Jeremy Fiedelholtz died at age three months. He was Mark and Julie's first child together.

Ms. JULIE FIEDELHOLTZ: This was the outfit that Jeremy had on. We've just kind of left it there.

SANDERS: Their nightmare began in January, just seven blocks from their home, a licensed home day-care center in a converted garage. The Fiedelholtzs decided to test it out. On January 29th they dropped Jeremy off for just two hours. When Julie returned, Jeremy was face down in a crib, a blanket balled up around his mouth. He wasn't breathing. That's when Julie discovered the day-care worker at the house didn't know CPR.

Caller: (From day-care center) I'm at day care. A baby stopped breathing. He's turned blue.

Unidentified Operator: How old is he?

Caller: Three months. Please hurry up.

Operator: OK.

Caller: Hold on. He's not breathing. Hold on a minute. I'm trying to find the address. He's blue and cold. I don't think he's alive.

Ms. FIEDELHOLTZ: When I found Jeremy, I remember trying to shake myself and say, 'Wake up, wake up.' That this--this absolutely had to be a dream, that this could not be happening to me. I just could not believe that this could ever, ever happen. Especially not that day. Especially not taking your child for a trial run at a day-care center to see if it was up to your quality standards. Not even that it was up to safety standards.

Mr. FIEDELHOLTZ: First two hours, Kerry. God almighty. That's unbelievable. I--I just--oh, I don't know, it's just really confusing.

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SANDERS: Even more confusing--the discovery that the licensed home care operator had left the house for 45 minutes to shop at the grocery store. Left in charge, an aide who was seven months pregnant. Had there been only four infants in the house as their licensed stipulated, investigators say the aide might have noticed Jeremy was in trouble. But when police showed up, they discovered 13 children, nine over the limit.

Mr. FIEDELHOLTZ: You've got a death trap. We didn't know it. There was no way--how could we possibly know that? When she left Jeremy off there were two children.

SANDERS: In the wake of Jeremy's death, there are more inspectors now checking on home care centers in this Florida county.

Unidentified Woman: Let me see. I need to see the first aid kit, please.

SANDERS: But for the millions of parents nationwide who choose home care, inspections like this are the exception, not the rule. Child advocates say the problem is, in one city there is one set of rules, in another city, another set of rules. And in so many cities across this country, no rules at all.

Mr. FIEDELHOLTZ: Senators, I'm asking for your help. First of all...

SANDERS: Last week, Mark and Julie Fiedelholtz took the fight from their house to the Senate. They want federal child-care regulations and enforcement so no other parent ever suffers their tragedy.

Mr. FIEDELHOLTZ: Look at Jeremy. You want him as a national symbol. You've got him, OK? You have him. But you've got to move. You've got to do something.

SANDERS: Jeremy's parents now wonder if his death can somehow have meaning. For TODAY, Kerry Sanders, NBC News, Miami.

COURIC: A criminal investigation is now under way. The possible charge against the day-care operators: negligent manslaughter.

The Fiedelholtz story is a frightening one for a lot of parents with children in day-care situations. Barbara Willer is with the the National Association for the Education of Young Children. Barbara, good morning.

Ms. BARBARA WILLER (National Association for the Education of Young Children): Good morning.

COURIC: It sounds like this couple did everything right. They--they found a licensed day-care center, they got references, they s--sought to--any complaints that might have been filed against the day-care operator. There were none. They felt the ratio was fine. Wh--I--I hate to say what could they have done differently, because I'm sure they're torturing themselves at this moment.

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Ms. WILLER: Mm-hmm.

COURIC: But what should parents do?

Ms. WILLER: Well, I think one of the things we can learn is that as the story points out, we need stronger regulations in every state, as well as better enforcement. But every day, I think, parents need to think, look at the care situations in which they're placing their children and for parents to spend time in the center or the home.

COURIC: Should you spend time in the center before you even consider placing your child there?

Ms. WILLER: Absolutely. And s--more than just taking a tour. You need to sit down and just quietly observe what's happening to children. Watch individual children to get a sense of how the caregivers, the adults respond to those children. Count heads. How many children are there? How many adults? The younger the child, the fewer the number of children. The babies--there should never be more than three to four children with each adult. And groups should not exceed six to eight babies. And the number of children can get larger as children get older. But even with preschoolers, still, eight to 10 children per adult is the--the max. And no group size exceeding 16 to 20 children.

COURIC: Because they had 13 children in this particular center.

Ms. WILLER: And that's 13 children under the age of three. And that's just an impossible situation, particularly with one adult who was there at the time.

COURIC: How could the day-care provider just up and leave and go to the grocery store?

Ms. WILLER: Well, I really--I can't understand that. And I--it's--it's a travesty. And--and these--you know, sometimes things happen that shouldn't happen. And that's why stronger enforcement is so important.

COURIC: So you--you think that federal regulations or some kind of national standard is called for? Because as you well know, it varies so dramatically from state to tate--state to state.

Ms. WILLER: It really does. And it shouldn't matter if your child is living in Massachusetts or New Hampshire or Texas. You have the same basic needs to be protected from harm and to have a situation that promotes your healthy growth and development.

Now there are voluntary national standards that are already in place. NAYC has a voluntary accreditation system for centers and there's also a voluntary accreditation for family child-care homes. And so that's something else that parents can look for to make sure that programs have gone through that voluntary set of standards. It's a sys--a system that designates

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excellence in programs and so it provides an extra level of protection for families.

COURIC: And what do you do about day-care providers who simply lie about the situation?

Ms. WILLER: You know, that's a really hard situation. That's one of the reasons I think it's so important to spend time in the program yourself before you make your selection, as well as afterwards. You drop in unexpectedly and ask to visit and again, you know, don't just take the tour, spend some time quietly observing the children. And if paren--if the program doesn't want you to do that, think twice about the situation.

COURIC: And then you should probably drop by unexpectedly afterwards?

Ms. WILLER: Drop by unexpectedly afterwards. And remember that it's really a question about the relationship that you have with the providers. You want to get information about their skills and qualifications, CPR, child development, early education, those are all critical skills that people need to have in working with children.

COURIC: And hopefully we can avoid heart-breaking situations like Jeremy's family.

Ms. WILLER: Hopefully this can lead to better standards and better enforcement...

COURIC: All right.

Ms. WILLER: ...and more money for the system.

COURIC: Thanks, Barbara Willer. Appreciate it. It's 7:42. Matt's back in a moment with Harrison Ford. That's right after this.

To: Jennifer Klein
From: Brecken Armstrong
Subject: The Labor and Human Resources Hearing
Date: July 17, 1997

MEMORANDUM

Here is a short report of the hearing I went to this afternoon. I stayed for the first panel to hear the testimony of Mark and Julie Fiedelholtz, the couple who lost their child in a child care facility. I am sure that you have heard their story before, but I will give you a summary of their story and their suggestions for reform.

Mark and Julie Fiedelholtz put a great deal of effort into researching the right child care facility for their three month old son Jeremy. After locating a licensed day care program, they had reference and background checks done on the operator and personally visited the house where the program was run. They were showed a front room where Jeremy and the three other infants would be cared for. The operator assured Mark and Julie that she had an assistant who was there to run errands and to care for the children so that there would be a 1:2 ratio of adults to infants. Mark and Julie decided to leave Jeremy there for an afternoon to test the facility. After only two hours, Julie stopped by for a visit. Because the operator was not there, the infants were left in the care of an untrained, nine month pregnant assistant who had been having fainting spells all day. Julie went over to the crib and found Jeremy face down in a pool of vomit. He was not breathing. The paramedics were called and, though Jeremy was revived in fifteen minutes, he was pronounced brain dead. He died the next day.

The situation was investigated by the police and it was discovered that the operator was registered under a false social security number and that the assistant was not licensed. A back room was found in the house in which there were nine other infants, all being cared for by this un-licensed assistant. The operator had been gone for 45 minutes when Julie arrived to check on Jeremy.

Mark and Julie want Jeremy to be used as a national symbol and hope his story will instigate child care reform. They are telling their story so that legislation will be passed regulating child care. Not only should more thorough background checks and spot checks be made, child care providers must be made to feel that they are professionals, not just babysitters. To elevate child care to a professional status, the Fiedelholtzs suggest that child care providers receive more education and be subject to more stringent regulations in return for higher, federally-subsidized salaries. Mark and Julie argue that a child care license must hold a certain amount of status in order for our children to receive the best possible care.

Mark and Julie also want the child care provider to be brought up on charges of manslaughter and child neglect for the death of their son, as well as charges relating to the false social security number and breaking NICHD licensing rules by being nine infants over the limit. Instead, all she has received is a $200 fine. There were no references during the panel to the White House or the Clintons.

■

SCHEDULE

Continued from Page 1

ture, Military Construction and VA-HUD appropriations. 106 DSOB. 3:30 p.m.

AMTRAK PROGRAMS
Transportation Subcommittee hearing on FY98 appropriations for Amtrak. ***Witnesses:*** Steve Bartholow; Frank Buzzi, chief actuary, Railroad Retirement Board; Deputy OMB Director Jacob Lew; Deputy Transportation Secretary Mortimer Downey; and Amtrak CEO Tom Downs. 124 DSOB. 10 a.m.

ARMED SERVICES
PENDING NOMINATIONS
Full committee hearing on pending nominations. 222 RSOB. 9:30 a.m.

BANKING
HUD REBUILDING, LOAN PROGRAMS
Financial Institutions and Regulatory Relief Subcommittee hearing on HUD's rebuilding and loan guaranty program for financial institutions. 538 DSOB. 2 p.m.

EXPORT-IMPORT BANK
International Finance Subcommittee hearing on reauthorization of funds for the Export-Import Bank. 538 DSOB. 9:30 a.m.

COMMERCE
AUTO INSURANCE CHOICE
Full committee hearing on the Auto Choice Reform Act. ***Witnesses:*** **House Majority Leader Armey**, and **Rep. Jim Saxton**, R-N.J.; **Sens. Mitch McConnell**, R-Ky., **Joseph Lieberman**, D-Conn., and **Finance ranking member Daniel Patrick Moynihan**, D-N.Y.; Jeffrey O'Connell, law professor, University of Virginia; Harvey Rosenfield, executive director, Proposition 103 Enforcement Project; Andrew Tobias, author; Peter Kinzler, president, Coalition for Auto Insurance; Stephen Carroll, senior economist, Rand Corp.; and Tim Ryles, former insurance commissioner, Georgia. 253 RSOB. 9:30 a.m.

ENERGY AND NATURAL RESOURCES
LAND MANAGEMENT NOMINATIONS
Full committee hearing on Bureau of Land Management nominations. 366 DSOB. 9:30 a.m.

PENDING LEGISLATION
National Parks, Historic Preservation and Recreation Subcommittee hearing on pending legislation. 366 DSOB. 2 p.m.

ENVIRONMENT AND PUBLIC WORKS
GLOBAL CLIMATE CHANGE
Full committee hearing on global climate change. 406 DSOB. 10 a.m.

FOREIGN RELATIONS
HONG KONG, NICARAGUA MARKUP
Full committee markup of resolution on the OAS-CIAV mission in Nicaragua, and a treaty with Hong Kong concerning fugitive offenders. 419 DSOB. 10 a.m.

BOSNIA
European Affairs Subcommittee hearing on Bosnia. 419 DSOB. 2 p.m.

GOVERNMENTAL AFFAIRS
CAMPAIGN FINANCE
Full committee hearing on campaign finance investigations. 216 HSOB. 10 a.m.

JUDICIARY
JUVENILE CRIME MARKUP
Full committee markup of juvenile crime legislation. 226 DSOB. 10 a.m.

VISA WAIVERS
Immigration Subcommittee hearing on the visa waiver pilot program. 226 DSOB. 3 p.m.

LABOR AND HUMAN RESOURCES
CHILD CARE QUALITY
Full committee hearing on the quality of child care. ***Witnesses:*** Mark Fiedelholtz; Julie Fiedelholtz; **Sens. Connie Mack**, R-Fla., and **Bob Graham**, D-Fla.; **Reps. Benjamin Gilman**, R-N.Y., and **Peter Deutsch**, D-Fla.; Ted Childs, vice president, global workforce diversity, International Business Machines Corp.; William Waldman, commissioner, human services department, New Jersey; Deborah Lowe Vandell, NICHD Early Child Care Research Network; James Poole, American Academy of Pediatrics; and Lynn Behrmann. 430 DSOB. 2 p.m. **(Rescheduled from June 20.)**

VETERANS' AFFAIRS
VETERANS' BENEFITS
Full committee hearing on Veterans' benefits legislation. 418 RSOB. **(Postponed.)**

HOUSE COMMITTEES

AGRICULTURE
CIVIL RIGHTS REPORT
Full committee hearing to review the Agriculture Department's civil rights action team report. 1300 LHOB. 2 p.m.

APPROPRIATIONS
ENERGY, LEGISLATIVE MARKUP
Full committee markup of FY98 Energy and Water, and Legislative Branch appropriations. 2360 RHOB. 9 a.m.

D.C. PROGRAMS
District of Columbia Subcommittee hearing on FY98 appropriations for the District of Columbia. H-144 Capitol. 11 a.m. **(Rescheduled from June 26.)**

COMMERCE
FINANCIAL SERVICES REFORM
Finance and Hazardous Materials Subcommittee hearing on financial services modernization. 2123 RHOB. 10 a.m.

EDUCATION AND THE WORKFORCE
CAMPUS CRIME, REG REFORM
Postsecondary Education, Training and Life-Long Learning Subcommittee hearing on campus crime, and regulatory reform. ***Witnesses:*** Benjamin Clery, Security on Campus Inc.; Crystal Paulk, Society of Professional Journalists; Carl Bohmer, professor, Ohio State University; Don McPherson, Center for the Study of Sport in Society, Northeastern University; Eckert College President Peter Armacost; Nancy Wilie-Schiff, New York Education Department; Deborah Dunn, vice president, Yorktowne Business Institute; and Jane Stewart, director, federal relations, Higher Education Assistance Authority, Kentucky. 2175 RHOB. 9:30 a.m.

GOVERNMENT REFORM
DRUG SMUGGLING PREVENTION
National Security, International Affairs and Criminal Justice Subcommittee hearing on drug smuggling prevention efforts in Florida and the Caribbean. ***Witnesses:*** **House Speaker Gingrich**; from the Customs Service: Samuel Banks, deputy commissioner, and Peter Girard, group supervisor, cargo theft, office of investigations, and Mike Sinclair, chief, Miami seaport cargo, inspection

Witness List (TENTATIVE)

Hearing on Improving the Quality of Child Care
7/17/97 2:00 pm
Committee on Labor and Human Resources
Dirksen 430 -right off Constitution + C

Panel 1:
Parents of a child who was killed during the initial visit to a home child care provider

Mark and Julie Fiedelholtz
Pembroke Pines, FL 33024

Accompanied by:
Senator Connie Mack (R-FL)
Senator Bob Graham (D-FL)
Congressman Benjamin A. Gilman (R-20-NY)
Congressman Peter Deutsch (D-20-FL)

Panel 2:
Discussion of existing efforts to improve the quality of child care, on the state level and in the private, business sector.

J. T. (Ted) Childs, Vice President - Global Workforce Diversity
IBM Corporation
North Tarrytown, NY 10591

William Waldman, Commissioner
New Jersey Department of Human Services
Trenton, New Jersey

Panel 3:
Discussion of current status of child care---in terms of quality and availability of high quality child care.

Deborah Lowe Vandell, Ph.D.
Madison, Wisconsin
Principle Investigator - University of Wisconsin, Madison site
Representing the NICHD Early Child Care Research Network

James M. Poole, MD
Raleigh, NC

Representing the American Academy of Pediatrics

Lynn Behrmann
Manchester, CT
Family Child Care Provider

JIM JEFFORDS

UNITED STATES SENATOR • VERMONT

FOR IMMEDIATE RELEASE
WEDNESDAY: JULY 17, 1997

CONTACT: BILL HYJEK
(202) 224-5141

JEFFORDS INTRODUCES LEGISLATION TO EXPAND CHILD CARE OPTIONS

Washington, D.C. - U.S. Senator James M. Jeffords, R-Vt., introduced legislation today to expand and ensure quality child care for millions of Americans. The legislation, called "CIDCARE", would provide tax incentives making it easier for families to pay for good child care and for businesses to help provide it.

"As we all know quality child care costs money, but the costs of not making this investment are even higher," said Jeffords. "Having affordable, convenient child care helps parents reach and maintain economic self-sufficiency".

CIDCARE, short for Creating Improved Delivery of Childcare: Affordable, Reliable and Educational Act, would give employers a tax credit for contributions to child care arrangements for their employees and a charitable deduction for donating educational equipment to qualified providers. It would establish a $260 million competitive grant to promote innovative approaches that improve the quality of child care services, expand the use of higher standards associated with child care accreditation/credentialing, and promote professional development.

Jeffords, Chairman of the Senate Labor and Human Resources Committee held a hearing today to highlight the importance of good, reliable child care. The lead witnesses, Mark and Julie Fiedelholtz, testified about their experience when their three month old son died the first day he was left at a licensed Florida child care facility. A recent nationwide study found that 40 percent of the child care provided to infants in centers was potentially injurious.

More than 60 percent of women with pre-school children are employed either full-time or part-time. For these mothers, the costs associated with child care has risen 6 percent each year since 1990.

"For the 12 million children who spend much of their pre-school lives and many of their non-school hours being cared for by someone other than their parents, child care provides the foundation upon which all future education will be built --- and determines to a large extent whether that foundation will be strong or weak", said Jeffords. "At the most important time in the development of a child's brain, these children are being cared for by people paid less than the person who picks up your garbage, required to have less training than the person who cuts your hair, and less skills-based testing than the person who delivers packages overnight to your home".

-30-

Labor + Human Resources Hearing

Congressmen Deutsch began hearing @ improvements in day care, regulation

- 12 mil children under five cared for by people other than parents
* childcare can be twice $ spent on food for low-income families
- new medical findings become esp. important
- establish national standards for treatment of kids

Panel #1 Mark + Julie Friedelhalts

Mark
- 5 1/2 months since death of their son
- 3 months old when died on 1st day of child care
- thank you for having us
- sense that people care here
- don't look at him as a statistic, but as a real little boy, Jeremy
- thanks Congressmen + media
- went to a licensed day care for 2 hours + when wife got there, he was dead
* man was a bit hysterical, dramatic, just tell us your point
- what went on was un-American
- criteria = if not harmed + molested, is a good day care
- day care system is a joke here
* you want him as a national symbol, see this as a representative

Julie
- went w/ family day care operator, near house
- had a helper to run errands, said only 4 kids
- did a reference + backcare check
* went for a spot check
- returned 1 hr 50 min later, he wasn't breathing
- found him covered in vomit, paramedics took 15 min
- next day seizures + brain dead
* found a back room w/ 9 extra infants over limit
  - not a liscened helper
  - day care wasn't there, false ID
  - 13 children
  - baby suffocated

Mark
- states have little or no regulations
- not just a Florida issue, only need a 3hr course + a cumnial background check
- liscense must mean something
- only 18 states have liscensing w/ enforcement
  32 " have checks
- congress → ~~state~~ → city, passing the responsibility
- system
* $200 fine for Jeremy's death, kill police dog (more)
- operator + day care provider not been given criminal proceedings
- expert said it was "bad luck"
- it isn't about Jeremy, it is about every other child

-he wants manslaughter for the day care workers
- "ignorance is killing our children at day care"
-any legislator who absandons this issue, look at this picture of him

Questions

-expert said supervision didn't affect the problem
-worried she'll be w/ more children
-false soc. sec. # for operator
-was a scheme, ratio was 2 or 4 infants
-the system didn't work, why didn't the soc. sec. # check out

-one of complaints = big gov come shut the little providers down w/ too many regulations
-are going to soon have an explosion in need for childcare

Mark
- KIDCARE bill coming up
- have the demand but not the supply
-wants them to be paid better, get more education, regulations
-make day care a profession, more than baby sitters
-have a market campaign, ad campaign
-operators are subsidized + professionals
-courses + retraining

-need federal regulations
*time right for this
-educate parents, parent awareness campaign
-need criminal proceedings
-need child care providers feel like professionals

Sen Jeffords
-hearing prompted by new knowledge of child development + brain
-need people to check up on safety

Panel #3 Deborah Lowe Vandell, Madison-Wisconsin
-from NICHD researcher
-investigator for NICHD
*NICHD study of effects of infant care on development of children
-circumstances of support on developments
-1360 families studied, vary a lot
-observed 1, 6, 15, etc months of age
-assess relationships w/ people, school readiness, etc.
-report on care arrangements, etc.

-84% of kids, non-material care
-enter care at 3.1 months for 29 hrs per week
-low-income kids, lower quality care in ~~center~~ home but not
-just

get notes

- most care-givers had high school degree + some college
- 71% no specialized training

- care givers were better when had training, smaller groups
- grp size, ratio affect quality