THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release

February 24, 1997

MEMORANDUM FOR THE HEADS OF EXECUTIVE DEPARTMENTS AND AGENCIES

SUBJECT: Federal Policies Targeted to Children in Their Earliest Years

Over the past few years, scientific research has demonstrated that the earliest years of life -- before children reach school-age -- are critical to cognitive, emotional, and physical development. We know that emotional nourishment, intellectual stimulation, parental and community support, good nutrition, proper health care, quality child care, and safe housing during the first years of life form the foundation for a child's ability to learn, thrive in school, work productively, and contribute fully to society.

Across the Federal Government, we are making great strides to enhance development during the earliest years of life by investing in research, educating parents and caregivers, and supporting programs that provide early intervention to disadvantaged families. I am committed to accelerating our efforts to target the earliest years of life. We all have a stake in ensuring that every child is given the opportunity to fulfill his or her God-given potential.

Today, I am directing the heads of executive departments and agencies to report to me within 30 days with:

1. a comprehensive list and assessment of existing projects and programs funded by your agency that target the earliest years of life -- including any existing qualitative or quantitative evidence of success, as well as current funding levels and number of clients served -- and a description of any proposed improvements to such projects and programs.

2. a comprehensive list and assessment of any planned projects and programs of your agency that target the earliest years of life, including projected funding levels and number of clients to be served; and

3. specific proposals for additional projects and programs this year that could be undertaken to improve the earliest years of life that do not require new spending or that fall within the proposals in the FY 1998 Budget, or that could be developed for consideration in the FY 1999 Budget, within the limits of my Balanced Budget Plan.

I am also directing the establishment of a senior level interagency working group to share, examine, and develop these assessments and proposals.

WILLIAM J. CLINTON

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DEPARTMENT OF THE TREASURY

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DEPARTMENT OF THE TREASURY
WASHINGTON, D.C. 20220

March 24, 1997

REPORT ON EARLY CHILDHOOD PROGRAMS

Child Support. Treasury is working with HHS to implement the Child Support Enforcement Executive Order issued by the President last August. The executive order allows Treasury's Financial Management Service to utilize the powers of the Debt Collection Improvement Act of 1996 to offset certain federal payments to individuals with delinquent child support obligations.

Treasury and HHS will soon issue a notice to individuals who owe child support in at least seven states, indicating that there will be portions of vendor payments, retirement checks and other benefits taken from these individuals and given to the states for child support payments. Treasury will continue to work with HHS to encourage more states to participate in the program, in part by making them aware of the potential fiscal benefits.

Adoption. Treasury has been participating in an interagency working group on adoption that has been working on ways to encourage families to adopt young children. In accordance with the President's December 14, 1996 Executive Order on Adoption, Treasury and IRS will issue and distribute a publication describing the adoption tax credit in two to three weeks. By aggressively disseminating the information about the tax credit, Treasury hopes to make more families aware of this effort to ease the financial burden on families adopting a child.

Child Tax Credit. As part of discussions over the FY 98 budget, Treasury is working to enact the President's targeted, $500 per child tax credit that will ease the burden on families trying to raise young children.

Children's Health Care. Treasury was involved in helping to design the health care initiatives in the President's FY 98 budget. These include two major initiatives that will help young children: 1) guaranteeing health insurance coverage to millions of children who are now uninsured; and 2) helping an estimated 3.2 million families with unemployed workers keep their health care coverage for up to six months. This new initiative will benefit 700,000 children.

Firearms Safety. The Bureau of Alcohol, Tobacco and Firearms (ATF), in conjunction with Treasury's Office of the Undersecretary of Enforcement, continues to enforce firearms regulations and remove dangerous weapons from our streets and neighborhoods. These efforts, of course, are designed to protect children and adults of all ages.

In addition, as part of the anti-gang legislation unveiled in February by the President, Treasury contributed the new requirement that federally licensed gun dealers sell "**child safety locks**" with handguns to reduce accidental gun deaths and injuries.

Safe and Drug Free Schools. Though this particular program is administered by another Department, **ATF's Gang Resistance Education and Training ("GREAT")** program is another school-based program designed to keep violence and drugs out of schools. The GREAT Program trains local uniformed police officers to help children set goals for themselves, make sound judgments, learn how to resolve conflicts without violence or drugs, and understand how gangs, drugs, and youth violence negatively impact on the quality of their lives. To date, 1,300 officers from over 530 law enforcement agencies, representing 45 States, the District of Columbia, and military personnel from overseas bases have been trained to present the core curriculum in elementary, junior high, and middle school classrooms. Since the program's inception in 1992, over 2 million children have received the GREAT Program training.

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DEPARTMENT OF DEFENSE

Divider Title: _____

DEPARTMENT OF DEFENSE

OUR CHILDREN, AMERICA'S FUTURE

Department of Defense: Our Children, America's Future

Honorable William S. Cohen
Secretary of Defense

This report, "Department of Defense: Our Children, America's Future," reflects our commitment to the development, education and well-being of our children and families. We are very proud of our efforts in support of young children and appreciate the opportunity to share our accomplishments and vision for the future.

Our Child Development Programs have long been considered a model for the nation. We maintain levels of accreditation of our child care centers and staff that are unsurpassed in the industry. We are particularly proud of the New Parent Support and Early Intervention Programs. These programs facilitate effective adaptation to parenthood and provide assistance to families having children with special needs. The Department of Defense Education Activity, through the Department of Defense Dependents Schools and the Department of Defense Domestic Elementary and Secondary Schools, operates developmental preschools and other programs aimed at preparing children to enter school "ready to learn."

With the unique challenge of deployments and parent-child separations, the Department has developed a number of creative ways for separated parents to keep in touch with their young children. These deployment programs have yielded significant benefits by reinforcing the bonds between parents and their children.

The Department of Defense has a strong tradition of instilling America's core values into its members. These values drive our commitment to our children. By doing all we can to maintain and pass on these values, we will ensure our children are prepared to help build America's future.

William S. Cohen

Department of Defense
Under Secretary of Defense (Personnel and Readiness)
Assistant Secretary of Defense (Force Management Policy)
Deputy Assistant Secretary of Defense (Personnel Support, Families and Education)

Department of Defense: "Our Children, America's Future"

Defense Policies and Programs Targeted to Children in Their Earliest Years

The Office of Family Policy
4015 Wilson Boulevard, Suite 917
Arlington, Va 22203

With appreciation to all who contributed to the development and production of this report

March 1997

INTRODUCTION

"Our first challenge is to cherish our children and strengthen our families."

President William J. Clinton
State of Union Address
January 1996

Military service imposes unique demands on the men and women who volunteer to defend our Nation as members of America's Armed Forces.

- Frequent separations require self-reliant families
- Rapid deployments/frequent separations require families to be prepared for unexpected contingencies
- Relocations impact spouse employment, family finances, sense of belonging/security
- Moves/distance impact on family support networks

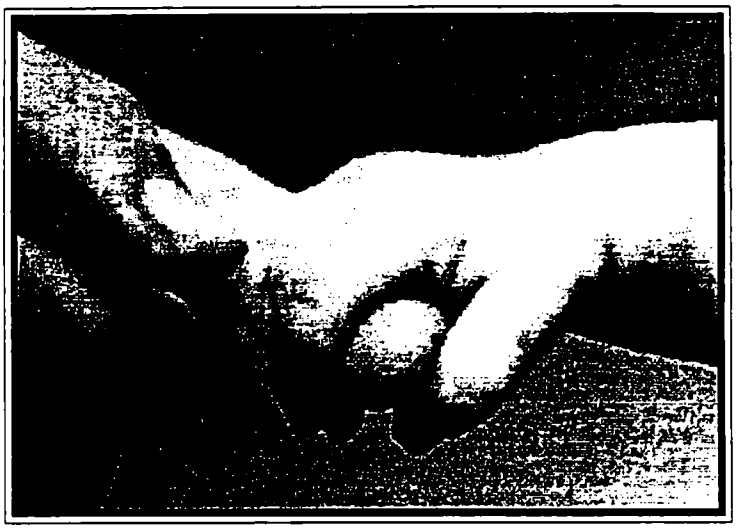
Life in a military family is rewarding and challenging, but not always easy. In 1997, DoD will relocate nearly 350,000 personnel. Many will be sent to foreign countries, some to life threatening assignments. Some family members will be given the opportunity to accompany the service member to new and exciting places where they can meet new people, experience new cultures and expand their own personal horizons. With these opportunities, however, come the challenges of relocating, leaving friends and extended families, and starting over in new jobs or new schools. Other family members will be separated from the service member, and may face stress and anxiety while apart. Whatever the circumstances, military family members have an unmistakable need for policies and programs which give them the support systems they need to reach their full potential while coping with the stresses of military service. The Department of Defense recognizes that its responsibilities for families begin even before conception and accepts an open-ended challenge to meet the needs of all of its members and their families.

"Department of Defense: Our Children, America's Future" describes the policies, programs, plans, resources, and future initiatives targeted to children in their earliest years. The Department considers children to be an important component of the total DoD "Family." Supporting the care and development of children is a responsibility which the Department willingly assumes in return for the loyal dedication and sacrifice which our military service members make in defense of the Nation. The Department's policies and programs emphasize development, health, safety, and wellness, plus early identification of developmental delays. This approach supports the National Goals for Education 2000, strengthening the role of fathers, and promoting

family-friendly workplace practices.

The Department of Defense has a great legacy as a military force. This legacy is a result of consistent improvement, refinement, and use of the most effective military practices. We likewise have a great legacy of strong families, a deep sense of community and concern for the health of our children. This, too, is a result of constant improvement, refinement, and practice of those strategies which strengthen families, promote communities, and nurture children.

Our commitment is to continue to improve this tradition of cultivating an environment in which young children can grow and families can thrive. The sowing of the seeds which contribute to these goals will yield a considerable harvest for military families, communities, the Nation and future generations of American children.



"Today's Army is committed to quality Child Development Services for our families. In fact, child care is a readiness issue for Army personnel. Soldiers need to know and be assured that their children are in good hands so they can accomplish the mission—the mission of being ready to defend their country."

General Dennis J. Reimer
Chief of Staff of the Army

CONTENTS

A. DoD's Children

Each year there are approximately 109,000 children born to service members. In 1996, the Department had 1.29 million children who were 18 years of age or younger. Of that number, 345,000 were three or under.

Chapter 1

Child Development and Education

AGE AND GENDER OF MINOR CHILDREN OF ACTIVE DUTY

Pre-School/Kindergarten Children						
	Ages 0 - 2		Ages 3 - 5		TOTAL	
Rank	Male	Female	Male	Female	Male	Female
E1-E4	51,567	49,166	35,085	34,214	86,652	83,380
E5-E6	48,319	45,658	67,507	65,590	115,826	111,248
E7-E9	7,479	7,015	13,503	12,971	20,982	19,986
W1-W5	1,147	1,070	1,600	1,603	2,747	2,673
01-03	14,760	13,946	12,175	11,979	26,935	25,925
04-010	5,996	5,725	9,438	8,939	15,434	14,664
TOTAL	**129,268**	**122,580**	**139,308**	**135,296**	**268,576**	**257,876**

These youngest members of the DoD family live in large urban population centers, rural areas, and remote locations in the United States and countries around the world.

Why DoD Invests in Children

The change in DoD demographics has been one of the driving forces behind the development of many of our programs for children, most notably the Military Child Development Program. DoD's child care policies have evolved over the last 25 years as the military services moved from conscription to an all volunteer force. What was once a child care program run by volunteers to support family members during social events and recreational activities is now a sophisticated system of child development options which support readiness and retention.

In the early 1950s, only 35 percent of the force was married. Today over 59 percent are married. Also, during the late 1970s, policy

changes allowed women to continue on active duty after childbirth. Now, 62 percent of the military force has family responsibilities, and approximately 65 percent of military spouses are employed outside of the home. Because the mobile lifestyle requires military families to move away from their extended families, their reliance on the Military Child Development Program continues to increase, especially when they are transferred to foreign countries.

The typical military family is young, at the low end of the military pay scale and has few resources. For example, 51 percent of military child care users' total family income (including housing and subsistence allowances) falls in the lower income levels on the DoD fee scale.

Military Child Development Programs accommodate parents' needs for infant/newborn care. While civilian centers typically begin providing care at six months of age or, more commonly, two years, a significant number of DoD child care spaces (approximately 40 percent) are devoted to infant and toddler care. If infant care is available through commercial providers, rates can be two to three times higher than in a Military Child Development Program and a family can end up spending up to 30 percent, or more, of its income on child care.

Because military deployments place special demands on families, DoD relies on an extensive Family Child Care program to ease parental responsibility at this critical time. Families with children who have special needs find child care especially difficult to find in many civilian communities. Through a systematic approach to child care, families are able to find care for their special needs children. Last year DoD Child Development Programs provided care for 4,300 children with disabilities and special health care needs.

With approximately 15 percent of DoD's military adolescents seeking a military career, and 34 percent considering a military career, an investment in quality early childhood programs is an investment in the future of our military force.

B. Maternity/Paternity Policy

Maternity leave is very important to military members after the birth of a child. Since 1974, the DoD no longer separates military service women who become pregnant, and every service woman who gives birth to a child is granted six weeks of maternity leave. In addition, DoD Instruction 1341.9 allows commanders discretionary authority to grant leave to military parents who are adopting a child to allow them time to bond with the child and make arrangements for child care.

The Marine Corps authorizes and encourages commanders to grant 10 days of leave to Marine fathers after the birth of a child. In remote areas where there are no military medical facilities, Marines may be authorized up to 30 days of

leave to assist and support their spouse just before and immediately after childbirth.

C. DoD's Developmental Philosophy

The Department of Defense views quality, developmentally appropriate early childhood programs as a top family priority. Wherever and whenever children are entrusted to our care, the emphasis is on quality, safe, and developmentally appropriate early childhood experiences.

The DoD has supported a developmental approach to early childhood programs for over 15 years and, along with the Military Services, endorses and subscribes to the guidelines in the National Association for the Education of Young Children's (NAEYC) Developmentally Appropriate Practice for Early Childhood Programs.

The increased demand for early childhood education services is due in part to the increased recognition of the importance of experiences during the earliest years. All programs offered to children under three are both individually-and age-appropriate to meet each child's unique growth patterns. Developmentally appropriate programs are based on:

- what is known about how children develop and learn and what activities, materials, interactions, or experiences are appropriate at different stages of development
- what is known about the strengths, interests, and needs of each individual child
- knowledge of the social and cultural context the child lives in to ensure learning experiences are meaningful, relevant, and respectful of the child and family

Whether they are full-day child care, part-day enrichment pre-schools, early intervention or Head Start/Sure Start programs, all eligible military early childhood programs are seeking accreditation by the NAEYC.

D. DoD's Child Care Programs

Department of Defense Child Care System

The DoD Child Care System serves over 200,000 children (ages birth to 12 years) daily. Known as the Child Development Program, it includes Child Development Centers, Family Child Care homes, School Age Care programs, and Resource and Referral services. Through these delivery systems, DoD offers full-day, part-day, and hourly child care, part-day preschools, before and after school programs for school-age children, and extended hour care which includes nights and weekends to accommodate shift workers. Today, there are approximately 1.2 million children (ages birth to 12 years) of active-duty personnel. Based on this number and a projected military force of 1.4 million, DoD needs 299,278 child care spaces. Our goal is to provide at least one affordable child care option for each member who needs it.

The demand for child care is high. We currently meet 56 percent of the need. Our goal is to meet 65 percent by 1998. As of 1996, there were 166,322 available spaces.

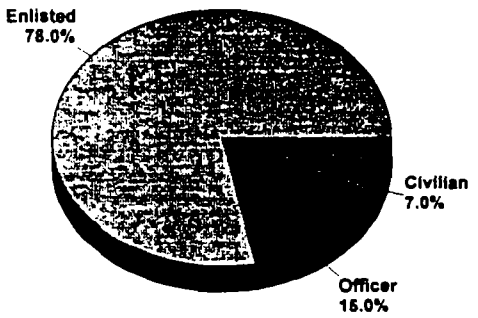
THE DoD NEED FOR CHILD CARE SPACES 1996

	USA	USN	USAF	USMC	DoD
Available	70,488	37,970	47,468	10,396	166,322
Needed	109,814	80,488	85,927	23,049	299,278
% Met	64%	47%	55%	45%	56%

Who We Serve and Why

The purpose of the Military Child Development Program is to "assist commanders and families in balancing the competing demands of family life and the military mission and improving the economic viability of the family unit." Priority is given to working parents, both military and civilian. Eligible patrons include active duty military personnel, DoD civilian personnel, reservists on active duty, and DoD contractors. First priority is always given to child care for active duty military and DoD civilian personnel.

Child Care Users



Child Development Centers (CDCs)

Child Development Centers at over 300 locations provide care for children from age six weeks to 12 years of age. Facility capacities range in size up to 305. Rather than operate these facilities around the clock to meet unusual work hours, DoD has developed an extensive network of Family Child Care Homes to support this need.

Family Child Care (FCC)

Family Child Care programs consist of in-home care provided by certified providers living in government owned or leased housing. These providers are generally spouses of active duty personnel. Currently, 9,730 licensed and trained FCC providers are available to provide night, weekend, and unusual hours care. To ensure comparable quality of care, FCC programs must meet the same standards for inspection, training and background checks as center programs.

School Age Care Programs (SAC)

School Age Care is offered for children (ages three through 12 years) before and after school, and during holidays and summer vacations. A 1995 Secretary of Defense budget initiative funded over 20,000 new SAC spaces.

Resource and Referral (R&R) Programs

Resource and Referral programs are available at most military bases. Many offer referrals to child care in the local community as well as to on-base programs. Since it is impossible to meet all child care needs in installation facilities, R&R services are critical in referring families to quality off-base child care.

- The total DoD budget for all child care programs, including SAC, is $273.3 million.

The Military Child Care Act of 1989

A series of highly visible child sexual abuse cases in military child care centers during the mid-1980s resulted in Congressional hearings during the summer of 1989. These inquiries culminated in the Military Child Care Act (MCCA) which required much closer oversight of the entire Child Development Program. The Act sought to improve the quality, availability, and cost of child care for military families. Changes were made to funding and staffing requirements, fee policy, child abuse prevention efforts, and inspection procedures.

The Department of Defense Instruction 6060.2, Child Development Programs, dated January 19, 1993, implemented the MCCA and established minimum standards for Child Development Programs. Standards include ratios of adults to children, minimum training requirements, and child abuse prevention standards. DoD issues overall policy and minimum standards and the individual Military Services issue the regulations and basic operating procedures.

The Government Accounting Office has reviewed military child care on three separate occasions. Their audits focused on three areas: fees and fee discrepancies, availability of child care and waiting lists, and overall program quality. In addition, the DoD Inspector General conducted an inspection in 1989 and issued a report which contained 53 recommendations for improvements in the Child Development Program and essentially required more standardized programs across the Department.

DoD's Developmental Philosophy for Infant and Toddler Programs

Every aspect of military Child Care Programs, from facility design to the food program, is carefully planned to have a positive impact on children's growth and development. All programs, regardless of setting, enhance and support children's physical, social, emotional, and intellectual development.

Facility design plans incorporate both the indoor and outdoor learning environments and provide a balance of activities such as noisy and quiet, adult-directed and child-initiated, and individual and small group.

Child Development management personnel recognize the importance of early stimulating experiences, and provide activities and environments that foster children's individual development. Direct caregiving personnel and providers are well-trained, understand the developmental stages of young children, and have realistic expectations of children's behavior.

The DoD Child Development Program promotes literacy for children in a variety of ways. Infant and toddler activity areas have comfortable reading sections where these young children can select favorite, age-appropriate books and bring them to a primary caregiver for reading or looking at the pictures. Songs, fingerplays, and stories are part of the daily activities. Infant's cribs are labeled with their names and photographs.

The DoD Child Development Program is on the cutting edge of infant and toddler environment design, promoting children's cognitive learning at the earliest ages. Since "hands-on" learning

experiences stimulate all senses and magnify learning, environments are colorful, tactile, and stimulating. Infants don't stay in cribs when they are awake; they are always able to explore their environment to encourage growth and development. There are soft crawl areas that feature mirrors and other interesting items for infants to look at, feel, and explore. Pictures at infants' and toddlers' eye level are placed around the room. Caregivers place different surfaces such as fine sandpaper, smooth tile, corduroy, velvet and felt swatches, and a variety of different colorful fabrics on furniture and walls for babies to feel. These fabrics draw children to touch and experience different textures. Built-in infant "cruise rails" around the room allow children to pull themselves up and walk around to look at interesting, stimulating things in the environment. Rather than high chairs, older infants and toddlers are fed at low tables that foster peer interaction and encourage early talk. Even young infants make sounds at one another that predict later conversation.

E. Parental Involvement

Parents are an integral part of DoD's Child Development Program and are encouraged to participate in significant aspects of the program which include: having access to their children at any time, observing their children within the program setting, serving as volunteers, and providing advisory input on administrative policies and programming issues.

A parent involvement program is established at installations to encourage parent participation and center/home partnerships. The Parent Advisory Council at each military installation makes recommendations for program improvements to the commander and staff. All Child Development Centers and Family Child Care Homes have an "open door" policy to encourage parents to visit their child's program, meet with staff and providers, and participate in their child's daily activities and special events such as the Month of the Military Child, field trips, and holiday celebrations.

Parents receive daily feedback keeping them informed about their child's activities. This is especially important for infants and toddlers. Newsletters and notices on parent bulletin boards in centers and family child care homes also keep parents informed.

Special Parental Programs

There are special circumstances in the lives of military families which may make parenting of young children even more challenging than for other families. These stress-producing conditions include frequent moves, living away from extended families, deployments or temporary duty travel for one or both parents, extended working hours, and parents at risk in performance of military missions. These challenges may make it difficult for parents to sustain a positive approach to parenting, and they can have a negative impact on marriages. To help young families cope with the demands of parenting and have some time apart from their children, the Air Force, with the support of the Air Force Aid Society, has developed several support services which are summarzied below.

Parents' Night Out

The Air Forces' on-base Child Development Center is opened for a few hours during the day on weekends or in the evening to provide short-term hourly child care. This program is very popular and may attract as many as 50 children per day or night at one base. The parents pay a fee of $2 to $3 per hour, and no appropriated funds are used. Approximately 100,000 clients are served each year.

Give Parents a Break

The Air Force Aid Society, which is sponsored by Air Force members, provides funding so that on-base child development centers can be opened one or more times a month for children of active duty Air Force members. A few hours of free child care are offered to enable parents to take a break from the demands of parenting. To participate in the program, parents must be referred by their commander or an installation agency involved in child development. More than 150,000 hours of child care are provided each year at 81 bases around the world, and approximately 300,000 clients are served. The Air Force estimates that about $500,000 will be provided by the Air Force Aid Society for this program in FY 97.

Child Care for Volunteers

This program is designed to enable parents of young children to volunteer in community activities. It is funded by the Air Force Aid Society which purchases child care from licensed Family Child Care providers on the base. Having this free care available makes it possible for parents of young children to volunteer, have a break from parenting, and contribute to their communities. Many of these parents provide valuable services to young children through their volunteer work in hospitals, dental clinics, schools, and other installation activities. More that 100,000 hours are provided each year at 54 bases around the world, and this service benefits over 20,000 volunteer parents of young children.

F. Nutrition and Health

Nutrition and Meal Service

All meals and snacks served in DoD Child Development Programs meet United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) standards for children's meals and daily nutritional requirements. It is DoD policy that all eligible Child Development Programs enroll in the CACFP. Military programs overseas are not eligible for enrollment. Last year 277 centers and 4,895 providers were enrolled in CACFP. CACFP

reimbursements help offset food costs and ensure children are served nutritious meals and snacks.

DoD child care programs often provide up to 75 percent of a child's daily nutrient intake. Therefore, policies are designed to enhance and support healthy eating habits which will last a lifetime. Specific feeding and nutritional criteria promote total child development (especially important during the first three years of life when both body and brain are developing at a faster rate than at any other time during life).

Health and Sanitation

Staff receive specialized training on food and nutrition focused on sanitary food handling and child nutritional requirements, which vary greatly from what adults require.

All Military Child Development Programs have rigorous policies concerning health and sanitation practices, especially in infant and toddler areas because of the frequency of diaper changing, exposure to germs, and the potential spread of disease.

DoD has adopted the Centers for Disease Control methods of hand washing and diaper changing. These methods are posted in Family Child Care homes and center child activity areas as a visual reminder of the importance of following these procedures. Staff and providers are trained in universal health precautions, medication dispensation, and disease recognition. They are also trained on procedures to minimize the risk of Sudden Infant Death Syndrome.

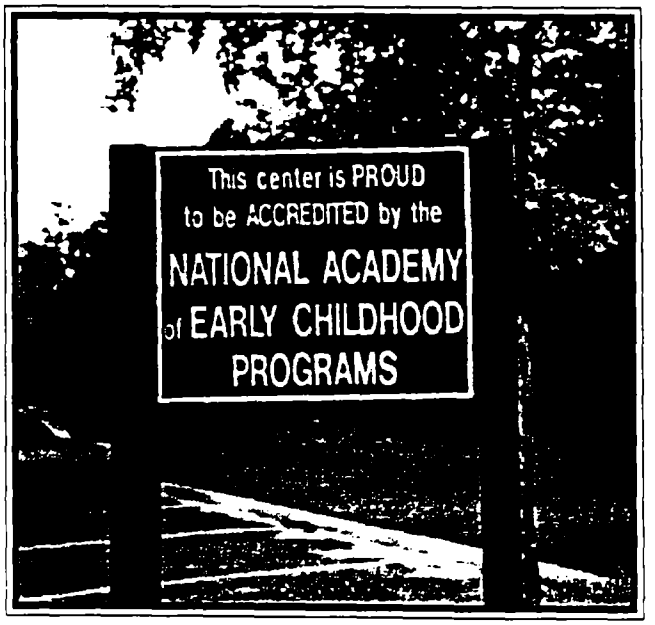
Child Development Center health inspections are conducted monthly to ensure centers are operated in a sanitary manner which supports good health practices. FCC homes are inspected annually, and homes are observed for established standards of cleanliness and orderliness on a regular basis by FCC staff.

G. Child Development Centers

The Child Development Center's programmatic objective is to provide the children of military and civilian families a quality child developmental and learning environment.

Personnel —The Key to Providing Quality Child Care

Recognizing that the key to quality early childhood experience lies in the training and compensation of those who work with our children, DoD has focused significant resources in these areas. Military Child Development Programs employ over 19,700 personnel and certify another 9,730 Family Child Care providers. Prior to 1989 and passage of the Military Child Care Act, training was inconsistent,



caregivers were paid minimum wage, and the annual turnover rate was over 300 percent in some locations. This constant turnover contributed to safety and health deficiencies in many Child Development Centers, not to mention poor caregiving practices.

The Military Child Care Act required DoD to add 3,700 additional general schedule (GS) positions to improve the training and staffing of Child Development Programs. This brought the number of authorized GS positions to 4,922. One of the positions mandated by the law was a Training and Curriculum Specialist with appropriate credentials in early childhood education for each Military Child Development Center.

The Military Child Care Act also required DoD to test a program to increase the compensation of child caregivers to improve the quality and stability of the workforce. This compensation package was linked to training and demonstrated competency working with young children. The test proved highly successful, and turnover rates dropped below 40 percent in all Military Services, where they remain today. Although this appears high by national standards, nearly 75 percent of the caregiving staff are spouses of active duty military who relocate on an average of every three years. These transfers account for nearly all of our current turnover and many of these personnel transfer to other military bases and are employed by child care programs at these new locations.

The Air Force is helping to develop management professionals through its Child Development Management Trainee program. College graduates with degrees in early childhood education, child development, and related fields are recruited through college visits, job fairs, and early childhood conferences.

To support the development of professionals in early childhood education, the Air Force has implemented an early childhood management improvement program. Individuals currently employed in Air Force Child Development Centers, family day care programs, and school age care programs who have not completed an undergraduate degree are encouraged to complete course work equivalent to a major in early childhood education or child development. Some of these credits may be gained through correspondence courses or distance learning. In some cases, funding for tuition or release time is provided to help individuals complete these credits.

Individuals selected as interns complete a comprehensive three-year training plan at one or more stateside training locations. During their training, they work in an Air Force Child Development Program in an entry-level management position. Upon completion of training, the management trainees are guaranteed a position in an Air Force Child Development Program as a Child Development Center Director, Assistant Child Development Center Director, or Training and Curriculum Specialist.

Training

The training that caregiving staff receive is a key indicator of quality care. DoD has developed a comprehensive training program for center caregiving staff. The DoD training program was the model for commercially developed early childhood training used nationally by early childhood trainers.

There are over 500 professional Training and Curriculum Specialists available to implement and support the training program. All newly hired caregivers complete orientation training before they work directly with children. This orientation covers topics such as:

- child abuse identification, reporting, and prevention
- first aid and CPR procedures
- age appropriate activities
- guidance and discipline
- health and sanitation procedures
- parent and family relations
- applicable Service regulations

Building on a Navy initiative, all Services adopted competency-based training modules specifically developed for use within DoD. There are modules specifically designed for:

- Infant/toddler caregivers
- Preschool age caregivers
- School-age caregivers
- Family care providers

All center staff complete competency-based training following the 13 functional areas of the nationally recognized Child Development Associate Credential Program. Caregivers complete 13 age-specific training modules, one for each of the CDA functional areas. The CDC modules address care for specific age groups: infant, toddlers, and pre-school. Caregivers are observed for demonstrated on-the-job competency. Working at their own pace, center staff usually complete the training modules within 18-24 months. Annually thereafter they attend 24 hours of training.

Competency-Based Training and the Child Development Association (CDA) Credential

In the late 1980s, the Army established a partnership with the Council for Early Childhood Professional Recognition. The National Credentialing Program results in the awarding of the CDA credential. All training provided to caregivers and providers including orientation and entry level, skill level, and ongoing annual in-service training is consistent with and focused on fulfillment of national CDA program competency requirements.

Although not a specific requirement, military caregivers are eligible to apply for the CDA at the completion of their training. To date, over 1,895 military caregivers have received CDA certificates.

Oversight and Evaluation

The Military Child Care Program has been singled out by leaders in the field of early childhood education. Contributing factors are compensation accreditation, establishment of standards for staff training tied to increased wages, and development of career ladders for staff which result in greater professionalism and high quality

DoD ACCREDITATION RATE BY MILITARY SERVICE

Service	Eligible Centers	Accredited Centers	Percent Accredited
Air Force	145	143	98%
Army	154	126	82%
Navy	135	58	42%
Manne Corps	31	10	32%
DoD	466	337	72%

programs. As of March 1997, 72 percent of all eligible Military Child Development Centers were accredited by the National Association for the Education of Young Children (NAEYC).

The accreditation process combines an internal and external review of the quality of the center's developmental program. It includes an in-depth self-study that builds upon staff, parent, and management communication and teamwork, in addition to review of the program by an external validator and a commission of early childhood professionals.

A 1994 RAND study, " Examining the Effects of Accreditation on Military Child Development Center Operations and Outcomes," reported that the most significant effect of accreditation was evidenced in appropriate caregiving activities. Accreditation also resulted in activities better suited to particular age groups, such as infants and toddlers. Better defined goals, higher-quality care, and more innovative programs have resulted from accreditation.

DoD Certification

The Department of Defense Child Development Programs are not subject to state and local child care licensing. Instead Military Child Development Programs must meet comprehensive certification standards established by DoD and the individual Military Services. DoD certification provides a thorough review of programs, but has a different emphasis than the NAEYC accreditation criteria. Certification standards are organized to correspond with the provisions of the Military Child Care Act and place special emphasis on staffing, health and safety, and physical environment.

Unannounced inspections are carried out at each Military Child Development Program at least four times annually. Three inspections are carried out by installation personnel and include at least one comprehensive health and sanitation inspection, one comprehensive fire and safety inspection, and one inspection lead by a command representative. This third inspection employs a multidisciplinary team with expertise in various health and safety standards prescribed for child care.

At least one unannounced comprehensive inspection is conducted by a higher level of command, either a major command or higher headquarters. This inspection includes a review of the curriculum, staff, and training and also assesses the safety and appropriateness of indoor and outdoor equipment. Parent interviews are conducted as a part of the program evaluations.

Inspection reports are sent to DoD along with the Service's recommendation for DoD certification. Deficiencies must be corrected immediately, or in cases of serious violations, the program will be closed. In addition, each Military Service must inspect at least one program in each command each year. Finally, random inspections are conducted by representatives of the Office of the Secretary of Defense to ensure compliance by the Military Services.

Affordability

Making sure that quality child care is affordable to military families is a high priority. Fees are established on a sliding scale, with low income parents paying less than high income families regardless of the age of the child. Child care is a

DoD 1996 - 1997 FEE RANGES

Income Category	Total Family Income	DoD Weekly Fee Range
I	$ 0 - $23,000	$36-49
II	$23,001 - $34,000	$46-59
III	$34,001 - $44,000	$56-71
IV	$44,001 - $55,000	$69-80
V	$55,000 +	$81-92

life cycle issue. While parents of infants usually generate less income, children remain in care during their preschool years and often continue in before/after school programs when parental income is usually higher. The civilian sector, on the other hand, usually charges fees based on the age of the child with infant/toddler care costing parents considerably more than care for a preschool age child.

Facilities and Playgrounds

DoD and the Military Services have developed Standard Design Requirements for Child Development Centers. The key elements of the designs are a series of standard classroom modules, sized and furnished for each age group of children: infants (six weeks to 18 months old), toddlers (18 months to three years), and preschool age (three to five years). Between 1980 and 1997, 326 child care facilities were approved by Congress for major renovation/new construction utilizing the standard designs.

DoD centers are designed to care for infant/toddler age groups and contain features which provide for a safe, secure, and age appropriate environment for infants and toddlers.

Unique features of the infant activity room include a crawl area, an area for sleeping and playing, a diapering station, and a food preparation area.

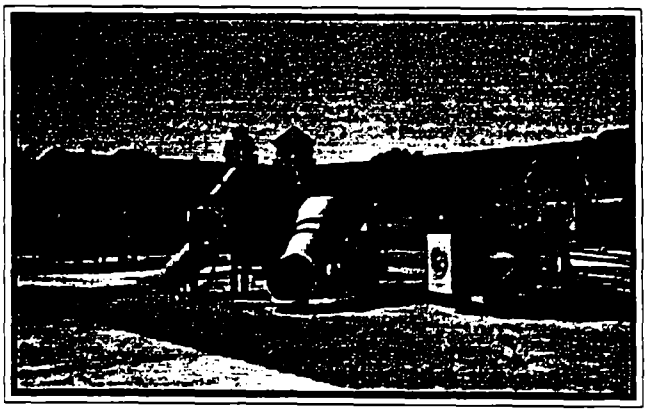
Toddler rooms feature an open area for play, a bathroom equipped with pediatric-sized toilets, a diapering station, an art/sensory area and a motor/music area.

All activity rooms include features that help keep staff and children safe. Large vision panels in walls and doors enable parents and supervisory staff to observe interactions between children and caregiving personnel. They also serve as a deterrent to child abuse.

Play Area Concepts

The Army has taken the lead in developing Standard Designs for Child Development Center (CDC) Outdoor Play Areas which are designed to the highest standards of safety for a supervised outdoor play area. The Consumer Product Safety Commission (CPSC) guidelines are used as references in the Standard Designs.

The outdoor play environment is divided into individual play areas to accommodate the different age groups. Each age group playground contains a variety of activity areas which were



selected to reinforce the developmental requirements for that group. Each area has different types or sizes of play elements and components which support children's developmental needs.

Infant Play Area

The infant play area is designed to provide a variety of stimuli for children six weeks to 18 months. This environment is shaded and provides a surface where it is safe to crawl and play. The infant area is accessible by the CDC path network that allows caregivers to take infants out in strollers.

Joint Services Training

The Military Services' Child Development staffs have been involved for almost two decades in joint training, an effort designed to save resources and maximize training availability and effectiveness. An example of joint-service collaboration is the Association of Young Children Europe which consists of all Services' child care personnel, DoDDS teachers, private school staffers, and parents. The Association conducts semi-annual training in a central European location, and has had attendance as high as 1,500 for weekend workshops. The goals of this organization are to unite early childhood efforts throughout Europe, share ideas, promote dialogue, and provide information and training for people interested in the care and well-being of young children.

Toddler Play Area

Toddlers are 18 months to three years. At these ages, children are rapidly learning and exploring their environment. Therefore, the environment is set up with many types of play spaces and activities for playing alone, playing in pairs, and playing in small groups. Activity zones include: a wheeled toy path, a play village, a quiet sand play area, a fantasy play area, a composite structure, swings and a multipurpose area.

It is DoD policy to integrate children with disabilities into the classroom and the outdoor play environment with their appropriate group. This is best accomplished by providing a diversity of play opportunities and equal opportunities for all children regardless of ability.

H. Family Child Care

DoD has a large network of over 9,730 Family Child Care (FCC) homes to support the unique demands of the military lifestyle for families with young children. The FCC program comprises approximately 35 percent of the DoD child care program. FCC providers are spouses of military members and live in government housing. Because providers are independent contractors, they are able to offer flexible child care services individualized to families' needs. Many providers offer specialized care for infants/toddlers and children with disabilities or special health care needs. FCC also supports families' needs for child care during extended duty hours and during deployments. During recent military conflicts, a number of providers

assumed guardianship for children of active duty members.

Three categories of FCC homes are available:

- Multi-age homes for children six weeks to 12 years. These homes offer full-day, part-day, and hourly care. The ratio is six children to one provider. The group may include no more than two children under the age of two years, and the provider's own children under the age of eight count in the ratio. These homes offer a family atmosphere with children of different ages playing and learning together.

- Newborn homes for infants up to six weeks. Providers receive specialized training and oversight while caring for the very youngest children.

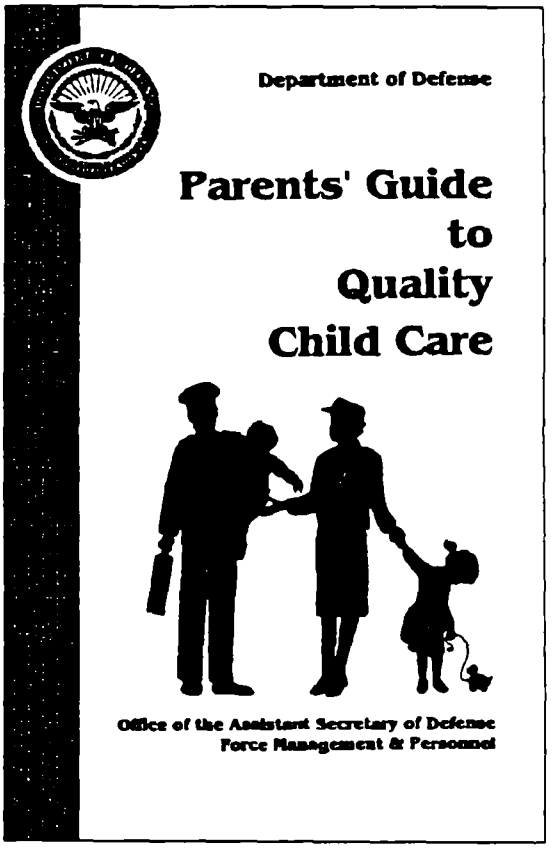
- Age specific homes. Providers care for a specific age of children, e.g., toddlers, pre-school, or school age.

Training

All FCC providers attend basic orientation training before caring for children. Training topics include:

- child abuse identification, prevention, and reporting
- first aid and CPR
- how children develop
- working in a multi-age setting
- fire, safety, and health procedures
- business practices and
- applicable Service regulations

Like the center training program, DoD has developed 13 training modules specific to the multi-age setting found in FCC homes. These are also based on the Child Development Associate



13 functional areas. A Training and Curriculum Specialist works with providers in one-on-one training and small groups settings. Providers are observed working with children and are tested on their core knowledge of the modules.

Annually, providers attend 24 hours of training offered by the FCC staff, installation, and off-base agencies that support families with young children. FCC staff conduct home visits monthly. During these monitoring visits, FCC staff conduct home inspections, observe providers working with children, and conduct one-on-one training. In addition to in-home technical assistance, each FCC program has a resource library for providers equipped with child-sized furniture (cribs, mats etc.), fire extinguishers, multi-age toys, books and a variety of supplies needed to operate a safe and healthy FCC home.

Oversight and Evaluation

The Military Services are exerting leadership in the emerging professionalization of family child care by encouraging providers to earn additional professional qualifications such as a Child Development Associate (CDA) and professional accreditation. The CDA credential is awarded to the individual provider (much like a degree), but accreditation is awarded to a FCC home. FCC accreditation includes a thorough assessment both of the FCC environment and management procedures and the provider's interaction with children, curriculum implementation, and interaction with parents.

DoD has developed a comprehensive certification process, similar to state licensing for FCC homes. This process includes: screening, training, home inspections by base fire, safety and health officials, and monitoring by professional FCC staff. Providers undergo comprehensive background investigations, and checks are also conducted on family members over the age of 12. FCC staff conduct in-home interviews, and a health assessment is conducted on each provider.

As part of the Child Development Program improvement plan, the Military Services are now actively supporting accreditation for FCC homes. FCC accreditation will provide an objective look at FCC homes and provide recognition for quality care.

The accreditation process is seen as the capstone of the DoD FCC improvement plan. The Military Family Child Care Home Accreditation (MHA) is currently under development. This accreditation initiative is composed of an individual provider accreditation and a FCC system accreditation process. Initiated by the Army, and later joined by the Navy and Marine Corps, the individual provider accreditation will be available in 1998.

Subsidies

FCC subsidies support four key goals: availability, affordability, quality and provider retention/professional development. The Military Child Care Act of 1989 authorizes the use of direct cash subsidies as a means of expanding the availability of care, to ensure providers offer comparable quality to that offered by CDCs, to promote adequate compensation for providers' work, and to keep fees affordable for service members. Low provider compensation contributes to high turnover and reduces the FCC system's quality and efficiency.

At some installations, it is difficult to attract sufficient numbers of FCC providers to meet installation child care

Outsourcing Child Development Services

The Military Services are constantly seeking ways to improve availability of Child Development services while controlling costs. One promising initiative is a Navy test of contracting for spaces and "buying down" rates in NAEYC accredited child care centers near five large fleet locations: Norfolk, Jacksonville, Seattle, San Diego, and Pearl Harbor. Under this program, sailors pay a fee, comparable to the cost of on-base care, and the Navy pays the difference. This effort is particularly targeted to gain additional infant/toddler spaces.

availability goals, particularly in the area of infant and toddler care. The FCC system offers subsidies as an incentive to attract additional providers.

FCC subsidies represent a considerable cost avoidance. FCC homes help defray the capital costs of building additional Child Development Centers (CDCs). As an example, an FCC director can recruit, train, and monitor 40 FCC homes with a potential for 240 child care spaces in contrast with the $3 million cost of building an additional CDC for the same number of children.

To attract and retain FCC providers, indirect subsidies in the form of start up kits (fire extinguisher, first aid kit, electrical safety sockets, and other materials) assist with providers' start-up costs and ensure children's safety. Indirect subsidies defray providers' child care costs during FCC training as well as supply homes with appropriate toys and equipment, and consumable materials such basic art materials, books, etc. These indirect subsidies act as program incentives and help new providers avoid large start-up costs.

Increasing the Availability of Child Care Through Off-Base Family Child Care Homes

The availability of child care is a quality of life issue that impacts readiness. The demand for child care is high and competition for space is great. On-base FCC homes are close to achieving maximum growth. Consequently, DoD is also promoting certification of military family members and civilians living in communities near military bases as a means of expanding the availability of DoD child care options. Installation FCC programs are developing memorandums of agreement with local state licensing agencies to train and monitor off-base providers. To be recognized as an off-base DoD provider, the home and the provider must meet all state or host nation licensing standards, have liability insurance, and complete the same training as on-base providers. Off-base providers will have access to the FCC resource library, which contains supplies and equipment for the care of young children. They will also be able to attend DoD-sponsored training and workshops at no cost. In return, providers must agree to care for DoD children. Off-base providers trained under the Army, Navy, and Marine Corps FCC programs will be eligible for direct cash subsidies. With approximately one-third of all DoD families living off-base, this initiative will expand quality affordable child care options for families living in civilian communities.

I. Developmental Preschools

The DoD Domestic Dependent Elementary and Secondary Schools (DDESS) system provides preschool programs at all of its 18 military installations in Alabama, Georgia, Kentucky, North Carolina, New York, South Carolina, Virginia, and the Commonwealth of Puerto Rico.

The preschool program serves four-year-old children and is designed to provide developmentally appropriate education to preschoolers enrolled in DDESS.

The DDESS schools follow developmentally appropriate practices established by the National Association for the Education of Young Children.

Preschool programs for typically developing four-year-olds and three- or four-year-olds requiring special education services are established at all DDESS locations.

- FY 97 funding level: $12.1 million

Sure Start

Goal 1 of the DoD Education Activity Community Strategic Plan is to assist children to become ready for school. Through Sure Start, the DoD Dependents' Schools System (DoDDS) pursues this goal at overseas military installations. The goal of Sure Start is to meet the needs of families whose young children do not have access to the same educational resources and early experiences overseas that they would in the United States. This objective is realized by allocating additional resources to existing DoDDS schools to allow them to develop special programs for selected children. Selection criteria for community participation in Sure Start consider community demographics including: family income, education level, number of single parent families, the presence of families in which English is a second language, availability of DoD Child Development Centers or suitable host-nation programs, operational tempo of the local command, local command support, and the availability of suitable DoD facilities and services.

The DoDDS has been allocated fiscal and personnel resources with which to establish an additional 38 Sure Start Programs, or other suitable early childhood programs, by the end of School Year (SY) 1998-99. Tentative plans are to open 10 additional programs in SY 1996-97 and 14 each in SY 1997-98 and SY 1998-99.

The DoD Sure Start program is based on the Head Start Child Development Program and provides high quality preschool opportunities for the children of service members stationed overseas. The program was originally conceived to meet the needs of families whose young children do not have access to the same educational resources and early experiences overseas as can be found in the United States. This lack of resources is further exacerbated by: family isolation, language barriers, limited early childhood education programs, loss of extended family support, increased impact of cost of living in overseas areas, and limited access to educational programming on television.

Sure Start follows a four-component delivery system for services: education, health, social services, and parent involvement.

Education Component

Ensures that the program meets or exceeds standards for quality programming and curriculum, physical environment, staff, parent involvement, and supportive climate.

Health Component

Provides children with health services including medical, dental, mental health, and nutritional.

Social Services Component

Ensures parent participation in the Sure Start classroom, provides for home visits by the teacher, makes parents aware of community services, and establishes an outreach and recruitment program to identify and enroll eligible children.

Parent Involvement Component

Ensures parent participation in local program policy and operation.

Evidence of Success

General studies conducted by the Department of Defense Dependents Schools (DoDDS) regarding the effectiveness of Sure Start indicate that the program goals are being met and that the components of the program support Goal 1 of the DoDEA Community Strategic Plan which states that all children will start school ready to learn. There are 580 students currently enrolled in the DoDDS Sure Start program at 29 locations overseas, with plans to add up to 34 additional programs by FY 1999.

- FY 97 Funding Level: $8.665 million

Early Intervention Services

Department of Defense policy mandates that each Military Department shall develop and implement in its assigned geographic area a system of early intervention services (EIS) for eligible infants and toddlers with disabilities, from birth through two years of age, and their families. The Military Departments are required to provide Child Find procedures, administration and supervision of EIS, identification of resources and coordination of resource providers, and procedures to provide timely services for infants and toddlers with disabilities and their families.

All Department of Defense Dependents Schools overseas conduct Child Find activities and provide services to eligible three-year-old children with disabilities. Children aged three through five determined to have a delay in one or more areas, physical, communication, cognitive, social/emotional or adaptive/self help development, are eligible for preschool services for children with disabilities (PSCD). The PSCD services are provided in a variety of settings such as the school, home, and child care provider facility. The goal of the PSCD program is to provide the necessary services to a child in the most appropriate setting utilizing the child's care providers, both parents and professionals. School case study committees coordinate with the EIS providers so that young children can effectively transition into school programs. Transition meetings involving the EIS providers, PSCD teachers, and parents are scheduled prior to the child's third birthday. There are 1,263 children aged three through five currently enrolled in the DoDDS PSCD programs.

- FY 97 Funding Level: $2.491 million

Head Start

Fort Belvoir, an Army installation, has a partnership with the United Cerebral Palsy Council of Washington, D.C. and Northern Virginia for a pilot Early Head Start Program in one of two Child Development Centers (CDC). Twenty-five infant/toddler CDC spaces were opened in September 1996. The project is funded for five years with Head Start in the Department of Health and Human Services. Qualifying families receive no-cost child care and family support services.

Fort Shafter, Hawaii, also has an agreement with Head Start to operate an hourly care and part-day preschool program in one CDC. Hawaii provides the CDC space, and Head Start funds the program.

An Air Force Head Start initiative at Travis Air Force Base, California, provides space in a state-of-the-art CDC for an enrichment program which is free to the 38 children ages three and four from eligible low-income families. Head Start funds the staff, equipment and supplies, as well as a parent education program at no cost to Travis families. Head Start gains space which enables it to expand the program to include infants.

J. RESEARCH

Since 1989, The RAND Corporation has worked closely with the DoD to provide research findings that would contribute to the Department's efforts to support children and families. RAND's work has included three studies, summarized briefly below.

The first project examined the delivery of military child care prior to the implementation of the Military Child Care Act of 1989 (MCCA). Based on interviews and secondary analyses, RAND suggested, in a 1992 report, ways to better meet miliary and family needs through a more systemic approach to the delivery of miliary child care. In particular, it recommended that the goals of military child care be clarified and efforts be made to address these goals through Child Development Services (CDS) operations and priorities. RAND urged the standardization of measurement of demand for child care, and called for a systematic assessment of youth activities. It focused particularly on Family Child Care (FCC) and strongly encouraged closer integration of FCC with CDCs. In particular, the report called for the strengthening of FCC provider training and oversight, marketing of FCC care to parents and commanders, selective subsidization of FCC care, reduction of FCC provider disincentives for providing care, and targeting of FCC and CDC services so that family and military needs are better served. These findings led to a number of important improvements in the delivery of military child care.

A provision of the MCCA required that at least 50 military CDCs be accredited in accordance with the standards of a national

accrediting body for early childhood programs. Accreditation of these 50 centers, to be completed by June 1, 1992, would create a "demonstration program" from which other CDCs could learn about best practices. An independent organization would evaluate the effects of CDC accreditation on child outcomes and report the results to Congress. Study data would clarify the desirability of mandating that all CDCs be accredited.

Delays in passage of the MCCA made the June 1 accreditation deadline unrealistic. To meet it, a disproportionately high number of already high-quality and exemplary CDCs were included in the initial accreditation group. DoD and RAND staff, working together, concluded that this over- representation of already good centers in the demonstration program would undermine any conclusions about the effects of accreditation on child outcomes. A more limited study that excluded child measures was designed and implemented instead.

Installation visits and a worldwide mail survey of CDS personnel revealed that the most significant effect of accreditation was evidenced in caregiving activities, particularly more child-initiated and child-controlled activities better suited to particular age groups. Most CDC personnel believe accreditation led to substantial increases in the quality of care and that caregivers had a better understanding of child development and children's needs. These findings led us to recommend universal accreditation of CDCs. The report of study findings, delivered to Congress in 1994, lent support to expansion of CDC accreditation and universal accreditation mandates in the services.

A final RAND child care study has focused on the implementation of the MCCA. This study examined the multiple provisions of the act and analyzed differences across services in MCCA implementation. The final report of this study will be issued later this year.

Army Child Care Research

A mid-1980s Army-sponsored Family Child Care (FCC) research study found that most FCC home providers reported an annual income of $4000, or less, and typically provided child care for 11 hours per day. Even when adjusted for inflation, these figures clearly suggest FCC providers are not well paid. The study also found that most FCC providers believe the child care training they received helps them become better parents.

Parents indicated the two most important reasons for selecting an FCC home rather than another child care option were the flexible schedule and physical location of the FCC home. Parents of infants and toddlers indicated a strong general preference for child care in an FCC home over all other options. Increased job productivity was also reported as related to the features of FCC home care. Sixty-two percent of parents reported missing fewer hours of work due to child care problems since placing their children in FCC homes. Increased opportunity for spouse employment was also cited as enhanced by the availability of FCC home care.

The study concluded that FCC homes play a critical role in meeting the child care needs of military parents. The need for more child care spaces in general and infant/toddler spaces, in particular, suggests that strategies, such as providing FCC subsidies, be developed to recruit and maintain FCC homes.

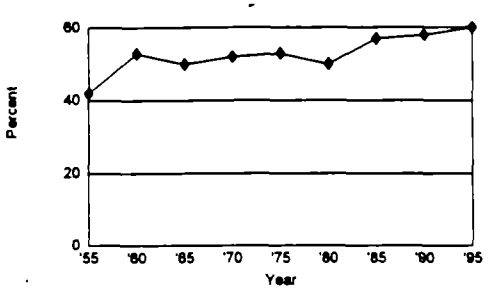
A. DoD's Parents

The DoD has undergone significant demographic and sociological changes over the past three decades. In the past 28 years, with the advent of an all volunteer force in 1973, the proportion of married service members has increased significantly from 46 percent in 1968 to 59.3 percent in 1996.

Chapter 2

Parenting

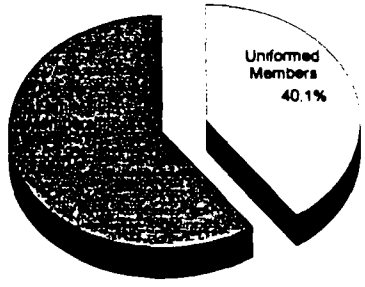
MARRIED ACTIVE DUTY



Today family members outnumber uniformed members, married and single combined, in DoD's active duty component.

The Department's junior families tend to have children at a younger age than their civilian counterparts. Over 150,000 military personnel become parents for the first time at age 20 and under, and almost 100,000 become parents for the first time at age 19 and under. Also, more service members who already have children are being recruited.

PROPORTION OF FAMILY MEMBERS TO ACTIVE DUTY

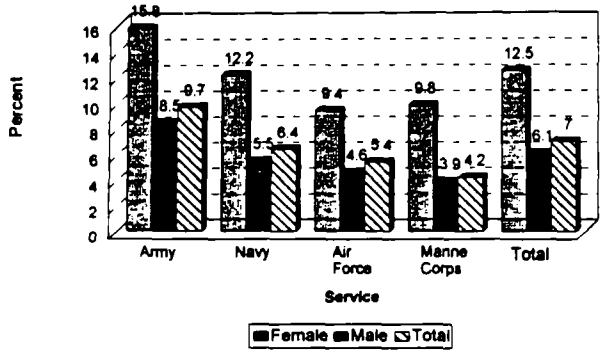


AGE AT TIME OF BECOMING A PARENT FOR THE FIRST TIME

	19 and under	20 and under
Service members	98,841	153,902
Spouses	111,303	165,136

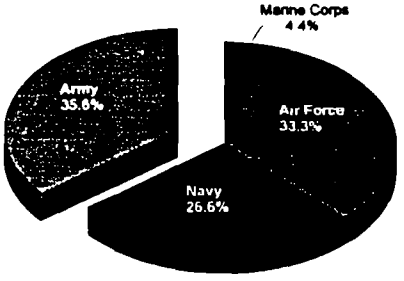
Demographic changes have significantly altered the Department's personnel profile and impacted policies and programs. As in the rest of society, the Department has witnessed an increase in the number of single-parent military members. Today, seven percent of military members are single parents, both men and women.

SINGLE PARENT MILITARY MEMBERS



The increase of women in the military has also impacted policies, procedures, and programs. Currently, women make up 13 percent of the active duty force compared to 2.5 percent in 1973. The Clinton Administration has opened many non-traditional career fields in the armed forces to women, thus increasing assignment and training opportunities. Some of the women who now fill these positions are also mothers.

DISTRIBUTION OF WOMEN BY SERVICE: 192,469



DMDC, Sep. 1996

Another sociological change reflected in the military family is the steady increase of spouses in the workplace. In the seven years between 1985 and 1992, the last date for which data are available, the number of spouses in the labor force increased by 10 percent. Seventy-one percent of spouses of enlisted personnel with a child five years and younger reported a child care problem (availability, acceptability, convenience, and cost) when looking for a job, while 61 percent of officer spouses reported a similar difficulty.

SPOUSES IN LABOR FORCE

	1985	1992
Not in labor force	46%	35%
Seeking Employment	10%	11%
Employed	44%	54%

The notable shifts in DoD's personnel profile and concurrent sociological changes over the past few decades have compelled the Department to develop new policies and programs and modify existing ones to accommodate the evolving needs of families and children. To maintain military readiness and sustain successful personnel retention programs, the Department had to address the increasing number of parents and children, the expanded role of women, the increasing number of single parents, both men and women, the young age at which members become parents for the first time, and the increased number of military spouses employed outside of the home.

The Department's parental profile, while not that different from civilian counterparts, does

have distinguishing differences created by the military mission and working environment. Military parents have two formidable obligations: (1) their military commitments and (2) their families. The military lifestyle sometimes causes challenging conflicts between the two. With over half a million military children aged five and younger, the responsibility for these youngest members of the DoD family is significant. It is in this context that policies, programs, and services discussed in this report are presented.

B. New Parent Support Programs

Research findings suggest that the single most effective strategy for preventing child abuse is to provide parents with education and support, including support offered in the home, around the time their first baby is born. In July 1990, the General Accounting Office (GAO) released a report titled: "Home Visiting, A Promising Early Intervention Strategy for At-Risk Families," citing evaluations that showed that early intervention programs employing home visitors, plus community services, produced a range of positive outcomes for families and children. The GAO report strongly supported prior recommendations of the National Committee to Prevent Child Abuse to establish more prenatal and postnatal home visiting services for high risk women and infants.

The Congress appropriated $20 million in FY 95, $25.6 million in FY 96, and $20 million in FY 97 to assist DoD and the Services in establishing or expanding New Parent Support Programs. All of the programs provide prenatal support, parenting education and infant care classes, parent support groups, home visits for parent support, information and referral, and crisis intervention. The Military Departments provided services to approximately 63,100 families at 156 installations worldwide in FY 95, with approximately 33,100 families receiving home visits.

"Being a parent is one of the toughest jobs around. Mayport's New Parent Support Team is a wonderful asset to the base and highly supportive."

Captain Scott T. Cantfil, USN
Commanding Officer, Naval Station Mayport, Florida

The programs are voluntary, focus on first-time parents, and promote father involvement. For example, the Marine Corps has 58 percent of its new fathers involved in some New Parent Support activity. The programs especially improve the quality of life of junior enlisted personnel who are young parents, and some of whom are single parents, parents with disabled or premature infants, or parents who have bicultural or isolated families.

Services are provided near work sites whenever practical and accommodate parents' work schedules to the maximum extent possible. At many installations, services are provided in the evening, and some communities offer programs during duty hours so that service members can participate in home visits and meetings with service providers. At certain installations, expectant fathers' groups meet during the lunch hour, a schedule which promotes increased participation.

Participating parents are screened for parenting adequacy and family environment. Families with special needs and high-risk families are referred to the appropriate community support program for additional services.

A Marine Corps program assessment revealed that fewer than 20 percent of Marine Corps families who were at high risk for new incidents of child abuse and who had participated in the program for more than a year had new child abuse incidents. In addition, high risk families' scores on standardized measures of child abuse potential, depression, marital satisfaction, and maternal social support all improved. An Air Force assessment has shown similar risk reductions.

DoD Model of New Parent Support

In 1996, a joint Service working group reviewed the implementation of New Parent Support programs in DoD to develop a consistent framework for these programs and to ensure the programs are cost effective. The average case of child abuse in DoD costs at least $2,000 and costs can range up to $7,200 for initial intervention and legal proceedings, with long term treatment costing significantly more. By contrast, New Parent Support cases cost an average of $251 per birth.

- FY 97 Funding Level: $20 million Congressional Insert.

C. Family Programs

The DoD operates 284 Family Centers around the world designed to assist families with the unique challenges of military life. One of the core programs provided by every center is Family Life Education. Programs on relationships, parenting and other family life issues provide knowledge, skills and support to enhance self esteem, strengthen interpersonal relationships, and provide educational activities appropriate for the individual and family roles, tasks, and responsibilities. These programs range from prenatal health care and strategies for dealing with infants and toddlers to dealing with teen-age children and enhancing communications between couples. Programs address virtually every aspect of family life.

Agency Support of Family Programs

A growing number of military installations and Defense agencies are establishing parenting support groups and sponsoring family information seminars tailored to the unique needs of

Operation Stork

Volunteers at Scott Air Force Base, Illinois, provide parenting information each year for newborn infants of junior enlisted service members, along with over 300 layettes . These collections, which typically include blankets, quilts, bibs, booties, shirt and pants sets, and many other needed items are distributed by volunteers working in the obstetrics ward of the local medical treatment facility. Volunteers at other military bases, including Fort Polk, Louisiana, and Fort Drum, New York, provide similar services to ensure that needy families having their first baby are provided new clothing for their child's trip home.

service members, civilian employees, and their families. For example, the National Imagery and Mapping Agency plans to expand its seminars to include fatherhood workshops and information about leave options for new fathers. This Agency is also developing a Human Resources home page on the Internet which will include information about community outreach activities relevant to families, such as child care and telecommuting opportunities. The On-Site Inspection Agency offers a range of programs in the workplace, including single parent support groups and family budgeting.

Nursing Mothers Program

For mothers of newborn infants who are interested in breast feeding, the National Security Agency offers the Nursing Mothers Program. This program, established in 1981, is the product of an informal grass roots movement. It has received national recognition and is now being used as a model for other Federal Agencies including the Centers for Disease Control, the Federal Bureau of Investigation, the Defense Intelligence Agency, and the Central Intelligence Agency. The Nursing Mothers Program currently has 125 participating mothers who use 11 designated rooms in nine buildings.

New Parents Work Room

The Army Training and Doctrine Command's Analysis Center at Fort Leavenworth, Kansas is experimenting with a concept that allows parents to bring their infants to work several days a week, an accommodation which allows some employees to return to work from maternity leave earlier. A special work room has been set up for employees with very young, immobile infants. It is equipped with desks, computers and other typical office furnishings, but also contains a changing table, crib, and padded area where babies can play. The room has its own restroom and refrigerator, and employees may sign an agreement scheduling its use.

Outreach Managers Programs

Air Force Outreach Managers (OMs) offer programs and services which focus on life management skills, education, and parental skill development. The OMs sponsor prevention activities including classes, group sessions, and briefings customized to meet the unique needs of local communities. Programs commonly offered are:

Parent Universities — workshops for parents, frequently co-sponsored by elementary schools.
Moms, Pops and Tots — play groups co-sponsored by youth centers.
Parents Encouraging Parents — parents support groups.

These programs and activities reach an estimated 9,000 parents with children ages three and below.

Relieving Family Isolation

Each of the Military Services provides many local outreach initiatives to relieve the isolation of families. Many young service members and spouses are living away from their parents' homes for the first time. Consequently, they may be separated from friends and extended families who previously provided a supportive safety net. For military families living off-base, the physical isolation and loneliness for familiar surroundings.

families, and friends may be exacerbated by local customs, language, and cultural barriers. Military communities offer many programs and services for these families. Among them are: shuttle bus transportation to shopping and other American facilities, organization days and family picnics, family meals in military dining facilities, sponsors who provide advice and assistance, and support groups composed of other families living in similar circumstances.

D. Deployment Programs

Military duty requires service members routinely to deploy for extended periods of time. Deployment programs are very important in preparing families for spousal and parental separation. Special programs conducted by the Military Departments deal with a wide range of issues surrounding deployments. An important planning consideration is preparing children, since deployment represents a disruption in their lives which can threaten their sense of security. Each of the Services conducts workshops targeted at children to help them understand why their parent has to be gone for awhile and how to cope with their feelings of loss. For the deploying parent, the programs offer numerous creative techniques for keeping in contact with their children while away. In this way, the parents can be "present" in their children's minds, even though they are not physically there. Deployment programs are critical in keeping parents involved in their children's lives and have been highly successful in helping children cope with parental absences.

Family Center staff are skilled in dealing with the family dynamics associated with deployment. Recognizing the impact parental separation has on young children, Family Centers have developed excellent deployment programs based on age-appropriate activities targeted to young children.

Pre-deployment

For young children, pre-deployment programs include puppet shows which are catalysts for children to talk about their parent being gone. Children express their feelings in different ways, and outward behavior is not always a good indication of how they feel about their parent's deployment. Children often have fears which they do not know how to articulate. Creative activities such as puppet shows encourage them to talk about fears of the parent's deployment and helps relieve some of their anxieties.

Parents are encouraged to include their children in assembling a survival kit for the departing parent. Kits include family photos, stationery, books and a special memento that the child selects to accompany the parent. Another important pre-deployment activity for small children is for the departing parent to take the child out separately from other siblings for a shared activity such as a walk or trip to an ice cream store. During that informal time, the parents can explain simply and honestly what is going to happen, talk about where the parent is going, what he or she will be doing, and also what the child will be doing during the separation. The important outcome is for the child to talk and for the parent to reassure the child of his/her love and that the upcoming separation will be only a temporary one. Young children should also be included in the farewell at the point of

departure. Letting children see their parents depart gives them a greater sense of reality and reduces fantasies. Commanders often allow family members aboard ships or airplanes to see how the parent will travel. This helps a child better understand where his/her parent will be in the near term.

Deployment

During deployment, there are many initiatives that parents can use to stay connected with their young children. Some representative activities include:

- Displaying pictures of the deployed parent at the child's eye level in a frequently used part of the home.
- Putting a picture of the child with the separated parent in the child's bedroom.
- Having the child draw pictures for the parent and mail them in a special envelope which the child has decorated.
- Having the deployed parent make video or audio tapes of favorite stories and personal messages for the child.
- Keeping a calendar of the time the parent will be gone and marking off each day.
- Going to the library and finding where the parent is in books or on maps and investigating the culture in which the parent is currently living.

Reunion

Recognizing that re-integration into the family can be challenging, the Military Services have developed excellent programs to assist service members, spouses, and children to reunite. For example, dedicated teams regularly ride back aboard Navy ships returning from a deployment to prepare the sailors during the transit for reunion with their families. Each of the Services conducts reunion briefings prior to the return of their personnel. Special sessions are given to first-time fathers whose babies have been born while on deployment. These sessions help prepare the service member for changes that a newborn will bring into his/her life. Topics such as the importance of bonding, parenting skills for newborns, and even how to hold an infant are presented.

Other sessions include briefings for parents of young children in whom developmental changes occur quite rapidly. The briefings help the parents understand better what changes have likely occurred during their absences. For example, a returning parent may think his/her two-year-old is totally spoiled because the toddler says "no" to everything. The sessions point out that "no" is a favorite word of two-year-olds and that such behavior is completely normal. Also, young children may need "warm-up" time before becoming fully comfortable with the returning parent. Knowing these normal behavioral characteristics in advance can prevent family tensions and undue parental stress.

Returning parents are encouraged to "reconnect" with each of their children individually. Although there may be anger and insecurity in some children as a result of the separation, there are helpful ways to deal with these emotions, and a slow, gradual reunion is one way. Parents are also encouraged to spend time with their family, without outsiders, in the beginning. This allows time for bonds to be restored, children to become more comfortable, and the family to reestablish its routine.

While separation can be difficult for children, Family Centers have developed numerous creative ways to address the resulting issues. Parental evaluations of these programs are consistently high and support parents with the formidable challenge of raising healthy, secure children amidst a cycle of parental absences.

E. RESEARCH

The Family Centers sponsor parenting programs as one of their core missions. However, other organizations and certain individuals such as the Child Development Programs and installation chaplains also conduct family life/parenting programs. DoD plans to establish a working group to identify and study all of the various parenting programs now being offered to determine which programs are most effective.

Information about a number of Family Center parenting programs which focus primarily on first term, or initial enlistment, service members and their families is posted on the Family Center Intranet.

Military communities worldwide have developed innovative and highly effective deployment programs which promote communications between deployed parents and their small children. Each new deployment, such as the recent deployment to Bosnia, yields even more creative ways of maintaining parent/child links. We plan to collect information on local programs which have proven most effective and disseminate it Department-wide through the Military Family Resource Library and the Family Center Intranet home page.

The Department has conducted or commissioned considerable research on various aspects of parenting. Some studies which have been completed or are ongoing include:

"New Parent Support Program Study," by the University of Maryland School of Social Work and the U.S. Marine Corps, 1996. This evaluation studied a professional home visitation intervention program for the prevention of family violence.

"Evaluation of the Military First Steps Program," by Cornell University and the Army, 1996. First Steps is a primary prevention program that uses trained volunteers to provide services to expectant and new mothers.

Deployment Research

"The Impact Of Navy Deployments: Devising Effective Interventions," by Alice I. Snyder. This study described the programmatic responses to the deployment cycle developed by the Navy's largest Family Services Center located in Norfolk, Virginia and also discusses the findings of the Eastern Virginia Medical School's Deployment Study. The Deployment Study validates the concept that the best time to prepare for homecoming is before deployment begins and emphasizes reworking programming to further reduce the stress of reunion.

"Minimizing The Impact Of Deployment Separation On Military Children: Stages, Current Preventive Efforts, And System Recommendations," by Daniel G. Amen, Linda Jellen, Edward Merves, and Robert E. Lee. This study covers factors influencing adjustments by children in military families to periodic and prolonged parental absences. It delineates interactional patterns between family members that affect children during the pre-deployment, deployment, and post-deployment stages.

"The Problems Of Father Absence: A Preventative Program," by Lenard J. Lexier. This report, presented as part of a symposium "Down to the Seas in Ships: A Study of Father Absence," described a program designed to minimize the effects of separation on Navy fathers and their children.

"The Military Single Parent Family: Focus On The Child," by Eli Berger. This study reports on the effect of parental loss according to which parent was lost and the age of the child at the time of loss. "Loss" includes separations caused by death, divorce, deployment, spouse employment, and legal means. The article also presents research results on the effect of father loss on boys versus girls and the results on the effect of mother loss.

"Children's Reactions To The Desert Storm Deployment: Initial Findings From A Survey Of Army Families," by Leora N. Rosen, Joel M. Teitelbaum, and David J. Westhuis. This study investigated the impact of the Operation Desert Storm deployment on soldier/family well being and the effectiveness of Army and community resources in assisting and supporting these families.

"Children In The Military," by Jon A. Shaw. This article examined psychosocial stressors associated with military life that affect the developmental and life experiences of children in the military community. The adaptation of children to these psychosocial stressors is discussed within the context of crisis theory.

"When Parents Go To War: Children In The Aftermath Of Desert Storm," by Gerald M. Croan. This report presents findings from a study on the effectiveness of Air Force family

assistance programs during Operation Desert Shield/Storm for single parents and dual- military couples.

"Study Of Impact Of Operation Desert Shield/Storm (ODS/S) On Navy Families And Effectiveness Of Family Support Programs In Ameliorating Impact - Volume II: Final Report" by Caliber Associates, Fairfax, VA. This final report, the second volume of a two-volume report, presents the results of a study on the impact of Operation Desert Shield/Storm (ODS/S) on Navy families and the effectiveness of family support programs in ameliorating effects of the operation on affected families. A similar study by the same author was also conducted on Marine Corps families.

"It comes back to readiness. That happy family, that tight family creates a stronger Marine who is on the line ready to go, and the family is cheering right behind him or her. That's what it's all about."

Lieutenant General George R. Christmas, USMC Former Deputy Chief of Staff, HQMC, Manpower and Reserve Affairs

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Chapter 3

Health, Nutrition, and Safety

Overview

The value of effective programs which ensure the wellness of DoD's children is universally recognized throughout the Department. Many members of the military community are actively engaged in monitoring health and safety issues, educating parents and children to known risks, identifying infants, toddlers and children with special health and educational needs, and providing preventive and corrective measures.

For example, all meals and snacks served in DoD Child Development Programs meet United States Department of Agriculture Child and Adult Care Food Program (CACFP) standards for children's meals and daily nutritional requirements. DoD policy also requires that all eligible Child Development Programs enroll in the CACFP. Although overseas programs are not eligible, 277 domestic centers and 4,895 Family Child Care providers in the United States were enrolled in CACFP last year. Monetary reimbursements are given to child development centers and family child care providers who participate in CACFP to help offset their food costs and ensure that DoD's children are served nutritious meals and snacks.

A. Services of Special Needs Children

The Office of the Secretary of Defense and the Military Services support inclusion of special needs children in all programs. Observations have shown that quality child development programs in which special needs children continually interact with typical children is an effective way of stimulating growth and development of children with special needs.

Early Intervention Program for Infants and Toddlers with Developmental Delays

In response to the requirements of the Individuals With Disabilities Education Act (IDEA), the Defense Department's Education Act of

1978, and 10 U.S.C. 2164 (f) the Departments' Military Health Systems have designed and implemented Early Intervention Services (EIS) to meet the individual needs of an infant or toddler in any of the developmental areas in which the child is delayed (physical, cognitive, communication, social/emotional or adaptive).

The developmental services provided include, but are not limited to: family training, counseling, and home visits; special instruction; speech pathology and audiology; occupational therapy; physical therapy; psychological services; service delivery coordination; medical services only for diagnostic or evaluation purposes; early identification, screening and assessment services; vision services; and social work services. They also include assistive technology devices and assistive technology services; health services necessary to enable the infant or toddler to benefit from EIS; and transportation and related costs necessary to enable an infant or toddler and the family to receive early intervention services.

In the United States, DoD provides early intervention services to infants and toddlers from birth through two years of age living on a military installation served by a DoD Domestic Elementary and Secondary School (DDESS). In overseas locations, DoD directly provides EIS and special education to infants, toddlers and young children in all locations served by the DoD Dependents Schools (DoDDS). Additionally, any infant, toddler, or child who is eligible to attend a DoD school, but whose DoD sponsor is assigned to a location not served by a DoD school, is also eligible for early intervention and special education services. Early intervention services are also available to overseas-assigned DoD civilian personnel on a fee-for-service basis.

DoD presently provides EIS to approximately 1,400 infants and toddlers. The DoDDS provide special education to over 1,500 preschool children and DDESS to 200 preschool children.

Transition

As required by IDEA, the Military Health Service System and DoD overseas and domestic schools are developing standard procedures to ensure the smooth transition of toddlers into the school environment. These procedures will allow children to transition from one system (health care) to the other (schools) with minimal disruption to either families or children. As an example, both agencies currently are developing a joint system that will negate the need for a family to re-establish eligibility for services when leaving EIS to enter school. In essence, DoD is developing a single portal of entry for children with developmental delays.

B. Child Abuse Prevention

The DoD Family Advocacy Program was established in 1984 to address the problem of family violence and its adverse impact on personnel and unit readiness, retention, and overall quality of life. These programs seek to prevent, identify, report, intervene in, and treat all aspects of child abuse and neglect and spouse abuse. There are Family Advocacy Programs at approximately 300 worldwide installations with command-sponsored families.

Prevention

DoD uses various approaches to prevent child abuse, including parent education and home

visitation support for first-time parents. Classes include topics such as stress management, anger control, and financial management. In addition, counseling is offered to parents who refer themselves when they feel they might be about to endanger their child. Special attention is given to the times just before deployment and just after the service member's reunion with the family, since the stresses involved with the change in family roles is higher during these periods.

The Family Advocacy Program also seeks to prevent maltreatment of children when they are in DoD-sponsored or sanctioned out-of-home care programs. The Family Advocacy Program staff works with Child Development Center employees, Family Child Care providers, and DoD school personnel, to ensure that they know how to recognize and prevent child abuse and neglect, how to report suspected incidents, and how to cooperate with any resulting investigation and treatment.

Intervention in Child Abuse Cases

Allegations of child abuse are investigated and assessed through a multi-disciplinary approach involving the installation's health and mental health professionals, the legal office, local civilian child protective services agencies, and law enforcement agencies. Substantiated reports are maintained in a DoD central registry as well as in Service registries. Family Advocacy Programs provide victims and accused abusers rehabilitation and treatment, although abusers may also receive appropriate administrative and disciplinary action.

Since 1990, DoD's annual rate of substantiated child abuse reports has remained nearly constant at less than seven incidents per 1,000 children of active duty service members, which is half the civilian rate of 14 per 1,000 children. One of the reasons for this relatively low rate of child abuse in military families is DoD's prevention efforts.

In addition, when a case of multiple victim child sexual abuse occurs in out-of-home care, the installation commander convenes a multi-disciplinary task force to manage the case. DoD assists by sending a Family Advocacy Command Assistance Team to augment an installation's task force when requested.

Background Investigations for Child Care Providers

The Crime Control Act of 1990 requires that three types of criminal history background checks

be conducted on all employees and prospective employees who provide services to children. To comply fully with the Crime Control Act, DoD Instruction 1402.5, "Criminal History Background Checks on Individuals in Child Care Services," was issued in 1993. This Instruction establishes a standardized and comprehensive process for screening applicants for all positions involving child care services on DoD installations and in DoD activities. The process involves procedures for conducting background checks for Child Development Program employees, Family Child Care providers, DoD school employees, foreign national employees in overseas locations, temporary employees, health-care personnel, contract employees, volunteers, and any other persons involved in contact with children.

DoD Child Abuse and Safety Hotline

To ensure that parents have options for reporting child abuse and safety issues in DoD-sponsored child care, youth, and educational activities, the Office of Family Policy maintains a hotline with a 1-800 call-in capability from any location worldwide where DoD sponsors programs. Parents can call the hotline anonymously to report safety violations in child care programs. Hotline calls are followed up within 24 hours, and the appropriate Military Department must investigate and report on the matter within 30 days. This allows parents an option "outside the chain of command" to ensure objectivity in investigations. In some cases, hotline calls are used to determine where and when unannounced inspections might be necessary.

Think First — Child Safety

The Navy sponsors a program in Milton, Florida to provide low-income families with both child safety restraint seats that protect children in case of accidents and proper training in using them. The program is designed for women who are pregnant or have a child aged three years or younger. This outreach effort operates county wide with a mission to distribute 600 car safety seats to economically disadvantaged families. Trained volunteers conduct workshops for applicants on the proper use of safety seats, and upon completion of this mandatory training, participants may receive a seat for the cost of the $5 application fee.

C. Environmental Safety

Childhood is the most dangerous stage of life, and accidents are the leading cause of injury and mortality to very young children. The awesome responsibility for safeguarding and enhancing the safety of our children is shared by every member of the DoD family. Parents rightfully bear the brunt of this responsibility, but many individuals and organizations in the military community support and assist them. A number of policies, procedures, and programs also focus on child safety. One representative example follows.

Lead Based Paint (LBP)

Research results released publicly in the early 1990s concluded that lead poisoning was the number one environmental hazard to American

children, affecting one out of six children under the age of six. These studies revealed that lead poisoning is widespread among young children and that exposure to lead caused more serious health effects than previously believed. In response to this threat, the DoD established a policy to assess the health risk from LBP and control LBP hazards in DoD housing and related structures such as Child Development Centers, Family Child Care homes, schools, playground equipment, and other facilities frequented by young children. To implement this policy, facility managers in the Military Departments quickly designed an LBP control program which prohibited introduction of additional LBP and prescribed removal procedures of LBP from existing structures and equipment. That effort continues today and has been expanded to include full disclosure of potential hazards to occupants of military family housing as an essential part of a comprehensive LBP management program.

In addition to LBP management, the Department's medical treatment facilities instituted universal medical screening for lead poisoning of all children as part of the 12-month well-baby visit. That program remained in effect for over three years until accumulated screening data showed a very low overall prevalence of pediatric lead poisoning. For example, the Air Force tested over 76,000 children between 1992 and 1996 and found that less than one percent of them had elevated blood lead levels. Consequently, DoD's requirement was modified to permit suspension of universal blood screening of low risk infants in communities where screening of large populations had found no evidence of elevated blood lead levels and the percentage of high-risk children screened with no evidence of elevated blood lead levels was 98 percent or higher. Under this current policy, military medical professionals are allowed discretionary authority to continue routine screening of children living in specific locations where a lead poisoning threat is known or believed to exist. In addition, they are cautioned that suspension of universal, mandatory blood lead screening is not to be interpreted nor used to preclude or substitute for any diagnostic or therapeutic decision of a competent health care provider concerning childhood lead poisoning.

The unified and coordinated actions taken in response to the LBP threat are characteristic of the care and attention with which DoD pursues every issue affecting our children's safety.

D. Prenatal Care

Prenatal care is an important benefit at most military medical treatment facilities. A variety of educational classes and services are provided including: teen clinics, high risk obstetrics (OB) clinics, OB orientations for couples, physical therapy evaluations, first-time parents programs, great beginnings, parenting classes, and childbirth preparation classes. The Air Force reports an average of 9.2 prenatal visits per patient and a neonatal mortality rate which is 70 percent lower than the national average.

Reproductive Health

In addressing the health of infants even before they are born, the National Security Agency (NSA) has declared that safeguarding reproductive health is essential in the workplace, and that it is one of the most important concerns in occupational health. The Agency's policy takes a preven-

tive approach to maintaining reproductive health in both male and female employees. All personnel working in areas with known or suspected risks to reproductive health are informed of these potential health hazards and may voluntarily participate in a reproductive monitoring program.

Other matters pertaining to prenatal and infant care are presented in Chapter 3F.

E. Immunizations

Immunizations are important defenses against the effects of common childhood diseases. The Military Departments use immunization guidelines developed by the Centers for Disease Control and the American Academy of Pediatrics, and immunizations are available to children DoD-wide. However, a DoD-commissioned study conducted by Marywood College of Pennsylvania recently reported that almost a quarter of the respondents' preschool children did not meet CDC recommendations for immunizations. This is of particular concern since immunizations are free and are available through well-baby clinics and all military medical treatment facilities.

F. Uniformed Services University of the Health Sciences — Programs Targeted to Children in their Earliest Years

The Uniformed Services University of the Health Sciences (USUHS) is the nation's only fully accredited federal school of medicine and graduate school of nursing and has produced 2,306 physicians for the Army, Navy, Air Force and US Public Health Service. The University has awarded Masters and Ph.D. degrees to over 450 nurses and scientists, and its graduates include 381 family practitioners, 169 pediatricians, and 103 obstetrician/gynecologists.

Pediatric training is an important component of military medicine. It prepares military physicians to support healthy families and normal development of children on military installations around the world by understanding and responding to family stress during deployment, frequent moves, overseas living, and separation from extended family.

In addition to the comprehensive general pediatrics training program, fellowships are provided for training military pediatricians in the subspecialties of neonatology, pediatric infectious disease, pediatric gastroenterology, and pediatric endocrine diseases.

Admiral Mike Boorda Institute

The University is establishing an Admiral Boorda Institute to address the health, social-emotional, and educational needs of military children with special health care needs and disabilities and their families.

The Institute's proposed activities include establishing toy libraries at remote duty stations and overseas to enable parents who cannot afford toys to borrow developmentally appropriate toys for their children and to receive help in learning how to use the toys in play.

Respite care is unavailable for many families who need a short break from the 24-hour respon-

sibility of caring for a child with special needs or disabilities. The Boorda Institute will provide training and support to communities that choose to develop a respite care program.

The Boorda Institute will train and sponsor parents as faculty at the University and at conferences for military health care providers. The Institute will also collaborate with military managed care providers to ensure that the needs of children with special health care needs and disabilities are met in a cost-effective manner. In addition, it will train medical students to be sensitive to the unique needs of infants and toddlers and to provide care to those with special health care needs and disabilities in ways that improve the communication and collaboration among families and health care providers.

The Institute is funded with interest earned on voluntary contributions. Formal activities will commence when adequate funding is available.

G. Research

The DoD conducts and sponsors a wide variety of research pertaining to young children. Much of the research conducted within the Department is done by the Uniformed Services University of the Health Sciences (USUHS). DoD-sponsored research is generally conducted by civilian agencies and colleges and universities.

The USUHS conducts ongoing research focusing on children's health issues such as the following:

Research on the Health of Newborn Infants

- Understanding that amino acid metabolism during the transition from intrauterine to extrauterine life is important for infants who are stressed during delivery.
- Understanding how overwhelming infection leads to lung damage and designing therapy to prevent this damage will save the lives of many infants.
- Studying the dynamics of cerebral blood flow will help prevent and treat infants with cerebral hemorrhages.
- Determining the mechanism of injury from breathing a high concentration of oxygen will help prevent serious complications of management of premature infants.
- Piloting the use of telemedicine to provide subspecialty consultation to newborns in intensive care allows expert advice to be more widely available.
- Analyzing outcome data now available from DoD delivery rooms and nurseries will contribute epidemiologic information to the description of best clinical practices promoting healthy pregnancies and safe deliveries.
- Studying the effect on children's motor development of sleeping on their backs (the American Academy of Pediatric's Back to Sleep sudden infant death prevention campaign) will contribute to an understanding of why some parents choose not to follow the Academy's recommendations.

Research on Children's Health Issues in Endocrinology

- Studying a very large cohort of thyroid cancer in children will identify risk factors and appropriate treatments.
- Understanding the effect of growth hormone on bones will aid in the treatment of children with short stature.
- Evaluating the usefulness of magnetic resonance imaging (MRI) in the diagnosis of common endocrine conditions will lead to more cost effective use of resources.
- Studying the molecular control of adrenal steroid hormone synthesis will allow for more effective treatment of disorders of sexual differentiation.
- Investigating the role of melatonin in the sleep-wake cycles of children with visual impairment will provide a treatment for this troubling disorder.
- Understanding the immunologic deficits of newborns and young children and developing appropriate vaccines will provide techniques that can be used around the world.
- Studying the effect of proteins and parasites in the intestinal tract of young children and designing treatments will be important for treating serious diarrhea in childhood.
- Developing innovative therapies for the treatment of children with serious viral infections will save the lives of many children who would otherwise die from these infections.
- Evaluating the best diagnostic and treatment options for children with inflammatory muscle disease will spare children pain and disability.
- Understanding the ways that inflammatory cells are involved in asthma will lead to the design of more effective treatments for this common disease.
- Developing a successful Food and Drug Administration approved and licensed method of immunizing infants against a virus that commonly causes pneumonia will save many infants' lives.
- Developing new ways of making childhood vaccines that will improve their efficacy and lower their cost, making them more to accessible for all children.

Research on Gastroenterologic Diseases in Children

- Understanding how intestinal motility is altered when the bowel is inflamed will lead to better treatments for many diseases.
- Developing an effective vaccine against common viral diarrheas in children will be important for children's health around the world.

Research on the Delivery of Health Services to Children

- Using parents of children with special health care needs and disabilities as essential allies of faculty in teaching medical students and residents

Active Duty Prenatal Class

The Navy requires that all active duty women with confirmed pregnancies be provided counseling. A local program in Mayport, Florida covers parenting skills, child safety, family advocacy services, and how to manage the simultaneous demands of parenting and military service. One three-day session is held quarterly with class size limited to 15 and family members invited to attend.

about the central role of parents in the care of children will improve health delivery systems.

- Using parents to develop a questionnaire on the health-related quality-of-life of their children will provide a highly credible outcome measure of the effect of managed care on children with special health care needs and disabilities.

Research on Children's Issues in Microbiology

- Studying the development of the immune system in fetuses using gene targeting techniques will aid in understanding the development of allergies and immunity.

Also, the USUHS Graduate School of Nursing is conducting research on the effects of a father's absence on the cognitive development of three-year-old children.

DoD Sponsored Research

The Department of Defense Appropriations Act, 1992, provided a $10 million grant to the Military Family Institute at Marywood College, Scranton, Pennsylvania to conduct research that is "of major importance to the Department of Defense" and "make a contribution to the national scientific and technical posture." The Health and Nutrition of Children in Military Families Study was one of the first collaborative projects between DoD and MFI. The study grew out of concern for the nutritional well-being of children enrolled in the DoD Sure Start program at overseas bases. Since the food habits of children are formed in the family, it made sense to look at the family as a functional unit when studying the health and nutrition of children, particularly in the context of the military where demanding work schedules and family separation may impact eating patterns. Three modifiable behaviors impacting preschoolers (three to five years olds) were studied: eating habits, patterns of physical exercise, and exposure to tobacco in the home.

Preliminary results indicate cause for concern in three areas: immunizations, physical activity, and TV viewing. Almost a quarter of the respondents' children did not meet CDC recommendations for immunizations. Initial results reported that the following percentages of pre-school age children have not received the required immunizations: polio — 22.8 percent; Hepatitis B — 38.9 percent; H. Influenza b (Hib) — 29.8 percent; and Diphtheria, Pertussis, Tetanus (DPT) — 18.8 percent.

These statistics are of particular concern as immunizations are free and available through well-baby clinics and all military medical treatment facilities. Other areas of concern are TV viewing and low physical activity levels among pre-school age children. DoD children watched more TV than comparable civilian children—up to four hours a day—and engaged in less than three hours of physical activity daily. To address these findings we plan to develop a DoD policy for parent education. The policy will emphasize collaboration with all agencies who serve families with young children.

Military Departments' Research

The Military Departments also sponsor childhood research which is usually conducted by private corporations or colleges and universities. An example of one of these studies follows:

"Outcomes and Mediating Characteristics in Air Force Child Abuse Prevention," by the Air Force Family Advocacy Program and Boys Town. This study was presented during the 104th Convention of the American Psychological Association in August, 1996. Five hundred fifty three (553) parents participated in a collaborative child physical abuse prevention project designed by the U.S. Air Force Family Advocacy Program and Father Flanagan's Boys' Home (Boys Town). Participants were active duty Air Force parents and their spouses who completed Boys Town's Common Sense Parenting. Overall, parents who completed the programs reported decreased child behavior problems, reduced risk for future child physical abuse, and improved relationships with family members.

Thus, DoD's children are the beneficiaries of much research. Through a combination of in-house research conducted largely by the USUHS and studies conducted by private corporations, colleges, and universities, the Department contributes to these scholarly efforts, and the findings and results directly benefit our children.

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants."

President William J. Clinton
State of the Union, February 4, 1997

Overview

Chapter 4

Community Support

Military communities are the local organizations through which many support services are delivered to both military and civilian parents and their children. Every component of a community is tailored to the unique characteristics of its residents, and many activities focus specifically on the needs of young children. Medical facilities provide information, education, prevention, and treatment needed to sustain personal health and well-being. Law enforcement officials are constantly vigilant to provide physical and psychological security against the threat of crime and accidents. Safety officers work to establish and maintain a healthy environment free of hazards. Recreation offices sponsor fitness activities, entertainment, and travel programs. All of these, plus many other community service providers, exist to meet the individual and collective needs of military families. Some of their official functions are augmented and extended by donations of time and materials by many volunteers who share a common concern for the developmental needs of young children and for the improvement of their community.

A. Libraries

One of the community resources which provides valuable services for families and young children is the library. All of the Military Departments operate general purpose libraries in their communities and aboard ships. These libraries contain materials for all age groups including items for infants and young children, as well as subject matter related to parenting skills, child care and development. They have children's picture books which are frequently used by parents, library staffs, and Child Development Center staffs for reading to very young children. Some libraries have rooms or sections dedicated to children. In addition to books suitable for young children, libraries have puppets, toys, games, and audio and video cassettes of children's stories.

Along with educational materials, most libraries also offer planned programs for very young children which include story time, parents reading aloud to children, family story hours, traditional story telling,

dial-a-story, puppet shows based on children's literature, finger play, and felt board activities. Libraries also offer information for parents promoting the importance of reading to children and recommending books appropriate for various age groups. As available resources permit, community libraries support child care centers by lending them children's materials and by conducting special activities for them such as story hours.

Many innovative library programs are available to military children. A notable characteristic of local library operations is their active support by donations of time and resources from various individuals and community organizations interested in the welfare of children. Current and planned initiatives such as the following Navy programs and valuable contributions of volunteer 'Friends of the Library' groups supplement the paid resources in our libraries.

Stories for Children, a Ship Library Multimedia Resource Center

Ships have the option of receiving a collection of storybooks and equipment so that sailors at sea can video and/or audio tape themselves reading nursery rhymes, poetry, and stories to send to their children. This program is already in use aboard 20 ships. For FY 97, 127 additional ships, out of 292 eligibles, have requested this service. This is a very significant response considering the limited space aboard ships and the fact that resources devoted to this program are subtracted from general library funds available for all acquisitions (reference, general interest and entertainment CD-ROMs, adult books on tape, musical compact discs, informational videos, and children's books). The Navy plans to expand the number of ships participating in Stories for Children and replenish existing storybook collections.

Theme Boxes in Port Hueneme, California

A local librarian has designed 20 different theme boxes for children up to 10 years of age. Themes cover topics such as holidays, seasons, transportation and schools, and each theme box contains a puppet or toy, games, crafts, and a variety of books. Boxes contain materials on several interest and reading levels and include items for infants and very young children. The boxes may be used by the local day care center and borrowed by individual patrons.

Planned Projects and Programs

The Military Departments generally plan to continue locally supported and funded programs. They have also proposed some additional funding which would allow installation libraries to purchase books, magazines, and audio and videocassettes suitable for use by young children and parents. In addition, the Navy plans to develop and produce a series of bookmarks for distribution in mass quantities to each ship and shore library. These bookmarks will cover various topics such as recommended readings for young children, listings of parental resources on child rearing and safety, and evaluations of commercial products for infants and toddlers. The Navy is also developing a submission for consideration in the FY 99 budget to provide an outlay of $25,000 for development and distribution of a brochure to ship and shore libraries to help parents select home library acquisitions for their preschoolers.

B. Fitness Activities

Complete body fitness is an essential element of combat readiness for all members of the active duty and reserve forces. Consequently, it is only natural that service members pass their love of sports and knowledge of various fitness activities along to their children. Installation recreation departments which provide off-duty activities for active-duty members also include many activities especially for children, and some of these activities are also suitable for the very young. Fitness activities depend on volunteers for much of their support. In most communities, a large percentage of the adult population is actively involved in organizing, sponsoring, leading, and coaching the games, events, and activities in which their children participate. The following are only a few of the fitness activities for young children conducted by the Marine Corps which are representative of the many activities also provided by other Defense components.

Swimming Classes

Classes such as "Water Babies" introduce young children to water with the goal of drown-proofing them early, thus enhancing their safety during all future participation in water events.

Gymnastics

Creative movement classes teach tumbling, rolling, balancing, and rudimentary dance movements to toddlers. When carefully controlled and properly conducted, these activities enhance coordination, build confidence, and provide an invaluable outlet for expressing creativity and relieving stress.

Additional Projects

Besides continuing the preceding programs, the Marines are planning: (1) "Breakfast with Santa," a variation of a Christmas party in which children join Santa for breakfast, and (2) "Wacky Winter Olympics," an event that would have young children participating in selected winter competitions.

C. Military Family Resource Center

In order to make family-related resources available to DoD families, Defense components have established libraries and resource areas where employees can access family-related information. The Military Family Resource Center (MFRC) is an operational arm of the Office of the Deputy Assistant Secretary of Defense, Personnel Support, Families and Education, Office of the Assistant Secretary of Defense (Force Management Policy). The MFRC publishes a quarterly *Military Family* Newsletter and operates the Military Family Clearinghouse.

Military Family

The 12-page *Military Family* Newsletter is circulated quarterly to approximately 13,000 policy makers, program managers, researchers, and service providers worldwide who work with military members and their families. The purpose of the newsletter is to present current DoD quality of life and family support policy and to inform readers of current research, model programs, and advancements in all relevant fields, a number of which deal with early childhood.

Clearinghouse

The Military Family Clearinghouse maintains a comprehensive collection of research information on military families and contains materials appropriate to design, support, or expand programs and activities and to study most aspects of military quality of life. The Clearinghouse maintains the latest information on parenting programs from early childhood to the teen years and makes it available to service providers. The Clearinghouse is used widely by Family Center and Child Development staffs in developing parenting programs.

The Clearinghouse maintains a database of over 10,000 records related to military family issues, including early childhood development. The database contains bibliographic records of books, pamphlets, film abstracts, professional journal articles, military reports, dissertations, technical reports, legislation, and other written material, from both civilian and military sources. Annotated bibliographies of each document are available by subject area or other customized request identifiers.

MFRC produces the *Military Family Demographics Report*, an annual compilation of available statistics pertaining to active duty military members, their spouses and children. MFRC also produces topical digests featuring current issues and new Clearinghouse acquisitions and calendars listing conferences and special events.

Access to these materials is provided for professionals in the field and for military members and their families by mail, telephone, fax, and reading room visits. An increasing number of MFRC materials will also become available through DoD Internet capabilities.

D. Chaplain Activities

Another valuable community resource is the chaplaincy. Military chaplains provide comprehensive programs for very young children. Virtually all military chapels provide weekly Sunday school, children's church, youth choirs, "the children's moment" with the pastor, priest, or rabbi, and numerous other opportunities to educate, affirm, and strengthen the children's spiritual development. Annual and periodic vacation Bible schools have long been a mainstay of military chapel programs in support of children, with many chapels including age-specific programs for various times of the religious and civic calendar.

Chaplains, in cooperation with Family Centers and Family Life Centers, now focus on predeployment and post-deployment programs for the youngest members of the military family. Chaplains also cooperate with Family Life Centers and Family Centers in providing marriage enrichment retreats, personal growth, parenting, communications and stress reduction training, a

portion of which is intentionally focused on parents of young children.

The more remote the duty station, the greater the focus on children by chaplains and chapel programming. For example, a Navy Muslim chaplain was recently sent to Guam to provide chaplain support to Kurdish refugees temporarily residing there. The portion of this ministry dedicated to displaced Kurdish children was a key factor in its success.

Chaplains routinely provide family pastoral counseling, and in the numerous commands without Family Centers or Family Life Centers, chaplains are almost always the first point of contact for domestic issues involving young children. Chaplains also serve routinely as key advisors to ombudsmen, family support groups, and other key unit volunteers involved with family life issues.

"People are our most important resource . . . We're focusing on key areas such as child care, housing and family support. We provide quality child care for 45,000 families each day and subsidize almost 50 percent of costs for junior enlisted members. We can do more."

Sheila E. Widnall
Secretary of the Air Force

A. PLANNED PROJECTS AND FUTURE INITIATIVES REQUIRING ADDITIONAL FUNDING

Chapter 5

Future Initiatives

New Parent Support Program

Current funding for the New Parent Support Program only allows the Military Services to reach a small portion of all "at risk" families. The Department will consider this program for inclusion in the FY 99 budget.

- The projected cost of this initiative is $27.4 million annually.

Child Care Facilities

While the Military Services have made significant progress in increasing availability of child care, the shortage of care for infants and toddlers is quickly reaching a crisis stage. Over 75 percent of the unmet need for care is for infants and toddlers. The Office of the Secretary of Defense and the Military Services are developing a strategic plan to expand this part of the child care program. To ensure that this need is met, DoD will review all future Military Construction Program submissions to ensure that adequate infant/toddler space is included.

- The construction costs are included in the Services' Military Construction Programs.

Family Child Care

A cornerstone of our efforts to expand availability of infant/toddler care is the Family Child Care program. DoD will work with the Military Services to increase funding for targeted subsidies for family child care providers who are willing to provide infant/toddler care. This initiative will target military family members living off the installation and will require memorandums of agreement with various state, county, or host nation licensing agencies.

- When fully implemented, the projected cost to provide direct subsidies to Family Child Care providers to meet the need for infant/toddler care will be $30 million annually. This additional funding would increase the number of available spaces by 20,000 and achieve the DoD goal of meeting 65 percent of the child care need.

Food Programs

Research supports the importance of nutrition during the early years. Approximately one fourth of military Child Development Programs are ineligible for the Department of Agriculture's (USDA) Child and Adult Care Food Program because they are located outside the continental United States (OCONUS). Also, military families based overseas are ineligible for the Women, Infants and Children (WIC) Supplemental Food Program. The DoD Dependent Schools are the only OCONUS activities eligible for USDA programs. The Department will continue to work to expand these programs to OCONUS military families by seeking amendments to the School Lunch Act to make OCONUS Child Development Programs eligible.

- The potential cost to expand the Child and Adult Care Food Program to include Child Development Programs overseas is $7.0 million, and the cost to implement the WIC Program is $1.8 million.

"Families and family matters are among the highest priorities that we have."

General Ronald R. Fogelman,
Air Force Chief of Staff

B. INITIATIVES AND PROJECTS REQUIRING NO ADDITIONAL FUNDING

Improving Child Development Program Management

In an effort to attract and retain qualified early childhood management employees, DoD will follow the lead of the Air Force in developing a professional intern program to attract highly qualified college graduates into Military Child Development Program management positions. In addition, DoD will develop a competency-based training program to ensure that all management personnel, including training and curriculum specialists, demonstrate the skills and knowledge required for quality program development, implementation, and oversight.

- The minimal costs associated with this project will be absorbed through existing operating budgets.

Accreditation for Family Child Care Providers

The Military Services have a very sophisticated Family Child Care system complete with transferable training programs and excellent support systems. DoD will support development of a national accreditation system similar to the National Association for the Education of Young Children's accreditation program for centers for Family Child Care providers and

will secure college credits for completion of required training. This program will target 10,000 providers in the DoD system.

- The minor costs associated with this project will be absorbed in existing operating budgets.

Child Care Availability for Service Members Away from Military Installations

The current Military Child Development Program is a model for the nation; however, for service members to use the program, they must be physically located near a military installation. There are many service members, most notably recruiters, living in expensive urban areas far from a military base who do not have access to affordable, quality child care. DoD will take the lead in working with other Federal programs through the General Services Accounting (GSA) child care program to make care available for these families.

- There may be some cost sharing for this project; however, the actual amount is unknown at this time and will need to be determined.

Literacy Program

To improve literacy rates among military children, the Military Services will develop through the library system a "Promoting Literacy and Early Learning" program which will provide children's books for parents to read to and with their infants, toddlers, and young children.

- There are no additional costs to the DoD for this initiative. This project will seek corporate sponsorship as a means of procuring books.

Immunizations

Although DoD provides free immunizations through military medical facilities, a recent survey of children ages three to five indicates that many of them had not received recommended immunizations. DoD will work to ensure all children are properly immunized.

- There are no additional costs for this initiative. The cost of immunizations is already included in the Health Affairs budget.

USDA Extension Program

DoD will initiate an agreement/partnership with USDA similar to one already started by the Army to expand services to parents through the Agricultural Extension Program. Emphasis will be placed on parenting and education, nutrition, balancing work and family, and other areas specifically targeted to family support.

- There are no costs associated with this initiative.

Bonding with Newborns

Recognizing the need for early bonding between parents and their newborn infants, the Marine Corps has implemented a policy which allows new fathers, subject to military requirements, to take time off to be with their child during the first 10 days of life. While the Marine Corps is the first Service to take this step, DoD is

developing a directive to implement this practice Department-wide.

- There are no additional costs to the Department for this initiative.

Parent Education Policies

Although numerous parent education programs are provided by the Military Services, there is no universal policy that establishes criteria for parenting programs. DoD will pursue development of a comprehensive parent education policy which includes minimum standards for all programs, regardless of service provider. This will achieve a basic level of program consistency and assure program quality.

- There are no additional costs to the Department for this initiative.

Child Abuse Prevention

The Family Advocacy Program will refocus the Department's child abuse and neglect prevention outreach efforts to young families, especially those living off the installation. Such prevention efforts will be targeted to junior enlisted families where the greatest impact can be achieved.

- There are no additional costs to the Department for this initiative.

Standardization of the Early Intervention Program

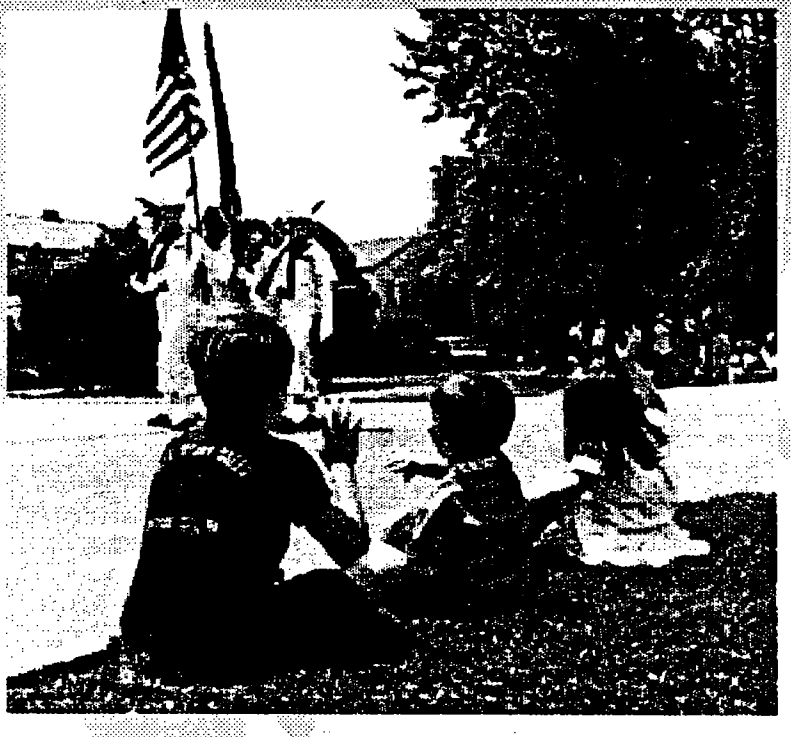
The Services' Medical Departments are responsible for implementing IDEA in designated geographic areas around the world. Inconsistencies exist in program services, design, and provider training. DoD is working with the Services to standardize early intervention services.

- There are no costs associated with this initiative.

SUMMARY OF DoD's COMMITMENT

The Department of Defense has a great legacy as a military force. This reputation was established, in part, through consistent, ongoing efforts to improve working and living conditions for service members and their families.

Our commitment is to build progressively on this tradition while continuing to cultivate an environment in which young children can grow and families can thrive. Sowing seeds which contribute to these goals will yield a bountiful harvest for military families, communities, the nation, and future generations of American children.



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United States Department of the Interior

OFFICE OF THE SECRETARY
Washington, D.C. 20240

APR 7 1997

The President
The White House
Washington, D. C. 20500

Attention: Carrie Filak
Domestic Policy

Dear Mr. President:

On behalf of Secretary Babbitt, we are pleased to respond to your February 24, 1997, memorandum regarding Federal policies targeted to children in their earliest years.

Enclosed is a report of the information collected to date on the Department of the Interior programs and activities targeted to children age 0-5. We expect to receive additional data within the next week and will forward a supplemental report upon receipt.

If we can be of further assistance, please do not hesitate to contact Dolores Chacon, Acting Director of Personnel, on 208-6403.

Regards,

Robert J. Lamb

for Bonnie R. Cohen
Assistant Secretary
Policy, Management and Budget

Enclosure

U.S. DEPARTMENT OF THE INTERIOR
POLICIES TARGETED TO CHILDREN IN THEIR EARLIEST YEARS
April 4, 1997

Bureau of Indian Affairs

The Bureau of Indian Affairs (BIA), Office of Indian Education Programs (OIEP) and Office of Tribal Services offers the following early childhood programs:

The OIEP currently funds 22 Family and Child Education (FACE) Programs located in bureau funded schools on reservations across Indian country. Congress has appropriated $5,471,000 for the FACE program to operate during school year 1996-1997. This unique program is targeted specifically to provide services to children ages 0-5 and their parent(s) or primary care giver. Services are provided at home by trained parent educators, and at school by certified early childhood teachers, assistant, and adult educators. Training and technical assistance for the FACE program are provided by Parents As Teachers, the National Center for Family Literacy and the High/Scope Foundation. The FACE program brings these three highly visible national organizations into a first-ever partnership with the BIA.

The FACE program was piloted in 1992 at six schools. Through appropriations increases, OIEP was able to increase the number of FACE projects each year until 1995. Due to congressional budget cuts, OIEP has since been unable to increase the number of FACE projects, despite the need and formal requests from tribes and schools for this program.

The FACE program has provided services to 9,300 participants. In the 1996-1997 school year, there are 1,400 American Indian families being served through FACE. Current participation documents 1,414 American Indian children receiving services at home through FACE. Four hundred and fifty-eight children ages 4 and 5 are currently enrolled in the early childhood program of FACE. It is evident that FACE makes a positive difference for the individual, family and community in terms of increased literacy, employment, parenting skills and parental involvement in the education of their children for those who are able to have access to and participate in this unique program. It should be emphasized that for every child enrolled in a FACE program, there must also be an adult enrolled. It is truly a parent and child program.

The OIEP proposes to increases the number of FACE projects to 44 schools which would double the number of projects currently being funded. This would require the funding level to increase to $10.5 million. At this funding level, FACE would be able to serve approximately 20,000 children and their parents.

The Bureau of Indian Affairs, Office of Tribal Services, has identified three programs as having impact upon children in their earliest years: the Indian Child Welfare Act (ICWA) program; the child welfare assistance program; and the Indian Child Protection and Family Violence Prevention Act program. These programs serve children of all ages and are not limited to those in their earliest years. The program descriptions and funding levels are listed below.

The Bureau and tribal social services programs are mandated by Public Law 101-630 to respond to all reports of child abuse and neglect in Indian country. In 1996, there where 26,000 referrals for child abuse and neglect investigations to the more than 500 Bureau and tribal programs. About 40 percent of the referrals involved some form of substance abuse. Over 500 Indian Child Welfare Act (ICWA) programs deliver critical services to Indian children and families. Tribal programs have increased effectiveness because ICWA was established as a permanent program rather than one for which Tribes competed annually for funds. Tribal ICWA directors have become central contact points for Tribes and families seeking assistance in temporary and permanent placement of Indian children, and the resulting liaison between states and tribal court systems has increased coordination and ensured better compliance with the Act, permitting expanded tribal authority over Indian children in need of permanent placement.

The ICWA funds are used to pay administrative costs and provide direct services to children and families in the following areas

- Systems to license and regulate Indian foster homes and adoptive homes;
- facilities for counseling and treating Indian families and providing temporary custody of Indian children;
- programs to train parents on how to care for children in danger of neglect or abuse;
- programs to provide respite for parents in stressful situations; day care facilities;
- after-school care programs for high-risk children which emphasize cultural, academic, and social needs of children; recreational programs;
- training programs for tribal court personnel in the implementation of the Act, and in the provision of quality, court-related, child welfare services;
- adoption subsidies which provide financial assistance to families for the maintenance or special care of an adopted child, or for the completion of the adoption process;
- and legal representation which provides counseling to families and consultation with Tribes.

The FY 1998 budget for this program is $14,092,000.

Minerals Management Service/U.S. Geological Survey

The Minerals Management Service (MMS) and the U.S. Geological Survey (USGS) with the Central Intelligence Agency (CIA) sponsor the Federal Children's Center (FCC) of Northern Virginia, Inc., located in Herndon, Virginia.

The FCC was developed in 1990, with six participating Federal Agencies, primarily to serve the child care needs of the participating organizations. Since 1990 three of the six agencies are currently participating. Fifty percent of the child care slots are filled by the children of Federal Government employees. When available, the remaining 50 percent or portion thereof, may be filled by children from the private sector. The center was designed to meet the emotional, social, intellectual and physical needs of children. Activities are offered each day to help each child develop his or her potential in these areas.

The MMS and USGS contributed substantially to the development of this project by negotiating and administering a contract with a provider to furnish the developmental toys, equipment, supplies, furniture and services (e.g., teacher/director salaries) necessary for start-up of the FCC. The MMS and USGS also provide assistance and broad management oversight through employee participation on the Board of Directors.

Each Federal agency is responsible for a percentage of the overall operating cost which is based on agency participation. For FY 1996, MMS's cost was $34,279 and USGS' cost was approximately $90,000.

The MMS and USGS plan to continue as co-sponsors of the FCC and feels the center meets the anticipated goals, listed below:

1. To help develop each child's sense of self.
2. To provide an environment rich in equipment and materials, where experiences are direct and concrete, to build the foundation for later, more abstract experiences.
3. To provide movement experiences for development of physical and motor skills.
4. To promote growth in visual, auditory, and tactual perception -- to sharpen the senses.
5. To provide an opportunity to learn and practice patterning of all kinds, - visual, auditory, kinesthetic.
6. To provide listening activities.
7. To provide many and varied opportunities for oral expression
8. To help the child develop problem solving techniques.
9. To help the child relate to others socially and be a part of the group.
10. To promote creative expression through art, dance, music, cooking, and story telling.
11. To help the child develop the habit of success.

Bureau of Reclamation

The Bureau of Reclamation (WBR) currently has a Work and Family Team (WAFT) consisting of a cross section of Reclamation employees and supervisors whose function it is to study and develop work and family programs. The Team is currently studying child care issues in general and, specifically, a working parents' room to which parents can bring children to work in an emergency. In addition, our Human Resources Centers maintain an inventory of child resources available in the local communities, and we are planning a seminar for employees on child care issues. We offer extensive flexible work schedules and work at home programs to accommodate child care, and especially women post delivery to assist with newborn care and bonding. Our current policy also allows up to 6 months leave without pay (LWOP) for this purpose. All of these activities are open to 90 percent or more of all Reclamation employees, and the primary funding is for the collateral duty time of 10 employees and supervisors to work on the WAFT. Other funding includes some travel money for meetings, seminars and training. Miscellaneous expenses include items such as printing, publications, office supplies, etc. Our total estimated expenses for WAFT related activities in fiscal year 1996 was $100,000.

The WBR is continually studying and looking for new ways to support and help solve child care issues and problems. However, we do not anticipate a need for a substantive amount of additional funding, since most of these types of programs are low cost. An example is that of a working parents' room, in which an excess computer can be used.

One area that WBR is exploring for possible funding in the future, is providing child care assistance to employees who are hired and taken off of welfare rolls until they can fully provide for themselves. An option that might serve this purpose is low interest loans.

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THE SECRETARY OF AGRICULTURE
WASHINGTON, D.C.
20250-0100

APR 0 7 1997

MEMORANDUM FOR THE PRESIDENT

THROUGH: BRUCE REED, ASSISTANT TO THE PRESIDENT FOR DOMESTIC POLICY

FROM: SECRETARY DAN GLICKMAN

SUBJECT: Department of Agriculture Programs Contributing to Early Childhood Development

The U.S. Department of Agriculture (USDA) administers several programs designed to enhance the nutritional health and wellbeing of children during their first years of life -- programs that provide food assistance, nutrition research and monitoring, and nutrition education for parents and child care providers. This fiscal year, USDA will spend over $12.4 billion on programs improving early childhood development, reaching approximately 5 million mothers and 14 million infants and children.

NUTRITION ASSISTANCE PROGRAMS:

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutritious food, nutrition education, and referrals to health and social services to low-income pregnant, breastfeeding, postpartum women, and their infants and children from birth to the age of 5. The program is targetted to those who suffer from or are at risk of conditions such as iron-deficiency anemia, low weight, and obesity -- ailments associated with improper nutrition. The food package supplements the participants' diet with coupons for specified foods, such as iron-fortified infant formula, iron-fortified cereal, vitamin C-rich fruit and vegetable juice, eggs, milk, cheese, peanut butter, dried beans and peas, tuna and carrots. WIC also encourages and supports breastfeeding.

A substantial body of research demonstrates tangible health and cost benefits of the WIC program in improving children's nutritional status, immunization rates, and cognitive development. WIC prenatal participation reduces infant deaths, low birthweight, and premature births, saving Medicaid from $1.77 to $3.13 for newborns and mothers over the first 60 days

following birth. The General Accounting Office estimated that, in 1990, prenatal WIC benefits saved the Federal and State governments more than $472 million in Medicaid expenditures during participating children's first year of life and will ultimately save Federal, State, and local governments and private payers over $1.036 billion in medical costs over the participants' first 18 years of life.

Approximately 45 percent of all infants in the U.S. receive WIC benefits. In FY96, average monthly participation among infants was 1.827 million and for children aged 1 to 4 years was 3.712 million. The FY98 budget request of $4.108 billion fulfills your commitment to fund full participation in the WIC program. The budget provides adequate resources to support average monthly participation of 7.45 million participants and a year end level of 7.5 million participants. The budget also includes a request for $100 million in supplemental funding for FY97 to sustain participation at current levels.

Commodity Supplemental Food Program

The Commodity Supplemental Food Program (CSFP) provides Federally purchased commodities to low-income childbearing women and their children from birth to age 6 as well as to the elderly. CSFP monthly food packages include juice, cereal, nonfat dry milk, egg mix, dry beans or peanut butter, canned fruits or vegetables, canned meat, tuna or poultry, and dehydrated potatoes, rice or pasta. USDA recently completed a comprehensive review of the packages and, as a result, has added cheese and increased the number of servings in the meat/meat alternate, grains/pasta, and vegetable categories. Infants receive formula and rice cereal. CSFP currently serves approximately 128,000 women, infants, and children in 18 States and on two Indian Reservations each month. The FY98 budget provides $86 million for the program.

Food Stamp Program

The Food Stamp Program is the largest nutrition assistance program benefitting low-income families with pre-school children. Currently, the program provides eligible households average monthly benefits of $68 per person, about $2.25 per day or 76 cents per meal. The program reaches over 13 million children, 5 million of whom are pre-school children, each month. Over 80 percent of all Food Stamp benefits -- $18 billion in FY96 -- went to families with children. The FY98 budget provides $24.562 billion for the program -- an increase of about $1 billion over the FY97 level.

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides free or discounted meals and snacks to children in child care centers, preschools, Head Start programs and family day care homes, reaching over 2.3 million children each day. The FY98 budget provides $1.4 billion for the program -- an amount $114 million below the FY97 level -- as a result of the welfare reform bill's provisions for income testing in family day care homes and reductions in subsidies for non-needy children in day care. These changes will go into effect on July 1, 1997, reducing overall

program costs in FY98 by $114 million.

Homeless Children Nutrition Program

The Homeless Children Nutrition Program provides nutritious meals to homeless children under the age of 6 who are in shelters. In FY96, 115 emergency shelters participated in the program, providing a total of 1 million meals. The FY97 funding level of $3.1 million will accommodate the delivery of approximately 2.2 million meals; the FY98 level of $3.4 million will provide 2.3 million meals.

RESEARCH:

Two of the six USDA Agricultural Research Service (ARS) human nutrition research centers -- the Children's Nutrition Research Center in Houston and the Arkansas Children's Hospital Research Center in Little Rock -- are dedicated to investigating the nutritional needs of infants, children and pregnant and nursing women. Their work emphasizes understanding the role and importance of nutrition in the development of brain, motor and cognitive function during the first 3 years of a child's life.

The following examples demonstrate how this research contributes to improving maternal and infant health:

- Premature infants fed breast milk, fortified with nutrients such as calcium: 1) mature more quickly and are able to tolerate regular feedings sooner; 2) have reduced bone fragility common among low birthweight infants; and 3) experience reduced stays in neonatal intensive care by an average of three days. Given that the daily cost of neonatal intensive care is between $1,000 and $2,000, widespread application of this intervention could significantly reduce health care costs, including Medicaid costs.

- Scientists have been able to define precisely the energy needs of young infants consuming either breast milk or infant formulas. The data showed that the actual caloric needs of infants within the first year of life, particularly during the first 3 to 6 months, are significantly less than the amounts previously recommended by both national and international health agencies. Based on this data, health standard experts have revised recommendations for energy intakes for infants. This change may have significant affect on the number of children who become obese during infancy and childhood and, consequently, are susceptible to adult obesity.

In FY97, the Houston facility's research activities were funded at $10.756 million; the FY98 budget request is $11.756 million. The FY98 funding level for the Little Rock research center is $1.878 million, an amount $1 million higher than the FY97 level. These increased levels will help to fund research projects which focus on defining immediate and long-term consequences of phytochemicals and other factors from breast milk, infant formulas and early foods, determining the effects of mild to moderate malnutrition on the development of cognition and

behavior, and evaluating the relationship of key nutrients to the development of the immune system in infants and young children.

USDA also conducts food consumption surveys which measure and report the kinds and amounts of food eaten by Americans. These surveys are a primary source of continuing and timely food consumption data utilized in food and nutrition related policies and programs.

For example, in 1993, the National Academy of Science (NAS) issued a report entitled "Pesticides in the Diets of Infants and Children." That report expressed concern that current food consumption data do not provide sufficient sample sizes to adequately assess pesticide intakes by children. The FY 98 budget request for human nutrition research includes $6 million for USDA to conduct a survey that will provide for the larger sample of food consumption by children. The necessary data, which will be obtained through a dietary recall survey of 4,300 children from infancy to age 18, will be used by the Environmental Protection Agency to assess pesticide exposure in this group.

USDA's Food and Consumer Service (FCS) conducts studies and evaluations on USDA's food assistance programs and related issues to provide useful information to policy makers. The following FCS studies concerning early childhood issues are expected to be completed during the next two years:

- The WIC Nutrition Education Assessment examines the impact of WIC nutrition education on participants' knowledge, attitudes, behavior, and satisfaction with services; the planning, management, evaluation and administration of the nutrition education component of WIC in selected local agencies; and, the educational strategies used to meet the needs of special populations such as teenage mothers, or low literacy participants.

- The WIC Nutrition Education Demonstration examines the effectiveness of innovative WIC nutrition education programs in increasing prenatal participants' knowledge of nutrition; determines if the innovative programs cost more, less, or the same as the current programs; and, examines the effectiveness of a WIC nutrition education program that works directly with young children.

- The Infant Feeding Practices Study investigates feeding practices among WIC participants. It examines pre and post-natal influences on practices; describes the manner in which foods in the WIC package are being used; and, identifies attitudes towards and potential barriers to the initiation and continuation of breastfeeding.

- The Early Childhood and Child Care Study investigates the contribution of the Child and Adult Care Food Program (CACFP) meals offered in family day care homes and child care centers to participating children's dietary intake; determines the extent to which the meal preparers' nutrition knowledge, food purchasing practices, and meal preparation practices affect implementation of the Dietary Guidelines; and, describes

characteristics of CACFP programs, children who participate, and their families.

NUTRITION EDUCATION AND OUTREACH:

WIC Program Nutrition Education

The WIC program is the largest Federally funded source of nutrition education for young children. As an integrated component of WIC's benefits of nutritious foods, nutrition education and referrals for health and social services, the 7.4 million participants receive at least two nutrition education contacts during each approximately 6 month long certification period.

Expanded Food and Nutrition Education Program

The Cooperative State Research, Education and Extension Service (CSREES), in cooperation with the land grant university system, provides nutrition education to low-income youth and families with young children through the Expanded Food and Nutrition Education Program (EFNEP). This training is delivered as a series of lessons, often over several months, by community-based nutrition aides and volunteers, many of whom are graduates of the program.

Research has shown that, as a result of participation in EFNEP, intake levels for nutrients that are often limited in the diets of low-income individuals increased, which is particularly important in combatting iron-deficiency anemia -- a condition common in very young low-income children -- and in improving cognitive development. Upon completion of the training, 87 percent of the participants improve food resource management practices; 92 percent improve nutrition practices; and 69 percent improve food safety practices. In FY96, EFNEP services reached over 200,000 families and 400,000 low-income children. The FY 98 budget provides a funding level of $59 million -- the same level provided in FY 97.

Children, Youth and Families at Risk Initiative

In addition to nutrition research and education activities, USDA's Cooperative State Research, Education and Extension Service provides funding -- in partnership with the land grant university system -- to promote positive, productive and secure communities for children through the Children, Youth and Families at Risk Program (CYFAR). Through the Federal, State and county partnership, the program sponsored 53 projects last year. Following are examples of USDA programs implemented in the States:

- In Arkansas' Strong Families--Safe Communities Project, at-risk pregnant mothers are enrolled in program activities to learn nutrition and dietary practices that will result in the birth of healthy babies. In-home parenting classes offer training to families in coping skills, nutrition, money management and child development principles.

- Through Louisiana's Strengthening Programs for Children, Youth and Families at Risk Project, paraprofessionals meet each week with approximately 80 families with infants

and young children to provide training in parenting, nutrition and family resource management.

- In Oklahoma, the Home Visitation Program for Adolescent Mothers has a staff of trained parent educators who make weekly home visits to 110 first-time mothers whose mean age is 18 years. The in-home mentoring sessions concentrate on child development, effective parenting techniques, and accessing community resources.

Since CYFAR's inception in 1991, community-based programs have served over 100,000 children and 17,000 parents in 600 communities in fifty States and two territories. Programs are located in rural (53 percent) and urban (47 percent) areas and serve ethnically diverse populations. The FY98 budget provides $12 million -- an amount $2 million higher than the FY97 level.

Nutrition Education in the Food Stamp Program

The Food Stamp Program provides matching funds to States for nutrition education activities. In FY96, 38 States provided nutrition education services, often in cooperation with the Sate Cooperative Extension universities. Approximately $20 million in Food Stamp Program funding matched equal State contributions to support this effort.

PLANNED ACTIVITIES:

Reauthorization of Child Nutrition Programs and the WIC Program

The authorizing legislation for the child nutrition programs and the WIC program expires in 1998 and the development of legislative proposals supporting reauthorization will begin in earnest in 1997. This will be a major focus of USDA's legislative activity and it provides a key opportunity to improve the nutritional wellbeing of young children.

Research on Welfare Reform

The Cooperative State Research, Education, and Extension Service; the Agricultural Research Service; and the National Association of State Universities and Land-Grant Colleges will host a national conference, "Meeting the Challenges of Welfare Reform: Research, Education, and Extension," in Washington, D.C. April 28 through April 30. The conference will develop a national research, education and extension plan of action: to enhance the well-being of children, youth, families, and communities affected by welfare reform; to measure the social and economic effects of welfare reform on children, youth, families and communities; and, to monitor state and local responses.

The Food and Consumer Service (FCS) has planned a program of research to help States identify effective and efficient ways to design and run programs using the new flexibility provided by welfare reform. Key issues for examination include: identifying what works best in moving

clients to self sufficiency; which State work programs are most effective in moving the able-bodied into work; what new options States can take advantage of to increase child support payments, encourage personal responsibility, and reward work; and, how the creation of a means-tested, two-tiered system for family day care home meal reimbursements affect child day care and the quality of meals provided to children.

FCS also plans to study the affect of welfare reform changes on the food security and nutrition status of people the programs are intended to serve. Information on the effect will be provided to the States so that they can refine their management decisions and improve program operations. Completion of this research plan is contingent upon the restoration of funding for FCS studies to $17 million, as requested in the FY98 budget.

Nutrition Education for Preschool Children

In recognition that eating habits are key in preventing disease and in promoting overall good health, USDA has an integrated nutrition education program, "Team Nutrition," targeted to children. The goal is to teach children how to make healthful food choices.

Through a cooperative effort with the National Association of WIC Directors, the Team Nutrition concept will be expanded to preschool aged children participating in WIC. The WIC/Team Nutrition Project will provide WIC nutrition educators a Tickle Your Appetite kit which includes a video for in-clinic use featuring puppets, animation and real children vignettes that teach lessons such as trying different foods, learning about the taste, touch and smell of foods, and understanding how food grows. The kit will also provide materials for parents to use at home to reinforce the messages of the video and clinic lessons. These materials will be previewed in the WIC community in May, and will become available for use in WIC clinics this fall.

Breastfeeding Promotion:

Research has shown that breast milk is the best form of nutrition for a baby during its first year of life. The benefits of breastfeeding to both the mother and the infant include: initial protection against infections and allergies; emotional bonding of the mother and infant; decreased risk of Sudden Infant Death Syndrome (SIDS); and possible protection against breast cancer.

USDA's Food and Consumer Service will launch a national WIC breastfeeding promotion and media project in August 1997 during "World Breastfeeding Week." Working with WIC State agencies, USDA will initiate this new campaign with media promotional materials, such as sample press releases and radio spots which are designed to improve acceptance of breastfeeding as the preferred mode of feeding during an infant's early months.