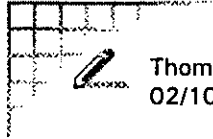


NLWJC - Kagan

DPC - Box 025 - Folder 011

Family - Child Care Policy: Quality

fam-child care policy -
safety

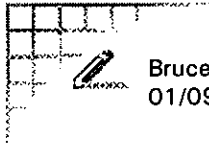


Thomas L. Freedman
02/10/99 10:52:51 AM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP, Nicole R. Rabner/WHO/EOP
cc: Mary L. Smith/OPD/EOP
Subject: FYI. Child care safety study

Kathleen Begala from CPSC says they have a ready to be released study of Hazards in Child Care Settings. CPSC studied 220 child care settings across the country and found 66% of settings exhibited at least one safety hazard (e.g., 8% had cribs that did not meet safety standards, 19% had cribs with soft bedding that might present a suffocation hazard). The study looked at hazards in child care at GSA, non-profit, in-home, and for-profit run facilities. GSA did not do particularly well (42% had soft bedding present). Kathleen has told Milanne about it. CPSC have some guidelines they want to release. I don't know the issue but wonder whether it makes sense to combine the study release with an executive order to GSA run facilities (maybe we have already) or whether the President and first lady would like to use the study as a way to push his legislation (radio address).



Bruce N. Reed
01/09/98 10:38:13 AM

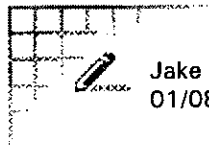
Record Type: Record

To: Elena Kagan/OPD/EOP, Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP, Neera Tanden/WHO/EOP

cc:

Subject: Note on Child Care from Slate

----- Forwarded by Bruce N. Reed/OPD/EOP on 01/09/98 10:37 AM -----



Jake Siewert
01/08/98 07:15:39 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Thomas L. Freedman/OPD/EOP

cc:

Subject: Note on Child Care from Slate

See bold area -- a network might do a nice package on the congressional day care center.

Continuing the time-honored tradition of drip-dripping the key elements of the upcoming State of the Union speech ahead of time, all of the front pages cover President Clinton's proposal of a nearly \$22 billion package of grants and tax breaks to help working families pay for child care. The plan would also include tax credits for businesses that build or expand employee child care facilities. Congressional rumblings are noted--both USAT and the NYT report that House Ways and Means Chairman Bill Archer referred to the plan as another of Clinton's "small ideas" that "taken together, return to the era of big government"--**but there is no mention of the federally subsidized state-of-the-art workplace child-care center used by members of Congress.**

NEC EARLY CHILDHOOD EDUCATION PROPOSAL
November 26, 1997

Education has been at the center of both the President's domestic and economic policy strategy. Investing in people creates opportunity for those taking responsibility and also increases growth and productivity of the economy. In addition to his focus on improving quality and accountability of K-12, the President's college opportunity proposal stressed creating a new national norm of two years of higher education for all Americans. Another vital economic and domestic imperative is a new national norm that the President and First Lady can help to create is that all children -- regardless of their accident of birth -- should have quality early learning (at least two years) starting at birth.

Mrs. Clinton and the President have long spearheaded national concern on early learning: from pioneering of the HIPPIY program in Arkansas, to his critical investments in Head Start and WIC, to their stressing the importance of early childhood education and this year's Conference on Early Learning and the Brain. To build on the foundation the President and First Lady have laid, we should have a separate focus on early learning from 0-5. This initiative would have two components: (1) Expanding Early Head Start and (2) A Zero to Five Early Education Fund to invest in Success Challenge Grants. This initiative would in addition to our other child care initiatives.

1. *Expand Early Head Start.*

Increase the Early Head Start (children 0-3) set-aside from the 5 percent under current law to 10 percent by 2002, combined with an overall increase in Head Start funding to ensure that boosting the set-aside does not reduce the resources available for children 3-5. Doubling the set-aside would allow more than 50,000 additional children to receive Early Head Start services in 2002 (relative to current law). Early Head Start funds activities other than child care, such as parent training in child development, home visits and family support services (e.g., counseling). If the Administration's Head Start reauthorization proposal is not developed in time for particular provisions to be included in the FY 99 budget, **the budget should still feature broad commitments to, for example, at least double Early Head Start funding.**

Five-year cost: \$500 million

2. *A Zero to Five Early Education Fund -- Invest in Success Challenge Grants*

We believe that we should focus on challenge applications for promoting zero to five initiatives-- both statewide and local -- than can expand on success. We are not locked into any one specific allocation, but believe strongly that there needs to be an avenue for mayors, local communities, and non-profits to be successful applicants. Two options that could be considered include the following:

Option a) Combined local/State early childhood education funding.

Under this initiative, 50 percent of the funds would be passed through to local collaboratives and 50 percent would be State discretionary dollars; both the State and local funds would be devoted to addressing the needs of pre-school children.

Each local collaborative would submit an application to the State administering agency describing how the community would use funds to meet the developmental needs of young children. **The local funds could be allocated by formula or through a competitive process, but States would be required in either case to use child poverty as one of the major factors in distributing the dollars.** Local collaboratives and the State would agree upon goals, and States would be encouraged to make continued funding contingent on meeting these targets. The funds could be used for a wide range of activities, including but by no means limited to home visits, courses for parents in child development, improvements in educational and other aspects of center-based and family (pre-kindergarten) child care, speech therapy, and developmental screenings. **These early childhood education activities in most cases would benefit both working and stay-at-home parents.**

The local collaboratives would consist of, for example, representatives of public agencies, business and community-based organizations such as Head Start programs, as well as local elected officials and parents of young children.

States would also have considerable flexibility with regard to their 50 percent of the funds. **They would, however, as a condition of receiving the State funds, have to set benchmarks concerning child care standards in the areas of education, health and/or safety;** e.g., provider educational qualifications, compensation/reimbursement rates, staff-child ratio, condition of the physical plant, licensing requirements (which providers, especially family child care homes, must be licensed) and frequency of licensing inspections. States could establish benchmarks in a wide range of areas, but continued State-level funding would be contingent on fulfilling these commitments (or making substantial progress in that direction). States would have the option of setting outcome goals--for example, significant improvement in overall quality as measured by an impartial evaluator.

(NOTE: The State dollars would not have to be devoted entirely to achieving the benchmarks. **Provided the commitments were fulfilled, States could use the funds for early childhood education efforts other than improvements in child care quality)**

There would be a modest (e.g., 20 percent) cash match for the State funds; the match could be provided by local or private sources. There would be no match for the local funds.¹ **States that declined to set benchmarks or provide the match would still receive the local dollars to pass through to communities, but would not receive the State funds.** The program would also include a small set-aside (1 percent or less) for a national evaluation of State and local efforts funded under the initiative. **This funding should be on the mandatory side if at all possible.**

Suggested funding levels:

FY 1999:	\$200 million
FY 2000:	\$400 million
FY 2001:	\$800 million
FY 2002:	\$1 billion
FY 2003:	\$1.2 billion
Five-year cost:	\$3.6 billion

Option b) *Separate State and local pools of early childhood education funding.*

Similar to Option (a), except that the State and local funding would be separate. Communities would apply directly to a Federal administering agency for the local funds, which could be allocated by formula or on a competitive basis (or through a combination of the two). Intermediate goals would be mutually arrived at by each community and the Federal agency, and continued funding would be dependent on progress toward those goals.

The State funds would be provided through a separate funding stream, for example, a CCDBG set-aside. States would still be required to set and achieve benchmarks with regard to child care educational, health and/or safety standards. The match would be limited to the State pool, and the set-aside for evaluation would be limited to the local funding stream.

Five-year cost: \$3.6 billion (same as Option 2)

Family - child care policy -
quality

The Supply and Quality of Care for Young Children

Currently, activities to improve safety, health, and learning in child care are funded by States under the required 4 percent minimum set-aside for such activities in the Child Care and Development Block Grant (CCDBG). States fund a variety of quality activities including training, licensing improvements, and resource and referral services. Since there is a tremendous need for direct assistance, most States spend only the minimum set-aside on quality activities.

OPTION 1: Increase CCDBG funding thereby increasing the amount of money that is allocated to quality via the 4% minimum set-aside.

Interaction with the Current Program: This proposal is simply an increase in the CCDBG.

Cost Estimate:

The funds for quality activities would increase by 4% of the total CCDBG increase. The Secretary proposes a \$700 million subsidy increase.

Impact Analysis: A CCDBG increase would result in the States having more money to direct toward quality activities. The Secretary's proposal would result in \$28 million more for quality. However, the net increase in quality funds would be offset by the fact that the increased subsidies would result in more children in child care in need of quality enhancements.

Pros:

- Improves affordability
- Potentially increases supply
- Devotes more funding to State-identified quality and supply issues.

Cons:

- Is not primarily a quality strategy; 96% of the new funds do not target quality at all, but 100% of the funds are applied to one of the three goals of quality, affordability, and supply.
- Does not target young children, especially infants and toddlers, who have the most critical health and safety concerns in child care.
- Does not allow the Administration to use its funds to leverage additional public and private resources to increase the total investments in quality.
- Does not promote decision making at the community level.

OPTION 2: Establish a fund distributed to the States according to the Child Care and Development Block Grant formula to provide grants to communities to improve safety, health, and learning for young children in child care. The funds would specifically target young children, with a focus on infants and toddlers who are the most vulnerable children in care. States would be required to match the Federal money and would have to set benchmarks to measure their outcomes. At least 85% of funds would go directly to communities and 50% would be targeted to areas with high concentrations of poverty. This model is based on the Smart Start program in North Carolina which has allowed many counties to improve the supply and quality of care for young children. With these funds communities might choose to establish family child care networks, promote accreditation, help providers meet health and safety standards, and promote health and parent education in child care.

Interaction with the Current Program: The vast majority of the CCDBG funding currently goes toward affordability, most often in the form of vouchers. The quality money is extremely limited and typically goes to general activities funded by the States. Little or no money is administered for these purposes directly by communities. The new funding would not replace the quality set-aside, but would give communities a role in building local supply.

Cost Estimate:

The Secretary has recommended a \$800 million dollar increase in the CCDBG to increase the health, safety and learning environment of child care programs.

Impact Analysis:

The proposal recognizes that the real issue in child care is whether each community has an adequate supply of quality care. These funds would improve the safety, health and learning of young children in child care by allowing up to 1000 communities to craft solutions that meet their specific needs.

North Carolina's Smart Start program demonstrates the impact that the community grants would have. One Smart Start county has expanded supply by 3,578 spaces in licensed programs. In another, every child care center and 50 percent of the family child care programs are participating Smart Start programs to improve the quality of care, which affects 1,234 young children in the county. In North Carolina's most populous county, 7000 children were enrolled in programs that received enhancements through the county's Smart Start grant. In other North Carolina communities, 1400 children received health and developmental screenings as a result of the Smart Start grants.

Pros:

- Gives flexibility to communities to tailor funds to their specific needs.
- Focuses on results by requiring communities to meet

- benchmarks and report on outcomes.
- Targets young children, especially infants and toddlers, who are the most vulnerable children in care.
 - Allows communities to build supply and fill gaps in their system of care.
 - Meets the President's challenge to find a way to replicate successful child care models across the country.
 - Uses Federal money to leverage State and local public and private sector funds.

Cons:

- Limits State flexibility to determine the use of funds.
- Targets only one age group.

Child Care Provider Education and Training

Child care provider training is one of a number of allowable activities under the Child Care and Development Block Grant set-aside for quality activities, but only a small portion of the set-aside is spent for that purpose. The funds that do go to training are often spread very thin and cover only basic workshops which don't lead to credentials or degrees.

OPTION 1: Establish the Child Care Provider Scholarship Fund announced by the President at the White House Conference. States will administer scholarship funds to providers for either pre-service on in-service coursework as part of a degree or credential program. The provider and the sponsoring child care program must also bear a portion of the cost. The provider, who will receive increased compensation after the coursework is complete, must commit to remaining in the field for at least one year for each year of assistance received.

Interaction with the Current Program: These funds are targeted specifically to providers who are enrolled in a degree or certificate program, unlike current expenditures for training. In addition, these scholarships are tied to an increase in compensation.

Cost Estimate:

The Secretary's proposal recommends an investment of \$150 million in scholarship funds to provide training and support.

Impact Analysis:

The scholarships will reach approximately 150,000 providers and increase the quality and supply of child care for about 1.5 million children.

Pros:

- Targets training of providers, which is a proven effective approach to build warm and responsive interactions between the provider and the child. These interactions, while often the most difficult aspect of quality to measure, have been found in recent studies to be one of the most powerful predictors of children's healthy development in child care.
- Requires an investment from several stakeholders including the provider and the sponsoring child care program.
- Impacts potentially scores of children with each scholarship, because each provider reaches many children.

Cons:

- Cannot guarantee that the recipient will stay in the field beyond the one year commitment. However, child care workers have an average turnover of over 30%, but programs like T.E.A.C.H. in North Carolina have shown that education reduces turnover. In North Carolina, staff turnover is only 10% for people who participate in the program, compared to 42% overall.

National Leadership for Consumer Education, Research, and Technology

The Child Care and Development Block Grant (CCDBG) currently contains a 4% set-aside for quality activities, under which consumer education is an allowable cost. However, quality set-aside funds only meet a small portion of the need for consumer education. In addition, the law provides a small set-aside for technical assistance, which amounts to about \$8 million per year.

OPTION 1: Establish a new fund for activities related to consumer education, technology development and utilization, and data and research to help redefine the future of child care in America. The fund would support a national child care hotline and a consumer education campaign to help parents select safe and healthy care for their children, a project to increase the use of distance learning technologies for rural and home-based providers, and a National Center on Child Care Statistics, along with research and demonstration projects.

Interaction with the Current Program: These funds will go to initiatives which will lead the field of child care into the twenty first century. Although some States are investing some of their quality set-aside in consumer education, these limited efforts are scattered around the country and provide inadequate coverage even within States. No funds are targeted to child care data and research on a national level. A few States and academic institutions are undertaking research, which primarily consists of studies with small sample sizes. Currently there is no framework to provide leadership to coordinate consumer education, technology development and utilization, and research of a national scope. The fund for consumer education, research and technology will fill that gap.

Cost Estimate: The various components of this effort total \$50 million.

Impact Analysis: The Secretary's proposal provides sufficient funds for a consumer education initiative, which will reach millions of households with information for parents on how to find and select safe, healthy care. The quality of care for thousands of children, particularly rural children, will be enhanced by the training of providers, made possible by distance learning technologies. The National Center for Child Care Statistics and competitive research and demonstration projects will help policymakers, community leaders, and program developers find solutions to the lack of safe, healthy, affordable, and accessible care.

Pros:

- Targets funds directly to consumer education to assist parents in choosing care that will protect the health and safety of their children.
- Will potentially build the supply of quality care by

- creating demand for quality care
- Provides funds specifically for data and research to help policy makers and community leaders better understand how to build the supply of affordable, quality care.

Cons:

- Does not directly increase the supply of care
- Does not directly make care more affordable

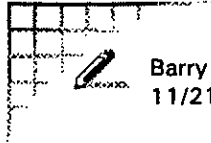
CHILD CARE POLICY OPTIONS RE: QUALITY
9/17/ 97 DRAFT FOR DISCUSSION PURPOSES

Promoting Health and Safety in Child Care -- Ensuring that Children are Free From Harm

- Set example by requiring GSA and DOD to use *Stepping Stones* in federally funded and conducted centers (*Stepping Stones* is a set of the national child care standards, extrapolated from the 1992 *National Health and Safety Performance Standards: Guidelines for Out-of-Home Care*);
- Challenge states to improve health and safety in child care, and reward those that do through a quality incentive fund;
- Assist states in improving health and safety child care standards through the *Healthy Child Care America* campaign, highlighting new national center to support health promotion in child care with technical assistance to state child care officers and with training to health professionals (grant to establish center soon to be announced, perhaps can be held for the conference);
- Direct the Department of HHS to issue a state-by-state report card on health and safety in child care;
- Increase demand for child care that meets health and safety standards by targeting consumer education (establishing a toll-free number and other supports); and
- Calling on parents to visit their children's child care settings and proposing FMLA expansion to give parents time off for this and other important purposes:
- Call for proper screening of child care providers through background checks by:
 - creating incentives for the states to adopt guidelines through quality incentive fund;
 - calling for the Interstate Compact, which would enable the FBI to maintain a national database of all state-maintained criminal history records and would set ground rules for the sharing of information (Justice soon to formally submit legislation -- bill must pass Congress and then be ratified by all states);
 - directing HHS to identify and share information on promising state models of screening; and
 - using bully-pulpit and targeting consumer education.

Enhancing Quality of Child Care

- Encourage training of child care providers by establishing a scholarship fund for providers and exploring Pell grant expansion/loan forgiveness, and validate the profession by establishing a National Child Care Provider Day;
- Design quality incentive fund to support quality-promotion measures such as accreditation, consumer education, family child care networks, etc.;
- Target consumer education and demand through a national public awareness campaign; and
- Build better knowledge base of child care by establishing a targeted research fund.



Barry White
11/21/97 06:47:06 PM

Record Type: Record

To: See the distribution list at the bottom of this message
cc: See the distribution list at the bottom of this message
Subject: The Evidence on effects of Head Start quality investments

Following the last Deputies meeting, in response to HHS' statement that they have evidence of the positive effect of the Head Start quality investments on Head Start quality, I asked my staff to obtain from HHS the evidence to which HHS referred. HHS did not have a document to share, but did hold a lengthy conference call with my examiners. This is a report of that call.

In sum, HHS does not have data demonstrating that the investments in "quality" and the related COLAs since the law was revised in 1994 have resulted in a higher quality program.

What they do have is the first round of findings from an evaluation ("FACES" -- Family and Child Experiences Survey), which provides some indication that Head Start projects are of "minimal to good quality." (They did not find any "inadequate" programs.)

The programs were evaluated on the "ECERS" (Early Childhood Environmental Rating Scale): it measures the use of materials, scheduling, facilities, interaction between teachers/staff and children. This is a tool in general use for assessing child care centers. Eventually this longitudinal study will report on the children's experiences in kindergarten.

OMB is insisting that HHS carry the study into lower grades to try to get a handle on whether Head Start affects learning in school, but HHS is resisting strongly. We aren't sure why.]

They do not have data showing a causal relationship between quality and investments in quality, because they did not establish baseline data for the evaluation or from the period before the new law.

The contractors (Westat and Abt) will eventually try to find a correlation between quality and the higher salaries and benefits, more education for staff, length of teacher time in the programs. HHS had not planned to do this any time soon, but given the OMB (and working group) interest, HHS will now try to produce this data in the next few months.]

They did find some correlation (not clear how strong) between new teachers and quality program, vs. the quality of programs with longer tenured teachers. This suggests that newly trained teachers may have a greater benefit for students.

This provides some preliminary support for our new teacher preparation scholarship. ✓

In the conversation, it came up that since 1992, average Head Start salaries have increased from \$10,000 to \$17,000, an increase of 70%. The Head Start Director asserts, however, that this salary level is a "moral disgrace."

This report does not provide a ringing endorsement for spending more money on child care in the

same ways in which it is spent in Head Start if, in fact, we want to do something serious about improving the quality of child care. It also isn't much support for Head Start's set-asides.

OMB staff would much prefer investing in directed State monitoring of health and safety conditions, State publication of "report cards" on child care center quality, giving the States money to help centers meet accreditation standards by the national body (NAEYC), and otherwise supporting specific activities to correct flaws found by the monitoring. \$50 m/year, \$250 m over 5, might be sufficient to get States to engage more aggressively in such activity.

(continuation)

cons. into.

Message Sent To:

Elena Kagan/OPD/EOP
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Nicole R. Rabner/WHO/EOP
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Policies that Assist Stay-at-Home Parents

- Over the past four years, the Administration has supported both tax and regulatory policies that address the concerns of stay-at-home parents.
 - The newly enacted \$500 child credit provides significant income assistance to both one-earner and two-earner couples. Between FY 1998 and 2007, the credit will cost \$170 billion. In 1998, 26 million taxpayers, with 44 million children, will benefit from the child credit.
 - The Omnibus Budget Reconciliation Act of 1993 expanded the earned income tax credit, providing tax cuts for 15 million families. Eleven million families with children received an average tax cut of \$640 in 1996 as a consequence of the OBRA 1993 expansion. Families with a stay-at-home parent were among the beneficiaries of this expansion.
 - The enactment of the Family and Medical Leave Act (FMLA) provides working parents with up to 12 weeks of unpaid leave for a health or family emergency.
 - The Administration has proposed other modifications in the FMLA that would allow working parents to take unpaid leave for their children's school activities.
 - The Taxpayer Relief Act of 1997 eases the restrictions on claiming the home office deduction for taxpayers with business activities both inside and outside the home. These changes make it easier to begin and operate a small business inside the home.
- Increasing subsidies for child care will lower the costs of working outside the home and will thus increase the net returns to employment. As a result, proposals that increase child care subsidies may encourage some stay-at-home parents to reenter the workforce. But for many two-parent families, the benefits of having one spouse remain at home may still exceed the net returns to work, particularly after accounting for the new \$500 child credit and the expanded EITC.

QUALITY CHILD CARE

KEY ELEMENTS

STRATEGIES

EXAMPLES

OPTIONS

QUALITY CHILD CARE

Goal

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

Seven Key Elements to Quality

Safe and Healthy environments

Trained, adequately compensated and supported staff

Low turnover (continuity of care)

Small groups

Good staff child ratios

Health Promotion

Parent Involvement/parent education/family support

Strategies for Achieving Quality Child Care*

Standards

Support to meet standards

Enforcement of standards

Accreditation

Training/credentialing/compensation

Provider support networks

Higher Reimbursement Rates

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

Consumer education

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

EXAMPLES OF STRATEGIES

1. Training and compensation of staff

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

2. Provider support network

(Family Child Care Network, Madison, WI)

3. Health Promotion

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

State Example (Healthy Child Care, South Dakota)

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

Community Example (Rochester, New York)

State\Community Example (Smart Start, North Carolina)

5. Linkages with other services

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

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

Options for Improving the Supply of Quality Child Care

I. Protecting Children

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

II. Promoting Child Development

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

FINANCING CHILD CARE THROUGH PUBLIC-PRIVATE PARTNERSHIPS

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

Description

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

When Established

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

Amount Generated Annually

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

Services Funded

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

How Funds Distributed

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

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

Population Served

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

Strategic Considerations

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

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

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

Other Sites With Similar Strategy

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

Contact

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Chapel Hill, NC 27514
Phone: (919) 967-3272
Fax: (919) 967-7683



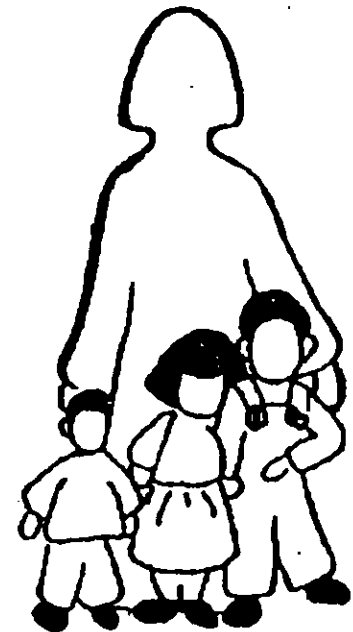
What Makes a Quality Child Care Program?

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

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



SATELLITE FAMILY CHILD CARE, INC.



***A Family Child Care System
for Providers and Parents***

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

*Family
Child Care
Network*

What is Family Child Care?

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

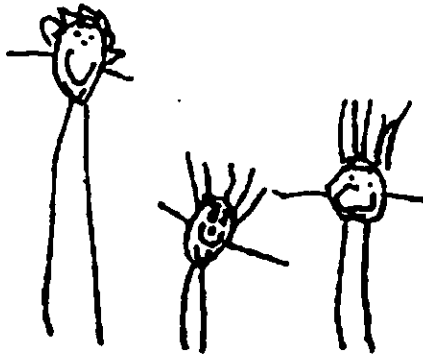
What is Satellite?

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

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

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

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



Services to Providers

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



Services for Parents

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

- ◆ Screening and on-going monitoring of Satellite family child care programs.
- ◆ Referrals to alternate Satellite family child care programs if a provider is temporarily unable to provide care.
- ◆ Quarterly newsletters containing upcoming events and articles of interest on child care and children.
- ◆ Special events for parents and children.
- ◆ Information about tuition assistance for child care.
- ◆ Technical assistance with child development, child care, or other parenting questions.
- ◆ Information about other child care resources in the community.
- ◆ Parent participation opportunities, including Board membership, committee membership and resource sharing.

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City Child Care Provides

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

608 263 6448-

6-3-97 : 3:23PM :

SENT BY: UW WCER



Office of Community Services
 Room 225
 205 Martin Luther King Jr. Blvd.
 P.O. Box 2627
 Madison, Wisconsin 53701
 (608) 266-6528



City of Madison
 Office of
 Community
 Services

Child Care Program



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

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

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

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

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

City Child Care Specialists Review

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

City Child Care Assistance for Parents

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



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

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

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

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

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

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

3) Health Promotion



Healthy Child Care America Update: South Dakota

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

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

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

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

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

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

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

Montgomery County Joins the *Healthy Child Care America Campaign*

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

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

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

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

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

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

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

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

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

Department of Health and Human Services Role

- One third of a specialized community health nurse's position will be dedicated to coordinating the efforts. The nurse will serve as an expert in child care health issues.
- Every child care center that serves infants will receive on-site health consultation from a generalized community health nurse.
- School community health nurses will provide on-site health consultation to child care centers located on public school property.
- The Immunization Program will provide yearly immunization training to the child care community, and immunization consultation will be made easily available.
- Communicable Disease Control Program training and consultation will be geared to the unique needs of child care providers.
- A Health-Line will be created. One central number will provide a single point of entry to readily connect the caller with appropriate county services. Magnets advertising the telephone number will be distributed.
- An updated version of the popular health manual for child care providers, "The Teddy Bear Book," will soon be available.

Department of Fire and Rescue Services Role

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

Volunteers

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

Improving Care for Rochester's Children

Partnerships Build Quality Early Education

Dolores Schaefer

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

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

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

A 1988 study funded by the Rochester Area Foundation (RAF) showed that only a small percentage of three- and four-year-olds participated in formal pre-school programs. It also found that 40% of public school children in Rochester were held



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

back for one year between kindergarten and third grade, indicating that an unacceptably high number of children were entering school unprepared to learn. RAF then asked a grassroots task force of child care and social service providers, city and county agencies, and local universities to recommend ways to improve child care and early education.

After being presented with facts and recommendations of this task force, the Mayor convened a small strategy group—including the County Executive, the heads of the Chamber of Commerce and Industrial Management Council, and the presidents of RAF and United Way—to examine the problem. The group concluded that what was

needed was a feasible strategy to move a community agenda forward that included practical funding recommendations. The Mayor challenged the group to come up with one.

Creating Consensus on Priorities

The strategy group believed that progress on early

(Continued on page 4)

Partnerships Build Quality Early Education



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

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

um three or four times a year.

Business Promotes Quality

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

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

Creative Solutions to Expand Supply

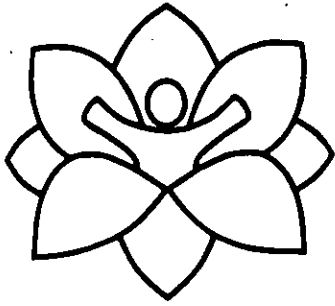
During its first five years, ECD's effort led to the development of some 2,000 new child care slots. 86% of three- and four-year-olds in Rochester are now in some sort of program, up from 55% of four-year-olds and 20% of three-year-olds in 1989.

United Way, a key participant in ECD's Steering

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

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

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



Smart from the Start

ACCREDITED CHILD CARE IN MONROE COUNTY

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

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

year-olds. In 1995, Wegman announced a \$25 million, ten-year commitment to the Diocese, part of which will be used to continue funding for the preschool program.

Getting the Word Out

ECD found that expanding the supply of quality care

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

Is It Working?

Have the initiatives in Rochester made a difference for children? The Primary Mental Health Project, affiliated with the University of Rochester, conducted a study of 400 public school third graders in Rochester to find out whether attending a preschool program made a difference. According to Dirk Hightower, the project's director, the answer is a resounding yes. Preliminary results also show that children attending certain programs had significant gains by third grade: none had been retained and they scored 13 points higher on math and reading tests after controlling for poverty and

mother's education. A second study underway will track 4,000 children over ten years to assess the impact of child care and early education. It will look at how parents make decisions about child care and how they assess the care they've chosen; evaluate the quality of care being provided; and assess children's performance in school.

The Impact of ECD

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

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

leadership. Rather than pooling funds, partners administer their share of the funds based on the annual commitment of their respective organizations and in line with ECD's analysis and priorities.

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

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

Keeping it going is ECD's next challenge.

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

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

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



Building brighter futures for North Carolina's children

What is Smart Start?

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

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

FACTS

- High quality child care makes a difference. Smart Start has increased the overall quality of child care in the 18 counties which first started providing programs and services. (FPG study)
- The number of top quality child care centers in the state has increased by more than 60 percent in Smart Start counties.
- Smart Start programs and services are currently in 43 counties while 12 counties are in the planning phase. Applications from the remaining 45 counties were approved in May.

Getting results throughout the state

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

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

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

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

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

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

(continued on back)

► OUR GOAL

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

◀ CORE SERVICES

- **Child care:**
 - high quality** (incentives for higher quality, TEACH, classroom assessment, technical assistance)
 - accessible** (resource & referral, transportation, additional child care spaces)
 - affordable** (financial help for low-income working families)
- **Health** (vision, dental, hearing screenings, immunizations)
- **Family Support** (family resource centers, resources/information for parents)

FACTS

In 32 Smart Start counties:

➤ more than 34,000 children have received child care subsidies so their parents can work.

➤ more than 22,000 child care spaces have been created.

➤ more than 72,000 children have received early intervention and preventive health screenings.

➤ more than 26,000 teachers have received additional training through Smart Start educational programs.

• Smart Start should be expanded statewide:

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

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

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

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



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

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

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

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

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

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

Smart Start cited a national model

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

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

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

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

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

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

Full Start: The Results Are In!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Collaborative Efforts Promote Inclusive Child Care in Colorado

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

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

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

COFICC services for families and providers include problem solving when care options are limited or non-existent, tips on interviewing

and contracting, and help in identifying barriers to inclusion specific to each care setting. They also aid in linking with community resources for on site training, consultation and support.

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

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

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



Special Needs R&R

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

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



DEPARTMENT OF HEALTH & HUMAN SERVICES
HEALTH RESOURCES AND SERVICES ADMINISTRATION

Family-child care policy -
equality

Public Health Service

Maternal and Child Health Bureau

Memorandum

DATE: August 18, 1997

TO: White House Child Care Group on Quality Issues

FROM: David Heppel, M.D., Director
Division of Maternal, Infant, Child and Adolescent Health

SUBJECT: Health and Safety Standards/Health Promotion and Child
Development Issues

Enclosed please find a series of options to promote health and safety in child care settings together with a set of advantages and disadvantages for each option. This paper was developed by Phyllis Stubbs-Wynn, M.D., Branch Chief, Infant and Child Health and Jane Coury, M.S.N., R.N., Program Specialist, Health and Safety in Child Care, and myself.

Thank you again for the opportunity to participate in this most important process.

WHITE HOUSE CHILD CARE GROUP
On
QUALITY ISSUES

Health and Safety Standards/ Health Promotion and Child Development Issues.

Background

Studies indicate that there are serious problems with the quality of child care. A study of child care centers found that 10% of children are in care that is dangerous to their health and safety, 70% are in care that is barely adequate, and only 20% are in high quality care. Infants are at greatest risk, with 40% in care that is a danger to their healthy and safety (Heilburn, et al., 1995). A study of family child care found that 35% of children were in poor quality care, 56% adequate care, and only 9% in high quality care; and children from low income families were in substantially lower quality care (Galinsky, et al., 1994).

Such studies present compelling evidence to address quality in child care in the context of “freedom from harm, specifically, physical and developmental harm” through a spectrum of possible examples, as follows:

OPTIONS TO PROMOTE HEALTH AND SAFETY IN CHILD CARE SETTINGS

1. Create a set of standards on child health and safety, health promotion and child development to be promulgated by Federal regulation

Advantages

A set of standards, developed by the experts in this field, already exists in the form of *Caring for Our Children*. The standards are a tangible step to improve child care that would be directly attributed to the Administration. Responds to the media criticism of the weakness of State regulations. Standards represent direct evidence of the Administration’s commitment to children and families.

Disadvantages

There is no certain mechanism to promulgate such standards. According to Office of General Counsel, Title V (MCH) has no such authority. The Child Care Bureau’s legislation apparently has some authority but initial efforts to include health and safety issues were only minimally successful. Head Start has health and safety performance standards but addresses a restricted population as does the Department of Defense. This option appears contrary to the Administration’s federalism approach. Presently, most States have a problem with monitoring resources and would have difficulty, without additional resources, to carry out this task.

1A. Focus the promulgated standards on freedom from harm (the *Stepping Stones* document)

Advantages

In addition to those cited for 1. Above, content is already available and has been reviewed by experts in the field. Focus is on what will keep children safe, can emphasize the intent to avoid human tragedy. Responds to the media criticism of the weakness of State regulations. Can be contrasted with *Caring for Our Children* in terms of burden to providers.

Disadvantages

Same as 1.

2. Require all Child Care providers, including Family Child Care providers, to demonstrate competency in First Aid and CPR, Nutrition, Environmental Health and Safety, and managing the developmental and emotional needs of at-risk children.

Advantages

✓
Educational requirements are much more likely than the existence of health and safety standards to have a tangible impact at the provider level, where behavior actually counts. Would raise the general knowledge level of child care providers and increase the quality of developmental care as well as health and safety. Would provide a more solid base for advancement of child care workers. Educational system could assist in monitoring compliance. Need to look at the Head Start experience with the Child Development Associate degree program.

Disadvantages

Requires a significant amount of new fiscal resources. Would take time to develop and implement curriculum on a broad scale. Uncertain whether this would be politically feasible. Could increase the cost of child care for families needing the service.

2A. Require all child care providers to have a Child Development Associate degree.

Advantages

Can build on the experience of the Head Start program. Curricula already developed. Some educational resources already in place. Has the advantage of the Head Start name for which there seems to be much political good will. Positive attributes somewhat similar to the argument for using EPSDT as the benefits package for child health insurance. See also 2.

Disadvantages

As with EPSDT, concern about cost and ability to monitor such a requirement without requiring all child care to be regulated. See also 2.

3. Expand the health and safety requirements of the Child Care Block Grant.

Advantages

There exists some legislative language and precedent for this type of approach. There is an opportunity to direct the 4% quality set aside toward promulgation of these requirements.

Would have a substantial audience of providers and customers, especially those in socioeconomic need.

Disadvantages

Difficulty with which even minimal requirements were included in the present Block Grant regulations. Would not necessarily have any impact on those programs not receiving Block Grant funding. Federal influence likely to be challenged by States.

3A. Adopt the three health and safety requirements (infection control including immunizations, building and premises safety and health and safety training) of the Child Care and Development Fund as Federal Regulations.

Advantages

More incremental than *Stepping Stones* so perhaps less opposition. Same as 3 above.

Disadvantages

Same as 3 above.

4. Require all Child Care programs in Federal facilities to adhere to the *Stepping Stones* document and challenge Governors to match the Federal position.

Advantages

Demonstrates the Administration's commitment. Immediately creates a *de facto* Federal standard without having to go through the process. Sets up a comparison between the Administration and any given State. Would allow the Administration to create a report card on State efforts.

Disadvantages

To some extent the President did this when he cited the Defense Department for its efforts in child care at the *Brain* conference. Taken alone is not likely to have the desired impact. Would need to have a monitoring and visible ongoing reporting effort. Center-based model only- comparison's could not be made with family child care homes.

5. Promote States' Adoption of "Stepping Stones "through a set of incentives and a challenge to Governors to adopt these standards as benchmarks.

To facilitate this:

- State standards can be coded by the States so that an annual "Report Card" of state progress in adopting "Stepping Stones" can be developed.
- A cost/ impact analysis on the standards in "Stepping Stones" can further promote their use.
- Financial incentives can be offered to adopt and implement "Stepping Stones" as

well as promote the Healthy Child Care America Campaign (possibly through the Child Care and Development Fund's four percent quality dollars or the tobacco tax) .

- A National Coalition of Stakeholders in Child Care could be established to move this process along .

Advantages

Establishes an on-going system to view each state's baseline standards and annual progress. The Administration can use this information to challenge states to improve, using the "bully pulpit" approach. States might respond to this approach if they know the cost of implementing such standards up-front and they are offered financial incentives to implement them.

Disadvantages

State " Report cards" carry a certain amount of political risk. Targeted funds for this activity would have to be assured. Implementing some key standards might appear to be costly, e.g., safe playground facilities, unless resources are identified .

6. Create a National Support Network for Child Care Providers

This Network could include, for example :

- Child Care Health Consultants to communities (child care providers and resource and referral agencies) to train child care providers and parents and provide telephone and on-site health consultation services .
- A National Hotline (linked to state health and child care hotlines) for health and safety information (Healthy Start model) .
- Community-based Child Care Health and Safety Training and Technical Assistance Centers which are responsive to the needs of parents and child care providers.
- National Media Campaign which advertises the hot line, and includes television - based training activities for child care providers and parents around health and safety.

Advantages

States with excellent health and safety standards often cannot assure adequate monitoring. Assuring that standards are implemented is best done through consultation and support targeted to child care providers themselves.

Disadvantages

Although more of a challenge than disadvantage, strong state commitment to partner in

this effort will be needed.

7. Create a National Support Network For Parents

This could include, for example, the activities in #6 plus:

- A National Hotline (linked to state resource and referral hotlines) to respond to parents' concerns regarding health and safety in child care.

Advantages

Parents as consumers need to know what constitutes good quality in the child care services they purchase. They in turn become advocates and supporters of better state standards.

Disadvantages

Same as #6.

8-11

Child care - quality

+90 or aside for quality - goes to states / not communities

same effort on standards - "Measuring Times" - HHS (IHR)

critical standards in force from here

one more detailed than other - both have same content

large body of stnds from which taken "caring for all children" - 3 areas (where states have to act) - bldg + premises

policy, practices, staff training
instructor - content

Checklist - going to look at each state's policies - evaluate + rank them. Long-term process. Work w/ small group of states first - over course of yr.

3-part

can't set pos of \$ unless you adopt these stnds?

(prob - no one will do - not all)

standards - so next step - teacher training

e.g.

promoting standards.

PEACH - scholarships etc.

Communities piece - hints to them to enhance quality