

NLWJC - Kagan

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0-3 [Conference] - Announcements

[2]

Withdrawal/Redaction Sheet

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. fact sheet	Phone No. (Partial) (1 page)	04/03/1997	P6/b(6)

COLLECTION:

Clinton Presidential Records
Domestic Policy Council
Elena Kagan
OA/Box Number: 11998

FOLDER TITLE:

0-3 [Conference] - Announcements [2]

2009-1006-F

ke685

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



U.S. Department of Justice

Office of Justice Programs

Office of Juvenile Justice and
Delinquency Prevention

0-3
Announcements

Office of the Administrator

Washington, D.C. 20531

April 10, 1997

Memorandum

cc J Klein
N Rabner
D Burke

To: Elena Kagan
From: Shay Bilchik
Re: Child Victims of Violence Initiative

Summary

Through a partnership between the Office of Juvenile Justice and Delinquency Prevention, Violence Against Women Grants Office, and Office for Victims of Crime, the Department of Justice will allocate \$700,000 of FY 97 discretionary funding to establish a *Child Victims of Violence Initiative* through the Yale, New Haven Child Development-Community Policing program.

Children Exposed to Violence

Throughout America, millions of children are exposed to violence at home, in their neighborhoods, and in their schools. In a study conducted at Boston City Hospital, 1 out of every 10 children seen in their primary care clinic had witnessed a shooting or stabbing before the age of 6 – 50 percent in the home and 50 percent in the streets. The average age of these children was 2.7 years.

Children's exposure to violence and maltreatment is significantly associated with increased depression, anxiety, post-traumatic stress, anger, greater alcohol and drug abuse, and lower academic achievement. It shapes how they remember, learn and feel. In addition, children who experience violence either as victims or as witnesses are at increased risk of becoming violent themselves. These dangers are greatest for the youngest children who depend almost completely on their parents and care givers to protect them from trauma.

The majority of children who are exposed to violence are not treated. According to the National Advisory Board on Child Abuse and Neglect, over 90 percent of children who are exposed to child abuse and neglect do not get the services they need; and too often, victims services in domestic violence and criminal investigations focus on the adult victim rather than the child. The Department of Justice *Child Victims of Violence Initiative* will ensure that the silent victims of crime and violence are helped.

According to the recommendations of a consensus of professionals in the field, child development theory, experience and evaluations from psychoanalytic and psychodynamic interventions with children, what children need when they are exposed to violence is comprehensive mental health services to help them process the violence; a sustained relationship with a caring, pro-social adult role model; protection from further risk of harm; and legal intervention.

The Child Development - Community Policing Program

The Child Development-Community Policing Program, initiated in 1991 through an innovative partnership between the New Haven Department of Police Services and the Child Study Center at the Yale University School of Medicine, addresses the psychological burdens on children, families and the broader community of increasing levels of community violence. In FY 1995 and FY 1996, OJJDP provided \$300,000 each year to the Child Study Center to replicate the model through training of law enforcement and mental health providers in Buffalo, NY; Charlotte, NC; Nashville, TN; and Portland, OR.

The program consists of interrelated training and consultation, including a child development fellowship for police supervisors; police fellowship for clinicians; seminars of child development, human functioning, and policing strategies; 15 hour training course in child development for all new police officers; weekly collaborative meetings and case conferences that support institutional changes in police practices; establishment of protocols for referral and consultation that insures that children receive the services they need.

The CD-CP program has provided a wide range of coordinated police and clinical responses in the four sites, including: round-the-clock availability of consultation with a clinical professional and a police supervisor to patrol officers who assist children exposed to violence; weekly case conferences with police officers, educators, and child study center staff; open police stations located in neighborhoods and accessible to residents for police and related services; community liaison and coordination of community response; crisis response; clinical referral; interagency collaboration; home-based follow-up; and officer support and neighborhood foot patrols. In the CD-CP program's four years of operation in the New Haven site, more than 450 children have been referred to the consultation service by officers in the field.

The Child Victims of Violence Initiative

In fiscal year 1997, the Department of Justice will allocate \$700,000 of FY 97 discretionary funding (\$300,000 from OJJDP, \$300,000 from VAWA, and \$100,000 from OVC) to establish a *Child Victims of Violence Initiative* that expands on the Child Development-Community Policing program. The new funds will support the following activities:

- Nationwide intensive training and technical assistance for law enforcement, prosecutors, mental health professionals, school personnel, and probation and parole officers to better respond to the needs of children exposed to community violence including but not limited to family violence, gang violence, and abuse or neglect. This will be accomplished through the development of a training and technical assistance center in New Haven consisting of a team of expert practitioners who serve as trainers throughout the country.
- Expansion of the program sites from the original four. Future sites, the total number of which are yet to be determined, will be selected competitively based upon each site's capacity to establish a core police/mental health provider team concerned with child victimization.
- Further research, data collection, analysis and evaluation of CD-CP in the program sites.
- The development of a casebook for practitioners which will detail intervention strategies and various aspects of the CD-CP collaborative process.

In addition, the Department of Justice's COPS office will publish information on the *Child Victim of Violence Initiative* in the COPS Newsletter and the Community Policing Consortium Newsletter, a publication that reaches over 17 thousand police organizations. This dissemination will supplement information on research, effective practices, and promising programs that will be shared by the Department of Justice with community based organizations and law enforcement via bulletins, fact sheets and a national satellite teleconference.

As a result of the *Initiative*, those individuals responding to children in violent situations, who are on call 24 hours a day, seven days a week, will now have new partners. The nation-wide training will give law enforcement, probation and parole officers, prosecutors, school personnel, mental health providers, and clinicians tools for collaborating in the rapid and effective response to children exposed to violence:

- Education on needs of children and the dangers of their exposure to violence so that they know how to respond to scenes of domestic and community violence.
- Experience in problem-solving so that they can prevent crime and trauma before it happens.



- **Effective protocols and memoranda of understanding for working across systems so that they can intervene early and effectively when trouble arises.**
- **Access to the range of local service providers and resources; including school-based, court-based and hospital-based victim services.**
- **Increased likelihood of leveraging resources to expand services.**
- **Coordination with victims assistance and victims compensation for children.**

In conclusion, the results of this exciting new Initiative will begin to bring to bear the resources needed to break the cycle of violence affecting our nation's youngest victims.



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

0-3

Announcements



FORCE MANAGEMENT
POLICY

APR 8 1997

Ms. Elena Kagan
Deputy Assistant to the President
for Domestic Policy
Old Executive Office Building
1600 Pennsylvania Avenue
Washington, DC 10000

Dear Ms. Kagan:

The following is provided in response to your questions regarding the Department's efforts in child care for children zero to three. The Military Child Development Programs have attained a well-deserved reputation for being on the cutting edge of child care in America. We are proud of our systemic approach to the four components of military child care: child development centers, family child care, resource and referral and school-age care. Our commitment is to provide a quality experience for children regardless of setting. We strive to ensure *equal treatment for all components especially family child care* homes. We believe much of our success comes from our efforts to provide a variety of quality and affordable options for families rather than focus on centers only. It should be noted that we do not guarantee every family their first choice of child care options. Our goal is to provide at least one affordable child care option for every family that needs child care. It should also be noted that we view the appropriated fund support as a program subsidy not an individual family subsidy. Five key reasons for our success are:

1. The DoD commitment to a prescribed level of funding for Child Development Programs. In military child development centers, there is a dollar for dollar match of appropriated funds to parent fees. In our family child care homes we provide indirect financial support through extensive equipment lending libraries, low or no cost insurance options and free training. In many instances we also provide direct cash subsidies for family child care providers to provide incentives to care for infants. This commitment of funds allows military programs to provide stimulating environments that are staffed with trained personnel and appropriately equipped both indoors and out.
2. Strict oversight and accountability of programs, and adherence to standards including four comprehensive unannounced annual inspections for all facilities and programs; one by a representative of higher headquarters. There is mandatory correction of deficiencies within 90 days or the program must either apply for a time restricted waiver with adequate compensatory measures or close. (As a result, facilities and programs are in good repair, and there is high quality, institutional grade equipment that contributes to the cognitive development of children). These inspections result in DoD certification of the program. Certification is closely monitored. Contributing to comprehensive program oversight is the



DoD “Hotline”. It is well publicized and accessible world wide. Identified or anonymous callers can either report child abuse or safety violations at Military Child Development Programs or facility deficiencies. These reports are diligently tracked until a satisfaction is achieved.

3. Wages and benefits that contribute to low staff turnover compared to the private sector. Military child development center caregiver wages and benefits average approximately \$10 per hour compared to the minimum wages in the civilian community. While most civilian child care centers offer few or no benefits to direct care staff, most military child care staff have a full range of benefits. As a result of wages and benefits, military caregivers tend to stay in our child care programs, and the result is that children have continuity of care so vital to their healthy development.
4. Required basic training of caregiving staff which is tied to wages and an “up-or-out” caregiving personnel policy requiring the completion of training requirements. All training is competency based and caregivers who do not meet the performance requirements are not retained.
5. Commitment for all military child development centers to meet national accreditation standards. The combination of the DoD certification and the national accreditation standards provides a comprehensive review of all center programs.

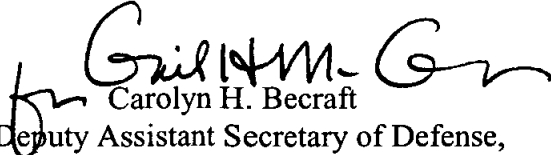
As you are aware, Congress has asked DoD to report on the status of any initiatives which improve the Military Services Child Development Program so as to benefit civilian child care providers in communities in the vicinity of military installations. Although we have not completed the report, the Military Services have offered the following suggestions that could assist civilian child care programs:

- Local military bases could partner with state and county efforts to provide employment opportunities for welfare recipients. Military programs could provide on-the-job-training opportunities, for recipients needing work experience and knowledge of child care program “best practices”. Because the competency-based training programs are a key to the quality of military child care, they could serve as a source of training for civilians. As in the case of Quantico Marine Corps Base, VA., the county is paying the salaries of personnel placed in the centers for 90 days of training in child care practices. Their child care is paid by the county. In exchange, the Quantico Child Development Center gets additional no-cost staff to supplement existing staff. A similar program could be established for family child care providers.
- Each military installation child development program within the United States could “adopt-a-center” in their local community. The Child Development Program staff could assist with local accreditation efforts, help validate the centers’ accreditation self study process, train management and direct care staff, mentor caregiving staff working on their child development associate degree, and model/coach effective child care techniques.

- Military regional “Child Care Programs of Excellence” or “Master Programs” could be established within existing military programs in densely populated areas where several military Services co-exist (e.g., Washington, D.C. Tidewater, VA, Southern California, etc.). These magnet “laboratory programs” would demonstrate effective child care practices in each of the child care components (centers, family child care homes and school-age care). Particularly beneficial would be education and training in the area of infant/toddler curriculum and environments since many civilian programs have limited amounts of infant/toddler care. Local civilian child care management trainees could spend two to three weeks in these centers with “hands-on” learning experiences, being taught and coached by the centers’ Training and Curriculum Specialists and military management staff. These “Master Programs” could be modeled on corporate concepts such as “Motorola University” or Disney’s training program for executives where staff attend training before going to work for the corporation.
- Military Training and Curriculum Specialists could provide “hands-on” training for local requesting child care centers to train and follow-up direct care staff in the child development associate 13 competency areas, and other areas as needed.
- DoD could make the military standard facility and playground designs available to the civilian community.
- DoD could provide “Benchmarks” in the areas of cost, compensation, evaluation, standards, and environments on which local child care programs could evaluate themselves.

My point of contact in the Office of Family Policy is Linda K. Smith, Director, Office of Family Policy, 696-5733.

Sincerely,


Carolyn H. Becraft
Deputy Assistant Secretary of Defense,
(Personnel Support, Families and Education)

0-3 Announcements

Pauline M. Abernathy

04/08/97 06:12:24 PM

Record Type: Record

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

cc: Leanne A. Shimabukuro/OPD/EOP, Dennis K. Burke/OPD/EOP

Subject: DOJ WH Conference announcement

I got a call from Shay Bilchik saying DOJ has come up with \$700,000 in current DOJ funds to expand their training for community police officers in child development to more sites and expand the training to others such as teachers. This will bring total funding to \$1 million. They expect to send paper over tomorrow on it.

So HHS Secretary Reno seems to be coming through.

White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children

Policy Announcements Under Development

- **Children's Health Executive Order (t)**
Executive Order directs all federal agencies to take children's well-being into consideration when developing regulations.
- **Prescription for Reading Initiative**
Initiative to encourage pediatricians to "prescribe" that parents read to their children, when families visit the doctor. Possible announcement of a large-scale initiative that builds on an existing program, based on the generous donation of children's books by Scholastic, Inc.
- **America Reads Challenge Early Childhood Kits for Families and Caregivers: Ready*Set*Read**
Kits include activities booklet and calendar of activities for families of children birth through age 5 and for caregivers of children birth through age 5, as well as a developmental growth chart for families and caregivers. Kits were produced through a partnership between the Departments of Education and Health and Human Services and the Corporation for National Service.
- **CEO Summit**
Kaiser Permanente will chair and fund a CEO Summit, bringing together business leaders to discuss how business can best enhance early childhood development. POTUS can challenge Summit to follow themes emerging from Conference. Kaiser Permanente CEO will attend Conference.
- **Child Care Initiative (in development)**
Initiative using Department of Defense child care model to enhance child care quality: release of RAND study that outlines why the DoD child care model is effective, release of DoD's preliminary on its outreach to the non-military child care community, and announcement of Technical Assistance to the states to adapt part of the DoD model.
- **Children's Health Announcement (in development)**
Release of HHS report that documents the need in human and economic terms for children's health coverage, endorsement of Administration Children's Health proposal by a consortium of academic health centers, and the announcement of a private-sector commitment to invest \$100 million in children's health coverage.

White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children

Reports for Release

- **CEA White Paper on Early Childhood Development Investments**
Cost-benefit analysis of USG investment in programs targeting early childhood across the federal government, demonstrating the cost-effectiveness of these investments.
- **National Science and Technology Council Report: “Investing in Our Future: A National Research Initiative for America’s Children in the 21st Century”**
Survey of USG research investments and their pay-offs in terms of public policy development.
- **Zero to Three Poll Results**
Poll of parents of young children to gauge what parents know about their children’s development, what they want to know, and how best to impart information to them. The poll results will help frame the discussion portion of the first session of the Conference. Zero to Three plans to release the poll on 4/16, embargoed for the start of the Conference.
- **Conference Report, “Rethinking the Brain: New Insights into Early Development”**
Report of 6/96 seminal Conference, “Brain Development in Young Children: New Frontiers for Research, Policy and Practice,” which reviews emerging knowledge in early childhood development.

April						
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Weekly Planner

April 13 - 19, 1997

Sunday 13			
Monday 14			
Tuesday 15	3:00 PM HRC roundtable with reporters		
Wednesday 16	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> 10:00 AM CPSC recall of unsafe children's products "I Am Your Child" Engagement Campaign kick-off </td> <td style="width: 50%; border: none;"> Reiner & Co. testify on Hill (Riley also scheduled) </td> </tr> </table>	10:00 AM CPSC recall of unsafe children's products "I Am Your Child" Engagement Campaign kick-off	Reiner & Co. testify on Hill (Riley also scheduled)
10:00 AM CPSC recall of unsafe children's products "I Am Your Child" Engagement Campaign kick-off	Reiner & Co. testify on Hill (Riley also scheduled)		
Thursday 17	White House Conference on Early Childhood Development and Learning		
Friday 18			
Saturday 19			

April						
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Weekly Planner
April 06 - 12, 1997

Sunday <i>6</i>	
Monday <i>7</i>	
Tuesday <i>8</i>	
Wednesday <i>9</i>	
Thursday <i>10</i>	
Friday <i>11</i>	
Saturday <i>12</i>	POTUS radio address

Zero-Three Agency Policy Preview Documents
March 24, 1997

HHS:

- **Messages for parents on what they can do to improve their children's health [and development] in the first three years:** SIDS, immunizations, breast-feeding, screening for sickle cell, preventing lead poisoning, reading, signing, etc.
- ✓ • **Promoting the Healthy Child Care Campaign.** Issue new model child care standards that states and communities could voluntarily adopt and launch new effort to train health professionals to work in child care. Challenge doctors and nurses to "adopt a child care program."
- ✓ • **NIH funding announcements and requests for relevant proposals.**
- **Annual set of children's indicators**
- **Goal of eliminating Hib meningitis by the year 2000.**
- **NICHD study of Early Child Care.**
- ✓ **Immunization announcement in July.** Achieved our goals one year early.

End of Panel 1 - Secy's give out products

HUD:

- **Use National Service participants to talk and work with parents about early childhood development.** [Is HUD working with the CNS on this? Feasible? Timing?]
- ✓ • **Establish partnerships between Public Housing Family Investment Centers and early childhood development organizations.** [HUD and the Ounce of Prevention is doing this in Chicago. When could this be announced? What would it take?]
- **Use day care center in public housing as conduits for information.** [How many kids does this reach?]
- ✓ • **Focus University-Community Partnership Grants on early childhood development.** HUD proposes a special round of grants on early childhood development research and outreach in urban communities. [when could these grants be announced? How much money? How many sites? Research vs. outreach]
- ✓ • **Focus Historically Black Colleges and Universities on early childhood development.** [Timing? Size and number of grants?]

- ~~Use day care center in public housing as conduits for information. [How many kids does this reach?]~~
- **Teach the Faith Community to be an early childhood resource.** HUD's Office of Special Actions has been working with the faith community and could provide them with early childhood information while getting practical ideas from those on the ground. [Good idea. What could be the first action? When?]
- **Build on public housing immunization pilot project.** HUD and HHS are jointly funding four immunization demo projects. [Has it even begun? Can't yet build on this? Can we even simply highlight this?]

CEA:

- ✓ • **White Paper:** The First Three Years: Investments That Pay. Draft will likely be circulated later this week.

ED:

- **Only gave us the parenting kit.**
- **The main ED programs are:** Even Start, Part A of Title 1 funds preschool, Part H of IDEA (0-2), IDEA preschool grants (3-5). Also the proposed Parents as First Teachers Challenge Grants included in America Reads.

DOJ:

- ✓ • **Safe Kids/Safe Streets: Community Approaches to Reducing Abuse and Neglect and Preventing Delinquency.** Plan to award the grants to five communities soon. [Requested further information and timing.]
- **Family Strengthening Training and TA.** DOJ is publishing information on exemplary family strengthening programs, regional training conferences, and training and TA. [I have requested to see any existing publications and what new ones could be released when.]
- ✓ • **Child Development Community-Oriented Policing.** DOJ funds a program to train community police officers in early childhood development. We will have a police chief from this program on Panel 2. [I have asked whether any announcements are possible]
- **Juvenile Monitoring Program (JUMP).** Program supports mentoring and many grantees work with teen parents on proper pre-natal care, parenting, and communication. 50 new grants will be awarded soon. [I asked whether this was a stretch.]
- **Parents Anonymous.** DOJ funds PA programs in 11 states in high-crime, minority communities to help parents with their parenting skills. [Asked if there was any news here.]

DOD:

- Will be providing list of announcements in final report. DOD has the largest employer sponsored child day care system in the country (over 200,000 kids ages birth to 12). [Request 0-3 and 0-5]. DOD runs parenting programs and early intervention and preschool programs for children with disabilities.
- DoD's goal is for all DoD child development centers to be nationally accredited. Currently 70% are compared to 5% nationally. [When will they achieve their goal of 100%?]

Get military pay-

Partnerships - DOD training other child care centers.

EPA:

- Will give us more on their policy announcements later today, but they will include the infamous **E.O.**, their **Right-to-know labeling initiative** [NEC has had concerns about this in the past], **information to parents in urban communities about local environmental health risks to children, protecting children from carcinogens, and a second-hand smoke impact on children education campaign.** EPA will be late with their big response, likely tomorrow or Wednesday.

SSA:

- Submitted information on their programs, but no new announcements.

OPM:

- **Work and Family Program Center:** Has a clearinghouse, runs seminars and workshops, such as on child safety from infancy.
- **Family-Friendly leave policies for federal employees.**

GSA:

- Submitted a preview of their ongoing programs.

Commerce:

- Gave us final report and there was essentially nothing there -- quarter of a page. Surprising.

CPSC - Roundup

Prescription for Reading

Children's Health Expansion

Ask Bruce
Accomplishments for comment
10-20 PP?

Agencies that gave us nothing:

Treasury
CNS
FEMA
VA
Energy
SBA
ONDCP

CPSC -- will send us their report tonight

Interior -- sent us information on one partnership with other agencies.

DOT -- I know they are working on it now, and the Secretary wants to be involved.

USDA -- *They should have given us stuff!! They promised to send it by 6 pm tonight.* They run WIC and nutrition programs for young kids, fund research on links between nutrition and early learning, as well as child care and assorted programs in rural areas. They have put together a "Nutrition Action Kit" for preschool teachers and parents and I have asked for a copy and when it could be released.



MAZUR M @ A1
04/03/97 04:03:00 PM

Record Type: Record

To: Pauline M. Abernathy, Cynthia A. Rice, Elena Kagan, Jennifer L. Klein

cc:

Subject: loan forgiveness proposal

Folks,

In the FY 1998 Budget, there is a tax provision that would exempt from individual income tax the amount of income attributed to forgiveness of student loan amounts by educational institutions and charitable organizations. This favorable tax treatment would be provided where the loan forgiveness was premised on the former student going to work in certain professions for a broad class of employers. The basic idea is to provide a tax subsidy to students who wind up working for certain employers in generally lower-paid positions. For example, Stanford Law School provides partial or total loan forgiveness for students who work in public service positions such as Legal Aid. And I believe the Heinz School of Public Affairs offers similar loan forgiveness for students who work in lower-paid public sector positions.

The legislative language for this provision is so broad that almost any child care related activity could qualify, so long as the educational institution or a charitable organization is making the loan and then forgiving it under specified circumstances. So, for example, a university could forgive loans for those who go into training day care providers or providing day care themselves. Or a charity could make loans to students and then forgive them if the student becomes a pre-school teacher. In either case, the student would not have to report the loan forgiveness as taxable income under this proposal.

This is not a big deal, but it seems related to the overall theme. And, it's in the budget and could be trotted out at the conference. At worst, it's just another bullet on a fact sheet.

Mark

0-3
Announcements

Proposed Initiatives

* Respond to Child Victims of Violence

Through a partnership between the Departments of Education, Health and Human Services and Justice (including the Violence Against Women Grants Office, the Office for Victims of Crime, Community Oriented Policing Services and the Office of Juvenile Justice and Delinquency Prevention), and other appropriate federal agencies, the proposed Child Victims of Violence Initiative could support the development of a system in up to ten communities which assures that every child exposed to violence has a rapid and appropriate intervention initiated by teachers, cops, health care providers and others.

Specifically, the Child Victims of Violence Initiative could:

- identify up to ten sites that show readiness to engage a broad range of individuals in effectively intervening with children who are the victims of violence, including exposure to family and community violence as well as abuse and neglect;
- build upon the concept of Child Development - Community Policing and provide intensive training and technical assistance to the ten sites using existing federal contracts to train prosecutors, law enforcement, family judges (DOJ); teachers and school personnel (ED); child protective service providers and social workers (HHS); and other community-level individuals that may be reached by various federal agencies, in early child development and identification and response to child abuse, neglect and exposure to violence;
- provide limited seed money (grants less than \$100,000 each) which would be pooled from each of the participating agencies' existing funds to assist in the development of unified family courts that comprehensively respond to child abuse, neglect, and violence;
- coordinate victims assistance and victims compensation for these children; and
- disseminate information on research, effective practices, and promising programs to these sites and others via bulletins, fact sheets and a national satellite teleconference.

Ensure an Adult Presence in Children's Lives

Through a similar effort of combining existing technical assistance contracts and pooling funds, the federal agencies could work with courts, non-profits, social service workers and other community members to assure that every child has a nurturing, stable, reliable adult presence throughout the 0-3 stage of life.

Establish Community-Wide Planning Around 0-3

Again, through a similar effort as described above, the federal agencies could work with state and locals to establish a sustainable comprehensive, community-based planning process involving public, private, and non-profit players in the community to focus explicit attention on the needs of those aged 0-3 in their community.

Support Research and Program Interventions on the Impact of Alcohol and Other Drug Abuse on Child Development

The Department of Justice could work with other Federal agencies to support research on the impact of alcohol and other drug abuse on child development; and interventions, such as drug courts that comprehensively focus on family issues and on pregnant women.

Increase Family Strengthening in Safe Havens

With the likelihood of increased funding for the Department of Justice's Community Prevention Grants and the increased public support for prevention for children ages 0-3, there are a number of opportunities for the Department to collaborate with other agencies to increase family strengthening programs in safe havens, multi-service after school programs or community centers.

0-3
AMENDMENTS

JK
EK
NR
CR

AMENDMENT NO. _____

Calendar No. _____

Purpose: To state the sense of the Senate on Department of Defense sharing of experiences with military child care.

IN THE SENATE OF THE UNITED STATES—104th Cong., 2d Sess.

S. 1745

To authorize appropriations for fiscal year 1997 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe personnel strengths for such fiscal year for the Armed Forces, and for other purposes.

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT intended to be proposed by Mr. KENNEDY

Viz:

- 1 At the end of subtitle F of title X, add the following:
- 2 **SEC. 1072. SENSE OF THE SENATE ON DEPARTMENT OF DE-**
- 3 **FENSE SHARING OF EXPERIENCES WITH**
- 4 **MILITARY CHILD CARE.**

5 (a) FINDING.—The Senate makes the following find-
6 ings:

- 7 (1) The Department of Defense should be con-
- 8 gratulated on the successful implementation of the

1 Military Child Care Act of 1989 (title XV of Public
2 Law 101-189; 10 U.S.C. 113 note).

3 (2) The actions taken by the Department as a
4 result of that Act have dramatically improved the
5 availability, affordability, quality, and consistency of
6 the child care services provided to members of the
7 Armed Forces.

8 (3) Child care is important to the readiness of
9 members of the Armed Forces because single par-
10 ents and couples in military service must have access
11 to affordable child care of good quality if they are
12 to perform their jobs and respond effectively to long
13 work hours or deployments.

14 (4) Child care is important to the retention of
15 members of the Armed Forces in military service be-
16 cause the dissatisfaction of the families of such
17 members with military life is a primary reason for
18 the departure of such members from military serv-
19 ice.

20 (b) SENSE OF SENATE.—It is the sense of the Senate
21 that---

22 (1) the civilian and military child care commu-
23 nities, Federal, State, and local agencies, and busi-
24 nesses and communities involved in the provision of
25 child care services could benefit from the develop-

1 ment of partnerships to foster an exchange of ideas,
2 information, and materials relating to their experi-
3 ences with the provision of such services and to en-
4 courage closer relationships between military instal-
5 lations and the communities that support them;

6 (2) such partnerships would be beneficial to all
7 families by helping providers of child care services
8 exchange ideas about innovative ways to address
9 barriers to the effective provision of such services;
10 and

11 (3) there are many ways that these partner-
12 ships can be developed, including—

13 (A) cooperation between the directors and
14 curriculum specialists of military child develop-
15 ment centers and civilian child development
16 centers in assisting such centers in the accredi-
17 tation process;

18 (B) use of family support staff to conduct
19 parent and family workshops for new parents
20 and parents with young children in family hous-
21 ing on military installations and in communities
22 in the vicinity of such installations;

23 (C) internships in Department of Defense
24 child care programs for civilian child care pro-
25 viders to broaden the base of good-quality child

1 (c) REPORT.—Not later than June 30, 1997, the Sec-
2 retary of Defense shall submit to Congress a report on
3 the status of any initiatives undertaken this section, in-
4 cluding recommendations for additional ways to improve
5 the child care programs of the Department of Defense and
6 to improve such programs so as to benefit civilian child
7 care providers in communities in the vicinity of military
8 installations.

9 **SEC. 1079. INCREASE IN PENALTIES FOR CERTAIN TRAFFIC**
10 **OFFENSES ON MILITARY INSTALLATIONS.**

11 Section 4 of the Act of June 1, 1948 (40 U.S.C.
12 318c) is amended to read as follows:

13 “SEC. 4. (a) Except as provided in subsection (b),
14 whoever shall violate any rule or regulation promulgated
15 pursuant to section 2 of this Act may be fined not more
16 than \$50 or imprisoned for not more than thirty days,
17 or both.

18 “(b) Whoever shall violate any rule or regulation for
19 the control of vehicular or pedestrian traffic on military
20 installations that is promulgated by the Secretary of De-
21 fense, or the designee of the Secretary, under the author-
22 ity delegated pursuant to section 2 of this Act may be
23 fined an amount not to exceed the amount of a fine for
24 a like or similar offense under the criminal or civil law
25 of the State, territory, possession, or district where the

1 “(P) Costs of compensation (including bo-
2 nuses and other incentives) paid with respect to
3 the services (including termination of services)
4 of any one individual to the extent that the
5 total amount of the compensation paid in a fis-
6 cal year exceeds \$200,000.”.

7 **SEC. 1077. SENSE OF THE SENATE ON DEPARTMENT OF DE-**
8 **FENSE SHARING OF EXPERIENCES UNDER**
9 **MILITARY YOUTH PROGRAMS.**

10 (a) **FINDINGS.**—The Senate makes the following
11 findings:

12 (1) Programs of the Department of Defense for
13 youth who are dependents of members of the Armed
14 Forces have not received the same level of attention
15 and resources as have child care programs of the
16 Department since the passage of the Military Child
17 Care Act of 1989 (title XV of Public Law 101-189;
18 10 U.S.C. 113 note).

19 (2) Older children deserve as much attention to
20 their developmental needs as do younger children.

21 (3) The Department has started to direct more
22 attention to programs for youths who are depend-
23 ents of members of the Armed Forces by funding
24 the implementation of 20 model community pro-
25 grams to address the needs of such youths.

1 (4) The lessons learned from such programs
2 could apply to civilian youth programs as well.

3 (b) SENSE OF SENATE.—It is the sense of the Senate
4 that—

5 (1) the Department of Defense, Federal, State,
6 and local agencies, and businesses and communities
7 involved in conducting youth programs could benefit
8 from the development of partnerships to foster an
9 exchange of ideas, information, and materials relat-
10 ing to such programs and to encourage closer rela-
11 tionships between military installations and the com-
12 munities that support them;

13 (2) such partnerships could benefit all families
14 by helping the providers of services for youths ex-
15 change ideas about innovative ways to address bar-
16 riers to the effective provision of such services; and

17 (3) there are many ways that such partnerships
18 could be developed, including—

19 (A) cooperation between the Department
20 and Federal and State educational agencies in
21 exploring the use of public school facilities for
22 child care programs and youth programs that
23 are mutually beneficial to the Department and
24 civilian communities and complement programs

PSFE

104TH CONGRESS
2d Session

HOUSE OF REPRESENTATIVES

REPORT
104-724

NATIONAL DEFENSE AUTHORIZATION
ACT FOR FISCAL YEAR 1997

CONFERENCE REPORT

TO ACCOMPANY

H.R. 3230



July 30, 1996. Ordered to be printed.

Transfer of excess personal property to support law enforcement activities (sec. 1033)

The House bill contained a provision (sec. 362) that would provide permanent authority for the Department of Defense (DOD) to provide excess personal property to state and local law enforcement agencies. This property includes vehicles, helicopters, weapons, ammunition and other property that is needed by law enforcement agencies. Section 1208 of the National Defense Authorization Act for Fiscal Years 1990 and 1991 (Public Law 101-189) established a one year program to provide excess personal property to law enforcement agencies for use in drug enforcement activities. This provision was extended until September 30, 1997 by section 1006 of the National Defense Authorization Act for Fiscal Year 1991 (Public Law 101-510). This provision would make the section 1208 program permanent and expand it to all law enforcement activities with a priority to counter-narcotics activities.

The Senate amendment contained no similar provision.

The Senate recedes with an amendment which would give priority to counter-narcotics and counter-terrorist law enforcement activities. The amendment would also ensure that DOD would incur no cost of transferring this excess equipment to these law enforcement agencies except the cost associated with the management of the program within DOD.

Sale by Federal departments or agencies of chemicals used to manufacture controlled substances (sec. 1034)

The Senate amendment contained a provision (sec. 1082) that would prevent the sale of chemicals that could be used in the manufacture of controlled substances. These chemicals could be sold, however, if the head of the department or agency certifies that there is no reasonable cause to believe the sale will result in an improper use.

The House bill contained no similar provision.

The House recedes with a clarifying amendment.

Subtitle D—Reports and Studies

LEGISLATIVE PROVISIONS ADOPTED

Annual report on Operation Provide Comfort and Operation Enhanced Southern Watch (sec. 1041)

The House bill contained a provision (sec. 1021) that would require a consolidated annual report on the conduct of Operations Provide Comfort and Enhanced Southern Watch over and within Iraq. This annual report would be required to be submitted to the Congress so long as the operations continue.

The Senate amendment contained no similar provision.

The Senate recedes with a technical amendment.

Annual report on emerging operational concepts (sec. 1042)

The Senate amendment contained a provision (sec. 1051) that would require the Chairman of the Joint Chiefs of Staff to provide an annual report to Congress describing the process of defining emerging operational concepts in each of the services and the man-

ner in which the services' processes are coordinated in matters of doctrine, operational concepts, organization and acquisition strategy.

The House bill contained no similar provision.

The House recedes with an amendment requiring the Secretary of Defense to prepare and submit the report in consultation with the Chairman of the Joint Chiefs of Staff.

Report on Department of Defense military child care programs (sec. 1043)

The Senate amendment contained a provision (sec. 1078) that would express the sense of the Senate that the Department of Defense should share its experiences with providing child care services with other federal, state, and local agencies.

The House bill contained no similar provision.

The House recedes with an amendment that would express the sense of the Congress.

Report on Department of Defense military youth programs (sec. 1044)

The Senate amendment contained a provision (sec. 1077) that would express the sense of the Senate that the Department of Defense should share its experiences in conducting youth programs with other federal, state, and local agencies.

The House bill contained no similar provision.

The House recedes with an amendment that would express the sense of the Congress.

Quarterly reports regarding coproduction agreements (sec. 1045)

The House bill contained a provision (sec. 1046) that would amend the Arms Export Control Act (22 U.S.C. 2776(a)) to require that quarterly reports to the Congress required by this statute include information on specified government-to-government agreements on foreign co-production of defense articles.

The Senate amendment contained no similar provision.

The Senate recedes.

Report on witness interview procedures for Department of Defense criminal investigations (sec. 1046)

The House bill contained a provision (sec. 1023) that would require the Comptroller General to survey and report on the policies and practices of all military criminal investigative agencies with respect to the manner in which interviews of witnesses and suspects are conducted.

The Senate amendment contained no similar provision.

The Senate recedes with an amendment that would narrow the focus of the survey to the subject of procurement fraud investigations in the Department of the Navy.

Report on military readiness requirements of the Armed Forces (sec. 1047)

The Senate amendment contained a provision (sec. 1059) that would establish a requirement for a one-time report from the Chairman of the Joint Chiefs of Staff on the military readiness re-

the anesthesia was accomplished, for example, using a novel anesthetic or a novel dosing schedule, the objective of the claimed method would include the provision of a novel use of an anesthetic in transplantation surgery and the use of the composition of matter (i.e., the anesthetic) would directly contribute to the achievement of the objective.

It is intended that the applicability of the exception in (X)(K)(H) for a patented use of a composition of matter can usually be decided by a motion to dismiss or summary judgment under Rule 12(b) or Rule 56, respectively, of the Federal Rules of Civil Procedure. For example, an accused infringer seeking to invoke the relief from remedies afforded under 287(c)(1) would ordinarily prevail under such a motion if the following conditions are met: (1) the movant shows by clear and convincing evidence that the recited uses of the compositions of matter, both individually and collectively, lack novelty, and (2) the movant also shows by a preponderance of the evidence that the steps of the claimed method that do not involve uses of compositions of matter (i.e., the medical or surgical procedure steps) are, by themselves, novel and non-obvious, provided, however, that the movant may concede the non-obviousness in lieu of making the required evidentiary showing.

Paragraph (X)(A)(iii) excludes from the definition of "medical activity" the practice of a patented process in violation of a biotechnology patent. For the purposes of this provision, the definition of the term "biotechnology patent" includes a patent on a "biotechnological process" as defined in 35 U.S.C. §103(b), as well as a patent on a process of making or using biological materials, including treatment using these materials, where those materials have been manipulated *ex vivo* at the cellular or molecular level.

Biological materials which may be manipulated *ex vivo* at the cellular or molecular level include a variety of cellular, intracellular, extracellular, and acellular substances. Cellular substances include (but are not limited to) cultured microbial and mammalian cells. Intracellular substances include (but are not limited to) genetic materials, such as DNA and RNA that is obtained from within the cell. Extracellular substances include (but are not limited to) proteins and other molecules that are secreted or excreted by cells. Acellular substances include (but are not limited to) viruses and other vectors for transmitting genetic material.

Ex vivo manipulation includes propagation, expansion, collection, purification, pharmaceutical treatment, or alteration of the biological characteristics of these substances outside of a human body.

This definition excluded medical procedures which do not involve *ex vivo* cellular or molecular manipulation of a biological material. For example, a patent on a method of performing heart transplantation surgery, including the use of a heart-lung machine, is excluded from this definition on two grounds: first, the method involves manipulation *in vivo*, not *ex vivo*, and second, the method does not manipulate the cellular or molecular characteristics of the heart.

The House bill included a provision which prohibited funds from being used by the Patent and Trademark Office to issue patents for surgical and medical procedures and diagnoses, with certain exceptions for medical and biomedical devices and processes.

Sec. 617.—The conference agreement includes section 617, which eliminates current reprogramming requirements which are redundant with section 605 of this Act. The Senate-reported bill included this provision

as section 620. The House bill contained no similar provision.

Sec. 618.—The conference agreement includes section 618, which permits the Secretary of Transportation to issue a guarantee under title XI of the Merchant Marine Act, 1920, upon such terms as the Secretary may prescribe, to assist in the reactivation and modernization of currently closed shipyards that historically built military vessels if the State in which it is located is making a significant financial investment and is paying the credit subsidy cost of the guarantee. The provision requires the Secretary to impose such conditions as are necessary to protect the interests of the United States from the risk of a default. Total guarantees under this section are not to exceed \$50,000,000, and no commitment to guarantee obligations under this provision may be issued more than one year from the date of enactment of this section. The Senate-reported bill contained a provision under section 622 that provided authority to make these guarantees, but did not require State contributions or require the imposition of any conditions relating to the risk of default. The House bill did not contain any provision on this matter.

TITLE VII—RESCISSIONS

DEPARTMENT OF JUSTICE

GENERAL ADMINISTRATION

WORKING CAPITAL FUND

(RESCISSION)

The conference agreement includes a rescission of \$30,000,000 from unobligated balances under this heading, as proposed in the Senate-reported bill. The House bill did not include a rescission from this account.

DEPORTATION AND NATURALIZATION SERVICE

DEPORTATION EMERGENCY FUND

(RESCISSION)

The conference agreement includes a rescission of \$4,775,000 from unobligated balances under this heading, as proposed in the Senate-reported bill. The House bill did not include a rescission from this account.

TITLE VIII—FISCAL YEAR 1996 SUPPLEMENTAL AND RESCISSION

DEPARTMENT OF JUSTICE

FEDERAL PRISON SYSTEM

SALARIES AND EXPENSES

The conference agreement includes a \$40,000,000 supplemental appropriation for fiscal year 1996, for the Federal Prison System and makes these funds available until September 30, 1997, in order to allow total carryover funding for this account to be \$90,000,000. This provision was not included in the House and Senate-reported bills, but is necessary for technical reasons to ensure that adequate funds are available for prison activations which were scheduled for 1996, but have been delayed until 1997.

(RESCISSION)

The conference agreement includes a rescission of \$40,000,000 from funds appropriated in fiscal year 1996 for the Federal Prison System. Neither the House nor the Senate-reported bills included this rescission. Funding is available for rescission as a result of delayed activations of prisons scheduled to open in fiscal year 1996. This provision, in conjunction with the previous provision, is necessary to ensure that additional resources may carry forward from fiscal year 1996 to fiscal year 1997 to support ongoing prison system operations.

TITLE IX—FISCAL YEAR 1997 DISASTER ASSISTANCE

DEPARTMENT OF COMMERCE

ECONOMIC DEVELOPMENT ADMINISTRATION

ECONOMIC DEVELOPMENT ASSISTANCE

PROGRAMS

The conference agreement includes \$25,000,000 in emergency fiscal year 1997 funding for infrastructure expenses related to recovery efforts associated with Hurricanes Fran and Hortense and other natural disasters, instead of \$18,000,000 requested as a fiscal year 1996 emergency supplemental appropriation. Amounts provided under this account are designated as emergency requirements pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

RELATED AGENCY

SMALL BUSINESS ADMINISTRATION

DISASTER LOANS PROGRAM ACCOUNT

In addition to amounts provided under title V of the bill, the conference agreement provides an additional \$18,000,000 in emergency fiscal year 1997 subsidy appropriations for disaster loans for recovery efforts related to Hurricanes Fran and Hortense, and other natural disasters.

In addition to amounts provided under title V of the bill, the conference agreement includes an additional \$22,000,000 in emergency fiscal year 1997 funding for administrative expenses necessary to carry out the disaster loan program for Hurricanes Fran and Hortense and other natural disasters, instead of \$22,000,000 requested as a fiscal year 1996 emergency supplemental appropriation. Amounts provided under this account are designated as emergency requirements pursuant to the Balanced Budget and Emergency Deficit Control Act of 1985, as amended.

SECTION III(D)

DEPARTMENT OF DEFENSE APPROPRIATIONS ACT, 1997

The conference agreement on the Department of Defense Appropriations Act, 1997, incorporates some of the provisions of both the House and Senate versions of the bill. The language and allocations set forth in House Report 104-617 and Senate Report 104-236 should be complied with unless specifically addressed in the accompanying bill and statement of the managers to the contrary.

DEFINITION OF PROGRAM, PROJECT, AND ACTIVITY

The conferees agree that for the purposes of the Balanced Budget and Emergency Deficit Control Act of 1985 (Public Law 99-177) as amended by the Balanced Budget and Emergency Deficit Control Reaffirmation Act of 1987 (Public Law 100-119) and by the Budget Enforcement Act of 1990 (Public Law 101-508), the term program, project, and activity for appropriations contained in this Act shall be defined as the most specific level of budget items identified in the Department of Defense Appropriations Act, 1997, the accompanying House and Senate Committee reports, the conference report and accompanying joint explanatory statement of the managers of the Committee of Conference, the related classified annexes and reports, and the P-1 and R-1 budget justification documents as subsequently modified by Congressional action. The following exception to the above definition shall apply:

For the Military Personnel and the Operation and Maintenance accounts, the term "program, project, and activity" is defined as the appropriations accounts contained in the Department of Defense Appropriations Act. At the time the President submits his budget for fiscal year 1998, the conferees direct the Department of Defense to transmit

1 of the Department carried out at its facilities;
2 and .

3 (B) improving youth programs that enable
4 adolescents to relate to new peer groups when
5 families of members of the Armed Forces are
6 relocated.

7 (c) REPORT.—Not later than June 30, 1997, the Sec-
8 retary of Defense shall submit to Congress a report on
9 the status of any initiatives undertaken this section, in-
10 cluding recommendations for additional ways to improve
11 the youth programs of the Department of Defense and to
12 improve such programs so as to benefit communities in
13 the vicinity of military installations.

14 **SEC. 1078. SENSE OF THE SENATE ON DEPARTMENT OF DE-**
15 **FENSE SHARING OF EXPERIENCES WITH**
16 **MILITARY CHILD CARE.**

17 (a) FINDINGS.—The Senate makes the following
18 findings:

19 (1) The Department of Defense should be con-
20 gratulated on the successful implementation of the
21 Military Child Care Act of 1989 (title XV of Public
22 Law 101-189; 10 U.S.C. 113 note).

23 (2) The actions taken by the Department as a
24 result of that Act have dramatically improved the
25 availability, affordability, quality, and consistency of

1 the child care services provided to members of the
2 Armed Forces.

3 (3) Child care is important to the readiness of
4 members of the Armed Forces because single par-
5 ents and couples in military service must have access
6 to affordable child care of good quality if they are
7 to perform their jobs and respond effectively to long
8 work hours or deployments.

9 (4) Child care is important to the retention of
10 members of the Armed Forces in military service be-
11 cause the dissatisfaction of the families of such
12 members with military life is a primary reason for
13 the departure of such members from military serv-
14 ice.

15 (b) SENSE OF SENATE.—It is the sense of the Senate
16 that—

17 (1) the civilian and military child care commu-
18 nities, Federal, State, and local agencies, and busi-
19 nesses and communities involved in the provision of
20 child care services could benefit from the develop-
21 ment of partnerships to foster an exchange of ideas,
22 information, and materials relating to their experi-
23 ences with the provision of such services and to en-
24 courage closer relationships between military instal-
25 lations and the communities that support them;

1 (2) such partnerships would be beneficial to all
2 families by helping providers of child care services
3 exchange ideas about innovative ways to address
4 barriers to the effective provision of such services;
5 and

6 (3) there are many ways that these partner-
7 ships can be developed, including—

8 (A) cooperation between the directors and
9 curriculum specialists of military child develop-
10 ment centers and civilian child development
11 centers in assisting such centers in the accredi-
12 tation process;

13 (B) use of family support staff to conduct
14 parent and family workshops for new parents
15 and parents with young children in family hous-
16 ing on military installations and in communities
17 in the vicinity of such installations;

18 (C) internships in Department of Defense
19 child care programs for civilian child care pro-
20 viders to broaden the base of good-quality child
21 care services in communities in the vicinity of
22 military installations; and

23 (D) attendance by civilian child care pro-
24 viders at Department child-care training classes
25 on a space-available basis.

Digital TV ordered by 2006

Viewers will need new set or buy a special converter

By David Lieberman
USA TODAY

A1
Federal regulators Thursday cleared the way for the nation's switch to digital TV — crystal-clear, movie-quality pictures and sound — by 2006. The Federal Communications Commission (FCC) in a 4-0 ruling approved a plan requiring more than 1,500 TV stations to shift in stages over nine years from today's analog signals to digital signals.

The plan will let the stations transmit digital broadcasts along with regular analog TV signals during the transition.

The shift is the most dramatic advance in TV since color was introduced in the 1950s.

With digital signals, a station can offer one channel of high-definition programming or split the signal and provide up to six channels of conventional quality video or data services.

The new programming will be available to owners of digital TV sets, initially expected to cost at least \$2,000 for wide-screen models.

The sets will be in stores by Christmas, 1998. At least 26 stations in the 10 largest cities, reaching 30% of viewers, volunteered to broadcast digital signals by then.

The FCC requires ABC, CBS, NBC, and Fox affiliates in those markets to offer digital by May 1999. All commercial broadcasters must be on board in five years. Non-commercial stations have until 2003.

When the process ends in 2006, stations will relinquish the spectrum they now use for analog broadcasts. Today's TV sets will need special converters, costing \$150-\$300 to pick up the signals.

The FCC said it will review its rules every two years. It also put off until next year requirements for broadcasters to serve the public in exchange for the free spectrum. A special commission is looking at those issues, including a proposed requirement for stations to air free political ads.

Broadcasters were elated. The FCC move enables them "to remain competitive with pay TV services such as cable and satellites that are also converting to digital," says NBC CEO Bob Wright.

But National Cable Television Association President Decker Anstrom said broadcasters got "a public good valued at \$11 billion to \$70 billion for free, to use with maximum flexibility and phantom public service obligations."

▶ Digital conversion, 2B

Further rate hikes predicted

By Bill Montague
USA TODAY

A1
A solid majority of economists believe Federal Reserve policymakers will push short-term interest rates still higher when they meet next month.

Nearly two-thirds of the economists polled in USA TODAY's latest quarterly survey predict the Fed will lift its target for the key federal funds rate to 5.75% from 5.5% at its May 20 meeting.

A narrower majority believes the Fed will raise the rates, which banks charge each other on overnight loans, at least twice more before the end of the year to cool the economy and contain inflation.

The survey, conducted March 27 to April 1, drew responses from 48 top business and financial economists.

The survey suggests more bad news may lie ahead for stock investors, who have seen the Dow Jones industrial average fall more than 6% since the Fed raised rates March 25 for the first time in two years.

The slide continued Thursday, as the Dow dropped 40 points to 6477.

Fed officials fear economic growth may have shifted into overdrive, threatening to send wages and prices higher later this year. Those fears get a reality check today, when the Labor Department issues its March employment report.

Most of the economists surveyed share the Fed's forecast of strong 1997 growth. They estimate the economy expanded at a 3.2% annual rate the first quarter and will grow at a 2.6% rate the second. That should help keep the unemployment rate steady at 5.3% through 1997, they say.

"The economy is doing extraordinarily well, and it's going to take some time for the Fed to have any impact," says Nancy Kimelman, economist for Technical Data.

But with few exceptions, economists still see no sign of accelerating inflation. On average, they expect the consumer price index to rise at a 2.8% annual rate the fourth quarter, down from 2.9% in the first.

▶ Market report, 1,3B
▶ Survey results, 8B

18 new subpoenas focus on White House, Hubbell link

foreign cash funneled into Democratic campaigns.
▶ Michael Cardozo, head of the Presidential Legal Expense Trust Fund, Cardozo gave Hubbell office space.
▶ Texas businessman Bernard Rapoport, who paid Hubbell \$18,000. Rapoport testified before the Whitewater grand jury Thursday.
▶ Time Warner, Sprint, Pacific Telesis and other firms that retained Hubbell.

those phone calls.
Hubbell later pleaded guilty to bilking clients at his Arkansas law firm and spent 18 months in prison.
But congressional investigators and Whitewater independent counsel Kenneth Starr want to know if the White House helped Hubbell to ensure he wouldn't cooperate with the Whitewater probe. Hubbell is a long-time friend of the president.

A1
By Tom Squitieri and Judy Keen
USA TODAY
House investigators are zeroing in on ex-associate attorney general Webster Hubbell in a new wave of subpoenas. Eighteen of 25 subpoenas served by the House Government Reform and Oversight Committee Thursday and today target efforts to find work for Hubbell after he left the Justice Department in 1994.

Named in the new subpoenas, which seek details about communications with White House officials about Hubbell:
▶ New York lawyer Susan Thomas, once a confidante of Hillary Clinton. The subpoena asks for papers involving Hubbell's hiring by Lippo Group. The Indonesian firm is the focus of questions about the focus of questions about

President Clinton said Thursday that White House chief of staff Erskine Bowles and his predecessor, Thomas McLarty, were acting "just out of human compassion" when they called friends to try to find work for Hubbell in 1994. "I do not believe they were improper," Clinton said of

Day care not harmful to growth or bonding

By Marilyn Elias
USA TODAY

A1
says. Among findings:
▶ Children in higher quality care have better language abilities and more positive mother-child interactions.
▶ The more hours a child spends at day care, the less sensitively mom relates to him by age 3 and the less socially engaged he is with his mother.

These findings "could be early signals that... might lead to bigger problems later," says early childhood expert Jay Belsky of Penn State.

The value of quality care is sobering, says Barbara Willer of the National Association for the Education of Young Children. Two recent studies found 40% of infant care settings are potentially harmful, either emotionally or physically.

About 3 out of 5 mothers with children under 3 are in the labor force.

Day care before age 3 doesn't hinder children's mental development or weaken their emotional bond with mothers, suggests a landmark federal study out Thursday. It found that by 3, language and cognitive development and the relationship with the mother are more strongly linked to family qualities and the child's temperament than to whether he's been in care.

The study, the largest to look at how day care affects kids, involved 1,364 children tracked since they were 6 months old.

"These are heartwarming findings," says psychologist Sarah Friedman, the study's scientific coordinator, of the National Institute of Child Health and Human Development.

USA TODAY
FRIDAY, APRIL 4, 1997

0-3
Announcements

MASCAR CHRISTENS TEXAS SPEEDWAY

NEW TRACK SECOND IN SIZE ONLY TO INDY, 1.3C

BRAVES HOPE TO SETTLE IN AT HOME

BASEBALL, 1,4,6,8C

USA TODAY

NO. 1 IN THE USA ... FIRST IN DAILY READERS

DAY CARE DOESN'T DETER BONDING

FAMILY, TEMPERAMENT DEVELOPMENTAL KEYS

'FRAGILE' VAN DAMME PUTTING MUSCLE ON LATEST TRAVAILS 1D



FRI./SAT./SUN., APRIL 4-6, 1997

NEWSLINE

A QUICK READ ON THE NEWS

WALL STREET: Dow Jones industrial average drops 39.66 points to 6477.35; Nasdaq index climbs 12.76 to 1213.76; 30-year Treasury bond yield falls to 7.06%, 1.3B.

Hubbell investigation widens



House investigators are serving 18 new subpoenas targeting efforts by the White House to find work for Webster Hubbell after he left the Justice Department in 1994.

PHILADELPHIA FLAP: Past convictions may be reopened because tape shows assistant district attorney telling colleagues to lie and exclude blacks from juries. 3A.

JONBENET RAMSEY DEATH: Arrest in murder of 6-year-old Colorado beauty queen unlikely "for a long time" because of nature of evidence, police say. 3A.

SPRING FORWARD: Daylight-saving time begins Sunday at 2 a.m. Turn clocks ahead one hour.

DEBATE: Opening adoption records. In USA TODAY's opinion, "Move to open records is a mistake. There are better ways to

"Human beings should not grow up separated from and without knowledge of their original kin," says Jane Nast, an adoptive parent and president of American Adoption Congress. 12A.

MONEY: Java percolating with popularity. 1B.

SPORTS: 2-1 favorite Sharp Cat tries to become the fourth filly to win the Santa Anita Derby and earn a trip to the May 3 Kentucky Derby. 1,13C.

LIFE: ABC to produce movie about Heaven's Gate cult; Arsenio Hall's sitcom getting shelved. 3D.

COMING MONDAY

Marking millennium: Places to ring in 2000, like Times Square. Mutual attractions: Monthly stock mutual fund report.

Inside USA TODAY 4 SECTIONS. Crossword 100, Editorial/Opinion 12-13A, Lotteries 11D, Marketplace Today 10-11D, State-by-state 11A, Stocks 9-12B.

USA SNAPSHOTS

Fliers' worries: Mechanical failure 66%, Bad weather 65%, Air traffic control error 54%, Pilot error 50%, Luggage lost or stolen 48%, Long delays 47%.

Digital TV ordered by 2006

Doing the WRONG thing. Top 10 factors that could trigger workers to act unethically or illegally. Top five types of unethical/illegal behavior that workers say they have engaged in over the past year because of pressure.

Viewers will need new set or buy a special converter

Federal regulators Thursday cleared the way for the nation's switch to digital TV... Further rate hikes predicted. A solid majority of economists believe Federal Reserve policymakers will push short-term interest rates still higher when they meet next month.

48% of workers admit to unethical or illegal acts

Those include one or more from a list of 25 actions, including cheating on an expense account, discriminating against co-workers, paying or accepting kickbacks, secretly forging signatures, trading sex for sales and looking the other way when environmental laws are violated.

NBC, and Fox affiliates in those markets to offer digital by May 1999. All commercial broadcasters must be on board in five years. Non-commercial stations have until 2003.

Day care not harmful to growth or bonding

Day care before age 3 doesn't hinder children's mental development or weaken their emotional bond with mothers, suggests a landmark federal study out Thursday.

18 new subpoenas focus on White House, Hubbell link

House investigators are zeroing in on ex-associate attorney general Webster Hubbell in a new wave of subpoenas. Eighteen of 25 subpoenas served by the House Government Reform and Oversight Committee Thursday and today target efforts to find work for Hubbell after he left the Justice Department in 1994.



NIH NEWS ALERT

OPTIONAL FORM NO. (7-83)

FAX TRANSMITTAL

1 of pages

NATIONAL INSTITUTES OF HEALTH

DRAFT #81

To	Laura Vazquez	Phone	Robin Peth-Pierce
Department	Vazquez	Phone	
Fax #	60017	Fax #	
NICHHD 301-496-7528		5030-101 GENERAL SERVICES ADMINISTRATION	

Embargoed until April 3, 1997
6 p.m. E.S.T.

Contact: Robin Peth-Pierce
(301) 496-5136

DRAFT #1

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FOR
RELEASE

Results of NICHD Study of Early Child Care Reported at Society for Research in Child Development Meeting

Does early child care hinder or enhance children's cognitive development or influence mother-child interaction? NICHD-supported scientists conducting a longitudinal study of the effects of early child care on children's development through age seven will present two new sets of findings on these topics at the biennial meeting of the Society for Research in Child Development on April 4, 1997, at 1:30 p.m. at the Sheraton Washington Hotel in Washington, D.C.

The study is clarifying the association between child care and children's cognitive development as well as between child care and the mother-child relationship, two issues that are of deep concern to the over 50 million working mothers and their families in this country. Child care is becoming an ever increasing fact of life as more women stay in the work force after pregnancy and many more women are single parents. In 1980, according to U.S. census data, 38% of mothers, ages 18-44, with infants under one year old worked outside the home. By 1990, this percentage climbed to 50, a rate close to where it stands now. Most of these women return to work in their child's first three to

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five months.

Evidence is emerging from the study that the combined role of the mother, the family environment, and economic status are of vital importance to children's early development, but across a wide range of child care settings, positive caregiving and language stimulation given in the child care environment are positively related to early cognitive and language development. Researchers also found that both the quality and amount of child care are associated with the mother-child interaction, but again, that a combination of other variables better predicted mother-child interaction.

Researchers found that the quality of child care had a small but statistically significant relationship to children's cognitive and linguistic outcomes across the first three years of life. Though the child care variables studied were significant predictors of children's cognitive development, the combination of family income, maternal vocabulary, home environment, and maternal cognitive stimulation provided stronger prediction of children's cognitive development.

"In this study, we found that the amount of language that is directed at the child in child care is an important component of quality provider-child interaction," said Dr. Sarah Friedman, NICHD coordinator of the study and one of its investigators. "This language input is predictive of children's acquisition of cognitive and language skills, which are the bedrock of school readiness."

Language stimulation was assessed by measuring how often caregivers spoke to children, asked them questions, and responded to their vocalizations. To assess children's cognitive development, researchers used standardized tests, including the Bayley Scales

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of Infant Development, the Bracken-Scale-of-Basic-Concepts school-readiness subtest, the MacArthur Communicative Development Inventory, and the Reynell Developmental Language Scale.

In the case of the relationship between early child care and cognitive and language development, the small but consistent findings indicate that the higher the quality of child care in the first three years of life, the greater the child's language abilities at 15, 24, and 36 months; the better the child's performance on the Bayley Scales of Infant Development at age two; and the more school readiness the child showed at age three.

Among children in child care for more than 10 hours, those in center care, and to a lesser extent, children in child care homes, performed better on cognitive and language measures when the quality of the caregiver-child interaction was taken into account.

When evaluating the effect of child care on the mother-child interaction, researchers found that the child care variables studied (quantity and quality) could only minimally predict the quality of the mother-child interaction. A combination of other variables, including family environment, maternal education, and family income, were more influential in determining the quality of the mother-child interaction.

Nonetheless, where effects were found, for the entire group of children studied, ranging from children in full-time maternal care to those in the various types of nonmaternal child care, the amount of nonmaternal child care was weakly associated with less sensitive and engaged mother-child interactions across the three years. The more time infants and toddlers spent in non-maternal child-care arrangements, the less sensitive and positively involved were mothers with their infants at 6 months of age, the more

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negative they were with them at 15 months of age, the less positively affectionate the child was toward the mother at 24 and 36 months of age, and the less sensitive mothers were to their toddlers at their age of 36 months.

Again, while the child care variables studied were only minimally related to the quality of the mother-child interaction, where effects were found, for those children in non-maternal child care, the higher the quality of provider-child interaction in the child care setting, maternal involvement-sensitivity (at 15 and 36 months) was more positive and the greater the child's positive engagement at 36 months.

Mother-child interaction was evaluated by videotaping mother and child together during play and observing mother's behavior toward the child to see how attentive, responsive, positively affectionate and restrictive the mother was when faced with multiple competing tasks (i.e., monitoring child, talking with interviewer).

In sum, what is happening at home and in families appears to be a powerful predictor of both cognitive outcomes and mother-child interaction, for children both in and out of child care. Still, with the family, maternal, and child care characteristics considered, child care variables provided additional, significant prediction of children's cognitive and language outcomes and mother-child interaction.

A major way in which the NICHD Study of Early Child Care contributes to understanding the effects of child care is by moving beyond the global questions about whether child care is good or bad for children. Instead, it focuses on outcomes that might be differentially affected by child care, including cognitive and language development and mother-child interaction patterns.

DRAFT #81

Just as importantly, the NICHHD Study of Early Child Care examines effects of child care after taking into consideration other factors that shape children's development and their relations with their mothers, including family economic status, mother's psychological well being and intelligence, child sex and infant temperament. This study design makes it more likely that the effects discerned are truly due to child care, and not a function of other factors.

In 1991, the NICHHD Study of Early Child Care enrolled more than 1,300 families and their children from 10 locales throughout the country. The children, who were one month old or less at enrollment, their families, and their child-care arrangements are being followed through the child's seventh year of life. The families are diverse in terms of race, maternal education, family income, family structure (single-parent families are included), maternal employment status, type and quality of child care, and the number of hours that children spend in non-maternal care arrangements. Arrangements included father care, grandparent care, care by a non-relative in the child's home, child care homes, and center-based care.

The child care variables used in the analysis included information about the type of care, the amount of care, and the quality of care. Higher quality care was defined in terms of the interactions of child care providers with the study children. Interactions expected to promote positive affect, better social adjustment and greater cognitive and language skill were considered of higher quality.

Initiated and conducted by NICHHD and investigators at 14 universities nationwide, the study was spurred by many questions from parents, developmental

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psychologists, and policy makers about the effects of early child care on children's development. Among the investigators' core interests have been how these child-care experiences affect children's cognitive and language development and the way in which parents relate to children who are in child care. These are important study foci because early cognitive and language development predicts future school achievement and performance on intelligence tests and because patterns of mother-child interaction predict future social, emotional, and cognitive development.

Last April, study investigators released data which evaluated the infants up to the 15 month point. They found that child care, in and of itself, neither adversely affects, nor promotes, the security of children's attachment to their mothers at the 15 month age point, provided the children were already receiving relatively sensitive care from their mothers.

For more information about the study, contact NICHD's Public Information and Communications Branch at (301) 496-5133. The NICHD is part of the National Institutes of Health, the biomedical research arm of the Federal government. Since its inception in 1962, the Institute has become a world leader in promoting research on development before and after birth; maternal, child, and family health; reproductive biology and population issues; and medical rehabilitation.

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Child Care Options

- “Stepping Stones” Child Care Quality Guidelines
 More information forthcoming. POTUS issues “Stepping Stones,” a set of federal guidelines for child care quality and safety that we provide to States (for their voluntary use) as they determine their own state-specific guidelines. POTUS challenges states to give guidelines full consideration.

*states?
rights balance?
how they relate to accreditation*
- “Adopt a Child Care Center” Campaign
 POTUS announces a grant to provide training to health professionals to work with child care center personnel to enhance child care quality, and challenges pediatricians to “adopt” child care centers in their communities. As a part of its Healthy Child Care Campaign, HHS made a grant to the Academy of Pediatrics to do the campaign’s technical assistance and, through newsletters and tracking, to amplify the campaign’s messages. HHS is in discussions with the Academy on challenging its pediatricians to “adopt” child care centers.

*how much money?
child chs?
how relate to previous grants?
what doing there?*
- Federal Leadership Toward 100% Accreditation
 DoD or USG pledge for full accreditation of all of its child care facilities.
- DoD Child Care Facilities Partner with Community Child Facilities to Improve Quality
 POTUS announces that every accredited DoD child care facility will pair with a local, non-accredited community child care facility to help it achieve accreditation.
 [HHS advises that in appropriations language, Kennedy inserted language for DoD to work with HHS toward improving quality in non-military facilities, but no money was specifically earmarked for this purpose -- need specifics]

st-by-st accord.
- “Child Care Champion” Presidential Awards
 POTUS calls for the establishment of presidential awards to honor family-friendly businesses that have improved the quality, accessibility or affordability of child care for their workers and/or the community in which the businesses are located.
- Presidential Advisory Commission on Child Care
 Announcing his attention to appoint an Advisory Commission on Child Care, the President says that we are taking some steps today (i.e. listed above), but that there are broader issues that we as a society need to address about how to meet the growing need for quality, affordable child care. This Advisory Commission would be tasked to study the present system and help envision our child care system in the 21st Century. The Commission would present a set of recommendations, not just to the President, but also to all sectors of society for how best to meet this growing need.

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Not just general.

0-3 Announcements

HEALTHY CHILD CARE CAMPAIGN -----

In May 1995, two Federal agencies within the Department of Health and Human Services, the Child Care Bureau and the Maternal and Child Health Bureau, united to launch the Healthy Child Care Campaign to urge communities across the nation to develop partnerships to ensure that children in child care are in safe and healthy environments and receive the health services they need. The Campaign's Blueprint For Action identifies 10 steps that States and communities can take to make this happen.

In support of the Healthy Child Care America Campaign the Health Resources and Services Administration's Maternal and Child Health Bureau(MCHB) in collaboration with State and Federal agency members of the MCH/ACF Technical Advisory Group, developed and launched the Health Systems Development in Child Care (HSDCC) grant program. The purpose of the HSDCC grants are to utilize the child care environment as a focal point for State and community planning to integrate health care, child care and social support services in programs serving children and families.

Given the increasing interest in quality child care, the Administration can support improved services by call for a Healthy Child Care Campaign in every State and community in the country.

1. Announce that funding will have been made available to all 50 States to launch a Healthy Child Care Campaign by summer '97.

The Maternal and Child Health Bureau awarded 46 new grants in FY '96 to 44 states, Puerto, and Palau in grant amounts of \$50,000 per award for projects periods of three years. MCHB funds have been made available to support 13 additional grants to the remaining 7 states and 6 territories, bringing the total MCHB funding level for this program to \$2,500,000. The projects will utilize the child care as a focal point for State and community planning to integrate health care, child care and social support services in programs serving children and families. These project respond to the growing concern about the physical, emotional, social and economic status of all children in child care. Each project is expected to stimulate and support collaborative, coordinated state-wide community-based efforts to ensure safe, healthy and developmental appropriate child care environments for children.

2. Announce that HHS will develop a national Child Care Health Training program.

The Maternal and Child Health Bureau is funding a new initiative in the fall of 97 to develop a national child care health training program to train health professionals to serve as consultants in child care. The program will be developed with a national focus however implementation will occur at the state and local levels. It is hoped that by developing and implementing a standardized training program, recognized by the health and child care fields more health professionals will avail themselves of the training and

the overall health and safety of children and quality child care will be enhanced.

3. Announce that HHS will provide technical assistance to States to promote inclusion of children with special health care needs in child care.

The Child Care Bureau will fund its largest and most extensive effort to States to promote inclusion of children with special needs in child care. In 1995, the Child Care Bureau in conjunction with the Administration for Developmental Disabilities sponsored a national Leadership forum on Inclusion. In 1996, the Bureau held technical assistance activities in each of the ACF Regions on the inclusion of children with disabilities in the child care community. Building on the outcomes of those events the Child Care Bureau's technical assistance in 1997 will target States through a single national contract. The technical assistance will assist States in the development of their State plans to address the unique child care needs of families of children with disabilities. This effort should be funded by the fall of 1997.

4. Call upon every pediatrician and nurse in the country to "Adopt A Child Care Program".

The American Academy of Pediatrics and the National Association of Pediatric Nurse Associates and Practitioners have joined the Healthy Child Care Campaign and are mobilizing their members to encourage nurses and doctors to "Adopt-A-Child Care Program" in their community. Many child care providers have little or no access to health consultation. The "Adopt-A-Child Care Program" will increase the number of health professional can provide child care providers with health related guidelines, resources, and support. This is an exciting opportunity for nurses and doctors and other health professionals to support children and families. The American Academy has also assumed coordination of the Healthy Child Care Campaign and provides assistance to States and communities on health and safety activities.

5. Challenge every State and community to voluntarily review their child care licensing standards to ensure that they have in place the basic standards needed to ensure healthy and safe child care for all children.

The Maternal and Child Health Bureau developed "Stepping Stones to Using Caring for Our Children", a publication that identifies child care standards most needed for the prevention of injury, morbidity and mortality in child care settings. Stepping Stepping Stones to Using Caring For Our Children will be available for dissemination through the MCHB's National Resource Center for Health and Safety in Child Care in April, 1997. This publication will provide state health, child care, license and regulatory agencies with a valuable tool to use in their efforts to write policies and regulations which promote and protect the health and safety of young children in child care programs.

Quality
developed by APHA
Acad. Pediatrics

Public-Private Partnerships
to Improve and Expand Child Care

Everyday, millions of children across the United States spend time in child care. In light of welfare reform, many public assistance recipients will be entering the labor force and seeking child care. Furthermore, States must continue to serve low-income working parents at risk of welfare dependency as well as make investments in the quality and supply of child care. The resulting increase in demand for child care assistance may strain the limited public funds available. To increase resources, the Administration is encouraging private sector support for child care. Through public-private partnerships, the private sector can support child care by providing leadership, planning, business advice and funding.

1. Announce that HHS will launch technical assistance to States to promote partnerships with the private sector.

Based on lessons learned from existing public-private partnerships, the Child Care Bureau will provide technical assistance to States on ways to improve existing partnerships and to establish new ones. The technical assistance will be provided through a contract that should be awarded by late summer.

One of the key activities of the initiative will be a national conference in the summer of 1998. In the year leading up to the conference, the Bureau plans to disseminate technical assistance to States through written materials, presentations at conferences and meetings, a quarterly bulletin, newsletter articles, and other means.

2. Consider launching a National Task Force on the Future of Child Care ^{quality} which would include representation from the business community and bipartisan membership.

The last major national report on child care was released by the National Academy of Science in 1990- **Who Cares for America's Children? Child Care Policy for the 1990s**. Many of the recommendations in this report are yet to be addressed. Just as we did for Head Start in 1994, we must develop a bipartisan blueprint for a 21st century child care system that provides recommendations for federal, state and local government, the private sector and communities and parents. The administration could convene a group of child care experts from across the country to consider these and other proposals to move child care beyond the crossroads.

3. Consider supporting XXXX bill to encourage private sector support for child care.

Possibility: Kohl bill.

*
Joan
≡

I. Improving the Quality of Care Environments

Healthy Child Care America Campaign (CCB/MCHB)

Funding level: In 1996, the Maternal and Child Health Bureau, in support of the Campaign, made \$2.5 million available to award grants to states to develop strategies for planning health systems in child care. Only forty-six grants (to 46 states and territories) of \$50,000 each were awarded in October, 1996. The grantees are receiving their grants over a period of three years. In addition, the Child Care Bureau and the National Highway Traffic Safety Administration at the United States Department of Transportation have provided \$260,000 total of technical assistance.

Target population: Children in child care, their families, and child care providers will be served by this Campaign.

Description: In May 1995, the Child Care Bureau in conjunction with the Maternal Child Health Bureau launched the Healthy Child Care America Campaign. The goal of the Campaign is to promote partnerships between child care and health agencies to ensure that children in child care are safe and have access and receive needed health services. Activities around this initiative include:

- **Partnership to Develop and Implement a Child Care Health Consultant Program.** MCHB has announced this activity as a priority area under its grant application guidance for spring, 1997 at a funding level of \$175,000 per year for a project period of 3 years and targets infants and young children in child care programs. The purpose of this activity is to support the health and safety of young children in child care settings through the development and implementation of state based programs to train public and private sector health professionals to serve as health consultants to child care programs. It is hoped that by developing and implementing a standardized training program recognized by health and child care fields, more health professionals will avail themselves of the training and the overall health and safety of young children and the quality of child care will be enhanced.
- **The Health Systems Development in Child Care (HSDCC)** grants program was developed by the MCHB in collaboration with State and Federal agency members of the Maternal and Child Health/Administration on Children and Families (MCH/ACF) Technical Advisory Group. The program responds to growing concern about the physical, emotional, social and economic status of American children in child care. It parallels national trends in health care and child welfare reform and provides a vehicle for state and community investments in systems development, service integration and child care capacity development. The HSDCC projects are to utilize the child care environment as a focal point for State and community planning to integrate health care, child care and

social support services in programs serving children and families. Each project is expected to stimulate and support collaborative, coordinated State-wide/community-based efforts to ensure safe, healthy and developmentally appropriate child care environments for all children, including children with special health care needs, and their families.

Healthy child care efforts have now been funded in most states. The Maternal and Child Health Bureau (MCHB) is in the final stages of funding the rest of the states, launching a new effort to train health professionals to work in child care and issuing a new streamlined set of child care standards that all states and communities could should adopt. Any one of these, or the set together, offer new opportunities to provide visibility to the Campaign. In addition, the volunteer summit in Philadelphia provides a critical opportunity for high-level officials to call upon every doctor and nurse in the country to "adopt a child care program".

In the spring of 1997, a limited competition will be held for the remaining 13 states and territories expanding the Healthy Child Care America Campaign to every state and territory in America. MCHB funds at the level of \$2,500,000 have been made available to support the grants.

Contribution: The Campaign has raised the awareness about the importance of health and safety in child care. Forty-six states have launched Healthy Child Care America Campaigns at the state and/or community level. The American Academy of Pediatrics has joined the Campaign to provide technical assistance to states and communities and to facilitate health professionals involvement in community-based child care programs. These partnerships between child care and health will ensure that children in child care are immunized, that their learning environments are safe and healthy, and that they have access to on-going preventative health care and education.

The National Center for Health and Safety in Child Care (MCHB)

The Maternal and Child Health Bureau has funded a 4 year grant to the University of Colorado Health Sciences, in Denver, Colorado for the purpose of creating a National Center for Health and Safety in Child Care.

Funding Level: The Center is funded at \$350,000 per year for a project period of 4 years.

Target Population: Infants, toddlers, and young children in out of home child care settings.

Description and Purpose: The Maternal and Child Health Bureau's National Resource Center for Health and Safety in Child Care seeks to enhance the quality of child care by supporting state and local health departments, child care regulatory agencies, child care providers, and parents in their efforts to promote health and safety in child care. The Center provides training

and technical assistance to support regional, state, and local initiatives; conferences for sharing experiences and knowledge; and development and distribution of resource materials. The Center maintains a computerized database containing the text of *Caring for Our Children. National Health and Safety Standards for Out of Home Child Care* and the text of every states' current child care licensure regulations standards. In 1996, the Center made this information available to a wide variety of potential users by putting the information on its World Wide Web page on the Internet. This accomplishment allows use of the National Health and Safety Standards as a readily available reference document and the ability to review current health and safety standards from other states.

Contribution to Initiative: The National Resource Center for Health and Safety in Child Care contributes to this initiative by promoting and protecting the health and safety of infants, toddlers and young children in child care. It accomplishes this by the prompt dissemination of new information; training of child care professionals to promote implementation of health and safety standards; and advocacy efforts that strengthen existing state and local health and safety regulations.

IV. Resources and Messages

Publications: National Health and Safety Performance Standards Guidelines (MCHB)

Target Population: The target population includes infants, toddlers and young children in child care centers and family-child care homes.

Funding Level: The Maternal and Child Health Bureau (MCHB) supported the development of *Caring for Our Children* by the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) in FY1989 through FY1992 at the funding level of approximately 1 million dollars for the 4 year project period. *Stepping Stones* was funded through a cooperative agreement with the National Center for Health and Safety in Child Care

- **Publication: *Caring for Our Children. National Health and Safety Performance Standards. Guidelines for Out-Of-Home Child Care Programs.*** American Public Health Association and American Academy of Pediatrics, 1992. The Bureau's support for this project was based on appreciation of the Bureau's role as a federal agency to encourage the development of new knowledge. MCHB, while recognizing the fact that standard setting was the role of state governments, was also aware through its state Title V needs assessment process and other indicators that an unmet need in many states was the development of the knowledge base from which health and safety standards could be developed for child care settings. The National Research Council in its report, *Who Cares for America's Children? Child Care Policy for the 1990s*, called for "uniform national child care standards based on current knowledge from child development research and best practice from the fields of public health, child care, and early childhood education--as a necessary condition for achieving quality in out-of-home child care. Such standards should be established as a guide to be adopted by all states as a basis for improving the regulation and licensing of child care and preschool education programs." The MCHB supported the APHA and AAP in their development of this publication in order to make available new knowledge that states could use as guidance in their development of the state standards and licensing regulations they determined to be most needed to promote and protect the health and safety of infants and young children in child care settings.
- **Publication: *Stepping Stones to Using Caring for Our Children: National Health and Safety Performance Standards--Guidelines for Out-of-Home Child Care Programs--Protecting Children From Harm.*** This publication was developed from the 981 standards contained in *Caring For Our Children*, to identify those standards most needed for the prevention of injury, morbidity and mortality in child care settings. *Stepping Stones* contains 180 standards and can be used by State licensing and regulatory agencies as well as State child care, health and resource and referral

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- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



**National Association of Pediatric Nurse Associates and Practitioners
Child Care Special Interest Group**

Adopt-a-Child Care Program

*As a partner in the Healthy Child Care America Campaign, which is sponsored by the Child Care Bureau and the Maternal Child Health Bureau and coordinated by AAP, the NAPNAP Child Care SIG is encouraging NAPNAP members to provide health consultation to one child care program, Head Start program, or family child care provider.

*By having access to a health consultant, child care programs are more likely to:

- 1) Develop healthy and safe practices to promote children's growth and development.
- 2) Provide health education for children, staff, and parents.
- 3) Integrate children with chronic illnesses and special needs.
- 4) Develop appropriate health policies including health-related exclusion policies.
- 5) Promote children's access to primary care and utilize community health resources.

*Many child care providers in this country have little to no access to health consultation. By providing this service NAPNAP members can promote children's health in child care settings. While some members have developed extensive, reimbursable, on-site services for child care programs, many members do not have the time for this level of commitment. However, by volunteering to provide a minimum of telephone consultation, as needed, to one provider or program NAPNAP members can positively influence the health of children in child care.

Connecting with a Child Care Provider/Program

- A program which many of the children in your primary care practice utilize
- A local Head Start program (to augment the services of the Health Coordinator)
- A local National Association for the Education of Young Children (NAEYC) accredited program
- Through a local affiliate of the National Association for Child Care Resource and Referral Agencies (NACCRRA)

Resources

- State child care regulations
- Healthy Child Care America: Blueprint for Action (Child Care Bureau, MCHB)
- National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs (MCHB)
- Health Practices Assessment for Child Care Centers (MCHB, GSA)
- AAP Healthy Child Care America Campaign

For More Information

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04/01/97 TUE 11:23 FAX 2230432

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Academy of
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FACSIMILE COVER SHEET

April 1, 1997

TO: Moniquin Huggins

FROM: Laura Aird, MS, Program Manager
Department of Community Pediatrics

FAX TO: 202/690-5600

FAX FROM: 847/228-5097

TOTAL PAGES: 5 (including cover sheet)

Attached is information on the Healthy Child Care America Campaign as follows:

- 1) Brief article in the April/May 1997 issue of *Healthy Kids Magazine*,
- 2) The news release included in the April 1997 media mailing sent to over 4,000 AAP media contacts, and
- 3) The galleys of the 2-page spread in the April 1997 issue of AAP News (although only the one article includes information on Healthy Child Care America, I thought you'd be interested to see the article that appears on the left side of the page spread).

Please let me know if you have questions.

Attachments

Experts fear this could lead to the development of untreatable infectious diseases in the future.

What can be done to stop the spread of antibiotic-resistant bacteria?

Health experts are urging physicians to change the way they treat certain illnesses. "A recent study reported that more than 110 million antibiotic prescriptions were written by U.S. doctors in 1992," says Dr. Murray. These prescriptions were written, in large part, for upper respiratory infections, bronchitis, and pharyngitis (sore throats), illnesses usually caused by viruses. "Clearly doctors are giving antibiotics when they're not necessary," he says.

Parents also need to change their expectations of how their children will be treated, says Stuart Levy, MD, a professor of medicine and molecular biology at Tufts University Medical School, in Boston, and author of *The Antibiotic Paradox: How Miracle Drugs Are Destroying the Miracle* (Plenum Press, 1992). "Parents shouldn't demand antibiotics for every illness," says Dr. Levy. "They shouldn't call doctors and say, 'Aren't you going to give me an antibiotic?' or 'I've always been given an antibiotic for this before.' Doctors should do the deciding about when to prescribe antibiotics."

New social patterns are contributing to the problem as well. "With more parents working, more children are attending child-care centers where the interaction among children is continuous and close," says S. Michael Marcy, MD, FAAP, a pediatrician with the Kaiser-Permanente Health Plan, in Panorama City, California. "As a result, there is a greater likelihood that young children, particularly those frequently on antibiotics, will be passing resistant bacteria on to or acquiring them from their classmates."

It's a complicated problem. But, says Dr. Gerber, "There is hope we can slow down the growth of antibiotic-resistant bacteria and hopefully eliminate the inappropriate use of antibiotics."

Theresa Kump is a freelance writer in New Rochelle, New York, and the mother of two.

News From THE AAP

Protecting the Well-Being of Kids

The American Academy of Pediatrics (AAP) is involved in two new campaigns aimed at keeping children safe and healthy.

The Back Is Where It's At.

"The ABCs of Air Bag Safety: The Back Is Where It's At" is a new program developed by the AAP, the Chrysler Corporation, the American Automobile Association, and Morton International (the seat and air-bag manufacturer), in response to concerns about air-bag safety and children.

Prompted by the recent deaths of more than 30 children in air-bag-related car crashes, this program will promote the backseat as the safest place for children to ride. With the help of safety, law enforcement, and medical organizations, the campaign has developed a special safety curriculum for child-care centers and schools across the United States.

Free educational materials have been sent to teachers and school officials at some 160,000 child-care centers and elementary schools nationwide. The curriculum was launched in February of this year and will be implemented throughout 1997.



Healthy Child Care America

The AAP is also involved in the Healthy Child Care America (HCCA) campaign, sponsored in conjunction with the U.S. Department of Health and

Human Services' Child Care Bureau and Maternal and Child Health Bureau. The campaign aims to bring together families, child-care workers, and health-care providers to

promote the healthy development of the millions of children currently enrolled in child care. Its goals are to provide all children, including those with special needs, a safe and healthy environment; up-to-date and accessible immunizations; and access to

quality health and dental care, developmental screening, and comprehensive follow-up care.

The campaign also aims to provide children, their families, and child-care providers with health and mental health support and education as well as with nutrition and safety education.

For more information on the HCCA campaign, contact the National Child Care Information Center's home page at <http://ericps.ed.uiuc.edu/nccic/nccichome.html>.



Academy of
Pediatrics



141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098

News Release

Contact: Lori O'Keefe, 847/981-7084
Carolyn Kolbaba, 847/981-7945
Leslee Williams, 847/981-7131

For Immediate Release

CHILD CARE CAMPAIGN TARGETS THE HEALTHY DEVELOPMENT OF CHILDREN

CHICAGO—Six out of 10—nearly 13 million—infants, toddlers and preschool children are enrolled in child care, according to the National Center for Education Statistics (NCES). In response, the American Academy of Pediatrics (AAP) is unveiling the Healthy Child Care America Campaign to ensure the healthy development of children in child care settings. The AAP is coordinating the campaign with sponsorship from the U.S. Department of Health and Human Services Child Care Bureau and Maternal and Child Health Bureau (MCHB).

The Healthy Child Care America Campaign joins families, child care providers and health care professionals together to promote the healthy development of children in child care, including increasing access to preventive health services and providing safe physical environments.

According to the NCES, nearly 88 percent of children whose mothers work full-time and 75 percent of children whose mothers work part-time are enrolled in child care. In addition, as children grow older, they are more likely to be enrolled in child care. About 45 percent of 1-year-olds are in a child care setting compared to 78 percent of 4-year-olds and 84 percent of 5-year-olds.

"Child care plays an integral part in a child's development. Because millions of children attend child care each day, the American Academy of Pediatrics believes it's important to ensure a safe and healthy environment for those children," said Thomas Tonnlges, MD, FAAP, director of the AAP Department of Community Pediatrics. "The Healthy Child Care America Campaign will work toward fulfilling that goal."

The goals of the Healthy Child Care America Campaign are to provide:

- a safe, healthy child care environment for all children, including those with special needs;
- up-to-date and accessible immunizations for children in child care;
- access to quality health, dental and developmental screening and comprehensive follow-up for children in child care;
- health and mental health consultation, support and education for all families, children and child care providers; and
- health, nutrition and safety education for children in child care, their families and child care providers.

More than 40 grants have been awarded by the MCHB to professionals and organizations representing health and child care communities, who will coordinate local activities to meet the goals of the campaign. In addition, communities can create or expand public and private resources that link families, health care professionals and child care providers by following 10 steps included in the *Blueprint for Action*, which was developed at the 1995 National Child Care Health Forum when the campaign initially began. Some of these steps include increasing immunization rates and preventive services for children in the child care setting, promoting and increasing comprehensive access to health screenings, and strengthening and improving nutrition services in child care.

—MORE—

CHILD CARE CAMPAIGN**1-2-2**

The Community Access to Child Health (CATCH) program, the Healthy Tomorrows Partnership for Children Program (HTPCP) and the Medical Home Program for Children With Special Needs (MHPCSN) are other community-based initiatives housed in the AAP Department of Community Pediatrics.

3/21/97

—30—

The American Academy of Pediatrics is an organization of 53,000 pediatricians dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

EDITOR'S NOTE: National Infant Immunization Week April 20-26 supports some of the goals of the Healthy Child Care America Campaign. It highlights the importance of immunizations preventing 10 childhood diseases. This annual campaign is sponsored by the Centers for Disease Control and Prevention and is supported by the American Academy of Pediatrics.

0-3 Conf -
Announcements

Pauline M. Abernathy

04/02/97 09:15:11 PM

Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Nicole R. Rabner/WHO/EOP
cc: Elena Kagan/OPD/EOP
Subject: Early Head Start #s

Our FY98 Budget has a 30% increase in early head start participation (a big increase from a small base).

----- Forwarded by Pauline M. Abernathy/OPD/EOP on 04/02/97 09:17 PM -----

Edwin Lau

04/02/97 02:37:05 PM

Record Type: Record

To: Pauline M. Abernathy/OPD/EOP
cc:
Subject: Head Start #s

Early HS

	1997 enacted	1998 P.B.
kids	27,000	35,000
funding	\$159.2 M	\$215 M
% set-aside	4%	5%
total HS funding	\$3,981 M	\$4,305 M

EARLY CHILDHOOD WORKING GROUP
CONTACT INFORMATION

0-3 Conf Announcements

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Ann Segal (A)	HHS	200 Independence Rm. 406E	690-8410	690-6562	

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~~Revised content~~

Pa

Paulette/Ter - Pediatrics
Pauline/Maria - Scholarships/loc. hq.

Cynthia - Regs - adog c. c.

Pauline - DOD activities

Cynthia/Cyn - Fed gov generally - GMA

0-3 Announcements

March 31, 1997

NOTE TO ELENA KAGAN

As we discussed, here are three suggestions of announcements that could be made around the April 17 Conference on Early Learning and the Brain.

Improving Child Care Quality:

Creating Public/Private Partnerships to Improve the Health of Children and the Practices of Child Care Providers: The President/First Lady could announce a new public-private partnership with the American Academy of Pediatrics and the National Association of Pediatric Nurse Associates and Practitioners to create the "Adopt-A-Child Care Program," a program designed to mobilize doctors and nurses to donate their time and expertise to child care programs in their communities. Stressing the importance of ensuring access to health care for all children and encouraging community volunteerism, the President could call on all health professionals to become involved in the program. In addition, the President/First Lady could announce that the federal government will do its part by developing a new Child Care Health Training program in the fall to train health professionals to serve as consultants in child care.

place a developmental appropriate care.

concrete commitments.

manual?

Providing Critical Information to Child Care Providers: The President/First Lady could announce, "Stepping Stones to Caring for Our Children," a new guide produced by HHS which provides key information to state health, child care, license and regulatory agencies on how best to promote the health and safety of children in child care. This new publication also demonstrates an effective public-private partnership since the report was developed with the American Public Health Association and the American Academy of Pediatrics.

Launching a National Task Force on the Future of Child Care Quality: As part of any of these announcements on child care quality, the President/First Lady could reinforce their commitment to improving child care for the 21st century by launching a bipartisan national task force - including child care experts and members of the business community - to develop a blueprint for a child care system that reflects the changing needs of American children and families.

Please let me know if you need additional information on any of these initiatives.

Thank you.


Melissa Skelfield

3/18

CPSC Mtg

1. 0-3 Conference -

Leading cause of death to hide - accidents

Safety!

April 16 - recall roundup - Isone

Do your spring cleaning -

get out public day items

Focusing on children's products

-st-lu-st etht

K.T. Kennedy in MD.

Video for use on local TV

System for measuring hide bodies -

measurements now out-of-date

so many safety initiatives also

now out-of-date

Will cost \$1 m.

Putting into budget request -

can't get it.

Very good candidate for joining resources

w/ in Admin.

Pauline M. Abernathy

04/04/97 06:26:49 PM

Record Type: Record

To: Bruce N. Reed/OPD/EOP, Elena Kagan/OPD/EOP, Diana Fortuna/OPD/EOP, Jennifer L. Klein/OPD/EOP

cc:

Subject: 1 million books

Elena spoke with Carol Rasco and I spoke with Scholastic and all are agreeable to dedicating a portion of the 1 million donated books to the prescription for reading effort. I have scheduled a meeting for Monday with the Academy of Pediatrics, Children's Hospitals, and Community Health Centers, and Scholastic to move forward.

Diana -- pls do not mention knowledge of this to our friends at the Summit.

Also, Nicole got wind today that Reiner and Powell may be taping a session on Oprah on April 15th. Lovely. Marsha Berry is checking it out.

B Bayman
boch

4/2 Child Care Mtg

1. Amend CCDDBG (?) for low income kids
req states to pay min rate (cost states \$)

2. Early HS - if budget goes through -
can use public q ↑ for 0-3
(can do now - but want)

→ 3. DOD - 1 person response for 30 homes
gt system - networks → (connect indiv them)
Not based on ~~st~~ chs
Looking into a
syst w/ states

hard/w ratio
to.

Innov approach + \$
Use milit as model - do a report
Govt going lot
Working w/ ch/other
fam & 2 care providers -
for quality

4. Comp among states for tiny states?
hard to do w/out \$.

5. Commission - on paid leave.

6. Business - contest / commission??

7. Study of state infant care - Here are best practices
training / states / rates how states are
doing

eval. of each
st aft best
practices.

what do to ensure fams have access to
nurturing infant care.
What are the gaps?
Models - but not just that

8. Diagnostic of care -
gov. resource + virtual places / travel around.

Habo-trained public health nurse

Shana Bixby

8. Dr adopt-a-ctr

Good idea. Part of head start That's good.

9. Campaign connected to c.c. ctrs -
why sure of who could get
coverage to put in.

connect our outreach proposal to c.c. ctrs
to Medicaid hotline -
get into whether eligible.

Ronally - infant care training materials?
training the trainers?

EO →

reg all fed
ctrs to be
licensed.

140 federally run
c.c. ctrs that are
not licensed.

non-GSA

not reg'd to be licensed by
state.

Medicaid for cc providers

Three-part program - connection b/w basic health care
+ early learning.

Budget proposal - credentialing

Report - kids/health care

Report-a-care - healthy start

**Session Two:
Description of Recommended Participants And
How the President and First Lady Could Respond**

**Early Head Start/
Child Care/Community:**

Harriet Meyer, Ounce of Prevention, Chicago, IL

Founded by Irving Harris, the Ounce of Prevention combines public resources with private funds to develop and test innovative early intervention strategies for replication. The Ounce's Center for Successful Child Development provides child care, home visits, medical care, Head Start, and other services to families in public housing. The Ounce's Beethoven Project was the model for the Early Head Start federal program. Highly articulate and respected.

We could respond with: our child care proposals, the 30% expansion of Early Head Start and the expansion of Head Start in our FY98 Budget, and our steps to link Head Start to child care to cover the full day.

**Parenting/
Home Visiting:**

Dr. Gloria Rodriguez, Avance, TX

Avance is a widely acclaimed family support and education program begun in Texas in 1973 serving Mexican American families. Avance operates in public housing centers, elementary schools, and through its family service centers. It conducts home visits by trained staff, presents classes on child development, reaches out to fathers, and disseminates information on community services and education classes and job training. Avance is praised in *It Takes a Village*.

We could respond by: announcing our wonderful new parenting kits with activities for parents and childcare providers, and discussing the Parents as First Teachers grants in our America Reads proposal.

**Law Enforcement/
Safety:**

**Mr. Melvin Warring, New Haven Chief of Police,
New Haven, CT**

Model for DOJ-funded Yale Child Study Center effort that builds collaborations between police precincts and child development/mental health experts to train community police officers. Highly articulate.

We could respond by highlighting our 100,000 COPS program and DOJ funding for this project.

**Business/Parenting/
Community:**

**Mr. Arnold Langbo, CEO, The Kellogg Company,
Battle Creek, MI**

We recommend asking Langbo, the CEO of Kellogg, to participate in the roundtable rather than Johnson & Johnson or St. Paul Companies.

Kellogg wrote to you and the President asking to participate in the Conference because last fall their CEO launched a community-wide effort to reach every parent and caregiver in Battle Creek with information about early brain development and what parents can do to support their children from ages 0-5. The campaign includes print, radio and TV ads, mailing parents information tailored to the age of their children, and conducting brown-bag lunches in hundreds of businesses.

We could respond by announcing that a group of business people, led by Kaiser Permanente, have agreed to hold a conference of business leaders this fall on how more businesses can support early childhood development and parenting.

Pediatrician:

Dr. Barry Zuckerman, Reach Out and Read, Boston, MA

Dr. Zuckerman will discuss Reach Out and Read and how pediatricians are changing their practice in response to the new research.

We could respond by discussing the national effort to prescribe reading to young children and give children books when they come to the doctor that we hope to launch during the week of the conference.

Entertainment:

Rob Reiner, CastleRock Entertainment

Respondents:

**Gov. Voinovich & Gov. Miller, co-chairs
NGA 0-3 Task Force**

Child Care Options

- “Stepping Stones to Caring for Our Children” Guide for Minimum Health and Safety Protects in Child Care
- “Adopt a Child Care Center” Campaign *Wokey Landrey*
- DoD Child Care Facilities Partner with Community Child Care Facilities to Improve Quality
- “Child Care Champion” Presidential Awards
- Presidential Advisory Commission on the Future of Child Care

0-3 Child Announcements

A New Study Of Day Care Shows Benefit Of Attention

WASHINGTON, April 3 (AP) — High-quality day care, where adults give lots of attention to the children, enhances early language use and the ability to think, a new study shows.

Researchers at 14 universities analyzed 1,300 families to determine the effect on children of leaving them in day-care centers from the age of 1 month through 7 years.

"The most striking aspect of these results from the early child-care study is that children are not being placed at a disadvantage in terms of cognitive development if they have high-quality day care in their first three years," said Dr. Duane Alexander, director of the National Institute of Child Health and Human Development. The agency, one of the National Institutes of Health, sponsored the study.

The research also found a weak association between the amount of time children spent in day care and how the parental relationship developed. The more time a child spent in day care, the study found, the less sensitive mothers were toward infants at 6 months, the more negative the parent was toward the child at 15 months and the less sensitive the mother was toward toddlers at age 36 months.

From the child's point of view, a longer time in day care resulted in less affection toward the mother at 24 and 36 months of age.

The interaction between mother and child was evaluated by videotaping the test subjects during play and by observing the mother's attention toward the child during the interview with researchers.

Dr. Sarah Friedman of the child-health institute said the study found that the amount of talk directed at a child in a day-care center could affect the development of learning and language skills. These skills, she said, "are the bedrock of school readiness."

How child care affects the young is an issue of concern to parents and social scientists because about 50 percent of all women with children under one year of age now work outside the home. This means that about half of young American children spend time in the care of a non-parent for at least part of most work days.



Dr. Jack Kevorkian of Michigan warned

Michigan To Stop H

DETROIT, April 4 (AP) — A document delivered to his lawyer, the state w Jack Kevorkian today helping people commi and Dr. Kevorkian burned the document h at a news conference.

"If you want to stop so pass a law," Mr. Kevor moments after he took a the cease-and-desist ord

The document said M: kian could be imprisoned years and fined \$2,000 for ing medicine without a l he assisted in another su

Mr. Kevorkian's me: cense was suspended in 1

"We make an assumpt Kevorkian will ignore th and desist as he has ign suspension," said Kathy director of the Michigan ment of Consumer and i Services, which licenses c

Dr. Kevorkian, 68, has a edged attending 45 suicid

Among Cult,

1 1 D

03 Conf -
Announcements

MEMORANDUM

TO: Don, Ann
FROM: Eli
RE: Two Upcoming CEA Reports
DATE: Tuesday, March 18, 1997

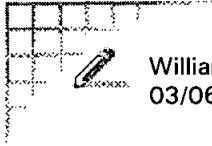
Michelle Jolin of CEA just told me about two upcoming CEA reports which may be useful for March-April events. She is interested in any guidance on how and when to release them (and is also discussing this with Bruce).

1. Welfare Reform. By the week of 3/31, CEA will be ready with a report on the factors that have reduced the nation's welfare caseloads so dramatically in the past four years. They will conclude that about 50% was due to the strong economy, and 50% due to other factors, including our state waivers (which may account for roughly one-third of the reduction). Apparently, the President has already been told about this report and is very interested in it. It could serve as a "What Works" guide for states (or literally be turned into such a guide). Since it will almost definitely show that our approach is the right one, we may want to consider having the POTUS highlight it through a Radio Address or other event.

2. Investments in Children Aged 0-3. By the week of April 14th (right before the Early Childhood Conference), CEA will be ready with a report on investments in children aged 0-3, including health and mental health programs/investments. It will essentially be a cost-benefit analysis pointing out the importance and cost-effectiveness of investing in young children. While it will not contain hard news, we could release or mention it as part of another event to lead-in to the Conference.

Please let me know if either of these are of interest.

0-3 Conf -
Announcements



William R. Kincaid
03/06/97 04:23:20 PM

Record Type: Record

To: Elena Kagan/OPD/EOP

cc:

Subject: Re: parent involvement

The focus in the report is primarily on strategies for parents of school-aged kids, but I think it would be very easy in a radio address to make a segue to say that we are learning more and more from other research that parents can't wait until their children reach school-age in order to help their children begin learning, and that employers and communities need to do all they can to support that.

While the focus of the report is mostly on elementary school, I just flipped through the report, and did find at least one reference to a school that operates an early childhood center as part of its Even Start family literacy program. Other strategies discussed, such as getting good information out to parents, home visits, etc., can be part of the equation for early learning, too. We could also point out that Title I funds can be used to help pay for early childhood programs, if communities decide to make that a priority.

Bruce mentioned the report to Don at the meeting we had this afternoon.