

NLWJC - Kagan

DPC - Box 070 - Folder-012

0-3 [Conference] - Announcements

[1]

Elena Kagan
Domestic Policy Council
2nd floor West Wing
456-5584

O-3 Conference

Announcements
Background
Conference
Conference Report
DOJ Violence Initiative
Follow Up
NSTC's Children's Initiative
OSTP Report
Parenting Kit
Press
Reiner Project
CEA White Paper

6/26/98

RECEIVED IN ORIM

JUN 26 1998

ENCLOSURES FILED OVERSIZE ATTACHMENTS

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1 box filed 7/20/98
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THE PRESIDENT HAS SEEN
4-14-97

SPECIAL ANALYSIS

The Payoff to Investing in Young Children

0-3 Conf
Policy Announcements

Experiences from conception through the first three years of life affect early brain-building activity, educational attainment, learning abilities, social behavior, motivation in life, and future health status. A forthcoming Council of Economic Advisers White Paper examines the payoffs in several areas from investments in pregnant women and young children.

Prenatal care. Low birthweight is highly associated with neonatal deaths, larger health care costs throughout life, and increased likelihood of grade repetition and special education enrollment. Adequate prenatal care and nutrition during pregnancy reduce the risk of low birthweight births and their associated costs. The elimination of smoking during pregnancy alone could prevent about 10 percent of prenatal deaths and about 35 percent of low birthweight births.

Health and environment. The widespread use of vaccines has dramatically reduced the incidence of many diseases in the United States. The Centers for Disease Control and Prevention estimate that every dollar spent on the measles, mumps, and rubella vaccine saves over \$20 in future costs—including savings from work loss, death, and disability. High levels of lead in children's blood can cause coma, convulsions, and death; even at lower levels, lead in the blood is associated with reduced intelligence, reading and learning disabilities, impaired hearing, and slowed growth. Restrictions on the use of lead in gasoline, paint, and solder (used in making food cans and water pipes) reduced blood lead levels for children under 6-years old by 80 percent over the last 20 years.

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Parenting and child care. Substantial interactive parental contact during the earliest months helps babies form secure and loving attachments with adults, develop confidence and competence, and establish trust. As children grow, those who receive quality child care tend to be more task-oriented, considerate, happy, self-confident, proficient in language, advanced in cognitive development, and socially competent in elementary school. They are more likely to be assigned to gifted programs and to make better academic progress. Compensatory preschool education is found to improve long-term school performance, as measured by grade retention, special education enrollment, and high school graduation. For example, each dollar spent on Perry Pre-school—an intensive pre-school and home visiting program conducted in the 1960s for 3- and 4-year olds—is estimated to have returned \$8.74 in benefits (reduced costs of special education, public assistance, and crime later in life).

Conclusion. Scientists and educators have identified the first three years of life as a time when children have "fertile minds." Efforts by parents, care-givers, educators, and government to help children during these years are especially fruitful, often for years to come.

FILE - 0-3 Announcements

4/4

DOD Child Care

Airline
Marine Corps

Other?
 Air Force

Cooperative
Div comm.
 extra call in
 Dec.

how we've
mentoring already
report later
recs.

what
doing

circumstances.
mentoring by locals
opening up training
services to others

DOD stills essentially the same

what's diff is end - 4x yuly inspect.

Training tried to compensate

For child care retakes

Perf fund.

Whole thing

Pay her wages to caregivers

Framework for quality

Incentives for states

200 m.

need to be
by line ID'ed
for the purpose
has to be more

- Outsourcing?? -
Subsidizing quality
(head start model?)

Approp \$ 273 m
Partners 150 m

4% or aside for quality
challenge - double your \$ for quality.

Military
Head Start

GSA - (not attributable) - authorize GSA to

courses led
to training

~~Standards~~ / Accred

1. Enhancement ^{of} ~~standards~~ inspection & acceptability
2. ways & required training. (demonstrated)
3. Subsid - affordability
4. Family child care networks - equal partner in system

qualified person
to do training



Office of the Administrator

Washington, D.C. 20531

April 10, 1997

Memorandum

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.

0-3 Announcements

MEMORANDUM FOR THE SECRETARY OF DEFENSE**SUBJECT: Using Lessons Learned from the Military Child Development Programs to Improve the Quality of Child Care in the United States**

Your recent report on Defense Policies and Programs Targeted to Children In Their Earliest Years described the success the Military Services have had in improving the quality, availability and affordability of child care for military and civilian employees of the Department of Defense. Your commitment to adequate funding, strict oversight, improved training and wage packages for child care employees and to achieving national accreditation is laudatory. In view of the recent research describing the impact of the early experiences and environments on the development of the brain, I am particularly interested in sharing your experiences with other State, local and Federal Agency programs.

I therefore urge you to reach out to local communities and federal agencies and to the extent possible share your lessons learned to improve programs and policies for young children and their families throughout the country. I ask you to consider the following:

Establishing partnerships with State or County employment and job training programs to allow Military Child Development Centers and Family Child Care Homes could serve as training locations for welfare recipients moving from welfare to work. In exchange for training, Military programs would gain additional staff at no cost to them. Military programs could provide on-the-job training, work experience and a knowledge of "child care programs best practices".

Where ever possible, each military installation child development program within the United States could "adopt a child care program" in their local community. The military child development program staff could assist with local accreditation efforts, provide training on a space available basis, assist with local child development associate credentialing programs and model effective child care techniques.

To the extent possible the Military should make available to other Federal and civilian program training materials, facility and playground designs and lessons learned in the areas of cost, pay and compensation, training and evaluation. Military Child Development Staff should assist state and local licensing personnel where ever appropriate on lessons learned from military child development inspections.

Providing funds are available, the Military Services should establish regional "Child Care Programs of Excellence" or "Master Programs." These magnet programs could model effective child care practices in each of the child care components (centers, family child care homes, and school-age care.) Particularly beneficial would be training in the area of infant /toddler care, curriculum and environments and management.

Today, therefore, I direct the Secretary of Defense, in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration, to report to me within one year of actions taken to share the lessons learned and expertise within the Military Child Development Programs with other state, local and Federal agencies responsible for the care of our nation's children.



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



FORCE MANAGEMENT
POLICY

APR 8 1997

0-3 Announcements

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. Those 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)



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



FORCE MANAGEMENT
POLICY

APR 8 1997

0-3 Announcements

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

for 703/696-4276

Sincerely,


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

Draft from DOD

MEMORANDUM FOR THE SECRETARY OF DEFENSE**SUBJECT: Using Lessons Learned from the Military Child Development Programs to Improve the Quality of Child Care in the United States**

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I therefore urge you to reach out to local communities and federal agencies and to the extent possible share your lessons learned to improve programs and policies for young children and their families throughout the country. I ask you to consider the following:

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Today, therefore, I direct the Secretary of Defense, in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration, to report to me within one year of actions taken to share the lessons learned and expertise within the Military Child Development Programs with other state, local and Federal agencies responsible for the care of our nation's children.

Child care experts believe that the military child care system is now the best in the country.

PRESIDENT CLINTON ASKS THE DEFENSE DEPARTMENT TO SHARE EXPERTISE FROM THE MILITARY CHILD CARE SYSTEM

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.
-President Bill Clinton, (date of exec. memo)

Today, the President ^{urged} asked the Secretary of the Department of Defense to use the military's ^{expertise} and share lessons learned to improve child care quality in ~~communities~~ across the nation.

Building on Success: Learning from the Military.

Military child care programs serve the families of men and women in the United States armed forces and the civilian employees of the Department of Defense. ~~These programs have improved dramatically over the last ten years and have attained a well-deserved reputation for being on the cutting edge of child care in America.~~ In developing its child care system, the Department of Defense has learned a ^{lot} ~~lot~~ ^{how} ~~about what makes a difference in the day to day lives of children.~~ ~~The Department credits five things with its success:~~ (1) financial support for its programs; (2) strict oversight of its programs and enforcement of child care standards through unannounced inspections; (3) attractive wage and benefit packages for workers; (4) mandatory training for child care providers; and (5) meeting national accreditation standards. ^{see over}

Leading the Nation in Child Care Accreditation.

^{Most notably,} Today, the Defense Department leads the nation in achieving child care accreditation, with 466 of its child care facilities having achieved accreditation by the independent National Association for the Education of Young Children, compared to 55 in 1992. ^{today} Currently, 72% of all of its child care programs have been accredited, compared to 7% nationally. ^{Most of the Department's success in meeting accreditation standards has come recently; the NAEYC has ~~action~~ accredited 466 military child care facilities today, as compared to 55 in 1992.}

A Challenge to the Defense Department.

The President issued an executive memorandum to the Secretary of Defense, ^{directing} asking him to use the Department's expertise to improve child care in communities across the nation. The memorandum urges the Department to consider, ~~the following steps:~~ (1) ~~partnering military child care programs with civilian facilities to help them improve quality;~~ (2) providing training courses for civilian child care providers; (3) sharing the materials and models used by the military for worker training, accreditation and evaluation, financing, and other ingredients to their success; and (4) working with State and local government job training programs to allow military child care facilities to serve as training locations for welfare recipients moving from welfare to work. ^{see over}

Building on a Commitment to Our Youngest Children.

Today's action builds on President Clinton's commitment to support children and strengthen families. For example, at the President's insistence, the new welfare reform legislation increases child care funding by nearly \$4 billion over six years, allowing more single mothers to leave welfare for work. The fiscal year 1997 funds alone provide up to \$2.9 billion to states, a significant increase over the estimated 1996 of \$1.35 billion. In addition, the Administration raised funding for Head Start, which provides low-income children and their families with comprehensive education, health services, and nutrition, by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. The President's FY 1998 Budget further increases participation to reach 122,000 more children in FY 1998 than when he took office. ^{facility design enable}

Nickie - I don't think this really works. It has the effect of suggesting that we haven't done all

(5) a system of linking up and providing needed support to individual home care providers;

The military child care system is noted for: (1) high quality standards, including a high percentage of accredited centers; (2) a strong enforcement and oversight system with four unannounced annual inspections and a 1-800 hot line for parents to report concerns; (3) mandating training for child care providers; (4) relatively generous wages and benefits tied to continued training and education; and (5) sufficient funding to make quality child care affordable.

(1) creating partnerships with civilian child care centers in the community to help them ~~app~~ improve quality;

that much in child care. Let's delete, and re-adjust the margins to make the rest above to a page.

0-3 Announcements



**Department of Defense
Child Development Program
Partnership with Health & Human Services**

What will a partnership between DoD and HHS mean to the country? Military child care programs have improved dramatically over the last ten years and have attained a well-deserved reputation for being on the cutting edge of child care in America. During this time, DoD management and policy makers have learned a lot about what makes a difference in the day to day lives of children. The military's holistic and systemic approach to meeting the needs of military families especially those with very young children stands out as a model for state and local agencies. DoD is committed to providing quality, affordable options for families. Five factors have contributed to the military success story.

- First among five elements is a recognition that quality costs more than most parents can afford to pay. The DoD is committed to a prescribed level of funding for all Child Development Programs. In military centers, there is a dollar for dollar match of appropriated funds to parent fees. In family child care programs we provide indirect financial support through equipment lending libraries, low or no cost insurance options and training. In many instances we provide direct cash subsidies as incentives for family child care providers to care for infants. Funds allow both centers and homes to provide stimulating environments that are staffed with trained personnel and appropriately equipped.
- The second element of quality is strict oversight of all programs, and adherence to standards. There are comprehensive unannounced inspections for all facilities and programs with a mandatory correction of deficiencies within 90 days. Non-compliance can, and has, resulted in closure. 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.
- The third and perhaps most critical element directly linked to program quality is the wage and benefits package that contribute to low staff turnover. Military caregiver wages and benefits average approximately \$10 per hour compared to the minimum wages in the civilian community. While most civilian child care employers offer few or no benefits to direct care staff, military staff have a full range of benefits. Because of low turnover children have the continuity of care so vital to their healthy development.
- Fourth and related directly to quality, is training. Training is tied to wages, and an "up-or-out" personnel policy requiring the completion of training programs. All training is competency based and caregivers not performing appropriately are not retained.
- Finally, the commitment for all military child development centers to meet national accreditation standards has provided an outside evaluation previously missing. The combination of the DoD certification and the national accreditation provides a comprehensive review of all center programs.

By sharing the "the military experience" DoD can provide unique expertise to state and local governments seeking to improve the quality of child care. As a result parents and children not associated with the Military can benefit from these systems and "lessons learned". As noted in the 1992 Congressional Record *"the precedent was set for the military to be the national agent of change in child care, as it has been in areas such as integration and drug interdiction."*

April 1997

0-3
Announcements

April 15, 1997

PRESCRIPTION FOR READING PARTNERSHIP ANNOUNCEMENT

DATE: April 16, 1997
TIME: 3:00-3:30 pm
LOCATION: Roosevelt Room
FROM: Pauline Abernathy

I. PURPOSE

To announce the formation of a new national partnership involving pediatricians, hospitals, health centers, book publishers, and libraries to prescribe reading to infants and toddlers and to make sure that children have access to books and are read to regularly.

II. BACKGROUND

This announcement of a national partnership to prescribe reading to infants and toddlers and ensure that children who visit the doctor have access to books is in direct response to your call for such an effort and to the President's America Reads Challenge. You first called for this effort in January at Georgetown Medical Center with Maurice Sendak, then again in your TIME Magazine column, and then in February you kicked off a Reach Out and Read program at Children's Mercy Hospital in Kansas City. You subsequently held a meeting in the Map Room to develop this partnership with most of the members of the Partnership.

Your briefing book contains a 1-page fact sheet announcing the Partnership, and a document from the Partnership detailing the individual commitments of books, health centers, hospitals, and training for doctors and the call for local libraries to partner with local health care providers to encourage reading. The Partnership will replicate and build on Reach Out and Read, and help build a community network around each Reach Out and Read program. Scholastic, Reach Out and Read, and First Book -- an organization dedicated to giving low-income children their first books -- have led the group and secured and coordinated the commitments by the different parties.

There is no formal federal role at this point, although many of the partners receive federal funding, such as the libraries and health centers, and AmeriCorps members who work at the health centers could help recruit volunteers and tutor parents. In addition, the Partnership could be eligible for funding under the America Reads Parents as First Teachers Challenge Grants. [We will likely hold an event next week to transmit the America Reads legislation to the Hill.]

As you may know, Scholastic donated 1 million books to America Reads under the rubric of the Philadelphia Summit. Scholastic agreed to allocate 100,000 of the 1 million to this Partnership, and to match cash contributions to Reach Out and Read or First Book with additional books over and above the 1 million donated to America Reads. Scholastic and Carol Rasco have not yet determined where the other 900,000 of the 1 million books will go.

The group will not form a new 501(c)(3), but have instead formed a steering committee to coordinate its different members activities, and will develop a strategic plan over the next month. For now, they are calling themselves the Prescription for Reading Partnership.

III. PARTICIPANTS

Remarks:

- HRC
- Dr. Robert Hannemann, President, American Academy of Pediatrics
- Dr. Barry Zuckerman, Founder, Reach Out and Read,
- Dick Robinson, Chairman of Scholastic, Inc.

Audience:

Almost 40 people, most of whom are members of the partnership who have made specific commitments to the partnership. Attached is the list of people in the audience, including health care providers, book publishers, libraries, book sellers, foundations, and banks.

IV. SEQUENCE

- HRC opens and makes remarks, and introduces Dr. Hannemann
- Dr. Hannemann makes brief remarks and introduces Dr. Zuckerman
- Dr. Zuckerman makes brief remarks and introduces Mr. Robinson
- Mr. Robinson makes brief remarks
- HRC closes and departs

V. PRESS

Open press.

VI. REMARKS

Prepared by June Shih.

First Lady Announces National Partnership to Prescribe Reading to Infants and Toddlers

April 16, 1997

0-3 Announcements

"There are few things that I believe could make a more dramatic difference over the next 10 years in this country than to persuade parents of all educational and economic levels to take this mission of reading to and talking with their young babies seriously."

-- First Lady Hillary Rodham Clinton, January 10, 1997

New Partnership to Prescribe Reading and Ensure That Children Who Come to the Doctor Have Access to Books. The First Lady is pleased to announce that a new national partnership has been created to prescribe reading to infants and toddlers. Pediatricians, hospitals, health centers, book publishers, libraries and others are coming together to make sure that infants and toddlers who come to the doctor have access to books and are read to regularly. The American Academy of Pediatrics is recommending that pediatricians prescribe reading to infants and toddlers as part of standard pediatric care.

The New Partnership Has Already Secured:

- More than 250,000 books to be distributed through health clinics and centers around the country;
- Commitments to train 10,000 pediatricians and 950 community health centers to prescribe reading and provide books to hundreds of thousands of children by the year 2000.

The Partnership, Led by Scholastic Inc., First Book, and Reach Out and Read, includes the American Academy of Pediatrics, National Association of Community Health Centers, National Association of Children's Hospitals and Related Institutions, American Library Association, Random House, Irving Harris and the Harris Foundation, Annie E. Casey Foundation, American Booksellers Association, Association of American Publishers, Mellon Trust, Dreyfus Corporation, ABC Television, Reading Is Fundamental, National Association of Chain Drug Stores, and the National Community Pharmacists Association, and seeks additional partners.

Under the Reach Out and Read program, volunteers read to children in waiting rooms, health care providers prescribe reading, use books in well-visits, and give books to children at the end of a visit. This model program is already being used in more than 80 health centers and hospitals around the country.

Call to Ensure That by the Year 2000 Every Child Under Age Five Is Read to Regularly. The First Lady is calling for every community to come together using its local library in partnership with local health providers to help encourage reading to young children and ensure that every child under age five is read to regularly by the year 2000. Today, only 39% of parents with children under three read to their children daily [Commonwealth Fund, 1996]. Research shows that when doctors prescribe reading and give books to low-income parents and their children, these parents are *four times* more likely to read to their children [AMA, AJDC, 8/91].

Response to the President's America Reads Challenge and the First Lady's Call for a National Effort to Prescribe Reading to Infants and Toddlers. Today's announcement is in direct response to the First Lady's call in January for a national effort to build on the existing efforts to prescribe reading -- by programs such as Reach Out and Read and the American Library Association's Born to Read -- and to the President's America Reads Challenge to help parents be their children's first teacher and ensure that every child can read well by the end of third grade.

The White House Conference on Early Childhood Development and Learning Will Underscore the Importance of Reading to Infants and Toddlers. *The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children* will explore new research that shows that reading to children in their first few years actually helps their brain to grow in addition to enhancing their emotional and social development and laying the groundwork for vocabulary and later educational success.

Nieder -

Great job

Eric

DRAFT

DATE

MEMORANDUM FOR THE SECRETARY OF DEFENSE

SUBJECT: Using Lessons Learned from the Military Child Care System to Improve the Quality of Child Care in the United States

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.

The Military Child Development Programs have attained a reputation for a strong commitment to quality in the delivery of child care. Your dedication to adequate funding, strict oversight, improved training and wage packages, strong family child care networks and to meeting national accreditation standards is laudatory. I believe that the Military has important lessons to share with rest of the Nation on how to improve the quality of child care for all of our Nation's children.

Today, therefore, I direct the Secretary of Defense, in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration, to share, as appropriate, the expertise and lessons learned from the Military Child Development Programs with federal, state, and local agencies, as well as private and non-profit entities, that are responsible for providing child care for our nation's children. I ask that you report to me within one year with actions taken. I urge you to consider the following:

I. Where possible and in consultation with States, direct each military installation child development program in the United States to "adopt" a child care program in their local community. The military staff could provide assistance with local accreditation efforts, offer training as available, assist with state and local child development credentialing processes and provide models of effective child care practices.

II. Establish "Child Care Programs of Excellence" in the Military Services. These programs could provide model effective child care practices for child care centers, family child care homes and school-age care facilities throughout the United States. Training in the area of infant and toddler care would be particularly beneficial.

Establish Child Care Master Programs that civilian child care providers could attend for

to improve the quality of service offered.

see attached

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Partner with

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57

programs or centers?

Nicole R. Rabner

04/15/97 12:28:49 PM

Record Type: Record

To: Elena Kagan/OPD/EOP

cc:

Subject: Dod language

New Language for the second bullet on the exec memo:

II. ~~Establish "Child Care Masters Programs" in the Military Services, in which model military child care centers serve as training centers for civilian child care providers. These programs could demonstrate effective practices for child care centers, family child care homes, and school-age facilities throughout the United States. Training in the area of infant and toddler care would be particularly beneficial.~~

model

~~Training~~

Establish Child Care Masters Programs that civilian child care providers would offer training courses to child care providers. These courses would ~~of two or three weeks duration~~

0-3 Announcements



DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield

Assistant Secretary for Public Affairs

Phone: (202) 690-7850

Fax: (202) 690-5673

To: Elena Kagan / Pauline Abernathy
Nicole Rabner

Fax: _____ Phone: _____

Date: 4/16 Total number of pages sent: 6

Comments:

Here are:

- final fact sheet on child care
- final updated fact sheet on Early Head Start
- a couple of Q&As on Early Head Start

Please let us know if you need anything else.

Thanks,
Joby

THE CLINTON ADMINISTRATION'S RECORD ON CHILD CARE AND HEAD START

Since 1993, the President and the First Lady have worked to expand access to quality child care. With increased funding for Head Start and other child care programs, a new focus on children age zero to three, and new partnerships with states and the private sector, the Clinton Administration has worked to help parents improve their children's development and learning.

Expanding and Improving Head Start

Providing An "Early Head Start" to Children Zero to Three The Early Head Start program, created in 1994, provides early, continuous and comprehensive child development and family support services for low-income families with children ages zero to three and pregnant women. Designed as a major expansion of Head Start's traditional program for three to five-year-olds, the program promotes the physical, cognitive, social and emotional growth of infants and toddlers to prepare them for a lifetime of learning and development.

Currently there are 143 Early Head Start programs in 44 states, the District of Columbia and Puerto Rico, serving over 23,000 children and families. Today, the First Lady announced the availability of approximately \$26 million for new Early Head Start grants, which will increase the 1997 enrollment to 27,000 children and families. When combined with the funds requested in the President's Fiscal Year 1998 budget, 35,000 children and families will be served by Early Head Start, an increase of approximately 50% from FY 1996.

Working With Other Partners Last month HHS announced that Head Start expansion funds will be used for the first time to build partnerships with child care providers to deliver full-day and full-year Head Start services. Through these new expansion grants, Head Start and child care agencies will combine staff and funds to provide high quality services. Children will stay in one place all day, rather than attending Head Start for half a day and then moving to child care for the remainder of the day. In addition, the expansion funds will provide for increased Head Start slots for children. By the end of FY 1997, some 800,000 children are expected to be enrolled in Head Start, an increase of 50,000 from the beginning of the fiscal year

Improving Performance Standards In November 1996, HHS published revised Head Start Program Performance Standards, developed with the consultation of thousands in the child development, family support and health fields, that improve on the program's existing quality standards. These revised, more user-friendly standards remove rigid and prescriptive requirements, integrate infants and toddlers into the Head Start program, promote collaboration with other community programs, and draw on medical expertise.

Increasing the Federal Investment in Child Care

Under the Clinton Administration, funding for Head Start has grown \$1.8 billion over the past five years, from \$2.2 billion in FY 1992 to nearly \$4 billion in FY 1997, an increase of more than 80 percent. These additional funds have enabled Head Start to serve 180,000 more children and their families, enhance the quality of Head Start services, and improve program research -- with the goal of expanding Head Start to serve over one million children by the year 2002.

At the President's insistence, the new welfare reform legislation also increases child care funding by nearly \$4 billion over 6 years, allowing more single mothers to leave welfare for work. The fiscal year 1997 funds alone provide up to \$2.9 billion to states, a significant increase over the estimated 1996 level of \$2.35 billion.

Giving Parents Access To Health and Safe Child Care

In May 1995, HHS launched the Healthy Child Care America Campaign to promote partnerships between child care and health agencies to ensure that children in child care are in safe and healthy environments and receive the health services they need. The American Academy of Pediatrics has recently joined the campaign to provide technical assistance and to encourage health professionals involvement in child care programs.

To support the Campaign, in October 1996, HHS made available \$2.5 million in grants to States and Territories to support and encourage the development of statewide strategies and planning for healthy, safe child care programs. Forty six states have now launched Healthy Child Care America Campaigns at the state and/or community levels.

In 1994, HHS launched the National Child Care Information Center to help providers start up child care centers; assist parents in locating child care in their communities, and give researchers and policy makers access to statistical information about child care. HHS also provides important technical assistance to improve and expand the child care delivery systems of states, tribes and territories for low-income families through the Child Care Technical Assistance Project.

Facts and Figures

The Need for Child Care (Source: Census Bureau)

- In 1993, there were approximately 9.9 million children under age five who were in need of child care while their mothers were working.
- Of those children, 31.1 percent received care in organized child care facilities, up from 23 percent in 1991.

Funding for Child Care

- Since 1993, federal direct assistance for child care (discretionary spending and the Child Care Development Fund) has increased by more than \$1 billion.
- The newly established Child Care Development Fund authorized by the welfare reform law, has made available \$2.9 billion to states to assist families moving from welfare to work.
- The President's FY 1998 budget request includes a \$144 million increase in federal child care funding.

Fact Sheet

Early Head Start

At the White House Conference on Early Childhood Development and Learning, the Clinton Administration announced that nearly \$26 million will be available for an open competition to local public or private non-profit agencies to serve more infants and toddlers in the Early Head Start program. This will increase the 1997 enrollment in Early Head Start to 27,000 children and families. When combined with the funds requested in the President's Fiscal Year 1998 budget, 35,000 children and families will be served by Early Head Start, an increase of approximately 50% from FY 1996.

In recognition of the powerful research evidence that the period from birth to age three is critical to healthy growth and development and to later success in school and in life, the 1994 Head Start Reauthorization, with leadership from President Clinton and bipartisan support in Congress, established a new program for low-income pregnant women and families with infants and toddlers.

The purpose of this program is to:

- enhance children's physical, social, emotional and cognitive development;
- enable parents to be better caregivers of and teachers to their children; and
- help parents meet their own goals, including that of economic independence.

Either directly or through referrals, the program provides early, continuous, intensive and comprehensive child development and family support services to low-income families with children under the age of three. Projects must coordinate with local Head Start programs to ensure continuity of services for children and families. Depending on family and community needs, programs have a broad range of flexibility in how they provide these services.

Early Head Start was designed with the advice of the Advisory Committee on Services to Families with Infants and Toddlers. Established by the Secretary of the Department of Health and Human Services, the Committee consisted of the leading academic and programmatic experts in early childhood development, health and family support. Early Head Start builds upon both the latest research and the experiences of such pioneering initiatives as the Parent and Child Centers and the Comprehensive Child Development Program.

Based on this expert guidance, Early Head Start focuses on four cornerstones essential to quality programs: child development, family development, community building and staff development.

The services provided by Early Head Start programs are designed to reinforce and respond to the unique strengths and needs of each child and family. Services include the following:

- quality early education in and out of the home;
- home visits, especially for families with newborns and other infants;
- parent education, including parent-child activities;
- comprehensive health services, including services to women before, during and after pregnancy;
- nutrition; and
- ongoing support for parents through case management and peer support groups.

- 2 -

Currently, 143 programs are serving children and their families in both urban and rural settings in 44 states, the District of Columbia, Puerto Rico and tribal communities in Alaska, Idaho, Minnesota, North Dakota, Oklahoma and Washington. Migrant programs serve families in Texas and on the East coast. Program sponsors include Head Start grantees, school systems, universities, colleges, community mental health centers, city and county governments, Indian Tribes, Community Action Agencies, child care programs and other non-profit agencies. Among the models funded are programs that emphasize center-based and home-based child care and home visiting.

Last year, HHS issued the first comprehensive revision of the Head Start Performance Standards in over 20 years. For the first time, specific provisions were added to enhance and protect the health (including the mental health) and safety of pregnant women, infants and toddlers. These standards also include requirements for infant-toddler child development and family services, staff and community development.

HHS monitors the operation of the new programs, provides training and technical assistance tailored to their needs. It is also measuring the effectiveness of the programs through a rigorous experimental evaluation. Seventeen cooperative agreements have also been awarded to conduct local research studies on outcomes for children and families in Early Head Start.

The program is funded by a percentage of the total appropriation to the Head Start program. The percentage started at 3 percent in FY95 and increases to 5 percent in FY98. The FY97 funding level is \$159 million which would increase, with the President's request, to \$215 million in FY98.

Today's announcement of the availability of \$26 million represents \$11.6 million from the FY 1997 increase to the Head Start program and \$14.2 million in funds from Parent Child Centers and Comprehensive Child Development Programs. Those two programs are being phased-out and the funds reinvested in the new Early Head Start program.

New paragraph

The morning session will be broadcast to approximately 100 satellite sites attended by, among others, subcabinet officials and regional administrators. The hosts of these satellite conferences will put on programs of their own in the afternoon.

April 16, 1997

CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING

DATE: April 17, 1997
LOCATION: The East Room
TIME: Briefing: 10:00 am - 10:30 am
 1st Panel: 10:45 am - 1:00 pm
 Briefing: 2:35 pm - 2:40 pm
 2nd Panel: 2:45 pm - 4:30 pm
FROM: Bruce Reed/Elena Kagan

I. PURPOSE

To call attention to new scientific research on brain development in very young children and practical applications of these findings. This is also an opportunity to ~~demonstrate your commitment to enhancing the development of young children and highlight the Administration's efforts to strengthen families~~ ^{the} ~~showcase what your~~ already has ~~done~~ to enhance early childhood development and to

II. BACKGROUND

You and the First Lady will be hosting two panel discussions, ^{with} the Vice President and Mrs. Gore will be joining you for the afternoon session. During the morning session of the conference, leading researchers and child development experts will discuss the new research and what it means for parents and caregivers. ~~The morning session will be broadcasted to approximately 100 satellite sites where subcabinet officials and other regional administrators~~ ^{leaders} will host similar panels. The afternoon session will highlight model community efforts to support parents and enhance early childhood development. The First Lady will moderate the afternoon session.

This conference builds on the Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of a child's life, including increasing the funding for NIH's children's research by 25%, from \$1.3 billion to \$1.6 billion, ~~between 1993 and 1997~~ In addition, the Administration raised funding for Head Start by 43% over the last four years

in the Head Start program

and created the Early Head Start program to support families with children ages zero to three. Your FY 1988 Budget further increases participation to reach 122,000 more children in FY 1998 than when you first took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program.

This conference is an opportunity for you to announce the following new policy announcements:

- **Executive Memorandum to DOD:** Based on reports from child care experts that the military child care system is now the best in the country, you will be issuing an executive memorandum directing the Secretary of Defense to use the Department's expertise to help improve child care across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models for worker training, accreditation and evaluation, facility design, financing, and other ingredients of the military's success; and (4) working with States and local governments to enable military child care facilities to serve as training sites for welfare recipients moving from welfare to work.

- **Children's Health Initiative:** You will announce that the Association of American Medical Colleges issued a letter of support for your children's health proposal. ^{This} ~~Your FY 1998 budget proposal includes a children's health initiative that will~~ extend coverage to up to 5 million uninsured children by the year 2000 by strengthening Medicaid for poor children, building innovative State programs to provide coverage for working families, and continuing health coverage for children of workers who are between jobs. ^{FY 1998} ^{would}

Move Safe Start here

- **Expanding Early Head Start.** The Department of Health and Human Services is requesting proposals ^{not} for new Early Head Start programs to expand Early Head Start enrollment by one-third next year. Created by the Clinton ^{your} Administration in 1994, the Early Head Start program brings Head Start's successful comprehensive services to families with children ages zero to three and to pregnant women.
- **America Reads Early Childhood Kits: "Ready, Set, Read."** America Reads is releasing early childhood development activity kits that offer suggestions to families and caregivers about developmentally appropriate activities for children ages zero to five. They will be distributed in May to early childhood programs across the country and to callers to the Department of Education's 1-800-USA-LEARN hotline. (The kits are being handed out to all of the participants and press at the conference.)

Move up
↓

Safe Start. The Department of Justice is establishing "Safe Start" to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It will better prepare law enforcement officials to respond to young children exposed to violence, ~~and can help prevent today's children from turning into tomorrow's criminals.~~ The initiative is built on the successful partnerships between community police officers and mental health providers funded by DOJ in New Haven, Connecticut and three other communities. (*The New Haven Police Chief will be participating in the afternoon panel to discuss the success of this partnership in New Haven.)

III. PARTICIPANTS

Briefing Participants:

The First Lady
John Podesta
Bruce Reed
Elena Kagan
Melanne Vermeer
Sarah Farnsworth
Carolyn Curiel

Morning Panel Participants:

The President
The First Lady
Dr. David A. Hamburg, President of the
Dr. Donald J. Cohen, Director of the Yale
Dr. Carla J. Shatz, Professor of Neurobiology
Berkeley
Dr. Patricia K. Kuhl, Speech and Hearing
Dr. Ezra C. Davidson, Jr., Obstetrician
Dr. T. Berry Brazelton, Pediatrician
Dr. Deborah Phillips, Child Care expert

Carnegie Corporation of New York
Child Study Center
at the University of California,

Sciences at the University of Washington

Can we also give their titles?

Afternoon Panel Participants

The President
The First Lady
Mrs. Gore
The Vice President
Arnold Langbo, Kellogg Corporation
Dr. Gloria Rodriguez, Avance Program
Sheila Amaning, Early Childhood PTA
Melvin Wearing, New Haven Police Chief
Harriet Meyer, Ounce of Prevention
Rob Reiner, "I Am Your Child" Campaign
Governor Bob Miller, Nevada

IV. PRESS PLAN

Open.

V. SEQUENCE OF EVENTS FOR FIRST PANEL

- Participants are announced into the East Room and take seats at table.
- You and the First Lady are announced into the room and proceed to the podium.
- The First Lady makes welcoming remarks from the podium and introduces you.
- You make remarks from the podium.
- You and the First Lady then take their seats at the table.
- You will call on the first speaker, David Hamburg to open the discussion.
- David Hamburg makes remarks and introduces the next three consecutive speakers.
- Dr. Donald J. Cohen makes remarks. *the*
- Dr. Carla J. Shatz makes remarks.
- Dr. Patrickia K. Kuhl ~~makes remarks.~~
- You will thank first three speakers and call on the next three speakers to discuss the implications of the information being discussed, beginning with Ezra Davidson.
- Ezra Davidson will make remarks.
- The President will ask Ezra Davidson a follow-up question.
- Dr. Berry Brazelton will make remarks.
- The First Lady will ask Dr. Berry Brazelton a follow-up question.
- Dr. Deborah Phillips will make remarks.
- You will ask a follow-up question
- At this point, you and the First Lady can pose one or two additional questions to any of the panelists.
- You will thank participants and close event.

SEQUENCE FOR SECOND PANEL (All speakers are SEATED while speaking)

- The panelists are announced into the East Room and take their seats.
- You, the First Lady, the Vice President, and Mrs. Gore are introduced into room and take seats.
- Mrs. Gore makes welcoming remarks.
- The Vice President makes remarks and introduces the First Lady to moderate the discussion.
- The First Lady introduces all the panel participants and calls on them individually to speak, beginning with Mr. Arnold Langbo.
- Mr. Arnold Langbo makes remarks.
- You could ask Mr. Langbo a follow-up question.

- Dr. Gloria Rodriguez makes remarks.
- The Vice President asks Dr. Gloria Rodriguez a follow-up question.
- Sheila Amaning makes remarks.
- Mrs. Gore asks Sheila Amaning a question.
- Police Chief Melvin Wearing makes remarks.
- You could ask a follow up question to Police Chief Wearing.
- Harriet Meyer makes remarks.
- You could ask a follow-up question to Harriet Meyer
- Rob Reiner makes remarks.
- You could ask a follow-up question to Rob Reiner.
- Governor Miller makes remarks.
- You will thank Governor Miller and other participants and makes closing remarks.

VI. REMARKS

Morning Panel: Opening and closing remarks prepared by Speechwriting.
Afternoon Panel: Closing Remarks prepared by Speechwriting

VII. ATTACHMENTS

- Bios on panelists
- Script of each panel
- Administration Accomplishments
- ~~0-3 Poll Executive Summary~~

**Clinton Administration "Protecting Children from Violence" Initiative
(To be announced at the Early Childhood Development Conference)**

1. The agencies of the federal government will, collectively, provide assistance to 20 communities aiming to better respond to situations in which children are the victims of violence.
2. Working with a coordinated array of federal agencies, the selected communities will develop a system which seeks to assure that every child exposed to violence has a rapid and appropriate intervention initiated by a properly trained teacher, police officer, health care provider or other person in the community positioned to know about such violent incidents.
3. The communities selected will be those which best present a comprehensive, integrated, community-wide plan for such a system, are judged most likely to succeed in implementing such a plan, and are well-situated to serve as a model for other communities if implementation of their plan is successful.
4. The selected communities will receive focused and coordinated assistance from the Departments of Justice, Health and Human Services, Education, Housing and Urban Development, and other federal agencies to aid in the implementation of their plan. This assistance will come in some combination of training, technical assistance, grant funding, and other government resources.

0-3 Announcements

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DRAFT

DATE

MEMORANDUM FOR THE SECRETARY OF DEFENSE

SUBJECT: Using Lessons Learned from the Military Child Care System to Improve the Quality of Child Care in the United States ^{Development Programs}

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.

The Military Child Development Programs have attained a nation-wide reputation for an abiding commitment to quality in the delivery of child care. Your dedication to adequate funding, strict oversight, improved training and wage packages, and strong family child care networks and your commitment to meeting national accreditation standards is laudatory. I believe that the military has important lessons to share with the rest of the nation on how to improve the quality of child care for all of our nation's children.

I therefore direct you, ^{consistent with existing statutory authority} ~~in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration~~ to share the expertise and lessons learned from the Military Child Development Programs with federal, state, and local agencies, as well as with private and non-profit entities, that are responsible for providing child care for our nation's children. I ask that you report to me, within six months with a preliminary report and within one year with a final report, on actions taken and with further recommendations. I urge you to consider the following: ^{tribal,}

- I. In consultation with States, encourage military installation child development facilities in the United States to partner with civilian child care programs in their local communities to improve the quality of service offered. The ~~military~~ ^{provide} staff could provide assistance with local accreditation efforts, offer training as available, assist with state and local child development credentialing processes, and provide models of effective child care practices. ^{including recommendations on any needed or appropriate legislation.}
- II. Establish military Child Care Programs of Excellence, to the greatest extent feasible, to offer training courses to civilian child care providers. These training courses could ^{DOD} ~~development~~

I further direct you, in doing so, to consult with the Secretary of Health and Human Services, the Administrator of the General Services Administration and the heads of any other departments or agencies with statutory authority over child care programs.

demonstrate model practices for child care centers, family child care homes, and school-age facilities.

- III. Make widely available to the civilian child care community information on the model approaches and designs that the military uses for training and compensation, accreditation and evaluation, playground and facility design, support systems linking individual family child care providers, as well as overall financing strategies.
- IV. Establish partnerships with State or County employment and job training programs to enable Military Child Development Centers and Family Child Care Homes to serve as training locations for welfare recipients moving from welfare to work. Military programs could provide on-the-job training, work experience, and an understanding of best practices for the delivery of ~~child care~~.

child development services.

DOD

**WHITE HOUSE CONFERENCE ON
EARLY CHILDHOOD DEVELOPMENT AND LEARNING
POLICY ANNOUNCEMENTS**

Today, the President and First Lady are hosting *The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. The day-long conference highlights new scientific findings on brain development in very young children and points to the importance of children's earliest experiences in helping them get off to a strong and healthy start and reach their full potential.

Clinton Administration Commitment to Young Children. The Clinton Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. President Clinton has also strengthened efforts to support families with young children by investing in Head Start and Early Head Start, the WIC Supplemental Nutrition Program, immunization and other early childhood programs.

At the conference, the President will make a series of policy announcements that build on the Clinton Administration's commitment to young children:

Improving the Quality of Child Care By Learning from the Military. Child care experts believe that the military child care system is now the best in the country. The President is issuing an executive memorandum directing the Secretary of Defense to use the Department's expertise to help improve child care across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models for worker training, accreditation and evaluation, facility design, financing, and other ingredients of the military's success; and (4) working with States and local governments to enable military child care facilities to serve as training sites for welfare recipients moving from welfare to work.

Providing Health Coverage for Children. The President's fiscal year 1998 budget includes a children's health initiative that will extend coverage to up to 5 million uninsured children by the year 2000 by strengthening Medicaid for poor children, building innovative State programs to provide coverage for working families, and continuing health coverage for children of workers who are between jobs. Today, the Association of American Medical Colleges issued a letter of support for the Clinton Administration's children's health proposal.

Importance of Early Education. The President recognizes that children must be nurtured and stimulated in the earliest years. That is why he is announcing two initiatives geared toward early learning.

- **Expanding Early Head Start.** The Department of Health and Human Services is requesting proposals for new Early Head Start programs to expand Early Head Start enrollment by one-third next year. Created by the Clinton Administration in 1994, the Early Head Start program brings Head Start's successful comprehensive services to families with children ages zero to three and to pregnant women.
- **Giving Parents and Caregivers Early Childhood Tools.** The President's America Reads

Challenge is releasing “Ready*Set*Read” early childhood development activity kits. The kits offer suggestions to families and caregivers about developmentally appropriate activities for children ages zero to five. They will be distributed to early childhood programs across the country and to callers to a Department of Education hotline.

Safe Start. The Department of Justice is establishing “Safe Start” to change the way law enforcement officers respond to children who are the victims of or witnesses to violence. The program will provide training on early childhood development to community police officers, prosecutors, probation and parole officers, school personnel and mental health providers. It will better prepare law enforcement officials to respond to young children exposed to violence and can help prevent today’s children from turning into tomorrow’s criminals. The initiative is built on the successful partnerships between community police officers and mental health providers funded by DOJ in New Haven, Connecticut and three other communities.

WHITE HOUSE CONFERENCE ON EARLY CHILDHOOD DEVELOPMENT AND LEARNING: WHAT NEW RESEARCH ON THE BRAIN TELLS US ABOUT OUR YOUNGEST CHILDREN

"Learning begins in the first days of life. Scientists are now discovering how young children develop emotionally and intellectually from their very first days, and how important it is for parents to begin immediately talking, singing, even reading to their infants....We already know we should start teaching children before they start school."

--President Bill Clinton, State of the Union Address, February 4, 1997

Today, the President and First Lady are hosting *The White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. The day-long conference highlights new scientific findings on brain development in very young children and points to the importance of children's earliest experiences in helping them get off to a strong and healthy start and reach their full potential.

Applying New Findings on Brain Development in the Earliest Years. New scientific research shows that experiences after birth -- particularly in the first three years of life -- have a dramatic impact on brain development. That means that nurturing, talking to, singing to and reading to our youngest children will improve their ability to learn and develop throughout their lives. The White House Conference will focus on the practical applications of the latest scientific research on the brain, particularly for parents and caregivers. The conference will also be a call to action to all members of society -- including the health, business, media and faith communities, child care providers and government -- to use this information to strengthen America's families.

Clinton Administration Commitment to Young Children. This conference builds on the Clinton Administration's investment in children and families. The Administration has invested heavily in research to help us better understand the importance of the first few years of life to child development and learning. Between 1993 and 1997, funding for NIH children's research increased 25%, from \$1.3 billion to \$1.6 billion.

President Clinton has also strengthened efforts to support families with young children. To take just a few examples, the Administration raised funding for Head Start -- providing low-income children and their families with comprehensive education, health services, and nutrition -- by 43% over the last four years and created the Early Head Start program to support families with children ages zero to three. The President's FY 1998 Budget further increases participation to reach 122,000 more children in FY 1998 than when he took office. The Administration also dramatically increased participation in the WIC Supplemental Nutrition Program, providing 7.4 million pregnant women, infants, and children with nutrition packages and information and health referrals - - 1.7 million more than when President Clinton took office. And his FY 1998 Budget would achieve his goal of full participation in the WIC program by the end of FY 1998.

Conference Program and Participants. During the morning session of the conference, leading researchers and child development experts will discuss the new research and what it means for parents and caregivers. The panelists for this session are: Dr. David Hamburg, Carnegie Corporation of New York (moderator); Dr. Carla Shatz, University of California, Berkeley; Dr. Donald Cohen, Yale Child Study Center; Dr. Patricia Kuhl, University of Washington; Dr. Ezra Davidson, Drew University of Medicine, Dr. T. Berry Brazelton, Harvard University; and Dr. Deborah Phillips, National Research Council. The afternoon session will highlight model community efforts to support parents and enhance early childhood development. The panelists include: Avance Family Support and Education Program, San Antonio, TX; the CEO and Chairman of the Board, The Kellogg Company, Battle Creek Michigan; and Ounce of Prevention, Chicago, IL.

Broad Participation Across the Country. The morning session of the conference will be broadcast by satellite to over 80 locations across the country. The satellite conferences will be co-hosted by regional federal agencies, local officials, and children's and other organizations.

0-3 Announcements

DATE

MEMORANDUM FOR THE SECRETARY OF DEFENSE

SUBJECT: Using Lessons Learned from the Military Child Care System to Improve the Quality of Child Care in the United States

Development Program

~~Development Services~~

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.

The Military Child Development Programs have attained a nation-wide reputation for an abiding commitment to quality in the delivery of child care. Your dedication to adequate funding, strict oversight, improved training and wage packages, and strong family child care networks and your commitment to meeting national accreditation standards is laudatory. I believe that the military has important lessons to share with the rest of the nation on how to improve the quality of child care for all of our nation's children.

consistently exercising statutory authority

I therefore direct you, in consultation with the Secretary of Health and Human Services and the Administrator of the General Services Administration, to share the expertise and lessons learned from the Military Child Development Programs with federal, state, and local agencies, as well as with private and non-profit entities, that are responsible for providing child care for our nation's children. I ask that you report to me, within six months with a preliminary report and within one year with a final report on actions taken and with further recommendations. I urge you to consider the following:

provide

(including recommendations on any additional authority needed)

I. In consultation with States, encourage military installation child development facilities in the United States to partner with civilian child care programs in their local communities to improve the quality of service offered. The military staff could provide assistance with local accreditation efforts, offer training as available, assist with state and local child development credentialing processes, and provide models of effective child care practices.

DoD

development

II. Establish military Child Care Programs of Excellence, to the greatest extent feasible, to offer training courses to civilian child care providers. These training courses could

In particular, I request you to consider whether additional statutory authority is necessary to accomplish the following:

You should consult with other federal agencies that have existing statutory authority for conducting our nation's child care programs.

demonstrate model practices for child care centers, family child care homes, and school-age facilities.

III. Make widely available to the civilian child care community information on the model approaches and designs that the military uses for training and compensation, accreditation and evaluation, playground and facility design, support systems linking individual family child care providers, as well as overall financing strategies.

IV. Establish partnerships with State or County employment and job training programs to enable Military Child Development Centers and Family Child Care Homes to serve as training locations for welfare recipients moving from welfare to work. Military programs could provide on-the-job training, work experience, and an understanding of best practices for the delivery of child care.

development services

DoD

DRAFT

THE CLINTON ADMINISTRATION'S RECORD ON CHILD CARE

Since 1993, the President and the First Lady have worked to expand access to quality child care. With increased funding for Head Start and other child care programs, a new focus on children age zero to three, and new partnerships with states and the private sector, the Clinton Administration has worked to help parents improve their children's development and learning.

Expanding and Improving Head Start

Providing An "Early Head Start" to Children Zero to Three The Early Head Start program, created in 1994, provides early, continuous and comprehensive child development and family support services for low-income families with children ages zero to three and pregnant women. Designed as a major expansion of Head Start's traditional program for three to five-year-olds, the program promotes the physical, cognitive, social and emotional growth of infants and toddlers to prepare them for a lifetime of learning and development.

Currently there are 143 Early Head Start programs in 44 states, the District of Columbia and Puerto Rico, serving over 23,000 children and families. Today, the First Lady announced approximately \$26 million in new Early Head Start grants, which will increase the 1997 enrollment to 27,000 children and families. When combined with the funds requested in the President's Fiscal Year 1998 budget, 35,000 children and families will be served by Early Head Start, an increase of approximately one-third from FY 1996.

Working With Other Partners Last month HHS announced that Head Start expansion funds will be used for the first time to build partnerships with child care providers to deliver full-day and full-year Head Start services. Through these new expansion grants, Head Start and child care agencies will combine staff and funds to provide high quality services. Children will stay in one place all day, rather than attending Head Start for half a day and then moving to child care for the remainder of the day. In addition, the expansion funds will provide for increased Head Start slots for children. By the end of FY 1997, some 800,000 children are expected to be enrolled in Head Start, an increase of 50,000 from the beginning of the fiscal year

Improving Performance Standards: In November 1996, HHS published revised Head Start Program Performance Standards, developed with the consultation of thousands in the child development, family support and health fields, that improve on the program's existing quality standards. These revised, more user-friendly standards remove rigid and prescriptive requirements, integrate infants and toddlers into the Head Start program, promote collaboration with other community programs, and draw on medical expertise.

Increasing the Federal Investment in Child Care

Under the Clinton Administration, funding for Head Start has grown \$1.8 billion over the past five years, from \$2.2 billion in FY 1992 to nearly \$4 billion in FY 1997, an increase of more than 80 percent. These additional funds have enabled Head Start to serve 180,000 more children and their families, enhance the quality of Head Start services, and improve program research - with the goal of expanding Head Start to serve over one million children by the year 2002.

At the President's insistence, the new welfare reform legislation also increases child care funding by nearly \$4 billion over 6 years, allowing more single mothers to leave welfare for work. The fiscal year 1997 funds alone provide up to \$2.9 billion to states, a significant increase over the estimated 1996 level

Giving Parents Access To Health and Safe Child Care

In May 1995, HHS launched the Healthy Child Care America Campaign to promote partnerships between child care and health agencies to ensure that children in child care are in safe and healthy environments and receive the health services they need. Forty-six states have now launched Healthy Child Care America campaigns at the state and/or community levels. The American Academy of Pediatrics have recently joined the campaign to provide technical assistance and to encourage health professionals involvement in child care programs.

In September 1996, HHS awarded \$2.5 million in grants to 42 states, the District of Columbia, Puerto Rico and the Republic of Palau to support and encourage the development of statewide strategies and planning for healthy, safe child care programs.

In 1994, HHS launched the National Child Care Information Center to help providers start up child care centers; assist parents in locating child care in their communities, and give researchers and policy makers access to statistical information about child care. HHS also provides important technical assistance to improve and expand the child care delivery systems of states, tribes and territories for low-income families through the Child Care Technical Assistance Project.

Facts and Figures

The Need for Child Care (Source: Census Bureau)

- In 1993, there were approximately 9.9 million children under age five who were in need of child care while their mothers were working.
- Of those children, 31.1 percent received care in organized child care facilities, up from 23 percent in 1991.

Funding for Child Care

- Since 1993, federal direct assistance for child care (discretionary spending and the Child Care Development Fund) has increased by more than \$1 billion.
- The newly established Child Care Development Fund authorized by the welfare reform law, has made available \$2.9 billion to states to assist families moving from welfare to work.
- The President's FY 1998 budget request includes a \$144 million increase in federal child care funding.



WHITE HOUSE STAFFING MEMORANDUM

DATE: 4/16 ACTION/CONCURRENCE/COMMENT DUE BY: 4/17 10:30 am

SUBJECT: Closing Remarks - 1st + 2nd session - Early Child Care

	ACTION	FYI		ACTION	FYI
VICE PRESIDENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	McCURRY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
BOWLES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	McGINTY	<input type="checkbox"/>	<input type="checkbox"/>
McLARTY	<input type="checkbox"/>	<input type="checkbox"/>	NASH	<input type="checkbox"/>	<input type="checkbox"/>
PODESTA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RUFF	<input type="checkbox"/>	<input type="checkbox"/>
MATHEWS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SMITH	<input type="checkbox"/>	<input type="checkbox"/>
RAINES	<input type="checkbox"/>	<input type="checkbox"/>	REED	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BAER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	SOSNIK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ECHAVESTE	<input type="checkbox"/>	<input type="checkbox"/>	LEWIS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMANUEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	YELLEN	<input type="checkbox"/>	<input type="checkbox"/>
GIBBONS	<input type="checkbox"/>	<input type="checkbox"/>	STRETT	<input type="checkbox"/>	<input type="checkbox"/>
HALE	<input type="checkbox"/>	<input type="checkbox"/>	SPERTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HERMAN	<input type="checkbox"/>	<input type="checkbox"/>	HAWLEY	<input type="checkbox"/>	<input type="checkbox"/>
HIGGINS	<input type="checkbox"/>	<input type="checkbox"/>	VERVEER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HILLEY	<input type="checkbox"/>	<input type="checkbox"/>	RADD	<input type="checkbox"/>	<input type="checkbox"/>
KLAIN	<input type="checkbox"/>	<input type="checkbox"/>	<u>Waldman</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BERGER	<input type="checkbox"/>	<input type="checkbox"/>	<u>kagan</u> →	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LINDSEY	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Comments to Laura Capps

RESPONSE:

'97 APR 16 PM9:01

PRESIDENT WILLIAM J. CLINTON
FIRST SESSION
EARLY CHILDHOOD DEVELOPMENT AND LEARNING CONFERENCE
CONCLUDING TALKING POINTS

I'd like to thank Dr. David Hamburg, Dr. Donald Cohen, Dr. Carla Shatz, Dr. Patricia Kuhl, Dr. Ezra Davidson, Dr. T. Berry Brazelton, and Dr. Deborah Phillips for participating this morning.

Your research demonstrates that the earliest years of a child's life are a critical window of opportunity for emotional and cognitive development. I'm committed to continuing this research: Increased NIH funding by 23% in the past four years, balanced budget proposal increases it further; the federal government has supported over 90% of all children's research.

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rewrite
in full
sentences

Now we must turn this latest research into action by providing parents with the tools they need to nurture their children and help them to develop. After lunch we will hear from representatives from model parenting and child development programs from across the country who are already helping parents in this way.

I'd like to say a special thank you to the thousands of you who are joining us today by satellite at over 80 sites around the country. Your participation has helped to make this a truly national conference. I challenge you to continue this discussion with one another and explore the ways in which your community can build on these remarkable discoveries.

PRESIDENT WILLIAM J. CLINTON
SECOND SESSION
EARLY CHILDHOOD AND DEVELOPMENT CONFERENCE
CONCLUDING TALKING POINTS
APRIL 17, 1997

'97 APR 16 PM9:01

Thank You: The First Lady, the Vice President, Mrs. Gore, Gov. Miller, Mr. Arnold Langbo, Dr. Gloria Rodriguez, Ms. Sheila Amaning, Police Chief Melvin Wearing, Ms. Harriet Meyer, and Mr. Rob Reiner.

It's time to leave this table and carry on the mission of enhancing the development of our children. It is up to us to expand upon the work that doctors, scientists and social workers in this field have devoted their lives to. We must educate parents, because above all it's parents who raise children; we must encourage our teachers to implement the findings and practices discussed here today; we must challenge our communities to share the responsibility and provide the tools to support parents and enhance early childhood development.

This conference has laid out the necessary pieces for improving the well being of our children . . . and the picture that will emerge from our work is one that will include a brighter future for every American child. I thank all of you for being a part of this conference -- truly a first of its kind.

and
caregivers, doctors

THE PRESIDENT HAS SEEN
4-15-97

0-3 Announcements

'97 APR 11 PM9:09

THE WHITE HOUSE
WASHINGTON

April 11, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed
Melanne Verveer
Elena Kagan

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Reed
Verveer
Kagan
WS

SUBJECT: White House Conference on Early Childhood Development and Learning

As you know, on Thursday, April 17, you and the First Lady will host the *White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. This memorandum provides an overview of the Conference, as well as summarizing recommended policy announcements.

Conference Overview

The Conference will spotlight new scientific findings about how children develop, and explore how we can make the most of this information to give children what they need to thrive. The Conference will provide an opportunity to showcase what your Administration already has accomplished in this area, such as increasing investments in scientific research and creating or improving programs like Early Head Start and WIC.

The Conference will consist of two roundtable discussions, one in the morning and one in the afternoon, with a luncheon in the State Dining Room (optional for you) in between the two.

Morning session: You and the First Lady will make remarks to open the Conference. Yours will discuss the importance of the issue to be addressed, note past Administration accomplishments in the area, and discuss new initiatives, principally for improving child care and children's health (detailed below).

A panel of experts will then present an overview of the emerging knowledge, gained from neuroscience and behavioral science, on early childhood development. Dr. David Hamburg, President of the Carnegie Corporation, will moderate brief presentations by:

- Dr. Donald Cohen, Director of the Yale Child Study Center, who will discuss what the behavior of children shows about their cognitive, emotional, and social development;
- Dr. Carla Shatz, a neuroscientist at the University of California, Berkeley, who will explain how children's brains develop in the earliest years of life; and

- Dr. Patricia Kuhl, Chair of the Department of Speech and Hearing Sciences at the University of Washington, who will discuss how children learn language.

Following these presentations, three more experts will join the panel to discuss what the scientific research suggests about protecting children's health and providing good child care:

- Dr. Ezra Davidson, Drew University of Medicine, who can address the importance of prenatal and perinatal services;
- Dr. T. Berry Brazelton, Harvard University, who can discuss the pediatrician's role in early childhood development; and
- Dr. Deborah Phillips, Institute of Medicine, who can address how child care can affect early development.

These experts also will respond to a series of questions posed by the First Lady and Mrs. Gore. Some of these questions will come from a poll conducted by Hart Research for Zero to Three (an early development advocacy group) that tried to discover what parents most want to know about early childhood development. Other questions will tackle the tough issues raised by the new research -- for example, "does this research mean that women should not work outside the home?" or "does this research suggest that adopting an older child is a bad idea?"

Afternoon Session: The purpose of the afternoon session is to highlight model efforts that communities are undertaking to support parents and enhance early childhood development. This panel will be action-oriented and will give you an opportunity to highlight Administration accomplishments and initiatives. Participants in the discussion will include:

- Dr. Gloria Rodriguez, Avance Family Support Program, San Antonio, TX. Avance is a widely acclaimed family support and education program serving predominantly Hispanic communities.
- Harriet Meyer, Ounce of Prevention, Chicago, IL. Ounce of Prevention is a statewide program in Illinois that develops innovative early childhood programs and runs model Early Head Start and child care programs.
- Melvin Wearing, Chief of Police, New Haven, CT. Wearing will discuss a pioneering initiative that trains community police officers to use child development principles in their work.
- Arnold Langbo, The Kellogg Company CEO, Battle Creek, MI. Kellogg launched a community-wide effort last fall to provide practical early brain development information to every Battle Creek parent and caregiver.

4-15-97

Executive Order on Environmental Health and Safety Risks: You currently have under consideration a proposed Executive Order that would require agencies to consider and explain the effects of certain major rules on children. This order, if you decide to approve it, would serve as an excellent lead-in to the Conference, and we recommend issuing it on April 16. The order gives meaning and effect to your Administration's commitment to protect children in making regulatory decisions.

Conference Policy Announcements

The biggest news from the Conference should be the Conference itself -- that you and the First Lady hosted a day-long meeting on this subject and that scientists, community leaders, parents, and other experts communicated ideas and information on this issue to each other and the American public. The Conference also should provide a vehicle to remind everyone of your Administration's accomplishments in this area, such as increasing funding for research related to children, expanding and improving Head Start and creating the Early Head Start Program, raising childhood immunization rates to an all-time high, and launching a major new effort to eliminate childhood lead poisoning.

In addition, the Conference -- especially your opening remarks -- will give you an opportunity to discuss new and pending policy initiatives that show a continuing commitment to this set of issues. We recommend that your comments focus principally, but not exclusively, on child care and children's health and that you make the announcements discussed below.

Child Care: Child care experts believe the Defense Department's child care system is now the best in the country and possibly the world (in large part because of legislation enacted in the late 1980s). DoD child care is characterized by: high standards, including a high percentage of accredited centers; a strong enforcement system with four unannounced annual inspections and a 1-800 hot line for parents to report concerns; a wage structure that is tied to training and an "up or out" personnel policy requiring completion of training requirements; relatively generous wages and benefits, which reduce staff turnover; a system of linking up individual home care providers to give them needed support; and sufficient funding to make quality child care affordable (though there still are waiting lists).

We recommend you hold up the DoD child care system as a model for the nation and issue an executive memorandum directing the Secretary of Defense to use the Department's resources and expertise to improve child care across the nation. In particular, you would direct that (1) military bases partner with state and county governments to provide on-the-job training in child care to welfare recipients; (2) each military child development center partner with a civilian child care center and work with it to improve quality; (3) DoD establish regional "Child Care Masters Programs" that civilian child care managers could attend for two weeks to learn best practices; (4) DoD publicize its model designs for child care facilities and playgrounds; and (5) DoD issue benchmarks in the areas of standards, enforcement, compensation, and cost against which civilian child care programs could evaluate themselves. Most civilian child care systems

look
gms

will come up short against DoD's benchmarks, particularly in terms of compensation and affordability, but such a comparison might help build public support for greater investment in child care. DoD fully supports the idea of issuing such a directive.

You also might want to float some trial balloons on more ambitious -- and costly -- proposals. For example, some have suggested making the Child and Dependent Tax Care Credit refundable (at a cost of \$2-4 billion), so that families with little or no income can benefit from it. The Blue Dog budget makes the credit refundable, but pays for it by eliminating the tax benefit for families with incomes over \$100,000. Another legislative proposal would provide a tax credit to private companies and institutions to encourage them to build quality child-care centers on-site. Given our budget, you cannot endorse any of these proposals, but you might want to use this opportunity to suggest your openness to further discussion of such legislation.

Children's Health Initiative: We also recommend that you discuss in your opening remarks the importance of insurance coverage for children's health and development, highlighting the Children's Health Initiative in your 1998 budget proposal. Your proposal will extend coverage to up to 5 million uninsured children by the year 2000. You can announce at the Conference that the deans of academic medical centers -- important legitimators within the medical community -- have endorsed your proposal.

We are also planning a follow-up children's health event, where you will release a study showing the links between insurance coverage, health status and development and learning for children from 0 to 18 years old and talk in more detail about your health proposal. Either at the follow-up event or at the Conference itself, you can announce a project by Kaiser Permanente to spend \$100 million over the next 5 years to provide health insurance to uninsured children.

Child Victims of Violence Initiative. You can announce that the Department of Justice will establish, with FY 97 discretionary funding, a Child Victims of Violence Initiative through the Yale, New Haven Child Development-Community Policing Program. This program, which Chief Wearing will speak about, trains police officers in child development, so that they can better respond to situations arising in the field. The new initiative will extend the program to other sites and also broaden it to include people other than police officers -- such as prosecutors, probation and parole officers, and mental health professionals -- whose work would benefit from knowing about early child development.

Head Start Funding: You can announce the launch of a new competition for Early Head Start grants, which will highlight this Administration's creation of the program.

America Reads Early Childhood Kits: You can announce the release of the America Reads Early Childhood Kits for Families and Caregivers. The kits include a developmental growth chart and suggestions about developmentally appropriate activities for children ages 0 to 5. Everyone who looks at these kits loves them. The kits will be distributed to early childhood programs across the nation and to individuals who call the Department of Education's 1-800 line.

**PRESIDENT CLINTON ASKS THE DEFENSE DEPARTMENT
TO SHARE EXPERTISE FROM THE MILITARY CHILD CARE SYSTEM**

We now know that children's earliest experiences, including those in child care, have significant effects on learning and development. I believe we all have a role to play in making sure that all of our children have a strong and healthy start in life.

-President Bill Clinton, 4/17/97

Today, the President urged the Secretary of the Department of Defense to use the military's expertise to improve child care across the nation.

Building on Success: Learning from the Military.

Child care experts believe that the military child care system is now the best in the country. Military child care programs serve the families of men and women in the United States armed forces and the civilian employees of the Department of Defense. In developing its child care system, the Department of Defense has learned how to make a difference in the day to day lives of children. The military child care system is noted for: (1) high quality standards, including a high percentage of accredited centers; (2) a strong enforcement and oversight system with four annual unannounced inspections and a 1-800 hot line for parents to report concerns; (3) mandatory training for child care providers; (4) relatively generous wages and benefits tied to continued training and education; (5) a system of linking up and providing needed support to individual home care providers; and (6) sufficient funding to make quality child care affordable.

Leading the Nation in Child Care Accreditation.

Most notably, the Defense Department today leads the nation in achieving child care accreditation: 72% of all of its child care programs have been accredited, compared to 5% nationally. Most of the Department's success in meeting accreditation standards has come recently: the National Association for the Education of Young Children has accredited 337 of military child care facilities today, as compared to 55 in 1992.

A Challenge to the Defense Department.

The President issued an executive memorandum to the Secretary of Defense, directing him to use the Department's expertise to improve child care in communities across the nation. The memorandum urges the Department to consider: (1) creating partnerships with civilian child care centers in the community to help them improve quality; (2) providing training courses for civilian child care providers; (3) sharing the materials and models used by the military for worker training, accreditation and evaluation, facility design, financing and other ingredients of their success; and (4) working with States and local governments to enable military child care facilities to serve as training locations for welfare recipients moving from welfare to work.

**OFFICE OF THE FIRST LADY
THE WHITE HOUSE
WASHINGTON, D.C. 20502
202/456-6266
202/456-6244 FAX**

To:

Elena

Fax:

6244

From:

**Nicole Rabner
Office of the First Lady**

Pages to Follow:

1

Comments:

DoD says all of these are

good - would not prioritize -

Glossy reports to follow.



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000



FORCE MANAGEMENT
POLICY

April 16, 1997

UNCLASSIFIED MATERIAL FACSIMILE COVER SHEET

To: Ms. Nicole Rabner
Office of the First Lady

Telephone: 202-456-6266

FAX: 202-456-6244

Number of Pages, including this cover sheet:

SUBJECT: Points of Contact for DoD Child Development Centers

Army
Ft. George P. Meade, MD
Ms. Martha McClary
Child Development Services Coordinator
301-677-6312

Air Force
Andrews Air Force Base, MD
Ms. Sarah Hearn
Family Member Flight Chief
301-981-9717

Navy
Annapostia Naval Station, MD
Ms. Linda Tomlins
202-433-0771

Marine Corps
Quantico, VA
Ms. Sandra Gojakian
Child Development Program Services Administrator
703-784-2165



0-3 Announcements



DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield

Assistant Secretary for Public Affairs

Phone: (202) 690-7850 Fax: (202) 690-5673

To: Elena Kagan / Pauline Abernathy
Nicole Rabner

Fax: _____ Phone: _____

Date: 4/16 Total number of pages sent: 6

Comments:

Here are:

- final fact sheet on child care
- final updated fact sheet on Early Head Start
- a couple of Q&As on Early Head Start

Please let us know if you need anything else.

Thanks,
Joby

THE CLINTON ADMINISTRATION'S RECORD ON CHILD CARE AND HEAD START

Since 1993, the President and the First Lady have worked to expand access to quality child care. With increased funding for Head Start and other child care programs, a new focus on children age zero to three, and new partnerships with states and the private sector, the Clinton Administration has worked to help parents improve their children's development and learning.

Expanding and Improving Head Start

Providing An "Early Head Start" to Children Zero to Three The Early Head Start program, created in 1994, provides early, continuous and comprehensive child development and family support services for low-income families with children ages zero to three and pregnant women. Designed as a major expansion of Head Start's traditional program for three to five-year-olds, the program promotes the physical, cognitive, social and emotional growth of infants and toddlers to prepare them for a lifetime of learning and development.

Currently there are 143 Early Head Start programs in 44 states, the District of Columbia and Puerto Rico, serving over 23,000 children and families. Today, the First Lady announced the availability of approximately \$26 million for new Early Head Start grants, which will increase the 1997 enrollment to 27,000 children and families. When combined with the funds requested in the President's Fiscal Year 1998 budget, 35,000 children and families will be served by Early Head Start, an increase of approximately 50% from FY 1996.

Working With Other Partners Last month HHS announced that Head Start expansion funds will be used for the first time to build partnerships with child care providers to deliver full-day and full-year Head Start services. Through these new expansion grants, Head Start and child care agencies will combine staff and funds to provide high quality services. Children will stay in one place all day, rather than attending Head Start for half a day and then moving to child care for the remainder of the day. In addition, the expansion funds will provide for increased Head Start slots for children. By the end of FY 1997, some 800,000 children are expected to be enrolled in Head Start, an increase of 50,000 from the beginning of the fiscal year

Improving Performance Standards In November 1996, HHS published revised Head Start Program Performance Standards, developed with the consultation of thousands in the child development, family support and health fields, that improve on the program's existing quality standards. These revised, more user-friendly standards remove rigid and prescriptive requirements, integrate infants and toddlers into the Head Start program, promote collaboration with other community programs, and draw on medical expertise.

Increasing the Federal Investment in Child Care

Under the Clinton Administration, funding for Head Start has grown \$1.8 billion over the past five years, from \$2.2 billion in FY 1992 to nearly \$4 billion in FY 1997, an increase of more than 80 percent. These additional funds have enabled Head Start to serve 180,000 more children and their families, enhance the quality of Head Start services, and improve program research - with the goal of expanding Head Start to serve over one million children by the year 2002.

At the President's insistence, the new welfare reform legislation also increases child care funding by nearly \$4 billion over 6 years, allowing more single mothers to leave welfare for work. The fiscal year 1997 funds alone provide up to \$2.9 billion to states, a significant increase over the estimated 1996 level of \$2.35 billion.

Giving Parents Access To Health and Safe Child Care

In May 1995, HHS launched the Healthy Child Care America Campaign to promote partnerships between child care and health agencies to ensure that children in child care are in safe and healthy environments and receive the health services they need. The American Academy of Pediatrics has recently joined the campaign to provide technical assistance and to encourage health professionals involvement in child care programs.

To support the Campaign, in October 1996, HHS made available \$2.5 million in grants to States and Territories to support and encourage the development of statewide strategies and planning for healthy, safe child care programs. Forty six states have now launched Healthy Child Care America Campaigns at the state and/or community levels.

In 1994, HHS launched the National Child Care Information Center to help providers start up child care centers; assist parents in locating child care in their communities, and give researchers and policy makers access to statistical information about child care. HHS also provides important technical assistance to improve and expand the child care delivery systems of states, tribes and territories for low-income families through the Child Care Technical Assistance Project.

Facts and Figures

The Need for Child Care (Source: Census Bureau)

- In 1993, there were approximately 9.9 million children under age five who were in need of child care while their mothers were working.
- Of those children, 31.1 percent received care in organized child care facilities, up from 23 percent in 1991.

Funding for Child Care

- Since 1993, federal direct assistance for child care (discretionary spending and the Child Care Development Fund) has increased by more than \$1 billion.
- The newly established Child Care Development Fund authorized by the welfare reform law, has made available \$2.9 billion to states to assist families moving from welfare to work.
- The President's FY 1998 budget request includes a \$144 million increase in federal child care funding.

Fact Sheet

Early Head Start

At the White House Conference on Early Childhood Development and Learning, the Clinton Administration announced that nearly \$26 million will be available for an open competition to local public or private non-profit agencies to serve more infants and toddlers in the Early Head Start program. This will increase the 1997 enrollment in Early Head Start to 27,000 children and families. When combined with the funds requested in the President's Fiscal Year 1998 budget, 35,000 children and families will be served by Early Head Start, an increase of approximately 50% from FY 1996.

In recognition of the powerful research evidence that the period from birth to age three is critical to healthy growth and development and to later success in school and in life, the 1994 Head Start Reauthorization, with leadership from President Clinton and bipartisan support in Congress, established a new program for low-income pregnant women and families with infants and toddlers.

The purpose of this program is to:

- enhance children's physical, social, emotional and cognitive development;
- enable parents to be better caregivers of and teachers to their children; and
- help parents meet their own goals, including that of economic independence.

Either directly or through referrals, the program provides early, continuous, intensive and comprehensive child development and family support services to low-income families with children under the age of three. Projects must coordinate with local Head Start programs to ensure continuity of services for children and families. Depending on family and community needs, programs have a broad range of flexibility in how they provide these services.

Early Head Start was designed with the advice of the Advisory Committee on Services to Families with Infants and Toddlers. Established by the Secretary of the Department of Health and Human Services, the Committee consisted of the leading academic and programmatic experts in early childhood development, health and family support. Early Head Start builds upon both the latest research and the experiences of such pioneering initiatives as the Parent and Child Centers and the Comprehensive Child Development Program.

Based on this expert guidance, Early Head Start focuses on four cornerstones essential to quality programs: child development, family development, community building and staff development.

The services provided by Early Head Start programs are designed to reinforce and respond to the unique strengths and needs of each child and family. Services include the following:

- quality early education in and out of the home;
- home visits, especially for families with newborns and other infants;
- parent education, including parent-child activities;
- comprehensive health services, including services to women before, during and after pregnancy;
- nutrition; and
- ongoing support for parents through case management and peer support groups.

- 2 -

Currently, 143 programs are serving children and their families in both urban and rural settings in 44 states, the District of Columbia, Puerto Rico and tribal communities in Alaska, Idaho, Minnesota, North Dakota, Oklahoma and Washington. Migrant programs serve families in Texas and on the East coast. Program sponsors include Head Start grantees, school systems, universities, colleges, community mental health centers, city and county governments, Indian Tribes, Community Action Agencies, child care programs and other non-profit agencies. Among the models funded are programs that emphasize center-based and home-based child care and home visiting.

Last year, HHS issued the first comprehensive revision of the Head Start Performance Standards in over 20 years. For the first time, specific provisions were added to enhance and protect the health (including the mental health) and safety of pregnant women, infants and toddlers. These standards also include requirements for infant-toddler child development and family services, staff and community development.

HHS monitors the operation of the new programs, provides training and technical assistance tailored to their needs. It is also measuring the effectiveness of the programs through a rigorous experimental evaluation. Seventeen cooperative agreements have also been awarded to conduct local research studies on outcomes for children and families in Early Head Start.

The program is funded by a percentage of the total appropriation to the Head Start program. The percentage started at 3 percent in FY95 and increases to 5 percent in FY98. The FY97 funding level is \$159 million which would increase, with the President's request, to \$215 million in FY98.

Today's announcement of the availability of \$26 million represents \$11.6 million from the FY 1997 increase to the Head Start program and \$14.2 million in funds from Parent Child Centers and Comprehensive Child Development Programs. Those two programs are being phased-out and the funds reinvested in the new Early Head Start program.

Prue & Gene

6-0753

MEMORANDUM FOR THE PRESIDENT

FROM: Elena Kagan, Katie McGinty, and Kathleen Wallman

SUBJECT: Executive Order to Protect Children from Environmental Health Risks and Safety Risks

This memorandum responds to ~~questions and concerns~~ ^{comments} that you ~~raised~~ ^{made} in generally approving the proposed Executive Order ~~directing agencies to enhance their efforts to protect~~ ^{on} children from environmental health and safety risks. The Executive Order currently is scheduled for announcement by the Vice President on Monday, April 21.

We have attached a copy of the page containing your notes. First, you suggested changes to Section 5 of the order, ~~which requires agencies to consider risks to children in the analysis supporting their major regulations~~ ^{offices}, to make this provision less burdensome. White House agencies revised the language according to your suggestion, and the revised portion of the text is attached with changes indicated. You should know that your changes were extremely well-received by the agencies, and have helped assuage remaining concerns about implementation of this provision.

Second, you asked whether the Vice President's office had reviewed and is supporting the order. We are happy to report that the Vice President strongly supports the order and ~~is currently planning to be part of its announcement~~.

If the proposed changes are satisfactory to you, we will proceed with issuance of the Executive Order.

cc: Brad Campbell

ATTACHMENTS

Brad -
Sorry for the live-sounding message. Actually, this is pretty good. Here are my suggested changes. Thanks for taking this on. Elena

It will serve as a follow-up to the White House Conference on Early Child Development.

Call Rich Farplin

~~690-7627~~

+ 81v

Prescription for Reading

The White House Conference on Early Childhood Development will discuss what parents can do to enrich their child's development, and even to help a child's brain to grow. One of those things is reading to children, beginning when they are just infants. Yet, today less than half of parents read to their infants and toddlers. Pediatricians know the importance of reading and see children regularly with the parents beginning at birth and are therefore in a unique position to "prescribe" reading to infants and toddlers. Pediatricians in over 80 sites around the country are already prescribing reading to infants and toddlers and handing books to young children when they come for their check-ups.

The President could announce that the American Academy of Pediatrics is making prescribing reading to infants and toddlers part of standard pediatric care and medical education, and the President could set a goal of ensuring that every child under age 5 is read to regularly by the year 2000 and ensuring that children have books in their homes [OR of all doctors prescribing reading to young children and providing needy children with a book when they visit the doctor]. Consistent with the President's America Reads Challenge, the President could challenge communities across the nation to come together to tutor children in elementary school, to encourage parents and caregivers to read to their infants and toddlers, to ensure that children have books at home, and to help parents who want to improve their own reading skills.

The President could announce commitments towards achieving the goals of helping parents be their children's first teachers by Scholastic Books, First Book, Reach Out and Read, the Academy of Pediatrics, children's hospitals, community health centers, and libraries. These organizations have come together to train doctors to prescribe reading and give needy children books when they visit the doctor. The President could announce that these groups have already secured commitments of over 300,000 books for doctors at each of the 950 community health centers across the nation to prescribe reading and provide children with books when they visit the doctor. Specifically:

- Scholastic Books, First Book and Random House are committing 260,000 books, and Scholastic will donate more books as others commit funds for this effort. [200,000 of these books are a subset of the 1 million books donated to America Reads.]
- The National Association of Community Health Centers' 950 members will implement Reach Out and Read programs, reaching 1 million children and parents.
- Reach Out and Read will train 10,000 pediatricians to set up programs in their office in which doctors prescribe reading, volunteers read to children in the waiting rooms, and doctors prescribe reading to young children and give needy children a book at the end of the examination.
- The National Association of Children's Hospitals will encourage more of its member hospitals to establish this program in their clinics and will serve as training sites for pediatricians in their communities.

0-3
announcements

Pauline M. Abernathy

04/11/97 10:28:30 AM

Record Type: Record

To: See the distribution list at the bottom of this message
cc:
Subject: Prescription for reading event meeting at 3:30 pm today

There will be the first event meeting **today at 3:30 pm in room 100** on the First Lady's Wednesday morning event announcing a national effort to prescribe reading to young children and ensure that children who come to the doctor have access to books. The POTUS will attend the event if the budget negotiations don't stop him.

Please attend as appropriate.

John Funderburke is the scheduler for this event but is out of the office until Monday.

Message Sent To:

Brenda B. Costello/WHO/EOP
June Shih/WHO/EOP
Alison Muscatine/WHO/EOP
David Shipley/WHO/EOP
Steven A. Cohen/WHO/EOP
Marsha E. Berry/WHO/EOP
Katharine Button/WHO/EOP
Nicole R. Rabner/WHO/EOP
Barbara D. Woolley/WHO/EOP
Christa Robinson/OPD/EOP
William R. Kincaid/OPD/EOP
Tracy B. LaBrecque/WHO/EOP
Michael Cohen/OPD/EOP
Ann T. Eder/WHO/EOP
Elena Kagan/OPD/EOP
Laura Emmett/WHO/EOP
Jennifer L. Klein/OPD/EOP
Emily Bromberg/WHO/EOP
Suzanne Dale/WHO/EOP
Evan Ryan/WHO/EOP
Patricia Solis-Doyle/WHO/EOP

THE WHITE HOUSE
WASHINGTON

April 11, 1997

MEMORANDUM FOR THE PRESIDENT

FROM: Bruce Reed
Melanne Verveer
Elena Kagan

SUBJECT: White House Conference on Early Childhood Development and Learning

As you know, on Thursday, April 17, you and the First Lady will host the *White House Conference on Early Childhood Development and Learning: What New Research on the Brain Tells Us About Our Youngest Children*. This memorandum provides an overview of the Conference, as well as summarizing recommended policy announcements.

Conference Overview

The Conference will spotlight new scientific findings about how children develop, and explore how we can make the most of this information to give children what they need to thrive. The Conference will provide an opportunity to showcase what your Administration already has accomplished in this area, such as increasing investments in scientific research and creating or improving programs like Early Head Start and WIC.

The Conference will consist of two roundtable discussions, one in the morning and one in the afternoon, with a luncheon in the State Dining Room (optional for you) in between the two.

Morning session: You and the First Lady will make remarks to open the Conference. Yours will discuss the importance of the issue to be addressed, note past Administration accomplishments in the area, and discuss new initiatives, principally for improving child care and children's health (detailed below).

A panel of experts will then present an overview of the emerging knowledge, gained from neuroscience and behavioral science, on early childhood development. Dr. David Hamburg, President of the Carnegie Corporation, will moderate brief presentations by:

- Dr. Donald Cohen, Director of the Yale Child Study Center, who will discuss what the behavior of children shows about their cognitive, emotional, and social development;
- Dr. Carla Shatz, a neuroscientist at the University of California, Berkeley, who will explain how children's brains develop in the earliest years of life; and

- Dr. Patricia Kuhl, Chair of the Department of Speech and Hearing Sciences at the University of Washington, who will discuss how children learn language.

Following these presentations, three more experts will join the panel to discuss what the scientific research suggests about protecting children's health and providing good child care:

- Dr. Ezra Davidson, Drew University of Medicine, who can address the importance of prenatal and perinatal services;
- Dr. T. Berry Brazelton, Harvard University, who can discuss the pediatrician's role in early childhood development; and
- Dr. Deborah Phillips, Institute of Medicine, who can address how child care can affect early development.

These experts also will respond to a series of questions posed by the First Lady and Mrs. Gore. Some of these questions will come from a poll conducted by Hart Research for Zero to Three (an early development advocacy group) that tried to discover what parents most want to know about early childhood development. Other questions will tackle the tough issues raised by the new research -- for example, "does this research mean that women should not work outside the home?" or "does this research suggest that adopting an older child is a bad idea?"

Afternoon Session: The purpose of the afternoon session is to highlight model efforts that communities are undertaking to support parents and enhance early childhood development. This panel will be action-oriented and will give you an opportunity to highlight Administration accomplishments and initiatives. Participants in the discussion will include:

- Dr. Gloria Rodriguez, Avance Family Support Program, San Antonio, TX. Avance is a widely acclaimed family support and education program serving predominantly Hispanic communities.
- Harriet Meyer, Ounce of Prevention, Chicago, IL. Ounce of Prevention is a statewide program in Illinois that develops innovative early childhood programs and runs model Early Head Start and child care programs.
- Melvin Wearing, Chief of Police, New Haven, CT. Wearing will discuss a pioneering initiative that trains community police officers to use child development principles in their work.
- Arnold Langbo, The Kellogg Company CEO, Battle Creek, MI. Kellogg launched a community-wide effort last fall to provide practical early brain development information to every Battle Creek parent and caregiver.

- **Rob Reiner, CastleRock Entertainment, Los Angeles, CA.**
Reiner will discuss the "I Am Your Child" campaign launched this month and the media's role in making early childhood development information available.
- **Governor Bob Miller, Nevada, Co-chair of the NGA Children's Task Force.**
Miller will discuss what States are doing to enhance early childhood development.

Satellite Sites: The morning session of the Conference will be transmitted to at least 53 satellite sites -- mostly universities and hospitals -- in about 30 states and all 10 federal regions. (Fifty-three is the current number; there will probably be more.) In almost all of these sites, local organizers will put on programs of their own to follow the morning session and will report back to you on their proceedings and recommendations. Cabinet Affairs is encouraging subcabinet officials to attend and speak at these satellite conferences. In addition, regional administrators from HHS, USDA, EPA, Education, and GSA are taking an active role in the satellite sessions.

Report of Proceedings: We are currently making arrangements for an official conference report, to be issued in early June. The report, in addition to providing a summary of the conference proceedings, will serve as a resource guide and learning tool for parents and child care providers. We expect to print 250,000 copies and distribute them through departmental programs, such as Head Start and Even Start, and to individuals who request information about the Conference.

Pre-Conference Policy Initiatives

We would like to make three announcements prior to the Conference, in order to lay the groundwork for the Conference's discussion of ways to enhance early childhood development.

FMLA Expansion for Federal Employees: In your April 12 radio address, you will introduce the themes of the Conference and then direct heads of executive departments and agencies to expand family and medical leave for federal employees in the ways proposed in your legislation. This action would allow federal employees 24 hours of unpaid leave each year to participate in activities relating to school and child care, children's health care, and (unrelated to the Conference) elderly relatives' health needs. You will stress in your radio address how such family-friendly policies can support parents with young children.

Prescription for Reading: On April 16, the First Lady (and perhaps you, depending on the status of budget negotiations) will announce an initiative to encourage pediatricians to "prescribe" that parents read to their children. As part of this initiative, the American Academy of Pediatrics will announce that prescribing reading to infants and toddlers should be part of standard pediatric care. In addition, several book companies have committed to donating hundreds of thousands of books for distribution to children through community health centers and other medical offices across the nation. This initiative reinforces the Parents as First Teachers portion of the America Reads program.

Executive Order on Environmental Health and Safety Risks: You currently have under consideration a proposed Executive Order that would require agencies to consider and explain the effects of certain major rules on children. This order, if you decide to approve it, would serve as an excellent lead-in to the Conference, and we recommend issuing it on April 16. The order gives meaning and effect to your Administration's commitment to protect children in making regulatory decisions.

Conference Policy Announcements

The biggest news from the Conference should be the Conference itself -- that you and the First Lady hosted a day-long meeting on this subject and that scientists, community leaders, parents, and other experts communicated ideas and information on this issue to each other and the American public. The Conference also should provide a vehicle to remind everyone of your Administration's accomplishments in this area, such as increasing funding for research related to children, expanding and improving Head Start and creating the Early Head Start Program, raising childhood immunization rates to an all-time high, and launching a major new effort to eliminate childhood lead poisoning.

In addition, the Conference -- especially your opening remarks -- will give you an opportunity to discuss new and pending policy initiatives that show a continuing commitment to this set of issues. We recommend that your comments focus principally, but not exclusively, on child care and children's health and that you make the announcements discussed below.

Child Care: Child care experts believe the Defense Department's child care system is now the best in the country and possibly the world (in large part because of legislation enacted in the late 1980s). DoD child care is characterized by: high standards, including a high percentage of accredited centers; a strong enforcement system with four unannounced annual inspections and a 1-800 hot line for parents to report concerns; a wage structure that is tied to training and an "up or out" personnel policy requiring completion of training requirements; relatively generous wages and benefits, which reduce staff turnover; a system of linking up individual home care providers to give them needed support; and sufficient funding to make quality child care affordable (though there still are waiting lists).

We recommend you hold up the DoD child care system as a model for the nation and issue an executive memorandum directing the Secretary of Defense to use the Department's resources and expertise to improve child care across the nation. In particular, you would direct that (1) military bases partner with state and county governments to provide on-the-job training in child care to welfare recipients; (2) each military child development center partner with a civilian child care center and work with it to improve quality; (3) DoD establish regional "Child Care Masters Programs" that civilian child care managers could attend for two weeks to learn best practices; (4) DoD publicize its model designs for child care facilities and playgrounds; and (5) DoD issue benchmarks in the areas of standards, enforcement, compensation, and cost against which civilian child care programs could evaluate themselves. Most civilian child care systems

will come up short against DoD's benchmarks, particularly in terms of compensation and affordability, but such a comparison might help build public support for greater investment in child care. DoD fully supports the idea of issuing such a directive.

You also might want to float some trial balloons on more ambitious -- and costly -- proposals. For example, some have suggested making the Child and Dependent Tax Care Credit refundable (at a cost of \$2-4 billion), so that families with little or no income can benefit from it. The Blue Dog budget makes the credit refundable, but pays for it by eliminating the tax benefit for families with incomes over \$100,000. Another legislative proposal would provide a tax credit to private companies and institutions to encourage them to build quality child-care centers on-site. Given our budget, you cannot endorse any of these proposals, but you might want to use this opportunity to suggest your openness to further discussion of such legislation.

Children's Health Initiative: We also recommend that you discuss in your opening remarks the importance of insurance coverage for children's health and development, highlighting the Children's Health Initiative in your 1998 budget proposal. Your proposal will extend coverage to up to 5 million uninsured children by the year 2000. You can announce at the Conference that the deans of academic medical centers -- important legitimators within the medical community -- have endorsed your proposal.

We are also planning a follow-up children's health event, where you will release a study showing the links between insurance coverage, health status and development and learning for children from 0 to 18 years old and talk in more detail about your health proposal. Either at the follow-up event or at the Conference itself, you can announce a project by Kaiser Permanente to spend \$100 million over the next 5 years to provide health insurance to uninsured children.

Child Victims of Violence Initiative. You can announce that the Department of Justice will establish, with FY 97 discretionary funding, a Child Victims of Violence Initiative through the Yale, New Haven Child Development-Community Policing Program. This program, which Chief Wearing will speak about, trains police officers in child development, so that they can better respond to situations arising in the field. The new initiative will extend the program to other sites and also broaden it to include people other than police officers -- such as prosecutors, probation and parole officers, and mental health professionals -- whose work would benefit from knowing about early child development.

Head Start Funding: You can announce the launch of a new competition for Early Head Start grants, which will highlight this Administration's creation of the program.

America Reads Early Childhood Kits: You can announce the release of the America Reads Early Childhood Kits for Families and Caregivers. The kits include a developmental growth chart and suggestions about developmentally appropriate activities for children ages 0 to 5. Everyone who looks at these kits loves them. The kits will be distributed to early childhood programs across the nation and to individuals who call the Department of Education's 1-800 line.