

## OPTIONS TO IMPROVE THE QUALITY OF CHILD CARE

Recent research has documented that quality child care plays a critical role in assuring the well being of our nation's children and families. Quality care protects children from harm; it promotes children's development, school readiness and academic achievement and it meets parents' needs for reliable care that fits their work schedule.

Despite a growing awareness of the importance of child care quality, a number of studies have emerged over the past decade that raise concerns about child care quality. From the National Child Care Staffing Study released in 1989 to the more recent Cost and Quality Study, we know that the quality of child care for most children remains far from adequate. *who did these?*

Four percent of federal dollars are set aside to address quality, however, there continues to be a need for training, consumer services and other improvements.

In addition to the options described in the earlier paper on promoting health and safety in child care settings, the following options suggest a multi-pronged approach to improving access to quality care. Each of these options, alone or in combination, could also be tied to the health and safety options.

### 1. Create A Quality Incentive Fund

Funds would be available to States to provide community grants to establish family child care networks, promote accreditation, provide consumer education, provide training, meet standards, promote health and parent education in child care and improve access and affordability. Communities would select priorities based on local need. States would be required to assure that their child care standards incorporate those key protections for children's health and safety outlined in "Stepping Stones". *in order to get funds?*

Participating communities would be required to form local partnerships to leverage resources and develop strategies to address the child care needs of working families in the community.

#### Advantages:

- o Funding can be used as an incentive for States to incorporate key standards.
- o Communities would tailor services to their specific needs and serve as laboratories for innovative practices.

*What analogies are there, if any, between these proposals and medical profession practices?*

- o Community needs assessments and planning will help States target their child care services appropriately, i.e., for family child care or infant care.
- o Would bring together critical partnerships at the community level, stimulating local public/private investments and facilitating linkages with state programs.

Disadvantages:

- o Flexibility of approach could make it difficult to evaluate across programs.

2. Create a family child care network support fund.

Funds would be available to States to establish and support family child care networks. With more than 2 million family child care providers in the U.S. caring for millions of young children, family child care is woven into the fabric of every community. Family child care provides care in small group settings in close proximity to the child's home. Small group size enables providers to include very young children and children with special needs, and to interact more closely with parents. The flexibility of family child care can also respond to the child care needs of parents working non-traditional hours. Family child care networks provide a formal network of support to help build and expand child care capacity in communities.

Advantages:

- o Networks provide a mechanism for screening, recruiting and training providers within a community and assist providers in meeting any licensing or health and safety requirements.
- o Networks provide contact and professional support to caregivers who are otherwise very isolated.
- o Networks can provide a realistic assessment of the child care needs and resources in the community and can improve the quality and continuity of care across the network through technical assistance, monitoring, and other supports such as equipment purchasing plans, alternate care arrangements when the provider is ill, and access to child care food programs.
- o Networks can help provide outreach to families and organize parent activities to ensure both parent involvement and consumer education.

Disadvantages:

- o Focuses investment on supports to a specific category of provider while other providers may also need similar supports.

*• \$ for social workers / govt bureaucrats*

### **3. Create a national provider scholarship fund.**

Funds would be available to states to provide education scholarships to family child care and center-based providers. In order to access the scholarship funds, States would have to agree to set standards for child care provider preparation, encourage the licensure of providers, and provide wage increases or bonuses upon completion of an agreed-upon number of course hours or upon attainment of credentials.

#### **Advantages:**

- o Through training, bonuses and wage increases, the State can assure a more qualified and stable provider workforce, thereby improving both the quality and continuity of care available to working families.
- o States would have the flexibility to design scholarships to meet the needs and circumstances of individual provider and to target training through family child care networks or to center-based providers.
- o By building a skilled provider workforce, child care quality could be improved without significantly increasing parent fees and without reducing States' flexibility to design their child care program.

#### **Disadvantages:**

- o States may be reluctant to take on the development of provider preparation standards without significant resources.
- o While we know that skilled child care providers are the cornerstone to quality, this option alone will not help ensure other mechanisms to improve quality.

### **4. Require that States provide higher reimbursement rates for providers that meet some training standard set by the State**

#### **Advantages**

- o Higher reimbursement rates would reward more highly qualified providers with increased wages and provide an incentive for all providers to seek appropriate training.
- o Staff turnover may be reduced as a result of higher wages.

#### **Disadvantages**

- o CCDBG funding is limited. If states are required to pay higher rates, states would serve fewer children.

5. Create a national public awareness campaign, stimulate technology and establish a research fund

Funds would be available to:

Establish a consumer hotline for parents that would connect with local resource and referral agencies.

Launch a public awareness campaign for parents on choosing and monitoring quality care and parent involvement.

Establish a National Center for Child Care Statistics

Support research and demonstrations on child care issues that could benefit other communities.

Develop new technologies for long-distance training of child care providers.

Advantages:

- o Would provide critical consumer supports to help parents make informed child care decisions in the best interest of their children.
- o Would stimulate and maximize the use of technology to improve the quality of care available.
- o Would build capacity within the child care system to identify and address the needs of working families.

Disadvantages:

- o Specifies a narrowly defined range of activities.
- o Provides no additional funds to the states.



Laura Emmett

08/25/97 04:12:57 PM

Record Type: Record

To: See the distribution list at the bottom of this message

cc:

Subject: Child Care Mtg. on Quality Issues

**There will be a meeting on Quality Issues on September 3 at 9:00 AM in room 211 OEOB. It will last about an hour and a half.**

**Quality Issues** (Wednesday, September 3, 9:00 am Room 211 OEOB)

Elena Kagan, DPC E-Mail  
Jen Klein, DPC E-Mail  
Cynthia Rice, DPC E-Mail  
Nicole Rabner, DPC E-Mail  
Anne Lewis, NEC E-Mail  
Emil Parker, NEC E-Mail  
Emily Bromberg, IGA E-Mail  
Sky Gallegos, IGA E-Mail  
Amy Finkelstein, CEA E-Mail  
Sandy Korenman, CEA E-Mail  
Keith Fontenot, OMB E-Mail  
Jeff Farkas, OMB E-Mail  
Jennifer Friedman, OMB E-Mail  
Leslie Mustain, OMB E-Mail  
Mary Cassell, OMB E-Mail  
Corey Lee, OMB E-Mail  
Laura Oliven Silberfarb, OMB E-Mail  
Olivia Golden, HHS E-Mail 401-2337 (Arlene)  
Joan Lombardi, HHS E-Mail 401-6947  
Ann Rosewater, HHS E-Mail 690-7409 (Joyce)  
Shannon Rudisill, HHS E-Mail 401-6944  
Jennifer Chang, HHS E-Mail  
Frank Fuentes, HHS E-Mail  
David Heppel, HHS E-Mail 301-443-2250  
Mary Bourdette, HHS E-Mail  
Martha Moorehouse, HHS E-Mail 690-6939  
Ann Segal, HHS E-Mail  
Jennifer Appleton, HHS E-Mail  
Jane Coury, HHS E-Mail  
Phyllis Stubbs-Wynn E-Mail

Carolyn Becraft, DOD 703-697-7220 (Susan)  
Linda Smith, DOD 703-696-5733 (Marilyn)  
Faith Wohl, NPR 632-0186  
Susan Clampitt, GSA 501-0945  
Carrie Wofford, DOL 219-6611  
Jill Adelberg, DOL 219-6197  
Naomi Carp, DOE 219-1935  
Judith Johnson, DOE E-Mail  
Maureen McLaughlin, DOE 205-2987  
Michael Barr, Treasury 622-0016  
Jonathan Gruber, Treasury 622-0563  
Janet Holtzblatt, Treasury 622-1327  
Augustin Faucher, Treasury 622-0714  
Karl Scholz, Treasury 622-0120

Message Sent To:

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Jennifer L. Klein/OPD/EOP  
Cynthia A. Rice/OPD/EOP  
Nicole R. Rabner/WHO/EOP  
Anne H. Lewis/OPD/EOP  
Emil E. Parker/OPD/EOP  
Sky Gallegos/WHO/EOP  
Emily Bromberg/WHO/EOP  
Lisa J. Levin/WHO/EOP  
Amy N. Finkelstein/CEA/EOP  
Sanders D. Korenman/CEA/EOP  
Keith J. Fontenot/OMB/EOP  
Jill M. Pizzuto/OMB/EOP  
Jeffrey A. Farkas/OMB/EOP  
Jennifer Friedman/OMB/EOP  
Leslie S. Mustain/OMB/EOP  
Mary I. Cassell/OMB/EOP  
Corey G. Lee/OMB/EOP  
Laura Oliven Silberfarb/OMB/EOP  
shrudisill @ acf.dhhs.gov @ inet  
lgriffi1 @ os.dhhs.gov @ inet  
Judith\_Johnson @ ed.gov @ inet  
Naomi\_Karp @ ed.gov @ inet



Laura Oliven Silberfarb

08/13/97 11:28:44 AM



Record Type: Record

To: Jennifer L. Klein/OPD/EOP, Cynthia A. Rice/OPD/EOP

cc: Jennifer Friedman/OMB/EOP

Subject: Child care regulations

If you have a second the web site <http://nrc.uchsc.edu> that was referenced in the meeting is an eye opener. Take a look, for example, at Maryland's regulation of family care settings – it is extensive.

The body of existing state regulations is complex and far-reaching and as you know has long been the bastion of the States and counties. My understanding is that the biggest gap is where the States don't regulate which tends to be in the smaller settings, like small family care homes and in some instances sectarian-based care.

Frank Fuentes told me that approximately 30% of the Federally funded kids are in family care homes, although that percentage is higher with younger children. Thanks.

Joan

- No \$ to communities to improve quality

8/13

Child Care  
Quality

Joan

Maternal + Child Health Bureau

Amer Public Health Assoc

Amer Ac of Pediatrics

1985

981 standards

Caring for Our Children

Written review to find those  
most important to

"Freedom from Harm"

- 1) building safety
- 2) staff training / pd
- 3) infection control

→ Stepping Stones  
to Caring  
for Our Children

182 standards

Plan to compare state standards

→ state standards on web

nrc.uchsc.edu

ericps.ed.uiuc.edu

Dr. Susan Aronson of PA (pedagogue)  
Compared PA

Healthy Child Care Campaign

→ now in 46 states

→ soon to be 51

health +  
safety  
link to health

PA, NC, LA

RFP This Spring

Natl training program  
to implement

[Grant will be given out by  
Sept 30<sup>th</sup>]

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GSA has program review instrument  
re-development

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Joan North Carolina as example  
"Smart Start"

→ send to communities  
must spread on menu  
of things

like military - accreditation  
- networks

"TEACH"

Training + Education

Compensation Helps"

→ Scholarship program  
to improve skills & +  
Compensation

UNC did evaluation

4 3? other states following

Illinois, W Va

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? what is the Public Health Bureau's  
ability prerequisite?

FAX COVER SHEET

National Resource Center for Health & Safety in Child Care

University of Colorado Health Sciences Center School of Nursing 4200 E. Ninth Avenue Campus Box C287 Denver, Colorado 80262

Fax: (303)315-5215 Phone: 1-800-598-KIDS E-mail: Natl.child.res.ctr@UCHSC.edu www address:http://nrc.uchsc.edu

TO: Jane Couby RECIPIENT FAX NUMBER: (301) 443-1296 FROM: Ruth Neil DATE: 8-14-97

NUMBER OF PAGES (including cover sheet): 3

Message: Jane - Jeryl took this home and finished it last night and FAXed it to me. Jeryl will be in about noon today if you have any questions. This information was all published by Children's Foundation and Jeryl verified much of it on State Page on our website.

## Criminal Checks by State

STATE	CENTER	FAMILY CHILD CARE
AL	none required	none required
AK	criminal check reqd for all	criminal back check required, abuse not
AZ	child abuse not required	criminal back check required, abuse not
AR	child abuse and criminal back required	background checked
CA	child abuse and criminal back required	criminal back check required, abuse not
CO	child abuse and criminal back required	child abuse and criminal back required
CT	criminal back check required, abuse not	criminal back check required, abuse not
DE	criminal back check required, abuse not	criminal back check required, abuse not
DC	none required	none required
FL	criminal back check required, abuse not	child abuse and criminal back required
GA	criminal back check required, abuse not	criminal back check required, abuse not
HI	child abuse and criminal back required	child abuse and criminal back required
ID	child abuse and criminal back required	criminal back check required, abuse not
IL	child abuse and criminal back required	child abuse registry check, no crim check
IN	child abuse and criminal back required	criminal back check required, abuse not
IA	child abuse and criminal back required	child abuse and criminal back required
KS	child abuse and criminal back required	child abuse and criminal back required
KY	child abuse and criminal back required	criminal back check required, abuse not
LA	child abuse and criminal back required	criminal back check required, abuse not
ME	child abuse and criminal back required	criminal back check required, abuse not
MD	criminal back check required, abuse not	child abuse and criminal back required
MA	criminal back check required, abuse not	criminal back check required, abuse not
MI	criminal back check required, abuse not	criminal back check required, abuse not
MN	child abuse and criminal back required	criminal back check required, abuse not
MS	child abuse and criminal back required	criminal back check required, abuse not
MO	ch. abuse reqd not abuse	none required
MT	child abuse and criminal back required	criminal back check required, abuse not
NE	child abuse and criminal back required	some cities have crim back checks
NV	child abuse and criminal back required	criminal back check required, abuse not
NH	child abuse and criminal back required	child abuse and criminal back required
NJ	none required	none required
NM	child abuse and criminal back required	criminal back check required, abuse not
NY	ch. abuse & maltreatment	screen for abuse no crim back check
NC	no ch abuse convic allowed no back ch	crim back check being implemented
ND	child abuse reqd no criminal back check	child abuse & neglect check reqd no crim
OH	criminal back check required, abuse not	criminal back check required, abuse not
OK	criminal back check required, abuse not	criminal back check required, abuse not

OR	child abuse and criminal back required	criminal back check required, abuse not
PA	child abuse and criminal back required	child abuse registry clearance
RI	child abuse and criminal back required	criminal back check required, abuse not
SC	child abuse and criminal back required	criminal back check required, abuse not
SD	child abuse and criminal back required	screen for abuse no crim back check
TN	none required	none required
TX	criminal back check required, abuse not	child abuse and criminal back required
UT	child abuse and criminal back required	child abuse and criminal back required
VT	child abuse and criminal back required	child abuse and criminal back required
VA	criminal back check required, abuse not	criminal back check required, abuse not
WA	child abuse and criminal back required	criminal back check required, abuse not
WV	criminal back check required, abuse not	criminal back check required, abuse not
WI	child abuse and criminal back required	criminal back check required, abuse not
WY	none required	child abuse central registry check done

GAO spends  
\$100 per prisoner cost

Crime Control Act

- includes family child care

Howard Davidson, ABA

~~Subgroup~~ Subgroup - on background checks

Linda [redacted] will convene



**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
**HEALTH RESOURCES AND SERVICES ADMINISTRATION**

Public Health Service

Maternal and Child Health Bureau

## Memorandum

**DATE:** August 18, 1997

**TO:** White House Child Care Group on Quality Issues

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

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

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

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

WHITE HOUSE CHILD CARE GROUP  
On  
QUALITY ISSUES

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

Background

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

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

**OPTIONS TO PROMOTE HEALTH AND SAFETY IN CHILD CARE SETTINGS**

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

Advantages

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

Disadvantages

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

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

#### Advantages

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

#### Disadvantages

Same as 1.

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

#### Advantages

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

#### Disadvantages

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

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

#### Advantages

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

#### Disadvantages

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

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

#### Advantages

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

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

Disadvantages

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

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

Advantages

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

Disadvantages

Same as 3 above.

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

Advantages

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

Disadvantages

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

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

To facilitate this:

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

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

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

#### Advantages

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

#### Disadvantages

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

#### 6. Create a National Support Network for Child Care Providers

This Network could include, for example :

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

#### Advantages

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

#### Disadvantages

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

this effort will be needed.

7. Create a National Support Network For Parents

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

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

**Advantages**

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

**Disadvantages**

Same as #6.

DOD -

Report all those

- ~~to~~ 10 h/w a more on regular basis

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Need to get NEXC involved

→ get their endorsement

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Next time - 2 wks from now

---

1) Report from criminal background check  
(will meet next wk)

2) FLETC out

- Quality Charter Fund
- Family Child Care Network
- Scholarships

3) Range of options on  
standards - discuss

a) HHS - what can be foregone

b) HHS - which particular standards

# **QUALITY CHILD CARE**

**KEY ELEMENTS**

**STRATEGIES**

**EXAMPLES**

**OPTIONS**

## **QUALITY CHILD CARE**

### Goal

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

### Seven Key Elements to Quality

Safe and Healthy environments

Trained, adequately compensated and supported staff

Low turnover (continuity of care)

Small groups

Good staff child ratios

Health Promotion

Parent Involvement/parent education/family support

Strategies for Achieving Quality Child Care\*

Standards

Support to meet standards

Enforcement of standards

Accreditation

Training/credentialing/compensation

Provider support networks

Higher Reimbursement Rates

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

Consumer education

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

## EXAMPLES OF STRATEGIES

### 1. Training and compensation of staff

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

### 2. Provider support network

(Family Child Care Network, Madison, WI)

### 3. Health Promotion

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

State Example (Healthy Child Care, South Dakota)

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

Community Example (Rochester, New York)

State\Community Example (Smart Start, North Carolina)

### 5. Linkages with other services

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

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

## Options for Improving the Supply of Quality Child Care

### I. Protecting Children

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

### II. Promoting Child Development

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

## FINANCING CHILD CARE THROUGH PUBLIC-PRIVATE PARTNERSHIPS

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

### Description

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

### When Established

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

### Amount Generated Annually

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

### Services Funded

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

### How Funds Distributed

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

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

### Population Served

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

### Strategic Considerations

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

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

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

*Other Sites With Similar Strategy*

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

*Contact*

Susan Russell or Edith Locke  
Day Care Services Association  
P.O. Box 901  
Chapel Hill, NC 27514  
Phone: (919) 967-3272  
Fax: (919) 967-7683



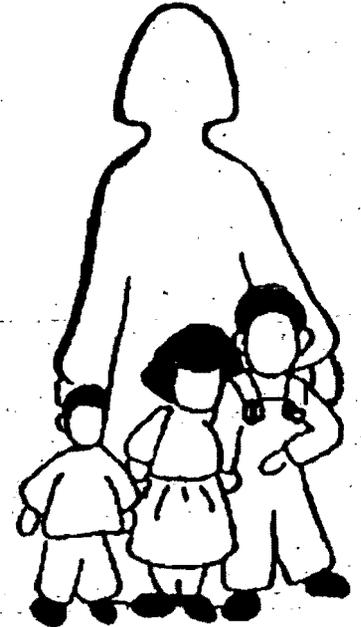
## What Makes a Quality Child Care Program?

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

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



## SATELLITE FAMILY CHILD CARE, INC.



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

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

Family  
Child Care  
Network

## What is Family Child Care?

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

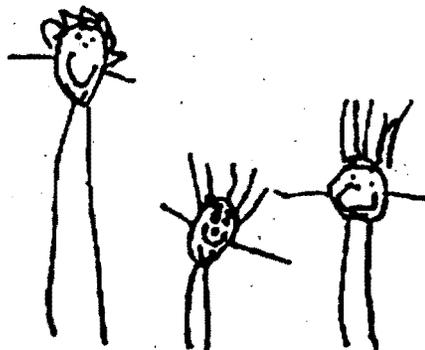
## What is Satellite?

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

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

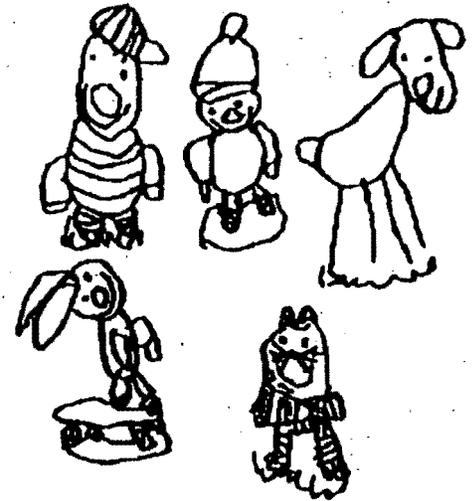
Satellite Family Child Care, Inc. is a non-profit agency. Funding sources include the City of Madison, United Way, and fees from parents and providers.

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



## Services to Providers

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



## Services for Parents

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

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

## City Child Care Provides

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



City of Madison  
Office of  
Community  
Services

# Child Care Program



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



Office of Community Services  
Room 223  
215 Sharon Luther King Jr. Blvd.  
P.O. Box 2627  
Madison, Wisconsin 53701  
(608) 266-6520

202 690 5600: # 5/14

608 263 6448-

6- 3-97 : 3:23PM :

SENT BY: UW WGER

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

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

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

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

## City Child Care Specialists Review

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

## City Child Care Assistance for Parents

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



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

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

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

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

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

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

# 3) Health Promotion



## Healthy Child Care America Update: South Dakota

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

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

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

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

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

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

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

## Montgomery County Joins the *Healthy Child Care America Campaign*

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

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

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

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

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

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

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

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

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

#### Department of Health and Human Services Role

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

#### Department of Fire and Rescue Services Role

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

#### Volunteers

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

*Improving Care for Rochester's Children*

# Partnerships Build Quality Early Education

Dolores Schaefer

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

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

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

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



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

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

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

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

### **Creating Consensus on Priorities**

The strategy group believed that progress on early  
*(Continued on page 4)*

# Partnerships Build Quality Early Education



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

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

um three or four times a year.

## Business Promotes Quality

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

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

## Creative Solutions to Expand Supply

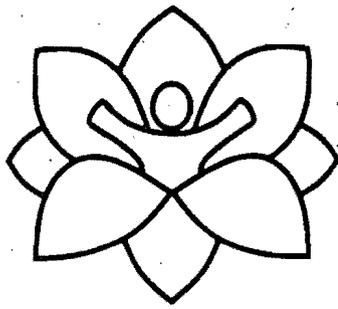
During its first five years, ECD's effort led to the development of some 2,000 new child care slots. 86% of three- and four-year-olds in Rochester are now in some sort of program, up from 55% of four-year-olds and 20% of three-year-olds in 1989.

United Way, a key participant in ECD's Steering

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

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

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



## Smart from the Start

ACCREDITED CHILD CARE IN MONROE COUNTY

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

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

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

### Getting the Word Out

ECD found that expanding the supply of quality care

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

### Is It Working?

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

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

### The Impact of ECD

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

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

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

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

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

Keeping it going is ECD's next challenge.

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

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

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



## Building brighter futures for North Carolina's children

### What is Smart Start?

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

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

### FACTS

- High quality child care makes a difference. Smart Start has increased the overall quality of child care in the 18 counties which first started providing programs and services.

*(FPG study)*

- The number of top quality child care centers in the state has increased by more than 60 percent in Smart Start counties.

- Smart Start programs and services are currently in 43 counties while 12 counties are in the planning phase. Applications from the remaining 45 counties were approved in May.

### Getting results throughout the state

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

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

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

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

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

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

*(continued on back)*

### ► OUR GOAL

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

### ☞ CORE SERVICES

- **Child care:**

- **high quality**

- (incentives for higher quality, TEACH, classroom assessment, technical assistance)

- **accessible**

- (resource & referral, transportation, additional child care spaces)

- **affordable**

- (financial help for low-income working families)

- **Health**

- (vision, dental, hearing screenings, immunizations)

- **Family Support**

- (family resource centers, resources/information for parents)

## FACTS

In 32 Smart Start counties:

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

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

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

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

• Smart Start should be expanded statewide:

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

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

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

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



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

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

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

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

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

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

## Smart Start cited a national model

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

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

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

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

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

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

## Full Start: The Results Are In!

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Collaborative Efforts Promote Inclusive Child Care in Colorado

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

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

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

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

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

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

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

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



## Special Needs R&R

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

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



Cynthia A. Rice

07/26/97 06:58:06 PM

Record Type: Record

To: tgraff @ os.dhhs.gov @ INET @ LNGTWY  
cc: See the distribution list at the bottom of this message  
Subject: We'll need a Q&A on Child Care Quality--U.S. News Cover Story

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

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

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

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

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

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

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

Message Copied To:

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



FIG -  
child care -  
Quality  
Standards

Date: Jul. 26, 1997

To: Ms. Cynthia Rice  
Special Assistant to the Pres.

Organization: Domestic Policy Council

Fax Number: 12024567431

From: CELESTE JAMES

Number of Pages: 8

Comments: NEWS FROM U.S. NEWS

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## NEWS RELEASE



**CONTACT:** CELESTE JAMES      **FOR RELEASE:** NOON  
202-955-2229      SATURDAY, JULY 26, 1997  
cjames@usnews.com

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

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

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

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

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

*U.S. News & World Report*  
Page 2

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

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

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

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

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

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

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

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

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

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SPECIAL REPORT

# DAYCARE DANGERS

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

BY VICTORIA POPE

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

ed while lying face down. During the minutes when he was struggling for breath, one day-care employee had been responsible for Jeremy—and 12 other children, according to official reports. This lone day-care worker was a 25-year-old woman, herself in the seventh month of pregnancy. The center's owner, Christina Schwartzberg, was not there because she had left the facility for 45 minutes to go food shopping.

While Jeremy was still lying comatose in the hospital, Roy Chandler, an investigator for the Florida Department of Children and Families, told the Fiedelholzes that police had found serious violations when searching the Chriasy's Kids site that afternoon.

Mark Fiedelholz recalls. Later, after Jeremy's death, Broward County officials cited Schwartzberg for violation of child-adult-ratio regulations and for leaving the children with an unapproved aide who was not certified in CPR. Schwartzberg voluntarily surrendered her license. She acknowledged no

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

At 4:17 p.m. the next day, Jan. 30, 1997, Jeremy was pronounced brain dead at the hospital. When the final autopsy results were ready two months later, his parents learned that he had died of "positional asphyxia"—in layman's terms, Jeremy had suffocated.

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

wrongdoing. No charges were filed against her.

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

ADVANCE PROOF

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PHOTO ILLUSTRATION BY DOUG STERN; (TOP LEFT) MICHAEL LEVASSOUR FOR UPI/REX; (MIDDLE) MICHAEL LEVASSOUR FOR UPI/REX; (BOTTOM RIGHT) MICHAEL LEVASSOUR FOR UPI/REX

SPECIAL REPORT

children back in Schwartzberg's care.

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

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

**Avoiding harm.** But whatever their positions in these debates, most parents take it for granted that day care will not be physically dangerous. To a larger degree than many realize, this assumption is incorrect. In a query of all 50 states and the District of Columbia concerning deaths

in child-care facilities, *U.S. News* tallied 76 deaths in 1996. The causes included drownings, falls, being struck by autos, and sudden infant death syndrome—but the data are sketchy, since many states do not report the causes of these deaths. This is doubtless not the full total, since seven states as well as the District did not respond to repeated requests for informa-

recorded in Texas and Massachusetts (which also collects detailed data) were projected per capita on the national population, day-care deaths would number between 240 and 320 a year. As a comparison, in 1995, 2,260 American kids between ages 1 and 4 died in all accidents, including 825 in motor vehicle collisions.

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

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

Starting a day-care center is easy. *U.S. News* sent a 20-year-old male summer intern to apply for a day-care license in Washington, D.C. One of his letters of reference flatly stated he had "no professional training in child care." He filled out some forms, paid a \$50 fee,

and had his apartment checked out. He was told that with some first-aid training, some spot-cleaning, and a new fire extinguisher he could be licensed in a week.

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

ADVANCE PROOF

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

tion—and 16 others, including California and Ohio, said they do not track deaths in day care. Even fewer states record injuries. Figures also are difficult to obtain because so many of the nation's facilities are unregistered. In Texas, a state that has recently revamped its reporting system and does collect detailed data, 22 day-care deaths and 134 serious injuries were recorded in fiscal 1996. If the deaths

PHOTOGRAPHY BY  
MICHAEL LLEWELLYN FOR USN&WR

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## SPECIAL REPORT

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

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

ADVANCE PROOF

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

would still be credited the full six hours to receive their certification.

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

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

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

lurch. In a recent case in Guthrie, Okla., outside Oklahoma City, a family day-care center had accumulated a staggering 415 complaints against it but was still operating when a young boy died at the facility last November. The victim was 2-year-old Michael Robinson III—known as Trey—

who attended A Child's Place day-care center. Trey, inconsolable after his mother dropped him off, had walked out of the building undetected onto a highway. He was struck by a passing automobile. According to the records of Oklahoma's Department of Human Services, A Child's Place had violations against it that included children routinely left unattended, unsafe playground equipment, and in at least one instance an employee with a criminal record of child abuse. Yet the state allowed it to keep operating on six-month permits.

Run over, again. When police tried to reconstruct what happened prior to Trey's death, they turned to a 12-year-old named Anthony. By Anthony's account, written longhand on the police report, a staffer named Dale had asked him to help look for the missing boy. Anthony saw him first, lying on the busy road. "Dale told me

to stay there and make sure he didn't get run over again," Anthony wrote. When a speeding car approached, Anthony jumped up and down to try to get it to stop, but the little boy was again run over. The center's owners deny any neglect; no criminal charges were filed. Judy Collins, the statewide licensing coordinator for Oklahoma's Department of Human Resources, says her agency had moved to deny the facility its license before Trey's death.

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

## SPECIAL REPORT

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

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

Regulations that call for adult supervision, of course, can't guarantee it. Two-year-old Jordan Ambrozewicz drowned in an ornamental pond at his Maryland day-care center two years ago. According to Jordan's mother, three adults were on the

bling testimony may go unread. That's apparently what happened last February, when 2-year-old Raegan McBride, from the Hartford suburb of Windsor, Conn., died. According to the state medical examiner, the cause of her death was a single blow to the back of the head. The blow was allegedly delivered by the child's day-care provider, Kathy Greene, who has been charged with manslaughter in the case. She has pleaded not guilty.

After Raegan's death, investigators probed Greene's record and found multiple complaints of child abuse logged over a 14-year period. Police interviews with Greene's former charges turned up accounts of bruises, cigarette burns, dislocated arms, and vicious threats, all allegedly perpetrated by Greene. One boy told investigators that Greene had thrown him against a washing machine because he had wet his pants. After re-

ADVANCE PROOF

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

premises, and the other children had gone home. In a case that led to a tightening of state care regulations in Pennsylvania, a 4-year-old, Alexandra LeVasseur, died in August 1995 after being left in a sweltering van for nearly three hours. The day-care operator had unloaded the van during a field trip and left the girl sleeping in the front seat. No charges were filed in either case.

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

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

children have diarrhea, or that a fence be built in a completely rural area—but ignore indicators of inappropriate behavior.

Regulatory enforcement is further hampered by poor coordination between different agencies. When state agencies fail to share information, dossiers of trou-

viewing a series of complaints, a social worker wrote: "I would not place a child at Ms. Greene's again," stating that the woman was unable to control her "rage for authority and power over children." That was in 1992. Greene remained in business five more years, until Raegan's death.

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

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

**SPECIAL REPORT**

Reviewing a file is a good precaution, but not an ironclad one. When 14-month-old Kierra Harrison died in her Las Vegas day-care center last March, the cause of death was found to be a fractured skull from severe head trauma: Shards of bone were wedged in her brain. Doctors described her injury as equivalent to falling headfirst from a two-story building onto concrete. The day-care operator was charged with murder. She has pleaded not guilty. Yet when Kierra's mother, Amanda Harrison, checked with the licensing board, the day-care provider's record was clear. After the fatality, Kierra's family learned

choice. Mark Fiedelholz, a lawyer who runs legal studies seminars, and Julie, a social worker with Catholic Charities, have lobbied Congress as well as Florida officials for national day-care reform. In the six months since his son's death, Mark has testily confronted more than one politician for failure to support greater regulation, saying: "What do you need, a body count?"

But while the families of victims lobby for higher standards and stricter rules, proprietary day care, especially the larger franchises, employs a powerful lobby in Washington to keep up opposition to increased regulation. Industry representa-

ADVANCE PROOF

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

that the provider allegedly had been reported for abusing her own 3-year-old daughter, but it hadn't shown up in the files because her surname was misspelled. (A lawyer for the provider calls those child-abuse complaints against her "way out of proportion.")

The case has given Kierra's grandmother, Pam Rowse, a registered nurse, a political cause. After Kierra's death, Rowse dropped her 9-to-5 administrative position to work an emergency-room shift, so that she would have maximum free time during business hours to lobby for stronger regulation. Jeremy Fiedelholz's parents have made the same

tives contend that day care can maintain high standards without bolstering requirements, and that new regulations would drive costs up to unacceptable levels. What seems hardest for the mourning families is their abiding sense that they themselves had been naive—naive in assuming that the laws and standards governing day care had produced a system in which their children would be safe. ■

*With Margarita Loftus, Jill Jordan Sieder in Atlanta, and Zachary Knight*

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

**FIXING DAY CARE**

**One state tries to do it right**

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

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—Victoria Pope

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**U.S. News** & WORLD REPORT

AUGUST 4, 1997 / \$2.95

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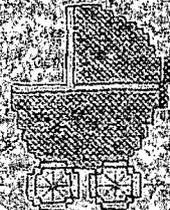
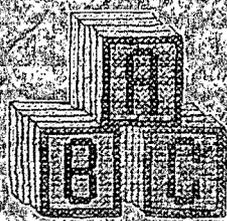
# **Dangerous Day Care**

**Some parents have learned in the hardest way that day-care licensing and regulation, even when they exist, are no guarantee of their children's safety**

PHOTOCOPY  
PRESERVATION



PHOTOCOPY  
PRESERVATION



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

BY VICTORIA POPE

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

# Day-care dangers

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

At 4:17 p.m. the next day, Jan. 30, 1997, Jeremy was pronounced brain dead at the hospital. When the final autopsy results were ready two months later, his parents learned that he had died of "positional asphyxia"—in layman's terms, Jeremy had suffocated.

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

ed while lying face down. During the minutes when he was struggling for breath, one day-care employee had been responsible for Jeremy—and 12 other children, according to official reports. This lone day-care worker was a 25-year-old woman, herself in the seventh month of pregnancy. The center's owner, Christina Schwartzberg, was not there because she had left the facility for 45 minutes to go food shopping.

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

wrongdoing. No charges were filed against her.

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

PHOTO ILLUSTRATION BY DOUG STERN—US&WR; (QUILT) MICHAEL LLEWELLYN FOR US&WR; (ALEXANDRA, BOTTOM RIGHT) MICHAEL REDFORD

PHOTOCOPY  
PRESERVATION

children back in Schwartzberg's care.

What happened at Chrissy's Kids is an extreme illustration of what can occur when parents place their trust—and their children—in the fast-expanding but only lightly supervised American day-care system. Already, 4.6 million infants, toddlers, and preschool children from every income group, spend part of their day in licensed day care. The pressures on the system are about to increase dramatically: As new welfare reform laws take hold in coming months, some 2 million parents (mainly mothers) now on welfare will join the work force, and their children will need care outside the home. Under pressure of welfare reform, many state legislatures are now scrambling to create new facilities as quickly and inexpensively—as possible. Within three years, 33 out of 4 American women with children under 5 will be working and need child care.

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

**Avoiding harm.** But whatever their positions in these debates, most parents take it for granted that day care will not be physically dangerous. To a larger degree than many realize, this assumption is incorrect. In a query of all 50 states and the District of Columbia concerning deaths

in child-care facilities, *U.S. News* tallied 76 deaths in 1996. The causes included drownings, falls, being struck by autos, and sudden infant death syndrome—but the data are sketchy, since many states do not report the causes of these deaths. This is doubtless not the full total, since seven states as well as the District did not respond to repeated requests for informa-

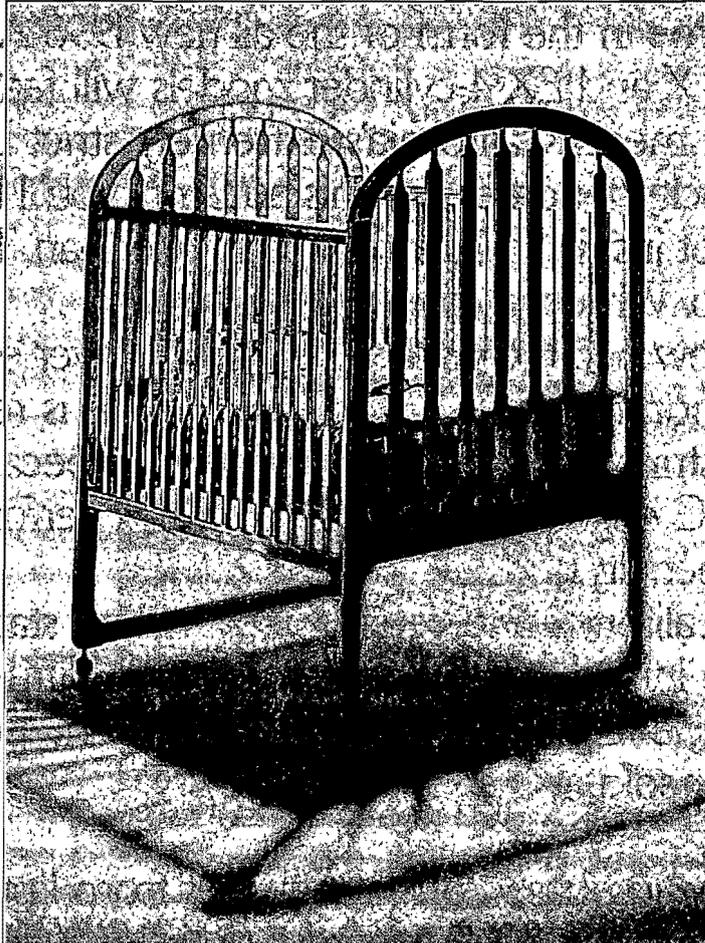
recorded in Texas and Massachusetts (which also collects detailed data) were projected per capita on the national population, day-care deaths would number between 240 and 320 a year. As a comparison, in 1995, 2,260 American kids between ages 1 and 4 died in all accidents, including 825 in motor vehicle collisions.

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

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

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

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



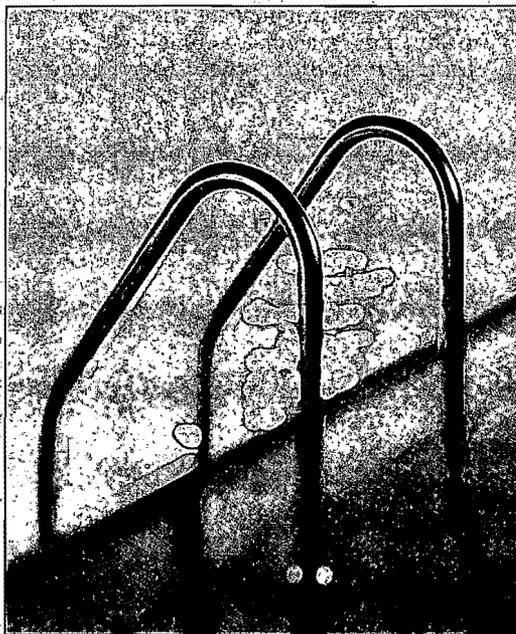
**When infants are laid in a crib to sleep, the American Academy of Pediatrics recommends that they be placed on their backs to help prevent SIDS. But many child centers don't heed this advice.**

tion—and 16 others, including California and Ohio, said they do not track deaths in day care. Even fewer states record injuries. Figures also are difficult to obtain because so many of the nation's facilities are unregistered. In Texas, a state that has recently revamped its reporting system and does collect detailed data, 22 day-care deaths and 134 serious injuries were recorded in fiscal 1996. If the deaths

PHOTOGRAPHY BY  
MICHAEL LLEWELLYN FOR USN&WR

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

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

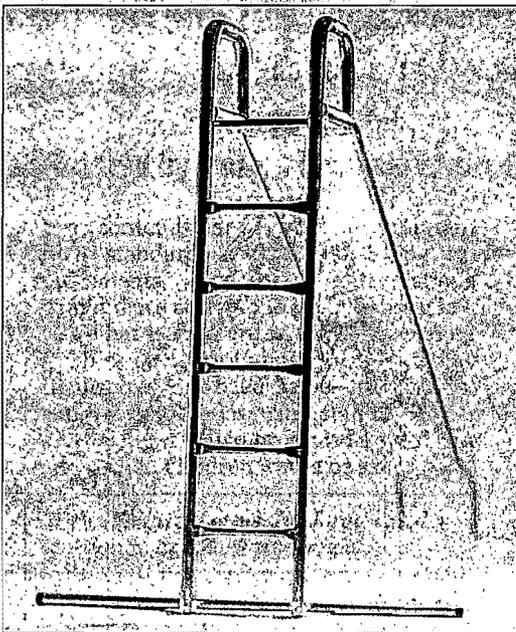


**Fencing is usually required when a swimming pool is located near a day-care facility, to avoid accidents. In a day-care center in Mattapan, Mass., a drawstring caught in a playground slide apparently led to the death of a young boy. Many safety experts say that children should avoid wearing clothing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

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

In a just-completed review of day-care standards nationwide, the New York-based Commonwealth Fund, a national foundation working with Yale University experts, assessed the quality of day-care state by state, based on indicators such as child-adult ratios, programming, and caregiver qualifications. This study gave overall passing grades to only 17 states; and only Minnesota met their criteria in all categories. The study did not rate a single state as "good" or "optimal" on the size-of-group standard, which is key to preventing injuries. While restaurants are shut down every day for even minor hygiene violations, records show that day-care centers in America are rarely closed. Frequently, licensing authorities try to keep troubled facilities open so working parents won't be left in the

lurch. In a recent case in Guthrie, Okla., outside Oklahoma City, a family day-care center had accumulated a staggering 415 complaints against it but was still operating when a young boy died at the facility last November. The victim was 2-year-old Michael Robinson III, known as Trey,



who attended A Child's Place day-care center. Trey, inconsolable after his mother dropped him off, had walked out of the building undetected onto a highway. He was struck by a passing automobile. According to the records of Oklahoma's Department of Human Services, A Child's Place had violations against it that included children routinely left unattended, unsafe playground equipment, and in at least one instance an employee with a criminal record of child abuse. Yet the state allowed it to keep operating on six-month permits.

**Run over, again.** When police tried to reconstruct what happened prior to Trey's death, they turned to a 12-year-old named Anthony. By Anthony's account, written longhand on the police report, a staffer named Dale had asked him to help look for the missing boy. Anthony saw him first, lying on the busy road. Dale told me

to stay there and make sure he didn't get run over again. Anthony wrote: When a speeding car approached, Anthony jumped up and down to try to get it to stop, but the little boy was again run over. The center's owners deny any neglect; no criminal charges were filed. Judy Collins, the statewide licensing coordinator for Oklahoma's Department of Human Resources, says her agency had moved to deny the facility its license before Trey's death. In Seminole, Fla., near St. Petersburg, Beth Bennion pulled her son out of a day-care center two years ago, she says, after it let a pest-control company spray the premises while children were there. She says the center had also told the licensing board that it had fixed some dilapidated playground equipment when it hadn't. So when Bennion later heard that a gun had been found one Monday morning at the center, she expected it to be summarily shut. Instead, one of the center's owners told the licensing board that the gun might have been a toy or left by carpet cleaners over the weekend. (Later, the owner's lawyer said it was a BB or pellet gun, even though three witnesses—including the center's direc-

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

**Extra kids.** In the Fiedelholtz case, the 13 children present at the time of Jeremy's death were nine more than the center's owner, Schwartzberg, had told Jeremy's parents would be there at one time. (While police say only one adult was present when Jeremy is thought to have suffocated, Schwartzberg's attorney, Harry Solomon, says that the children were in an area that was small enough to be supervised.) Regulations that call for adult supervision, of course, can't guarantee it. Two-year-old Jordan Ambrozewicz drowned in an ornamental pond at his Maryland day-care center two years ago. According to Jordan's mother, three adults were on the



bling testimony may go unread. That's apparently what happened last February, when 2-year-old Raegan McBride, from the Hartford suburb of Windsor, Conn., died. According to the state medical examiner, the cause of her death was a single blow to the back of the head. The blow was allegedly delivered by the child's day-care provider, Kathy Greene, who has been charged with manslaughter in the case. She has pleaded not guilty. After Raegan's death, investigators probed Greene's records and found multiple complaints of child abuse logged over a 14-year period. Police interviews with Greene's former charges turned up accounts of bruises, cigarette burns, dislocated arms, and vicious threats, all allegedly perpetrated by Greene. One boy told investigators that Greene had thrown him against a washing machine because he had wet his pants. After re-

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

premises, and the other children had gone home. In a case that led to a tightening of state care regulations in Pennsylvania, a 4-year-old, Alexandra LeVasseur, died in August 1995 after being left in a sweltering van for nearly three hours. The day-care operator had unloaded the van during a field trip and left the girl sleeping in the front seat. No charges were filed in either case.

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

When inspectors do show up, they often concentrate on compliance with the safety rules, whether a first-aid kit is complete, for instance, but may be oblivious to larger concerns about the children's welfare. When imposing regulations, licensing boards may insist on niggling requirements that more toilets must be available in case

children have diarrhea, or that a fence be built in a completely rural area, but ignore indicators of inappropriate behavior.

Regulatory enforcement is further hampered by poor coordination between different agencies. When state agencies fail to share information, dossiers of trou-

viewing a series of complaints, a social worker wrote: "I would not place a child at Ms. Greene's again," stating that the woman was unable to control her rage for authority and power over children. That was in 1992. Greene remained in business five more years, until Raegan's death.

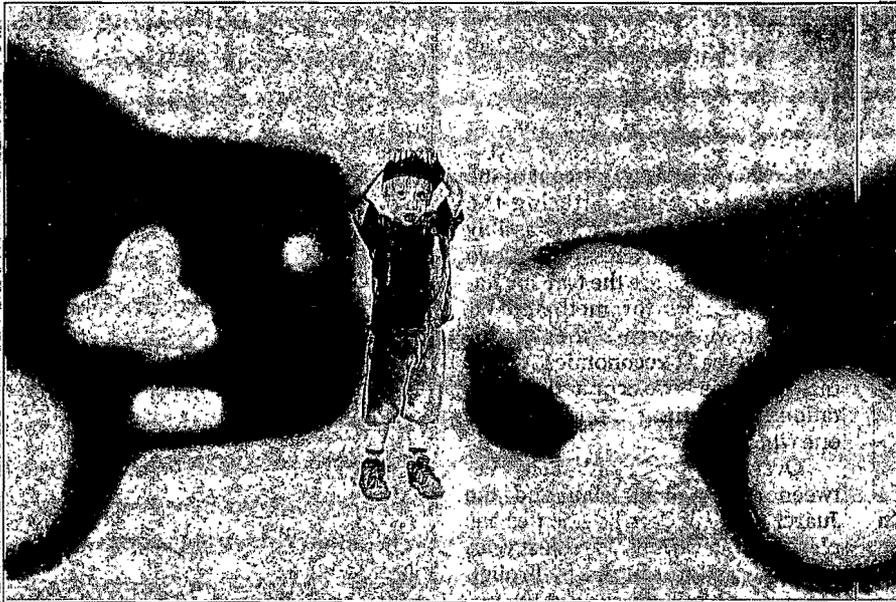
Kristine Ragaglia, the child advocate for the state of Connecticut, acknowledges that faulty reporting was part of the problem. Beyond that, Ragaglia says, Greene stayed in business because the previous cases boiled down to a child's word against that of an adult, and the regulators consistently sided with the adult. Many states refuse to share their files with other states; a bad day-care provider drummed out of business in one state can reopen in another. Most states keep day-care records at the county level. Parents can review the records, but obtaining access to the files isn't always easy. When a reporter recently requested information on 19 day-care homes in Anne Arundel County, Md., she was asked to limit herself to four requests and was told that the county could take 30 days to respond. That would discourage many busy parents.



Reviewing a file is a good precaution, but not an ironclad one. When 14-month-old Kierra Harrison died in her Las Vegas day-care center last March, the cause of death was found to be a fractured skull from severe head trauma. Shards of bone were wedged in her brain. Doctors described her injury as equivalent to falling headfirst from a two-story building onto concrete. The day-care operator was charged with murder. She has pleaded not guilty. Yet when Kierra's mother, Amanda Harrison, checked with the licensing board, the day-care provider's record was clear. After the fatality, Kierra's family learned

choice. Mark Fiedelholz, a lawyer who runs legal studies seminars, and Julie, a social worker with Catholic Charities, have lobbied Congress as well as Florida officials for national day-care reform. In the six months since his son's death, Mark has testily confronted more than one politician for failure to support greater regulation, saying: "What do you need, a body count?"

But while the families of victims lobby for higher standards and stricter rules, proprietary day care, especially the larger franchises, employs a powerful lobby in Washington to keep up opposition to increased regulation. Industry representa-



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

that the provider allegedly had been reported for abusing her own 3-year-old daughter, but it hadn't shown up in the files because her surname was misspelled. (A lawyer for the provider calls those child-abuse complaints against her "way out of proportion.")

The case has given Kierra's grandmother, Pam Rowse, a registered nurse, a political cause. After Kierra's death, Rowse dropped her 9-to-5 administrative position to work an emergency-room shift so that she would have maximum free time during business hours to lobby for stronger regulation. Jeremy Fiedelholz's parents have made the same

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tives contend that day care can maintain high standards without bolstering requirements, and that new regulations would drive costs up to unacceptable levels. What seems hardest for the mourning families is their abiding sense that they themselves had been naive—naive in assuming that the laws and standards governing day care had produced a system in which their children would be safe.

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

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

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