

CHILD CARE

Many parents depend heavily on child care to allow them to provide for their children. Indeed, with the upsurge in dual-income families, child care in this country has become as much an economic necessity as it is a burden. For many parents, child care remains a luxury beyond their economic grasp. Care for a one-year-old can range from \$4,000 to \$8,000 a year; in some cities it is even more expensive, rivaling the tuition rates of top private schools.

NEED:

- The growing demand for child care was compounded recently by the Welfare Reform Act which ended the guarantee of entitlement of child care for mothers receiving welfare and for those easing off welfare. And, as millions move from welfare to work, an even greater increase in child care demand is expected. The availability of reasonably priced or governmentally subsidized, well-monitored care, many believe, will be critical to the success of welfare reform.

- Recent findings on brain development attest to the fact that the physical and chemical structure of the brain are influenced significantly by its stimulation during the first few years of a child's life, particularly the first three years. This suggests that not only is child care important, but the quality of that care and the experience and professionalism of those who provide it are critical determinants of a child's early development.

- Clinton has made child immunization a focus of his administration. Since the President took office in 1992, immunization rates for toddlers has increased from 55 percent to an unprecedented 78 percent. Clinton's recent proposals would require "all children in federally subsidized day care to be immunized and would set up a nationwide records system to track whether children are given vaccines on schedule. Such regulations would be aimed at *in-home care* providers who are exempt from state licensing requirements." In this way, child care can help serve as a critical means for promoting child inoculation.

CARE OPTIONS:

- (1) *In home care*- when a child is cared for by a caretaker in the child's home
- (2) *family-based child care*- when one or more children are cared for in the care-taker's home. (This type of child care is sometimes problematic since its workers are often exempt from state regulations.)
- (3) *center-based care*- when many children are cared for in a non-residential setting designed for that purpose.

PROBLEMS W/ UNREGULATED CARE:

State government regulation of child care facilities is sparse and widely variant. Nine states do not require any form of licensing or registration for all day-care providers. New Jersey, one of those states, allows all care givers to register on a voluntary basis. This liberal monitoring of child care providers often results in overcrowding of facilities, non-childproof facilities, and marginally qualified caretakers, many of whom are not certified in CPR and pediatric first aid.

Even in states where caretaker registration is mandatory, state authorities' infrequent monitoring of child care facilities allows for similar problems. On January 29, 1997 3-month-old

Jeremy Fiedelholz died in a Florida home care facility which was monitored, if inadequately, by the state. The woman with whom he was left was not trained in CPR, even though her parents had been assured that she was. Moreover, the facility was way over its legal limit in the number of children she could service at her facility. Jeremy was dead 10 minutes before his caretaker found him suffocating in his crib.

THE DRAWBACKS:

As Senator Dan Coats (R-Indiana) noted, any government action which moves people toward “credentialed care” threatens the jobs of other providers. It also limits parents’ child care options. Indeed, the more incentives the government provides for people to leave their children in professional care to enter the workforce, the more difficult it is for a parent to make the choice to care for his child himself. In response to this, Rep. Richard Mulder (R-Illinois) proposed “At-Home Infant Care,” a provision which would allow a low-income family to pocket most of its child-care subsidy while a parent stays home with a baby until age 1.

PROPOSED FEDERAL TACTICS DIRECTED TOWARD STATE ACTION:

Mike DeWine (R-Ohio) introduced a bill during the second week in July to help people repay student loans if they earn a degree in early-childhood education and work in licensed day care. Senator Jim Jeffords (R-Vermont) proposed similar measures to boost quality and availability of child care through incentives to the states not mandates.

POSSIBLE GOVERNMENTAL TACTICS (STATE/FEDERAL):

- Subsidies are often important, even necessary, in making child care affordable for those parents who want to enter the work-force. Granting subsidies not only to those moving off welfare but to low-income workers as well could help lower-class families succeed economically.

- Higher wages or incentives are needed to draw educated, qualified workers into child care facilities and convince them to stay there (staff turnover is often detrimental to the children). Just as the federal government subsidizes education for children above the age of 5, it could similarly provide for pre-school age children.

- All child care programs could be subjected to the “National Health and Safety Performance Standards”

- States could be encouraged to establish, by law, commissions on child care aimed at developing a child care plan and coordinating the efforts of government, human services agencies, schools, employers, pediatricians and other health care providers.

- Regular, thorough monitoring of health care facilities is key; guidelines are nugatory if they are not enforced.

- Mandatory registration with state/federal authorities for all potential caretakers. All caretakers could be subject to a background check (as is done in California) before they are granted licensing.

- CPR and Pediatric First Aid training could be required of all health care providers.

- Mandatory vaccination for all children in health care (including Hepatitis A vaccination--risks to one child in a care program can potentially become a risk to all in the facility)

7TH STORY of Level 2 printed in FULL format.

Times Publishing Company
St. Petersburg Times

July 21, 1997, Monday

SECTION: PASCO TIMES; Pg. 1

DISTRIBUTION: PASCO TIMES

LENGTH: 659 words

HEADLINE: Planned day care center could be model for state

BYLINE: RICHARD VERRIER

BODY:

In all the talk about welfare reform, one subject often overlooked is day care.

Yet affordable day care can be crucial for those trying to get off the dole. And it's often elusive for those earning minimum wage.

That's one reason a proposed day care center for up to 150 children near Gulf High School has caught the attention of local and state officials, who say it could become a statewide model.

Bonnie and John Martin, social workers turned business owners, are planning to operate a day care center within a building owned by Applicant Insight, which specializes in background checks for job applicants.

The 8,000-square-foot center, at the northeast corner of School Road and George Street, would cater not only to Applicant Insight, but also to other local employers. The center would take referrals from Youth and Family Alternatives, which provides subsidized day care and other services to help those trying to get off welfare.

And it would include a separate, 500-square-foot center for mildly sick children. Nursing services might be provided by the Pediatric Foundation of Pasco County.

"We're encouraging employers to sponsor sick children care because the reduction in absenteeism is a great benefit to the company," said Bonnie Martin, who also operates Cedarview Preschool on State Road 52.

The arrangement is highly unusual in the Tampa Bay area, said Katie Yeates, child care resource and referral coordinator for Pinellas County. In Pinellas County, care for sick children is offered only through local hospitals, Yeates said.

And the few companies that provide subsidized day care, like Barnett and Honeywell, tend to restrict it to just their employees.

St. Petersburg Times, July 21, 1997

They're also large companies, not the small businesses that most Floridians work for. A 1993 survey by Florida Children's Forum, the state's child care and resource network, found that most of the 100 or so companies providing on-site day care in the state had more than 500 workers.

The Martins, however, hope to offer child care to a range of employers and people of different income levels. They are talking to several local companies, from hospitals to pizza restaurants. Corporate sponsors, eligible for tax deductions, would get 10 percent to 20 percent discounts on day care rates (about \$ 80 to \$ 100 a week) for their employees.

"I think it's wonderful," Yeates said. "It's a really innovative approach."

Susan Muenchow, executive director of the Florida Children's Forum, agreed, saying the Martins' plan to cater to small businesses and involve both public and private sectors is rare. There are only a handful of similar child care centers in the state, she said.

Muenchow has asked Bonnie Martin to give a presentation about the day care at a Children's Forum conference in October, the same month the facility is expected to open.

"In this era of welfare reform, we're trying to expand the number of children served by people like Bonnie, who are truly quality providers willing to step up to the plate to meet the needs of working parents."

The center would be designed to resemble parts of New Port Richey. For instance, a certain area would be made to look like Sims Park. The center would offer a fine arts program and be accredited by the National Association for the Education of Young Children. Only 400 of the 6,000 day care centers in Florida are accredited by the organization, whose staffing requirements are stricter than state standards.

The day care would employ more than 20 people, including some trained in caring for children with special needs.

Such a service is rare and welcome, said Connie Jackson, program director for subsidized child care for Youth and Family Alternatives in Pasco.

"We get a lot of children with special needs, and it's hard for parents to juggle work and their needs," Jackson said. - Times staff writer Richard Verrier can be reached at 869-6245 or by e-mail at verriersptimes.com.

LANGUAGE: ENGLISH

LOAD-DATE: July 21, 1997

LEVEL 1 - 11 OF 24 STORIES

Copyright 1997 Times Mirror Company
Los Angeles Times

August 11, 1997, Monday, Home Edition

SECTION: Business; Part D2; Page 16; Financial Desk

LENGTH: 1075 words

HEADLINE: CAREERS / BALANCING WORK & FAMILY;
WAY COOL;
PARENTS MAY FEEL GUILTY ABOUT PUTTING THEIR CHILDREN IN DAY CARE, BUT
STUDIES--AND THESE KIDS AT SUMMER CAMP--INDICATE THEY CAN RELAX.

BYLINE: DEBORA VRANA, TIMES STAFF WRITER

DATELINE: AGOURA HILLS

BODY:

If you need to find Amber McCracken's) mom, it's really easy.

You go straight, turn this way, then go under a bridge and there she is.
While Amber spends her days at summer camp, she says, her mom is busy working.

"My mom just makes money," 5-year-old Amber explains. "She dials for the
money and then they send her the money because she's made it."

Amber loves summer camp, archery most of all. But sometimes she misses her
mom. "In the middle of the day," she says, "I think of my mom. But I know she's
coming to pick me up."

It's summer and the living is easy for Amber and the 50 or so other children
here at CW Adventure Camp in Agoura Hills. In a patch of green fields and red
and yellow jungle gyms enveloped by the warm California hills, they make crafts,
swim, play and just plain enjoy being out under the blue sky, even if it's
90-plus degrees outside. Being at home, they'll tell you, is boring.

Summer camp is the day care of choice for Southern California parents this
time of year. Year-round, however, families are grappling with the emotional
aspects of child care, an issue that ranks up there with religion and money. It
divides spouses and siblings, sparks fights at neighborhood barbecues and
increases conflict in the workplace as parents struggle with how much time they
want to spend--or can afford to spend--with their children.

Though some parents have opted to cut back on their work hours or even leave
the labor force, an unprecedented number of U.S. women with preschool-age
children now work outside the home.

Government statistics show that 62% of mothers with children under the age of
6--a total of 10.3 million women--work either part or full time. The vast



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majority of them use some form of day care.

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Amber and Elite Rothstein hide under a picnic table to get away from the bumblebees, which hover around the dripping watermelon and the peanut butter sandwich in Elite's Barbie lunch box. Elite's bright pink dress, emblazoned with Esmeralda from Disney's "The Hunchback of Notre Dame," catches on the wooden bench and Amber helps her.

Does Elite like being at camp?

"Of course," the 5-year-old says, brushing back the colored beads woven into her hair. "You can play with kids here, and I don't have a sister or anything at home."

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No doubt many parents sighed in relief earlier this year when a wide-ranging study was released that said young children in day care generally suffer no disadvantage in cognitive or linguistic development.

"Day care affects more families now than it did a generation ago, though it's always been an emotional issue," said Alison Clarke-Stewart, a UC Irvine developmental psychologist overseeing a group of more than 100 Southern California children who participated in the federally funded study.

"Certain family factors, education, income and the quality of care are still more important when determining how a child will do in day care," she said.

Studies have shown that the most significant factors are the family's economic status, the mother's psychological well-being and intelligence, the child's gender and infant temperament.

The recent federal study tracked 1,300 children from birth to age 3. Results from the first phase, released last year, found that day care itself did not harm children's emotional attachment to their mothers.

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"There's comfort in the sense that these studies are not a blanket condemnation of child care," said Clarke-Stewart. "Some people have been worried that the very fact of being separated from the parent is detrimental. That's not a valid view, although many people are still very vocal in their view that this is true."

★

Sean Titcher, 4, stands so close to his friends Sean Smith and Arram Noshirvan, also 4, that they almost form a pile. They want you to watch them do somersaults in the grass. And to listen to how each can burp louder than the



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Los Angeles Times, August 11, 1997

other. "Look at me!" everything about them shouts.

"I like all the things here," says one of the Seans, pulling his white T-shirt over his head so his bellybutton shows. His friends march around in the grass trying to find bees to stomp on.

Bikini-clad Rachael Feinstein and Cassandra Gaffney, both 9, are best friends, but only while they're at camp.

"I have another best friend at home," says Cassandra.

Not that that's where she wants to be. "There's nothing to do at home but watch TV. This is the best camp I've been to," she says, squirting herself in the forehead with a water bottle. "I hate school."

The two girls agree that summer camp is the best. It gives you plenty of time to swim and talk.

Seven-year-old Tara Fleishman is here with her younger sister, Sarah. Their father and uncle attended a summer camp run by the same people who operate this one, Tara says. Though Sarah says the camp is "really fun," Tara would rather be at home.

"Today my mom might come pick me up early 'cause she has a doctor's appointment," she says. "I'm going to call her."

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The number of children in day care is expected to swell in coming years, as welfare reforms, by some estimates, push as many as 4 million low-income women into the work force. This surge in working women, many of them single parents with special needs but little cash to pay for increasingly expensive care, is certain to exacerbate the debate over child care.

The latest issue of Working Mother magazine ranks California among the top 10 states for child care in terms of quality, safety, availability and commitment. The magazine notes that child care has become a priority at the state level nationwide.

"This is not an issue that will go away," Clarke-Stewart said. "If there were some dramatic shift and more people were able financially to stay at home, I still think women are not going to trudge back into that role. We've been socializing girls to have a career for the last generation."

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Jeffrey Miller, 12, who lives in Detroit most of the year, likes spending his summers in California with his mother. He especially likes camp in Agoura because of the friends he's made and the sports. Next year he hopes to be a counselor.



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"People care about people a little bit more here," he says.

Jeffrey said he's glad his mom, a trainee at a nearby car dealership, has a job.

"I think she likes her job," Jeffrey says. "It's better than her sitting around the house all day. We spend lots of time together on the weekends."

GRAPHIC: PHOTO: Five-year-old Amber McCracken gets archery lessons from camp counselor Gil Vizcarra. no credit PHOTO: There's lots to keep kids busy at Children's Wonderland in Agoura Hills. Cassandra Gaffney, above left, and Rachael Feinstein, both 9, beat the heat with water bottles.... PHOTO: ...Elite Rothstein, 5, far left, is about to have lunch--safely away from the bumblebees... PHOTO: ...And Jeffrey Miller, 12, likes camp because of the sports and hopes to be a counselor next year. PHOTOGRAPHER: JOEL P. LUGAVERE / Los Angeles Times

LANGUAGE: English

LOAD-DATE: August 11, 1997



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LANGUAGE: English

LOAD-DATE: August 11, 1997

LEVEL 1 - 4 OF 24 STORIES

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THE DALLAS MORNING NEWS

August 14, 1997, Thursday, HOME FINAL EDITION

SECTION: TODAY; WORKING WOMAN; Pg. 8C

LENGTH: 454 words

HEADLINE: How to choose right day care

BYLINE: Niki Scott, Universal Press Syndicate

BODY:

After almost two years at home with her daughter, Martha is about to return to work this fall. She has more than one group day-care option available to her, but can't seem to make the choice.

What's important is the quality of child care we find for our children, not the type. For example, if you can place your **child** in a **day-care** center with spotless credentials and a golden reputation, but can't find a family caretaker with the same qualifications, you'll choose the center. If a family caretaker has a sterling reputation and excellent credentials, on the other hand, but you can't say the same about the day-care centers in your area, your choice is obvious.

The most important thing to remember is that no one knows your child as well as you do, so no one is more qualified than you to choose the right day care for him or her.

As you choose between the more formal care of a day-care center and the less structured care that family caretakers usually provide, you might want to consider these six points, as well:

* Is this your child's first experience with out-of-the-home care? Children often do just fine when their first experience with child care is a day-care center, but sometimes they can be a bit overwhelmed, especially if they've never been to a play school or nursery school.

* How sociable is your child? Children who are friendly and gregarious usually do well in a day-care center environment, while children who are shy, reserved or easily intimidated often fare better in a more homelike atmosphere.

* Does your child respond well to schedules and structure? Some preschoolers need a set routine and firm boundaries. If this is true of your child, a day-care center might be best for her.

U How does your child generally respond to adults? If he warms up quickly to strangers and doesn't seem unduly distressed if one caregiver replaces another, he'll probably not be overly upset by the high turnover rate from which many day-care centers suffer.



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* How does your child interact with other children? If she's used to playing with children her age and has mastered some of the necessary coping skills - like sharing SOME of the time and standing up for herself - she'll probably like a day-care center's busy environment and larger choice of playmates.

* Finally, how would you cope if a family caretaker's situation changed and she could no longer take care of your child? The problem with a family caretaker is that there's only one of her. If losing your child's caretaker for even a day or two would be a disaster, a day-care center might be the best child care for you.

Write to Niki Scott at Universal Press Syndicate, 4520 Main St., Kansas City, Mo. 64112.

LANGUAGE: ENGLISH

LOAD-DATE: August 15, 1997



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LEVEL 1 - 12 OF 24 STORIES

Copyright 1997 The Dallas Morning News
THE DALLAS MORNING NEWS

August 10, 1997, Sunday, ARLINGTON MORNING NEWS EDITION

SECTION: NEWS; Pg. 11A

LENGTH: 1343 words

HEADLINE: Businesses cater to mor all-nighters in Dallas

BYLINE: Aline McKenzie, Staff Writer of The Dallas Morning News

DATELINE: DALLAS

BODY:

DALLAS - Night life is nothing new to Dallas, but bars and restaurants aren't the only ones pulling all-nighters.

More utilitarian establishments are catering to a red-eyed clientele that wants to take care of everyday business at night.

Need to get your cat vaccinated at 3 a.m.? A few vets are open to give it a shot. Feeling pale? You can catch some midnight sun at a tanning salon. And if you work a graveyard shift, you can leave your **child** in **day care** - night care, rather - at any hour.

Dallas is still nowhere near The City That Never Sleeps, but neither does it roll up its sidewalks at night.

Even when it's dark outside, it's still workout time at 24 Hour Fitness in Mesquite. The maze of mirrors, ranks of stark white workout machines and blue and red neon surround a never-ending flow of fitness-bound folks.

Greeting them is Chris Clee, 30, who, with his curly brown hair, tiny oval wire-framed glasses and muscular physique, looks like a librarian who could pound a patron into the floor for not being quiet enough.

He and his equally boxy friend, Jesse Hartzo, have been the night crew at the gym since January, when it went to 24 hours.

Both men had been bouncers at a Dallas club for several years, and they jumped at the chance to get out of the smoke and noise.

Here, instead of fights and stabbings, the worst they have to contend with is turning away the occasional member who shows up without a membership card.

Aside from cleanliness and safety, they say they like the sociability of the night crowd. Most of the late-night gym-goers are serious about their routines and show up regularly.

Greg Whiteley is a former competitive bodybuilder who shows up every night



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after his 3-11 p.m. shift at a Mesquite hospital, where he works as a respiratory therapist.

"I can find energy late in the afternoon and night," said Mr. Whitely, 32. "Early morning, no."

A few months ago, he met Chad Bradford, 21, a thin, goateed young man who's now his regular workout partner.

Mentor and protege now work every night on building up Mr. Bradford's strength and bulk, up 10 pounds in three months. The younger man, who works at Home Depot, drives from Carrollton to the Mesquite gym every night.

"I'd rather be here than at home watching TV," he said.

While 24 Hour Fitness is a newcomer to the late-night field, the Metroplex Veterinary Centre has been at it for 19 years, said administrator Brian Hayden.

And unlike many overnight vet clinics that provide only emergency care, the Metroplex clinic in Irving remains full-service at all hours, he said.

About a third of the 100 or so daily clients come through at night. And while there are usually several emergencies each night, usually it's quiet, allowing the staff to perform surgeries, lab work and other routine tasks without the distraction of a full waiting room.

On a recent night, quiet alternated with chaos in a roller-coaster that staff members said was about the usual mix.

Dr. Brad Hines coached a colleague fresh out of vet school through a biopsy on an ancient golden retriever suspected of having cancer.

The dog, its face white with age, barely moved as they injected a local anesthetic, then inserted a notched tube that caught a sliver of tissue for later diagnosis.

A few minutes later, an emergency rolled up - a large brown dog that had been hit by a car.

A half-dozen vets and aides hurried the dog on a blanket into the back, where they put her on a table and began assessing her injuries. Only a few scrapes and cuts were apparent as technician Dana Willett called out the dog's elevated temperature.

Suddenly the injured dog collapsed, as if anesthetized. Shock, probably from internal bleeding.

Working almost silently, the team members clicked into overdrive: One hand-pumping a breathing bag, another preparing a syringe of epinephrine to jump-start the heart, Dr. Scott Humphries pumping the 93-pound dog's chest.

At 10:05, someone said, "She's gone," but the team kept working, just in case. Five minutes later, the tubes and needles were being gently removed, and the owner notified.



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The staff returned quickly to other tasks: Helping an extremely indignant cocker spaniel and preparing to operate on a young Saint Bernard suspected of eating a sock.

Dr. Humphries, who became a vet after a career managing a restaurant chain, said it's important to get right back to the more mundane jobs after an animal dies.

"Now I know I'm going to go in and save this guy," he said, nodding at the Saint Bernard. "So that's a real positive end to the day."

Yolanda Edwards has learned the hard way that the end of the day can come just about any time.

When she opened Night Shift, her East Oak Cliff child-care center, in 1994, she wanted only to work at night. But within a few months, the demand for her services made her switch to 24 hours.

Some of her customers work night shifts, then day shifts, then night shifts again and want to keep their children in the same center.

"Nights didn't bother me, but it was a stretch to go 24 hours," Ms. Edwards said.

She got the idea in 1989, when she heard two radio news stories - one about a child that shot another child to death when they were left alone at home, and another about a woman's boyfriend who beat her child to death while she was at work.

"I was in complete tears, and it occurred to me we have to do something to take better care of our children," she said.

Pregnant herself at 16 and divorced at 18 with two children, "I have a soft spot for single mothers," Ms. Edwards said. She has also worked night jobs on assembly lines, in bail bond offices and with bookbinding companies.

Five years after hearing those news stories, she opened the center in a leased building just south of downtown.

The center serves about 91 children, 36 of whom stay at night.

Sometimes parents who work only until late evening ask that their children stay awake at the center, so the family all goes to bed at the same time, said office manager Tracey Toney.

Other children sleep at the center, wake up when their parents arrive, sleep in the car, then have a snack or playtime.

"I can stay awake for a long time at night," bragged 9-year-old Dartanian Lewis as he mimed sitting up with a television remote.

One parent, Sherry Lewis, said she began taking her two children to the center when she had a day job because it was convenient to her work and she liked the place.



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Then, unexpectedly, she got promoted at the dairy where she works and got switched to nights, so the all-hours center came in doubly useful.

"Every parent doesn't work 9 to 5," she said.

And not everyone who wants a tan needs the sun. So Palm Beach Tan is the land of the midnight sun. Or at least the midnight timed dose of UV-B rays, delivered in either a horizontal or vertical tanning bed.

Palm Beach Tan's hours are convenient for clients, and a good quiet job for a student or someone who needs a low-stress second shift to make ends meet. But there's one occupational hazard.

"I've worked a lot of midnight jobs, and one thing they all have in common is boredom," said Rex Prather.

"I listen to the radio, and it's the same song every hour," he said.

Mr. Prather, 24, restaurant kitchen manager and aspiring chef by day, by night is the lone employee at Palm Beach Tan on Greenville Avenue.

It's not very intellectually demanding work - assign a room to a client, turn on the tanning machine (automatically controlled from a front-counter computer system), wipe down the tanning bed afterward, wash a lot of towels, do general cleanup. And, every once in a while, pound on the door of a client who has fallen asleep.

The Greenville location is near several topless clubs, so there's sometimes an influx of just-off-duty dancers about 2:30 a.m. However, the male staffers said, being in a near-empty tanning club with a bunch of strippers actually ranks pretty low on the dream-come-true meter: The dancers, like anyone after a long, tiring shift, are often fairly grumpy.

GRAPHIC: PHOTO(S): (The Dallas Morning News: Michel Fortier) Susana Villalobos, a night security guard for the city of Dallas, picks up her daughter, Cecilia Mendoza, just after midnight, long after most day-care centers are closed.

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LEVEL 1 - 13 OF 24 STORIES

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THE DALLAS MORNING NEWS

August 10, 1997, Sunday, HOME FINAL EDITION

SECTION: NEWS; Pg. 37A

LENGTH: 1509 words

HEADLINE: The city never sleeps for some;
Night shoft workers find businesses that accommodate odd hours

BYLINE: Aline McKenzie, Staff Writer of The Dallas Morning News

BODY:

Night life is nothing new to Dallas, but bars and restaurants aren't the only ones pulling all-nighters. More utilitarian establishments are catering to a red-eyed clientele that wants to take care of everyday business at night.

Need to get your cat vaccinated at 3 a.m.? A few vets are open to give it a shot. Feeling pale? You can catch some midnight sun at a tanning salon. And if you work a graveyard shift, you can leave your **child** in **day care** - night care, rather - at any hour.

Dallas is still nowhere near The City That Never Sleeps, but neither does it roll up its sidewalks at night.

Even when it's dark outside, it's still workout time at 24 Hour Fitness in Mesquite. The maze of mirrors, ranks of stark white workout machines and blue and red neon surround a never-ending flow of fitness-bound folks.

Greeting them is Chris Clee, 30, who, with his curly brown hair, tiny oval wire-framed glasses and muscular physique, looks like a librarian who could pound a patron into the floor for not being quiet enough.

He and his equally boxy friend, Jesse Hartzo, have been the night crew at the gym since January, when it went to 24 hours.

Both men had been bouncers at a Dallas club for several years, and they jumped at the chance to get out of the smoke and noise.

Here, instead of fights and stabbings, the worst they have to contend with is turning away the occasional patron who shows up without a membership card.

Aside from cleanliness and safety, they say they like the sociability of the night crowd. Most of the late-night gymgoers are serious about their routines and show up regularly.

Greg Whiteley is a former competitive bodybuilder who shows up every night after his 3-11 p.m. shift at a Mesquite hospital, where he works as a respiratory therapist.



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"I can find energy late in the afternoon and night," said Mr. Whitely, 32. "Early morning, no."

A few months ago, he met Chad Bradford, 21, a thin, goateed young man who's now his regular workout partner.

Mentor and protege now work every night on building up Mr. Bradford's strength and bulk, up 10 pounds in three months. The younger man, who works at Home Depot, drives from Carrollton to the Mesquite gym every night.

"I'd rather be here than at home watching TV," he said.

Late-night veteran

While 24 Hour Fitness is a newcomer to the late-night field, the Metroplex Veterinary Centre has been at it for 19 years, said administrator Brian Hayden.

And unlike many overnight vet clinics that provide only emergency care, the Metroplex clinic in Irving remains full-service at all hours, he said.

About a third of the 100 or so daily clients come through at night. And while there are usually several emergencies each night, usually it's quiet, allowing the staff to perform surgeries, lab work and other routine tasks without the distraction of a full waiting room.

On a recent night, quiet alternated with chaos in a roller-coaster that staff members said was about the usual mix.

Dr. Brad Hines coached a colleague fresh out of vet school through a biopsy on an ancient golden retriever suspected of having cancer.

The dog, its face white with age, barely moved as they injected a local anesthetic, then inserted a notched tube that caught a sliver of tissue for later diagnosis.

A few minutes later, an emergency rolled up - a large brown dog that had been hit by a car.

A half-dozen vets and aides hurried the dog on a blanket into the back, where they put her on a table and began assessing her injuries. Only a few scrapes and cuts were apparent as technician Dana Willett called out the dog's elevated temperature.

Suddenly the injured dog collapsed, as if anesthetized. Shock, probably from internal bleeding.

Working almost silently, the team members clicked into overdrive: One hand-pumping a breathing bag, another preparing a syringe of epinephrine to jump-start the heart, Dr. Scott Humphries pumping the 93-pound dog's chest.

At 10:05, someone said, "She's gone," but the team kept working, just in case. Five minutes later, the tubes and needles were being gently removed, and the owner notified.

The staff returned quickly to other tasks: Helping an extremely indignant



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cocker spaniel and preparing to operate on a young St. Bernard suspected of eating a sock.

Dr. Humphries, who became a vet after a career managing a restaurant chain, said it's important to get right back to the more mundane jobs after an animal dies.

"Now I know I'm going to go in and save this guy," he said, nodding at the St. Bernard. "So that's a real positive end to the day."

Child care at all hours

Yolanda Edwards has learned the hard way that the end of the day can come just about any time.

When she opened Night Shift, her East Oak Cliff child-care center, in 1994, she wanted only to work at night. But within a few months, the demand for her services made her switch to 24 hours.

Some of her customers work night shifts, then day shifts, then night shifts again and want to keep their children in the same center.

"Nights didn't bother me, but it was a stretch to go 24 hours," Ms. Edwards said.

She got the idea in 1989, when she heard two radio news stories - one about a child that shot another child to death when they were left alone at home, and another about a woman's boyfriend who beat her child to death while she was at work.

"I was in complete tears, and it occurred to me we have to do something to take better care of our children," she said.

Pregnant herself at 16 and divorced at 18 with two children, "I have a soft spot for single mothers," Ms. Edwards said. She has also worked night jobs on assembly lines, in bail bond offices and with bookbinding companies.

Five years after hearing those news stories, she opened the center in a leased building just south of downtown.

The center serves about 91 children, 36 of whom stay at night.

Sometimes parents who work only until late evening ask that their children stay awake at the center, so the family all goes to bed at the same time, said office manager Tracey Toney.

Other children sleep at the center, wake up when their parents arrive, sleep in the car, then have a snack or playtime.

"I can stay awake for a long time at night," bragged 9-year-old Dartanian Lewis as he mimed sitting up with a television remote.



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One parent, Sherry Lewis, said she began taking her two children to the center when she had a day job because it was convenient to her work and she liked the place.

Then, unexpectedly, she got promoted at the dairy where she works and got switched to nights, so the all-hours center came in doubly useful.

"Every parent doesn't work 9 to 5," she said.

No sun needed

And not everyone who wants a tan needs the sun. So Palm Beach Tan is the land of the midnight sun. Or at least the midnight timeddose of UV-B rays, delivered in either a horizontal or vertical tanning bed.

Palm Beach Tan's hours are convenient for clients, and a good quiet job for a student or someone who needs a low-stress second shift to make ends meet. But there's one occupational hazard.

"I've worked a lot of midnight jobs, and one thing they all have in common is boredom," said Rex Prather.

"I listen to the radio, and it's the same song every hour," he said.

Mr. Prather, 24, restaurant kitchen manager and aspiring chef by day, by night is the lone employee at Palm Beach Tan on Greenville Avenue.

It's not very intellectually demanding work - assign a room to a client, turn on the tanning machine (automatically controlled from a front-counter computer system), wipe down the tanning bed afterward, wash a lot of towels, do general cleanup. And, every once in a while, pound on the door of a client who has fallen asleep.

The Greenville location is near several topless clubs, so there's sometimes an influx of just-off-duty dancers about 2:30 a.m. However, the male staffers said, being in a near-empty tanning club with a bunch of strippers actually ranks pretty low on the dream-come-true meter: The dancers, like anyone after a long, tiring shift, are often fairly grumpy.

Other clients will sometimes stop to chat. "They're trying to help me," said Mr. Prather, who is saving money to try to open his own restaurants. "They know it's a very long night, and they're trying to make it easy for me."

Troy Cooper, president of the Palm Beach Tan chain, is more excited about Mr. Prather's night shifts.

He said he foresees a snowball effect: A few businesses begin staying open all night, customers begin looking around to see what else is available, and new types of businesses expand their hours, which raises expectations again, and so on.

And it's not really that expensive for a company to go round-the-clock, he said. Most companies have to hire nighttime cleaning services, so why not have a staff member do both the cleaning and handle the few clients who come in during the very late-night hours?



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"It seems like people's lifestyles are changing," Mr. Cooper said. "There's a lot more different hours now."

GRAPHIC: PHOTO(S): (The Dallas Morning News: Michel Fortier) Above: Ferilyn Justice leads a group of children in some early evening activities after dinner at the Night Shift day-care center in East Oak Cliff. Below: For Susana Villalobos, the 24-hour day-care center is a lifesaver. She is a night security guard for the city of Dallas, and the center is close to where she works. Ms. Villalobos was picking up her daughter, Cecilia Mendoza, just after midnight, long after most day-care centers are closed.

LANGUAGE: ENGLISH

LOAD-DATE: August 11, 1997



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LEVEL 1 - 23 OF 24 STORIES

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THE DALLAS MORNING NEWS

August 1, 1997, Friday, HOME FINAL EDITION

SECTION: NEWS; Pg. 34A

LENGTH: 675 words

HEADLINE: Council asked to reconsider day-care rules Neighbor still backs limit on kids, workers at homes

BYLINE: Carla Bass, Staff Writer of The Dallas Morning News

BODY:

The Dallas City Plan Commission recommended Thursday that the City Council reconsider several restrictions it adopted in January to reduce noise and traffic at home day-care providers.

The council, responding to a resident who complained about a neighboring facility, passed a measure that reduced the number of **children** each home **day-care** center could keep from 10 to six.

The measure also prohibits home day-care providers from hiring outside help and requires each provider to erect a 6-foot solid fence around outside play areas.

But a dozen child-care providers told Plan Commission members Thursday that the restrictions would hurt their businesses and that they were not aware of the council's action until after the measure was approved Jan. 22.

Home day-care centers operating before the restrictions were passed were exempted, yet existing day-care operators are among those fighting the changes.

"We have to work for the future of child care," said Martha Cephus, a Dallas-area representative of the Texas Professional Home Child Care Association.

City Plan Commission Chairman Hector Garcia said he understood the council was trying to help address a homeowner's concern when it adopted the new regulations. "But it's time for the city to admit that it made a mistake on January 22, 1997," he said.

Leon Banowetz, the White Rock Lake area homeowner who triggered the council's action, disagrees. He said he didn't believe businesses should be allowed to operate in the middle of residential areas. He and his wife, Molly, urged the Plan Commission to support the tighter restrictions.

"The real reason I find this code to be unfair is that day-cares are granted rights above other home businesses," said Mrs. Banowetz. "It may take a village to raise a child, but I only see one villager profiting from this."



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Mr. Garcia said the owner of the home day-care center next to the Bahowetzes had hired two employees and would leave during the day to go to another job - which he said is not the intended use for such businesses.

To prevent such practices, the commission recommended Thursday that the council stipulate that a home day-care center be run mainly by the resident.

When city officials were considering imposing tighter restrictions last winter, Mr. Garcia said, they heard little outcry from home day-care workers. Day-care workers said no regulatory agency notified them of the changes, and few people saw the public announcements in the classified section of the newspaper.

When the news finally began circulating this summer, Mr. Garcia said, the day-care providers came out in full force. About 150 people attended a July 17 public hearing, he said, and almost all were against the new requirements.

The recommended changes would allow home day-care providers to keep up to 10 children and employ two outside employees. The height requirement for fences around outside play areas would return to four feet. The City Council still has to vote on the Plan Commission's recommendation.

Bertha Gary, who said she had been taking care of children in her home near Fair Park for nine years, said lowering the number of children home day-care centers can keep not only would hurt providers but parents searching for affordable day care.

"A lot of the parents in my neighborhood are either on welfare or coming off welfare," she said. "They can't afford to pay any more, and if someone could only keep six kids, I don't think they could stay in business."

Noah Cano, licensing supervisor in the Child Care Licensing Division of Texas Department of Protective and Regulatory Services, said it was not unusual for city ordinances to be more restrictive than state standards.

State regulations for home day-care centers allow a maximum of 12 children, he said. That number can be lower depending on the number of preschool or infant children in care, Mr. Cano said. The state also requires 4-foot-high fences around outside play areas, and allows providers to hire up to two outside employees.

GRAPHIC: PHOTO(S): (The Dallas Morning News: Louis DeLuca) Day-care provider Bertha Gary gives Jessica Morgan a hand Thursday in reaching the swing set in Ms. Gary's back yard in South Dallas. She may be affected by the Dallas City Plan Commission's recommendation that the City Council reconsider home day-care restrictions.

LANGUAGE: ENGLISH

LOAD-DATE: August 2, 1997



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The Record

July 20, 1997; SUNDAY; ALL EDITIONS

SECTION: NEWS; Pg. A01

LENGTH: 2115 words

HEADLINE: WHO'S MINDING THE KIDS ;
N.J. LAGS IN REGULATING DAY-CARE HOMES

SERIES: WHO'S MINDING THE KIDS

BYLINE: PEGGY O'CROWLEY, Staff Writer

BODY:

If you love children and need cash, it seems like a great way to make a living, open up your home to a handful of neighborhood kids whose parents are off working during the day.

By some estimates, between 20,000 and 34,000 people run family day-care homes in New Jersey, each with up to five youngsters.

But who watches the people watching the children?

In many cases, no one.

This month, the state announced that it will step up oversight of commercial day-care centers beginning in September, sending inspectors once every 18 months instead of once every three years. But there are no plans to require any inspections at all at the vast majority of day-care homes.

New Jersey is one of nine states that do not require some form of licensing or registration for all day-care homes, and it is the only state that does not mandate some type of regulation, according to a 1996 study by the national Children's Foundation. New Jersey allows home day-care providers to register and be regulated on a voluntary basis.

At least 70 percent do not volunteer, some to avoid paying income taxes on their earnings, officials say. The result: There is no one to ensure that surroundings are safe and the child-care provider is qualified.

"It's utter madness," said Kay Gellert, a member of the Statewide Coalition for Child Care and former director of a Westwood child-care center.

In a statement released last month, the coalition strongly urged the state to adopt laws requiring registration of all family child-care homes, a position held by groups such as the National Association for Family Child Care.

The Record, July 20, 1997

Such groups also want New Jersey to step up inspections and toughen regulations for registered providers. New Jersey, for example, is one of 11 states that does not require providers to know cardiopulmonary resuscitation.

"We feel all states should have minimal health and safety standards, and that's best accomplished through licensing," said Deborah Eaton, president of the family child care association. "Good grief, you have to have your dog licensed, and we're talking about your children."

The number of homes is expected to grow faster than a healthy 2-year-old as welfare reforms move thousands of women into the job market. ~~State officials, who have promised welfare recipients two years of subsidized child care, say 10,000 additional day-care slots will be needed within a year.~~

Not everyone sees major flaws in the state's system.

The New Jersey Family Child Care Providers Association likes voluntary registration. President Alexis Holbrook said the home day-care business tends to be self-regulating in that people drawn to it are usually good with children. Such people will step forward under voluntary registration.

Additionally, Holbrook said other states may not be watching over home day-care as aggressively as some experts suggest.

"Some states definition of mandatory registration might be you just have to put down your name and address," she said. "It doesn't mean they have stricter guidelines."

California rules are much tougher

But many states do.

Rhonda Leahy, a Ringwood family day-care provider, ran a similar enterprise when she lived in California. The regulations there, she said, were "much tougher."

~~In California, all providers must be licensed. They are fingerprinted for a background check that looks for criminal and child abuse records. Providers are required to get more than 15 hours of child care training, including pediatric first aid and CPR.~~

~~Inspectors "come to your home and say, I want to see your bathroom, to see if you have shampoo or conditioners out that might be poisonous," Leahy said. "They never do that here."~~

In California, Leahy said, mandatory licensing helped increase public awareness. "There, if a water meter reader came to your house and saw six kids there with no licensing, he'd report you," she said.

In contrast, New Jersey's regulation of day-care homes is inconsistent.

The Record, July 20, 1997

About 4,400 home day-care providers are registered. Registered homes are inspected by county child care agencies contracted by the state. Each is visited once every three years, when its registration is renewed. In addition, 20 percent of the registered homes are randomly inspected each year.

In contrast, there are no inspections at all at the estimated 16,000 to 30,000 unregistered homes. This does not mean they are operating illegally. The operators have simply chosen not to register with the state. In fact, experts say many offer good, safe child care.

But as one expert said, "It's a crapshoot."

In 1987, two state legislators introduced a bill mandating registration of day-care homes. Edna Ranck, child-care coordinator for the Department of Human Services, said the department came out in favor of the measure, but that the proposal failed to win enough support among lawmakers.

Some said it would be too costly. Inspectors would have to be hired, and paperwork would have to be processed.

And, lawmakers "were very wary" of requiring government inspection of people's private homes, Ranck said. "They perceived it as an intrusion," she said. "They didn't think about child care then the way we do now."

The bill was amended to allow voluntary registration.

Osceola Izzard of Englewood, a registered provider for 12 years, is among those who think all homes should be monitored.

"I feel like it makes you more professional," she said. "I don't consider myself a baby sitter; I'm a day-care provider."

An inspector's long checklist

Lenora Rodriguez has a long checklist when she inspects a day-care home.

She looks for locks on the doors of cabinets containing toxic materials. She makes sure baby gates block stairs. She checks to see whether electrical outlets are covered. She looks for appropriate toys and activities for the children.

She thinks inspections are critical. Rodriguez, who works for North Jersey Community Coordinated Child Care, the agency that inspects day-care homes in Passaic County, would like to see all day-care homes inspected.

And she would like scheduled inspections to take place more often than once every three years.

The Record, July 20, 1997

"Some people need more visits and help than others," she said. "What we try to do is assign each provider a specific field worker, who is in constant communication via phone, letters, visits. When there's a provider maybe lacking in one area, the field workers take it upon themselves to work with that person to bring their skills higher."

~~In 1996, the state received 137 complaints about registered day-care homes, and found 45 to be accurate. Twenty-five registrations were revoked for serious violations ranging from not meeting safety requirements to having more than the legal limit of five children.~~

No one knows how many violations take place in unregistered, uninspected homes.

~~But a lack of inspections isn't the only problem. Some experts also point to problems in the regulations for registered providers.~~

Barbara Willer, public affairs director for the National Association for the Education of Young Children, is among those critical of New Jersey for not requiring CPR training. The state does require registered providers to get six hours of training on subjects including child development, discipline, and first aid before they open for business.

"The primary purpose of state licensing is to protect children from harm," Willer said. "The states that don't have those kinds of very basic protections are doing a disservice to families."

Sister Donna Minster, director of the Camden County Division on Children, said the state doesn't even require day-care homes to have telephones. Providers just have to be able to get to one within five minutes. "Right off the bat, that's a basic thing that should be changed," said Minster, who acknowledged that most providers probably do have phones.

Several registered day-care providers said some inspectors from county agencies don't do as thorough a job as they should.

Her last inspector "just sat at my kitchen table and reviewed the children's records. She never looked at my play area," said Laurie Whitney, a registered family child-care provider in Ringwood. "That was a joke."

Still, Whitney said parents should not assume that family day-care providers are unqualified. She and other members of the North Jersey Child Care Providers Support Group take CPR classes together, invite child-care experts to monthly meetings, and exchange ideas.

"We think of ourselves as professionals," said Whitney, who supports mandatory registration, but with a caveat: "Registration is no guarantee for quality. We know people who have registration and you wouldn't leave a child with them. And we know people who aren't who are very good."

The Record, July 20, 1997

"The system is so ineffective, why be registered?" Kathleen Ross, director of Morris County Child and Family Resources, agreed that mandatory registration would not necessarily increase the quality of family day care.

"It would be great if it were mandatory, but it would cost the state a significant amount of money. And there would still be an underground network" of providers who refused to register, said Ross, whose agency oversees child care in Morris County.

2,000 providers on waiting list

Even without mandatory registration on the horizon, family day-care in New Jersey is in a state of change.

The state is spending \$ 8.5 million this year as part of its Bright Beginnings program to create day-care slots, including more than 6,100 in family day-care homes.

As part of that plan, the state also plans to provide money to perform checks on, and process paperwork for, 2,000 home day-care providers who want to be registered but are stuck on the waiting list.

Further, there is a proposal to allow 10 children, instead of five, in each day-care home if the provider has a qualified assistant. The number would not include any children belonging to the provider or assistant.

Ross heads a group that is discussing standards for "approved homes." Under welfare reforms, women moving into the work force can give their child-care subsidies to approved friends or relatives who look after their children. An inspector makes one visit before a subsidy is paid, but does not return for further inspections.

There are also changes coming in Bergen County that Gail Rosewater finds upsetting. The director of the Bergen County Office for Children said her agency has been inspecting most of the registered homes it is responsible for at least once a year, far more often than the state requires.

But now it has been told by the state to use \$ 30,000 of the money now spent on inspections to set up day-care homes for abused children.

"Now we will be back to inspections every three years," she said.

"I certainly understand the need for high-quality homes to care for abused children, but I really think Bergen County has been able to ensure providers were in compliance.... And we're no longer going to be able to do that."

Such cutbacks in oversight come at a time when the country seems to be heading the other way.

The Record, July 20, 1997

~~In recent years, several states, including Georgia, Kentucky, and Connecticut, have looked to step up day-care oversight after children died in those states.~~

~~In Florida this year, 3-month-old Jeremy Friedholz was placed in family day-care with a provider who said she cared for six children and had an assistant trained in CPR. Within two hours on his first day at the home, the boy was found facedown in his crib. He had choked to death on blood and vomit.~~

In reality, the provider had 13 children in her home. She had gone food shopping, leaving in charge her assistant, who did not know CPR.

Last week, the boy's parents testified before the U.S. Senate Labor and Human Resources Committee in favor of a national law that would toughen day-care standards. ~~Julie and Mark Friedholz asked the senators to require that day-care providers get 40 hours of training, with first aid and CPR included, and have their homes inspected every three months.~~

"Anyone who fails to vote for tougher regulations in day care is signing a death warrant for our children," the Friedholzes said in their statement to the committee. "Anytime you think of abandoning this issue, just remember how Jeremy Friedholz died in his first two hours of day care."

GRAPHIC: "Registration is no guarantee for quality," she said. "We know people who have registration and you wouldn't leave a child with them."

LANGUAGE: English

LOAD-DATE: July 21, 1997

36TH STORY of Level 2 printed in FULL format.

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July 15, 1997, Tuesday, Final Edition

SECTION: METRO; Pg. B01

LENGTH: 618 words

HEADLINE: Virginia Day-Care Inspections Fall Short; Missed Visits to Centers Reached Their Worst Level Yet in 1996, Auditors Report

BYLINE: Ellen Nakashima, Washington Post Staff Writer

DATELINE: RICHMOND, July 14

BODY:

The state last year failed to make mandatory twice-a-year inspections of 722 licensed day-care centers -- almost 300 of them in Northern Virginia, a legislative audit panel reported today.

The Department of Social Services lacks enough staff to perform the routine inspections, leaving 159 of the day-care centers statewide without even one inspection last year, said Bill Murray, a project director with the Joint Legislative Audit and Review Commission.

There were 4,200 licensed day-care centers in the state last year.

The state has failed to meet the twice-yearly inspection requirement since it was imposed in 1990 but last year had the worst performance ever, Murray said.

The report, commissioned by the General Assembly, also criticized the state's plan for awarding child day-care subsidies based on local household incomes rather than cost of living. Northern Virginia would be hit hardest by the change because median incomes in the region are high but pockets of poverty are large, Murray said.

Over the last three years, the department has shifted funds meant to help the working poor to families on welfare, the report said. That violated General Assembly instructions, Murray said.

State social service officials rushed to assure lawmakers they would find money within their budget to hire inspectors. Murray estimated they would need to add nine to the current 46 -- at a cost of about \$ 300,000.

"This is a problem we plan to address," said Betsy E. Riopelle, the department's policy director. "We're starting to take it real seriously here."

Given the lag in inspections, "you just cannot say the state is doing a good job of protecting children," said Del. Julia A. "Judy" Connally (D-Arlington), vice chairman of the Commission on Early Childhood and Child Day Care Programs. "It sounds like they're accidents waiting to happen."

Among the licensed centers that did not receive two visits is Children's International in Alexandria, where owner and director Beatrice Tierney said

The Washington Post, July 15, 1997

she welcomes inspections -- if just to reassure parents. Her site was visited once.

"Parents are very wary about the kind of program you have," Tierney said. "Knowing that the state monitors that makes them feel better."

Parent Michael Kinney agrees. The Alexandria data analyst sends his 3-year-old son and 4-year-old daughter to Tierney's center. He thinks the state should meet its mandate.

"I would like more comprehensive monitoring," he said. "You just don't know what's out there sometimes. . . . But I have no complaints about this one."

Local government agencies in Alexandria and in Arlington and Fairfax counties regulate family day-care homes with five or fewer children. The state has responsibility for larger facilities. Carol Farrell, director of Alexandria's Office for Early Childhood Development, said members of the city's social service staff visit the small homes at least every four months.

"Even though our staffing is not what it needs to be, we meet our goal," Farrell said. "Parents depend on the government to maintain a minimum standard of care."

The funding formula for day care also drew complaints from some legislators from Northern Virginia, where 1,760 families are on a waiting list for child care.

Shifting more money to lower-income areas statewide especially hurts the working poor who are barely above poverty level, said Del. Vincent F. Callahan Jr. (R-Fairfax). "What's the difference between 'low income' and 'really low income'?" he asked.

Riopelle said the state is studying the issue.

To request a copy of your day-care center's licensing report, call the Virginia Department of Social Services at 804-692-1900.

LANGUAGE: ENGLISH

LOAD-DATE: July 15, 1997

34TH STORY of Level 1 printed in FULL format.

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July 24, 1997; THURSDAY; ALL EDITIONS

SECTION: OPINION; Pg. L08

LENGTH: 550 words

HEADLINE: IT'S UP TO PARENTS ;
NO ONE ELSE CHECKS MOST DAY-CARE HOMES

BYLINE: The Record

BODY:
NEW JERSEY is one of only eight states in the nation that have no mandatory regulation of even the most basic safety requirements for family day care. New Jersey does not require anyone who cares for other people's children in the home to register with the state or meet any minimal standards.

Despite calls for mandatory regulation, the current situation is not likely to change any time soon, largely because of budget constraints. The state can't even effectively regulate 3,000 licensed day-care centers because of a lack of staff. So parents who choose one of the estimated 20,000 or more family day care homes in New Jersey must be prepared to become inspectors themselves.

In a continuing look at child care in New Jersey, Staff Writer Peggy O'Crowley pointed out in The Sunday Record that family day care providers may voluntarily choose to register with the state. They receive home inspections, six hours of training, and are in contact with county child care officials. They are only allowed to care for five children other than their own.

But only about one in every five or six home providers chooses to register with the state. The rest are completely unregulated.

Family day care is an amorphous business. Many women care for other children for a relatively short time and may see it as temporary.

They may have small children of their own and are waiting to return to an office job. They may be caring for neighborhood children. Or they may choose not to register with the state so that they can avoid paying taxes on the income they earn.

It might be reassuring to parents if New Jersey required all family day care providers to register with the state, have their homes inspected, and take at least minimal training in child health and safety that included cardio-pulmonary resuscitation.

But that would take an army of inspectors that the state is not willing to hire. As it stands now, some 2,000 family day care providers who are eager to register with the state are on a waiting list because of a backlog of applications, although the state has a new plan.

The Record, July 24, 1997

to get them signed up.

Parents must therefore be vigilant and know what to look for and what questions to ask when they interview family day care providers.

Just the fact that other children are being cared for in the home and that they appear to be well off is not enough. Just the fact that the home appears to be clean is not enough.

Questions should be asked about smoke alarms and how quickly the home or apartment can be vacated in case of fire. How child-proof is the home, meaning, for example, are cabinets that contain cleansers and other hazardous substances equipped with locks and are unused electrical outlets covered? Do children have enough brightly lit space to play and are toys safe and large enough not to swallow?

How much attention do the children receive? Will they spend hours spaced out in front of a television, or are they read to and given the chance to draw, play games, or visit a nearby park?

Parents can't go over every detail, but they need to assure themselves that the caregiver is aware of safety and child health and development issues, and is as concerned as they are.

LANGUAGE: English

LOAD-DATE: July 24, 1997

38TH STORY of Level 1 printed in FULL format.

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July 24, 1997, Thursday, Final Edition

SECTION: A SECTION; Pg. A16

LENGTH: 565 words

HEADLINE: Child Immunizations Rise Sharply, U.S. Says

BYLINE: Peter Baker; Judith Havemann, Washington Post Staff Writers

BODY:

The number of young children being immunized for dangerous diseases has risen sharply the last four years, with three of four now receiving a full series of recommended shots by age 2, the government reported yesterday.

Since 1992, the immunization rate for toddlers has increased from 55 percent to an all-time high of 78 percent, and it exceeds 90 percent for such critical vaccines as polio, measles and tetanus, according to the federal Centers for Disease Control and Prevention.

"Now record numbers of our children -- our youngest and most vulnerable children -- are actually safe from potentially deadly diseases." President Clinton said. "We set a goal and we're meeting it."

The president and first lady Hillary Rodham Clinton announced the new statistics at a White House ceremony where they credited the administration's first-term health care initiatives for the improvement. To further boost the vaccination rates, Clinton unveiled two modest proposals to help meet his goal of ensuring that 90 percent of toddlers receive immunizations by the end of his second term in 2000.

With the first lady's encouragement, Clinton made child immunizations a key part of his agenda early in his presidency, launching a plan aimed at making vaccines more effective, affordable and widely available. Toward that end, federal vaccine funding has nearly doubled since 1993. However, some specialists said a variety of other factors also are behind the increasing immunization, including the growing number of states that now require children to be vaccinated before their parents can receive welfare.

Moreover, according to Senate aides familiar with the issue, the trend of increasing immunizations began in 1991 under then-President George Bush, who beefed up federal public education programs and increased clinic staffs and hours after a measles epidemic killed 89 people in 1990.

Clinton expanded on the effort in 1993 with a program promising free shots for every child, but it was widely criticized as overly broad and ill-conceived. Instead, a delayed and pared-down version of Clinton's plan went into effect only last year, Senate aides said, too recently to account for the full increase in immunization.

Since 1992, according to CDC figures, immunization rates for toddlers rose from 83 percent to 95 percent for diphtheria and tetanus; 72 percent to 91

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percent for polio; and 83 percent to 91 percent for measles. Vaccines for hemophilus influenzae B, a bacteria that causes a form of meningitis, and hepatitis B, were not widely used four years ago, but now are given to 92 percent and 82 percent of toddlers, respectively.

Clinton's new proposals would require all children in federally subsidized day care to be immunized and would set up a nationwide records system to track whether children are given vaccines on schedule. Although most child-care centers already require immunizations, White House officials said the new regulations would be aimed at less formal arrangements such as in-home providers, who are exempt from state licensing requirements.

"The progress we've made in immunization is one of our proudest achievements, and we have the opportunity this summer and fall to take even bolder steps," Clinton said. "But let us remember we have to finish this job. We are celebrating a milestone today, but we have not completed the job."

GRAPHIC: Chart, The Washington Post, SHOT IN THE ARM More toddlers than ever are receiving routinely recommended vaccines, President Clinton announced.

Percentage of U.S. toddlers receiving immunizations	
Full series	1992 55% 1996 78%
Hemophilus influenza type B*	1992 28% 1996 92%
Measles	1992 83% 1996 91%
Polio	1992 72% 1996 91%
Diphtheria/tetanus	1992 83% 1996 95%

*Major cause of meningitis. SOURCE: Centers for Disease Control and Prevention

LANGUAGE: ENGLISH

LOAD-DATE: July 24, 1997

31ST STORY of Level 1 printed in FULL format.

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Pittsburgh Post-Gazette

July 24, 1997, Thursday, SOONER EDITION

SECTION: HEALTH, Pg. A-3

LENGTH: 548 words

HEADLINE: GOAL SURPASSED FOR VACCINATION;
90 PERCENT OF TOTS GOT IMMUNIZATIONS IN '96

BYLINE: PAT GRIFFITH, POST-GAZETTE WASHINGTON BUREAU

DATELINE: WASHINGTON

BODY:

More than 90 percent of the nation's 2-year-olds received the most critical recommended doses of vaccines for diphtheria, tetanus, whooping cough, measles, polio and a form of meningitis last year, according to a Centers for Disease Control and Prevention report the White House announced yesterday.

This is a record high for childhood immunizations, topping the goal President Clinton called for in 1993, when he launched a national program to reach unprotected children.

In a White House East Room ceremony yesterday, Clinton told an audience of state and federal health officials, pediatricians and lawmakers: "We set a goal and we're meeting it."

But with 1 million children under age 2 still missing one or more of the recommended shots, Clinton proposed new regulations requiring states to make certain that all children receiving federally funded child care are properly vaccinated. The rule would even apply to children in legal child-care arrangements that are exempt from state licensing requirements, such as day-care homes.

He set a new goal that by 2000, at least 90 percent of 2-year-olds will have received the full series of all recommended vaccines, including mumps and Hepatitis B.

He said he also was asking the Department of Health and Human Services to work with state health departments to develop a computerized registry of vaccination records so the information wouldn't be lost when families move.

"That's the kind of thing most people can't remember, but it may have something to do with whether their children live or die," Clinton said. "And we have to do it, and do it right."

According to the Centers for Disease Control, the number of children receiving vaccinations has increased dramatically since 1992. For diphtheria and tetanus, immunization of toddlers rose from 83 percent in 1992 to 95 percent last year. The rates for polio immunization increased from 72 percent to 91 percent, for measles shots from 83 percent to 91 percent and for shots to prevent Hemophilus influenzae type B, which causes a form of meningitis, from

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28 percent to 92 percent.

Most children now also receive Hepatitis B vaccine, which was not even recommended for infants until 1991. Last year, 82 percent of 2-year-olds received the vaccine, surpassing the 1996 goal of 70 percent.

In Pennsylvania, about 80 percent to 85 percent of the 2-year-olds have been "appropriately immunized," said Gary Gurian, deputy secretary for public health programs in the state Department of Health. The figures are much higher, approaching 99 percent, for school-age children, he said.

So far this year, the Harrisburg department has spent about \$ 11 million of \$ 21.8 million it has requested from the CDC to distribute and administer vaccine to children up to age 18 at 1,600 locations throughout the state. More than 530,000 doses have been administered since the first of the year, and that number is expected to increase significantly as the school year starts and more children are reached.

Gurian said preschoolers, many of whom are in day care, were being targeted in an effort to increase the total of children immunized. He said the department also was working with local health agencies to try to develop a statewide immunization registry.

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JULY 17, 1997, THURSDAY

SECTION: IN THE NEWS

LENGTH: 4228 words

HEADLINE: PREPARED TESTIMONY OF
JAMES M. POOLE
, MD, FAAP
AMERICAN ACADEMY OF PEDIATRICS
BEFORE THE SENATE COMMITTEE ON LABOR AND HUMAN RESOURCES
SUBJECT - IMPROVING THE QUALITY OF CHILD CARE

BODY:

Good afternoon Mr. Chairman. Members of the Committee. Thank you for the opportunity to testify today about the quality of child care in this country. My name is James M. Poole and I am testifying on behalf of the American Academy of Pediatrics (AAP), an organization of 53,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults.

I am a practicing pediatrician in Raleigh, NC, and also serve on the national AAP Committee on Early Childhood, Adoption and Dependent Care, which advises the AAP Board of Directors on medical and public policy matters related to child care. In addition, I direct five child care centers serving 1000 children in the Raleigh area.

The Academy and its members have been, and will continue to be, extensively involved in child care issues. Perhaps most significantly, the AAP literally helped to "write the book" on child care quality. The AAP and the American Public Health Association, with the support of the U.S. Maternal and Child Health Bureau, developed comprehensive health and safety standards for out-of-home child care, published in 1992. This 400-page publication, Caring for Our Children - National Health and Safety Performance Standards, Guidelines for Out-of-Home Child Care ("National Health and Safety Performance Standards"), supplies detailed standards with respect to almost every aspect of child care quality. The Academy has also published a video tape series to help child care centers implement the standards, and has published a manual for pediatricians and a brochure for parents concerning the quality of child care.

In addition, the Academy recently assumed coordination of the "Healthy Child Care America Campaign" under a cooperative agreement with the Maternal and Child Health Bureau (in the Health Resources and Services Administration), and the Child Care Bureau (in the Administration for Children and Families in the Department of Health and Human Services. The "Healthy Child Care America Campaign" is a nationwide effort to ensure safe and healthy child care by linking child care providers, health care providers and families. (See Appendix.)

Background

Six out of 10 -- nearly 13 million -- infants, toddlers and preschool children are enrolled in child care according to the National Center for Education Statistics (NCES). According to the NCES, nearly 88 percent of children whose mothers work full-time and 75 percent of children whose mothers work part-time are enrolled in child care. As children grow older, they are more likely to be

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enrolled in child care. About 45 percent of 1-year-olds are in a child care setting for at least part of the day or week. Compared to 78 percent of 4-year-olds and 84 percent of 5-year-olds.

When they are not being cared for by their parents, young children may spend their time in one or several of the following types of child care: (1) in-home care -- where a child is cared for by a caretaker in the child's home; (2) family-based child care -- where one or more children are cared for in the caretaker's home some family-based care is for small groups; some is for larger groups, sometimes with more than one caretaker); or (3) center-based care -- where a number of children are cared for in a non-residential setting designed for that purpose. "Out-of-home" care as used in this testimony, refers to both family-based and center-based care.

Although some early childhood programs are intended to provide "education" (such as "nursery school" and "preschool") and others are intended simply to provide custodial care ("day care"), the Academy believes that "education" and "care" are inseparable in the case of infants and preschool children. Young children are constantly learning while they play and engage in every-day activities: young children in "educational" programs still need "care" in terms of comfort and assistance in meeting their physical needs. Thus, rather than distinguishing between "day care" and "early education programs," the Academy and others in the early childhood field prefer the term "early childhood education/care programs" for all out-of-home settings providing services to young children. The latest research on brain development attests to the fact that early childhood care and learning cannot be separated, and that a child's environment and experiences in the earliest years of life have profound, life-long consequences.

While this testimony emphasizes child care/education for young children, most of the recommendations concerning quality apply equally to programs for school-aged children outside of school hours and during the summer.

What kind of child care do children need?

In general, Pediatricians have always recognized the importance of the early years in the physical, social, intellectual and emotional development of children, and the long-term impact of a young child's experience and environment. Recent findings on early brain and child development indicate that the physical and chemical structure of the brain -- and thus, its future capacity for learning -- are influenced significantly by the environment and experiences of a child during the first few years after birth, particularly during the first three years.

Thus, the latest brain research confirms the importance to our society of quality child care within the family and outside it. To develop their potential, children must have trust and confidence in their care-givers, and caregivers must be able to provide adequate physical, emotional and mental stimulation in an appropriate environment.

Specific Elements of Quality Care

Research consistently has identified several factors most related to quality in early childhood education/care programs: small groups of children with sufficient numbers of adults to provide warm, responsive caregiving; well-educated staff and administrators with specific training in early childhood care and education; adequate compensation for caregivers, and a low degree of staff turnover.

Simply put, the key elements of quality child care are: staff, environment, and activities. More specifically, but not exclusively, a high-quality program will include:

- appropriate child:staff ratios with staff who are professionally qualified, mentally and physically healthy, well-compensated, committed, motivated, and

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evaluated activities to promote healthy child development with appropriate supervision and discipline

- health protection and promotion (including health education, specific policies for managing child illness and injury, including child abuse and neglect) proper nutrition, safe food service practices safe and age-appropriate facilities, supplies, equipment, and transportation

- systematic record-keeping on children's health and development

Child care providers have, in many respects, taken on the role of the extended family for many children and their parents.

As would an extended family, a good out-of-home child care provider should communicate closely with parents about their children's activities, health and development, and will also help parents with their own parenting questions or problems. It is important for the parent and child care provider to be consistent with one another in rules and discipline.

In addition, a high-quality out-of-home child care provider, particularly an organized center, will serve as an access point for other services a family might need, such as health or social services, and will held to ensure that children have a "medical home" in order to receive immunizations and other preventive health care. The Academy would like to see every child care provider have a health care consultant and encourages its members to provide consultative services to child care providers.

What kind of child care are children getting, and why?

The current state of out-of-home child care

Most people would agree that, at a bare minimum, our nation's children deserve to be safe in their out-of-home child care settings. Yet, in at least one study of licensed child care facilities, significant injury hazards were described by facility personnel in response to survey questions.¹

With respect to child development, studies indicate that quality child care is the exception rather than the rule, especially for infants and toddlers. Studies have shown that about 35% of family based, and 40% of center-based infant and toddler care is inadequate, or even potentially harmful to children's safety and development. One of these studies found that only one in 12 infant/toddler rooms provided developmentally beneficial care.

The same studies found that only about 10-15% of the out-of-home child care settings offered care that promotes children's healthy development and learning. Another study found that only 12% of regulated family-based child care, 3% of non-regulated care, and one percent of out-of home care by relatives was found to be good for children.

These are but a few of the disheartening data about the state of out-of-home early childhood education/care in this country. We know what high-quality care should look like. Why is it not universally accessible to children who need it?

The economics of child care

Quality child care cannot be attained by merely applying standards to facilities and caregivers; resources are necessary to meet the cost of quality care at a price that parents can afford.

Child care is a labor-intensive service. Staff wages make up the largest cost in providing care, and caregiver wages in the United States are generally too low to attract and retain qualified staff. In effect, the cost of child care in this country is subsidized by the low wages and benefits of caregivers, who leave their jobs at an astonishingly high rate.

High staff turnover adversely affects the health and safety of children.

Frequently replaced, untrained, barely oriented, poorly compensated and over-worked staff cannot maintain sanitation routines, be prepared for emergencies, or meet the mental health need of children for constancy in

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relationships. Facilities cannot benefit from training provided to staff if the staff leave their jobs before the training is implemented.

In addition to better compensation, greater societal respect for caregivers of young children would also help to increase staff tenure and provide an element of professionalism that would attract competent and committed personnel.

Unfortunately, good quality care costs more than the majority of low-income, and even middle-income families can afford, leaving no alternative that many parents but to purchase substandard, hazardous, and unhealthful arrangements for their children. This situation is likely to be exacerbated as changes in federal welfare law and state policies put more parents of young children into the work force.

Inadequate regulation

Regulation relating to the health and safety of children in out-of-home child care programs varies widely. Center-based child care programs are usually required to be licensed and are regulated to some extent. Some states have no or minimal regulation for before- and after-school child care, family-based child care, and preschool or nursery school programs, particularly if they operate on a part-time basis or if they are sponsored by religious institution. One review of state child care regulations in 47 states found that more than half of the states' safety-related regulations had inadequate or no standards, for 24 out of the 36 safety topics examined. Most notable were the inattention to playground safety, choking hazards, and firearms.

Another review, of state regulations found that the majority of states' child care regulations do not meet basic standards of acceptable, appropriate practice that assures the safe and health development of very young children. Edward Zigler, an expert in early childhood care and education, recently testified before this committee's Subcommittee on Children and Families that a recent analysis of center-based infant and toddler care found that no states have regulations that require good child care practice, and only 17 states' regulations can be characterized as minimally acceptable. The remainder of the states were rated "poor" or "very poor." This is especially disturbing in light of the recent findings about early brain and child development.

Moreover, monitoring and enforcement of child care standards varies widely from state to state and is inadequate in many areas. Research indicates that a significant percentage of settings that should be licensed are operating illegally. Even licensed facilities are not always held to applicable regulations.

With the increased demand for child care that should arise from changes in welfare law, states may be increasingly reluctant to implement stringent child care standards for facilities and personnel, and may encourage the provision of care by untrained personnel in order to meet the increased demand for child care and to provide jobs for welfare mothers.

AAP Recommendations: Long-Term Goals And Short-Term Action

The American Academy of Pediatrics would like to suggest the following long-term goals and short-term action steps:

Long-term Goals

In general, we believe that government policy at all levels should reflect a systematic public commitment -- both moral and financial -- we make high-quality early childhood education/care available to all children who need it. Accordingly, government policy, should:

Make early childhood education and care available and affordable for preschool children. While there is little disagreement that there should be public funding for the education of children age five and older, most parents have been left to their own devices to find and afford adequate out-of-home education/care for their preschool aged children. Now that most preschool aged children live in

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families where a single parent or both parents work, and we understand the importance of these early years on brain development, it is incumbent upon our society to ensure that safe, developmentally appropriate, and affordable early childhood education/care is available to all young children when they are not being cared for at home.

Financing of safe and healthful child care must come from a combination of public and private subsidies or tax credits for the cost of care that exceeds the reasonable ability of parents to pay for care themselves. Parents of young children generally have less disposable income than at any other phase of their lives. Just as society supports those elderly who can no longer fully support themselves, we must support young families raising our next generation. Establish and enforce adequate health and safety standards.

We believe that all out-of-home child care programs/including those for school-aged children) should be subject to the "National Health and Safety Performance Standards" regardless of what the programs are called or whether they provide care for all, or only part of the day or week. Ideally, these or equivalent requirements (or at least the minimum requirements set forth in "Stepping Stones" [see appendix]) would apply to all federally subsidized child care programs, and the federal government would provide strong incentives for states to adopt and enforce adequate health and safety standards for all child care programs.

Promote licensing and professionalism of early child care and education professionals. We recommend that all persons who provide child care or who may be responsible for children or alone with children in a facility should be individually licensed, certified, or credentialed by a state licensing agency or credentialing body recognized by the state regulatory agency.

Currently there is a rather haphazard manner for ensuring that the individuals who staff a child care facility are qualified. In most states, there is no licensing process for individual early childhood educators/caretakers. Rather, the qualifications of staff generally are evaluated as part of a facility licensing process, and must be re-examined each time an individual changes facilities. This is time-consuming, cumbersome, and leaves room for error.²

Suggestions for short-term action

Obviously, achieving the Academy's goals with respect to child care will require legislative changes and additional financial resources. Although we encourage you to work toward these changes, there are other, more modest steps that you can take to improve the quality of child care in the near future. These include:

1. Support the federal government's ongoing efforts to improve the availability and quality of child care, including the Head Start and Early Start programs, and the activities of the Maternal and Child Health Bureau and the Child Care Bureau, including the "Healthy Child Care America Campaign" and the National Resource Center for Health and Safety in Child Care. (See appendix.)
2. Encourage the federal government to distribute "Stepping Stones" (see appendix) to all Governors, and challenge the Governors to implement these standards in their states.
3. Encourage the federal government to undertake a comparison of all state's and regulations with "Stepping Stones" and the "National Health and Safety Performance Standards." and to publicize the adequacy of state health and safety regulations for child care. To facilitate this comparison states should be encouraged to code their regulations in accordance with the "National...Standards."³
4. Ensure adequate monitoring of the effects of changes in welfare policy on the supply and quality of child care, and the resulting effects on children

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and families.

5. ~~Encourage each state to establish, by law, a state-level commission on child care, charged with developing a child care plan and facilitating cooperation among government, human services agencies, schools, employers, pediatricians and other health care providers, and caregivers to ensure that the health, safety, and child development needs of children are met by child care services provided in the state.~~

6. Encourage federal and state efforts to disseminate information to parents on child care standards and quality so that they can make wise choices about their child care options.

In addition, we urge you to talk to your constituents and your state and local government officials about the child care situation in your states. As you know, it is often these county or other local officials who are charged with enforcing regulations. To do so properly, they need the resources you can help to provide. Again, thank you for this opportunity to testify on behalf of the American Academy of Pediatrics. The Academy would be happy to provide you with any additional information you might need.

APPENDIX -- CURRENT EFFORTS TO IMPROVE CHILD CARE QUALITY

Described below are some of the activities of the federal government and the American Academy of Pediatrics related to improving the quality out-of-home child care. As evident from the other witnesses at this hearing, there are many state and local governments, businesses, and private nonprofit organizations (e.g. NAEYC. "Zero To Three") that are undertaking other individual and joint activities to improve the supply and quality of out-of-home child care. At the federal level, President Clinton recently directed the Department of Defense to share lessons learned from the military child development programs to improve civilian out-of-home child care.

"Stepping Stones"

As mentioned in my testimony, the American Academy of Pediatrics and the American Public Health Association developed ~~comprehensive guidelines for child care health and safety that were published by the Maternal and Child Health Bureau ("National Health and Safety Performance Standards").~~ This publication supplies detailed standards with respect to almost every aspect of child care quality.

To make it easier for regulators and facilities to implement the standards or use them to analyze their current regulations, the Maternal and Child Health Bureau sponsored a project -- commenced in 1994 and completed earlier this year -- to identify the minimal standards directly related to protecting children from harm (injury, morbidity and mortality) in child care settings. The final product, called "Stepping Stones to Using Caring for Our Children -- Protecting Children from Harm" ("Stepping Stones") contains 182 of the 981 standards set forth in the more comprehensive guidelines. This user- friendly publication provides a starting point for regulators to establish minimal health and safety requirements, and for regulators, child care personnel, health care personnel and parents to evaluate child care settings.⁴

The "Healthy Child Care America Campaign"

As mentioned in my testimony, the "Healthy Child Care America Campaign," supported by the Maternal and Child Health Bureau and the Child Care Bureau, and administered by the American Academy of Pediatrics, is intended to facilitate cooperation among families, child care providers and health care professionals to promote the healthy development of children in child care, including increasing access to preventive health services and providing safe physical environments.

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

- a safe, healthy child care environment for all children, including those

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with special needs; - up-to-date and accessible immunizations for children in child care;

- access to quality health, dental and developmental screening and comprehensive follow-up for children in child care:

- health and mental health consultation, support and education for all families, children and child care providers: and health, nutrition and safety education for children in child care, their families and child care providers.

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

The Academy encourages pediatricians to be well-informed about child care issues so that they can adequately advise their patients' families about their child care arrangements. To this end, the American Academy of Pediatrics has published a manual that pediatricians, currently under revision, about health in child care, and has published a policy statement urging pediatricians to be prepared to counsel individual patients' families and to provide their health care expertise as consultants to organized child care programs. We hope to enhance these efforts in the future.

FOOTNOTES

1. MA O'Connor, WE Boyle, GT O'Connor and R Letellier. "Self-reported Safety Practices In Child Care Facilities," American Journal of Preventive Medicine. 8(1):14-8. 1992 Jan-Feb. For example, 61.4% of facilities reported that they did not have an impact-absorbing surface under playground equipment; 30.3% of facilities with stairs accessible to children lacked safety gates: only 55.8% of facilities demonstrated access to the phone number for a poison control center: only 80% of providers could demonstrate access to the phone number of the local ambulance service.
2. There are several private organizations that evaluate and accredit child care programs. Most prominent is the National Academy of Early Childhood Programs of the National Association for the Education of Young Children (NAEYC) which has an accreditation process for center-based child care providers through which the quality of programs is judged against a comprehensive set of consensus criteria developed by early childhood professionals. Parents and employers can be assisted in assessing the quality of a program by checking to see whether it has been accredited by NAEYC (or equivalent accreditation program). The availability of accreditation helps to improve quality by providing consumers a means of comparing child care programs.
3. Currently comparisons of state and local regulations with the "National...Standards" can be done only by tedious work taking many, person-hours. Comparison of state and local standards with the ideal could be conducted much more efficiently if uniform codes (topic headings and numbering) were employed.
4. Both publications are readily available on the world wide web through the federally supported National Resource Center for Health and Safety in Child Care ("National Resource Center"), located at the University of Colorado Health Sciences Center and the University of Colorado in Denver. The Center's Internet address is: <http://nrc.uchsc.edu>. END

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JULY 17, 1997, THURSDAY

SECTION: IN THE NEWS

LENGTH: 1244 words

HEADLINE: PREPARED TESTIMONY BY
SENATOR BOB GRAHAM
BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
SUBJECT - THE QUALITY OF CHILD CARE

BODY:

Mr. Chairman, thank you for the opportunity to appear before the Senate Labor Committee along with my fellow colleagues from Florida: Senator Connie Mack and Representative Peter Deutsch as well as Mark and Julie Fiedelholz.

Mark and Julie were the unfortunate victims of a tragic incident. Jeremy, their infant son, died as the result of neglect during his first day at a family day care center. Their story is touching while at the same time inspirational. Inspirational because they have turned the incident into a constructive effort to address an important matter.

I want to thank Mr. and Mrs. Fiedelholz for being here today, and I wish to express my condolences for their tragic loss. Most importantly, I want to express my gratitude for the actions they have taken to draw attention to the issue of child care in America.

Mr. and Mrs. Fiedelholz, I hope that there is some small comfort in knowing that Jeremy's death has helped awaken the public to an issue of national importance, the current state of child care in our states and communities.

Mr. Chairman, I fear that for every tragic instance such as the one that befell this family, there are many more cases of inadequate and unsafe child care that go unnoticed or unreported.

Therefore, Mr. Chairman, I applaud your efforts to find innovative ways to improve the national child care network. I was pleased to cosponsor your amendment to the reconciliation bill that, if passed, would have created additional incentives in our tax code for providing quality child care while lowering the cost to low-income families.

While the committee considers the need for quality child care, I urge you to keep in mind the new demands created by last year's welfare reform legislation. If we are indeed serious about moving people from welfare to work, we must ensure that the obstacles to work are eliminated. Hence, the issue of child care affordability must also be addressed.

For example, in December of 1996, there were 30,582 Florida children on the waiting list for subsidized child care, the highest number ever recorded. According to the Florida Children's Forum, our statewide child care resource and referral network, 45 percent of parents cite affordability of child care as their primary concern. A single parent working at minimum wage would have to pay over half of his or her gross income in order to purchase care at a market rate for one child. Even families at the median income may have to pay 15% of their income for licensed care.

Further innovative approaches, such as encouraging employer/employee child care partnerships, are necessary to fill the need for affordable and quality care. Senator Kohl's recent amendment establishing a tax credit for employer-provided care represents a significant step in this direction.

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Mr. Chairman, when I learned of my invitation to appear before the Committee, I asked Florida businesses for their thoughts and experiences on what is working and what is not in the realm of child care. I asked for successful approaches that are working for private industry and for input from the private industry about what the government can do for employers and their workers. The feedback I received was illuminating.

Michael Carsch, general manager of the Ritz-Carlton on Amelia Island, wrote and told me that, "~~The lack of affordable and available child care causes turnover, employee absences and people who cannot seek employment because of the economics involved.~~"

Rita Newton, comptroller of Columbria Grain & Ingredients in Lake City, wrote, "We are too small a company to provide in house day care, but we do see a problem, particularly for the single parent trying to do it all alone. Day care is expensive, especially for those at the lower echelon of the earning power."

Cheryl Parker, Vice-President of Nationsbank in the Tampa Bay area, indicated that the key problem facing her organization was the lack of non-traditional day-care outside of normal business operating hours.

Lastly, a grocery distributor in the Central Florida town of Kissimmee, expressed that, "the current tight labor market is making the hiring process more competitive... The availability of day care at a reasonable cost and for evening hours would be a definite advantage for us."

Thus, Mr. Chairman, the truth in these letters is self-evident. Ensuring that quality child care is available for America's families is crucial for both our nation's children and our nation's economy.

When looking for solutions to the problems plaguing our child care system, I see several priorities that should be addressed:

One would be maintaining a strong federal/state partnership through the Child Care and Development Block Grant. ~~Last year, we ended the guarantee of an entitlement of child care for mothers receiving welfare and for those transitioning off welfare. Nevertheless, the new welfare changes will cause child care demand to soar over time as millions of low-income families enter the workforce. The availability of child care for the new work force will be critically important to the success of welfare reform.~~

One problem confronting my state, like many others, is a rising tension between the child care needs of welfare families and the needs of working poor families that have avoided cash assistance programs. Any solution should address the needs of both groups to ensure that the current work force is not displaced as we attempt to employ welfare recipients. As the Appropriations Committee marks up appropriations in the week ahead, I hope that members will not allow reductions in the federal commitment to child care. I hope that appropriators will meet the full levels authorized by last year's welfare reform.

Second, we should continue to look for innovative ideas for involving the private sector and expanding the employer/employee partnership in child care. Florida businesses such as Nation's Bank, like those in many other states, offer positive roll models and solutions for America's child care system. Over the years, I have spent several workdays at child care facilities such as Creative Pre-School in Tallahassee, Florida. I have even spent a day working as a day care inspector in Miami. In September, I will be spending a workday at a Florida business that exemplifies the private sector commitment to onsite child care.

Third, we should look for ways to harness underutilized resources in the provision of child care. One resource may be volunteers. My state has a significant senior citizen population, many of whom play an active role in the lives of our nation's children. In the months ahead, I will be looking at how government can encourage the nation's retirees to be more involved in child care and child development, possibly through the Older Americans Act.

Federal News Service, JULY 17, 1997

Lastly, Mr. Chairman, the government must continue to encourage high standards at child care facilities. Children are our most-valuable resource. When a parent drops a child off at day care, he or she is entrusting the provider with the child's life and well-being. The level of trust between the provider and the parent must be real and genuine. Instances such as those experienced by the Fiedelholtzes are tragic and undermine the social fabric of our communities. I hope that this hearing will serve as a wake-up call for the Senate, for the government, and for our nation on the critical importance of ensuring quality child care.

END

LANGUAGE: ENGLISH

LOAD-DATE: July 18, 1997

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The Christian Science Monitor

July 25, 1997, Friday

SECTION: UNITED STATES; Pg. 1

LENGTH: 949 words

HEADLINE: Quest for Good Child Care Intensifies

SERIES: First of Two Parts

BYLINE: Linda Feldmann, Staff writer of The Christian Science Monitor

DATELINE: WASHINGTON

HIGHLIGHT:

Sagging quality and an influx of kids from welfare-reform incite action by lawmakers

BODY:

Any working parent knows the feeling: While you're on the job, you want to know, with rock-solid certainty, that your child is in a safe and stimulating environment.

But for many Americans, high-quality child care is an unaffordable luxury. Full-time day care for a one-year-old can easily cost \$ 4,000 to \$ 8,000 a year, and in some cities matches the tuition for a top private school.

For some parents, the best they can do is rely on family and friends until a slot opens up in government-subsidized day care. And even then, there's no guarantee of quality. In some states, licensing requirements are minimal, inspections infrequent.

Further down the road, as more mothers who receive welfare get nudged into the work force, the child-care crunch may only get worse.

Washington has taken notice. The dual issues of quantity and quality in day care have roared back onto the agenda. In Congress, legislators from both parties have introduced some two dozen bills this year focusing completely or partially on child care. And at least five states are looking at - or have already approved - funding to subsidize day care for all low-income families that qualify.

In October, the White House will hold a first-time conference on child care, following up on its April session about the development of children in their first three years.

"We've had a double boost - first with welfare reform," then with new research and high-profile publicity on early childhood development, says Gail Richardson, interim executive director of the Child Care Action Campaign in New York.

Still, it is too strong to suggest a broad bipartisan consensus is forming around a need for greater federal support for high-quality child care.

The Christian Science Monitor, July 25, 1997

Regulation of child care remains a state prerogative, even though some states have minimal standards. In South Dakota, for example, a home provider may care for up to 12 kids without a helper or even a license.

A plan to institute federal standards was shot down in the 1970s, and has been politically infeasible ever since. During recent Senate debate on the federal budget, Sen. Dan Coats (R) of Indiana echoed the long-standing argument: A government policy that pushes people toward using "credentialed care" will put other providers out of business and limit parents' choices.

Senator Coats was speaking against a proposal to give families who use "accredited or credentialed care" a bigger dependent-care tax credit. The measure, designed to encourage families to seek higher-quality care, was defeated by three votes.

These days, the once-common argument that the government should not be encouraging mothers in two-parent families to work outside the home is rarely heard. Many families need two paychecks to make ends meet, or to support a desired standard of living. The result is an explosion in the proportion of children in day care - from 30 percent of kids under age 6 in 1970 to 70 percent in 1993.

"I think there's the understanding that most women are working, and you can't label those women as bad ... without labeling a significant portion of your constituency," says a Democratic Senate aide.

After being on the losing side of a large gender gap in the last election, Republicans are loath to alienate women any further. But Pat Fagan, a policy analyst at the conservative Heritage Foundation in Washington, says today's politicians "lack leadership" in standing up for what's best for children - to be with their mothers.

Thus, he says, even a socially conservative senator like Mike DeWine (R) of Ohio was comfortable introducing a bill last week to help people repay student loans if they earn a degree in early-childhood education and work in licensed day care.

Sen. Jim Jeffords of Vermont, a liberal Republican and chairman of the Senate Labor and Human Resources Committee, introduced a bill last week with the same provision - and a raft of others aimed at boosting both quality and quantity of child care through the use of incentives to states, not mandates.

A hearing on child care in Senator Jeffords's committee featured heart-rending testimony from a Florida couple whose baby suffocated in his crib on his first day at

day care. The couple claims the provider was negligent. Her license was revoked after it was found she was caring for 13 children under age 3, a fact she hid from regulators and prospective customers.

Sen. Chris Dodd (D) of Connecticut, a longtime child-care advocate, supports the Jeffords bill and has introduced his own to provide an additional \$ 1.4 billion over five years in federal subsidies to child-care. He cites a Congressional Budget Office study showing states will need that much money to accommodate the needs of welfare-to-work families and other poor working families.

The Christian Science Monitor, July 25, 1997

For child-care advocates, the bottom line is that the economics of child care simply doesn't work without government and private support. Sixty percent of national child-care costs are borne by the families themselves, while 39 percent are funded by government and 1 percent by businesses and foundations.

The additional money needed to improve quality should not come from the families, who are already stretched financially, advocates say. And home day-care providers need as much help as centers.

"It's difficult to earn a living wage by taking kids into your home," says Barbara Willer of the National Association for the Education of Young Children in Washington. "That's why some providers take in more than they can care for adequately."

GRAPHIC: CHART: Child-Care Costs - JEWEL BECKER SIMMONS - STAFF

LANGUAGE: ENGLISH

LOAD-DATE: July 24, 1997

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Newsday

July 28, 1997, Monday, QUEENS EDITION

SECTION: NEWS; Page A25

LENGTH: 1334 words

HEADLINE: WASHINGTON BRIEFING / A WEEKLY REPORT ON PEOPLE AND ISSUES IN THE
NATION'S CAPITAL / WHO WILL WATCH THE KIDS? / NOT ENOUGH DAY CARE TO GO AROUND

BYLINE: By Katti Gray. ALBANY BUREAU

DATELINE: Albany

BODY:

With her agency's 294 allotted child-care slots already filled and 300 families on a waiting list, Rebecca Koffler says these are particularly pressed days for the Jewish Child Care Association.

The Forest Hills agency finds day care, paid for with government subsidies, for what has become a surging pool of clients: low-income, marginally employed parents and, increasingly, parents scrambling to meet government orders to limit their stay on welfare by finding jobs.

For both groups, whether they remain in the workplace over the long haul depends largely on their ability to locate - and keep - affordable child care, Koffler said.

"Some of these people are very, very desperate," she said. "If the whole idea is to get people to work, that's fine. But if the subsidies are not provided, when these people finally get a job, they may not be able to have that continuity of child care that will allow them to keep working."

The situation represents one of the greatest dilemmas confronting state policy makers. In trying to shift employable adults, including parents with children aged 3 or older, from welfare to work, state leaders are debating how to further recast New York's mammoth welfare system. One major issue is how to help tens of thousands of welfare clients, and the working poor, gain access to subsidized child care.

"Day care is key in this. Without addressing that, this whole thing can't work," said Jan Barbieri, associate director of the Nassau County arm of the statewide Child Care Coordinating Council.

Across New York, 110,000 children are in subsidized day care, 40,000 of whom come from families on welfare, with the remainder a mix of children from working-class families, children whose parents recently went off welfare and children who have been abused. The Child Care Coordinating Council, an umbrella group of day-care providers, in a study this month titled "Child Care Subsidy Gap," estimates that the number of children eligible for subsidized day care is more than 10 times that figure, but state officials dispute those

Newsday, July 28, 1997

calculations.

Senate Majority Leader Joseph Bruno (R-Brunswick), Assembly Speaker Sheldon Silver (D-Manhattan) and Republican Gov. George Pataki have each proposed different levels of funding for new subsidies.

Pataki's plan is to add \$54 million into a subsidy pot that totaled about \$400 million last fiscal year. That would add 23,000 subsidized day-care slots. The July report says that would amount to an average weekly subsidy of \$45 a child, a reduction of \$25 from the current \$70 a week. Experts say that is far too little in both slots and cash, considering that it costs an average \$100 a week for day care.

Experts say Pataki's proposal would allow New York to meet the minimum requirements in the new federal welfare law, which President Bill Clinton signed last August. The \$54 million would come from \$730 million the state will receive under that federal law. Bruno has suggested providing \$119 million and Silver, \$190 million.

"When you see how many people we're talking about, for us to think that 23,000 kids at 45 dollars a week would be sufficient would simply be wrong," said David Hunt, statewide executive director of the Child Care Council, New York's largest day-care lobby group.

Despite their differing dollar figures, the three elected officials agree that something has to be done. "It's critical, absolutely critical," said John McArdle, Bruno's spokesman.

In the July report, the council and the Greater Upstate Law Project, which works for the poor, estimated that 1.2 million New York children under 13 who live in households below the poverty level, would qualify for subsidized child care. Based on state guidelines, a family of three, for example, earning \$26,660 or less a year is eligible for subsidies. Of the total, parents of 614,000 kids would be likely to accept assistance, the report said.

The state Department of Social Services says the report's estimate is overblown. Using a different formula, it calculates roughly 290,000 children as eligible for subsidies.

The state has cut its welfare caseload from 772,652 families in January, 1995, to 584,763 in April. That represents a drop from 1.6 million to 1.3 million individual recipients, according to DSS.

As of April, almost 1.1 million of the 1.3 million people on the rolls were beneficiaries of Aid to Families With Dependent Children. And as more parents come off welfare, it is presumed that more dollars will be needed to accommodate their day-care needs.

The Child Care Council's Hunt says that if Pataki added \$100 million to his proposal for \$54 million in subsidies, that would allow the state to serve 10,000 more children, giving each \$70 a week, instead of \$45. But a consortium that includes the council, the nonprofit State Communities Aid Association, League of Women Voters and New York State Business Council has set a more modest figure, asking Pataki for a total of \$94 million.

Newsday, July 28, 1997

Rhonda Carloss Smith, deputy director of Child Care Inc., which lobbies on child-care issues and runs several day-care programs in the city said she fears that welfare and working-poor families will be forced to compete for a limited supply of subsidized slots.

"There's no serving these additional needs, without additional dollars - and without deciding who should get care," Carloss Smith said.

Tjuana Evans, 25, of Oceanside, knows what it is to be on and off welfare. After three years on the rolls she landed a job three years ago as a cook and assistant teacher of toddlers at a Rockville Centre day-care center. It has brought her a sense of personal triumph, she said, and a net salary of \$517 every two weeks. She also gets \$157 a week to subsidize the \$170 day-care expense for her 7-year-old daughter. By comparison a Nassau County family of two on welfare typically receives \$218.50 in cash, \$334 in rental assistance and roughly \$220 in food stamps each month.

After being homeless recently for a month because the family she was renting a room from was evicted, Evans said, she and her daughter are living with a friend in Oceanside while she searches for affordable housing. The day-care subsidy allays some of the pressure: "Oh, gosh, without it, things would be really hard," she said. "Financially, I am just barely making it."

HOW THEY VOTED When a two-year moratorium on new commercial fishing licenses expired June 30, the state Department of Environmental Conservation began issuing licenses, raising concerns that area waters would be overfished. Recently, a bill passed in both houses to extend the moratorium through February, 1998, to allow for a restricted number of new licenses to be issued then and to invalidate all licenses issued since the expiration. ASSEMBLY: Jeffrion Aubry (D-East Elmhurst) Yes Denis Butler (D-Long Island City) Yes Anne Carrozza (D-Bayside) Yes Barbara Clark (D-Queens Village) Yes Vivian Cook (D-South Ozone Park) Yes Joseph Crowley (D-Forest Hills) Excused Melinda Katz (D-Forest Hills) Yes Ivan Lafayette (D-Jackson Heights) Yes Nettie Mayersohn (D-Flushing) Yes Brian McLaughlin (D-Flushing) Yes Gregory Meeks (D-Far Rockaway) Excused Catherine Nolan (D-Ridgewood) Yes Audrey Pheffer (D-Rockaway) Yes William Scarborough (D-Rosedale) Yes Anthony Seminerio (D-South Ozone) Yes Mark Weprin (D-Bellrose) Yes SENATE Emanuel Gold (D-Forest Hills) Yes George Onorato (D-Long Island City) Yes Serphin Maltese (R-Middle Village) Yes Frank Padavan (R-Jamaica) Yes Ada Smith (D-Queens, Brooklyn) Yes Leonard Stavisky (D-Whitestone) Yes Alton Waldon (D-Cambria Heights) Yes - Compiled by Lynn Brezosky

GRAPHIC: 1) Newsday Photo by Viorel Florescu -Rebecca Koffler and her child-care agency have waiting list of mothers who need day care. 2) Chart - How They Voted (See End of Text)

LANGUAGE: English

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July 29, 1997, Tuesday

SECTION: UNITED STATES; Pg. 1

LENGTH: 984 words

HEADLINE: States Stave Off a 'Battle at the Bottom'

SERIES: Last of two parts, part one appeared July 25th

BYLINE: Linda Feldmann, Staff writer of The Christian Science Monitor

DATELINE: WASHINGTON

HIGHLIGHT:

Illinois is giving day-care aid to all 30,000 families that need it

BODY:

When Janice Thompson moved off welfare and began working as a secretary in Chicago, the state of Illinois gave her a year of child care and other transitional support.

That year has ended, making room for the next round of women coming off welfare. Yet the cost of child care for her two younger children could eat up about half of her income of \$ 22,000 (including child support from her ex-husband).

Fortunately for Ms. Thompson, a day-care subsidy will continue because the state has moved to ease the burden of the poor, regardless of their welfare status.

Rather than refusing child-care subsidies to low-income workers in favor of those who are just now moving off welfare, the Illinois legislature has approved a \$100 million, 80 percent increase in those funds. All 30,000 families on the state's waiting list for day care will get assistance.

As welfare-reform kicks in around the country, advocates for the poor warn of a brewing "battle at the bottom."

While Illinois is avoiding such competition for day-care dollars, in many states, welfare recipients may be moving to the head of the line for support. And the competition will likely increase for subsidies in other areas such as health care, transportation to work, drug treatment, and for placements in jobs themselves.

After complaints from hotel workers, Maryland recently banned the replacement of low-wage employees with welfare recipients. Some nonprofit groups in New York are refusing to hire "workfare" participants - people who work in exchange for welfare benefits - in part because these employees replace some city workers and drive down wages for others.

Michael Kharfen, a spokesman for the Department of Health and Human Services in Washington, which is overseeing state reforms, says states are supposed to judge families' needs by income. "The reform does not set out a preference for

welfare families over working-poor families," he says.

But the pressures of welfare reform give states an obvious incentive to help welfare recipients first. States must move recipients into jobs by certain deadlines or face financial penalties. Governors also don't want the political embarrassment of failing to meet deadlines.

Despite these incentives, it is wrong to leave the working poor behind, says Margy Waller, an analyst at the Progressive Policy Institute, a centrist Democratic think tank in Washington.

"The point of welfare reform is to make work pay, and if it doesn't, people may just choose welfare," says Ms. Waller, author of a new report on welfare-to-work and child care. Waller surveyed the 10 states with the largest welfare caseloads, and found that some - including Ohio, Georgia, and Texas - are giving higher priority for child care to families on welfare or in transition to work. Of the top 10 states, only three - Illinois, Michigan, and Washington - are creating a "seamless" system of child-care support for all low-wage workers, she says.

The good news, Waller says, is that in all 10 states (the others are California, Florida, New York, and Pennsylvania) overall government spending on child care will go up. But of these states, only Illinois has made a commitment to subsidize every qualifying low-income family, regardless of welfare status.

Among smaller-caseload states, at least three - Wisconsin, Minnesota, and Rhode Island - have made a similar commitment.

None of these states considers day care an "entitlement." Rather, they have determined what it will cost to subsidize all low-income families that fit the criteria, then appropriated that amount.

In Ohio, where control of day-care subsidies has moved from the counties to the state under welfare reform, child-care advocates say low-income workers may get the short end of the stick.

"There is, in general, a loss of money for the working poor to meet the needs of people on welfare," says Chris Humphrey, an official at Comprehensive Community Child Care, an agency that serves the greater Cincinnati area.

Ms. Humphrey notes that the working poor lose their qualification for day-care help at a lower income than do welfare recipients. She knows of workers who have asked for a pay cut so they can qualify for a child-care subsidy.

Even in Illinois, where child-care advocates are applauding the state's commitment, the picture isn't all positive. The state has agreed to subsidize all who qualify, but the amount per child does not cover the going rate for care.

"That's a big barrier to quality care in Illinois," says Elissa Bassler, head of the state's Day Care Action Council in Chicago. Still, "compared to how other states have implemented welfare reform and the child-care block grants, I think we're far and away the leader in terms of what people really need."

* The first part of this series appeared on July 25.

Pay for Parents at Home

MINNESOTA has added a new twist to child-care subsidies.

The plan, called At-Home Infant Care, allows a low-income family to pocket most of its child-care subsidy while a parent stays home with a baby until age 1. For example, a family with one child and an income of \$ 25,000 would get \$ 210 a month.

"What this is is paid parental leave," says Gail Richardson of the Child Care Action Campaign in New York. "It gives parents more choices."

The program is limited to just one 12-month leave per family. For some families, the loss of one parent's income may be unaffordable, even with the subsidy. But for others, the "baby leave" money may be just enough to allow a parent to stay home.

The plan was proposed by state Rep. Richard Mulder, a conservative Republican who objected to the way child-care subsidies discriminated against stay-at-home parents.

GRAPHIC: PHOTO: MOTHERING THROUGH THE DAY: Yvonne Zertuche, shown with her children at their home in Las Cruces, N.M., moved off welfare after finding work at a day-care center. States are struggling to aid all families who cannot afford child care. NOBUKO OYABU/AP

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JULY 17, 1997, THURSDAY

SECTION: IN THE NEWS

LENGTH: 1466 words

HEADLINE: PREPARED TESTIMONY OF

SENATOR JAMES M. JEFFORDS

CHAIRMAN

BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE

SUBJECT - HEARING ON IMPROVING THE QUALITY OF CHILD CARE

BODY:

I want to welcome everyone to this important hearing on improving the quality of child care. I am pleased to have each of our witnesses here and look forward to hearing their testimony. I am especially honored to have Senator Mack, Senator Graham, Congressman Gilman, and Congressman Deutsch take time out of their busy schedules to join us today.

~~Today, there are more than 12 million children under the age of five including half of all infants less than a year old---who spend at least part of their day being cared for by someone other than their parents.~~ There are millions more school-aged children under the age of twelve who are in some form of child care at the beginning and end of the school day as well as during school holidays and vacations. And more six to twelve year olds who are latchkey kids---returning home from school to no supervision because parents are working and there are few, if any, alternatives. Mothers working full-or part time, dual-income families, and single parents with children are now the norm in America. For most families, the need for child care is not choice, but an essential element of their economic survival. For parents who must work, good child care services---child care that is dependable, affordable, convenient, and of high quality---are critical for the family to reach and maintain economic self-sufficiency.

Steady increases in the number of employed women with young children, combined with last year's welfare reforms have placed tremendous pressures on communities to dramatically expand the amount of available child care. While the supply of child care has increased over the past 10 years, there are still significant shortages for parents in rural areas, those with school-aged children or infants, and for lower-income families.

I believe that few of us know how much child care costs. For a 3- to 4-year-old, which is the least expensive age group, the national average for center-based child care is \$4,600 a year. The average cost for high quality care is between \$8,500 and \$9,100 a year. The cost for family-based child care is generally less expensive, but still a big chunk out of a family's budget.

A family normally spends about twenty-percent of its income on housing and tenpercent on food. The costs of child care for a low- or middle-income family can rival the cost of housing and be double the cost of food. Even though most of us recognize the critical part that child care plays in the economic survival of families, we often fail to recognize it as a basic cost which consumes a significant portion of a family's income.

While the cost of child care has risen about six-percent annually since 1990, there are strong indicators that the quality of child care has significantly decreased during that same period of time. Parents are paying more but getting

Federal News Service, JULY 17, 1997

less.

The quality of child care in America is very troubling. A recent nationwide study found that forty-percent of the child care provided to infants in child care centers was potentially injurious. Fifteen-percent of center-based child care for pre-schoolers is so bad that a child's health and safety are threatened. This study focused on centerbased child care, the most heavily regulated and frequently monitored type of child care. Care for children in less regulated settings is predicted to be much worse.

Combining the research on the quality of child care with the recent breakthroughs on the development of the human brain produces a very disturbing picture. Many children enter child care by eleven weeks of age, are in care for close to 30 hours a week, and often stay in some form of child care until they enter school. During that same period of life, a child's brain is undergoing a series of extraordinary changes---building the foundation for future learning and development. I know all parents want their children to be safe and nurtured-- helped to grow and develop--while they are at work. But parents can only purchase the child care they can afford. Those who do find care that is affordable and convenient are often unsatisfied with the quality of care their child receives. In fact, one quarter of all parents would change their child care arrangement if they could find and afford something better. For most American working families good quality child care is not readily available or easily affordable- regardless of whether they want to have their child cared for in a family-based setting, in their own homes, or in a child care center. And if you cannot find quality care or afford to purchase that care-- your choices for your child are severely limited.

That is why I introduced the CIDCARE (kid-care) Act today with Senator Dodd. The formal name of the legislation is "Creating Improved Delivery of Child Care: Affordable, Reliable, and Educational Act of 1997"--CIDCARE. There is no single factor which ensures the quality of child care, but rather a combination of factors. Child care that makes the healthy development and education of children its first objective. The CIDCARE Act incorporates what we know into a multi-level approach for improving the quality of child care--so that parents will have a real choice.

This legislation combines a number of elements into a comprehensive package to improve the quality of child care, including:

- modifications to the tax code, - an incentive grant program for states, which includes a grant program to encourage small business partnerships to provide employee child care and wage subsidies for child care providers who get additional training and education, - a technologically-based infra-structure for the professional development of child care providers, - educational loan forgiveness for child care providers, - requirements that states include the cost of child care in the calculation of child support orders, - expansion of the federal government's technical assistance and information dissemination role, and - requirements that child care centers located in federal facilities meet high quality standards of care,

Each of the provisions has been included to solve a specific problem that has been a barrier to improvements in the quality of child care. Taken as a whole, these provisions represent a cohesive, focused effort to increase the supply--while simultaneously ... creating a demand--for high-quality child care. And at the same time, CIDCARE makes high quality child care affordable for low and middle-income families.

~~To offset the cost of these changes, the bill reduces, but does not eliminate, the dependent care tax credit for upper-income taxpayers. Over five years, it gradually decreases the amount that an employee can place in a dependent care assistance plan used to reimburse non-accredited or non-credential child~~

Federal News Service, JULY 17, 1997

care. In addition, the bill expands the coordinated enforcement efforts of the Internal Revenue Service and the HHS Office of Child Support Enforcement, which will significantly reduce the amount of fraud related to illegal tax deduction and credit claims by non-custodial, noncontributing parents.

The need for high-quality child care is compelling. Having affordable, convenient child care is tied directly to a family's ability to produce income. Good child care can be an effective way to support the healthy development of children, particularly in the acquisition of social and language skills. For the millions of children who spend much of their pre-school lives and non-school hours being cared for by someone other than their parents, child care provides the foundation upon which all future education will be built---and determines to a significant extent whether that foundation will be strong or weak.

As we all know, quality child care costs money. It costs money to parents who bear the biggest burden for the cost of child care. It costs businesses both through the direct assistance that they provide to employees to help with the costs of child care, and through their ability to hire and retain a skilled workforce. It costs government through existing tax provisions, direct spending, and discretionary spending targeted at child care.

But the costs of not making this investment are even higher. Those costs can be measured in the expense of remedial education, the expansion of an unskilled labor force, the increase in prison populations, and most importantly, the blunted potential of millions of children.

Through the testimony of our witnesses today, and the comments of those who have contributed written testimony we may discover even more ways that the federal government can effectively improve the quality of child care for our children. To quote Time magazine, "Good, affordable day care is...essential brain food for the next generation."

END

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JULY 17, 1997, THURSDAY

SECTION: IN THE NEWS

LENGTH: 4168 words

HEADLINE: PREPARED TESTIMONY OF
JULIE AND MARK FIEDELHOLTZ
PLANTATION, FLORIDA
BEFORE THE SENATE LABOR AND HUMAN RESOURCES COMMITTEE
THE TRAGIC DEATH OF JEREMY FIEDELHOLTZ AT DAYCARE

BODY:

According to a study conducted by two Federal agencies-the Child Care Bureau and the Maternal and Child Health Bureau, by the year 2,000, 75 percent of women with children under five years of age will be employed and in need of child care. In just 20 years, the percentage of children enrolled in child care has soared from 30 percent (1970) to 70 percent (1993). This is direct evidence that quality child care is imperative.

Another societal change accelerating the demand for daycare is passage of the Welfare Reform Act. As more parents enter the workforce, they will be looking for safe centers to watch their children. The combination of more women in the workplace and the Welfare Reform Act, lends support to the notion that good child care has to become a top legislative priority immediately.

Our testimony today is a call for help. The circumstances surrounding Jeremy's death exposes an unregulated and dangerous daycare system in the United States. If something isn't done right away, thousands of children are in severe danger of being harmed or losing their lives. According to a 1995 report by the U.S. Advisory Board on Child Abuse and Neglect, 2,000 children die from abuse or neglect each year by a parent or caretaker. This translates into five children each day suffering a senseless death. What a sad commentary on America's inability to protect our innocent children.

Introduction

Mr. Chairman and members of the committee, the Fiedelholtz family would like to thank you for the opportunity to discuss our 3 month old son's tragic death after his first two hours of daycare and the national ramifications of this incident.

As American citizens we feel a moral obligation to shed light on a growing daycare safety problem in this country. We offer this testimony because of our deep faith in America and to insure that no other children die like Jeremy. Historically, we are a country of constant change. Our system is designed to accommodate these changes and move forward. America is not afraid of change because we know without it, our society can't grow and prosper. Although we tend to initially resist change, America has a proud history of forging ahead. "There is nothing more permanent except change" (Heraclitus)

This hearing marks a new era in child care. As we move into the next millennium, our country faces many difficult challenges. One monumental challenge is the composition of America's workplace. Women now comprise a significant portion of the workforce and are important contributors in both the private and public sector.

The Tragic Story

Once Jeremy was 3 months old, Mrs. Fiedelholtz prepared to return to work. Our first choice was to find a qualified person to take care of Jeremy in the house. We sent out notices in the neighborhood and contacted various friends for

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referrals. Unfortunately, we could not find anyone to take care of Jeremy in the house. Our next decision was to temporarily find a cozy licensed daycare center. Through Family Central-a referral service offered by Broward County, we were given a list of licensed home daycare operators. We felt a licensed home daycare would be a more supervised situation than a larger facility daycare. We visited a few home daycare centers and then decided to look at a daycare close to our house.

The Infamous Meeting

About a week before we took Jeremy to Mrs. Schwartzberg's licensed home daycare center at 5660 SW 3rd Ct., Plantation, Florida, we meet with her. This meeting would change our lives forever.

Taking Jeremy with us we met Mrs. Schwartzberg and toured her facility. The idea was to collect information on her daycare to see if it met our standards. Her daycare facility was immaculate and well organized. She seemed knowledgeable about child care and business oriented. This impressed us because some of the other daycare operators were loving and caring but unorganized. Jeremy's story sheds light on fundamental perceptual problems regarding our view of daycare in America. This perception problem has cost the lives of many innocent children and must be changed quickly. Anyone who defers or decides to abandon this problem, is signing a death warrant for our children. Jeremy died from two episodes of neglect; he was neglected at a daycare center and neglected by an unregulated daycare system that is harming and killing our children.

Jeremy's Background

Jeremy Fiedelholtz was born on October 24, 1996 around 11:00p.m. at Plantation General Hospital in Plantation, Florida. Jeremy weighed 8 pounds and 2 ounces at birth and had no major medical problems during his short three month life span. Prior to Jeremy's daycare center tragedy, he just starting smiling and was very playful. His favorite activity was looking in the mirror and playing with plastic figures that were attached to a vibrating chair. We adored this boy and showered him with great love and supervision. Jeremy was Mr. Fiedelholtz's first biological child and Mrs. Fiedelholtz's second child. Her first son Jonathan is 13 and loved Jeremy very much. A Parent's Worse Nightmare

Mrs. Fiedelholtz decided to pick up Jeremy early around 11:50 a.m.. She felt an unannounced visit would calm her fears and is recommended by the county. Mrs. Fiedelholtz knocked on the side door of the house where the daycare center was located. It took awhile, but helper Cheryl Lavigne came to the door. She walked past Jeremy's crib which was right by the door and said, "Oh, your son did great, he is sleeping very nicely."

When Mrs. Fiedelholtz looked at Jeremy she noticed he was on his stomach. A quick thought went through her mind that she would never bring Jeremy again. Every daycare operator or helper knows or should know, you don't position a baby on the stomach because it increases the chance of SIDS.

When Mrs. Fiedelholtz went down to pick up Jeremy he was blue and his head was down in vomit and blood, he was not breathing. Mrs. Fiedelholtz screamed and the helper didn't know what to do. Mrs. Fiedelholtz blew a few breaths into Jeremy but there was no response. Helper Lavigne didn't know how to do CPR so she called 911. The Paramedics came within minutes, revived Jeremy's heartbeat but he was braindead. Mrs. Fiedelholtz frantically called Mr. Fiedelholtz to come right away.

Mrs.

Mrs.

Schwartzberg told us the following about her licensed daycare center: 1) Jeremy would be the 4th child with a few drop offs

2) Only the licensed room we saw would be used for daycare

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3) Mrs. Schwartzberg has a permanent helper who is certified in CPR

4) Her permanent helper Cheryl Lavigne will run all the errands

After this meeting we did a civil and criminal background check, called references and was informed by Broward County licensing that no complaints were filed against the Schwartzberg daycare center. Based on our thorough background check, and the meeting with Mrs. Schwartzberg, we decided to try out her daycare for two hours.

A Fatal Decision

On January 29, 1997 at 9:00 a.m. Mr. Fiedelholtz called the Schwartzberg daycare center to see if there was enough room for Jeremy that day. The helper Cheryl Lavigne said, "yes, there is plenty of room". Based on that phone call, Mrs. Fiedelholtz took Jeremy to Mrs. Schwartzberg's daycare center around 10:00 a.m. Upon her arrival she saw only two children and figured everything was fine. Mrs. Fiedelholtz gave Mrs. Schwartzberg a few directions and then left the daycare center.

~~Promise: Jeremy would be the 4th child with a few drop-offs.~~

Truth: Plantation police department found 13 children at the Schwartzberg home.

~~She had six infants, six 1yr olds and one 2yr old. This law states if you have four infants you can't have anymore children. She was nine over the legal limit.~~

~~Promise: Only the licensed room we saw would be used for daycare activities.~~

Truth: Plantation police found an unlicensed back room where Mrs. Schwartzberg was napping five children. Neither the Fiedelholtz's nor licensing knew this room existed. On a January 6, 1997 official inspection, Mrs. Schwartzberg never told the inspector about the room. Promise: Mrs. Schwartzberg would never leave the premises, her helper Cheryl Lavigne would run the errands.

Truth: According to the police report, Mrs. Schwartzberg told the police she went to the supermarket for 45 minutes, leaving the 7 month pregnant helper alone to care for 13 children in two rooms at different ends of the house.

When Mr. Fiedelholtz arrived at the Schwartzberg home, Mrs. Schwartzberg was just pulling into the driveway. According to the police report she left for an errand to go to the supermarket for 45 minutes. Mrs. Schwartzberg went into the house and never spoke to the Fiedelholtz's again.

Lies, Ignorance, and Greed Suffocate Jeremy Fiedelholtz

It wasn't until the afternoon of January 29, 1997 that we found out the Schwartzberg daycare center was a death trap. Human Resource Service investigator Roy Chandler came to interview us at the hospital. We really didn't understand why he was there, but we assumed it was routine because the incident involved a child. The information that Mr. Chandler told us, would change our lives forever and shatter our faith in the American daycare system.

A Meat Market Mentality

When we decided to take Jeremy to Mrs. Schwartzberg's daycare center we based our decision on three criteria; our background check, tour of the facilities and meeting with Mrs. Schwartzberg. Everything Mrs. Schwartzberg told us about her daycare center was a lie and her motive was to procure our business at any cost. Mrs. Schwartzberg charged \$125 per week. Mrs. Schwartzberg broke the law by having nine children over the legal limit of four infants. She more than tripled her income by violating the law:

Breaking The Law vs. Following The Law

$13 \times \$125 = \$1625$ $4 \times \$125 = \$500$

The next page shows the incredible lies Mrs. Schwartzberg told the Fiedelholtz's.

A Painful Good-bye

Seeing Jeremy suffer from seizures on the afternoon of January 29th, we decided that our beautiful boy should suffer no more. Once Jeremy was officially determined to be brain-dead, we decided to sign a waiver to remove his life

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support.

On January 30, 1997 around 4:00p.m., we pulled Jeremy's respirator from his mouth. Our screams were so loud, we're sure the entire hospital heard us. How could this happen? How could somebody neglect this beautiful child? What kind of women would lie to parents about their daycare center and credentials? This death was so senseless. A perfectly healthy boy dies at daycare in his first two hours due to neglect.

Death Due To Neglect

The official medical examiner's report concluded Jeremy's death was due to positional asphyxia. This means because Jeremy was placed on his stomach with the crumpled crib sheet around his nose, he suffocated. It was determined that Jeremy was asphyxiating for close to ten minutes. The Child Protection Team of Broward County has determined Jeremy's death was due to neglect on the part of operator Christine Schwartzberg and helper Cheryl Lavigne. It was also discovered Mrs. Schwartzberg knew that Mrs. Lavigne couldn't run errands because she had a restricted drivers license. Additionally, Mrs. Schwartzberg knew that helper Lavigne was suffering from fainting spells. She had gone to the doctor for this problem.

Promise: Mrs. Schwartzberg said that helper Lavigne was certified in CPR and was fully qualified according to Broward County Licensing standards.

Truth: The licensing investigator found helper Lavigne was not certified in CPR and was not a qualified substitute. Mrs. Lavigne is also accused of giving a false social security number on her criminal background check.

Mrs. Schwartzberg's license was suspended. In order to avoid testifying at a revocation hearing she surrendered her license. Mrs. Schwartzberg and Mrs. Lavigne have refused to talk to police, the medical examiner or anyone else regarding Jeremy's death. Although the medical examiner's report hadn't been completed, Mrs. Schwartzberg told the parents we brought a very sick baby to her daycare. This statement contradicts what she told the licensing investigator. Mrs. Schwartzberg said, "Jeremy looked fine before she left for the supermarket." It was later determined by the medical examiner's office that Jeremy was a healthy boy but he suffocated.

A Political Decision

Although the official line is that the Broward County Attorney Mike Satz is waiting for an opinion from a national expert, the real determination rests on whether this case is politically viable to move forward. Head of the Homicide department, Charles Morton, and County Attorney Mike Satz have concerns that the case will be tossed out on directed verdict or overturned on appeal. Since this is a high profile case, nobody wants to take the chance of losing. This could negatively affect their won-loss record and may hurt their political and career goals. What a disgusting mentality.

There is overwhelming evidence that could defeat the defense's claim that Jeremy's death was an unfortunate accident. Jeremy's death occurred during the period that there was gross overcrowding and the operator left one unqualified person to care for 13 small children in two rooms. Additionally, Jeremy's head was visible in the mat for up to 10 minutes. If Mrs. Lavigne had the legal limit of four infants in one room, she would have seen Jeremy run into trouble during those 10 minutes. This establishes the legal causality of Jeremy's death. Finally, the statutes that Mrs. Schwartzberg and Mrs. Lavigne knowingly violated were designed to protect the death or harm that occurred. Cases with less direct evidence than this one, have resulted in manslaughter or other felony charges. But, the Broward County State Attorney is still pondering whether the acts of daycare operator Christine Schwartzberg and Cheryl Lavigne amount to criminal negligence. They just don't want to believe a daycare operator and helper could devise a money making scheme that results in a child's death.

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A Cold Response

We knew neither Mrs. Schwartzberg nor Mrs. Lavigne would take responsibility for the lies to parents and dangerous conditions in their daycare center. But, we did expect some form of condolence for Jeremy's death, it never happened. Once Mrs. Schwartzberg came back from the supermarket, she immediately contacted her lawyer and we never heard from her or Mrs. Lavigne again. This woman and her helper gambled on the lives of '13 beautiful children and one died. However, she refused to show any humanity by at least sending formal condolences to the Fiedelholtz's.

More Neglect

At the time of writing this testimony, neither Mrs. Schwartzberg nor Mrs. Lavigne have been charged by the Broward County Attorney's Office. Although they have been actively investigating this case over three months, no charges have been filed. Since there are no criminal penalties for daycare violations, Mrs. Schwartzberg's only penalty has been a \$100 fine. This illustrates how archaic the daycare laws are in this country.

The direct evidence is overwhelming that Mrs. Schwartzberg and Mrs. Lavigne conspired to defraud the Fiedelholtz's and other parents at their daycare center to procure their business. The violations Mrs. Schwartzberg was cited for by Broward County are extremely serious and strike at the heart of daycare. If you don't have supervision you don't have daycare. Mrs. Schwartzberg and Mrs. Lavigne's reckless behavior placed all 13 children in jeopardy that day. We represent millions of parents who are tired of daycare being a Wild Wild West Show with our children being caught in the crossfire. The states have shirked their duty with minimum daycare regulations and allowing unqualified and dangerous people to enter the daycare field. It was determined in a recent study by the Families and Work Institute, that 86% of center based daycare and 88% of family based daycare can cause serious harm to children. These statistics prove our daycare system is broken.

The Future of America's Daycare

It's impossible to embark on change in daycare, if we don't eradicate the myth that child care can be self-regulated. Certain questions need to be addressed. Are we willing to place children's safety above the political and economic pressures of the growing daycare business? Will daycare be considered a profession as in other countries? Will we fight for national regulations and criminal penalties? These are just a few of the fundamental questions that need to be addressed immediately.

The evidence is clear, the present daycare system is allowing criminal behavior which is harming and killing our precious children. We need to move quickly to counter this trend and construct a daycare infrastructure that will protect our kids going to child care. Lawyers, Doctors, Nurses and other professions all have to be tested, retested and closely monitored, why not daycare providers. Dealing with infants and small children is dangerous business. Unfortunately, this type of mentality is prevalent throughout the country. When it comes to abuse or neglect cases at daycare centers, our children fall victim to the smothering political ambitions of prosecutors and their staff. Traditionally, prosecutors would shy away from these cases calling them an unfortunate accident. However, times are changing and District Attorney's are starting to recognize that juries will not tolerate the neglect or abuse of children from anyone. This is especially true of a daycare operator who has a higher duty of care to supervise and protect children.

Time For Change

Jeremy's story resonates loudly that something has to be done to stop the abuse and neglect of children at daycare. Thinking a woman or mother wouldn't hurt children and possesses an innate ability to care for kids is wrong. It's this

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mentality that has caused us to avoid regulating daycare which has resulted in scores of senseless deaths or abuse. Many daycare operators are using our children as pawns in a get rich scheme.

Parents are so worried about daycare, that it's a good day when their child hasn't been sexually molested or physically harmed at daycare. Even after Jeremy's death, many of the parents at the Schwartzberg daycare center said they would go back. This type of ignorance is what daycare operators feed on. The states have done a miserable job in taking daycare seriously. Their attitude is to leave it up to the individual counties or cave in to daycare lobbyists who don't want more regulations because it hurts their bottom line. This type of ignorance has to stop because it's killing our kids. There is an alternative.

The Cidcare Bill

Jeremy's story and the Welfare Reform act are two excellent reasons why the Cidcare bill has to succeed. The premise of the bill relies on a natural shift of the marketplace towards safe and quality daycare. This bill will provide a daycare subsidy package that offers quality oriented daycare at a reasonable cost. With parents desperately looking for daycare, a Federal subsidy daycare package will be a welcome addition to the marketplace. The parents receive better daycare delivery at a reasonable cost, and daycare operators get paid more as long as they follow the rules. Thus, a safer and more productive daycare environment for everybody.

Similar to other countries, America needs to make a firm commitment that daycare will be professionally run and regulated. Daycare operators receive professional wages and in return they are educated and obey the law. As you consider the Cidcare Bill and other options, we strongly recommend the inclusions on the following page: State daycare regulations are embarrassing. For instance in our state of Florida, you can take a three hour course, have a criminal and civil background check, pay a \$25 application fee and your now a bona fide daycare operator. Fifty seven out of sixty seven counties could have licensing procedures but don't.

In Illinois, state officials want to give welfare moms a 4 month training course and presto, they are daycare operators. With all due respect to these people, many of the welfare rooms are just starting to acquire the basic skills of reading and writing. This is a clear example of how the states are always looking for a quick fix.

In a 1996 study of Family Child Care in America by the Children's Foundation, it clearly shows the lack of uniformity in state daycare regulations:-

Only 18 states require daycare licensing exclusively.

Only 23 states require regulated daycare providers to attend an orientation session.

Only 39 states require regulated daycare providers to have CPR/First Aid Training.

Only 42 states require more than basic CPR/First Aid training for regulated providers.

Only 32 states require unannounced inspection visits in response to a complaint. Inspections:

Part of the Cidcare bill must require frequent inspections. There would be a two pronged approach to inspections. First, both facility and home daycare centers must be inspected every three months. Independent contractors can be hired to do the inspections on a rotating basis so the daycare operator won't be able to establish a relationship with any one inspector. The inspections must be unannounced, unbiased and adhere to a strict criteria. Any daycare operator who is found to be in serious violation of safety procedures would lose their license immediately and have to reapply showing the inadequacy was rectified. If the same violation reoccurs, the license would be suspended pending a

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revocation hearing. Second, parents would be educated on inspection procedures and have the right to inspect all rooms in a facility or home day-care. Any daycare operator who refuses this privilege, would be sanctioned. Parents would be advised to immediately remove their child from that particular daycare.

Criminal Penalties

Many states have administrative sanctions instead of criminal penalties for daycare violations, this would change immediately. In order for any state to gain access to the Cidcare subsidy program, they would need to create laws that demand strict criminal penalties for violating daycare laws. Not one red cent should be given to any state that has weak daycare sanctions. This requirement is crucial, daycare operators violate laws because they know the rules won't be enforced. Daycare Operator Educational Requirements

All daycare operators and staff must take a 40 hour substantive course with a heavy medical component. This is a uniform course that every accreditation center offers. The course can be offered through distant learning such as the internet, video training or traditional classroom style.

The substance of the course is divided into three parts:

First, medical training on infants, toddlers and older children. The curriculum supersedes the basic CPR/First Aid course. Verification of knowledge is measured by various written and role-playing tests.

Second, a thorough knowledge of state daycare laws. Daycare operators and staff will be trained on adult-child ratios, inspections, business practices and criminal penalties.

Third, all students have to show practical knowledge of their skills in a realistic crisis and non-crisis situation. Failure to pass this test means the daycare operator does not obtain a license. The days of ignorant daycare operators receiving licenses are over.

On the issue of retraining, daycare operators and staff must take a sixteen hour mandated retraining course every year with testing. Failure to meet this requirement means immediate suspension of an operator's daycare license. The passage of the Cidcare bill is important, because it acts as a first step in creating a professional infrastructure for daycare in America. Anyone who fails to vote for tougher regulations in daycare is signing a death warrant for our children. We have Federal protection for the Spotted Owl and other animals but when it comes time to protect our children, we cry poverty or claim it would expand the Federal bureaucracy. If Congress can find money to fund the investigations of Whitewater and Campaign Financing, surely money can be spent on keeping our children safe at daycare. Our children are not second class citizens.

The Fiedelholtz family is making a formal request that the Cidcare Bill be named the Jeremy Cidcare Bill. Although Jeremy's life was wiped out by the senseless conduct of a daycare operator and her helper, our family wants Jeremy's legacy to be attached to something positive not negative. Further, as the bill becomes law, Jeremy's story will be a vivid reminder of what happens when our children are not protected.

Finally, anytime you think about abandoning this issue, just remember how Jeremy Fiedelholtz died in his first two hours of daycare. This could have been your children or grandchildren. Thank you for the opportunity to appear before your committee and testify today.

END

LANGUAGE: ENGLISH

LOAD-DATE: July 18, 1997

LEVEL 1 - 21 OF 24 STORIES

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THE ARIZONA REPUBLIC

August 1, 1997 Friday, Final

SECTION: CHANDLER COMMUNITY; Pg. EV1

LENGTH: 281 words

HEADLINE: HEPATITIS A IS REPORTED AT DAY-CARE OPERATIONS

BYLINE: By Clint Williams, The Arizona Republic

BODY:

An outbreak of hepatitis A among **children** at East Valley **day-care** centers warrants investigation, but not panic, a county health official said.

"Hepatitis A is always present in the community at some level," said Dr. Larry Sands, director for the division of community health services with the Maricopa County Department of Public Health. "It's not an uncommon disease."

Still, when there are a number of reported cases of hepatitis A at a day-care center it is cause for concern. There have been nine confirmed cases of hepatitis A since June among children at the Kindercare Learning Center, 1810 E. Southern Ave. in Mesa. Other day-care centers in the area have reported one to three cases, Sands said.

Hepatitis A produces flulike symptoms such as nausea, slight fever and fatigue.

"In very young children, the symptoms may be very mild," Sands said.

Health officials investigated the sanitation practices at the centers and found no evidence that the disease was being spread at the centers. For example, Sands said, the disease wasn't limited to children belonging to one classroom.

The outbreak, Sands said, "reflects the level of hepatitis A in the surrounding community."

The disease is often dismissed as a mild case of the flu until the child become jaundiced, with yellow skin and eyes. There are generally no long-term complications.

The disease is transmitted from hand to mouth. Preventing the disease is as easy as washing your hands after using the bathroom, Sands said. People also should wash their hands before and after preparing food.

The hepatitis B vaccine now routinely given to children doesn't provide protection from hepatitis A, Sands said.

LANGUAGE: ENGLISH



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DATE July 22, 1997
TIME 7:00-9:00 AM
NETWORK NBC
PROGRAM Today

KATIE COURIC, co-host:

Safe and reliable day care is a constant concern for working parents. NBC's Kerry Sanders has the story of one Florida couple who thought they were doing everything right.

Mr. MARK FIEDELHOLTZ: One minute he's here, the next minute he's gone.

KERRY SANDERS reporting:

Jeremy Fiedelholz died at age three months. He was Mark and Julie's first child together.

Ms. JULIE FIEDELHOLTZ: This was the outfit that Jeremy had on. We've just kind of left it there.

SANDERS: Their nightmare began in January, just seven blocks from their home, a licensed home day-care center in a converted garage. The Fiedelholts decided to test it out. On January 29th they dropped Jeremy off for just two hours. When Julie returned, Jeremy was face down in a crib, a blanket balled up around his mouth. He wasn't breathing. That's when Julie discovered the day-care worker at the house didn't know CPR.

Caller: (From day-care center) I'm at day care. A baby stopped breathing. He's turned blue.

Unidentified Operator: How old is he?

Caller: Three months. Please hurry up.

Operator: OK.

Caller: Hold on. He's not breathing. Hold on a minute. I'm trying to find the address. He's blue and cold. I don't think he's alive.

Ms. FIEDELHOLTZ: When I found Jeremy, I remember trying to shake myself and say, 'Wake up, wake up.' That this--this absolutely had to be a dream, that this could not be happening to me. I just could not believe that this could ever, ever happen. Especially not that day. Especially not taking your child for a trial run at a day-care center to see if it was up to your quality standards. Not even that it was up to safety standards.

Mr. FIEDELHOLTZ: First two hours, Kerry. God almighty. That's unbelievable. I--I just--oh, I don't know, it's just really confusing.

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SANDERS: Even more confusing--the discovery that the licensed home care operator had left the house for 45 minutes to shop at the grocery store. Left in charge, an aide who was seven months pregnant. Had there been only four infants in the house as their licensed stipulated, investigators say the aide might have noticed Jeremy was in trouble. But when police showed up, they discovered 13 children, nine over the limit.

Mr. FIEDELHOLTZ: You've got a death trap. We didn't know it. There was no way--how could we possibly know that? When she left Jeremy off there were two children.

SANDERS: In the wake of Jeremy's death, there are more inspectors now checking on home care centers in this Florida county.

Unidentified Woman: Let me see. I need to see the first aid kit, please.

SANDERS: But for the millions of parents nationwide who choose home care, inspections like this are the exception, not the rule. Child advocates say the problem is, in one city there is one set of rules, in another city, another set of rules. And in so many cities across this country, no rules at all.

Mr. FIEDELHOLTZ: Senators, I'm asking for your help. First of all...

SANDERS: Last week, Mark and Julie Fiedelholz took the fight from their house to the Senate. They want federal child-care regulations and enforcement so no other parent ever suffers their tragedy.

Mr. FIEDELHOLTZ: Look at Jeremy. You want him as a national symbol. You've got him, OK? You have him. But you've got to move. You've got to do something.

SANDERS: Jeremy's parents now wonder if his death can somehow have meaning. For TODAY, Kerry Sanders, NBC News, Miami.

COURIC: A criminal investigation is now under way. The possible charge against the day-care operators: negligent manslaughter.

The Fiedelholz story is a frightening one for a lot of parents with children in day-care situations. Barbara Willer is with the the National Association for the Education of Young Children. Barbara, good morning.

Ms. BARBARA WILLER (National Association for the Education of Young Children): Good morning.

COURIC: It sounds like this couple did everything right. They--they found a licensed day-care center, they got references, they s--sought to--any complaints that might have been filed against the day-care operator. There were none. They felt the ratio was fine. Wh--I--I hate to say what could they have done differently, because I'm sure they're torturing themselves at this moment.

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Ms. WILLER: Mm-hmm.

COURIC: But what should parents do?

Ms. WILLER: Well, I think one of the things we can learn is that as the story points out, we need stronger regulations in every state, as well as better enforcement. But every day, I think, parents need to think, look at the care situations in which they're placing their children and for parents to spend time in the center or the home.

COURIC: Should you spend time in the center before you even consider placing your child there?

Ms. WILLER: Absolutely. And s--more than just taking a tour. You need to sit down and just quietly observe what's happening to children. Watch individual children to get a sense of how the caregivers, the adults respond to those children. Count heads. How many children are there? How many adults? The younger the child, the fewer the number of children. The babies--there should never be more than three to four children with each adult. And groups should not exceed six to eight babies. And the number of children can get larger as children get older. But even with preschoolers, still, eight to 10 children per adult is the--the max. And no group size exceeding 16 to 20 children.

COURIC: Because they had 13 children in this particular center.

Ms. WILLER: And that's 13 children under the age of three. And that's just an impossible situation, particularly with one adult who was there at the time.

COURIC: How could the day-care provider just up and leave and go to the grocery store?

Ms. WILLER: Well, I really--I can't understand that. And I--it's--it's a travesty. And--and these--you know, sometimes things happen that shouldn't happen. And that's why stronger enforcement is so important.

COURIC: So you--you think that federal regulations or some kind of national standard is called for? Because as you well know, it varies so dramatically from state to state--state to state.

Ms. WILLER: It really does. And it shouldn't matter if your child is living in Massachusetts or New Hampshire or Texas. You have the same basic needs to be protected from harm and to have a situation that promotes your healthy growth and development.

Now there are voluntary national standards that are already in place. NAYC has a voluntary accreditation system for centers and there's also a voluntary accreditation for family child-care homes. And so that's something else that parents can look for to make sure that programs have gone through that voluntary set of standards. It's a sys--a system that designates

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excellence in programs and so it provides an extra level of protection for families.

COURIC: And what do you do about day-care providers who simply lie about the situation?

Ms. WILLER: You know, that's a really hard situation. That's one of the reasons I think it's so important to spend time in the program yourself before you make your selection, as well as afterwards. You drop in unexpectedly and ask to visit and again, you know, don't just take the tour, spend some time quietly observing the children. And if paren--if the program doesn't want you to do that, think twice about the situation.

COURIC: And then you should probably drop by unexpectedly afterwards?

Ms. WILLER: Drop by unexpectedly afterwards. And remember that it's really a question about the relationship that you have with the providers. You want to get information about their skills and qualifications, CPR, child development, early education, those are all critical skills that people need to have in working with children.

COURIC: And hopefully we can avoid heart-breaking situations like Jeremy's family.

Ms. WILLER: Hopefully this can lead to better standards and better enforcement...

COURIC: All right.

Ms. WILLER: ...and more money for the system.

COURIC: Thanks, Barbara Willer. Appreciate it. It's 7:42. Matt's back in a moment with Harrison Ford. That's right after this.

39TH STORY of Level 2 printed in FULL format.

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Pittsburgh Post-Gazette

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SECTION: EDITORIAL, Pg. A-8

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HEADLINE: CARING FOR THE CHILDREN;
STATE IMPROVES CHILD-CARE FOR THE POOR, BUT COULD DO BETTER

BODY:

Women trying to get off welfare have plenty of worries - do they have the right skills, can they get transportation to the job, how long will they keep health benefits, can they afford an appropriate wardrobe?

But all of those concerns pale in comparison to worries about who will tend the children.

President Clinton recognized that reality when he insisted on more money for child care in the welfare reform package he signed last August. And Gov. Ridge recognized it when he proposed a state budget that included \$ 68 million more for subsidized child care than was spent the year before.

The additional money will mean that 35,000 additional children in Pennsylvania will be eligible for subsidized child care under a newly streamlined and coherent system. No more will there be different rules for women who are in training or for women who have never received welfare.

The expansion and improvement of the subsidized child-care system are notable and beneficial byproducts of the federal welfare reform. And we applaud the governor for his attention to this critical area.

But in his eagerness to provide help for tens of thousands of new families, we fear that he is spreading the money a little too thin, and that the child-care spaces that will be created to fill this new need may not be of sufficiently high quality.

In child care, quality and cost are definitely correlated.

The new plan would require most families to pay more for their child care based on the cost. Families now pay between 3 and 11 percent of their income for child care. Under the new rules they would be required to pay up to 14.5 percent, depending on the cost of the child care chosen - higher cost care would require a higher co-pay. For families just managing to scrape by, that is a significant difference.

The net effect of the higher co-pay will likely be to direct families away from regulated day-care centers to cheaper, but unregulated, day-care homes.

Many family day-care homes are wonderful places with nurturing and attentive caregivers and stimulating programs. But it is impossible to guarantee that situation in thousands of unregulated settings. And as a Post-Gazette investigation of day-care showed last year, the reality is often quite far

Pittsburgh Post-Gazette, July 14, 1997

from that high-quality ideal - even in regulated settings.

All the research on brain development in children makes clear that there is no long-term economic payoff to scrimping on child care.

The state is understandably trying to squeeze as much from a dollar as it can, but in this case it is squeezing too hard.

The state child-care plan represents a genuine improvement over the existing system. But with a more generous subsidy it could be that much better still.

LOAD-DATE: July 14, 1997

LEVEL 1 - 1 OF 24 STORIES

Copyright 1997 Journal Sentinel Inc.
Milwaukee Journal Sentinel

August 17, 1997 Sunday Final

SECTION: News Pg. 12

LENGTH: 304 words

HEADLINE: How system lets providers take too many kids

BYLINE: Mary Zahn and Margo Huston

BODY:

Here's an example of how the Milwaukee County child-care pay system works:

A low-income parent goes to a Milwaukee County welfare office and signs up for taxpayer-supported **day care** for her four **children**. She requests a specific **day-care** provider.

The county worker verifies that the parent and children meet eligibility criteria. The parent chooses the provider. The names and ages of the children are entered into a computer system, as is the total number of approved **day-care** hours for each **child**.

A second parent walks into the office seconds later, sees a different worker and signs up her four children for care with the same provider, as does a third or a fourth all seeing different workers.

Under the county system, many children could have been enrolled with one day-care provider without any county worker knowing that the provider was over the legal limit. That's because the children would not be listed on the computer system as assigned to the provider until after the first day-care payment is made, something that could take two months or more.

In addition, workers cannot tell for sure whether a provider is taking care of too many children because specific hours and days of attendance are not listed. For example, a provider could have as many as 18 children listed as being in her care without caring for more than six at one time.

The county accounting department also sees the voucher and timecard from the day-care provider, making sure that the children have been authorized and that the number of approved hours being billed for each doesn't exceed the authorization. If all that's in order, the computer prints a paycheck to the provider.

There is no mechanism to flag providers who are being paid for large numbers of children, or who list a huge number of hours.

LOAD-DATE: August 18, 1997



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LEVEL 1 - 10 OF 24 STORIES

Copyright 1997 Times Mirror Company
Los Angeles Times

August 11, 1997, Monday, Home Edition

SECTION: Business; Part D2; Page 17; Financial Desk

LENGTH: 1182 words

HEADLINE: CAREERS / BALANCING WORK & FAMILY;
HOW TO FIND THE RIGHT CARE?;
DO THE LEGWORK

BYLINE: MARTHA GROVES, TIMES STAFF WRITER

BODY:

Nothing can stifle a working parent's productivity faster than nagging concerns about **day-care** arrangements. Is my **child** safe? Is he happy? Is she getting enough loving and careful attention? In an emergency, can the caregiver take appropriate measures?

Here's a question-and-answer guide to choosing a situation that's best for you and your little one:

Q. What types of day-care options are available?

A. Here are four basic alternatives: child-care centers, family child care, home-care providers and nanny or in-home care.

In California, child-care centers (sometimes called nursery schools or preschools) and family child-care operations require licenses from the state Department of Social Services. (Licensing establishes rules for training of staff and limits how many children can be cared for in a given program. A caveat: Licensing does not ensure quality; rather, it merely indicates that a center has met basic guidelines for health and safety.)

Child-care centers, facilities built specifically for the care of children, can be large or small and are run independently or by a company, church or other organization. Staff members must have training in early-childhood education. Family child care is offered in the home of the caregiver, where a sole provider can care for four children younger than 2 or for six children of varying ages. With an adult assistant, that number can rise to 12 children. Many in family child care have training in early-childhood education, but that is not a requirement.

Both child-care centers and family child-care providers may voluntarily seek accreditation. Centers are evaluated by the National Assn. for the Education of Young Children in Washington, and family child-care providers, by the National Assn. of Family Child Care, in Des Moines. A recent two-year study at 92 child-care centers in California indicated that accredited centers tend to offer high-quality care, but researchers cautioned parents not to take accreditation alone as a sign of excellence. Of the nation's 97,000 child-care centers, just



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Los Angeles Times, August 11, 1997

5,000 are accredited.

Home-care providers, who do not need a license, may care in their

home for the children from one other family besides their own. Nanny care, also unregulated, is provided in the child's home.

Q: Let's focus on child-care centers and family child care. Is one better than the other?

A: No. Each has advantages and disadvantages, depending on the child's needs and the parents' work and financial situations. For example, center-based care is dependable, but hours are defined and often inflexible (many centers charge by-the-minute late fees). Family care, which is more home-like than a center, could be disrupted if the provider became ill. Parents often strongly prefer one or the other, but "our goal is to have the parent be open-minded," said Jennifer Montgomery, resource and referral manager for Connections for Children.

Q: How can I learn about centers or family-based operations near me?

A: Each California county has a resource and referral agency to direct parents. Ten such agencies exist in Los Angeles County. They include Child and Family Services in Los Angeles (213) 427-2700, which covers downtown, Beverly Hills, Hollywood and Silver Lake; Connections for Children in Santa Monica (310) 452-3202, which serves the western portion of the county from Agoura Hills on the north to Hermosa Beach; and Mexican-American Opportunity Foundation (213) 890-9616, which serves Commerce, Monterey Park and other communities near downtown. To find a referral agency near you, call (800) 543-7793.

Q: Should I choose a facility near home or near work?

A: That's a tough one, and experts' opinions vary widely. "What I've seen over the years is that parents with infants like to have them close by," said Kathleen Malaske-Samu, child-care coordinator for Los Angeles County. "When the kids are older, they prefer having them in the community where they live."

Two-career couples with offices in different directions often find it convenient to have the child near home in case one parent has to dash to the center in an emergency. Some parents, on the other hand, enjoy conversing with kids during the drive to and from work.

Madeleine Stoner, a professor at USC's School of Social Work, said she enjoyed commuting with her two children when they were young. "The time in the car was extremely valuable mother-child time," she said. "We'd play word and spelling games, talk about what happened at school or listen to music."

As far as Malaske-Samu is concerned, "it all boils down for parents to, when the Big One comes, will we be close enough to get to our little ones? Whenever we have a big jolt, there's a bigger interest in trying to put kids closer."

Q: OK. So I have the locations of some centers near me. What should I look for when I visit them?

A: One important feature that parents should seek out is an open-door policy. Make sure that the center operator or family-care provider welcomes parents to



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Los Angeles Times, August 11, 1997

pop in. Beyond that, here are several things to put on a checklist:

- * Is the facility clean and inviting to children and adults?
- * Are classrooms clean and orderly, with a variety of activity areas?
- * Are materials arranged so that children can help themselves?
- * Do children appear happy and involved?
- * Are there safe outdoor areas?
- * Is climbing equipment both safe and challenging?
- * Is there a place for naps and quiet play?
- * How is the interaction between adults and children?
- * Are there enough adults for the children that you see?
- * Is the TV or VCR on too often? An hour or so in the late afternoon isn't bad, Stoner of USC said, but too much video watching can stifle creativity.
- * What sort of backup plan is in place should a care provider or staff member become ill?
- * Does the center have several infant walkers or swings? If so, that might indicate that infants do not get held enough.
- * Is lunch provided? What sorts of snacks are offered?

Q: How much should I expect to pay?

A: For family child care in L.A. County, the average weekly cost for children younger than 2 is \$ 125; for older children, it's \$ 100. At centers, there is a wide range, with monthly infant care running \$ 600 to \$ 825 and monthly care for preschoolers costing \$ 425 to \$ 600.

Q: What are some warning signs that a situation is no longer appropriate for my child?

A: Be on the alert for any changes in behavior, such as withdrawal, or signs of resistance about going to the day-care location. If a child starts to act out at home, he might need more stimulation. Children who become bored tend also to become aggressive. As your child continues to grow and learn and master different levels of development, she should continually be challenged.

As Connections for Children notes in its guidelines for parents, everyone has different notions of how best to rear children. Seek a caregiver whose philosophy, values and discipline techniques are compatible with yours. Above all, trust your gut feelings.

LANGUAGE: English

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LEVEL 1 - 7 OF 24 STORIES

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Sun-Sentinel (Fort Lauderdale, FL)

August 14, 1997, Thursday, Final EDITION

SECTION: BUSINESS, Pg. 1D, INSURANCE

LENGTH: 355 words

HEADLINE: JUA RESTRICTS ITS COVERAGE OF HOME DAYCARE

BYLINE: TOM STIEGHORST; Business Writer

BODY:

Wary of huge lawsuits, the board of the Joint Underwriting Association on Wednesday passed a rule restricting its coverage of small home day-care operations.

The rule, however, was more lenient than one first proposed in July that would have closed the pool of last resort to any homeowner who cared for more than three unrelated **children** at home.

Home-based **day-care** providers said that rule would have forced about 750 day-care operators to close or go without home insurance. Legislators said it would make it harder for Florida to implement the day-care aspects of welfare reform.

The new rule provides that homeowners can care for up to 10 children and still qualify for JUA coverage, provided they have separate liability coverage from a private carrier, and are registered with the state or licensed by the county.

Ron Bartlett, a JUA spokesman, said the pool will continue to decline coverage to commercial day-care providers because of high liability risks.

Some private companies refuse homeowner coverage to anyone who cares for unrelated children; others offer endorsements at added costs for up to three or four children.

In other matters, the board gave initial approval to four new plans to reduce the size of the JUA, which grew by 1,532 policies in July to 613,353 policies.

The largest proposal came from American Healthcare Indemnity Co. of Delaware for 120,000 policies, about half of which would come from South Florida or Tampa Bay.

An unusual plan came from Tower Hill Insurance Group, which pledged to take all of the JUA's in-force policies, except for mobile homes, in 11 north-central Florida counties. The total was about 24,000 policies.

In addition, American Summit Insurance Co., Minneapolis, proposed to remove 10,000 mobile home policies and DeSoto Insurance Co. wants to remove 26,000



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homes and 200-300 condo association policies.

The JUA also adopted a new contract for insurance agencies that is controversial because it limits eligibility to agents either appointed to write private homeowner policies, or who had an appointment in force before Hurricane Andrew.

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