

Approved 3-2-89 Ginger Barr, Chm.
Date

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS

The meeting was called to order by Representative Ginger Barr at
Chairperson

1:40 ~~a.m.~~/p.m. on February 16, 1989 in room 526-S of the Capitol.

All members were present except:

Representative Charlton
Representative King - Excused
Representative Sprague - Excused

Committee staff present:

Mary Torrence, Revisor of Statutes' Office
Mary Galligan, Kansas Department of Legislative Research
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

Connie Hubbell, Chairman, State Board of Education
David DeMoss, Director, S.E. Kansas Regional Service Center
Marilyn Ward, Executive Director, Everywoman's Resource Center
Gail Shreders, Director, Children's Learning Center, Inc., Lawrence, KS
Phyllis Mosher, Child Care Providers Coalition of Kansas
Kharon Hunter, Child Care Providers Coalition of Kansas
Jim Dodge, Coordinator, Topeka Public School Alternative Education Center/ Teen
Aid Program
Robert Poresky, Ph.D., Assoc. Professor in Human Development and Family Studies,
Kansas State University
Kathie Champlin, Kansas Action for Children
Bev Eversmeyer, Director, Guidance Office, Manhattan High School
Christine Graves, Associated Students of Kansas

Chairman Barr directed the committee's attention to a handout listing issues affecting children and the agencies (and phone numbers) addressing those issues, Attachment No. 1.

Attachment No. 2 is a summary, "Implementing the Regulation for Human Sexuality Curriculum in Kansas Schools: Interviews with Key Information" from Kansas Action for Children, Inc.

Attachment No. 3 is a memorandum from the National Committee for Prevention of Child Abuse regarding the relationship of child abuse to adult crime.

Connie Hubbell reviewed the steps involved in mandating the AIDS/human sexuality curriculum. The State Board will again request \$1.5 million to fund this program, Attachment No. 4.

David DeMoss explained the K-12 Healthy Living curriculum serving 57 school districts, 50,000 children and 2,000 teachers in southeast Kansas. He described and demonstrated some of the materials used:

1. in-service training
2. media resources (\$2.5 million film and cassette library)
3. Life Education Center (36 feet trailer with teacher)

Marilyn Ward stated that the main service provided by the center is child care referrals. She provided statistics supporting the high demand for this service. Mrs. Ward made suggestions for ways in which the state could assist in alleviating the problem, Attachment No. 5.

Gail Shreders recommended licensing regulations continue to be supported by the legislature and higher reimbursement for child care providers, Attachment No. 6.

Phyllis Mosher expressed concerns concerning licensure of home care providers and advocated in-service training for home care providers, Attachment No. 7.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,
room 526-S, Statehouse, at 1:40 ~~am~~/p.m. on February 16, 1989

Kharon Hunter also advocated licensure of day care providers and explained a few of the advantages, Attachment No. 8.

Jim Dodge explained how USD 501 is meeting the needs of pregnant teenagers and urged support for schools providing for the "at risk students", Attachment No. 9.

Dr. Robert Poresky supported the budget positions of the Children's Coalition and Kansas Association for the Education of Young Children; the recommended 10% increase in SRS reimbursement and more Kan-Work slots. He described short and long term benefits of a two-tier quality program, Attachment No. 10.

Kathie Champlin questioned why children are not included in the Kansas Economic Development package. She recommended early intervention and suggested a list of needs for such intervention and child care, Attachment No. 11.

Chris Graves described the Youth Education Service (YES) program which employs college students as tutors for at-risk students, Attachment No. 12. She introduced two students participating in the program.

Beverly Eversmeyer advocated on-site day care for teen mothers. She recommended that vo-tech training be included for teen mothers so they have job skills, Attachment No. 13.

Information elicited in committee discussion was:

1. On-site day care centers in Wichita, Kansas City, and Garden City are funded by special grants.
2. KDHE has data on teen pregnancy rates by county.
3. Statistics indicate that more than half the child abuse cases involve mothers who had their first child as a teen and lack parenting skills.
4. On-site day care centers can eliminate some of the "romanticizing" about having a baby by making the unrelenting care aspect visible.
5. Day care providers are encouraging the state to require additional training. KDHE is trying to simplify in-service through the use of video cassettes as training resources.
6. 1989 is the first year the state mandated human sexuality/AIDS education program is required. At some schools it is being taught as early as fifth grade but it may take years before the impact is realized.
7. There needs to be a readiness for sex education as a readiness for reading; repetition of the education program is important.

The meeting adjourned at 3:23 p.m. The next meeting of the committee will be February 21, 1989, 1:30 p.m. in Room 526-S.

GUEST LIST

FEDERAL & STATE AFFAIRS COMMITTEE

DATE February 16, 1989

(PLEASE PRINT)

NAME	ADDRESS	WHO YOU REPRESENT
Bob PORESKY	MANHATTAN	KAETC
BARB DRYDALE	MANHATTAN	KAETC
GAIL SHREDERS	LAWRENCE	KAETC
Kathie Campbell	W. Shawnee	Ks. Action for Children
Therese Parviz	Topeka	KCCD (Ks. Co. Crime + Delinq.)
Phyllis Markus	Topeka	CCPC - Child Care Provider Coalition
Ray Arnold	Topeka	Not A
Bernard Menning	Topeka	USD 501
James Dodge	"	"
Cheri Varvil	Lawrence	USD 501
Tony Larson	Topeka	Ks. Action for Children
Jon Bragg	Topeka	Life at its Best
Dave Eye	Topeka	A.S.K.
Ira J. Bolden	Manhattan	A.S.K.
Bill Musick	Mpls.	St. Bez Fed.
Dennis R. Bakow	Topeka	SRS - Kan Work
Shirley Norris	Topeka - 1	KOAE
Kharon Hunter	Topeka	Child Care Providers Coalition
David De Moss	Greenbush	Southeast Kansas Education Service Center
Mike Badenstiner	Greenbush	SEK Education Service Center
Marilyn Ward	Topeka	Emergency Room Center
Paul Rhodes	Manhattan	Manhattan Mercury
Beverly E. Eversmeyer	Manhattan	USD 383

Issue

Telephone

Poverty

Public Assistance Coalition of Kansas, Paul Johnson 345-4635
Dept. of Social & Rehabilitation Services, Carla Nakata 296-3349

Child Care

Kansas Association for the Education 864-4940
of Young Children (KAEYC), Joan Rieber
Kansas Dept. of Health & Environment, Shirley Norris 296-1270

Prenatal & Perinatal Health Care

Kansas Children's Service League (KCSL), Lynn Barclay 232-0543
Kansas Dept. of Health & Environment, Rita Ryan 296-1306
Kansas Assoc. of Local Health Dept., Elizabeth Taylor 354-1605

Child Abuse

Kansas Child Abuse Prevention Council, Inc. (KCAPC), 354-7738
Dr. James McHenry
Dept. of Social & Rehabilitation Services, Janice Waide 296-3282

Foster Care

Kans. Association of Licensed Child Care Agencies (KALPCCA), 749-2775
Bruce Linhos
Dept. of Social & Rehabilitation Services, Mike Clarkin 296-4638
Therapeutic Foster Care, Bob Heckler 273-3576

Alcohol & Drug Abuse

National Council on Alcoholism, Diane Pagano 235-8622
Dept. of Social & Rehabilitation Services, Cynthia Breitenbach 296-3925

Education

Kansas National Education Association, Peg Dunlap 232-8271
Kansas Department of Education, Warren Bell 296-3201

Teenage Pregnancy

Kansas Action for Children (KAC), Johannah Bryant 232-0550
Kansas Dept. of Health & Environment, Rita Ryan 296-1306

Juvenile Offenders

Kansas Action for Children (KAC), Johannah Bryant 232-0550
Dept. of Social & Rehabilitation Services, James Trast 296-4648

Employment

Kansas Dept. of Human Resources, Blanche Parks 296-3369

Family Violence

Kansas Assoc of Domestic Violence Programs (KADV), 842-3265
Kathy Greenlee

Jail Alternatives for Youth

Kansas Action for Children (KAC), Johannah Bryant 232-0550
Dept. of Social & Rehabilitation Services, Ruth O'Donnell 296-6277

Mental Health

Keys for Networking, Barbara Huff 273-5109
Dept. of Social & Rehabilitation Services, David Topp 296-3472

Special Education

Families Together, Kathy Johnson 273-6343
Kansas Department of Education, James Marshall 296-7454

Medical Services

Dept of Social & Rehabilitation Services, Katie Klassen 296-3981

Court Appointed Special Advocates (CASA)

Shawnee County CASA, Sue Lockett 232-2777

SUMMARY

"Implementing the Regulation for Human Sexuality Curriculum in Kansas Schools: Interviews with Key Informants."

Early attempts by school districts in Kansas to implement the human sexuality/AIDS education mandate are markedly different in quality and character. While diversity was encouraged by the provisions of the mandate, one early evaluation indicates that, to date, disparity rather than mere diversity exists. This conclusion is one major finding of a recent study which examined early attempts on the part of school districts to respond to the mandate. The research was commissioned by Kansas Action for Children, a statewide, citizen-based child advocacy group and conducted by David E. Balk, Assistant Professor, Kansas State University.

Balk interviewed persons knowledgeable of implementation efforts in 32 randomly selected school districts. School superintendents either agreed to participate as the "key informant" or nominated another knowledgeable person to act as such. Interviews averaged 25 minutes in length and were recorded and transcribed (with the participant's knowledge).

Other findings include a unanimously positive response by those who worked to involve the community in the process of responding to the mandate. Balk states, "In those districts where community involvement was at a premium, the gap of disparity between differing factions (pro and con), including the religious sects, was minimized. In other words, people with differing opinions were able to work out a plan of compromise. No key informant reported that community involvement proved detrimental to the implementation process. In fact, the opposite was true."

Teacher discomfort with human sexuality subject matter was identified by key informants as a major barrier to implementation of the mandate. Other barriers named included time dilemmas, teacher and administration ambivalence toward the mandate, a lack of community involvement in some districts, and the opt-out provision. The human sexuality regulation created by the State Board of Education requires that each school have a procedure "whereby any pupil, whose parent or guardian so requests, shall be excused from any or all portions of the program".

Two concerns about the opt-out provision are discussed in the findings. Some key informants said the opt-out provision appears to be incompatible with the development of a curriculum which integrates human sexuality/AIDS education into a variety of subject areas. It is easier to provide the opportunity to opt-out of a one week "unit" than an integrated curriculum. Other key informants were concerned about the educational and social consequences to those students who opt-out.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 2
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Kansas Action for Children, Inc.
701 Jackson Box 463
Topeka, KS 66601
913-232-0550



National Committee for Prevention of Child Abuse
 32 S. Michigan Avenue, Suite 950
 Chicago, Illinois 60604-4357
 (2) 663-3520

M E M O R A N D U M

TO: Trust Fund Administrators
 NCPCA Chapters

FROM: Deborah Daro
 Director, Center on Child Abuse
 Prevention Research

REGARDING: Relationship of Child Abuse to Adult Crime

Over the past several months, we have received a number of requests regarding the empirical evidence which links child abuse to adult criminal behavior. Most commonly, these requests begin with something like "isn't true that 80-90% of adults currently incarcerated were abused as children." For the record, there is no body of research to back up this specific claim. The majority of research in this area has involved interviews or self-administered questionnaires with an incarcerated population or with youth identified as juvenile offenders. Some of the better known and often quoted studies of this type are summarized below.

- o a study of violent inmates in San Quentin prison found that 100% of them experienced extreme violence between the ages of one and ten. (Maurer, A., 1976. Physical punishment of children. Paper presented at the California State Psychological Convention, Anaheim)
- o a claim by a prominent psychologist that he has never examined or talked with a violent juvenile delinquent who did not come from an extremely violent background. (Welsh, R.S. 1976. Severe parental punishment and delinquency: a developmental theory. Journal of Child Child Clinical Psychology 35 (1): 17-21)
- o case files of 863 delinquent male adolescents incarcerated in Ohio showed that 26% had been physically abused and that 85% had been repeatedly abused. (Kratcoski, P.C. 1982. Child Abuse and Violence Against the Family. Child Welfare 61:435-444)
- o In an Arkansas diagnostic center and school, girls who had been adjudicated as delinquent or in need of supervision were asked to complete questionnaires. Of the 60 girls who responded, 53% indicated they had been sexually abused and 51% recalled bruises resulting from physical beatings. (Mouzakitas, C.M. 1981. An Inquiry Into the Problems of Child Abuse and Juvenile Delinquency. In R.J. Hunner and Y.E. Walker, eds. Exploring the Relationship Between Child Abuse and Delinquency. Montclair, N.J.: Allanheld, Osmun)

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- o Of the 1,963 children reported as delinquent or ungovernable in eight New York counties in 1971 and 1972, 21% of the boys and 29% of the girls had been reported to authorities earlier as abused or neglected. Individual county figures ranged from 8 to 41% for the boys and 11 to 53% for the girls. (Alfaro, J.D. 1981. Report on the Relationship Between Child Abuse and Neglect and later Socially Deviant Behavior. In R.J. Hunner and Y.E. Walker, eds. Exploring the Relationship Between Child Abuse and Delinquency. Montclair, N.J.: Allanheld, Osmun)
- o At a private residential treatment program in New Hampshire for court-referred delinquents, 66% of 150 youths referred over an 8 year period were found to have been abused or severely neglected. (Sandberg, D.N. 1983 "The Relationship Between Child Abuse and Juvenile Delinquency." Testimony submitted to the Senate Subcommittee on Juvenile Justice, October 19)
- o In a sample of 112 post released convicted male felons surveyed in Oregon, almost 26% reported severe abusive punishment as a child. Many of these cases were documented in state child welfare records. In contrast, less than 3% of a representative sample of non-institutionalized Oregon males reported these same levels of abuse. Further, the authors reported that those felons who reported a history of child abuse were over eight times more likely to be convicted of a sex offence than those felons not reporting childhood abuse. (Sack, W. and R. Mason. 1980. "Child Abuse and Conviction of Sexual Crimes." Law and Human Behaviour 4: 211-215.

These incidence percentages are generally far higher than those reported for the general population. In 1985, roughly 3% of the U.S. child population were reported for abuse or neglect. The fact that a significantly higher percentage of adult criminals and juvenile delinquents are identified victims of maltreatment strongly suggest an association between these two conditions. These data, however, do not prove a causal relationship. Not all maltreated children move on to a life of crime and not all criminals were raised in abusive or neglectful families. The underlying causes of child abuse and the underlying causes of crime are complex and multifarious. What one can say with a degree of certainty is that children who experience serious violence or who are left to their own designs to structure their daily lives and to meet their basic needs have an elevated risk for poor social adjustment as adults. Whether these children engage in juvenile or adult criminal behavior will depend not only on their family situation but also on a host of other environmental and personal characteristics.

HUMAN SEXUALITY/AIDS EDUCATION PRESENTATION

TO: HOUSE FEDERAL AND STATE AFFAIRS COMMITTEE

BY: CONNIE HUBBELL, CHAIRMAN STATE BOARD OF EDUCATION

DATE: FEBRUARY 16, 1989

In November, 1987, the Kansas State Board of Education required schools to provide Human Sexuality/Aids Education and designed a comprehensive plan for providing it. This effort was initiated in the fall of 1986 during a conference on teenage pregnancy. Teen pregnancy has increased in Kansas over the past ten years, despite our efforts to decrease it. This is still a major issue in Kansas.

Despite our state's history of strong local control, almost everyone at the conference agreed that sex education should be required in our state. After studying the issue, our State Board voted, in May 1987, to preliminarily approve a mandate for human sexuality/Aids education. Then we held a series of public hearings.

Before the State Board acted, few districts were offering a comprehensive program on Human Sexuality/Aids Education. Local school boards were not offering sex education because of local pressure opposing it. For that reason, they were in favor of a state requirement that education about Human Sexuality be provided. I don't think that local districts would be teaching sex education now without a strong state leadership on the issue.

There was strong opposition to the mandate at the beginning. Prior to the May vote, State Board members were receiving about 100 letters a day, most of them opposed to mandatory sex or AIDS education. We launched a public information campaign that stressed that we were not promoting "safe sex", but were promoting the education of school children about Human Sexuality and the incurable disease AIDS. And it worked. From May to November, 1987, the letters changed. By the summer, the majority praised our action. Letters of support poured in from parents, teachers, and the general public, and then all agreed that it was essential that Kansas children understand how to take responsibility for their own health and to be confident enough to resist the behaviors that would put them at risk of an AIDS infection. Let me read part of one letter to you:

Dear Mrs. Hubbell,

As a high school counselor in a small school, I fully support the Kansas State Board of Education in its mandate for AIDS education in all accredited schools in Kansas. The young people in our school have a lack of understanding and an embarrassment that keeps them from seeking the help they so desperately need in coming to grips with the AIDS issue. Properly trained teachers are the best source of a comprehensive Human Sexuality/AIDS education program --

to not only dispel fears about the deadly disease AIDS, but also to instill responsible decision-making in today's youth.

I fully support your effort on behalf of the welfare of all Kansans. Please continue your efforts."

In October, 1987, our Board held a final public hearing about the Human Sexuality/AIDS prevention mandate. Forty people testified, and more than three fourths of their comments were very positive. As a result, the State Board voted in November almost unanimously, to formally change Kansas' rules and regulations to require Human Sexuality/AIDS education in all accredited schools in Kansas.

Some statistics to reinforce the State Board's decision on this mandate were presented in January, 1988: Kansans' Attitudes Toward Education - KATE V. It showed that 83% of a scientific random sample of Kansas citizens believe sex education should be part of the high school curriculum and that 59% favor sex education for grades 4-8.

Under our requirement, local schools have the option what to teach, who will teach it, and how it will be taught. This is a community decision. We have encouraged all districts to educate parents. Our mandate requires that teacher training be provided, that standards be set for elementary and secondary teacher training by June, 1988, and that teachers be required to meet these standards after they have been set. The Kansas Department of Education has issued Guidelines for developing and strengthening programs.

We want our comprehensive Human Sexuality program to calm student's fears. We want our students to feel good about themselves. Our goal is to give the children the confidence to say no to illegal drugs and premarital sex. This is why we encourage a comprehensive program for all grades. In the early grades, children will get information about their bodies, their families, and their lives, to give them confidence, so that they will not engage in destructive behavior later. We want to address all health issues like teen suicide and especially teen pregnancy - as well as to prevent AIDS.

The State Board of Education requested 2 million dollars in our fiscal year 1988 budget. Governor Hayden recommended 1.5 million dollars in his budget address. The Legislature funded his full request. Each district in Kansas is receiving approximately \$3.75 per student in the 1988-89 school year. This funding will enable the district to provide inservice training for their teachers, which is essential for a successful program, as well as purchase materials for the courses.

I am proud of the bold step the State Board took in this most difficult area. We saw the need and took the lead to combat this incurable fatal disease for the students of Kansas!

TESTIMONY - HOUSE COMMITTEE ON FEDERAL AND STATE AFFAIRS,
GINGER BARR, CHAIR, 2/16/89

CHILD CARE ISSUES

BY
MARILYN WARD, EXECUTIVE DIRECTOR,
EVERYWOMAN'S RESOURCE CENTER

I was asked to testify on the topic of child care because for the past ten years a major focus of the ERC has been our child care resource and referral service. This past year, as you can see on the statistical page attached, the Center answered 5,231 requests for child care. This totals 42% of the entire number of calls to the Center. Through the years child care referrals have consistently been the number one referral made by the Center.

Because of the dramatic increase in the number of single parents or working couples, paid child care has become an essential component of our economic infrastructure. The child care issue is not a passing problem. Women are in the labor force to stay. The economy requires that most families have a dual income. Seventeen percent of working women have husbands who earned under \$15,000 in 1984. The number of two parent families with incomes below the poverty line would increase by 35% without the wife's contribution to the family income. In fact, women are supporting an increasing number of all families. In 1986, women supported 87.8% of all single parent families. This translates to one in six families being maintained by a woman. The trend for women to delay child bearing and pursue careers also adds to the increased number of women found in the work place and needing child care.

Today 54.4% of women with children 6 and under are employed. Additionally 65% of women with children under 18 are employed. In 1960, 85% of married women with children were full-time homemakers, now such a "typical American family" accounts for only 3.7% of all families. By 1995 it is estimated that 2/3's of preschool children and four out of five school-age children will have both parents in the workforce. Women also are entering the workforce soon after they give birth to a baby. In 1987, 52% of women with children under the age of 1 were in the labor force.

The demand for child care far outweighs the supply. It has been estimated that 24 million children under 13 are in need of day care, 10 million of those are under 6 years of age. Although the exact number of "latch key" kids is unknown, estimates have run from two million to as many as 15 million -

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"latch key" meaning children who have no adult supervision before and after school. This fact ties in with another major societal problem, that of teen pregnancy. American girls are having babies at earlier ages than ever before. Lack of supervision in the after school hours from 3 p.m.-5 p.m. presents a setting which all too often leads to unwanted and early pregnancies.

Finding adequate child care is a large part of the child care dilemma. Most communities do not have a Center such as the ERC which can readily provide child care referral information.

The cost of child care is another major hurdle for working parents. The cost of full time care averages \$3,000 a year for just one child. The costs can be even higher for infants. Though fees seem high, they reflect a child care industry fraught with problems brought about primarily because salaries for child care providers are low, often just minimum wage, resulting in a high turnover rate. Child care providers, 98% of whom are women, are paid less than parking lot attendants. Most receive no benefits.

I hope the above information has convinced you of the importance of Kansas and all states developing specific plans and programs to satisfy the child care needs of their constituents. Improving and expanding child care benefits and information within the state would result in an improved business climate, increased productivity in the workplace, higher tax revenues and reduced welfare rates.

The following are ways in which I think the state could assist in the child care crisis:

1. Support legislation which would provide a variety of methods by which employers could receive tax credits by implementing child care assistance programs such as:

- A. Employer contracts with child care information and referral services
- B. Vendor Discounts - special rates arranged for a certain number of slots purchased and guaranteed by a corporation
- C. Purchased Slots - specific slots purchased by a company for its employees
- D. Purchased Vouchers - vouchers paid for by the employer, letting the employee choose the child care provider
- E. Cafeteria Benefit Plans
- F. Flex-time, part-time, job sharing, work-at-home and flexible leave
- G. On-site or near-site child care centers

2. Support legislation which would expand resource and referral programs and would:

- A. Establish a state-wide network of resource and referral agencies to serve the public at a given number of sites across the state. Such Centers would:
 - a. Help parents find suitable, quality child care
 - b. Improve child care through training and technical assistance to providers
 - c. Develop more resources for child care to meet community needs
 - d. Educate parents in methods of choosing quality child care
- B. Each resource agency would be an independent, non-profit organization supported with public and private dollars.
- C. RFP's would be distributed to all existing resource and referral agencies, outlining required criteria making it possible for existing agencies to be a part of the state system and eliminating duplication of effort.

3. Support legislation which would implement minimum Federal standards and improve regulations.

4. Establish loan and grant programs to finance start-up and renovation costs, and to assist with purchasing equipment.

5. Raise the professional status and working conditions of child care providers.

- A. Providers' salaries must be raised
- B. Benefits, workers' compensation and unemployment insurance must be provided
- C. Loan programs should be established to enable providers to get the training they need

6. Support legislation which would establish school-age, after school, child care programs, particularly within the public schools.

7. Make child care a part of any welfare reform initiative with particular attention to securing funds so that SRS reimbursement is competitive with the market rate.

It is clear that the child care issue is a complex one, but I have faith that Kansas, like other progressive states, Massachusetts and California in particular, will be creative and effective in meeting this need.

February 16, 1989

House Federal and State Affairs
Kansas House of Representatives

To Ginger Barr and Members of the Committee:

My name is Gail Shreders and I am the director of the Children's Learning Center, Inc., a large not for profit child care center in Lawrence, Kansas. This year, in November, we will celebrate our twentieth anniversary. We are committed to giving quality, educational child care to children on a first come, first serve basis at minimal cost to the parents.

I am speaking today to recommend higher reimbursement for child care providers who contract with the Department of Social Rehabilitation Services. I am also recommending that licensing regulations for such providers continue to be supported by the legislature in a conservative manner.

I have worked with children and their families for the last twenty four years, since the beginning of the Head Start program in 1965 as a teacher and for the last nine years as an administrator. In the last ten years I have seen a decline in the overall support of children by the State of Kansas and by the federal government. Because of that decline of support, I have also seen an overall decline in the quality of care given to the children in our state. We are not moving forwards, we are moving backwards. As we speak there is a freeze on day care funding. No new cases for working families in need of day care will be funded in this state today.

The Children's Learning Center in Lawrence does not make a profit. Most of the staff is paid between \$3.50 and \$3.65 per hour, which is barely above minimum wage. We try to economize as much as possible on other expenses of operation. There are no frills at our center. I believe that our day-care center provides quality services. At the same time it is a good model for the minimum standards any center should be required to meet in order to provide adequate care for children.

Yet the gap between SRS payment to child care providers and actual cost per child per day is rapidly widening. Governor Hayden has recommended a ten percent increase of payments to providers. My child care center is now having to charge its privately paying families thirty five percent more for tuition than the rate of SRS reimbursement to preschoolers. We have to charge the families of infants seventy seven percent more than the reimbursement rate that SRS provides in order to meet costs for that program. We are still able to provide care for the SRS

preschool age (three to six years) children but we no longer provide care for low income infants. We simply can't afford to subsidize those families.

The last increase in child care reimbursement was July of 1986, for about six percent. An immediate thirty percent increase in reimbursement and then a yearly ten percent increase would encourage more centers to provide care for the increasing number of low income children who are in need of care.

Why pay attention to this growing problem?

First, and most obvious to all of us as we listen to those concerned people testifying in this room this past week, the problem is growing. More and more children are in need of care. Low income families in particular are unable to take care of their children by themselves.

Second, fewer social service agencies are able to afford to subsidize the needed services any more than they already do. Child care workers are typically forced to work at poverty level wages in order for child care centers to remain in business.

Third, the long range consequences of lack of immediate increases in government support to children's programs are going to affect every one of us even more adversely than they do now. Welfare rolls will keep getting longer and longer. Prisons will get more and more overcrowded. More and more of our tax dollars will have to be spent on stop gap measures that do not help solve problems. The future of our society looks pretty grim when you think of all of the poorly cared for children growing up to become it's future citizens. We must pay now or pay later and if we pay later it's certain that we will all pay more.

I also want to encourage this committee to support the conservative licensing regulations which we have in our State. Please do not make the mistake of loosening regulations in order to save money. Remember please that the regulations that govern child care are minimum standards. Caring for children is expensive. Short cuts don't promote good care. Children are the investment in our future. Please invest in them wisely.

Sincerely,



Gail Shreders



To whom it may concern:

I would like to express certain concerns of the Home Provider. It is the goal of the provider, parents and regulating agencies to up grade and insure a safe and happy environment for children in care. I am certain there is no pat answer to this dilemma, but in my opinion, Education is the first and foremost step in achieving better care for children.

At the present time the State does not require any in-service hours. Parenting and grand-parenting does not insure proper care for someone elses children, knowledge of different cultures or special needs children. Children vary in many ways and I believe only through education can a person know how to cope with this variety. It would be my suggestion a minimum of fifteen hours in-service be considered for the Home Provider. This could also be in the form of book reports for those in rural areas. In the urban area many educational opportunities are available.

Also education could aid in regulating the unlicensed home. Perhaps the unlicensed provider could be forced to attend informative classes on child care instead of a monetary fine. When a drunk driver is apprehended; he is forced to attend AA meetings. In my opinion obligatory classes in setting up good licensed care could eliminate many of the problems we are now seeing in newly regulated homes. These unlicensed providers need to know the benefit of being licensed.

Parents also need to see a difference in the quality of a licensed home, thus encouraging the parent to seek regulated care for their children.

The licensed provider needs to have a pride and feeling of support, rather than a feeling of being policed. With the proper education and upgrading of this profession, the quality of child care will blossom.

Sincerely yours,

A handwritten signature in cursive script, reading "Phyllis Mosher", is written over the typed name.

Phyllis Mosher

Licensed Provider

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 7
February 16, 1989



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To whom it may concern:

I started home day care when the youngest of my four children was two years old, and now I have a couple of my grandchildren in my day care enrollment. Raising my family gave me experience and knowledge about children, but it was the workshops and in-service hours that prepared me for a Family Day Care Business.

About four years ago, from major funding through Kansas Department of Social and Rehabilitation Services and the Cooperative Extension Service, Kansas State University, there was an organization formed called KCCTO, Kansas Child Care Training Opportunities. KCCTO now has available 14 different child care courses of 10 hours each. The workshop trainers are volunteers and the cost is \$10 for the handbook for each provider participating. One 10 hour KCCTO Course is Orientation to Family Day Care. The course content includes:

- Studying day care regulations
- Organizing your space and time
- Roles of the provider and family
- Responsibilities of the Parents
- Nutrition and Child Care Food Program
- Finding day care children
- How to interview prospective families
- Bookkeeping and tax preparation
- Child development
- Health & Safety procedures
- Special needs children
- Prevention of child abuse allegations
- How to find & train substitutes
- Professional publications & associations
- Activities for daily program

I believe if providers were required to take in-service hours; in-home child care would become more professional and offer a better service for parents. Parents should be able to identify a licensed/registration day care home, as a facility that offers "quality care."

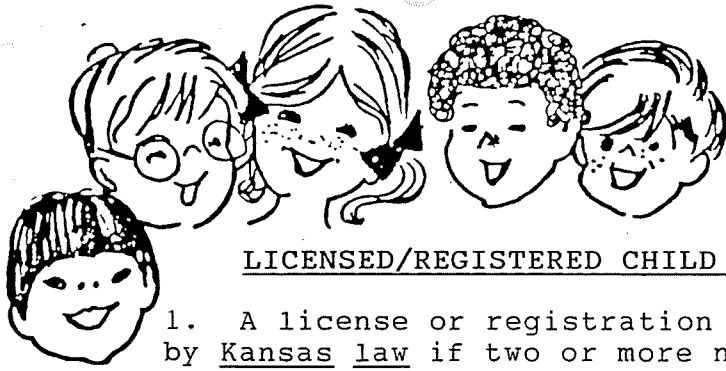
The non-licensed provider prevails, in-part because non-regulated caregivers often are unaware of the advantages of being licensed/registered....a recruitment flyer is attached. Non-regulated care is a problem to the provider who is "legal" and trying to operate a business within regulation guidelines.

Our National Association for Family Day Care has recognized the need to upgrade our profession and identify those quality facilities operating their business professionally. There is now a program available to validate the home provider and facility, called Family Day Care Accreditation.

Sincerely,

Kharon Hunter, provider
1230 SW Cornwall
Topeka KS 66611

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 8
February 16, 1989



LICENSED/REGISTERED CHILD CARE IS IMPORTANT

1. A license or registration certificate is required by Kansas law if two or more non-related children are cared for more than a total of 20 hours per week. Contact the KDHE, Kansas Department of Health and Environment, Suite 1001; Child Care Licensing; Landon State Office Bldg.; 900 SW Jackson St.; Topeka KS 66612-1290 (913) 296-1270
2. Child Care Providers that are regulated (either Licensed or Registered) are eligible to take additional income tax deductions for the business use of their homes. That can include a percentage of your mortgage interest, real estate taxes, house insurance, utilities and house depreciation.
3. If and when allegations of neglect, abuse etc. are made against the provider and/or family, regulated providers then have a legal advantage by having provided child care services within the law.
4. Regulated providers caring for children in their homes, are eligible to enroll in the CCFP, Child Care Food Program. Providers who choose to participate in the food program are reimbursed for nutritional foods served. Contact the Kansas Department of Education; School Food Services; 120 E. 10th.; Topeka KS 66612 (913) 296-2276
5. Insurance is NOT a requirement, but some providers find they want coverage OR their homeowners/renters insurance agent ask for a child care liability policy. A license or registration certificate is often a prerequisite in securing child care insurance.
6. Regulated providers are made aware of minimal health and safety practices through licensing procedures. While making your home safe for additional children; you have increased the protection for your own family.
7. Several communities have child care referral agencies to help parents find vacancies in child care facilities. Only regulated providers can be listed on agency referral listings.
8. Regulated providers are eligible to accept purchase of care children from those families receiving aide from the Kansas Department of SRS, Social Rehabilitation Services. To be "certified" with SRS, is an option of each provider.
9. When providers are regulated, they are made aware of child care related educational resources. Many programs are free; and are valuable in helping providers learn better ways to nurture children.
10. ONLY regulated child care home providers in Kansas are exempt from personal property taxes on household effects such as the refrigerator and toys.
11. Providers who follow the law and become regulated have contact with other professional caregivers who are operating a business.
12. We strongly invite you to become either licensed or registered and offer child care services that abides by the KANSAS LAW.

James W. Dodge
Consulting Teacher
Alternative Education
Topeka Public Schools
Kansas House Committee on Federal and State Affairs
February 16, 1989

My name is James Dodge. I am coordinator of the Topeka Public Schools Alternative Education/Teen Aid Program. I want to share with you how the Topeka Public Schools meets the needs of pregnant teenagers and the steps we are taking to bring a Parent-Child Learning Center to our program.

All week you have heard the statistics on teen pregnancy. These figures are shocking and the future for teen parents will definitely be a challenge. The Topeka Alternative Education Program is interested, as are all of you, in preventing teen pregnancy, but we work with students after the fact and, therefore, we are equally interested in seeing that the academic, physical, and emotional needs of these students are met.

The Alternative Education/Teen Aid Program is a secondary school in Topeka designed to assist the high risk student complete their high school education. Pregnant teens or teen parents make up a large segment of our student population.

Teenage mothers who choose to come to our school do not have the luxury of time. They must, in a sense, grow up overnight. We have designed a complete program to help these people: (1) learn what they need to learn, (2) help them to find assistance when they need assistance and (3) rebuild their self-esteem that, often times, has all but disappeared.

To best explain the services we provide to our students, I would like to put you in the position of coming to our school. You are 11-18 yrs. old and you have just found out you are pregnant. You stayed up all night telling your parents and have survived. You have talked to your high school counselor and you have chosen to come to the Alternative Program. You arrive at the school and are welcomed by the coordinator who explains how the school operates and helps you feel comfortable and wanted. The program counselor enrolls you in your classes which will include Child Development and Adaptive Physical Education. The Adaptive Physical Education class will teach you Lamaze and other stress-reduction techniques, take you on a tour of the hospital delivery rooms, and prepare you physically for child birth.

Within a short time after your enrollment a Social Worker or Psychologist will interview you to help you, and us, identify what special needs you have. The outcome of this interview is the development of an action plan to see that your needs are met. You

might be in need of assistance in hooking up with the health department programs or need special counseling for emotional support. You may need mediation services with your family or with the father of the baby. You may need help making plans for child care after delivery. You may be suffering from substance abuse or have been battered or abused. Finally, your academic needs will be assessed and plans of action undertaken by our staff.

Alternative Education is unique in the manner in which it has pulled together a wide range of community resources to meet the needs of its students. The Battered Women Task Force, Shawnee County Health Department, YWCA, Kansas Committee for the Prevention of Child Abuse, Menninger's, and National Council on Alcoholism are all currently assisting us in this program. The action plan to help you could involve one of these agencies or the staff of Alternative Education. But you will receive the assistance you need.

The long range goal for our staff is to make it possible for you to continue your education, to beat the odds of becoming a drop out.

This brings me to my second issue I'm here to discuss. Please continue the role playing with me for awhile. You have just delivered a healthy baby and are ready to return to school. You suddenly learn that the aunt who was going to take care of your baby while you are at school will no longer be able to do so. You look into daycare for infants and find out that you can't afford it and there are no infant openings available anywhere. Again, the luxury of time is not on your side. School doesn't wait for you. You must drop out to care for your child.

As educators we see this as the worst case scenario. The number one reason for new teen mothers dropping out of our program is lack of child care. We can't educate a population that can't come to school.

Our response to this problem at Alternative Education/Teen Aid is to bring a Parent-Child learning center to our program. Imagine, if you will, a small daycare in our school that would enable you to bring your baby to school and provide professional child care while you attend classes. Yet, even more significantly, is the fact you will have one to two hours daily in which to learn in class about the care and development of your child and to work both with the instructor and children together. Not only will you read about it in the book but you will have the opportunity to practice healthy skills and habits immediately. The professional child care educator might possibly be the only parental role model available for you to observe.

This is what we hope our Parent-Child Learning Center will provide for our students—a small daycare that can be a child development lab, not only for new mothers but for other teenagers who are not parents. Seeing first-hand the responsibility in raising a child might act as a preventative measure.

Funding for this project is scattered out in four separate grant applications. KanWork, two Carl Perkins Vocational Education Grants,

The Kansas Family and Children's Trust Fund, as well as USD 501 General Fund money. The failure of any these grants to be awarded to us will seriously jeopardize the program. Other Kansas school districts with large numbers of teen parents are attempting to fund similar programs in a similar fashion.

I urge you to support any bill that will bring assistance to schools that are providing opportunities to the at-risk student. Educating these children is expensive but not nearly as expensive as having them drop out.

The time for daycare in schools has come. Clearly, the growing number of teenage pregnancies in Kansas is a major school issue. We cannot allow the young mother and her child to be doomed to a life of poverty and shattered dreams. The costs to individuals and society are enormous. So we are back to the question. Who can help? Who can intervene? Our school will continue to do everything within our means. I urge the State to help us expand our means. Thank you!

Testimony
~~Senate~~ ^{House} Federal and State Affairs Committee

February 16, 1989

Robert H. Poresky, Ph.D.

I would like to thank you for this opportunity to discuss child care in Kansas with you today. My perspective is that of a parent whose children were in part-day child care when they were young, a professional who has been President of the Kansas Association for the Education of Young Children, a board member for both a nursery school and a community non-profit child care center, an Associate Professor in Human Development and Family Studies at Kansas State University, and a Licensed Psychologist. These perspectives convince me of the necessity for Kansas to provide more support for enough quality child care alternatives for parents of our young children.

I strongly support the budget positions delineated by the Children's Coalition and supported by the Kansas Association for the Education of Young Children. These stress our roles in helping families find quality child care which is accessible and affordable for all families. The problem of finding quality child care is most pronounced for low income parents who are trying to achieve independence, but the problem also concerns parents across the economic spectrum. The Children's Defense Fund reports that "half of all married mothers with infants younger than age two are in the work force," and "fifty percent of all mothers with preschool children are in the labor force." With these rates of maternal employment it is not surprising that the Governor's Commission of Children and Families found widespread concern with the quality and availability of child care in Kansas.

All parents, regardless of income, have problems locating infant and toddler care. The cost of quality infant and toddler care preclude many child care centers and family day care homes from offering quality infant and toddler child care within the current S.R.S. reimbursement scales. Even with substantial community support, few centers can provide affordable child care for infants and toddlers. The recommended 15% increase in S.R.S. rates for infants would help to increase the support for these services, but it would still be so far below the cost of care for child care providers in Kansas that additional infant programs are likely to close.

The recommendation for a 10% increase in S.R.S. reimbursement for older preschool children is needed to help non-profit community-based programs continue their child care programs for high-risk children and families. These rate increases are minimal steps to improve the accessibility of child care for limited income families and assure the continued existence of these programs.

HOUSE FEDERAL & STATE AFFAIRS
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We need more non-Kanwork child care "slots." In 1980 we had far more places for children from limited income families than we have today, even with the increases in the last few years. Since there are only four KanWork counties, most counties will not benefit from the KanWork child care expansion. The Children's Coalition recommends adding about 3,000 child care slots which would bring us back to about the 1980 level in 1990 and which would provide the opportunity for the parent or parents of the 3,000 infants, toddlers, and preschool children to become productively employed. **It is only thorough the provision of accessible and affordable quality child care that these families can make the move they wish to make from dependency to independence.**

An acceptable level of quality is essential in child care. Custodial child care, which may meet state regulations, is associated with decreases in children's functioning. Reports of suspected child abuse or neglect have been confirmed in Kansas child care programs which ostensibly met the state regulations. If we are to assure parents that their children will not be harmed by child care we have to increase both the minimal standards for child care, especially care purchased with tax money, and the supervision of child care. When parents are assured of quality child care their commercial productivity increases and they become a greater asset to their employers. Quality child care is also essential to overcome the adverse effects on children which are associated with poverty. Quality programs, often characterized by low staff:child ratios and qualified teachers, have been shown to greatly increase the children's ability to benefit from later schooling and to become productive citizens. The recommendation to increase the monitoring and enforcement of child care standards in centers and licensed family day care homes would help local health departments provide the needed supervision. **To assure the children's safety and increase the benefits for the children we should review the regulations and either increase the minimal standards or define levels of quality with more reimbursement for programs which meet the higher standards.**

Child care has at least two major functions: (1) to provide care for children while their parents are working or preparing to work productively; and, (2) to improve the children level of functioning and future prospect of being a productive citizen. To accomplish these functions we need to marshall the resources at the local, state, and federal level to provide affordable quality child care for all the families which need child care.

I would be pleased to provide more information and assistance to your committee, the involved state agencies and the people of Kansas. Please contact me at (913) 532-110 or Human Development and Family Studies, Kansas State University, Manhattan, Kansas 66506.



DOES EARLY INTERVENTION HELP?

What Is Early Intervention?

Early intervention means discovering that a child between birth and school age has or is at risk of having a handicapping condition or other special need that may affect his or her development and then providing services to the child and family to lessen the effects of the condition. Early intervention can be remedial or preventive in nature—remediating existing developmental problems or preventing their occurrence.

Early intervention may focus on the child alone or on the child and the family together. Early intervention programs may be center-based, home-based, hospital-based, or a combination. Services range from identification, that is, hospital or school screening and referral services, to diagnostic and direct intervention programs. Early intervention may begin at any time between birth and school age; however, there are many reasons to begin as early as possible.

Why Intervene Early?

There are three primary reasons for intervening early with an exceptional child—to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.

Child development research has established that the rate of human learning and development is most rapid in the preschool years. Timing of intervention becomes particularly important when a child runs the risk of missing an opportunity to learn during a state of maximum readiness. If the most "teachable moments" or readiness stages are not taken advantage of, a child may have difficulty learning a particular skill at a later time. Karnes and Lee (1978) have noted that "only through early identification and appropriate programming can children develop their potential" (p. 1).

Early intervention services have a significant impact as well for the parents and siblings of an exceptional infant or young child. The family of a young exceptional child often feels disappointment, social isolation, added stress, frustration, and helplessness. The compounded stress of the presence of an exceptional child may affect the family's well-being and interfere with the child's development. Families of handicapped children are found to experience increased instances of divorce and suicide, and the handicapped child is more likely to be abused than is a nonhandicapped child. Early intervention for parents can result in improved attitudes about themselves and their child, improved information and skills for teaching their child, and more leisure time for leisure and employment. Parents of gifted preschoolers also need early services so that they may better provide the supportive and nourishing environment needed by the child.

A third reason for intervening early is that society will reap maximum benefits. The child's increased developmental and educational gains and decreased dependence upon social institutions, as well as the family's increased ability to cope with the presence of an exceptional child, and perhaps increased ability for employment, provide economic as well as social benefits.

Is Early Intervention Really Effective?

After nearly 50 years of research, there is evidence—both quantitative (data-based) and qualitative (reports of parents,

teachers)—that early intervention increases the developmental/educational gains for the child, improves the functioning of the family, and reaps long-term benefits to society. Early intervention has been shown to result in the child: (a) needing fewer special education and other rehabilitative services later in life; (b) being retained in grade less often; and (c) in some cases being indistinguishable from nonhandicapped classmates years after intervention.

Disadvantaged and gifted preschool-aged children benefit from early intervention as well. Longitudinal data on disadvantaged children who had participated in the Ypsilanti Perry Preschool Project showed that they had maintained significant gains at age 19 (Berrueta-Clement, Schweinhart, Barnett, Epstein, & Weikart, 1984). These children were more committed to schooling and more of them finished high school and went on to postsecondary programs and employment than children who did not attend preschool. They scored higher on reading, arithmetic, and language achievement tests at all grade levels; showed a 50% reduction in the need for special education services through the end of high school; and showed fewer anti-social or delinquent behaviors outside of school. Karnes (1983) asserts that underachievement in the gifted child may be prevented by early identification and appropriate programming.

Is Early Intervention Cost Effective?

The available data emphasize the *long-term* cost effectiveness of early intervention. The highly specialized, comprehensive services necessary to produce the desired developmental gains are often, on a *short-term* basis, more costly than traditional school-aged service delivery models. However, there are significant examples of long-term cost savings that result from such early intervention programs.

- A longitudinal study of children who had participated in the Perry Preschool Project (Schweinhart & Weikart, 1980) found that when schools invest about \$3,000 for 1 year of preschool education for a child, they immediately begin to recover their investment through savings in special education services. Benefits included \$668 from the mother's released time while the child attended preschool; \$3,353 saved by the public schools because children with preschool education had fewer years in special education and were retained for fewer years in grades; and \$10,798 in projected life-time earnings for the child.
- Wood (1981) calculated the total cumulative costs to age 18 of special education services to a child beginning intervention at: (a) birth; (b) age 2; (c) age 6; and (d) at age 6 with no eventual movement to regular education. She found that the total costs were actually less if begun at birth! Total cost of special services begun at birth was \$37,273 and total cost if begun at age 6 was between \$46,816 and \$53,340. The cost is less when intervention is earlier, because of the remediation and prevention of developmental problems which would have required special services later in life.
- A 3-year follow-up in Tennessee showed that for every dollar spent on early treatment, \$7.00 in savings were realized within 36 months. This savings resulted from deferral of special class placement and institutionalization for severe behavior disordered children (Snider, Sullivan, & Manning, 1974).

Recent evaluation of Colorado's statewide early intervention services reports a cost savings of \$4.00 for every dollar spent within a 3-year period (McNulty, Smith, & Soper, 1983).

Are There Critical Features to Include in Early Intervention?

While there have been too few attempts to determine critical features of effective early intervention programs, there are a few factors which are present in most studies that report the greatest effectiveness. These program features include: (a) the age of the child at the time of intervention; (b) parent involvement; and (c) the intensity and/or the amount of structure of the program model.

- Many studies and literature reviews report that the earlier the intervention, the more effective it is. With intervention at birth, or as soon after the diagnosis of a disability or high risk factors, the developmental gains are greater and the likelihood of developing problems later is reduced (Cooper, 1981; Garland, Stone, Swanson, & Woodruff, 1981; Maisto & German, 1979; Strain, Young, & Horowitz, 1981).
- The involvement of parents in their child's treatment is also important. The data show that parents of both handicapped and gifted preschool-aged children need the support and skills necessary to cope with their child's special needs. Outcomes of family intervention include: (a) the parent's ability to implement the child's program at home; and (b) reduced stress that facilitates the health of the family. Both of these factors appear to play an important role in the success of the program with the child (Beckman-Bell, 1981; Cooper, 1981; Garland et al., 1981; Kames, 1983; Lovaas & Koegel, 1973; Shonkoff & Hauser-Cram, 1987).
- Certain "structural" features are also related to the effectiveness of early intervention, regardless of the curriculum model employed. Successful programs are reported to be more highly structured than less successful ones (Shonkoff & Hauser-Cram, 1987; Strain & Odom, in press). That is, maximum benefits are reported in programs that: (a) clearly specify and frequently monitor child and family behavior objectives; (b) precisely identify teacher behaviors and activities that are to be used in each lesson; (c) utilize task analysis procedures; and (d) regularly use child assessment and progress data to modify instruction. In addition to structure, the intensity of the services, particularly for severely disordered children, appears to affect outcomes. Individualizing instruction and services to meet child needs also is reported to increase effectiveness. This does not necessarily mean one-to-one instruction. Rather, group activities are structured to reflect the instructional needs of each child.

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Because all children need someone who cares . . .

**Kansas Action
for Children, inc.**

A non-profit, tax-exempt organization.

701 Jackson, B-2
Box 463
Topeka, Kansas 66601
913 232-0550

February 15, 1989
House Fed. & State Affairs

I'm Kathie Champlin, a volunteer on the board of Kansas Action for Children. We seldom have the chance to talk about children's issues before this particular committee, and we appreciate the opportunity.

First, I have a question. Why are children not included in the Kansas Economic Development package? The states with the richest population of human resources--the communities with the best educated students and with the most highly skilled, highly motivated young people--will be the enviable ones that attract and retain businesses.

Demographics tell us that country will have an imminent drop in young workers entering the labor force. A large portion of the future workers will come from disadvantaged homes. They'll be less educated and less skilled. Economically by ignoring their plight, we're producing a skill gap in Kansas.

We're not treating a number of our children very well. One in five lives under poverty; and children are especially vulnerable to the consequences of poverty in terms of their abilities to grow, to learn, and to function.

You in public office must take a message to you constituents because you know what the problems are. That message is: we must not waste our best natural resource; we cannot afford throwaway children. Educating and lifting our children out of poverty must become part of our economic policy.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 11
February 16, 1989

A good place to start is early intervention. Most of the children who are dropping out of high school really dropped out in first grade or before. The drop out rate is three times higher in low income families.

We need

1. Quality pre-school programs for the disadvantaged such as Head Start.
2. Support programs within schools that include health care, psychological counseling, career counseling, and nutritional guidance.
3. Support programs for parents to help them meet the challenges of parenting. Parents as Partners is an excellent example.
4. Drop-out programs and alternative school.
5. Day care for teenage mothers so they can finish school.
6. Homework help programs.
7. More linkage with the business community to establish meaningful work programs that relate to what's being taught in school.
8. Programs that reinforce self image and problem-solving skills.

The list goes on. We have the opportunity now to accomplish several of these programs. Kansas Action for Children supports HB2349, an at-risk pupil assistance program; HB 2218, the Parents as Teachers program; SB 13, an educational enhancement program. We also support funding for the human sexuality/AIDS program.

Education that provides aspiration and concrete job skills is the best form of birth control.

DAY CARE

Child care is also an economic issue. Look at it this way: We are as much dependent the female labor force, and thus in need of a child care system, as we are dependent on the car, and thus in need of roads.

We know that day care is the key to keeping people off of welfare, but we still are not meeting the increasing demands.

We need money for:

1. More day care slots.

We can be proud the legislators increased the allocations last year, but this action only restored us to the number of slots we had before the federal cuts in 1981. In Johnson County alone we have 116 families on a waiting list. These are people who have jobs available but whose wages are so low that they cannot afford the necessary day care.

2. Increased staff salaries and trained workers.

Low salaries jeopardize the quality. Kansas has been fortunate in having committed staff people who are willing to work for low wages. I'm told that we have people with degrees making between \$4 and \$5 an hour. Studies prove that low-income children make the greatest test score gains when they are with well-paid care takers who have participated in special training and education.

3. Increased provider rates.

Kansas must look at provider rates realistically. In some areas SRS rates for day care are only about 45% of the market rate. The SRS rates are adequate in other parts of the state. It makes real sense to base rates geographically.

4. Community Incentive Grants

At one time Kansas offered incentive grants to communities for non-profit child care programs. Seed money would encourage communities to start up these much needed child care programs.

There is an obviously a long-term cost advantage of averting future problems by investing today in the health, education, and well-being of our children--all our children. They are our money in the bank, our social security, our new technology, our meal ticket. They are going to furnish that competitive edge we need.

1973



1988

ASSOCIATED STUDENTS OF KANSAS

15 Years In The Student Interest

TO: Members of the House Federal and State Affairs Committee
FROM: Chris Graves, Executive Director
DATE: February 16, 1989

RE: Children's Issues and Programs - University Students Respond

The Associated Students of Kansas commends the interest your committee has demonstrated by holding this forum on the special problems facing children. We share your concern. As an organization representing university students, a majority of our constituents are only a few years removed from these issues themselves.

Our particular concern is how such problems as substance abuse, teen pregnancy, crime, and family disruptions can devastate a young student's performance in school; and therefore, opportunities for college or other postsecondary education. This is especially true for students whose family incomes make paying for college difficult to begin with.

To respond to these problems, ASK has developed the Youth Education Service (YES) Program. Through YES, college students participate in local school programs for at risk children, as tutors, mentors and positive role models. In return, they can receive financial aid to help pay for college.

Many members of the committee may have heard about this program, which began this year with a Legislative appropriation of \$30,000. ASK contributed administrative time and expenses to help develop three pilot programs. We are requesting \$50,000 for next year to expand to program. Our member student governments have committed over \$60,000 from student fees to match our request.

The details of YES and the status of pilot programs are attached. We believe the YES concept could be applied to a wide variety of programs and services for children: any area where positive interaction with older students would be helpful.

Our purpose in appearing here today is to make the committee aware of the YES concept as you begin to consider strategies for dealing with these issues. College students could be an important human resource. We would welcome your suggestions for developing new ways students could assist children. We would appreciate your endorsement of YES as we work for its expansion.

Thank you for your consideration.

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 12
February 16, 1989

Suite 407 • Capitol Tower • 400 S.W. 8th St. • Topeka, Ks. 66603 • (913) 354-1394

The Student Governments of the Regents Institutions

Emporia State University • Fort Hays State University • Kansas College of Technology • Kansas State University • Pittsburg State University • University of Kansas • Wichita State University

YOUTH EDUCATION SERVICE (YES)

"Service By Students, For Students"

YES is an initiative developed by the Associated Students of Kansas (ASK) to address several problems affecting educational opportunity. Under the YES concept, Kansas college students can receive financial aid benefits and/or academic credit for participating in local school programs assisting "at risk" children.

College student volunteers can provide tutoring assistance afterschool, evenings, weekends or during the summer. They can assist classroom teachers or activity coordinators. They can provide "mentoring" or positive role models for younger children. The goals of such activities would be to:

1. Reduce the high school drop-out rate by helping students needing additional support. Such students may be "at risk" of failing because of academic, personal or social problems.
2. Through academic assistance and personal example, encourage students to consider and prepare for postsecondary education.
3. Increase the participation of disadvantaged and underrepresented student groups in postsecondary education by raising self-esteem and personal goals.

YES pilot programs have begun this year at three state universities with a \$30,000 state appropriation. ASK is requesting \$50,000 for next year to expand the program to all six state universities. Student governments have committed over \$60,000 from student fees to match this request.

The YES concept is highly flexible. College students can provide assistance for a wide variety of children's programs and services. While students can most conveniently travel to schools close to their college, weekend and summer programs could extend the YES program to virtually any school district.

YES provides a structure and incentives for college students to become involved in service to less-fortunate young Kansans, while helping them finance their own college education with less borrowing. In turn, these students are an additional resource for school efforts to reach children who might otherwise be lost. It is a partnership between students and educators at all levels.

YOUTH EDUCATION SERVICE (YES)

Status Report of Pilot Programs
February, 1989

TOPEKA PUBLIC SCHOOLS:

Number of College Students: 13 Currently Active; 1 Being Recruited

Level of School Children: Middle School

Programs: College students participate in the district's Drop-Out Prevention Program. This involves tutoring identified at risk students evenings and Saturday mornings. The Saturday program also involves lunch and a group activity, such as bowling, rollerskating or visiting a museum. The district reports very positive reactions to the program, and wants to expand it.

WICHITA PUBLIC SCHOOLS:

Number of College Students: 7 Currently Active; 4 Being Recruited

Level of School Children: K-5th Grade

Programs: College students are reading tutors for small groups of 2-3 students. The district hopes to develop a system that offers tutoring by college students once a week at thirty elementary schools. Wichita is also interested in using YES students for Saturday study centers.

KANSAS CITY PUBLIC SCHOOLS:

Number of College Students: 3 Currently Active; 8 Being Recruited

Level of School Children: Middle and High School

Programs: College students provide tutoring assistance in the foreign language laboratory, the alternative high school and middle school during the school day. Additional students may also be placed in elementary schools. Among the positions available are: teacher assistants, school tutors, bilingual teacher aides, classroom mentors, after school program aides, and learning center monitors.

OTHER SCHOOL DISTRICTS:

The Emporia, Hays and Lawrence Public School Districts have each agreed to participate in YES next year. In addition, students have been discussing the program with schools in the Manhattan and Pittsburg areas, as well as expanding the program to rural areas.

Kansas State Board of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612-1103



Mildred McMillon
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District 6

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District 9

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District 3

Richard J. Peckham
District 10

February 10, 1989

Chris Graves, Executive Director
Associated Students of Kansas
Capitol Tower - Suite 698
400 West Eighth Street
Topeka, Kansas 66603

Dear Ms. Graves:

As a representative of the State Board of Education, I have had the opportunity to study the Associated Students of Kansas Youth Education Services (YES) proposal. It appears this program does assist in reducing the high school dropout rates in selected school districts, provides academic assistance, encourages students to better prepare for postsecondary education, and increases the participation of minority and disadvantaged students in postsecondary education.

The State Board of Education feels the YES Program should be considered and could have the potential effect of reducing additional state costs in the future.

This program has the potential, even with a small appropriation, to reduce the costs to the state in social rehabilitation services and corrections - two areas which have been funding concerns the last few years.

The State Board of Education has gone on record as supporting those programs that have the potential for reducing dropout rates and the number of "at-risk" students. Not only does YES benefit potential "at-risk" students at the high school level, but could have a positive effect in the training process for students enrolled in higher education.

Sincerely,

A handwritten signature in cursive script, appearing to read "Connie", is written above the typed name.

Connie Hubbell, Chairman
State Board of Education

js

Testimony on Child Care for Teenage Mothers
for
The House Federal and State Affairs Committee
on
Thursday, February 16, 1989

by

Beverly E. Eversmeyer, Ph.D., N.C.C.
Director of Guidance, Manhattan High School
and
Member, USD 383 School Board
Manhattan, Kansas

HOUSE FEDERAL & STATE AFFAIRS
Attachment No. 13
February 16, 1989

Despite state mandated sex education programs throughout the U.S. as well as in Kansas, approximately 1.1 million teenage girls become pregnant each year. About half give birth to a child. Some girls miscarry naturally, and as many as 400,000 have abortions each year. At least one half of the adolescents who carry their pregnancies to term are unmarried at the time their babies are born. The problem of teenage pregnancy and motherhood is too extensive to ignore.

Yet, this is only one-half of the problem which is created. The other half is made up of the children born to these teenage parents. About 13 million children have teen parents. What is the future for these children? How does having a teen parent or parents affect them, and how does it affect the future of your world and theirs?

Abortion is clearly more available to affluent teenagers, leaving the babies to be born primarily to those who can least afford to provide for them. They are born to the teenage mother who cannot afford her own transportation to school or to take her child to daycare. Organized, licensed daycare is expensive and difficult to obtain. Most such daycares require that children must be 18 months and older, while a larger group of daycares will take youngsters 3 years old and above. Most teenage mothers have children under 18 months of age, and daycare for children under 18 months is almost unavailable. In Manhattan, for example, the only organized daycare for infants is the KSU Co-op program and it is prohibitively expensive for a teenager, costing more than \$25.00 per day for one child.

Poor, teenage mothers most frequently come from either one parent families or families where both parents work and therefore have no adult family members at home to care for the child. Occasionally a sister with a child or children of her own will stay home and care for all of the children of the family. Occasionally there is a grandmother to do so, but the depressingly common scenario is that the teenage mother will drop out of school, ending her education, to care for her baby. Some teenagers become excellent mothers, but usually they are poorly equipped to care for a child. Commonly, a teenage girl does not have parenting skills and no one at home to teach her. She is immature and has not yet completed her own maturational stages. She is frustrated by a baby who, contrary to her expectations, does not meet her needs but rather seems to have endless needs of its own which she is expected to meet. She is cut off from her friends, school, and fun. She is disillusioned by parenthood. Instead of "having something and someone to love me back," a statement frequently made by teenage mothers, she finds herself feeling alone and abandoned with responsibilities beyond her abilities to meet.

This sets up a classic situation in which child abuse can occur. The frustrations and the poor parenting skills are visited upon the child. Many of the teenage mothers have no repertoire of appropriate responses to frustrating situations. Their simplistic response is to hit. They also make statements like, "Of course he should be potty trained. He's six months old!" Unrealistic expectations coupled with inappropriate physical punishment for infants makes the situation particularly dangerous for the child.

Without education and guidance, the teenage mother lacks benchmarks to tell her what is normal and what is not, what is healthy and what is ill, what is typical behavior and what is not.

The welfare cycle is another result. The teenage mother becomes a welfare recipient because she has no choice, and instead of completing her education and becoming a productive, tax-contributing member of society, she becomes the financial burden of the taxpayer. Her lack of education and job skills lock her into jobs which pay minimum wage. Frequently she is unable to even afford child care to let her work. She doesn't make enough to make it worthwhile, and she is trapped.

As if all of this weren't bad enough, a teenage mother immediately becomes a 3-4 times greater risk of another pregnancy than a girl who has never been pregnant. Isolated and lonely, she frequently repeats her past attempts to establish relationships, achieve intimacy, and find someone who will save her. More often than not, the males which she finds do not want the responsibilities of their own children let alone someone else's, and the girl is left with yet another pregnancy. The problem only worsens her prospects and her future choices.

But let us return to the point at which the girl's education is usually interrupted. Once a teenage girl becomes pregnant and decides to have the baby, she usually stays in school until the delivery. The stigma of being an unwed mother has diminished to a fairly insignificant degree of concern with the girl's peers. They tend to be supportive of her during her pregnancy. Schools try as well to retain the girl in school rather than excluding her,

a practice which existed in the not-too-distant past. They recognize that at this time, more than ever before in her life, her education is important because now two lives are dependent upon her future earning power.

In this time of concern for "At-Risk" students, perhaps the most readily definable, recognizable group of At-Risk students is the new, teenage mother. Most want to stay in school. Most try, but SRS payments and programs for infants and children do not take into account the myriad of problems that such a girl faces. The first is to find affordable daycare. The second is to provide transportation to and from the daycare and to and from school. The third problem is to juggle school and homework assignments, care of the child, usually a job to supplement the SRS payments, and the problems of being a parent while HER parents continue to parent her. She must learn how to manage being in the middle. Frequently her decisions are countermanded and her wishes with regard to her child are ignored by her parents. They treat both mother and child as children, which in one sense they are.

Couple all of this with the usual problems which all teenagers face, and it becomes easy to understand why the vast majority of the girls drop out of school!

At the end of the 1987-88 school year, USD 383 voted to take the additional 1 mill monies for At-Risk programming. The high school had previously applied for Carl Perkins funds to help provide day care for teenage mothers, but that grant request was not funded. Since commitments had been made to three girls, it was decided to go ahead, using some of the At-Risk funds, and

provide help toward daycare in the amount of \$10 per day for each day that the girl continued in school to help her continue her education. It was recognized that this amount would not cover the cost of the daycare, but it would provide as much help as the school felt that it could.

Since Manhattan is facing a space problem in all schools, and all schools, including the high school, were at capacity, there were no available classrooms where on-site daycare could be provided. This solution was, by far, the first choice of the educators. It was only with this choice, on-site daycare, that there could be any control of the quality of the care to be given the children and any possibility of teaching the girl parenting skills through supervised interaction with her own child.

The funds for hiring individual sitters was the next best possibility. It was clearly a make-do attempt to do what was possible and available to try and keep the girls in school. With the built-in limitations, no one was surprised at the lack of success.

Of the three girls funded, the first girl had an accident which totaled her car and eliminated her transportation to and from the sitter and to and from school. Unable to afford to replace it, she dropped out of school.

The second girl had complications from the delivery and had to have additional surgery herself. She missed another 10 days for the surgery in addition to the days that she was gone for the birth of the baby, and she dropped out of school.

The third girl's baby got sick. Emotionally she could not

face taking a sick baby to the sitter and leaving it. There was too much guilt for her to handle, and she was having difficulty staying up at nights with a sick child and still getting up to come to school. She dropped out of school.

These three girls may not be representational, but their problems are not uncommon. These are problems which would be difficult for an older, more mature mother with a stable environment to handle, so it isn't surprising that they prove to be too much for a single, teenage mother. So, how can the schools provide help that will keep these girls in school?

The greatest hope seems to lie in on-site daycare where the girl and her baby can have transportation, by bus, provided for them. The girl brings the baby to school with her where supervised, organized, free or affordable (in conjunction with SRS) daycare in which the mother participates in the care is provided. The girl is required to enroll in a parenting course which allows her to practice parenting skills under supervision with her own child. She learns alternatives in child care, stress management for herself, what to expect at different stages of development, and child care techniques from someone who is able to teach her these skills. The girl is required to spend her lunch hour, also, with her child, feeding it. Increasingly, research is recognizing how important the bonding with the mother is to the development of the child, and only on-site daycare can provide opportunities throughout the day for the mother to have quality contacts with her child.

Most such programs also require that the girl takes a

vocational class each semester which improves her employability whether she continues her education or goes directly into the work force. Another common component is a counseling group which can deal with the individual problems of the girls. It helps them deal with the child's father, makes them aware of various services and agencies which are available to them, and provides support for their academic and personal growth.

A requirement, in exchange for this free sitting service, is that the girls attend regularly and continue to accumulate credits toward graduation. Schools in other states where such programs have been instituted have greatly improved records of retention of teenage mothers. Their association with other teenage mothers and their babies seems to provide them with sufficient support to encourage them to stay in school even when the times are especially rough. The girls feel that they have a group of others who understand them and their problems and who care about them.

In Kansas, the 4% budget limitation makes it impossible to implement such programs. The cost simply cannot be taken out of an already spare budget, yet the cost in human terms is far greater than the cost of the prevention. It is much like the Fram Air Filter ads--"You can pay me now, or you can pay me later." The cost later is far greater in mothers and dependent children on welfare rolls, mothers with no education who are economically trapped in poverty, and children who are victims of abuse, neglect, ignorance, and poverty.

The state needs to recognize that an ounce of prevention is, indeed, worth a pound of cure in this case. Monies should be made

available to schools who are interested in providing this service. These might be schools which have large enough numbers of teenage mothers that other agencies in the community, such as churches, etc., can't provide the necessary services. These programs must be funded separately from the general operating budget. They must be seen as over and above the usual services provided by schools, yet meeting the particular, specific needs of a group of students with needs just as compelling as those of an EMR student, for example, or a handicapped student.

College and university human ecology departments (home economics) are very much aware that a potential direction for their graduates are jobs which involve teaching parenting skills and supervising childcare. They see it as prevention for non-teenage parents who can elect to take a class such as Personal and Child Development and then assist as part of that class in the childcare lab. It is also one of practical application for the teenage mother. It may also provide an opportunity to involve the child's father if he is a student. For the other students, nothing diminishes the fantasy of teenage parenthood like seeing it up close and personal with real peers. If those peers simply drop out of sight and out of school, other potential teenage parents continue to believe the myths. Seeing the actual children and the unremitting care that they require, the financial obligations, the pending years of responsibility, the limitations on the teenage parents' personal freedom, and what must be learned to shoulder this responsibility gives sexual responsibility a new meaning.

Nothing brings home the waste of human potential and the pain

intrinsic to this problem both for the child and the mother like getting acquainted with a teenage parent. County Health agencies frequently run workshops about and with teenage parents. It would be highly instructive for you to attend one of these and listen to the teenagers tell their stories. County Health agencies also run Maternal and Infant program groups, another possible opportunity to get directly acquainted with a young woman in this position.

And, finally, I urge you to see this as a complex problem which sets up a cycle, a cycle of poverty, abuse, and ignorance, resulting in welfare recipients, and generational repetition. If you truly want to do something about the drop-out rate, At-Risk students, and child abuse, then seize this opportunity to break into that cycle by helping the schools provide the intervention that they know can make a difference. Help them help teenage mothers complete their education and learn how to provide quality care for their children. Children rearing children need help from responsible adults if both generations are to grow into healthy and productive adults.