At The Table: Child Care Teachers and Providers Speak Out at the White House

What were 30 child care teachers, family child care providers, and their friends and supporters doing inside the White House's Old Executive Office Building on the morning of December 1, 1995? We were on our way to brief top-level advisors to President Clinton! Granted, these were not our customary surroundings—but the delegation, organized by NCECW, had been invited to the White House by Doris Matsui, Deputy Assistant to the President and Deputy Director of the Office of Public Liaison. Our purpose was to carry a strong message to the President about what it's like to provide high-quality child care on poverty-level wages, and to describe how devastating the budget cuts proposed under welfare reform would be to children, families and caregivers across the country.

"You're the ones who are out on the very front lines," Ms. Matsui observed. "You hold this country together by helping children and parents every day. You're the people we need to hear from." Along with Ms. Matsui, the meeting was attended by five other White House officials as well as Joan Lombardi, Associate Commissioner of the Child Care Bureau at the federal Administration for Children and Families (and former NCECW Washington liaison). Later in the day these advisors met with White House Chief of Staff Leon Panetta to report on the testimony.

Peggy Haack, a family child care provider from Madison, Wisconsin and chair of the NCECW Board, testified that despite her college degree and her 20 years of child care experience, she continues to hold more than one job and qualifies for the Earned Income Tax Credit every year. "Low wages," she said, "have forced me to make professional and family 'choices' that were not really of my choosing. I work ten-hour days, and the job continues at night and on weekends as I do my shopping for the program and other preparation. With all these demands on my

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time and energy, there are very few opportunities to get together with other providers, attend training, break the isolation of the job, or move forward.”

Kristin Pickering, a provider from Minneapolis, Minnesota, noted that “Half of my annual income is from the Child and Adult Care Food Program. If the program is cut, I'll lose most of my families and I won't be able to stay in business. I keep families going and I help parents learn how to parent better. I also subsidize our economy by earning far less than I could elsewhere, and by providing low-cost or free child care to families who don't get public assistance. How can we pass these food costs on to parents, or absorb them ourselves? Without the Food Program, some of our kids would never eat well.” (During the welfare reform debate, there were proposals in Congress to cut the Food Program by as much as 74 percent.)

Judy Serrano, a mentor teacher from Gilroy, California, spoke about the importance of early childhood mentoring programs, many of which have been supported by federal Child Care and Development Block Grant funds set aside for boosting program quality.

“Mentoring offers an excellent real-life training situation, and it also helps ease the problems of low wages and high turnover. Mentoring programs help us to better ourselves, so that we can give better care.”

Pat Mucci, a mentor teacher from Framingham, Massachusetts, cited the turnover of 21 teachers at her center in three and a half years. Sue Britson, a center director from Berkeley, California, added that in her 14 years on the job, she had to replace 50 teachers—an experience, she said, “that often leads me to reconsider my career as a director. This kind of turnover creates disruption for caregivers and families, and sadness for children—and it has a ripple effect into the school years that we haven't even begun to measure.” Others testified about the need for health insurance and student loan forgiveness programs for teachers and providers.

“I've reviewed five decades of research about child care quality,” said Deborah Phillips, Director of the Board on Children and Families at the National Academy of Sciences. “There is a firmly established link between the quality of child care and the well-being of children. And we have found that the 'active ingredient' in quality is the salaries of caregivers, because low salaries lead to turnover—which is really a euphemism for what children experience as loss and grief. We also know, especially from Military Child Care, that enhancing quality and compensation can drastically stem turnover. We can't persist in maintaining the child care system as a transaction between poor parents and poor caregivers. The system doesn't meet school readiness goals our nation espouses. We know how to solve this problem, and it's a travesty that we're not even trying.”

Not only were the White House staff extremely respectful and attentive; by the end of the testimony they had tears in their eyes, and were eager for the dialogue to continue. Our group, for example, was invited to participate in a new “At The Table” Initiative sponsored by the White House

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Health Benefits in Family Child Care: Rhode Island providers “DARE” to lead

The lack of health insurance is a major concern for teachers and providers nationwide—especially because of their heavy exposure to illness on the job. But after a four-year campaign by family child care providers working with DARE (Direct Action for Rights and Equality), a Providence-based grassroots organization, Governor Lincoln Almond has proposed to add health benefits for providers to Rhode Island’s welfare reform plan.

While lead organizer Shannah Kurland of DARE cautions that the proposal is “not 100 percent assured yet” and needs final approval from the State Assembly, the major obstacles have been overcome by securing endorsements from the Governor and the state Department of Human Services.

DARE mounted a massive postcard campaign to legislators and held a number of public meetings, and about 50 churches, unions and other community groups have signed a pledge supporting the providers’ cause.

“It’s been a long hard struggle, but we have at least one foot in the door, if not two,” says Diane Knott of Providence, a provider for 13 years who has been postponing her own medical treatment for lack of insurance. “But it’s a terrible shame we had to lose one of our members first,” she added, referring to the recent death of Yolanda Gonzalez, a provider who Knott and others believe might still be alive if she had had medical coverage.

In recent hearings before the House Finance Committee, provider Mary Holmes testified that her treatments for a brain tumor have cost $43,000 thus far—a bill she is unable to pay. “The only choice is to go on welfare,” she told the committee, “but I want to work. I’m excellent at what I do and I don’t want to give it up.”

Under the new proposal, providers who care for children as part of the state’s welfare-related Pathways or Low Income child care programs, and who are not covered by other health insurance, will be classified as state employees and become eligible for Right Care, the state employee health plan.

Right Care offers individual or family coverage from a choice of five insurance companies including dental care and prescriptions, and no co-payments are required. DARE estimates that about 150 providers will be eligible—and currently, says Kurland, they receive such low pay from the state (with no benefits) that most of them live well below the poverty line.

DARE estimates a maximum total cost to the state of $644,000, but in reality much less, because not every provider will need coverage—and because the plan represents significant savings to the state in Medicaid, welfare and hospital costs, as well as an investment in more stable, higher-quality child care for low-income families. For more information, contact DARE at (401) 351-6960.

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Women's Office. Forty-two percent of all Presidential appointees are women, and all have been asked to go home and organize events to gather information and testimony from “ordinary women” in their communities. NCECW will use its contacts throughout the country to help put these events together and ensure that they continue to include the voices of women who care for young children.

As we left the White House, each of us took away a great feeling of accomplishment. And as we headed home from Washington, we took with us a stronger impetus than ever to keep organizing other teachers and providers to find their voices, too. “If I can testify at the White House,” said Kristin Pickering, “I know I can go back and organize in my own community.” We learned first-hand that we can speak for ourselves, and that we can be heard.