CHILD WATCH VISITATION PROGRAM

Sample Materials Appendix

Spring, 1992

CHILD WATCH VISITATION PROGRAM
SAMPLE MATERIALS APPENDIX

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Course Evaluation Form
Newsletter
Sample Activities for Child Watch Visitation Graduates

kent county
adolescent
pregnancy
child Watch
Sheldon Blvd. S.E. Suite 312 • Grand Rapids MI 49503 • 451-0452

What is the Child Watch Visitation Program?

The *Child Watch Visitation Program* is provided through the *Children's Defense Fund* of Washington, DC. It brings local leaders directly to sights in their area that deal with the effects of poverty-stricken and needy families.

In Michigan, the statistics are startling:

Every 17 minutes an infant is born into poverty.

Every 6 hours an infant dies.

Every 52 minutes an infant is born too small to be healthy.

Every 30 minutes an infant is born to a teenage mother.

The *Child Watch Visitation Program* brings community leaders in direct contact with the people behind the statistics. Witnessing the challenges facing vulnerable children and families first-hand motivates community leaders to work for social change and preventive public policy. A *Child Watch* visit may be to a neonatal intensive care unit, a school for pregnant teenagers, or a clinic caring for families addicted to drugs.

The *Child Watch Visitation Program* is designed to dispel the myth that "nothing works." It also sensitizes leaders to the obstacles which face children and families in their own communities.

WASHINGTON, D.C. CHILD WATCH LEADERSHIP TRAINING PROGRAM

The Children's Defense Fund's Child Watch Leadership Training Project has been designed to build a strong, motivated, effective constituency for children. Child Watch consists of a series of carefully planned visits to a variety of children's services and programs. These visits are supplemented with background information about both local and national child poverty issues, as well as briefings by policy experts. In the District of Columbia, there are several specific purposes of the program:

- to allow community leaders see first-hand the suffering endured by poor children and families in Washington, and help them to transform their anger and frustration into positive actions to help children;

- to establish an open and positive relationship between members of the community concerned about children and appropriate local government officials, and discover ways in which the two groups can work together;

- to stimulate volunteerism among a broad range of community groups which can impact the availability and quality of services available to children and families in need;

- to hook participants into an ongoing Children's Defense Fund action network for various degrees of involvement;

- to bring together a broad range of community leaders, who might otherwise never meet, and unite them in action around a common goal;

- to encourage ways in which these many community leaders and groups can work together, pooling resources and talents to achieve change for children; and

- to affirm good local program providers whose work is often frustrated by funding struggles. Powerful visitors can become a constituency for them and become a source of volunteers and funds.

CHILD WATCH Partnership of Jacksonville, FL, Inc.

CHILD WATCH PARTNERSHIP OF JACKSONVILLE, FLORIDA INC.

TELEPHONE: (904) 353-4367
(904) 634-0367

933 WEST BEAVER STREET
POST OFFICE BOX 2583
JACKSONVILLE, FL 32203-2583

STUDY/ACTION
CHILD CARE
CHILD HEALTH
CHILD WELFARE
AID FOR DEPENDENT CHILDREN
CHILDREN HAVING CHILDREN

JACKSONVILLE, FLORIDA CHILD WATCH LEADERSHIP TRAINING INSTITUTE

The Child Watch Leadership Training Institute has been designed by The Children's Defense Fund, to build a strong, motivated effective constituency for children. This is the Third Phase of Child Watch, lead in this community by The Child Watch Partnership of Jacksonville, Florida, Inc., and will consist of a series of carefully planned visits to a variety of programs serving children and youth of Duval and adjacent counties. There are several specific purposes of The Jacksonville, Florida Child Watch Leadership Training Institute:

1) to allow community leaders to see first-hand the unmet needs of children and help them to transform their frustration and energy into positive community based action, by working in collaboration with child serving agencies and organizations.

2) to establish an open and positive relationship between members of the community that are concerned about children and local government officials. Discover ways in which the two groups can work together in creating innovative preventive programs that will decrease the problems of school drop-out; children having children; chemical abuse among school age children; youth in conflict with The Criminal Justice System; and increase the chances for a healthier generation of children;

3) to stimulate volunteerism among a broad range of community groups which can impact the availability and quality of services available to children, youth and families in need;

4) to bring class participants into an ongoing Child Watch study and action network for various degrees of Child Watch involvement;

5) to bring together a broad range of community leaders, who might otherwise never meet, and unite them in action around a common goal; The improvement of the quality of life for Jacksonville's children;

6) to identify ways in which community leaders and groups can work together, pooling their resources and talents to achieve a positive change for children; and

7) to affirm good local program providers whose work is often frustrated by funding struggles. Powerful and knowledgeable visitors can become a constituency for providers as well as a source of volunteers and potential funders.

The National Collaborators of The Child Watch Leadership Training, includes, The Association of Jr. Leagues International, Inc.; The American Association of Retired Persons; The Kiwanis International; The National Council of LaRazo; The United Methodist Women and The National Council of Negro Women, Inc.

For Information contact:
Gertrude H. Peele
Child Watch Coordinator
Center Of Achievement-Downtown
Jacksonville, Florida

CHILD WATCH Partnership of Jacksonville, FL, Inc.

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Already a model for the country, The Child Watch Partnership of Jacksonville, Florida was founded to study, identify and seek solutions to the problems of children, by working in conjunction with The Children's Defense Fund, Washington D.C. Organized in 1981 with fifty (50) volunteers, the Partnership brought together for the first time local members of national diverse organizations who realized the vulnerability of children, youth and families affected by budget cuts and policy changes and the importance of working in collaboration to improve the quality of life for children and their families living below the poverty guidelines.

The Child Watch Partnership has completed studies designed by The Children's Defense Fund in the areas of child health; child welfare; child care; aid for dependent children; and children having children. The studies resulted in positive action agendas that are addressing specific community needs, including chemical abuse by school age children, youth unemployment, teenage pregnancies, school drop-out, healthy lifestyle choices, self sufficiency and self reliance.

Now a multi-service network, over five hundred (500) Child Watch volunteers serve in many different capacities such as workshop consultants, interviewers, tutors, peer counselors, local, state and national board representatives. More than three thousand (3,000) citizens of Duval and adjacent counties benefit yearly from monthly community consultations; workshops, training programs, conferences and counseling services that are designed to be both preventive measures and leadership training.

The Child Watch Partnership of Jacksonville, Florida, Inc. is spearheaded by the National Council of Negro Women, Jacksonville, Florida Community Based Section, which provides funding along with the public, private and volunteer sections.

CHILD WATCH PARTNERSHIP FOR CHILDREN 1991-1992 PARTICIPANTS

- American Association of Retired Persons
- Children Services Board, Jacksonville
- Junior Leagues International, Inc.
- Kiwanis International
- League of Women Voters, Jacksonville
- Mayor's Commission on Children and Youth
- National Council of Jewish Women, Jacksonville Section
- National Council of Negro Women, Inc.
- United Methodist Women
- Women in Community Service, Inc.
- Zeta Phi Beta Sorority, Betha Alpha Zeta Chapter
- The Department of Health and Rehabilitative Services, District IV

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FUNDERS AND INKIND SUPPORTERS OF THE CHILD WATCH LEADERSHIP TRAINING INSTITUTE 1991-92 ARE:

- CHILDREN SERVICES BOARD, JACKSONVILLE, FLORIDA
- J.E.DAVIS FOUNDATION /THE WINN DIXIE STORES
- IBM, JACKSONVILLE TRADING AREA
- JACKSONVILLE COMMUNITY COUNCIL
- MAYOR'S COMMISSION ON CHILDREN AND YOUTH
- NATIONAL COUNCIL OF NEGRO WOMEN, INC.
- SOUTHERN BELL, CORPORATE AFFAIRS DIVISION
- UNITED WAY, NORTHEAST FLORIDA
- UNIVERSITY OF NORTH FLORIDA
- WOODLAWN PRESBYTERIAN CHURCH, USA
- WTLV TV-12 - NBC AFFILIATE

Meet the real children behind the statistics.

Economists, CEOs, and small business owners now believe that our failure to nurture and educate our children is the biggest threat to America — to Arizona. In a recent poll, distributed to 200 Chief Executive Officers in Arizona, 66% of the respondents said that children's issues should be a top priority for the corporate community.

Visions of Arizona's Children is an on-site educational opportunity specially designed for business and community leaders who want to be more informed about what's happening with Arizona's vulnerable children and families. *Visions* enables small groups of leaders to observe, first hand, some of our at-risk children and some of the programs that serve them.

As a *Visions* participant, you will visit programs that work — like a comprehensive preschool that provides children with hope, love, and the right start toward success. And you will see programs that evoke emotion — like the neonatal unit of the county hospital with its babies struggling for life.

"It is my firm belief that the quality of life of our state's children is the single most important determinant of Arizona's future, and that the business community has an essential role to play in developing our state's public policy."
— Mark DeMichele, President/CEO Arizona Public Service Company

This will not be a solicitation for money. Our purpose is to educate Arizona's leaders about the needs of children and to change public policy from costly intervention *after* crisis to preventive investment *before* children get sick, drop out of school, suffer family breakdown, or get into trouble.

Visions of Arizona's Children

A program of Children's Action Alliance

Supported by the Annie E. Casey Foundation

Attn:
Lorri Matter

Dear Organization President,

Kiwanis International, the Association of Junior Leagues, the American Association of Retired Persons, National Council of Negro Women, National Council of Churches, and the National Council of La Raza have all joined with the Children's Defense Fund as national collaborators in the Child Watch Visitation Program.

I am writing as a representative of the Junior League of Lansing. We have agreed to take the lead role in establishing a Child Watch Visitation Program (CWVP) here in the Lansing area. We hope your organization will join us as a member of our local Child Watch Coalition.

The CWVP is designed to expose community leaders and other influential citizens to the reality of underprivileged children's lives and to show them that there are positive concrete things they can so to help solve the problems they see. The facts about children in America are staggering but not until individuals see for themselves the challenges facing particular children and families do they become motivate to work for change.

Child Watch seeks to personalize children's struggles by taking participants on strategically planned site visits to social services illustrating both the range of serious problems facing children AND the various of programs working on their behalf. Site visits are supplemented by both briefing from program and policy experts and written background materials. At the conclusion of the program, participants are assisted in finding ways to help children and families.

We are forming a coalition made up of local affiliates of the national CWVP collaborating organizations and other interested groups, and we would very much like your Kiwanis Club to join us. The form and extent of your involvement will depend upon your organization's interest and resources. CWVP is an excellent opportunity for local organizations to work together to build an integrated sustained response to children's issues.

We will be meeting with Sharon Ladin from Washington DC, Coordinator of the Child Watch Visitation Program, Wednesday, January 15th at 6:00 p.m. in the Large Conference Room of Foster, Swift, Collins, and Smith, 313 S. Washington Sq., Lansing. (Please park and enter the Foster Building from Grand Ave., just north of Kalamazoo St. [FSCS is not involved in this program]). Please feel free to contact me at (517) 332-5463 if you have any questions or are unable to come. I am looking forward to hearing from and working with your organization.

Sincerely,

Lorri Matter, Local Child Watch Coordinator

Greater Kansas City Child Watch Visitation Program

Meeting of Potential Collaborators

April 21, 1992
7:30 a.m. to 11:30 a.m.

7:15 a.m. ..... Continental Breakfast

7:30-7:45 a.m. ..... Welcome

Jan Kreamer, President, GKC Community Foundation
Carl Mitchell, COO for Youth Programs, Kauffman Foundation

7:45-8:15 a.m. ..... Child Watch Site Visitation Program

8:15-8:30 a.m. ..... Today's Site Visit

Mark Kenney, Child Watch Coordinator, Kauffman Foundation
Jane McKim, Child Watch Coordinator, Partnership for Children

8:30-8:50 a.m. ..... Policy Briefing on Maternal and Child Health

Margo Quiriconi, Project Early, Kauffman Foundation

8:50-9:00 a.m. ..... Break and Board Van

9:00-9:15 a.m. ..... Question/Answer with Margo (Enroute to Site)

9:15-10:15 a.m. ..... Site Visits

Truman Medical Center (TMC) Obstetrics Clinic
Dr. David Mundy, M.D., Obstetrics
Suzanne Meyer, Director of Social Work

Children's Mercy Hospital (CMH) NICU
Dr. Howard Kilbride, Director of NICU at TMC and Neonatologist at CMH
Alice Kitchen, Director of Social Work and Community Services

10:15-10:30 a.m. ..... All to TMC Board Room

10:30-11:00 a.m. ..... Debriefing with Hospital Staff

11:00-11:30 a.m. ..... Closing/Discussion - Sharon Ladin and Attendees

We hope to be back at the Oak Training Facility by 11:45 a.m.

THE MICHIGAN BUILDER

MICHIGAN DISTRICT OF KIWANIS INTERNATIONAL

OCTOBER, 1991

CALENDAR OF EVENTS

Nov. 5	- Charter Nite Northville Early Birds
Nov. 7	- Charter Nite Kalamazoo County Golden K
Nov. 3-9	- Key Club Week
Nov. 22-28	- Farm City Week
Nov. 30	- 1st Half Dues become delinquent

James D. Heymes District Secretary/Treasurer

Good Morning, Michigan Kiwanis... Jim Heymes speaking. A new ERA has begun in the long and proud history of the Michigan District of Kiwanis International. Jim takes over the management position for the District, being the 12th such person in the 76 plus years of this organization.

Many of you remember James Heymes as the Governor of the District during the 1987-88 administrative year. And a good year it was. Jim was named as a "Distinguished Governor" having been both a Distinguished Lt. Governor of Division one and a Distinguished Club President of Detroit #1 Club. His background in Kiwanis and in the business world as an executive with Detroit Edison, will stand him in good stead as he begins his new role. His wife Charlotte is a believer in the mission that Kiwanis serves and will be a great support to Jim and the spouses of District Officers.

Many elements of planning for the future programs of the District have already started and the beat goes on. For just a while, when you receive the Good Morning greeting from Jim, you may have to be patient until he can research answers to your questions. There are many, many details for him to learn, and all this takes time.

Your District Office will continue to be a resource for service, and Jim and Kathy will be the important people there, ready to assist. We wish the new leaders well as the new ERA begins.

Doug Alexander

Child Watch Visitation Program

- Every 35 seconds an infant is born into poverty
- Every 14 minutes an infant dies in its first year
- Every 14 hours a child younger than five is murdered

The Michigan District has been asked to serve, once again, by Kiwanis International to pilot an exciting program designed to bring local clubs closer to their communities. Based in Washington, D.C., The Children's Defense Fund has invited Kiwanis International and five other national organizations, to join forces for the purpose of personalizing child suffering and to review effective programs and services.

Local clubs, in partnership with other local affiliates of the national partners, are encouraged to begin evaluating the needs of children in their local communities by: 1) surveying existing programs and services, 2) identifying service gaps, 3) visiting service and program sites with other local leaders, and 4) selecting programs which need further funding or manpower. This process allows local Kiwanis clubs to gain first-hand knowledge about community programs for children, allows for additional media exposure, and even increases membership.

More information was made available at the Fall Leadership Conferences, additional information will be sent to clubs as it becomes available. Also, please call me at (517) 764-2270 (w) or (517) 788-7960 (h) for programs, questions or more information.

Ben Probert
Chairman
Child Watch Visitation

A S K The secret to new member recruitment is to ASK!!! Have you asked the neighbor next door, your kin, a person in the business place, a member of your church, doctor, lawyer, merchant, chief? During November, issue an invitation to someone to be your guest at Kiwanis to enjoy this great opportunity.

Adopt-A-Highway Program

President John Morton has been urging all Kiwanians to increase public awareness of the presence of Kiwanis by erecting Kiwanis road signs, using decals and Kiwanis license plate brackets on their cars, and using more meeting-place signs, etc. One very effective awareness program and service project is the Adopt-a-Highway Program. Many Michigan Kiwanis Clubs are already participating.

Your responsibility is to adopt a two-mile stretch of an interstate, US Route or M Route in Michigan and be willing to clean up the highway four times a year (April, June, August and October). You make a two-year commitment for the project, provide the manpower for the four assigned weekends, and conduct a safety training meeting for your workers. The State of Michigan will provide a highway sign at the beginning points of your town from both directions, trash bags, and vests for your workers, and a pick-up of all litter collected on the assigned weekends. The State also provides the materials for your training session. For more information, contact the Michigan Department of Transportation, Maintenance Division at 517-394-8650.

With Governor Bob

The Race Is On!

"Gentlemen, start your engines!"

That call sounded loud and clear as this year's leadership team moved into place at the end of the 1990-91 administrative year. On October 1 the green flag came down, and the 1991-92 Kiwanis organization roared into motion.

We are at the end of the first lap as this Builder goes to print. Where are we in the race? Specifically where are you with respect to the rest of the pack? Are you out in front challenging the rest to go faster just to keep you in sight? Are you somewhere in the middle trying to be inconspicuous in the crowd? Or have you already fallen so far behind that you wonder if the race is worth running?

That checkered flag may seem far away at the moment. But it will be waving before most of us are ready for it. If you expect to have any chance at all of finishing in the money, you've got to make fast time on these early laps. A sprint at the finish line may be exciting, but it will have more chance of succeeding if it can start from a good position established by lap after lap of good solid determined racing.

You have a good pit crew standing by to keep you in the race and running at top efficiency. Your club officers, your lieutenant governors, and your District chairmen have all been trained and equipped. If you feel yourself faltering, call on them to make any repairs or adjustments that are necessary to get you back in the race.

I would like to see every Michigan Kiwanian join the winners' circle. The visible indication of membership in this elite group will be a small colored circle around your Kiwanis pin, green if you have recruited one new member, yellow if you have recruited two; many of you, I know, will go even farther and earn your Ruby K.

Our 1992 International convention will take place in Indianapolis. Many of our members will take the opportunity to visit the speedway and partake of the lore of auto racing. I hope the exploits of those great drivers will inspire us to greater efforts toward achieving the goals of Kiwanis.

There is great practical value in our recruitment efforts. Our clubs will have greater strength and flexibility of course. But, if we do it well, we can have more visibility and more clout at Indianapolis. The best seating in the delegate hall will go to those Districts which have made the greatest membership gain.

The race is on! I'll see you at the finish line.

Children's Defense Fund—Minnesota

550 Rice Street, Suite 104
St. Paul, Minnesota 55103

Luanne Nyberg
Director

Telephone (612) 227-6121

FAX: (612) 227-2553

April 5, 1991

Kristin K. Larson, Director
Community Relations
Grand Metropolitan, Food Sector
Pillsbury Center
200 South Sixth Street
Minneapolis, MN 55402

Dear Kris,

Enclosed with this letter is a proposal from the Children's Defense Fund for $44,999 for one year to develop and implement a Child Watch Community Leadership Visitation Program designed to involve leaders from many sectors in our community in understanding first-hand the conditions and problems faced by needy children and their families, and the strategies that can prevent or alleviate these problems. The program is designed to change the attitudes, values and behaviors of a critical mass of community leaders so that they will put their talents and resources toward prevention and early and sustained intervention for children. We cannot afford or tolerate losing an entire generation of young people. We need all our children to grow up to fully participate in the work force and to become contributing members of society.

This program is a comprehensive approach, designed to sensitize leaders, motivate them as only direct contact can, and give them the knowledge to make a difference. It will directly support many of the efforts of other child-serving projects funded by Grand Metropolitan.

We at CDF are excited about the prospect of a partnership between Grand Met and CDF-MN on behalf of children. We are extremely grateful to Ian Martin for his leadership on behalf of children on the Action for Children Commission, and we look forward to working with all of you on this community visitation program. Perhaps the Commission can be one of the first groups invited to spend time with children in the community.

If there is more we can do to help with the decision making process, please let me know.

Yours,

Luanne Nyberg
Director
Children's Defense Fund - Minnesota

GRAND METROPOLITAN FOOD SECTOR

CHARITABLE GIVING PROGRAM

APPLICATION FORM

Please complete this form, attaching supplementary materials as required.

DATE: April 5, 1991

NAME OF ORGANIZATION: Children's Defense Fund - Minnesota

CITY, STATE, ZIP CODE: St. Paul, Minnesota 55103

CONTACT PERSON, TITLE: Luanne Nyberg, Director

TELEPHONE NUMBER: 612/227-6121

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1. State the mission of the organization.

Since 1973, the Children's Defense Fund (CDF) has been a strong voice for the voiceless and most vulnerable of all Americans - children. CDF's commitment is to: stopping the waste of millions of potentially productive lives and encouraging preventive investment in children before they get sick, drop out of school, get pregnant, or get into trouble. We focus on both short- and long-term policies and programs at both the state and national levels that make children healthier, better able to learn, and better prepared to live productive lives as workers, citizens and parents.

The Children's Defense Fund began an office in Minnesota in 1985. Through research, public education, coalition building, policy initiatives and advocacy, the Children's Defense Fund - Minnesota (CDF-MN) has worked to provide health coverage for uninsured Minnesota children, has played a significant role in creating and implementing welfare reform in Minnesota, has worked to prevent teen pregnancy in our state, and has increased public awareness and support for children who need food, child care, child support, early childhood intervention and adequate family incomes.

CDF is a private organization supported by corporations, foundations, and individuals. We accept no government funds. CDF's total full-time staff number 96, working in the Washington, D.C. headquarters and in offices in Ohio, Texas and Minnesota. The staff includes specialists in health, education, child welfare, child care, youth employment, and teen pregnancy prevention as well as media, research and organizing.

2. **Describe the program for which support is being requested.**

CHILD WATCH COMMUNITY LEADERSHIP VISITATION PROGRAM PROPOSAL

The Children's Defense Fund - Minnesota (CDF-MN) is seeking $44,999 for a one year period to develop and implement a Child Watch Community Leadership Visitation Program. The Child Watch Community Leadership Visitation Program will involve a broad range of community leaders in learning about children's needs and what they can do to respond through a combination of carefully planned visits to a variety of children's services and programs, briefings by policy and program experts, targeted background and policy materials, monthly follow-up meetings and involvment in children's networks. We hope to develop the project and conduct six visits, with at least 20 participants each time, in year one, and continue group visits for two more years, for a total of 25, involving at least 500 community leaders over a three year period.

3. **State the goals and objectives of the program for which support is being requested and the methods by which objectives will be accomplished.**

CDF's Child Watch Visitation Program has eight goals:

1. To personalize child suffering. While many people read about the serious difficulties faced by poor children and families, our experience shows that it is often not until individuals can see child suffering and desperation, and feel family struggles for themselves that they become ready and motivated to work for change.

2. To create a sense of urgency about children's needs and a climate for change. Children cannot wait forever for policy makers and community leaders to recognize the extent and urgency of their needs, and America cannot afford to lose a single child from our shrinking pool of children who are increasingly poor and minority.

3. To show participants that there are positive alternatives and steps they and others can take to correct, prevent or alleviate the child problems identified. The complex nature of the multiple crises faced by today's children seem overwhelming. The Child Watch Program includes visits not only to sites that illustrate the range of problems faced by children and families, but also to sites that send a message of hope about the solutions to those problems.

4. To create a constituency for preventive and early intervention investments by exposing key leaders to cost effective program examples which can overcome the pervasive myth that "nothing works." An additional benefit will be

exposure to effective nonprofit leaders. Too many Americans think that people in the nonprofit sector are there because they could not make it in the profit making sector and are happily surprised when exposed to effective community entrepreneurs.

5. To help a critical mass of community leaders make the connections between the child suffering they see and local, state, and federal priorities and policies. It is essential to help decision makers and those who can influence decision makers understand that they have not only the ability, but also the responsibility to make and influence the choices which will benefit our most vulnerable children and families.

6. To create a new group of leaders and influential citizens who are concerned about and personally aware of children's needs. The pool of Child Watch participants should include the movers and shakers and the doers in our community, as well as people who ought to be. Participants could include: business and foundation boards and executives; local public officials and senior agency staff; members of the media; minority group, religious, elderly, and civic leaders; and child and youth services agency staff.

7. To keep participants involved in an ongoing Children's Defense Fund action networks and other children's networks as well. Child Watch "graduates" will become a part of a network which the Children's Defense Fund and other local organizations will work with depending on the level of commitment, desires and interests of participants.

8. To affirm good local program providers whose fine work is often frustrated by funding struggles, isolation, and lack of a support network. Child Watch not only can give service providers a much needed "pat on the back," but also can provide them access to networks which could produce funds, board members, volunteers, and other supports.

The concept of using visitations to create a sense of urgency about social problems is not new. Over 25 years ago, the Citizen's Committee for Children of New York (CCC) began an "Orientation Course in Community Leadership." CCC's project was designed to attract and develop new community leadership from among New Yorkers who were troubled by the City's vast human problems, and who wanted to learn more about the nature, magnitude, and complexity of those problems. In the words of former CCC Executive Director Trude Lash, "you can only begin to understand what it is like to live in a ghetto if you go out and walk the streets. If you see and smell, if you talk and listen--especially if you listen. I want people to be scared. They should be scared at the enormity and urgency of the crisis." Since 1961, CCC has trained over 1,000 advocates through the

Orientation Course, using site visits as the main educational tool.

In developing the Child Watch Visitation Program, the Children's Defense Fund national staff worked with representatives from the Citizen's Committee for Children. Their advice and assistance have been invaluable. However, because our purposes and intended audiences differ, we have departed from their fixed-term course format (12 weeks -- one day per week) and have designed instead an array of approaches for different audiences. For example, for busy business, media and political leaders who will only devote limited amounts of time to visiting children, we have designed one day or several day-long "short-courses." For community foundations or service providers, child advocates, and youth services personnel, we can prepare longer, more comprehensive courses or more intensive courses that focus on only one age group or need, like health or child care. We believe it is essential to vary length, frequency, and subject matter in order to reach and involve a full range of leaders and target groups and to meet each community's needs.

4. **Describe the need this program addresses.**

Things are getting worse for children in Minnesota. For example:

- Child poverty increased 78% in our state from 1979 to 1989, so that now 18.2% of our children live in families making under the federal poverty line. Only Wyoming got worse faster.

- 157,000 Minnesota children spend time on AFDC each year, subsisting at 40% under poverty. Two thirds of them live in market rate housing, costing more than their entire grant in the Twin Cities area.

- There are 70,000 Minnesota children with no health insurance. Infant mortality for uninsured babies in the metro area is 5 times higher than for self-insured babies, and 25% of uninsured children under 6 had health care delayed because their parents couldn't afford it.

- Children are the fastest growing group of homeless in our state. Turnover in some inner city schools is 80% a year because low income families must move repeatedly since they cannot afford housing.

- Child hunger is on the rise in our state. In 1990 over 110,000 children turned to food shelves to help their hunger. In 23% of the families using food shelves, children missed entire meals because there was nothing to eat.

- High school graduation rates are dropping among white,

Hispanic and Asian students. Test scores are also going in the wrong direction. Between 1969 and 1989 Minnesota's ACT scores have slid downward, and our SAT and AP scores have seen a steady decline, falling to below the national average.

- o There are long waiting lists for programs that can prevent or alleviate children's problems. For example, in the past 13 months, the waiting list for the WIC Nutrition program has grown from 673 to 6,013 statewide, a more than ten-fold increase. Head Start, child care, transitional housing and other child-serving programs have huge waiting lists or must simply turn children away.

5. Who will this program serve? Estimate the number of participants.

We plan to approach groups like the Minnesota Business Partnership, The Mpls., St. Paul and Minnesota Chambers of Commerce, the Minnesota Senior Federation, Boards of Directors of the Minneapolis and St. Paul, Foundations, the Minnesota and Minneapolis and St. Paul Councils of Churches, the Minneapolis and St.Paul United Ways, the Editorial Boards of the Minneapolis and St. Paul papers,and the Boards of the Minnesota AFL-CIO and the Minneapolis and St. Paul Trades and Labor Councils to involve them in this project. A considerable amount of upfront advocacy will be needed to get these busy people to commit their time and resources to community visitation for children. We have budgeted for 20 participants per visit, with six visits planned for year one.

Currently, we are thinking about asking for 6-hour commitments. Groups would gather at The Minneapolis or Minnesota Club or at their own facility for breakfast at 7:00 or 7:30. They would already have been given briefing materials and background readings and would have been asked to absorb them before the day began. See attachment A; a sample of materials collected as background for a community leadership visit in Washington, D.C. During breakfast they would hear from a couple of local experts. A bus would then transport them to perhaps four sites, two designed to give participants first-hand knowledge of child suffering, and two to showcase local programs that can directly prevent or intervene in children's problems. For example, just blocks from the neo-natal intensive care unit at Hennepin County Medical Center, the Indian Health Board runs an extremely effective prenatal care program that has prevented children in their care from being born too soon or too small. The Washburn Child Guidance Center, which does remediation with children abused, neglected, or delayed, is quite close to Head Start, which has a proven record of preventing the kinds of problems that bring children in Washburn's care.

At the sites, visitors would interact with children and families,

hear from staff about the kinds of problems, or successes, they encounter every day, and would be given an opportunity to be involved with the program. We hope, for example, to eat lunch with the children at Head Start, to draw pictures with the children at the Learning Center in the 410 Shelter for Women and Children.

CDF will stay in contact with Child Watch graduates through monthly mailings. We will keep them informed of model programs, of needs in the community, and of debates affecting children that they may want to participate in.

We are excited about this program because we know it will help children. CDF-MN has been involved in creating visitation programs for legislative committees. In 1987 we took legislators to the St. Paul Children's Hospital to talk about the need for prenatal care and children's preventive health care. That same year, they enacted the Children's Health Plan. Just last month we created tours for both Senate and House committees to meet AFDC families in both subsidized and market-rate housing.

6. Outline the program timeline.

We know these efforts, though extremely time consuming to set up, are well worth the effort. That is why we hope to make this a three year project. Your support in year 1 will allow us to make the contacts with potential visiting organizations, gather the background materials, work with sites to be visited, and conduct our first six visits. We hope to bring the consultant on board July 1, 1991 and begin visiting after Christmas. CDF plans to continue the Child Watch Community Leadership Visitation Program for two years after the initial start-up year. The budget will be less in years two and three because all the research and development costs will have been done in year one.

7. Name and describe the qualifications of staff who will implement this program.

Upon being notified of receipt of this grant, CDF-MN will conduct a search for a consultant who will manage the project under the direction of Luanne Nyberg, CDF-MN Director. Susan Brekke, Office Manager, will handle support functions and Josie Corning will do the media work on the project.

8. How will this program be evaluated?

The single most important purpose of the Child Watch Leadership Development Program is to build a strong, informed, motivated constituency of children's advocates representing every segment of our society. Child Watch graduates will become part of both local and national networks working for children.

Depending on their interest and abilities, some graduates may want to get involved in direct service programs. Others may testify at local budget or policy hearings about what they have seen and learned. Some can speak to the press, write op-ed pieces, meet with policy makers and public officials, and join local organizations to work on specific problems of children in their communities. Some will turn the resources of their own organizations toward the needs of children. All of these activities will be fostered and encouraged through ongoing access to CDF staff and local friends of children after the initial portion of the program is completed.

Child Watch will work to reinforce the idea that only through collaboration among the public and private sectors can true progress be made for America's children. Government, business, community leaders, and families must work together on this essential issue. At the same time that some Child Watch participants and graduates will be working on local and national policy reform, others will also be supporting the essential work of direct-service providers in their communities. Powerful visitors can become a constituency for children's programs and become a source of leadership to make it unacceptable for any child to grow up poor, or without adequate health care, child care, food, shelter, or education.

The program will be evaluated by evaluation questionnaires filled out by visit participants after the visit, by questionnaires sent to participants one year after their initial participation asking the extent of their activities on behalf of children, and by monitoring participants' activities for children through network activities. Of course, we will never know the full impact of the program because there will be many volunteer activities, organizational decisions and individual actions for children that will never be fully documented.

9. Amount of request.

$44,999 for the period 7-1-91 through 6-30-92.

10. List previous Grand Metropolitan and/or Pillsbury support.

$3,500 granted on June 15, 1990 for printing and binding 500 copies of Children of Minnesota, 1990 county fact books. (From the Pillsbury Foundation.)

11. Number of professional staff, clerical staff and volunteers.

CDF-MN is staffed by Luanne Nyberg, Director; Laura Kadwell, Senior Program Associate (an attorney specializing in AFDC, child care, and child support issues); and Susan Brekke, Office Manager. We also use consultants: Josie Corning for public education/media help, Ginny Greenman for our "Improving the Lives

of Children on AFDC" project, and Margaret Vaillancourt for help with writing and research. CDF-MN makes extensive use of unpaid interns and volunteers to accomplish our ambitious workplan. In 1990 we had more than 100 volunteers who gave their time and talents to CDF (see attachment B).

12. List any Grand Metropolitan Food Sector staff (and titles) who volunteer with your organization.

Luanne Nyberg, CDF-MN Director serves with Ian Martin on the Action for Children Commission. We currently have no Grand Met volunteers, though we would welcome them as we have lots of needs and opportunities. We would also be glad if Grand Met could donate buses or vans for the visits, thus reducing the budget by $750. If Grand Met could donate notebooks and T-shirts, the budget could be cut by $1,200. And if you might have appropriate gifts for service providers, we could shave off another $150.

CHILD WATCH COMMUNITY LEADERSHIP PROJECT
1 Year budget

Staff	
Community Leadership Consultant	$25,000
CDF-MN Director	7,543
Media Consultant	2,500
Support staff	2,433
Printing	$ 1,300
Supplies* (notebooks, T-shirts)	$ 1,200
Postage	$ 500
Food	
Breakfasts @$3 each	$ 400
Lunches @$9 each	$ 1,080
Bus rental (6 1/2 days)*	$ 750
Gifts for service providers (15 @$10)	$ 150
Administrative overhead @5%	$ 2,143
Total	$49,999

*delete from budget if donated by Grand Metropolitan

This budget assumes 6 community visits with 20 participants on each visit

February 13, 1991

Dear

I am writing to invite your participation in the Children's Defense Fund's (CDF) Child Watch Leadership Visitation Program. The Child Watch program has been designed to work with corporate, community and government leaders who share CDF's concern about children in Washington, D.C. Mary Hallisy of Sallie Mae has suggested that you be invited to join us for this special two-day course (to be held on Wednesday, March 27 and Wednesday, April 10).

The Children's Defense Fund is a private, non-profit organization which exists to provide a strong and effective voice for the children of America. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF has begun an effort to focus specifically on the needs of children in Washington, D.C. and to personalize child suffering as statistics and briefings alone cannot do. The Child Watch Visitation Program is a critical element of this effort. We invite you to participate in our special Corporate Child Watch Program in which you will be led on a guided tour of programs serving poor and vulnerable children and families in Washington.

We will not only provide you with information about the many issues affecting low-income children and families (including education, housing and homelessness, maternal and child health, child care, and child welfare), but also take you to see just a few of the successful programs which are working to mitigate some of the effects of poverty. You will see

first hand the daily struggles endured by many of our city's children, and discuss ways that your corporation can help to improve their lives.

We will explore how to meet the immediate basic needs of our children and families as well as what programs are working to break the cycle of poverty and encourage self-sufficiency.

Corporations receive countless requests for assistance from programs serving children in D.C. Child Watch can help you evaluate these many requests based on the policies and programs in place in the District and the specific needs of children in this city.

Enclosed is a one-page description of the Child Watch Program and a tentative schedule for this special corporate course. We recognize that taking two days out of your busy schedule is difficult, but we are asking you to make this commitment to insure that the range of child and family issues are adequately addressed. Space is extremely limited, so we encourage your prompt return of the attached registration form. The $75.00 course fee will help us to defer the costs of meals and transportation.

Please contact Ellen Dektar or me at 202-628-8787 if you have any questions about either Child Watch or the work of the Children's Defense Fund. We look forward to hearing from you.

Sincerely yours,

Sharon A. Ladin
Child Watch Coordinator

Enclosures

August 3, 1990

Dear

I am writing to invite your organization to participate in the Children's Defense Fund's (CDF) new Child Watch Leadership Training Program. The Child Watch program has been designed to work with the leadership of groups like yours who share CDF's concern about children in Washington, D.C.

The Children's Defense Fund is a private, nonprofit organization which exists to provide a strong and effective voice for the children of America who cannot vote, lobby, or speak out for themselves. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to educate the nation about the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get into trouble.

CDF has recently begun an effort to focus specificall on the needs of children in Washington, D.C., and Child Watch is a critical element of this effort. We invite two members of your organization to join our fall Child Watch program. Each Wednesday from October 17 through November 14, the Children's Defense Fund staff will take Child Watch trainees on a guided tour of programs serving poor and vulnerable children and families in Washington.

We will explore the many issues affecting low-income children and families, including housing and homelessness, maternal and child health, child care, education and child welfare. Trainees will see first hand the daily suffering many of our city's children must endure. We will also visit a few of the many programs which are working to mitigate some of the

effects of poverty.

We have recently conducted a survey of many of the organizations which have a presence in Washington, and we would like your group to participate in Child Watch because we believe that by working together, organizations like yours can make a real difference for our children. The goal of Child Watch is to teach you not only about the problems faced by children in the District, but also what you and your organization can do to help. We will explore how best to utilize the resources that you possess. What projects warrant the use of your volunteers? How should your group spend its money? How can your members tell policy makers that they care about children?

We want you to become a part of the Children's Defense Fund's network. A team of individuals and organizations working together, pooling talents and resources to make Washington, D.C. a better place for children and families.

Please look to your membership and identify the two people who would gain the most from this training and return it to your organization. We are asking that trainees commit to attending all five days of the program, so that we can insure that the maximum amount of information possible is disseminated.

Enclosed is a tentative schedule of this fall's training. Space is extremely limited, so we encourage your prompt return of the attached registration form. Please feel free to contact Olati Johnson or me at 628-8787 if you have any questions about either Child Watch or the work of the Children's Defense Fund.

We're looking forward to hearing from you.

Sincerely,

Sharon A. Ladin
Child Watch Coordinator

enclosures

LD WATCH
Partnership
of
ksonville, FL, Inc.

CHILD WATCH PARTNERSHIP OF JACKSONVILLE, FLORIDA INC.

PHONE: (904) 353-4367
(904) 634-0367

933 WEST BEAVER STREET
POST OFFICE BOX 2583
JACKSONVILLE, FL 32203-2583

October 11, 1991

DY/ACTION
LD CARE
LD HEALTH
LD WELFARE
FOR DEPENDENT CHILDREN
LDREN HAVING CHILDREN

Dear _____

I am writing to invite your participation in the **Child Watch Leadership Institute**, sponsored by the **Child Watch Partnership of Jacksonville, Florida**. The **Child Watch Program** has been designed by the Children's Defense Fund to work with corporate, community, and government leaders who are concerned about the children of Jacksonville, Florida.

The **Child Watch Partnership of Jacksonville, Florida** is a private non-profit organization which exists to provide a strong and effective voice for our children, youth, and families. We pay particular attention to the needs of poor, minority, and disabled children. Our goal is to study the needs of children and encourage preventive investment in children before they get sick, drop out of school, suffer family breakdown, or get involved with the Criminal Justice System.

Participants in the **Child Watch Leadership Institute** will be led on guided tours of programs serving vulnerable children. They will be provided with information about the many issues affecting children and families including education, housing and homelessness, maternal and child health, child care, and child welfare. We will also take participants to see a few of the successful programs which are working to mitigate some of the effects of poverty.

We will explore how to meet the immediate basic needs of our children as well as what programs are working to break the cycle of poverty and encourage self-sufficiency.

I have attached a description of the **Child Watch Leadership Training Program** and a Registration Form. I hope that you will complete the Registration Form and return it to me as soon as possible.

Thank you for your attention. We look forward to your participation in the **Child Watch Leadership Training Institute**.

Sincerely,

Gertrude H. Peele, Coordinator
Child Watch Partnership of Jacksonville, Florida

kent county
adolescent
pregnancy
hild Watch

Blvd. S.E. Suite 312 • Grand Rapids MI 49503 • 451-0452

FYI

January 13, 1992

Doug Meijer
MEIJER, INC.
2929 Walker NW
Grand Rapids, MI 49504

Doug:

On **Thursday, February 6, 1992**, we would like to invite you to join us for lunch, and to participate in a pilot project entitled *Child Watch* Visitation Program. The program is initiated through the *Children's Defense Fund (CDF)*, a national child advocacy organization working on behalf of children and families.

In connection with *Kent County Adolescent Pregnancy Child Watch* (APCW) and its upcoming conference, *the Child Watch* Visitation Program is designed to build awareness of the crisis of children and families in need. *The Child Watch* Visitation program will take you through "children's sites" where you can witness first-hand the results of children having children.

WHAT YOUR INVOLVEMENT MEANS

You receive countless requests for assistance from programs serving children and families in West Michigan. We need to work together to evaluate these many requests based on the policies and programs in place in our community and state.

Please reserve 12-4pm on **Thursday February 6, 1992.** We would like you and sixteen other community leaders to take part in the *Child Watch* Visitation Program. Enclosed you will find a description of the *Child Watch* program, a program agenda, a conference brochure, and local information on children having children.

Please confirm your reservation by calling the *APCW* office at 776-0115. The fee for lunch and the visitation program is $50.00. We will call you this week to determine your interest in participation.

If you have any questions, please call at your earliest convenience. We look forward to meeting with you, but more importantly, we look forward to working with you to win for children, families, and the future of our community.

Sincerely,

Bob Woodrick

Robert Woodrick
CEO/Chairman of the Board
VG W Food Centers

Mr. Roger Martin
Vice President -
Community Relations
Steelcase Inc.

CHILDREN'S DEFENSE FUND

CHILD WATCH LEADERSHIP TRAINING

____ Yes, I would like to participate in the summer Child Watch Educators Training. Please send me additional information.

Training Dates:
Tuesday, July 17
Wednesday, July 18
Thursday, July 19
Tuesday, July 24
Wednesday, July 25
Thursday, July 26

____ I am unable to participate in the summer training, but would like to be contacted regarding future training sessions.

Name:_____

Title:_____

Organization:_____

Address:_____

_____

_____ Phone:_____

Please return by June 20, 1990 to:

Sharon A. Ladin
Child Watch Coordinator
Children's Defense Fund
122 C Street, N.W.
Fourth Floor
Washington, D.C. 20001

(202) 628-8787

Space is limited. Reservations will be made on a first-come, first-served basis.

kent county
adolescent
pregnancy
Child Watch

5 Sheldon Blvd. S.E. Suite 312 • Grand Rapids MI 49503 • 451-0452

February 1, 1992

STEELCASE
Roger Martin
PO Box 1967
Grand Rapids MI 49501

Roger:

We are very pleased that you will be joining us on ***Thursday, February 6, 1992*** for lunch, and participating in a unique pilot project entitled *Child Watch Visitation Program.*

Enclosed is our schedule for the afternoon. As noted in this schedule, lunch will begin at noon at the L.V. Eberhard Center. You will be joining other business leaders and conference participants to hear Dr. Barry Zuckerman give his keynote address entitled *Double Jeopardy: The Impact of Teenage Pregnancy and Poverty.*

After lunch, you will join 16 other community leaders in site visits to *Park School/Teen Parent Program* and *Butterworth Hospital.* Enclosed are profiles on these sites. Dr. Zuckerman will be facilitating this program, and I will be coordinating the event. In addition, a motor coach will transport the group throughout the afternoon. We expect to return to the L.V. Eberhard Center at 5:00 p.m.

Enclosed is a participants list. When you arrive at the Eberhard Center, I will greet you at the lunch registration desk.

I look forward to meeting you and working with you. If you have any questions regarding this day, please call me at 791-9321.

Sincerely,

Sandra Salhaney Adams
Child Watch Coordinator

May 4, 1990

Ms. Nina Shapiro-Perl
Abernathy & Mitchell
1101 14th Street, N.W.
Suite 600
Washington, DC 20005

Dear Nina,

Enclosed please find the briefing materials for the Spring 1990 Child Watch Leadership Training Program, and a list of program participants. We are looking forward to seeing you on Wednesday morning, May 16 for our first session. As the training schedule indicates, we will all congregate at the Children's Defense Fund each morning. Transportation and meals during the training days are provided.

In preparation for our first meeting, please review the training schedule and read the sections "Children in Poverty" and "D.C. Children." Also familiarize yourself with the profiles of our first two sites, For Love of Children and Martha's Table. Please dress casually and comfortably for this first session, as it will include a walking tour of the Shaw neighborhood.

If you have not already done so, please send to us a resume or short biography for our files. If your plans should unexpectedly change and you find that you are unable to participate in this training session, please notify me immediately. Do not hesitate to call me or Olati Johnson at 628-8787 if you have any questions or concerns about the program. I am looking forward to meeting you and working with you.

Sincerely,

Sharon A. Ladin
Child Watch Coordinator

enclosures

CARING FOR KANSAS CITY'S MOTHERS AND INFANTS

AN URGENT NEED

Good health is essential to children's development and achievement. Every child needs health care that begins before birth with prenatal care and continues throughout childhood and adolescence with attention to preventive, acute and chronic health care needs. The failure to assure primary and preventive health care exacts a high human and fiscal toll. The short-term savings of not providing crucial health services to children and to all pregnant women are outweighed by the economic costs of a generation unable to achieve in school or in the workplace because of poor health.

Too many children in Metropolitan Kansas City* are not getting the health care they need. On many crucial measures of maternal and child health, the area compares poorly to other midwestern states and to many other cities with similarly poor, minority populations.

Infant Mortality. The most sensitive indicator of a population's health status, the infant mortality rate reveals the extent to which the Metropolitan Kansas City area fails to meet the needs of many mothers and children.

- In 1989, Metropolitan Kansas City's infant mortality rate was 10.4 infant deaths per 1,000 live births.

- During this same period, **W**yandotte County and Jackson County had higher infant mortality rates than both the Metropolitan area and their respective states.

- The counties within the Metropolitan Kansas City area (with the exception of Johnson County) will require extensive intervention to reduce their infant mortality rates in an effort to reach the national goal of no more than 7 infant deaths per 1,000 live births by the year 2000.

Low Birthweight. The most significant contributor to infant mortality is low birthweight. Low birthweight is defined as birthweight under 2500 grams or 5.5 pounds. While not all babies of normal birthweight are automatically healthy, and not all low birthweight babies are automatically at a disadvantage, the evidence shows that being born at low birthweight places a baby at greater risk. A low birthweight baby is more likely to

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*Metropolitan Kansas City includes Platte, Clay and Jackson Counties in Missouri, and Johnson and Wyandotte Counties in Kansas.

need costly special care (neonatal intensive care, intermediate or sick baby nursery). The lower the birthweight the higher the likelihood that the newborn will need high technology care.

- In 1989, 6.7 percent of Metropolitan Kansas City's births were low birthweight infants.

- Four of the five Metropolitan Kansas City area counties are above the national goal to reduce low birthweight to 5 percent of live births by the year 2000.

Prenatal Care. A primary reason so many infants are born at low birthweight is that their mothers receive inadequate or no prenatal care. Babies born to mothers who receive no prenatal care are three times more likely to be born at low birthweight and two and one-half times as likely to require expensive neonatal intensive care. In addition, prenatal care is cost-effective; according to the Institute of Medicine (National Academy of Sciences), every dollar invested in prenatal care saves $3.38 by reducing low birthweight and associated costs. Despite this, many women in the Metropolitan Kansas City area are failing to receive such care:

- Greater than 14 percent of pregnant women in the Metropolitan Kansas City area receive inadequate or no prenatal care.

- Metropolitan Kansas City area counties will need extensive intervention to reach the national goal of increasing to at least 90 percent the proportion of women who receive prenatal care in the first trimester.

Early, high-quality prenatal care, including attention to maternal nutrition, illness, smoking and alcohol or other drug use, psychological health, and other risk factors, is critical to improving pregnancy outcomes, especially low birthweight. While necessary for all pregnant women, prenatal care is especially important for women at increased medical or social risk. Maternal characteristics associated with receiving late or no prenatal care include low socioeconomic status, less than a high school education, or teenaged pregnancy. Women who are substance abusers also are less likely to get prenatal care.

BARRIERS TO CARE

Receiving prenatal care is one of the first steps to healthy beginnings, however women face barriers in receiving such care. Barriers to care can generally be placed into four

categories: financial barriers, service capacity barriers, organization of services barriers, and personal beliefs, attributes, and values barriers. Many low-income working families are ineligible for Medicaid yet have no access to employer-based insurance even if they are employed full-time. Even when a woman has Medicaid coverage, access may be limited. Many providers refuse to accept Medicaid-covered clients or limit the number of such clients. Transportation, hours of services, language and cultural barriers and the availability of child care may also present barriers to receiving needed care. Long waiting lists for specialized services such as substance abuse treatment exist in too many areas. Limited resources keep many pregnant women and children from receiving home visits, social services, health education and access to the WIC (Women, Infant and Children) nutrition program.

WHAT YOU CAN DO

- Educate local, state and national elected officials and candidates about the problems facing Kansas City's mothers and children.

- Volunteer to provide transportation to and from prenatal care clinics for pregnant women, or offer to provide free child care for women keeping prenatal care appointments.

- Submit articles to organizational or community newspapers, alerting readers to the maternal and child health care crisis in Kansas City.

- Encourage employers to provide affordable health insurance to all workers.

- Join the Kansas City Child Watch Program as a collaborator.

CHILDREN IN POVERTY

A NATIONAL OVERVIEW

As the United States enters the last decade of the 20th century, one of the most significant domestic crises facing the nation is the pervasive poverty that confronts young children (those under age six). This overview provides a national context from which to understand the problems faced by poor young children in D.C., the consequences of child poverty, and evaluate the approaches necessary to address them.

Childhood Poverty

Children are the poorest Americans, and young children are the poorest of all.

- Between 1969 and 1988, the number of children under age six grew by less than five percent (710,000), while the number of poor young children increased by over 52 percent (nearly two million).

- In 1988, America's more than five million poor young children comprised 40 percent of all poor children.

- In 1988 more than 22 percent of all young children were poor (about one in every five). More than one-third of children living in young families (those with a family head under age 30) were poor.

Many factors underlie this rapid increase in the proportion of young children who are poor.

- A major increase in the percentage of children born to young unmarried mothers, from 18.4 percent in 1970 to 24.5 percent in 1987 (a 33 percent increase).

- Declining job prospects and earnings for the one-half of all young adults (and soon-to-be young parents) who either leave high school prior to completion or else do not attain a higher education. Between 1973 and 1987, income for families headed by young adults fell by 12.4 percent. These young families are also the least likely to have private health insurance and the most likely to depend upon inadequately funded public health programs.

- Declining levels of financial support under the nation's major public assistance programs for the poor. The average state's AFDC (welfare) payment is only 46 pecent of the federal poverty level. Between 1970 and 1989, in real dollar terms, AFDC benefits fell 37 percent nationally and by as much as 50-60 percent in some states. In no state is

the current AFDC payment sufficient to permit families to meet both their housing and subsistence needs.

- o An ineffective child support enforcement system. Only 23.4 percent of total child support obligations in the United States were paid in 1988; and

- o A failure to undertake an aggressive and sustained effort to train, educate, and support young families (particularly young single mothers) as they confront the task of gaining economic independence.

American Children in the World

Deep poverty among the youngest children is strongly associated with the nation's poor international standing, compared to other nations, on key indicators of children's health and well-being. In 1988 the U.S. ranked:

- o 19th in the world in infant mortality;

- o 29th in the proportion of infants born at low birthweights;

- o 21st in mortality among children under age five; and

- o 15th in infant immunization rates against preventable disease (49th world wide when only immunization rates of non-white infants are considered).

In addition, the U.S. is not one of 20 nations that provides basic health care to all pregnant women and children, nor is it one of 17 industrialized nations that has a uniform parental leave program.

Vulnerable Children

In recent years, some particularly severe consequences of poverty have emerged, including the alarming increase in the number young children born with disabilities. Many of these children have significant emotional, physical, and neurological impairments which are not adequately addressed by available programs.

- o An estimated 375,000 substance-exposed births are now occurring in the U.S., but the nation has a critical shortage of treatment programs for drug-exposed pregnant women and their children.

- o The result of this lack of preventive and treatment services includes an explosion in the need for out-of-home care for infants and toddlers. By 1995, if current trends continue, nearly one million children will be in out-of-home care.

Inadequate Investment in Children's Programs

Only the most sustained combination of public and private efforts to aid both young children and their primarily young parents will avert the long-term impact which this crisis of prevalent child poverty will have. Programs for pregnant women, infants and young children are highly cost-effective, yet the private sector, the nation and states are barely responding to the explosion in young children's needs:

- Despite the fact that each dollar spent to provide prenatal care saves over three dollars, the nation's youngest mothers are the least likely to receive adequate prenatal care.

- In 1987, one quarter of all babies, and 50 percent of all black and non-white babies were born to women whose care could not be considered minimally adequate. All of the decline in the receipt of adequate care which has occurred in the U.S. since the mid-1970s has taken place among young mothers under age 30.

- Despite the fact that over 50 percent of young children have mothers in the work force, the nation is without a system of safe, affordable and high quality child care.

- Despite the fact that every one dollar invested in high quality preschool programs like Head Start saves six dollars in lowered costs for special education, grade retention, public assistance and crime later on, only 20 percent of all eligible children are able to receive Head Start benefits.

- Despite the fact that every dollar spent on the Supplemental Food Program for Women, Infants and Children (WIC) saves three dollars, the program serves less than half of all eligible women, infants and children.

- Despite the fact that each dollar spent to immunize children saves between $11.00 and $14.00, the proportion of American infants and toddlers adequately immunized against preventable diseases has significantly declined.

CHILDREN WITHOUT HOMES IN THE DISTRICT OF COLUMBIA

AN URGENT NEED

Children need to grow up in homes and in families; not in shelters, or in hospitals, or in institutions.

All children need to grow up in permanent, secure homes and communities which help foster a sense of belonging, confidence and success. They need to be free of abuse and neglect. Children need to grow up with strong mental and emotional health. Children with special physical, developmental or emotional needs require extra support.

Whenever possible, children's needs should be met in their own homes and by their own families. But all families need outside help to support and protect their children adequately. When friends, relatives, churches or other community institutions are not available, families must seek out public agencies for help.

WHO HAS RESPONSIBILITY FOR AT-RISK CHILDREN?

In Washington, D.C., the Child and Family Services Division of the Commission on Social Services in the Department of Human Services (DHS) is responsible for providing protective services, foster care, and adoptive services to more than 6,500 children and their families.

The District of Columbia Prevention of Child Abuse and Neglect Act of 1977 requires that DHS provide a range of services to the children and families in its care. These are to include counseling, support, and referral to eliminate the need to remove children from their homes, and case plans and periodic reviews for children in foster care, as well as services to reunify the family, or, if this is not possible, to ensure prompt adoption.

WHAT'S WRONG WITH THE SYSTEM?

The current system responds only to families in crisis with no capacity to provide family supports before crises arise or intensify and placement in out-of-home care becomes necessary. Preventive services can frequently be offered as a cost far below that required for out-of-home care. Even costs for intensive home-based services only range from $2,600 to $4,000 per family, far below the per child costs of foster family homes at $5,000 to $9,500, group homes at $28,000 per year and residential treatment programs that can run as high as $60,000 annually. Once in out-of-home care, children are often placed inappropriately and

denied the services they need.

- The District of Columbia experienced a 19 percent increase in the number of children reported abused or neglected between 1988 and 1989, with almost all of the increase in neglect reports. The number of children entering out-of-home care increased approximately 50% during that same period.

- Boarder babies (many born to drug-exposed mothers), spend months in sterile hospital environments long after they are medically ready for discharge, because alternative family settings are not provided.

- Foster family homes are in short supply. As of April 1989, approximately 50% of DHS's foster homes had one child more than they were licensed for; 30% had two children too many; and the remaining 20% had three or more children too many.

- Foster parents are denied the supports they need to care for the increasing numbers of children with special physical, mental and emotional needs. Increased training, supports and compensation, as well as respite care for foster parents are critically needed. In D.C., the monthly payment for a healthy child under 12 is just $307, yet the U.S. Department of Agriculture reported in 1988 that the cost of raising an urban child in the South was $455 a month.

- Children continue to be placed in distant states, cutting them off from family contacts and agency review. Approximately 300 children, 90 percent of whom have been diagnosed as severely emotionally disturbed, were in out-of-state mental health treatment centers in 1987 at a cost of over $23 million to the city. For that same $23 million, 800 children could be provided with mental health day clinic services and therapeutic foster care.

- Children in foster care do not receive the services they need to be reunified with their families, nor are they placed with adoptive families when appropriate. They remain in care for an average of **4.8 years**, far in excess of the national median stay in foster care which is 17 months.

- Current severe shortages of trained staff jeopardize the care children and families receive. About half of the Division's social work positions are vacant, resulting in average case loads of 61 families (including 136 children) per worker. (The Child Welfare League of America's standards recommend caseloads of 17 families per worker.)

WHAT SHOULD BE DONE TO IMPROVE THE SYSTEM?

A comprehensive child-serving system must be built. It must begin with preventive services to build resilience and strengthen family functioning, continue through intensive crisis intervention that seeks to preserve the family unit, and include a variety of options for caring for children in appropriate out-of-home care when that becomes necessary.

As initial steps toward improving the system, the District government must immediately: 1) develop a cadre of therapeutic foster homes to care for the many children with special needs who require out-of-home care, and 2) hire additional social workers to reduce caseloads, and provide those workers with the training and supports necessary to appropriately respond to families in crisis.

While some policy makers and others have raised the possibility of "a return to orphanages" to address the current gap between children's needs and available resources, such talk is dangerous to the best interests of children. These facilities seldom offer the specialized treatment, individual attention, and continuity of care that are so critical to a child's development.

WHAT YOU CAN DO

Support from individuals and community groups -- along with the reform of government policies -- is critical to helping families and children in crisis:

- Become a mentor for an individual child in out-of-home care to provide tutoring, friendship or enrichment activities;
- Work through community groups to recruit and support foster families;
- Volunteer to work for agencies that provide services to children in foster care or children in crisis, such as For Love of Children (FLOC), Sasha Bruce/Youthworks, Martha's Table, and Grandma's House, or regularly visit with infants and toddlers in residence at local hospitals or emergency facilities like St. Ann's Home;
- Use your own professional skills (writing, accounting, legal, administrative, etc.) to assist an agency serving these children;
- Work with others to establish a visitors center where children in out-of-home care can be brought to visit with their parents; or
- Ask D.C. public officials to ensure that all vacant

social work positions in the Department of Human Services' Child and Family Services Division are filled and to increase training and compensation for foster parents.

CDF's Child Watch Leadership Training staff is available to assist you in becoming an active participant in any of these activities (or others that may interest you).

NATIONAL AND STATE DATA ON MATERNAL AND INFANT HEALTH

Prenatal Care

- National goal: To increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.

- During the 1970's the proportion of mothers receiving late or no prenatal care improved by 3.5 percent every year. In contrast, the figure worsened by 2.5 percent annually during the 1980's.

- In 1988, nearly 25 percent of all U.S. infants were born to mothers who did not receive prenatal care early in pregnancy.

- Approximately one out of every four pregnant women is uninsured for prenatal or maternity care.

- In 1989 in Missouri, 17.6% of all pregnant women did not receive adequate prenatal care.

Low-Birth Weight Babies

- National goal: Reduce low birth weight of 5.5 pounds to an incidence of 5 percent of live births by the year 2000.

- In the U.S. in 1988, 6.9 percent of babies were born at low birth weight. Twenty-five countries, including Bulgaria, Jordan, and Czechoslovakia, did better. By 1989, the U.S. percentage had risen to 7.0 percent.

- African-American babies made up 18 percent of the babies born in 1989; they were 33 percent of the low birth weight babies in that year.

- During the 1980's in the U.S., more than 2.5 million children were born at-risk by virtue of weighing less than 5.5 pounds at birth.

- In Kansas, 6.1 percent of babies were born at low birth weight in 1989, up from 5.8 percent in 1980.

- In Missouri, 6.9 percent of babies were born at low birth weight in 1989, up from 6.6 percent in 1980.

DISTRICT OF COLUMBIA CHILDREN AT A GLANCE

DEMOGRAPHICS

- There are approximately 138,000 children under 18 living in the District, accounting for 22.4 percent of the total population (1988).
- It is estimated that 76 percent of the city's child population is black, 15 percent is white, non-Hispanic, and 8 percent is Hispanic (1986).

FAMILY INCOME

Child Poverty

- In 1985, approximately 31.3 percent of D.C. children were living in poverty (income of $9,700 a year for a family of three). The national average was 20.9 percent.
- The percentage of D.C. children living in poverty increased 15.9 percent between 1980 and 1985.
- In 1989, the maximum monthly AFDC (Aid to Families with Dependent Children) payment for a family of three was $409, but the average rent for 2-bedroom housing in D.C. was $695.

Child Support Enforcement

- The District of Columbia ranks 48th among states in child support enforcement. In 1988, only 6.2 percent of child support enforcement cases had at least one payment compared with the national average of 16.8 percent.

HEALTH

Infant Mortality

- D.C.'s infant mortality rate in 1987 was higher than that of any state and the second highest among the 22 largest cities.
- In 1987, 197 D.C. babies died before reaching their first birthday. This represents an infant mortality rate of 19.3 deaths per 1000 live births, nearly twice the national average of 10.1.
- The D.C. infant mortality rate for blacks in 1987 was 22.8 deaths per 1000 live births, compared with the national average rate of 17.9 deaths per 1000 live births.

Prenatal Care

- Only one state ranks lower than the District of Columbia in the percent of babies born to mothers receiving early (first trimester) prenatal care. Only 60.5 percent of District women received prenatal care in these critical first months, compared with 76.0 percent nationally (1987).

- Only two states rank lower than the District of Columbia in the percent of babies born to mothers receiving late or no prenatal care. The percentage of babies born to District women receiving late or no care increased from 7.1 percent in 1980 to 10.8 percent in 1987. The national average for 1987 was 6.1 percent.

- Only half of all D.C. infants in 1987 were born to mothers who received adequate prenatal care (beginning in the first three months of pregnancy and receiving more than 9 visits for a full-term infant). This is compared with 68.4 percent nationally.

Low Birthweight

- In 1987, D.C. ranked worse than any state and 24th among the 25 largest cities in the percent of babies born at low birthweight (under 2500 grams or 5.5 pounds). In that year, 13.5 percent of D.C. babies were born at low birthweight, nearly double the national average.

- 16.1 percent of black babies in D.C. were born at low birthweight, the highest rate for blacks in any major city.

Births to Unmarried Women

- In 1987, 59.7 percent of all infants in D.C. were born to unmarried women; this is more than double the national average of 24.5 percent.

Teen Births

- 16.3 percent of all D.C. births in 1987 were to teenagers, compared with the national average of 12.4 percent.

- One in five teenage girls in D.C. becomes pregnant every year, nearly twice the national average.

HIV/AIDS

- The total cumulative number of pediatric (children under 13) AIDS cases in Washington, D.C., through March 1990, is 29.

- The total cumulative number of pediatric AIDS cases in the Washington, D.C. metropolitan area, through March 1990, is 53.

- Only five metropolitan areas (Los Angeles, Miami, New York, Newark, San Juan) in the nation have experienced more cases of pediatric AIDS than the Washington, D.C. metropolitan area.

HOMELESSNESS AND HOUSING

- On a given night over 800 children are in the District of Columbia's homeless shelter system. (385 families)

- 12,000 people are currently on the waiting list for TAP (Tenant Assistance Program) subsidies, which help low-income families afford rental housing.

EDUCATION

- Only three states spent more per pupil than the District of Columbia in 1985-86, but no state had a lower graduation rate in 1987.

- Only 55.5 percent of D.C. ninth graders graduate four years later. (1987).

YOUTH EMPLOYMENT

- In 1988, 20.0 percent of D.C. youth ages 16-19 were unemployed. The national average is 15.3 percent.

CHILD WELFARE

Foster Care System

- Between 1988 and 1989, D.C. experienced a 19 percent increase in the number of children reported abused or neglected, with almost all of the increase in neglect reports.

- The average time a D.C. child spends in foster care is 4.8 years compared to the national average of 17 months. (1989)

- Although it is recommended that a social worker's caseload not exceed 17 families, a social worker in D.C. has an average caseload of about 61 families. (1989)

Total juvenile arrests (under age 18)

- In 1986 there were 3,944 juvenile arrests; in 1988 there were 6,627 juvenile arrests. This represents a 56 percent

increase.
(Note: This increase is partly attributable to modified juvenile arrest reporting procedures. Prior to 1987, juvenile arrest numbers excluded youth who were taken into custody, but not formally charged with a crime or referred to court New reporting procedures now include all juveniles taken into custody by police. It is also suggested that the rise in juvenile arrests is due in part to increased juvenile involvement in the District's illicit drug trade, weapons offenses and auto theft.)

- Juvenile drug arrests rose from 635 in 1984 to 1,913 in 1988. In 1988, eighty-seven percent of these drug arrests were for sales. In 1984 approximately 29 percent of juvenile drug arrests

- The number of juveniles arrested for homicide more than doubled from 1988 to 1989: in 1988 there were 26 juvenile arrests for homicide and in 1989 there were 63 such arrests.

Juvenile Incarceration

- In 1987, D.C. had an incarceration rate of 991 incarcerations per 100,000 juveniles ages 10 to 18. This is almost triple the national incarceration rate of 353 incarcerations per 100,000 juveniles.

Mental Health

- Approximately 300 children (90% of whom have been diagnosed as Severely Emotionally Disturbed) are in out of state residential mental health treatment centers. This is at a cost of $23 million to the city. (1987)

Runaway and Homeless Youth

- It is estimated that there were a minimum of 2,380 runaway and homeless youth in D.C. in 1984.

Fall 1990 Child Watch Training Program

The intensity of the Child Watch program requires you to digest large amounts of complex information. The Child Watch staff has compiled briefing papers and articles which will provide you with necessary background information on each of the issue areas addressed in the course of the program.

The following is a suggested schedule of reading assignments. All articles and papers refered to are included in this training manual.

Wednesday, October 17, 1990

Review: Training Schedule
"District of Columbia Children At A Glance" in D.C. Children Section

Read: Children in Poverty Section
Budget Process Section
"A Child is a Terrible Thing to Waste" in D.C. Children Section
Site Profiles: Martha's Table
Latin American Youth Center

Optional: Visit the "Shooting Back" exhibit at the Washington Project for the Arts, photography by and about the homeless.

Wednesday, October 24 1990

Read: Child Care Section
Education Section
Site Profiles: Calvary Bilingual Multicultural Learning Cente
Edward C. Mazique Parent Child Center
Bell Multicultural High School
Eastern Branch Boys and Girls Club

Wednesday, October 31, 1990

Read: Health Care Section
Site Profiles: The Family Place
Mary's Center for Maternal and Child Care
Comprehensive Health Care Program

Wednesday, November 7, 1990

Read: Child Welfare Section (focus on ACLU suit excerpt)
Mental Health Section
Site Profiles: D.C. General Hospital
Greater Southeast Community Hospital
Grandma's House
For Love of Children

Wednesday, November 14, 1990

Read: Housing and Homelessness Section (focus on "Is This Any Way to Help Homeless Families?")
Site Profiles: Sursum Corda
Jubilee Housing, Inc.

SAMPLE CHILD WATCH PRESS ADVISORY

Every 27 minutes in Anystate, an infant is born into poverty. Every 12 hours, an infant dies. And every 108 minutes, an infant is born to small to be healthy. The United States ranks behind 18 other nations in keeping its babies alive, including Japan, Australia, and what used to be East Germany. The infant death rate would be much higher were it not for highly sophisticated, expensive hospital technology. But even the newest technology, at a cost of nearly $1,500 per day, cannot compensate for inadequate prenatal care that is closely associated with such lifelong disabilities as mental retardation, cerebral palsy, spina bifida, and vision and hearing problems.

On May 15, a group of ten corporate leaders will visit a neonatal intensive care unit to see the faces of real children behind the statistics. Bob Smith of Smith Manufacturing and Susan Jones of Jones Products will lead these CEOs through the Child Watch Visitation Program to learn firsthand about the consequences of inadequate prenatal care. The visit will be followed by a briefing by hospital and state health officials.

WHAT: Visit to Neonatal Intensive Care Unit
Anyville General Hospital
601 East 15th Street, Main Lobby

and

Briefing by hospital and state health officials on the status of children in Anyville

WHO: Bob Smith, CEO, Smith Manufacturing
Susan Jones, CEO, Jones Products
Other local corporate leaders

WHEN: Hospital Visit: 1:30 PM Friday, May 15th
Health Briefing: 2:00 PM Friday, May 15th

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THE REALITY OF CHILD POVERTY IN AMERICA

Shamal died in New York City. He was eight months old. Cause of death was poverty complicated by low birthweight, poor nutrition, homelessness, and viral infection. During his short life he never slept in an apartment or house; his family was always homeless — he had been in shelters, hospitals, hotels, and the welfare office. He and his mother sometimes rode the subway late at night. Robert Hayes of New York's Coalition for the Homeless said Shamal died because the infant didn't have the strength to resist the "system's abuse."

Baby C was born prematurely with lung disease. His parents lived in a car. His mother received no prenatal care and inadequate nutrition. The family lived on handouts from neighbors and hospital staff. Baby C died at seven months of age in a Michigan hospital. Five days later his mother gave birth prematurely in the car to another baby, who was delivered stillborn. The state paid for a double funeral.

Sally F. and her husband have been separated from their three children for more than three months because they cannot find a place to live. After they lost their apartment because they could not afford the rent increase, the family lived in their car until the weather turned cold. Then, in desperation, the father secretly sheltered his children during the night at the warehouse where he works — stopping when he feared that he would lose his job if discovered. Without a place to live, the parents finally put their children in the temporary care of the state welfare division, which placed them in separate foster homes. The children, still apart, are having increasing problems in school, and their parents have been unable to find an affordable apartment that will accept them and their children. The end of a family life, due to poverty.

Produced by the Children's Defense Fund, 1991.

CHILDREN'S DEFENSE FUND

Cut Out and Use Copies for Your Child Watch Program

ONE DAY IN THE LIVES OF AMERICA'S CHILDREN

17,051	women get pregnant.
2,795	of them are teenagers.
1,106	teenagers have abortions.
372	teenagers miscarry.
1,295	teenagers give birth
689	babies are born to women who have had inadequate prenatal care.
719	babies are born at low birthweight (less than 5 pounds, 8 ounces).
129	babies are born at very low birthweight (less than 3 pounds, 8 ounces).
67	babies die before one month of life.
105	babies die before their first birthday.
27	children die from poverty.
3	children die from child abuse.
10	children die from guns.
30	children are wounded by guns.
6	teenagers commit suicide.
135,000	children bring guns to school.
7,742	teens become sexually active.
623	teenagers get syphilis or gonorrhea.
211	children are arrested for drug offenses.
437	children are arrested for drinking or drunken driving.
1,512	teenagers drop out of school.
1,849	children are abused or neglected.
3,288	children run away from home.
1,629	children are in adult jails.
2,556	children are born to unmarried women.
2,989	see their parents divorced.
34,285	people lose jobs.
100,000	children are homeless.

Produced by the Children's Defense Fund, 1991.

CHILDREN'S DEFENSE FUND

Cut Out and Use Copies for Your Child Watch Program

U.S. CHILDREN IN THE WORLD

The majority of Americans cling to the notion that children growing up in America are the luckiest and most blessed children in the world. They simply refuse to believe that our wealthy nation is not competitive with other industrialized nations in caring for its children and preparing for its future. The truth is that the United States ranks among the highest nations in the world in per capita gross national product, but does not rank even in the top 10 in any of these measures that are crucial to children's health and well-being.

- American one-year-olds have lower immunization rates against polio than one-year-olds in 14 other countries. Polio immunization rates for nonwhite babies in the United States rank behind the overall rates of 48 countries, including Botswana, Sri Lanka, Albania, Colombia, and Jamaica.
- America's 1987 overall infant mortality rate lagged behind 18 other nations. Our nonwhite infant mortality rate ranked thirtieth compared with other countries' overall rates. A black child born in inner-city Boston has less chance of surviving the first year than a child born in Panama, North or South Korea, or Uruguay.
- In a study of eight industrialized nations (the United States, Switzerland, Sweden, Norway, West Germany, Canada, England, and Australia), America had the highest child poverty rate. Children are the poorest Americans.
- America has the highest teen birth rates among six industrialized nations studied (including France, England and Wales, Canada, the Netherlands, and Sweden).
- America and South Africa are the only industrialized nations that fail to provide universal health coverage, child care, and parental leave for their children and parents.
- America invests a smaller portion of its gross national product (GNP) in child health than 18 other industrialized countries. It invests a smaller proportion of its gross domestic product in education than 13 other industrialized countries.

Produced by the Children's Defense Fund, 1991.

CHILDREN'S DEFENSE FUND

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CHILDREN AND THE BUDGET

The budget deficit is the most frequently heard political excuse for neglecting children. Our response is five-fold:

1. Children did not cause the deficit and hurting them more will not cure it.

2. Children and their families have sacrificed proportionately more than any other group — as much as $10 billion per year in the early 1980s in a deficit reduction war in which neither the Pentagon, the rich, nor corporate America were enlisted.

3. Investing in children now saves money later — to fail to prevent sickness, malnutrition, and early childhood deprivation is to perpetuate the very dependency cycle and high remediation costs so many currently decry.

4. Investing in children is feasible and increases our chances of success before problems get serious; we know how to do it and how to achieve positive results for relatively modest investments.

5. Children are dying unnecessarily right now from poverty — one every 53 minutes in America, one every two seconds in the world. How can we dare not to save them if we believe God exists?

Produced by the Children's Defense Fund, 1991.

CHILDREN'S DEFENSE FUND

Cut Out and Use Copies for Your Child Watch Program

CAN YOU BEAR THE BUDGET?

BELOW ARE THREE SAMPLE SCENARIOS GIVEN TO WASHINGTON, DC CHILD WATCH PARTICIPANTS WITH THE CLASSIFIED HOUSING SECTION OF THE NEWSPAPER.

You are the two parents of two young children, ages 3 and 6. You both work full-time, 9:00 - 6:00 in minimum wage jobs. Together, you earn $340 a week, about $1,475 a month. Less taxes, your take-home monthly salary is $1,180 and your annual take-home pay is $14,144. Neither of your employers provide health insurance.

You are the single parent of two young children, ages 3 and 6. You work full-time, 9:00 - 6:00 in a minimum wage job. You earn $170 a week, or about $700 a month. Minus taxes, your monthly income is $560, and your annual net income is $6,720. The federal poverty line for a family of three is $10,560. Your employer does not provide health insurance.

You are the single parent of two young children, ages 3 and 6. You recently lost your job. You are at the bottom of a waiting list for public housing that is 14,000 people long. Your only income is your AFDC payment of $409 a month (recently reduced by City Council from $428) and your Food Stamp allotment of $230 a month. You have no private health insurance, but you are covered by Medicaid.

Using the resources with which we have provided you, devise a budget for your family taking into consideration your income. Remember to account for these expenses:

- Rent
- Food
- Clothing
- Transportation
- Day Care
- Health Care
- School Supplies

You also may want to allow for these "non-essential" expenses:

- Toys
- Books
- Entertainment
- Furniture
- Household items (sheets, towels, toiletries, etc.)
- Savings

If you cannot make ends meet given your income, think about the types of resources available in the city that could help you.

CHILD WATCH III, SITE EVALUATION FORM

Date of Visit:_____

Name of Agency:_____

Name of Program (if different):_____

Address of Program:_____

_____

Contact Person:_____Phone Number:_____

Purpose of Agency:_____

_____

_____

_____

When it Began:_____

Short History: _____

_____

_____

_____

Description of Population:_____

_____

_____

_____

Description of Programs:_____

_____

_____

_____

_____

_____

How Many Children Served Per Year: _____ Capacity: _____

Per Day: _____ Capacity: _____ Ages Served: _____

Hours and Days of Operation: _____

Full-time Staff: _____

_____

Part-time Staff: _____

Number of Volunteers Used: _____

What Work do Volunteers Perform: _____

_____

_____

_____

Role of the Board: _____

_____

_____

_____

Number of Members: _____ Board Chair: _____

Primary Sources of Funding: _____

_____

_____

_____

Fee Scale: _____

Annual Budget: _____ Current Deficit: _____

Is Space Owned, Leased, Donated: _____

What do you need to better serve your clients? (e.g. funding, staff, regulation changes, etc.):

_____

_____

_____

What policy changes (local or federal) would best address the needs of the population you serve?: _____

_____

_____

_____

_____

Maximum Number of Trainees Allowed: _____

Best Days and Times for Visits: _____

Comments:

MARICOPA MEDICAL CENTER
1991 PERINATAL FACT SHEET

TOTAL DELIVERIES
4,449
CHALLENGES/OPPORTUNITIES BY UNIT

LABOR & DELIVERY:

	Percentage
✔ Hispanic Population	67%
✔ Monolingual Hispanics	35%
✔ No Prenatal Care	8-10%
✔ Teen Pregnancy (<=18 Yrs)	16%

NEONATAL INTENSIVE CARE (NICU)

✔ Most common cause of need for NICU	Prematurity
✔ Neonatal Intensive Care Required	10-12% of Deliveries
✔ No Medical Insurance	45%
✔ Payor Source at Discharge	98%
✔ Average Length of Stay	18 Days
✔ Average Cost of Stay	$25,000

INFANTS EXPOSED TO DRUGS SPECIAL CARE NURSERY

✔ Infants with Positive Drug Screen	260	
Percentage	6% of Deliveries	
✔ BREAKDOWN:	Percent	Total Infants
Cocaine	60%	156
Methadone	20%	52
Heroin	10%	26
Amphetamines	10%	26

More and more often, prematurity is related to cocaine or crack use during pregnancy. Incidence is not yet known.

tgob1991hg

The Maricopa Medical Center is a 555-bed, acute-care, teaching hospital which provides inpatient and outpatient specialty services and emergency services.

The medical center provides care for the most severely injured and ill patients through its Level I Trauma Center, Regional Burn Center and perinatology/neonatology service.

Psychiatric crisis and evaluation services are provided in a 92-bed mental-health facility located on the campus of the medical center.

The medical center operates five intensive-care units: medical, surgical, burn, pediatric and neonatal intensive care. Inpatient clinic services include surgery, internal medicine, pediatrics, obstetrics and gynecology, and psychiatry.

The clinical services are supported in patient care by the pharmacy; pathological/clinical laboratory; radiology and diagnostic imaging; clinical dietetics; physical, occupational and speech therapy; respiratory therapy; cardiology, pulmonary, and neurophysiology labs. Support services include medical records, social services, housekeeping, laundry, security, volunteer services, plant service, transportation and the medical library.

CHILD WATCH

SITE VISIT: Truman Medical Center West (TMC)
2301 Holmes Street
Kansas City, MO 64108
(816) 556-3000

CONTACT: Suzanne Meyer, Director of Social Work

DESCRIPTION OF SITE: This 308 bed hospital provides quality medical care to patients without regard to ability to pay as the public hospital system for Kansas City and Jackson County, Missouri.

DESCRIPTION OF PROGRAMS: Nursery/Neonatal Intensive Care Unit

2800 births in 1991 (approximately 15% of the babies born in the metropolitan area). Of these, 448 (16%) were born at low birth weight (5.5 lbs. or less). Between 14-15% of the total births were pre-term babies.

450 babies needed care in the Neonatal Intensive Care Unit at TMC, and 100 were transferred to Children's Mercy Hospital.

Nine (9) percent of the mothers had no prenatal care; 35 percent had inadequate prenatal care. By the time of delivery, 30% have developed pregnancy-related complications. Approximately 40% were uninsured. Fifty-five (55) percent of the total mothers qualified for Medicaid.

Nationally in 1991, 8% of all mothers and 6% of mothers delivering at suburban hospitals were identified as substance abusers. At TMC during the same period, over 500 mothers or 18-20% who delivered were substance abusers (12% were cocaine users).

Prenatal Care

TMC offers prenatal care, including the Adolescent Resource Corporation's (ARC) adolescent prenatal clinic, a mother-baby clinic, prenatal labor monitoring and KC Prevention/Assistance/Coping Skills/Teaching (PACT), which provides services for drug-dependent women who are pregnant.

CHILD WATCH

SITE VISIT: The Children's Mercy Hospital
2401 Gillham Road
Kansas City, MO 64108
(816) 234-3000

CONTACT: Alice Kitchen, Director of Social Work and Community Services

DESCRIPTION OF SITE: Founded in 1897 to care for children in need of care without resources or family, Children's Mercy (CMH) is a private urban hospital which provides primary pediatric care, including indigent patients, for the two-state, 70-county region encircling the metropolitan Kansas City area. The total hospital budget is over $100 million. Serving children facing major trauma, abuse, and critical care needs, CMH had over 155,000 outpatient visits and 6,700 inpatient stays in 1991. Ten percent of the families served have no health care resources, 41% are on publicly funded Medicaid/Medicare programs, and 49% have commercial or military health coverage.

DESCRIPTION OF PROGRAMS:

Neonatal Intensive Care Unit (NICU)

The NICU patients suffer from major medical complications. Over 550 regional admissions were made during the past year. Of those, approximately one-third were for surgery due to congenital anomalies (up 40% in the last year), one-third for high-tech services available, and one-third due to pre-term delivery complications.

Follow-Up Clinic

The follow-up clinic provides support for both routine well-baby care and special needs children at risk due to pre-term delivery, lung disease, pre-delivery drug exposure, heart/lung complications, and a variety of birth defects.

Emergency Room (ER)

The ER at CMH provided treatment to children over 60,000 times in 1991. CMH's ER has more visits than any other hospital in the Kansas City metropolitan area and per capita is the busiest ER in the country. A majority of these visits are for primary care of indigent persons who either do not have health care coverage and/or access to such during non-traditional hours.

CHILD WATCH TRAINING

SITE: Marshall Heights Community Development Org.
3917 Minnesota Avenue, N.E.
Washington, D.C. 20019
(202) 396-1200

CONTACT: Lloyd Smith
Executive Director

DESCRIPTION OF SITE: MHCDO is a non-profit community-based corporation founded in 1980 to stimulate economic development in Ward 7 though housing development, business development, commercial development and job training.

DESCRIPTION OF PROGRAMS: MHCDO has a variety of economic development programs designed to revitalize and develop the Ward 7 community. MHCDO renovates low-income housing, builds houses for low- and moderate-income buyers, and encourages commercial development through its for-profit subsidiaries. Funds from for-profit developments are reinvested into the Ward 7 community.

MHCDO offers housing counseling for residents and processes loans which offer homeownership opportunities for low- and moderate-income residents.

Business Incubator - Provides below market rate space, loans and financial counseling for start-up businesses.

Social Service Program - Provides crisis intervention, employment training, housing assistance, and educational assistance.

Partnership with Richardson Elementary - MHCDO sponsors recreational and cultural activities, and provides mentors, funding and other support to the school.

MHCDO recently received a grant from the Robert Wood Johnson Foundation to plan a comprehensive drug and alcohol prevention, reduction and treatment program over the next year. The goal is to reduce the demand for drugs and alcohol in targeted neighborhoods through citizen task-forces, case management services, and public and school-based education.

MARSHALL HEIGHTS TOUR

DESCRIPTION OF TOUR:

1. East River Park Shopping Center - A 143,000 square foot retail complex developed by a for-profit subsidiary of MHCDO. Renovated in 1988, the businesses provide jobs and services to the community.

2. Kenilworth Industrial Park and Business Incubator - Project will eventually produce 300,000 square feet of industrial space, as well as below market rate space for fledgling businesses.

3. Deanwood Station Townhouses - Site of MHCDO's first new housing construction project.

4. Dix Street - Townhouses renovated for low- to moderate-income buyers.

5. Nannie Burroughs Professional Building - Future site of a three-story office building which will house the Ward 7 office of the Department of Human Services Income Maintenance Unit. The remainder of the building will house an emergency care center and private medical suites.

6. Deanwood Gardens - Vacant piece of land, the future site of single-family homes.

7. Social Service Center, 5929 East Capitol Street - Provides crisis intervention counseling; job counseling, job training opportunities and placement; literacy workshops, tutorials, and referrals for educational opportunities; and, housing assistance to avoid or minimize eviction or foreclosures.

8. Magnolia Gardens Co-op - A low- and moderate-income housing cooperative.

9. Drake Place - Single family homes built by the Citizens Housing Development Corporation a for-profit subsidiary of the MHCDO.

10. Eastgate Public Housing Complex - D.C. Government-run low-income rental housing complex with 230 family units.

CHILD WATCH TRAINING

SITE VISIT:

Greater Southeast Community Hospital
1310 Southern Avenue, S.E.
Washington, DC 20032
(202) 574-6076

CONTACT:

Michelle LeSane
Director, Community Relations

DESCRIPTION OF SITE:

This 450 bed hospital serves an area which over the past 20 years has evolved from a largely middle-class commuter neighborhood to an urban area populated primarily by the poor.

DESCRIPTION OF PROGRAMS:

Nursery -- 2,300 births in 1989, 12-15 percent of which were prenatally exposed to drugs (P.E.D.). Many of these babies are born prematurely and at low-birthweight.

Babies are hospitalized five to seven days if they are born at normal birthweight but are high-risk for another reason (for example, a drug-abusing mother).

In 50 percent of all deliveries, mothers come to Greater Southeast having no regular physician and with no prenatal care records.

Physicians report a large increase in the special nursery population over the last few years.

Boarder Babies -- These children, abandoned at birth at the hospital, are integrated into the pediatric ward and kept at the hospital even after they are no longer in need of medical care at a cost of $460 a day and over $150,000 a year.

The average stay for these babies is eight months, and at its peak, there were thirteen of these children at this hospital. Nursing staff reports that these children may suffer from infantile depression as a result of the lack of a primary caregiver, and that they are often slower at being mobile.

Visions of Arizona's Children – Schedule
March 19, 1992

7:15am **Meet at Children's Action Alliance**
early briefing
coffee & rolls

I. **Depart for Longview School Headstart Program**
discussion of at-risk preschool/ Head Start

II. **Depart for Maricopa Medical Center**
briefing by hospital staff
visit neonatal intensive care unit and term 2 nursery babies

III. **Return to Children's Action Alliance**
early lunch and discussion

11:30 program ends

Children's Action Alliance, 4001 North 3rd Street, Suite 160, Phoenix, Arizona 85012 (602) 266-0707 Fax (602) 263-8792

FALL 1990 CHILD WATCH TRAINING

Wednesday, October 17

8:30 -- Welcome to program
Sharon Ladin, Child Watch Coordinator
Olati Johnson, Program Assistant
Introduction of CDF staff and Child Watch participants

9:15 -- Overview of poverty in the District of Columbia
Elaine Johnson, Director of Local Demonstration Projects Division
Cliff Johnson, Director of Family Supports Division

10:00 -- Viewing of "Throwaway People" Videotape -- Profile of the Shaw neighborhood

11:00 -- Board bus. Leave for Shaw Walking Tour.

11:15 -- Walking tour of Shaw conducted by Rod Green, Assistant for Development at the Community of Hope

12:00 -- Martha's Table. Assist in food preparation and eat lunch. Presentation by Pam Selden, Director of Children's Programs.

1:00 -- Board Bus. Leave for Latin American Youth Center.

1:15 -- Latin American Youth Center. Tour and presentation by Executive Director Lori Kaplan.

2:15 -- Board bus. Return to CDF offices.

2:30 -- Discussion of first day's visits with Sharon Ladin, Olati Johnson and Alan Chambers, Director of Leadership and Project Development Department. Preview of Week Two visits.

Wednesday, October 24, 1990

8:15 -- Educational Programs for At-Risk Children and Youth.
Gina Adams, Senior Program Specialiist in the Family Supports Division
Delia Pompa, Director of Education Division

9:15 -- Board buses for child care centers

9:45 -- Group One:
BiLingual MultiCultural Learning Center. Tour and presentation by Director Beatriz Otero.

Group Two:
Edward Mazique Parent Child Center. Tour and Presentation by Executive Director Ruth Rucker.

11:00 -- Board buses for Boys and Girls Club

11:30 -- Eastern Branch Boys and Girls Club. Tour and Briefing by Susan Rosenbaum, Director of Marketing and Development. Lunch prepared by Project Uplift program participants. Discussion with Project Uplift staff William Jameson and Patricia Westroy and students.

1:00 -- Board buses for Bell Multicultural High School

1:15 -- Bell Multicultural High School. Tour and briefing by Principal Maria Tukeva.

2:30 -- Wrap-up at CDF. How to utilize your group's networks.
Amy Wilkins, Field Organizer
Kathy Guy, Religious Affairs Coordinator

Wednesday, October 31, 1990

8:30 -- Introduction to Health Care in D.C.
Kay Johnson, Director of the Health Division

9:30 -- Viewing of "48 Hours" videotape "Babies at Risk"

10:30 -- Board bus for The Family Place

10:45 -- The Family Place. Tour and briefing by Program Director Maria Elena Orrego. Joined by Mary's Center Executive Director Maria Gomez.

12:00 -- Board bus for Compcare Clinic

12:15 -- Children's Hospital Comprehensive Health Care Program. Lunch and briefing by Clinic Director Sondra Coles-Bell and other clinic staff.

1:30 Board bus. Return to CDF.

1:45 -- Debrief on health issues with Kay Johnson.

2:15 -- Discussion with Sharon, Olati and Alan. What can we do to help? What have we seen over the last two weeks? How do these issues and programs tie together? What should we be looking for over the next few weeks?

Wednesday, November 7, 1990

8:30 -- Introduction to Child Welfare in D.C.
MaryLee Allen, Director of Child Welfare Division

9:45 -- Board Buses for hospital visits

10:00 -- Group One:
D.C. General Hospital. Boarder Baby and Neonatal Intensive Care Units. Tour and briefing by Director of Media Relations, Ann Chisholm and Chief of Pediatrics Stanley Sinkford.

Group Two:
Greater Southeast Community Hospital. Pediatric and Neonatal Intensive Care Units. Tour and briefing by Director of Community Relations, Michelle LeSane.

11:30 -- Board buses for Grandma's House

11:45 -- Group One: Grandma's House I
Group Two: Grandma's House II
Briefing by Executive Director Joan McCarley

1:00 -- Board buses for CDF.

1:15 -- Lunch at CDF with presentations by Fred Taylor, Executive Director of For Love of Children (FLOC), and FLOC foster parents.

2:45 -- Wrap-up on Child Welfare with MaryLee Allen. Discussion about optimal use of organizational resources.

Wednesday, November 14, 1990

8:30 -- Housing and Homelessness in the District of Columbia.
Lisa Mihaly, Program Associate in Child Welfare

9:45 -- Board bus for Sursum Corda

10:00 -- Meeting with resident board and tenant leaders at Sursum Corda.

11:45 -- Board bus for Jubilee Housing

12:00 -- Festival Center. Lunch with Bob Boulter, Vice President of Jubilee Housing.

1:15 -- Tour of Jubilee Community with Resident Manager Sheila Royster.

2:15 -- Board bus for CDF.

2:30 -- Wrap-up of housing and homelessness. Final discussion with Sharon, Olati, Alan and Elaine about how the pieces fit together. What can, and will, your organization do to help.

CHILD WATCH LEADERSHIP VISITATION
CORPORATE PROGRAM

Wednesday, March 27, 1991

8:30 a.m. Convene in Children's Defense Fund Conference Room
Introduction to Child Watch
Introduction of Participants and Staff

8:45 a.m. Welcome by Kati Haycock
Vice President, Children's Defense Fund

9:15 a.m Status and Needs of Children in Washington, D.C.
MaryLee Allen, Director of Child Welfare Division

10:15 a.m. **Site Visit**

D.C. General Hospital
Neonatal Intensive Care Unit and Boarder Babies

12:00 p.m. **Site Visit** - Lunch at City Lights School

1:30 p.m. **Site Visit**

Houston Elementary School

3:30 p.m. Wrap-up at CDF

Wednesday, April 10, 1991

8:30 a.m. Convene in Children's Defense Fund Conference Room
Children in D.C. and the New Administration
Kathryn Williams, Acting Commissioner of Social Service
(pending confirmation)

9:45 a.m. **Site Visits**

Group One:
Calvary Bilingual Multicultural Learning Center

Group Two:
Edward C. Mazique Parent Child Center

12:00 p.m. **Site Visit** - Lunch at Martha's Table

1:45 p.m. **Site Visit**

Marshall Heights Community Development Corporation

3:30 p.m. Wrap-up with CDF President Marian Wright Edelman

Child Watch Visitation

Program Agenda
Thursday, February 6, 1992

12:00 - 1:00	*Luncheon Keynote* L. V. Eberhard Center Dr. Barry Zuckerman
1:00	Depart L.V. Eberhard Center via Motorcoach
1:30 - 2:30	*Park School/Teen Parent Program* Hostess: Sharon Eardley, Principal Facilitator: Dr. Barry Zuckerman
3:00 - 4:30	*Butterworth Neonatal & Pediatric Units* Hosts: Mary Kay Russell, Nurse Manager, Pediatrics Phil McCorkle, Chief Operating Officer Facilitator: Dr. Barry Zuckerman
4:45	Depart Butterworth for L.V. Eberhard Center

OUTSIDE THE DREAM

VIP ON-SITE VISIT AGENDA

Each group will be visiting three sites - they are listed on the back of this page.

GROUP I

7:00 a.m. Coffee and departure from St. Vincent de Paul Center

11:00 Return to St. Vincent de Paul

11:15 Luncheon

11:45 Keynote Speaker - Stephen Shames
"Outside the Dream"

12:45 Call to Action - "Bringing the Dream Closer"
Carol Kamin
Executive Director
Children's Action Alliance

GROUP II

10:30 a.m. Registration

11:15 Luncheon

11:45 Keynote Speaker - Stephen Shames
"Outside the Dream"

12:45 Call to Action - "Bringing the Dream Closer"
Carol Kamin
Executive Director
Children's Action Alliance

1:00 p.m. Group II departs for on-site visits

5:00 Return to St. Vincent de Paul Center

There is a $25.00 fee for the entire morning or afternoon session (includes lunch).

To register for this special opportunity, please call 266-0707 by March 13, 1992. AND send in the attached registration form with your $25.00 check. **ADVANCED REGISTRATION IS MANDATORY.**

CHILDREN'S ACTION ALLIANCE
4001 North 3rd Street, Suite 160
Phoenix, Arizona 85012
(602) 266-0707 FAX: (602) 263-8792

OUTSIDE THE DREAM

EACH GROUP WILL HAVE THE OPPORTUNITY TO VISIT THREE OF THE FOLLOWING:

✓ **Tumbleweed** — **Janet Garcia, Executive Director**
915 N. 5th Street Phoenix, Az. 85004
271-9904
A community based organization providing services which focus on runaway and homeless youth (ages 10 - 18), and families in crisis. Offers distinct programs for crisis, shelter, independent living, and support services. Varying lengths of stay dependent on program, houses 25 residential youth per day.

✓ **UMOM Family Shelter** — **Roger Lippi, Director**
3320 E. Van Buren Phoenix, Az. 85008
275-4533
Provides private rooms with communal kitchen to 15 indigent families, offers 90 - 120 day placement, closely involves community, and provides support services.

✓ **Salvation Army Family Crisis Center** — **Gary Lillard, Program Director**
2707 E. Van Buren Phoenix, Az. 85008
267-4194
Serves 25 families in private rooms, length of stay may be up to 90 days, provides both on-site and access to support services for homeless families trying to achieve stability.

✓ **Central Arizona Shelter Services** — **Mary Orton, Executive Director**
1209 West Madison Street Phoenix, Az. 85007
256-6945
CASS offers emergency refuge, all guests must be working on a plan to get off the street, family room has 30 beds and cribs, mothers stay with children (aged to 18 for girls, 8 for boys), quality preschool on premise, support services offered, varying length of stay dependent on family situation.

✓ **YWCA Women in Transition** — **Jill Holcomb, Project Director**
755 East Willetta Street Phoenix, Az. 85006
258-0990
Program focuses on homeless single parent families. Goal is to strengthen the family unit and assist in obtaining adequate employment, 16 private rooms available: 8 for mothers and one child, 8 for mothers with 2-4 children (aged to 18 for girls, 8 for boys), offers intense support services, on-site child care, length of stay up to 24 months.

✓ **Maricopa County Accommodation School** — **Mike Melton, Principal**
501 North 7th Avenue Phoenix, Az. 85007
275-6389
The school offers 9 month academic program for homeless children, provides transportation from anywhere in Maricopa County daily, accepts children from age 5 - 17, has year round program for these children, offers support services. School capacity is 130, and is filled.

CHILDREN'S ACTION ALLIANCE
4001 North 3rd Street, Suite 160, Phoenix, Arizona 85012
(602) 266-0707 FAX: (602) 263-8792

THE CENTER OF ACHIEVEMENT-DOWNTOWN JACKSONVILLE, FLORIDA
OPERATED BY
THE NATIONAL COUNCIL OF NEGRO WOMEN, INC.

CHILD WATCH LEADERSHIP TRAINING INSTITUTE TIME SCHEDULE
JACKSONVILLE, FLORIDA

JULY 1991

LOCAL REPRESENTATIVES OF NATIONAL COMMUNITY BASED PLANNING MEETING
:National Council of Negro Women,Inc.
:Jr. League of Jacksonville, Inc.
:Kiwanis International
:American Association of Retired Persons
:United Methodist Women

OCTOBER 16-23, 1991
October 30 - Nov. 6

TRAINING SESSION I
Representatives of key persons in community based organizations

NOVEMBER 13-20
Dec. 3-10, 1991

TRAINING SESSION II
Representatives of key persons in local corporations

JANUARY 8-15
January 22-29, 1992

TRAINING SESSION III
:Representatives of local Foundation Executives
:Spouses/Aids Of Elected Officials
:Religious community

FEBRUARY 5-12
February 19-26, 1992

TRAINING SESSION IV
:Local Politicians
:Media Journalists

MARCH 5-7, 1992

CONFERENCE
ATLANTA, GA.

Strong Children for a Strong America
Children's Defense Fund Annual Conf.
Atlanta Marriott Marquis-Atl.,Ga.

Plan now to attend, for inf: CHILD WATCH, JAX.,FL
904-634-0367
CHILDREN DEFENSE
202-628-8787ext.440

JUNE 1992

PARTICIPANTS FORUM

CHILDWATCH LEADERSHIP TRAINING PUBLICATION

GHP: 5/31/91

HILD WATCH
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of
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CHILD WATCH PARTNERSHIP OF JACKSONVILLE, FLORIDA INC.

EPHONE: (904) 353-4367
(904) 634-0367

933 WEST BEAVER STREET
POST OFFICE BOX 2583
JACKSONVILLE, FL 32203-2583

UDY/ACTION
ILD CARE
ILD HEALTH
ILD WELFARE
FOR DEPENDENT CHILDREN
ILDREN HAVING CHILDREN

CHILD WATCH LEADERSHIP TRAINING INSTITUTE
Jacksonville, Florida

Purpose of the Leadership Training Institute/ Jacksonville, Florida:
To inform trainees about the unmet needs and problems of children and youth living in Duval and adjacent counties.

- What are their most crucial needs?
- What agencies and programs attempt to meet their needs?
- How do local efforts compare with national efforts?
- How can you invest your energy and resources to help alleviate child suffering?

January 8, 1992---Topic: Child Health

AGENDA

9:00 a.m. **THE MIXER/WELCOME**
Gertrude H. Peele, Coordinator, Child Watch Partnership of Jacksonville, Florida

9:30 a.m. **OVERVIEW OF CHILDREN IN POVERTY**
Laura Taylor, Program Administrator, children, Youth and Families
Department of Health and Rehabilitative Services, District IV

10:00 a.m. **QUESTIONS/ANSWERS/COMMENTS**

10:15 a.m. **FIRST SITE VISIT: UNIVERSITY MEDICAL CENTER (Leave by van together)**

10:30 a.m. **TOUR UNIVERSITY MEDICAL CENTER–Francine Walker, Tour Guide**

11:45 a.m. **DEPART UNIVERSITY MEDICAL CENTER**

NOON **SECOND SITE VISIT: A-RC (Early Intervention Program for children "At Risk for Developmental Delays)**

1:30 p.m. RETURN TO CENTER OF ACHIEVEMENT, DOWNTOWN JACKSONVILLE, FLORIDA
"SPEAK OUT" Luncheon

NEXT SESSION: January 15, 1992

TOPIC: CHILD WELFARE

OFFICE LOCATED IN
THE CENTER OF ACHIEVEMENT, DOWNTOWN JACKSONVILLE, FLORIDA
OPERATED BY
THE NATIONAL COUNCIL OF NEGRO WOMEN, INC. JACKSONVILLE, FLORIDA COMMUNITY BASED SECTION

HILD WATCH
Partnership
of
cksonville, FL, Inc.

CHILD WATCH PARTNERSHIP OF JACKSONVILLE, FLORIDA INC.

EPHONE: (904) 353-4367
(904) 634-0367

933 WEST BEAVER STREET
POST OFFICE BOX 2583
JACKSONVILLE, FL 32203-2583

UDY/ACTION
ILD CARE
ILD HEALTH
ILD WELFARE
) FOR DEPENDENT CHILDREN
ILDREN HAVING CHILDREN

CHILD WATCH LEADERSHIP TRAINING INSTITUTE
A G E N D A - 2-19-1992

POSE OF THE LEADERSHIP TRAINING INSTITUTE: TO INFORM TRAINEES OF THE UNMET NEEDS OF LDREN AND YOUTH LIVING IN DUVAL AND ADJACENT COUNTIES AND TO IDENTIFY POSITIVE SOLUTIONS.

- O What are their most crucial needs?
- O What agencies and programs attempt to meet their needs?
- O How do local efforts compare with national efforts?
- O How can you invest your energy and resources to help alleviate child suffering?

TOPIC: CHILD WELFARE- / HOMELESSNESS/ HUNGER/ CHILDREN HAVING CHILDREN/ RUNAWAY TEENAGERS

A.M.------THE MIXER/ SITE DEPARTURE

5 A.M.------CITY RESCUE MISSION (HOMELESS SHELTER) 234 WEST STATE STREET, JACKSONVILLE
TOUR GUIDE, MS. CHRIS TRECO, DIRECTOR OF WOMEN AND FAMILY DIVISION

15A.M.------BEULAH BEAL YOUNG PARENT SCHOOL- THE DUVAL COUNTY SCHOOL SYSTEM-330 WEST 9TH.
TOUR GUIDE, MRS. AIMA DANIELS, PRINCIPAL

45A.M.------CLARA WHITE MISSION, FOOD FOR THE HUNGRY PROGRAM-613 WEST ASHLEY STREET
TOUR GUIDE: MS. LaGRETTA EVERETT, DIRECTOR

15P.M. -----LUNCH/RAP SESSION- CENTER OF ACHIEVEMENT, DOWNTOWN JACKSONVILLE, FLORIDA

00P.M.------YOUTH CRISIS CENTER-3015 PARENTAL HOME ROAD
TOUR GUIDE, MS. PAM CRAMER, MANAGER OF INFORMATION SERVICES
TOM PATANIA, PRESIDENT

00P.M.------RETURN TO CENTER OF ACHIEVEMENT-DOWNTOWN JACKSONVILLE, FLORIDA

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IONE: (904) 353-4367
(904) 634-0367

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933 WEST BEAVER STREET
POST OFFICE BOX 2583
JACKSONVILLE, FL 32203-2583

Y/ACTION
) CARE
) HEALTH
) WELFARE
'OR DEPENDENT CHILDREN
)REN HAVING CHILDREN

CHILD WATCH LEADERSHIP TRAINING INSTITUTE

Jacksonville, Florida
March 18, 1992

Purpose of the Leadership Training Institute: Jacksonville, Florida:
To inform trainees about the unmet needs and problems of children and youth living in Duval and adjacent counties, and to identify positive solutions.

- What are their most crucial needs?
- What agencies and programs attempt to meet their needs?
- How do local efforts compare with national efforts?
- How can you invest your energy and resources to help alleviate child suffering?

Briefing Session On: Child Care, Child Health, Children Having Children, Homelessness, and Youth Self-Sufficiency

AGENDA

9:15 a.m.	SITE VISIT--Association for Retard Citizens Serving Developmentally Disabled Children Susan Bailey, Tour Guide 1050 Davis Street
9:45 a.m.	SITE VISIT--Beulah Beal Young Parent School, Duval County School System Joyce Smith, Tour Guide 330 West 9th Street
10:30 a.m.	SITE VISIT--Neonatal Intensive Care Unit, University Medical Center Francine Walker, Tour Guide 655 West 8th Street
11:15 a.m.	SITE VISIT--City Rescue Mission, Homeless Shelter for Women and Children Chris Trego, Tour Guide 234 West State Street
11:45 a.m.	SITE VISIT--Jacksonville Job Corps Center, Youth Self-Sufficiency Program Shirley Brizel, Tour Guide 205 West 3rd Street
NOON	LUNCH Jacksonville Job Corps Center
1:00 p.m.	SITE VISIT--Head Start Center, Northeast Florida Community Action Agency Pat Heinrichs, Tour Guide Forest and Goodwin Streets
2:00 p.m.	**WRAP-UP SESSION Center of Achievement, Downtown Jacksonville**

April 26, 1990

Ms. Michelle LeSane
Director
Community Relations
The Greater Southeast Management Company
1310 Southern Avenue, S.E.
Washington, D.C. 20032

Dear Michelle,

Thank you so much for agreeing to participate in the Children's Defense Fund's Child Watch Leadership Training program. This confirms our visit to Greater Southeast Community Hospital on Tuesday, June 5, 1990 at 9:30 a.m. I have enclosed, for your information, our most recent training schedule. This schedule is subject to minor changes.

As we discussed, in addition to touring the neonatal intensive care and pediatrics units, we'd like to talk to a member of your social work staff to discuss child welfare issues surrounding boarder babies and other children in your care.

As you know, Child Watch will bring individuals from a wide variety of constituencies (business leaders, clergy, educators, elected officials, concerned citizens, etc.) to a number of sites serving children and families in D.C. As soon as we have available a final list of trainees visiting your site, we will forward that to you.

We will provide these groups of trainees with background readings and information to orient them to a broad range of children's issues as well as introduce them to the specific programs which they are going to visit.

After each series of visits is completed, we will work with the trainees to develop an action agenda designed not only to alleviate the problems they have witnessed, but also to support programs which are working to serve our children.

Our goal is to make our visit a meaningful learning experience for our trainees without disrupting your daily activities. I will be calling you the week prior to our visit to confirm our plans, but please feel free to call me or Olati Johnson at 628-8787 if you have any questions or concerns. We encourage you to be honest with our trainees -- tell them what works and what does not. Let them know what would make your job easier (more money, more staff, etc.). Our trainees will take the information you provide them and begin to think about what they can do to help our children.

We are excited about this program, and the chance to educate so many people about what you, as service providers, already know. We are looking forward to working with you, and appreciate your cooperation and assistance.

Sincerely yours,

Sharon A. Ladin
Child Watch Coordinator

Enclosure

cc: Barry Passett
Thomas Chapman

February 18, 1991

Ms. Ann Chisholm
Director of Public Affairs
D.C. General Hospital
19th and Massachusetts Avenues, S.E.
Washington, D.C. 20003

Dear Ann,

I am thrilled that our last visit to D.C. General has resulted in Mary Graham's effort to build a new playground for the boarder babies and other pediatric patients at the hospital. These type of results reassure me that Child Watch does work as a means of getting people involved in children's issues.

I want to confirm our Wednesday, March 27 visit to D.C. General. We plan to arrive at 10:30, and I would love a set up similar to that which we've had before, with Dr. Sinkford joining us for a trip into the NICU and the Boarder Baby Unit. Let's try one more time to have a social worker join us if at all possible.

This new Child Watch group will be comprised of D.C. area corporate funders. Mary Hallisy of Sallie Mae, Harriet Ivey of Fannie Mae and Marcia Ciccarelli of C & P Telephone have already committed to participate and are helping us with the recruiting process. I hope this visit will result in some real tangible results for you.

Ellen Dektar or I will call you closer to the visit date to confirm. Thanks for your ongoing partnership and coorperation.

Sincerely,

Sharon A. Ladin
Child Watch Coordinator

Visions of Arizona's Children
Program Evaluation
3/19/92

Your comments about the Visions of Arizona's Children program will help us develop future programs. Please complete this evaluation and return it to Randee Pri-Tal at Children's Action Alliance (enclosed envelope). Continue answers on the back if necessary. Thank you.

I. Materials

1) Did you have enough information about the program prior to the visits?

_____

2) Will the materials presented to you serve as a useful resource? How could they be improved?_____

_____

II. Briefings

3) Rate the quality of the briefings (1 = poor, 5 = excellent), in helping understand children's needs and gaps in programs

Longview Headstart Staff	1	2	3	4	5
Maricopa Medical Center	1	2	3	4	5
CAA staff	1	2	3	4	5

4) How can the informational briefings be improved? _____

_____

_____

III. Sites

5) How can the site visits be improved?_____ _____

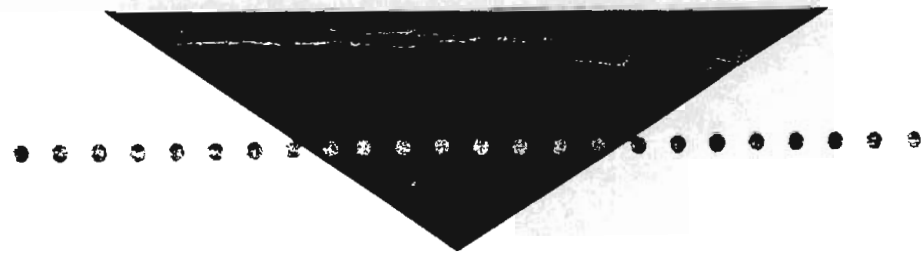
_____

_____

_____

IV. General Comments

The main objectives of the Visions of Arizona's Children Program are to invite community leaders to see first hand the condition of poor, at-risk children and their families and help them transform their concern into positive public policy actions.



Keeping these objectives in mind, please answer the following:

6) What piece of the program was most significant in meeting the objectives?

_____

_____

_____

7) Would you recommend this program to colleagues? _____ If yes, please list:

_____

_____

_____

8) As a result of today's program, I plan to help at-risk children and families in the following ways:

(circle)

a) volunteer to assist a children's agency
b) work to change public policy
c) contribute financially
d) talk to my colleagues
e) other

( ) Please call me, I would like to become involved with Children's Action Alliance.

Name _____

Phone _____

Children's Action Alliance. 4001 North 3rd Street, Suite 160. Phoenix, Arizona 85012 (602) 266-0707 Fax (602) 263-8792