



# Children's ADVOCATE



PLANNED BY ACTION ALLIANCE FOR CHILDREN


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# CHILDREN'S ADVOCATES ROUNDTABLE

## Statewide campaign to save child care

**ACTION:** Advocates are asking people to tell their legislators about the importance of state-subsidized child care—and about the need for new revenues to solve the budget deficit.

**BACKGROUND:** The Governor's May budget revision proposed to eliminate most state-funded child care assistance (see right). The California Child Care Resource and Referral Network spearheaded a coalition to save child care funding. Within two weeks, 185 labor, faith-based, welfare rights, and children's advocacy organizations had joined. Parents, providers, and advocates spoke out at budget hearings against the cuts—and Assembly and Senate subcommittees voted to reject child care and CalWORKs cuts, plus many of January's proposed cuts.

"We're not through with this [budget] yet," said Patty Siegel of the R&R Network at a Sacramento child care policy meeting. "The state budget is still in a deep deficit. Our job is to make sure people making decisions really understand what [the proposed budget] means for parents, providers."

- **Child care keeps California working:** An estimated 100,000 parents—and 130,000 child care staff—could lose their jobs if children lose child care.
- **Child care invests in kids:** Research shows early education

experiences are key to children's success in school and in life. These children will be tomorrow's nurses, teachers, and firefighters.

- **Corporations should pay their fair share:** Parent Voices members and a coalition of immigrant, labor, health, and poverty advocates are campaigning in support of revenue packages in the legislature that would repeal corporate tax breaks and loopholes.

**FOR MORE INFO:** R&R Network  
415-882-0234,  
[www.rrnetwork.org/welcome](http://www.rrnetwork.org/welcome)

## Invest in early education

Join California Child Development Corps teachers and providers and let legislators know how California can save money by investing in early childhood education. Children benefit from access to high quality child care—they are less likely to need special education or other social services and more likely to graduate from high school and get jobs as adults.

Why are both the Governor and the Legislative Analyst's Office suggesting cuts to quality programs? Join Corps leaders in your area and make sure your legislators hear from you. Together our voices will be strong.

**For more information,** contact: Sara Hicks-Kilday, 415-808-7327, [cares@caccwrc.org](mailto:cares@caccwrc.org). **For Spanish, contact:** Teresa Calle-Streicker, 415-821-7871

## Huge budget cuts proposed

The Governor's May budget revision proposed even more cuts to children's services. Many advocates and legislators are opposing the cuts (see left). New proposals include:

- **Elimination of CalWORKs**
- **Elimination of state-funded child care,** except for state preschool and afterschool programs. Federal funds would serve only the neediest families. Families would only get child care assistance (except state preschool) if they earn less than 60% of the state median income level (around \$46,000 for a family of four).
- **Reducing services and increasing family fees** for Medi-Cal and Healthy Families.
- **Reducing services for some immigrants,** eliminating CalWORKs for recent legal immigrants and the California Food Assistance Program (food stamps for legal immigrants), and reducing Medi-Cal for some immigrants.
- **Rejecting proposals to divert Prop. 10 or 63 funds** to other state health programs.
- **Raising revenues** through fee hikes. Advocates are pushing for an oil production tax and for suspending some corporate tax breaks.

**Sources:** *California Budget Project, CAPP, Health Access, California Immigrant Welfare Collaborative*

## More news on p. 12

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## Anaheim families win affordable housing

By Jessine Foss

**F**amilies in Anaheim will have more affordable housing, thanks to an eight-year campaign by parents in two congregations working with the Orange County Congregation Community Organization (OCCCO).

When congregation members talked with other community residents, “we discovered many kids don’t have a place to do homework because there are two or three families in one apartment. But kids who have a place to do homework can achieve better in school,” says Anaheim father and long-time OCCCO member, Freddy Hernández. So residents successfully campaigned for Anaheim to commit to building more affordable housing.

**BROAD COALITION:** The two congregations—St. Boniface and Antonio de Padua Catholic Churches—reached out to Muslim, Unitarian, and Catholic congregations. “Faith traditions can work together [for] social justice,” says Hernández. “Our priority is our kids.” OCCCO also wrote a report with the Kennedy Commission, a housing policy group. The campaign worked with other organizations concerned about community development.

**MEETINGS WITH OFFICIALS:** “We met with anyone who had to do with housing,” says OCCCO Community Organizer Kerry Gallagher—including city council members and staff at redevelopment and affordable housing agencies. Residents led meetings; OCCCO provided an organizer, transportation, and added credibility.

**VOICES FROM THE COMMUNITY:** “Everybody deserves a decent place to live,” says Anaheim mother Maria Mejia. She testified at a city council meeting about living in a garage as a teenager and now struggling with housing in a mobile home park. Members delivered 1700 cards and a petition calling for more affordable housing to the city council, recalls Gallagher.

**SHARED VISION:** “City council members felt [OCCCO was] saying they weren’t doing a good job,” says Gallagher. “So we found ways to affirm them: ‘We appreciate all you’ve done for Anaheim, now let’s [work on affordable housing],’ and ‘We all have the same vision to make Anaheim a better place.’”



OCCCO members march to city hall to deliver cards and a petition for affordable housing

**AFFORDABLE HOUSING WORKS:** Campaign members found neighborhoods with affordable housing were safer for families. They compared the number of police calls over two weeks in an affordable neighborhood to one with slum housing. “It was nine [calls] versus 126!” adds Gallagher.

**COMMUNITY FORUM:** Residents invited council members to address the community at a large forum, held after Mass at one of the congregations. People shared how affordable housing would help them be more successful.

**MORE CONFIDENCE:** “It’s hard to talk about your personal life,” says Mejia. But she spoke out because the campaign “benefits other people. [And] now I can say I’m not too afraid to speak in public.”

**SUCCESS—AND CONTINUING CHALLENGES:** In October, the city unanimously passed a five-year plan to build more affordable housing. “OCCCO’s ability to mobilize the community was what really changed the atmosphere around affordable housing,” says Anaheim City Councilor Lorri Galloway.

But the state is raiding redevelopment funds to help cover the budget deficit, so the city will have to scale down the plan, says Galloway. The city is also getting “pushback” from people who don’t want affordable housing built in their neighborhood, says Gallagher.

For more information, contact OCCCO, 714-491-0771



# Immigrant parents promote community health

By Julieta Santana

**S**panish-speaking parents around California are taking on a leadership role in their communities' health as promotores. They offer health classes and support for families in their community.

"[Many promotores] are immigrant moms, home with their kids. [Being promotores] gives them an opportunity to grow, learn, and learn a trade. It boosts their self-esteem because they're instructors. Everybody says they love [the promotora-led] classes. [Participants have] learned a lot, they've changed the way they cook," says Aurora Flores of the Accelerated School, lead agency for the LA Healthy Eating, Active Communities collaborative (HEAC).

"Obesity and childhood diabetes are real problems in the [Latino] community," adds Lisa Hoffman, Director of the San Diego Prevention Research Center (SDPRC). Community health programs offer health and leadership training (see box) to help promotores address these and other health problems affecting children and families.

## LOS ANGELES: Understanding children's needs

"I didn't know what to do," says Los Angeles mom Maria Tlapaya, when she was worried about whether a mole on her son's face was cancerous. She also found out he was not eligible for low-cost state health insurance. Then a clerk at a health clinic told her about a community health program coordinated by the Esperanza Community Housing Organization.

Esperanza has trained 336 promotores on health issues over the past 15 years. In turn, the promotores have provided classes and support to over 100,000 L.A. residents. One of these promotores helped Tlapaya get health insurance through Kaiser.

When Tlapaya was diagnosed with post-partum depression after the birth of her second child, she contacted Esperanza's Best Babies program. "I cried a lot and just wanted the child to be quiet," she recalls, and she didn't understand her doctor's explanation. A promotora gave her support and information in Spanish.



Promotores with Visión y Compromiso at a neighborhood cleanup

"In Latino culture, women are expected to take care of the children," says Tlapaya, "but [the promotora] taught me my husband also should take part. She helped me understand my son's needs without relegating mine to second place."

Now Tlapaya is taking a promotora-led nutrition course. She's learning how to help her family get more vigorous exercise, limit TV time, eat more whole grains, and try new vegetables. The assistance she has gotten from Esperanza's program has also helped her support her son. "My son has much better grades, [he] is not so timid," she adds.

"I learned how to take better care of myself and my family" by training to be a promotora, says Los Angeles mom Rosa Girón. She found out about the program through her children's school and learned about health issues, such as asthma, lead, prenatal care, and chronic diseases. "My mother had breast cancer, so I decided to focus on chronic diseases as well as nutrition," she adds.

Before becoming a promotora, Girón felt too shy to speak up. "[Now], I've spoken at conferences in front of a thousand people. This was a huge obstacle that I didn't know how to overcome alone." She also learned how to use PowerPoint and other computer software.

## SAN YSIDRO:

### **More energy and self-confidence**

“I’d never exercised before [becoming a promotora]” says Cecilia López, mother of three in San Ysidro. After completing a training offered by SDPRC, she started teaching a free Zumba class (a fusion of salsa and aerobics). “I have lowered my cholesterol, and my children feel very proud of me. They can’t believe I’m doing this kind of work.”

López is one of several promotores teaching free exercise classes at San Ysidro’s recreation centers, parks, and school gyms through *Familias Sanas y Activas*, a program of the San Diego Prevention Research Center. The classes target parents as role models for their children, says Hoffman, and parents can bring their kids. Another promotora offers a special class for parents of children with Down’s Syndrome.

“It was a little difficult to be the leader of the group,” López adds. She had never been in charge before and was not familiar with Zumba—but she knew she’d enjoy it because she likes to dance. “The women are very accepting of my limits and grateful for the classes. Your self-confidence goes up...you have more energy to do things,” she adds.

San Ysidro mom Elsa Escalante noticed Lopez’s class at her community center. “The teacher saw me looking in and said in Spanish, ‘Come on in! Welcome!’ She is so warm and friendly. I started taking the class right away. I love it!” Now, after a year, she says, “I’ve lost weight. I feel better.” Her daughter is also a regular in the class.

“We do fitness evaluations of all participants [in exercise classes] at six and 12 months—[we find] their cardio has improved, and they have lost inches in their waist,” says Hoffman.

### **STATEWIDE: Prepared for advocacy**

Visión y Compromiso connects the statewide network of promotores, offering bilingual resources and trainings on health and advocacy. VYC also organizes an annual legislative day for promotores.

“When you’ve never [talked with legislators] before, you’re very nervous—you feel out of your element seeing everyone in suits, [but] VYC made me feel very prepared,” says Gloria Valdes, Case Manager for a family resource center serving Modesto and Salida.

She spoke with legislators in support of SB 810, a bill that would let all residents in California get health coverage through a single-payer health care system. VYC offered information and talking points about the bill, as well as tips for talking with Assembly members.

“The network has empowered me to think ‘*Si, se puede*’ [Yes, we can],” says Valdes.

## Ingredients for success

**Service from the heart:** “Think of someone who is always helping, an aunt, a grandmother,” says Maria Lemus, Executive Director of Visión y Compromiso. Based on the Latin American community health worker model, the promotora program “has formalized this and focused it toward health,” she adds. “These are experts in the community that should be respected—though they may not have college degrees or speak English.” Many promotores are unpaid volunteers, though some programs offer stipends and sometimes the experience leads to paid jobs.

**In-depth training:** Esperanza promotores take a six-month training on lead poisoning, nutrition and diabetes, immunization, oral health, healthy babies, asthma, and food access. SDPRC gives promotores two twelve-hour trainings on physical activity. They can get a stipend for taking additional training. Promotores also learn consensus-building, effective communication, and active listening skills.

**Community needs:** “A community may want a forum on meth and gangs because they’re worried about [the safety of their] children, even before they want to deal with diabetes or high blood pressure,” says Lemus. The Esperanza program began because of high asthma rates in the community—the first promotores were parents of children with asthma.

**Partnerships for health:** SDPRC works with a range of agencies, from schools to clinics. Because of this partnership, the San Ysidro Health Center prescribes promotora fitness classes to patients. Esperanza works with Healthy Eating, Active Communities, a California Endowment-funded initiative on childhood obesity.

**Trusted channels:** Promotores advertise free classes through community centers, clinics, schools, and churches. “People trust these institutions,” says Hoffman.

**Statewide training and connections:** Visión y Compromiso offers trainings to promotores statewide on budgeting, logic modeling, making and carrying out work plans, and program management language. VYC also convenes regional committees to develop work plans and decide on advocacy and training topics. “[We’re] like a family—working, planning, always doing things together,” says Vanessa Mendoza, a Stanislaus County Health Educator.

**To find a promotora program,** contact Visión y Compromiso, Isalia Zumaya, 213-202-5359



# Teachers tackle tough topics with parents

By Aimee Lewis Strain

**W**hen teachers and providers have concerns about the children in their care, it can be challenging to talk with parents. But establishing supportive relationships with parents and families helps resolve problems and makes difficult conversations easier.

“When parents feel accepted and safe, they will be able to share their concerns with us and they will be able to hear our concerns for their child,” says Laurie Prusso, a child development teacher who now works with the Stanislaus Children and Families Commission. “A teacher’s worst nightmare is needing to talk with parents about a problem before [the teacher has] established a relationship with those parents. If we do not have trusting relationships with them, they will feel attacked.”

Early childhood educators share how they help forge a solid line of communication between parents and teachers.

## Resources for working with families

**Parent Services Project** offers a Stronger Together curriculum for developing strong relationships between teachers and parents, 415-454-1870, [www.parentservices.org](http://www.parentservices.org)

**NAEYC**, 800-424-2460, offers resources, including

- Communication Skills for Challenging Conversations training, [www.naeyc.org/ecpl/trainings](http://www.naeyc.org/ecpl/trainings)
- *From Parents to Partners: Building a Family-centered Early Childhood Program*, by Janis Keyser, \$30, [www.naeyc.org/store/node/544](http://www.naeyc.org/store/node/544)

**WestEd** offers materials and training programs, 877-4-WestEd, [www.wested.org](http://www.wested.org)

## Regular communication builds trust

Jennifer Ryan remembers being concerned that Alicia, a toddler in her program, might have a developmental disorder. Alicia’s parents “were in complete denial,” she says—“but they trusted us [because] we checked in with them every day about how their child was doing. They knew we had the child’s best interests at heart.”

During the daily check-ins with Alicia’s parents, “I would often have some great story [about] an activity that she really enjoyed, an interaction she had,” says Ryan, now a Child Development Program Trainer with North County Community Services in San Diego. Ryan also told the parents how, after the teachers traced the children’s bodies in chalk on the wall, Alicia formed her body into each chalk outline—and that the repetitive behavior and intricate task can be a sign of autism.

Teachers met with the parents several times over two years. Finally, a teacher suggested, “Why don’t you just have her evaluated [for special needs]? If there’s nothing there, we know for sure. But if [she has special needs], we will know what we can do in the classroom to help support her better,” recalls Ryan.

The parents had Alicia evaluated—she was diagnosed on the autism spectrum and also with a development disorder. The school district helped the family set up an Individual Education Plan. “Now we can all help support her together,” says Ryan.

## Caring relationship helps end abusive situation

When Director Pauahi McGinn suspected that Nick, a child in her program at the San Bruno Parks School District, was being abused at home, she talked with his mother. The conversation “was really tough...because people are not going to like you for what you do or say,” she says. She remembers forcing herself to hold her head up high and remain strong for Nick. “Because we had a good relationship with the mother and the extended family, we were able to address the issue in a caring manner and get the child in a safe environment.”

After McGinn spotted suspicious bruises on Nick, she reported the incident to the authorities and told Nick’s mom that she suspected the bruises were from physical



abuse. Then Nick came in with an injury that looked like he'd been punched in the head. McGinn reported the incident and had a much longer conversation with his mom, who admitted Nick's father had been abusing him.

McGinn connected Nick's mom with resources, including counselors for Nick and his mother and help for the father. McGinn sat through the initial counseling sessions and helped them focus on safe housing for Nick that his mom could rely on—Nick went to live with relatives until the father got help and the parents separated.

### **Teamwork resolves hitting problem**

"We had a situation where a child was prone to outbursts that included hitting other children," recalls Karen Pratt, a preschool teacher at Trinity Presbyterian Nursery School in San Carlos. Martin would run up, hit another child, and then run away. Other parents were frustrated, some wanted Martin to leave the program. Pratt had a good relationship with Martin's mom, who also volunteered at the program—this "made dealing with this situation a lot easier," she says.

Pratt talked with the mom about Martin's behavior, saying "we needed to work together to help him learn a better way to communicate with his friends." At first the mom laughed it off as a "little-kid thing." But Pratt told her other parents were concerned and that they wanted to keep the other kids safe—and reassured the mom that "we were here to help her," she says.

"It was difficult to talk with the mother because we had to make sure she understood the severity of the [hitting]," says Pratt, "[but also] that we loved her child and wanted to help make him happier."

Pratt, the mom, and the program director met several times about strategies that could be used at school and at home. They worked with Martin on identifying his feelings and using words rather than hands. Soon he stopped hitting.

## **Tools for building relationships with parents**

**Talk with parents daily:** "[A supportive] relationship has to start from day one," says Ryan. Check in with parents every day. Then, when you need to talk with parents about a problem, "you can say, 'This is what we've talked about in the past week. This is what we've noticed and this is how we are dealing with it,'" she adds.

**Share children's strengths:** "Always focus on sharing children's strengths with parents—progress, new abilities, positive aspects of the child's experience," says Prusso.

"It's important that parents know you truly enjoy having their child," adds Ryan. "If [parents] only hear the negative, they begin to shut down" and think the teacher is picking on the child.

**Ask what's happening at home:** Knowing what happens at home gives teachers a fuller picture of children's behavior, says Ruth Pinkus-Resnik with Family Connections in San Francisco. This could include learning about sleeping habits or a new baby. "When bringing up issues that could be controversial, address it with an open mind, always being aware of cultural differences," she adds.

**Create a comfortable environment:** "Have [parent conferences] in a comfortable environment," says Ryan. "[Parents] are already uncomfortable—they know this will be hard and bad news." When parents speak languages other than English, offer a translator, she adds.

**Avoid labeling:** "Keep labeling minimal by sticking to the behaviors," says Ryan. Tell parents what triggers the child's behavior in the classroom. Work with parents to create a plan at school and at home. "It's all about supporting the child, and telling the parent, 'I would like to help you and here's what I would like to do,'" she adds.

**Partner with parents to create an action plan:** "The child should know with mom, dad, teacher, whoever; this is what will happen to me when I bite. We're all in it to resolve [the problem] and it's always easier when we're on the same side," says Ryan.

**Follow up:** "It is important for us to think about this as a process—it might take a few more [meetings] for parents to see a concern," says Pinkus-Resnik.

**C**hildhood diabetes is on the rise—and support from parents is key to helping children handle this disease.

“It’s important for families to be a committed and caring team” when coping with children’s diabetes, says Pediatric Endocrinologist Larry Deeb. “Parents should talk to their children about how they are going to be healthy. It’s not just the kids’ diabetes, it’s our diabetes.”

## Diabetes overview

There are two types of diabetes that affect children. Children are more likely to have type-1 diabetes, where the body does not produce insulin, a hormone needed to turn food into energy. But an increasingly high number of children—particularly Latino and African-American children—are being diagnosed with type-2 diabetes, where the body stops using insulin properly.

Warning signs for both type-1 and type-2 diabetes include elevated blood sugar, thirst, fatigue, lack of bladder control, extreme hunger, or unusual weight loss. Additional warning signs for type-2 diabetes include blurred vision, frequent infections, and tingling in the hands or feet. Uncontrolled diabetes can lead to blindness, kidney problems, and nerve damage.

## Resources

**American Diabetes Association** provides information on diabetes, as well as parent mentors, 800-342-2383, [www.diabetes.org/espanol](http://www.diabetes.org/espanol)

**Latino Health Access** provides diabetes education for children ages 7 to 20, 714-542-7792, [www.latinohalthaccess.org](http://www.latinohalthaccess.org)

**Disability Rights and Education Defense Fund** provides sample 504 plans and diabetes management plans, 510-644-2555, [www.dredf.org](http://www.dredf.org)

If a parent suspects their child might have diabetes, they should talk with their child’s pediatrician. “The first question a parent should ask is if their child is overweight,” says Pediatric Endocrinologist Larry Deeb—risk factors for type-2 diabetes include obesity and lack of exercise.

Because the body of a person with diabetes does not use insulin properly, sugar levels can build up in the blood. A diet low in carbohydrates (whole grains are best) and high in protein and vegetables can help keep blood sugar levels stable. Type-1 diabetes is controlled through insulin shots. Type-2 diabetes can be controlled through diet and exercise, as well as insulin shots. Lifestyle changes for children with type-2 diabetes are critical, Deeb adds, because children today don’t get enough exercise.

## PERRONE:

### *We are the best support for each other*

Both Michelle Perrone and her son John, now 13, have type-2 diabetes. “We are the best support for each other,” she says. “It’s really important that the child knows they have support, not just someone telling them what to do.”

Perrone explained diabetes to John “on his level. I told him how the body works with sugar and how his wasn’t working properly, energy wasn’t getting into the cells.” She helps him check his blood sugar level every morning—he keeps his level consistent by eating more carbohydrates when it’s low, more protein when it’s high. He used to take insulin, too, but changes in diet, exercise, and vitamins helped “turn his insulin production around,” says Perrone.

Getting John to check his blood sugar can be difficult, says Perrone, but it helps to remind him that this is something he needs to do in order to have a long, healthy life. “We are [also] always making sure everyone around him knows what he needs to do, and they check up on him, in case he forgets,” says Perrone.

The family eats dinners without many carbohydrates, sometimes bread or rice on the side, and fruit for snacks. “If I grab a handful of chips, he tells me that’s not good for me,” Perrone says.





The hardest change for John since being diagnosed is that “he can’t grab an apple or a cookie” because he always has to be aware of his blood sugar levels, says Perrone. But it’s also a challenge when he eats away from home—“if he orders something that has too many carbs, he doesn’t eat it all. He tries to order [food with] more meat and veggies,” she adds.

The Perrone family has always been active—which is important for keeping type-2 diabetes under control. John likes to ride his bike and go hiking. But he needs to eat frequently on long hikes—and monitor his blood sugar for a couple days afterward, says Perrone.

## **GRIFFIN:** ***The whole family becomes involved***

Michelle Griffin was in shock when she found out her son Cameron, 12, had type-1 diabetes. “I thought he had the flu,” she says. “I didn’t even know what questions to ask the doctor, but he reassured me that Cameron would be fine.” Griffin explained diabetes to Cameron by using a book for children about the disease. Doctors and nurses were also a great resource, she says.

“When a child is diagnosed the whole family becomes involved,” Griffin says. She recalls one day at breakfast, when she sat down with Cameron to check his blood sugar. “He looked at me and said, ‘I just want to eat my breakfast,’ and I realized he can never eat a meal without going through this ritual that diabetes requires.”

Another time Griffin worried when she accidentally gave Cameron his morning dosage of insulin in the evening. “I called the doctor from the restaurant we were at,” Griffin says. “I ended up just giving him more French fries.”

“As a result of Cameron’s diagnosis,” Griffin says, “our entire family is making more conscious and beneficial

food decisions. We eat a lot less bread and rice, have changed to whole grain pasta, and make dinner a meat or fish and vegetable combo.”

Diabetes doesn’t have to define who a person is, says Griffin, although sometimes it can take over. Cameron plays soccer and basketball, and does almost everything he would do if he didn’t have diabetes, she adds.

## **STONE:** ***Seek out sources of support***

“You have a responsibility to educate yourself,” says Jim Stone, whose 13-year-old son Andrew has type-1 diabetes. “Diabetes does not limit what your child can accomplish, [though] it can be a problem.”

“Connect yourself and your child to others with diabetes,” advises Stone. The family has been part of support groups in the community as well as active in Diabetes in California Schools (see resources).

“You can’t do it alone,” adds Kathleen Fraser, a diabetes educator at UCSF. “It’s a challenging condition, [but] there are a lot of resources out there.” Support groups help empower children to manage their diabetes, she adds.

## ***Parents work with schools***

“Parents should know who will implement the doctor’s orders at school, how absences will be handled, how medication is stored, and who will care for their child,” says Charlotte Lanvers, attorney for the Disability Rights and Education Defense Fund. “If there is a school policy on locking up medication, it might make access to health care harder.”

At the beginning of every school year, Perrone meets with school officials about John’s diabetes and his 504 plan. The plan documents how the school will accommodate John—letting him have snacks in class, leave class when needed, and visit the school nurse once a day for a blood sugar test. Perrone also meets with school staff about diabetic-friendly food options in the cafeteria.

Perrone talks with John’s teachers, though sometimes problems come up. After a long run in PE class at the end of the day, John “got in the car and said he felt funny,” recalls Perrone. “I told him: It was your responsibility to stop and say, ‘Remember, I’m diabetic and I can’t do this. I need to have a snack.’”

“Our school district has been a great partner,” says Griffin. For example, Cameron’s 504 plan allows him to leave the room to test his blood sugar. “He’ll tell me anything that isn’t right and I’ll go to the teacher or administrator and make it right,” says Griffin. “When they run a mile at school, it’s great to know in advance because he’ll need less insulin.”

# Weigh in on a system to improve child care quality

By Amanda Montague

**C**alifornia is developing a system to rate and improve child care quality—to help parents choose care and to help programs improve. Teachers, providers, and parents are invited to give input.

“Input from programs, providers, and families is valuable,” says Roberta Peck, staff to the California Early Learning Quality Improvement System (CAEL QIS), the state committee developing the system. Important parts of the improvement system “are polished with the ideas and input of our stakeholders,” she adds (see box).

Family child care providers are making their voices heard. Some parents of young children are also participating in the planning process, as advocates and at parent focus groups.

## Your voices were heard

When CAEL QIS members recommended smaller adult-to-child ratios in family child care programs, providers spoke out about how their programs would be impacted. Providers active in Child Care Providers United (CCPU), the California Child Development Corps, and family child care associations attended CAEL QIS meetings and gave input in other ways.

Smaller adult-to-child ratios could have required Nancy Wyatt, a Reseda family child care provider, to hire two more employees, she says, and pay \$37,500 more a year to keep her program open ten hours a day. Research showed family child care programs did not need smaller ratios, adds Wyatt, also a leader in CCPU. She has attended two CAEL QIS meetings, emailed concerns and suggestions, and participated in two LA input forums. But it is difficult to get to meetings because she needs to hire a substitute for her program—and she relies on CCPU funds for travel.

Alameda family child care provider Marva Lyons mobilized providers around the state to give input about the proposed change in ratios. “[We] got letters together, sent faxes, emails, calls,” adds Lyons, who is also a leader in the Corps and the CAFCC.

“[We] should have input into decisions that determine how our businesses will be conducted,” adds Janeen Rockwell, a family child care provider in Antioch and member of both the Corps and CCPU. Rockwell spoke out at a local forum and met with Assembly Member Joan Buchanan, a member of the CAEL QIS Advisory Committee.

“Your voices were heard!” said CAEL QIS Design Subcommittee Vice-Chair Consuelo Espinosa at a child care policy meeting in Sacramento, where she also thanked Lyons for mobilizing providers. The subcommittee will propose keeping the current (Title 22) family child care ratio requirements.

## Providers see benefits—and challenges

“We want our programs to be the best they can [to] help [children] learn and prepare them for happier and more successful lives,” says Wyatt. Teachers and providers could benefit from a quality improvement system in many ways, she adds. They could make their programs more developmentally appropriate, get more professional development, and maybe take ECE courses in more languages.

But many teachers and providers are not participating in the development of the improvement system. Providers would like to see more outreach about CAEL QIS and more evening and weekend meetings. “When I go to [CAEL QIS] meetings, I don’t see a lot of family child care providers and center-based teachers,” says Lyons. “[But] teachers and providers need to be involved.”

“[CAEL QIS] is making intensive efforts to reach out across California,” responds Peck. Advisory Committee meetings are broadcast at four regional sites and subcommittee meetings are held around California. CAEL QIS has also partnered with local child care planning councils and other advocacy organizations to host forums and input sessions around the state, including evening and weekend meetings.

Another concern is whether teachers and providers will be compensated for meeting higher education requirements. “Pro-viders want to be involved” in a quality improvement system, but they need support, says Lyons. “It’s so expensive in terms of money and



ISELA TURNER



NANCY WYATT

*Isela Turner, mother of five (left) and Nancy Wyatt with children in her program (right)*

time” when providers pay for classes, books, a substitute, and then go to class after working a 14-hour day.

CAEL QIS has had “multiple discussions that this quality improvement program cannot happen unless people receive adequate compensation for the additional cost to provide quality care,” says Cliff Marcussen, chair of the CAEL QIS finance subcommittee. But the committee is still working on its recommendations—and these could be overturned later by the governor or legislature. “I encourage people to get involved and stay involved,” he adds.

### **Parent perspectives important**

“Parents want to [know] why we need an [CAEL QIS]. Why is it important to parents, to children?” says Isela Turner, mother of five in Fresno. She has spoken out at CAEL QIS meetings about what parents want to know and how the committee can reach out to parents.

“Parents’ focus is on convenience, cost...a safe and nurturing environment,” says Turner. A quality improvement system could help parents learn more about child care quality and what to look for when choosing care. “Our children can learn so much in a quality program that has an educated and experienced child development staff, enriching environment, and ways we can teach our children at home through play.”

“The voices of parents are very important,” adds Carlise King, Research Manager for the California Child Care Resource and Referral Network. The Network co-sponsored three parent focus groups with LA resource and referral agencies. Parents talked about their experiences looking for child care, what could help, and what was important to include in a quality improvement system.

“Overall, parents want as much information as they can get,” adds King. “They are concerned about what [a quality improvement system] would mean for their current providers. They want providers to [have] an opportunity to improve.” The Network plans to present the results at the July 15 CAEL QIS meeting and post the report on its website. It might sponsor additional focus groups if funding is available.

## **California Early Learning Quality Improvement System**

CAEL QIS is planning a system for rating and improving the quality of child care in programs serving children under five. The state will probably test the system through a pilot with federal funding—and participation in the final system may be voluntary. Subcommittees are still working out the details of how programs will be rated, using five tiers of quality for each of these components:

**Family involvement:** from informing families in Tier 1 to engaging families in higher tiers.

**Ratios and group size:** smaller adult-to-child ratios in centers, Title 22 ratios for family child care programs.

**Staff education and training:** formal education (including degrees at higher tiers), demonstrated competency, and professional growth. There may be a system to challenge courses based on demonstrated competencies.

**Teaching and learning:** assessed using “ECERS-family” and CLASS tools (used to evaluate programs, including teacher-child interaction) and state infant/toddler and preschool foundations.

**Program leadership:** criteria being developed.

**Overarching:** integrate cultural and language competence, children with special needs, and nutrition, health, and physical activity.

CAEL QIS will hold public hearings on the draft recommendations in September and present final recommendations to the governor and legislature in December. Subcommittees also meet regularly. Updates and upcoming meetings are posted at [www.cde.ca.gov/sp/cd/re/sb1629committee.asp](http://www.cde.ca.gov/sp/cd/re/sb1629committee.asp)

“[CAEL QIS wants] to know what parents want and need,” adds Peck. “The goal is to develop a helpful and realistic system to improve outcomes for young children by improving programs that serve them. We need all the expertise and commitment of families, programs, and providers to accomplish that goal. I invite [Children’s Advocate] readers to join also.”

“It’s going to take all of us, all the voices coming together,” says Lyons, who also took letters from parents in her program to CAEL QIS meetings. “I hope everyone will have some say. United we can do anything!”

## National campaigns

**ACTION:** Contact Congress about national issues affecting children and families (go to [www.house.gov](http://www.house.gov) or [www.senate.gov](http://www.senate.gov) or the blue pages in your phone book).

### Reform Immigration for

**America:** This national coalition of 650 immigrant, faith-based, civil rights, and labor groups is urging Congress to reform immigration policies to:

- promote economic opportunity for all low-income Americans, with labor protections and due process
- use a rigorous process to legalize undocumented immigrants
- allocate enough visas to reduce illegal migration—and keep families together
- focus enforcement on violent individuals, unscrupulous employers, and trafficking operations—not raids and detention.

**For more information:** Reform Immigration for America, 202-383-5985, <http://reformimmigrationforamerica.org>

**Save public housing:** A coalition of organizations and public housing

tenants are campaigning against legislation that would allow mortgages on public housing to pay for repairs and maintenance. Advocates say public housing prevents homelessness. But these mortgages could allow banks to push public housing agencies to raise rents, displace tenants, and limit their rights—and buildings could go into foreclosure if the government cuts the public housing budget.

**For more information:** Los Angeles Coalition to End Hunger and Homelessness, 213-500-0947, [lacehh.wordpress.com](http://lacehh.wordpress.com)

## Health reform benefits California families

In March, President Obama signed landmark health care reform legislation into law. Highlights include

- Insurers will no longer be able to deny care to children with pre-existing conditions, drop people from coverage when they get sick, or impose lifetime caps on coverage. By 2014, no one can be denied coverage because of pre-existing conditions.
- In 2014, most people will be required to have health insurance. Those eligible for Medi-Cal and Healthy Families, or insured through their employer, will still be covered. Uninsured families with moderate incomes (up to about \$88,000 for a family of four) will be able to get help paying for coverage.
- New funding for community health centers and home visiting.
- While the legislation does not stop insurers from raising premiums, advocates are supporting the Health Insurance Rate Authority Act (national) and AB 2578 (California), which would help limit large rate increases.

**For more information:** Kaiser Family Foundation, [www.kff.org/healthreform/upload/8061.pdf](http://www.kff.org/healthreform/upload/8061.pdf)

## Weigh in on legislation

Tell your legislator your views on legislation that would impact California's children and families (go to [www.legislature.ca.gov](http://www.legislature.ca.gov) or the blue pages of your phone book).

### EARLY CARE AND EDUCATION Early Learning Quality Improvement System (ELQIS):

AB 2592 (Buchanan) would state the Legislature's intent to pass legislation establishing a pilot quality rating system (QRS) for child care (for more about the QRS, see p.10).

### Review the regional market rate structure:

SCR 44 (Corbett) would request that the Legislature review the regional market rate survey. The survey determines how much early care and education programs are paid by the state for caring for children with child care subsidies.

### Priority for children in state preschool programs:

AB 1693 (Torres) would give priority in state preschool programs to children whose parent is a juvenile court dependent or ward.

### Priority for children in early care and education programs:

SB 244 (Wright) would give priority in certain early care and education programs to children of foster youth and children adopted by low-income families.

## HEALTH

### Regulate beverages in child care:

AB 2084 (Brownley) would require that licensed child care facilities serve healthier beverages.

### Reduce families' Medi-Cal reporting:

AB 2477 (Jones) would require that families re-apply for their children's Medi-Cal once a year instead of every six months. This would mean less paperwork for families and would help children stay enrolled in the program.

**Toxic pesticides in schools:** SB 1157 (DeSaulnier) would stop schools from using most highly toxic pesticides.

**Sources:** *On the Capitol Doorstep, Health Access, CDPI, Water Cooler*

### Child Care Law Center: Back in business

The Child Care Law Center (CCLC) is again providing legal services to make high-quality child care accessible for every family in California, thanks to funding from the State Bar Trust Fund. CCLC will offer training, co-counseling, and materials. It will also continue to analyze how state child care policy and budget proposals relate to low-income families.

**FOR MORE INFO:** CCLC, [info@childcarelaw.org](mailto:info@childcarelaw.org), [www.childcarelaw.org](http://www.childcarelaw.org)