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Child Care for the Children of Adolescent Parents: Findings from a National Survey and Case Studies

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**CHILD CARE FOR THE
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A NATIONAL SURVEY AND
CASE STUDIES**

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CHILD CARE FOR THE CHILDREN OF ADOLESCENT PARENTS: FINDINGS FROM A NATIONAL SURVEY AND CASE STUDIES

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INTRODUCTION

If current trends in adolescent pregnancy and child bearing continue, four out of ten girls who are now 14 years old will get pregnant in their teens, two in ten will give birth and three in twenty will have abortions. While overall fertility rates have fallen in the United States, the decline is less pronounced among the teenage population, particularly among teens under 15 years of age whose rate appears to have stabilized and even increased among some groups. Perhaps even more alarming than the increasing percentages of young teens bearing children is the growing proportion of teen births to single mothers. In 1985, over half (59%) of all teen births were to single mothers, and these young mothers appear less likely to marry than teen parents in the early 1970s, or to surrender their children for adoption. These two factors, a stable and in some groups increasing number of births to very young teens, and the growing numbers of births to single teen mothers, means that a larger percentage of teen parents will need help over an extended period of time if they are to lead productive lives.

Adolescent pregnancy and the consequent demands of parenting have been associated with increased dropout rates and subsequent poverty due to poor employment prospects. Policy makers and practitioners have, therefore, paid increased attention to these issues and have often tried new approaches without benefit of systematic research or evaluation of which approaches are most successful for specific populations. Policy makers have often viewed adolescent pregnancy and parenting as a single issue. However, young parents have unique and often unaddressed problems. While many young women dropout of school prior to or during pregnancy, for a large number of teen parents the negative educational consequences begin with the birth of their child.

Historically, services have focused on the pregnancy and the immediate postpartum period assuming that the baby would be adopted or that the young mother would drop out of school to care for the child. In either event, little attention was given to ensuring that these young mothers could continue their education. During the past decade, programs have begun to address the need for services into the extended postpartum period. The increased emphasis on postpartum services reflects, in part, the changing nature of adolescent childbearing. More significantly, it is a recognition of the increasing importance of education, job training and supportive services not only for the future success of the teen parent but to ensure that the children of teen parents have a good beginning in life. (Moore, et al, 1981)

It is estimated that over 800,000 of the 1.3 million children of teenage mothers are in need of child care services. It is felt, by many in the field, that the lack of appropriate, acceptable, and affordable care for the children of teen parents severely limits the educational, training and employment opportunities of these young mothers. While some adolescent parents do have child care available within their family network, it has been reported that a significant number of young parents must drop-out of school, training or work because this service is either unavailable, unacceptable, or too costly (Burt et al, 1984; Wallace, 1982; Zellman, 1981; Presser, 1980, 1979, 1977; Cartoof, 1979; Furstenberg, 1980, 1976). Thus the educational consequences of teenage pregnancy and parenting are twofold: young mothers, and to some extent young

fathers, do not gain the educational skills necessary to be self-supporting, economically productive citizens and their children often enter the educational system with economic and developmental disadvantages (Hoffreth, 1987; Campbell et al, 1986; Zuckerman et al, 1984; Kinard and Klerman, 1983; Baldwin and Cain, 1980).

Preliminary findings from several studies suggest that quality child care services delivered in a manner acceptable to and supportive of teen parents can facilitate school attendance and completion and can increase the chances of positive outcomes for young women and their children (Marx, 1987). In light of these findings, the Wellesley College Center for Research on Women has conducted a study of child care programs specifically designed to serve the needs of teen parents. Building on the prior work of the Academy for Educational Development (Cahill et al, 1987) and a recent study by the Children's Defense Fund (1987), the Wellesley study surveyed child care programs in all 50 states and the District of Columbia. In addition, 14 programs in three states were selected for in-depth, on-site examination. The survey and site visits were carried out during the spring and summer of 1987. Specifically, the objectives of the study were:

To identify a range of model child care services targeted specifically to teenage parents. This includes child care programs offered under the auspices of public schools, alternative schools, community agencies, including programs provided under multiple funding and service delivery auspices.

To select programs which represent each of these models and conduct an indepth examination of the components of these programs and the context within which they operate.

To disseminate the results of the study to educators and policy makers across the country in a manner that will maximize the impact of the findings.

SURVEY RESULTS

Using lists and contacts provided by the Children's Defense Fund (CDF), the Public School Early Childhood Study, the National Conference of State Legislatures and state networks of pregnant and parenting teens service providers, the Wellesley study generated a mailing list of 800 individuals, state agencies and programs. A program survey instrument based on the protocol used in a prior CDF survey was used to gather basic program information. Completed surveys were received from a total of 220 programs providing child care to the children of adolescent parents. Data analysis was conducted to ascertain if there were significant differences between programs operated by school districts and non-profit agencies or between programs serving teen parents only and those serving some proportion of adult parents.

A total of 158 programs (72%) were exclusively devoted to serving teen parents. The remaining 28% served adult and teen parents, evenly divided between programs serving up to one-fourth adult parents and programs serving 50% or more non-teen parents. Responses were obtained from 38 states. States with the greatest number of responses include California (55), Pennsylvania

(20), Florida (18), Washington and Massachusetts (13 each) and Maine (12). While the survey is not a nationally representative sample of programs providing child care for teen parents, an analysis of the information provides important insights into the range of program auspices, funding sources, number of children served, staff:child ratios, and program components. Some information was also available on the problems or barriers faced by programs in initiating and maintaining service provision. Relatively little information was available on program outcomes from the survey. Only 38% of the programs indicated that any follow up was conducted; only 31% of the sample had engaged in formal evaluation.

The survey findings indicate that 71% of all programs are administered by school districts and 62% are operated by school districts. The remainder are administered and/or operated by non-profit agencies. While 13% of school district administered programs are operated by non-profit agencies, all non-profit administered programs are operated by non-profit agencies. Programs serving teen parents only were significantly more likely to be administered and operated by school districts. Almost 80% of all survey programs are located in or on the ground of some type of school, most frequently alternative and vocational education programs (25%), regular comprehensive high schools (22%), separate schools for pregnant and parenting teens (21%). Public school operated programs and those serving teen parents only were significantly more likely to be provided in regular school settings, while programs operated by non-profit agencies were more likely to be housed in separate programs for pregnant and parenting teens, as were programs serving a mix of teen and adult parents.

Fifty-six percent of survey respondents report that financial problems posed the major barrier to program start up. Political problems such as community resistance was reported as a problem by 43% of the programs. Significant differences were noted between school operated programs, half of whom reported community resistance as a major barrier, while only 28% of non-profit agencies felt that this posed a problem. Only 20% of all programs report that regulations including day care licensing posed start up problems and only 6% report that space posed a significant problem.

The majority (57%) of programs reach their clients through the schools and through public health and social service agencies (54%). Slightly over one-fourth of the programs report using media campaigns, word of mouth, mailings and contacts with the medical community as a means of recruitment. Outreach through private community agencies and churches is reported by 22% of the programs.

The most prevalent sources of program support are state funds (69%) followed by local funds (49%) and federal funds (28%). Private funds, which includes donations and grants, are used by 23% of the programs and are more likely to be part of the financial resources of non-profit programs than programs run by public schools. Tuition and state/federal sources of funds including funds from the Social Services Block Grant or Title XX (SSBG/Title XX) are used by only 15 to 16% of the programs and both sources are significantly more likely to be used by programs serving a mix of teen and adult parents than programs serving teen parents only. Only 20% of all survey respondents employ means tests; programs serving teen parents and those operated by public schools are significantly less likely to use income

eligibility as a criterion for service provision. Fees for program services are charged by 25% of all programs and an equal proportion of programs provide some form of subsidy.

Thirty-six percent of all programs have been in operation four years or less; 46% have been operating eight or more years. School operated programs were more likely to have been in operation longer than those operated by non-profit agencies. Programs ranged in size from serving 4 to 175 children; over 50% of all programs serve 20 or fewer children and 80% serve under 30 children. Programs serving a mixed group of teen parents and adults are significantly more likely to serve larger numbers of children (over 30) than programs serving teens only. Forty-five percent of all programs report waiting lists but this is more frequently reported by non-profit programs and programs serving a mixed group of parents. The majority (68%) of waiting lists contain twenty or fewer children.

An important indicator of quality, staff:child ratios ranged from 1:2 to 1:10 for both infants and toddlers but no significant differences were found by program auspices or by population served. 84% of all programs maintained ratios of 1:4 or better for infants and 1:5 or better for toddlers. The high percentage of programs meeting recommended staff:child ratios is reassuring since the number of caregivers per child is an important means of assuring quality particularly for higher risk groups such as teen parents. Training provided for program staff is another measure of quality. Over 80% of all programs provide such training, most frequently though inservice training. Outside professionals are used for training by about 20% of the programs and are significantly more likely to be used by programs serving a mixed parent population.

The hours programs are open appear to be adequate to cover not only the time teens attend school, but many programs are open a sufficient number of hours to provide coverage for young mothers who work full time or hold down part-time jobs after school. The majority (77%) of all programs provide child care for at least 8 hours per day; only 8% provide care for four or fewer hours per day. Programs serving a mixed parent group and those operated by non-profit agencies are more likely to provide services for 9 or more hours per day. Sixty-three percent of all programs operate during the school year only. School district operated programs and those serving an exclusively teen parent population are far less likely to provide summer programs. Of the 37% of programs providing services beyond the academic year, half are open all summer.

Transportation, which is an essential but often problematic service, is provided by 63% of all programs. Most frequently (50%) transportation is directly provided by the program. School busses are used by only 25% of programs, particularly those operated by schools and programs serving teens only; 18% of the programs rely on public transportation for which the program provides passes. Over one-third of the programs mention difficulty with transportation regulations, most often insurance regulations requiring the use of car seats. Other transportation related problems are cited by 64% of the programs and includes the lack of adequate funding for transportation, the difficulty of providing transportation for students living out of district or some distance from the program, and the inadequacy and unreliability of public transportation.

Several issues related to the continuity of care are raised by the survey data. For example, school run programs and those serving teen parents only are significantly more likely to provide child care only for teens in school or training. Other program types, which are in the minority, provide care for work related reasons, protective services and handicapping conditions. Thus, the data suggests that the majority of young mothers who finish their education program and begin to work must also find alternative sources of child care.

While virtually all programs provide care for infants under age one (the majority of programs provide care beginning between one and four weeks postpartum) and 83% for children up to age 2, just over half (58%) provide care for children up to age 3. Far fewer programs (40%) provide services for 4 and 5 year old children; programs serving a mix of teen and adult parents are twice as likely to serve this older age group compared to programs serving teen parents only. These findings indicate that many young mothers, particularly those bearing children when they are 14 or 15 or even younger, must seek other sources of child care at least once before they have graduated from high school or completed a training program. With this in mind it is somewhat reassuring to note that 85% of programs state that they will assist teens in locating child care when the mother graduates or if the program provides child care for a limited time only such as the semester of birth. Non-profit programs are significantly more likely to provide this type of help than school operated programs. Similarly when the child is past the age the program is designed or licensed for, 93% of the survey respondents indicate that they provide help in locating suitable care. But given the pressures on day care in general and the relative lack of infant and toddler day care in most communities, finding accessible, affordable and good quality care still poses a major problem.

Perhaps one of the more reassuring findings is the extent to which survey respondents directly provide some of the essential components of quality programs for pregnant and parenting teens. In addition to providing child care over 90% of survey respondents provide parenting education, health and nutrition education and services. Over 80% of all programs provide birth control counseling and family counseling; just under 75% of all programs provide job training and educational tutoring. Parenting education is the only service which is mandatory in a large majority of all program (71%). Other services were required by less than 40% of the programs. The majority of supportive services were provided directly by the program itself on-site followed by contracted services also provided on-site. Less than 20% of services were provided off-site either by the program or through contracts. Over 75% of all programs require teen parents to be actively involved in the program, most frequently (84%) by working in the day care center.

Just under half of all programs permit teens who are not parents to use program services. The most frequently used program components are parenting education (77%) and job training (59%). In programs directly connected with high schools, non-parent teens were even more likely to be involved with the program most frequently working in the day care center and participating in the child development classes. The essential separateness of teen parent programs, even those directly connected with a high school, is illustrated by

the finding that less than half of these programs report involvement of any kind with the program by regular school teaching staff.

Seventy-one percent of programs responding to the survey report some form of outreach to and involvement of the fathers of program children. Parenting skills (80%), family counseling (75%) and prenatal or birth training classes (67%) were most frequently offered. Birth control counseling, job training and educational tutoring were less available (55% or less). Given the scarcity of programs serving young fathers these findings are of concern since young fathers have been shown to also be at significant risk for adverse educational and vocational outcomes. Grandparents are reported to be involved in some manner with 75% of the programs, most frequently (47%) by attending meetings or visiting the program. Counseling or support groups involving grandparents were available in 35% of the programs and were most frequently provided by non-profit programs.

Almost three-quarters of all respondents report that community and/or civic groups provide volunteers and other services to the program. Membership organizations (Junior League, Elks, etc.) were most often (48%) mentioned. Community agencies (health, mental health, etc.) were mentioned by one-third of all programs, but these agencies were significantly more likely to provide services to school district operated programs than to those operated by non-profit agencies. Just over one-quarter of all programs report using foster grandparent programs or big brother/big sister services.

Over half (57%) of all programs report active involvement in local and/or state teen parent service networks. Also frequently mentioned (41%) is membership in state or local task forces and presentations on teen pregnancy and parenting related topics (31%). Only 28% of respondents report active advocacy at the individual client level for non-program services, and this activity is significantly more frequent among program operated by non-profit agencies. This finding suggests that schools may be less likely to assume a role as a case manager or service coordinator and more likely to maintain their traditional role as a direct service provider. In serving teen parents both roles are essential and complementary if the needs of the teen parent and child are to be met.

Finances were cited by the majority (62%) of programs as a major problem in program continuation and as a constraint on further program expansion. Significantly more non-profit programs than school operated programs cite fiscal problems as a major issue. In contrast to the issues surrounding program start up, six times as many programs (36%) note that space for program expansion is not readily available. Other problems mentioned include the availability and cost of transportation (14%) and obtaining and retaining qualified staff (17%).

The majority of survey respondents (55%) credit the success of their program to dedicated and capable staff. The support of the schools and the community were considered important to 30% of all programs and 26% of all programs cited the comprehensive nature of the program as contributing to program success.

THE CASE STUDIES

Based on the program survey data, other policy and program relevant information, and active consultation with the Project's Advisory Committee, three states (California, Florida, and Massachusetts) were selected from which programs for the site visits were chosen. The rationale for using states as the first stage for selecting model programs is that the presence or absence of state policy has been shown in other studies to have a major effect on local program development (Whetherly et al, 1986). In addition, fiscal and time constraints limited the amount of travel which could be undertaken. The states selected not only offered geographic diversity but each represented a different point on the continuum of the development of programs and policies for teen parents. Information for the survey was available on a substantial number of local programs in each of these states allowing for the selection of a range of service delivery models and program auspices. (See Appendix for more complete state and program summaries.)

Study States: The study states represent significant variation in the depth of state involvement in programs for pregnant and parenting teens. California has had two legislatively mandated programs since the 1970s. Both programs, the Pregnant Minor Program and the School Age Parenting and Infant Development Program (SAPID) are administered by the State Department of Education. The SAPID program is provided primarily at school sites, and services are free for both parent and child up to the mother's high school graduation. Teens may be served from 7th through 12th grade. Florida has provided alternative education programs for pregnant and parenting teens since 1981. In 1986, the Dropout Prevention legislation provided additional funds to support education, child care and support services for teen parents. Services are generally offered through the semester of birth and one additional semester in some cases. The majority of programs are provided in alternative or vocational schools. A unique feature of Florida's programs is the extensive use of SSBG/Title XX funds for child care and the advocacy of the child care provider community for teen parent day care programs.

Although Massachusetts has been actively engaged in legislative and advocacy efforts on behalf of teen parents since 1983, subsidized child care for teen parents only became more widely available in 1986 when specific supportive slots for teen parents were identified for the first time as part of the overall growth in the state subsidized child care program. The teen day care slots pay a higher rate than regular day care and include social services and transportation. As in Florida, the day care community played a major role in securing the teen parent day care funding. The second recent state effort is limited funding to local communities for planning and implementing coordinated services for pregnancy prevention and teen parenting. Through the efforts of the teen parent advocacy and provider community, teen mothers in Massachusetts have gained access to day care vouchers from the state's voluntary workfare program (E.T. Choices) which provides child care for school completion and vocational training. California advocates are attempting to utilize their workfare program (GAIN) for a similar purpose.

Study Sites: The 14 sites selected for study represent a range of program types and auspices. The study developed uniform data collection instruments for site visits and for collateral contacts. The site visit instrument solicited information on program history, focusing on constraints to program

development, key players in getting the program off the ground, program operations, coordination with other service providers, relationships to other teen parent programs and to the public schools, program administration, client characteristics, current climate for services to teen parents at both the state and local level, and future plans for the program. In addition, separate forms were developed for staff interviews, and teen parent interviews. In an attempt to gain additional insight into the context of the issues surrounding program development and continuation and on the relationship of the program to other services for teen parents and the public schools, separate formats were developed for telephone interviews with school personnel (principals, guidance counselors) and knowledgeable and representative community leaders. Legislation, policy guidelines and program regulations were gathered in each state prior to the site visits and additional program information such as teen parent outcome data was gathered at the time of the site visit.

To the extent possible with program provided data, the study attempted to determine whether particular programs and types of programs are more successful than others in reducing dropout rates. It must be noted that without longitudinal data, program outcomes for a single year may not provide realistic information on school retention and completion rates over time. In addition, programs providing services for the semester of birth only or for one additional semester may not be able to effect educational outcomes, particularly for young teens who require services over several years to achieve positive outcomes. Among the programs selected for site visits, less than half were able to provide the study with any type of outcome information. The data available is generally characterized by its unevenness and, with one exception, the lack of any long term follow-up or use of comparison groups.

CALIFORNIA

Only two cities were visited in California. In the Los Angeles area a comprehensive program offering preventive and remedial services to high-risk pregnant and parenting adolescents was visited. The program is located on the grounds of a district high school and is adjacent to a county sponsored Pregnant Minor Program. The program represents a collaboration among the school district, the county, local agencies and community organizations. Funding for program comes from a variety of sources including SAPID. The child care program, which serves a mix of community parents and teen parents, is licensed for 68 children from birth to age 5 and is open year round. It is the only child care program for teen parents in five school districts in the area. (See Appendix for the current, September 1988, status of this program). The teen parents served during the 1985-86 program year were 51% black, 24% Hispanic, 11% white and 4% other. 42% of the young mothers received welfare benefits at some time during their contact with the agency. 24% of the students were age 15 or younger and 6% had dropped out of school before entering the program. Statistics for the 1985-86 program year indicate that 84% remained in school or graduated; only 4% experienced a subsequent pregnancy during the program year.

In San Francisco, a group of six programs affiliated with TAPP (Teen Age Pregnancy and Parenting Program) were visited. The TAPP program is an interagency, city-wide comprehensive case management service network coordinated by the San Francisco Unified School District and the Family

Services Agency of San Francisco and funded by a variety of state, local and federal services. While the TAPP program itself does not directly provide child care, it does coordinate day care services for it's clients. Other direct TAPP services include support groups and recreational activities for teen fathers, and employment counseling to facilitate job entry for TAPP clients.

TAPP has developed several data bases to permit the monitoring of student progress and case management issues. Cross program information on teen mothers and fathers followed from birth to six months indicates that school enrollment rates did not decline but remained constant at 60% at both points in time. This finding is compared to "typical school continuation rates" of less than 20%. The findings indicate that the program was more successful with teen mothers than fathers. Teen mothers receiving more than five hours of TAPP services postpartum were more likely to continue their education.

The network of TAPP associated service providing agencies which were visited include: The Hilltop Special Service Center (a Pregnant Minor Program), and the Family Development Center (a state funded child development center) run by the Family Services Agency. Both programs are located in the same building which houses TAPP and the Sunshine High School, an alternative work/study San Francisco Unified School District Program. The day care center of the city's only SAPID program, the Balboa/San Miguel Infant Center, which is also administered and supervised by the Family Services Agency. Other TAPP affiliated programs visited were the Teenage Perinatal Care Program (A Pregnant Minor Program) at Mt. Zion Hospital, providing education and child care during pregnancy and the semester of birth; the Florence Crittenton Services, providing residential treatment services for teen parents referred by the courts, a child care center and a network of family day care homes; and the Children's Council of San Francisco/Single Parent Family Project which provides family day care for teen parents and trains family day care providers to work with teen parent families.

The characteristics and outcomes, when available, of students attending the various programs in San Francisco are as follows:

- o Hilltop Special Service Center: In 1980, students ranged in age from 13 to 20, with an average age of 16 years. Approximately 45% are Hispanic, 30-40% are black, and 15 % are white. In 1987 more than 90% of the teens' families were on welfare or were welfare eligible.
- o Family Development Center: In Spring, 1987, 18 infants and toddlers of teen parents received care. This represents 20% of the total number of infant/toddler spaces at the center. Client characteristics are similar to those attending Hilltop, from which many are recruited.
- o Balboa/San Miguel Infant Center: The teen parents are primarily black, Hispanic, and Filipino. Priority is given to low income parents and those considered "at risk" for child abuse or neglect because of disabilities. A comparison of teen parents at two similar high schools for the 1985-86 program year found that in the program provided at Balboa, 59%

of teen mothers remained in school or graduated. At Mission High School, which provides no program, 41% of teen mothers remained in school or graduated. In the eight years of Balboa program history only one student had a repeat pregnancy while enrolled in the program.

- o Mt. Zion - Teenage Perinatal Care Program: Approximately 85% of the pregnant teens are black, the majority are from low income families and receive medical coverage under MEDICAL. Approximately 62% of the students are age 15 or younger. Staff estimates that as many as half the students dropped out of school before becoming pregnant, and half are court involved and have parole officers. TAPP statistics for the city's three Pregnant Minor Programs indicate that 13% of the pregnant and parenting teens dropped out during enrollment in the program, an additional 18% dropped out during the transfer back to their regular schools in the semester after birth for a combined school retention rate of 73%. The repeat pregnancy rate during the first year postpartum is approximately 10%.
- o Florence Crittenton: In 1986, 54% of teen clients were black, 25% white, 15% Hispanic, 6% other. More than half the teens are referred to the program through the courts, while many of the others are referred by social service agencies.

FLORIDA

Three sites were selected in Florida. All programs provide child care for the semester of delivery and in two programs services may be extended to an additional semester beyond delivery. All programs are offered on alternative or vocational school sites. In all three programs, the educational component is taught by public school staff. The day care component of two of the three programs is provided by non-profit agencies, and one site also provides teen parents with access to the day care provider's other center based and family day care services. Day care at the third program is provided on-site by public school employees.

The Teenage Parent Program (TAP) at the Lincoln Neighborhood Center in Tallahassee represents a school district program in an alternative setting providing education, health and social services to pregnant and parenting middle and high school students for one or two semesters. Child care is provided through the use of SSBG/Title XX funds by the Big Bend 4-C Council in a co-located program. Nearly 90% of the teens using the program are black, the remaining 10% are white. While teens come from a range of economic backgrounds, most have limited incomes and 30 to 40% are receiving welfare services. Student reading scores are generally at sixth grade level. Approximately 20% of the TAP students experience a second pregnancy before high school completion.

In St. Petersburg, the YWCA provides three pregnant and parenting teen programs during the semester of pregnancy and the semester of delivery. The Y programs include a comprehensive service program with on-site child care, education, and health services; a program for older adolescents not in high school of job readiness skills and GED or remedial education; and a child care

program in an Adult Education school, which maintains open enrollment for the children of teen parents attending school courses and parenting classes. A large number of the teens using the Y programs are middle school students, although the average age is 16. Eighty percent of the teens served at the St. Petersburg site are black, the remainder white. Many are from low income families. The program has followed students at 6, 12 and 24 month intervals after the birth of the index child. At 12 months, 62% of students were still in school or graduated; 78% of the students were not pregnant. These figures do not appear to take into account the 11 to 13% of program participants who could not be followed nor are comparison data provided.

In Sarasota the CYESIS Program for School-Age Parents provides comprehensive educational services for pregnant and parenting teens with on-site child care. The program is operated by the school district on the grounds of vocational high school and makes use of a variety of state and private foundation funding sources. Approximately 60% of CYESIS students are black, a little less than 40% are white, only one or two are Hispanic. Approximately half of the teens are from low income families. 11% of the young mothers had dropped out of school before their pregnancies. Two students out of the 142 served in 1986 were returning with second pregnancies. The Charles Stewart Mott Foundation has funded a longitudinal study of program participants at six month intervals up to 24 months after the birth of the index child and annual interviews thereafter for a total of seven years. The program reports that 73% of program participants were still in school or had graduated at one year after delivery as compared with 37% in the comparison group. AT the two year follow up, 76% of program participants were still in school or graduated as compared with 48% of the comparison group. There was little difference in subsequent births at 2 years between the program group (23%) and the comparison groups (25%).

MASSACHUSETTS

In Massachusetts, all programs visited provide center based day care. Two programs were located in comprehensive high schools. In one school site, the day care program is jointly administered by the school and a non-profit child care agency; the day care at other school site is part of the school's teen parent program. One site provides day care only and is administered and operated as part of a larger non-profit day care agency. The remaining program is administered and operated by a non-profit agency, on the grounds of a hospital. The program provides education, health, social service and child care directly on-site.

The Lawrence Infant/Toddler Center provides day care for teen parents as part of a larger non-profit child care center with a supportive services contract for teen day care slots from the Department of Social Services. Lawrence was also one of the communities receiving a state Teen Pregnancy Challenge Fund grant for planning a coordinated service delivery system. Approximately 85 to 90 percent of teen parents served in the program are Hispanic. Many have recently arrived from New York City, Puerto Rico, and the Dominican Republic. Most students are from low income families. As many as three-quarters live alone or with a boyfriend and many move frequently. The teen mothers tend to be young; in 1987, three 8th grade students were served. The program does not collect any outcome data. The Director estimates that

60% of teens remained in school or graduated during the 1986-87 school year, but noted that nearly 50% of the teens had a second child while they were still in school.

The Teen Care Program at Burncoat Senior High School in Worcester is a comprehensive, school based day care program. The program is jointly administered by the Worcester Public Schools and Great Brook Valley Comprehensive Child Care Center. The program also has a supportive services contract and, like Lawrence, also makes use of the day care vouchers available to students under the E.T. Choices program. Students using the program must transfer to the Burncoat High School. During the first program year, forty-five percent of the students were white, 37% Hispanic, 12 % black. The average age was 17 and most were receiving welfare benefits. During the first program year, 58% of program participants completed the academic year.

The C.A.R.E. Center of Holyoke is a hospital-based program that offers educational, health, case management and day care services to pregnant and parenting teens. The Center primarily serves teens who have dropped out of high school and often come from highly disrupted backgrounds. The child care program has a supportive services contract and also receives funding from a large variety of local, state and private sources. Holyoke was also a recipient of a Challenge Fund grant and has implemented a school based clinic in its High School. Nearly 41% of the teens using the program in its first year had dropped out before reaching high school; 46% dropped out during high school. Approximately 71% of the teens were Hispanic, 20% were white; 4% were black. Nearly 20% of the teens spoke English. Only eight of the 168 (5%) young women served during the first year were not on welfare. This program has just completed its first year of operation. No one year outcome data was available, but intake data indicate that 90% of all program participants had dropped out of school prior to program entry; 42% had been out of school two years or more at the time of program entry.

First Steps Day Care at Cambridge Rindge and Latin School is one of the older school-based programs for teens in Massachusetts. The day care center is part of an academic and social services program for pregnant and parenting teens in the city's high school. The school district covers the costs of the academic and support program and some of the child care component. The program contracts with the state for supportive services slots, uses E.T. Choices vouchers and also has a few fee paying staff members whose children are enrolled in the program. In 1987, 52% of the students served were black, 30% were white; 11% were Hispanic. Average age at conception was 15. Fifty-six percent of both mothers and children received welfare; an additional 19% of the children were welfare recipients. The program maintains annual statistics on participants. During the 1985-86 program year, 69% of program participants completed the program year or graduated. During the 1986-87 program year, 84% of the teen mothers remained in the program during the first half of the program year. An independent evaluation of the second program year found a 90% school retention and completion rate.

POLICY RECOMMENDATIONS

Despite program specific and state specific findings, the commonalities across program types and state boundaries are striking. Several major themes and recommendations emerged from the site visits, the majority of which rely in large measure on changes in state policy.

1. Funding

One of the most important issues to emerge is the extreme fragility of the funding structure of all the programs visited. Each program puts together an annual funding package of multiple and sometimes conflicting sources of funds which results in the growth and contraction of program components according to the availability of a specific revenue source. In California, the uneven distribution of SAPID funds in the state as well as rates, which are based on the teen mother not the age of the child served, severely constrain the orderly development of program resources. Funding stream requirements also pose serious problems. For example, a subsidized, child care slot may provide only 9 months of service, while a workfare voucher insists on a full year of service. Or, the subsidized, child care slot provides transportation and other support services, while the voucher provides no support services. Programs which depend, to some extent, on vouchers are also subject to wide fluctuations in program size since the withdrawal of a voucher client is a total loss of that source of funding to a program, while an empty slot can be filled from a waiting list. There is a real need for coordinated funding streams at the state level. A more orderly funding base would stabilize and encourage growth in teen parent programs without necessarily adding to the cost of services. In addition, such a funding stream would smooth the transitions for teen clients as their eligibility status changes.

2. Age of the Teen Population

Almost without exception, programs in the three states noted that their teen parent population has gotten younger over the last few years. Where in the past, programs could expect the majority of teen parents to be in their junior or senior year in high school, and require at most two years of service, programs are now serving 13 and 14 year olds who will require services for many years. The majority of state and local programs were not established to provide child care for this length of time and for the age range and developmental needs of the infants, toddlers and preschoolers, who must be served. Programs which limit care to the semester of pregnancy and delivery are not realistic when dealing with this new population, unless additional child care programs are developed to support the teen parent upon return to her own school. The scarcity of child care in most communities suggests that unless additional resources are developed in the teen's neighborhood or in or adjacent to the home school, many teens will not be able to continue their education.

3. Transition Support

Inadequate resources for smoothing the transition back to the home school means that the funding and energy devoted to keeping the pregnant teen in school during pregnancy and immediately postpartum may in fact not result in

school continuation. This is the point at which the majority of teens are lost to the system. The creation of social work positions in the St. Petersburg school district to facilitate teen transitions is an example of the services which should be in place in every school system.

4. Family Day Care

Although several sites in the study provided some family day care, what was particularly striking in most sites was the absence of interest in developing family day care as an alternative to, or in addition to, center based day care. Few programs envisioned using center based programs as the core for a satellite network of family day care homes when considering program expansion. In some instances, particularly when the child care was provided by an agency whose primary focus was child care and not teen parent programs (Big Bend and Lawrence), family day care networks were considered a normal part of the constellation of services available. At other sites, center based program expansion was the only option to be considered.

While few of the sites included in the study experienced community objection to their establishment, most programs avoided this issue by using alternative educational or community based settings. More recent attempts, in Florida and California, to establish comprehensive high school based programs have met with some opposition. The establishment of a trained network of family day care providers would not only address the needs for program expansion with less community objection, but also reduce the need for expensive, and often unreliable, transportation arrangements.

5. Local School Policies

Local school district educational policies regarding absence and tardiness are problems for many programs, particularly programs which do not provide on-site day care. Teen parents require a more flexible schedule, or the arrangement of first periods in the child care center for child development classes or homeroom. Teen parents faced with a sick child may lose credit for an entire semester's work if the district policy is not cognizant of the additional demands placed on these teens. If the goal is to increase school retention and completion, punishing the teen for unavoidable absences is not a particularly good method for achieving positive results. As states begin to tighten up their educational requirements, they impose such innovations as year long courses (Florida). It may not be possible for teen parents, moving between schools (transfer during pregnancy, transfer after delivery), to meet this requirement and could result in the total loss of credit for certain courses. Clearly, state and local level education policy, if it wants to address the goal of school completion, must make accommodations to the needs and circumstances of the pregnant and parenting teen.

6. Staffing

The difficulty in recruiting trained staff, reflecting the ethnic and racial balance of the teen parent program, was mentioned by several program sites. In states like Massachusetts and Florida with low unemployment rates, recruiting staff at day care worker salaries poses a challenge to most programs. Trained Hispanic and black staff have many job opportunities, and low child care wages are not conducive to attracting workers to jobs which

require a larger commitment of energy than even regular child care requires. In both California and Florida, school district sponsored programs can offer higher salaries and benefits since child care workers are part of a school bargaining unit. In developing state programs, consideration of the salary issues should be part of the total funding package deliberation. Just as Massachusetts has established a special supportive day care rate for teen parents which reflects, in part, the additional services required by this population, other states should move to establish rates which more accurately reflect the level of service required by teen parents and their children.

7. Licensing

Depending on the state, many programs in which teen parents and their children share the same building do not have to be licensed. While this exemption relieves programs of sometimes onerous day care licensing requirements, it acts to limit the mobility of the teen parent to participate in off-site activities and may also result in serious under-staffing when the program has a large number of new births in a short period of time. Unless the program has the ability to ensure a flexible work force (e.g., more half-time workers in April and May) infants sorely in need of attention may receive only perfunctory care. Licensing laws in some states or counties have also become more restrictive and are excluding center based care for infants and toddlers in new programs. Advocates for teen parents need to work with the state and local licensing authorities to ensure that teen parents are not locked out of child care or their children relegated to inferior care because licensing regulations are not adequate to address the special needs of teen day care programs.

CONCLUSIONS

Without exception, the programs included in this study were providing valuable services to the teen parents, their children and the communities which they serve. The majority of programs had the support of community agencies, local leaders, and the schools. In some instances, the programs were the focal point for organizing a community, county or statewide agenda for addressing the needs of teen parents and their children. But, it also became clear that the fragmented nature and in some instances the absence of state funding and program policy was detrimental to the continued existence of these valuable programs. Too often, the costs of maintaining program services appeared to be too high. The remarkable thing about the study sites was the low turnover rates among senior staff. There is an urgent need for state level policy makers to reexamine the educational and child care programs serving teen parents and to create policies which permit mature programs to continue their services in a more secure organizational environment, encourage the development of new and innovative programs, and provide adolescents and their children with the opportunity to reach their full potential.

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APPENDIX

**CHILD CARE FOR THE
CHILDREN OF ADOLESCENTS:
A LOOK AT PROGRAMS IN THREE STATES**

**California
Florida
Massachusetts**

CALIFORNIA

STATE SUMMARY

California has two legislatively mandated programs that have provided services to pregnant and parenting adolescents since the 1970's. Its Pregnant Minor Programs (PMP) provide education and support services to pregnant teens in alternative school settings, generally through the semester of delivery. Funding is not provided for child care services. The School-Age Parenting and Infant Development Program (SAPID) combines parenting and support services with high quality child care on-site for students in comprehensive junior and high schools and in some alternative settings. California's SAPID initiative goes beyond that of any other state in making services available to teen parents at their school sites. Its goal is to provide services that teen parents need to complete their high school education.

In addition, the Adolescent Family Life Program of the Department of Health services receives substantial state funding to provide case management services to teen parents and assist them in finding and maintaining needed services, including child care. Programs have been developed in 29 California communities.

The State Department of Education (SDE) plays a unique role in California, as the administrator of educational services for both adolescents and young children. The SDE's Child Development Division administers California's subsidized child care program and contracts with local school districts and a variety of other agencies for day care services. The division administers its own child care quality guidelines which it uses in monitoring programs. The SDE also administers the extensive statewide child care Resource and Referral programs. The SDE's central role in child care in California has encouraged schools to become involved in the provision of child care services over the years.

The SDE Child Development Division also administers the two state adolescent pregnancy and parenting programs. The SAPID program is funded through this division, which negotiates contracts and monitors sites. The Child Development Division became the nominal administrator of the Pregnant Minor Program as well, when it moved from Special Education in the early 1980's. PMP funding moves through SDE's general revenues, however, and local districts or counties are responsible for their own programs. Accounting for the number of students and costs of the Pregnant Minor Programs has remained somewhat nebulous.

The SDE Vocational Education Division funds 18 regional "SOLO" projects through federal funds. These projects provide outreach, assessment, guidance, counselling, child care and transportation services to teen parents. During 1985-86, 670 teen parents attended these programs. Vocational Education also administers the TIDE Project (Toward Individual Development of Equity), with federal funding through the Carl D. Perkins Vocational Education Act. The project purpose is to help school districts and community colleges eliminate

sex bias, stereotyping and discrimination in vocational education services. Some vocational services for parents are funded through TIDE.

The School-Based Motivation-Maintenance Program and Alternative Education and Work Centers on School Dropouts Act of 1985 authorized the Department of Education to award funds to schools to service students who dropped out of school. Planning efforts are underway to include case management protocols for pregnant and parenting teen drop-outs.

In California, strong local and regional advocacy efforts helped establish programs for pregnant teenagers as early as 1967, when San Francisco Unified School District set up Special Service Centers (Pregnant Minor Programs) for pregnant adolescents to replace the home tutoring that had been their only resource. In 1970, the state Department of Special Education began to fund PMP's, using federal Special Education dollars. The PMP's lost federal funding when PL94-142 disqualified pregnant teenagers from ineligibility for special education services. California's Proposition 13, a local tax reduction act, drastically reduced tax revenue for school districts in the same year, so that local resources for PMP's were seriously affected. Some state funds were substituted for Special Education funds. In 1982 the programs were established in the state Administrative Code and districts having programs before 1980 were required to continue them. Funding is through the SDE general revenue limits to school districts. The Child development division does not monitor programs, has no guidelines or regulations for them and exercises minimal responsibility over what are essentially locally determined programs. Pregnant Minor Programs are located in a variety of settings, hospitals, alternative schools, residential settings, They combine school district educational services with parenting education, nutrition and counselling services. Prenatal and other services may be provided in collaboration with other agencies. Programs have academic and GED components. Infant care, when provided, is funded through other public or private funds.

The SAPID legislation passed in 1974, with \$600,000 to fund 13 programs for parenting teens in FY 1975. SAPID included funds for child care on or near the campus of high schools for use by parenting teenagers. In 1985, legislation extended the SAPID program to junior high school seventh and eighth graders. Instruction in parenting, child growth and development, family planning and human sexuality, career development, are mandated for teen parents and pregnant teens, as well as representation on the infant center advisory council. Parents are to have regular interaction time with their infants at the child care center. Their children are provided care in a licensed facility with health screening, and social services. There is no minimum or maximum age for children's eligibility. Children remain eligible for care until their parents complete high school. There is no fee for any services. Non-parents are to be included in the program and pregnant teens are encouraged to attend the parenting education component.

SAPID doubled every year until 1980-1981. By 1987, the budget was approximately \$6.7 million and funded programs in 60 school districts. To receive funding, the local education agencies (school district or county superintendent) submit proposals to SDE, which select programs, administers

funding, monitors both the teen parent and child care components, and publishes an annual report.

A variety of local public and private collaborative efforts fund programs for pregnant and parenting teens in the state as well, with child care funded by a combination of state subsidized child care funds for low income families, local funds, and foundations and private agencies. Advocates are currently lobbying for the use of GAIN funds, California's workfare program for parents receiving welfare benefits, for child care to teenage parents.

Professionals in the fields of health services, social services and education, who work with pregnant and parenting teens and teens at risk of pregnancy formed the California Alliance Concerned with School Age Parents (CAC SAP) in 1971. This multidisciplinary statewide organization has held statewide conferences, sponsored a technical assistance program, published a quarterly newsletter and worked actively to increase public and legislative awareness of the needs of teen parents. In 1984, CAC SAP received California Family Planning Council funds to develop a state directory of the adolescent service providers and a resource bank on adolescent pregnancy and parenting, and to strengthen the network of providers and advocates.

The California Senate's Office of Research prepared a report on adolescent pregnancy in October, 1984, entitled Mom, Dad, ... I'm Pregnant. The report provided information on teenage pregnancy and childbearing and identified model prevention and comprehensive service programs, including child care. As a result of this report, several bills were introduced in the legislature to provide statewide funding for expanding programs for pregnant and for parenting teens. Most did not pass. The State Department of Education convened its own internal task force in 1986 to address questions of adolescent pregnancy and produced its first report in late 1986. Recognizing the tenuous position of the Pregnant Minor Program and its lack of funding for child care, the uneven distribution of the SAPID sites (with a concentration in rural areas, particularly the Central Valley, one small program in San Francisco, three in Los Angeles and none in some areas) and the need for child care for teen parents, The Task Force, under the leadership of a former high school principal committed to child care programs, convened a national conference in early 1988 to examine the directions that states' policies may take. The 1985 legislative efforts are being consolidated into a comprehensive bill to provide new statewide funding for both pregnant and parenting teens to be introduced in the 1988 legislative session.

TAPP (Teen Age Pregnancy and Parenting Program)
Family Service Agency of San Francisco
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San Francisco, CA 94110

Contact Person: Amy Loomis, Project Director
(415) 474-7310

The Teen Age Pregnancy and Parenting Program of San Francisco is an interagency city-wide comprehensive case management service network coordinated by the San Francisco Unified School District (SFUSD) and the Family Service Agency of San Francisco (FSA), with the Department of Social Services and the Department of Public Health playing strong supportive roles. Some thirty agencies have participated in the informal network since 1981 to assure that pregnant and parenting teenagers have access to health, education and social services regardless of their school, medical or welfare status. The TAPP network is a unique, city-wide response to the complexities of needs and services in San Francisco. Its model of case management services and collaboration among agencies and, to some extent, school involvement, is being used in 29 communities in California funded by the Department of Health under the Adolescent Family Life legislation and in other communities in the United States and Canada. TAPP's director, who is also a SFUSD employee, and the FSA's executive director have become strong state, national and international advocates of comprehensive programs for teen parents that include child care, health, counseling and academic components, and coordination of services.

TAPP is managed by the Family Service Agency and by the San Francisco Unified School District. Funding for the program has been provided by a mix of federal, state, local public and private funds including the federal Office of Adolescent Pregnancy Prevention (OAPP Title VI and XX), federal Department of Labor, Ford Foundation, San Francisco Foundation, California's Maternal and Child Health Program (California Adolescent Family Life Program), California Department of Education (Carl D. Perkins Funds), San Francisco Unified School District, Public Health Department, Social Services Department, and Golden Gate Regional Center. It is likely that funds from GAIN, the California workfare initiative for parents receiving welfare benefits, will become available for teenage parents in the near future as another source of funds. In addition, the United Way, local charities and a variety of churches, services organizations and individuals have given support to individual agencies and their teen parent programs.

The two coordinating agencies have played active roles in providing both services to teen parents and child care services in San Francisco over the past twenty years. Recognizing that substantial numbers of pregnant teenagers were not completing their educations after being banned and/or transferred from public classrooms during their pregnancies to home teaching, SFUSD joined with the Department of Public Health (DPH) and a number of hospitals and agencies in 1967 to create Special Service Centers, where pregnant and

delivered teens could continue their educations. Late in 1970 Pregnant Minor Programs were funded by the state Department of Special Education to serve teens at the Special Service Centers. In 1976, three comprehensive high schools developed federally funded School Age Mothers Programs, which lasted until 1979.

The Department of Education (SDE) in California administers publicly subsidized child care funds, and SFUSD has been a major contractor of subsidized child care services. In 1975 Family Service Agency began to phase in SFUSD funds for child care for teen mothers in San Francisco at its Family Development Center, previously funded since 1971 through a demonstration grant by the federal Office of Child Development. In 1979, with state School Age Parent and Infant Development (SAPID) funds, the SFUSD contracted with FSA to open a child care center for students at Balboa High School/ San Miguel Infant Center for 14 children.

With the passage of federal Special Education legislation, which eliminated pregnant teens from coverage under Special Education funds, and other school district cutbacks, the informal network of services faced considerable loss of social and educational services. More than 30 agencies met in 1979 to review existing services and plan for change. In a city considered rich in its services, with complex racial, ethnic and political affiliations and constituencies, the group considered the questions of an estimated 90 percent dropout rate for teen parents statewide, and the state's rank of second highest teen pregnancy rate in the country. A plan for continuous case management services within the network of services emerged. The goal was to help teenagers get the services they need and assist them in making transitions between services during their time in school. The Teen Age Pregnancy and Parenting Project was developed in 1981 with funding under federal Title XX through the Office of Adolescent Pregnancy (OAPP). TAPP was specifically designed to address the transitions between services for pregnant and parenting teens as they moved through educational, social and health sites. Child care is an important component of their overall service plans.

The TAPP program works both with clients and with an informal network of agencies to provide services. Each teen client who uses TAPP has a continuous counselor, who assists the teenager to receiving the services required under a case plan. The continuous counselor maintains a relationship with the teen mother and her family and the young father for up to three years or until the teen mother is approximately nineteen years old. Clients participate in one of four tracks that allow them to receive services outside of TAPP and still maintain their connection to the program, depending on their needs. The four tracks vary from one providing school and day care at a single location to one providing no school or child care services. Teens who are not eligible or who do not wish to participate in one of the four tracks can request referrals to appropriate community services. Each continuous counselor is responsible for 35 to 40 clients.

The TAPP project includes a fatherhood component with community workers who do outreach to teen fathers, two fathers support groups and recreational activities for fathers and their babies. Teen fathers under 19 in the program have their own continuing counselor and receive comprehensive services

concentrating on concrete services wherever possible. The Ella Hill Hutch Teen Fathers Responsibility Program provides services to additional teen fathers.

TAPP relates to child serving agencies in San Francisco in a number of different ways, from contracting and co-location to information and referral. A variety of independent agencies coordinate their services to provide comprehensive care including pregnancy testing, primary and preventive health services, nutrition information, counselling, education and referrals to pediatric, mental health, health, family planning, venereal disease screening, social services, maternity homes and child care. More than 30 agencies participate in this network in a variety of ways including co-location, comprehensive single sites, network meetings, inter-agency agreements and other written policies, and data collection and management. TAPP has more or less impact on organizations according to the clients they serve, the agency history and the specific agenda.

The TAPP primary site at Sunshine School houses staff from the Family Service Agency, San Francisco Department of Social Services, Public Health Department, San Francisco Public Schools, and a San Francisco General Hospital nutritionist, who work directly with TAPP clients. TAPP case managers and counselors work directly with clients and agencies at the primary site run support groups in three high schools, have assigned hours at several teen obstetric clinics and do special outreach assignments, particularly to teen fathers. An employment specialist assists counselors in identification of training and employment resources and preparation of students for employment. Two additional employment counselors work with clients ages 17 to 21 to provide educational, vocational and placement services. The child care resource coordinator works closely with the state funded child care resource and referral agency, the Child Care Switch Board, as well as with the Family Service Agency's child care coordinator and staff.

The Teenage Pregnancy and Parenting program now does a considerable amount of data collection and management. The program maintains three data bases including the SFUSD data base (access to the San Francisco Schools automated student record), the TAPP case file management data, and the Pregnant Minor Program (Special Service Center) enrollment and attendance file. The program director notes that the multiple data systems allow TAPP to monitor students within the school system, plan school site programs and evaluate the impact of programs on students.

In evaluating overall effect of coordination of programs for teen parents, TAPP reports that, as of 1987, 65 percent of pregnant and parenting teens using the TAPP network are still in school after six months as compared to the national rate of 30 percent and the local rate of 10 percent. Participation in TAPP is associated with the continuation of school and the re-enrollment of those who have dropped out of school before or after birth. The network has been able to attract students who have dropped out. Twenty-three percent of the pregnant and parenting teen mothers in TAPP were dropouts at conception, as were 47 percent of the teen fathers. Thirty-nine percent of black teens re-enroll, 24 percent of Hispanics and 27 percent of other groups return to school.

A University of California San Francisco study found that TAPP participants in 1982 to 1985 had an overall low birth weight rate of eight percent, significantly lower than the 11 to 17 percent national average. The rate would appear to be an improvement for the city when compared to a San Francisco rate of 12 percent in the years before the TAPP program (1978-1981). Further, Pregnant Minor Program students showed a low birth weight rate of 7.4 percent, also significantly lower than the 9.1 percent for those attending other school programs and 8.7 percent for those TAPP clients who were school dropouts. A second study of school continuation concluded that the availability of the Pregnant Minor Program clearly enhanced the ability of teens to remain or re-enter school during pregnancy, and that participation in the TAPP program was associated with continuation and re-enrollment during pregnancy and for the first six months postpartum, the length of the study. The Pregnant Minor Programs and TAPP continuous case management during transitions appear to be effective models for retaining and re-enrolling pregnant and parenting teens, and for assisting them to bear healthy babies.

TAPP is one of three active groups within the teen services network of San Francisco, along with the Perinatal Forum and the Adolescent Family Life network. The TAPP program holds a monthly meeting as a forum for agencies to share resources, enhance knowledge, and strengthen relationships with each other. In addition, TAPP chairs a Housing Committee to consider ongoing needs of teen parents for housing and a Job Training and Employment Committee, a consortium of 16 agencies providing employability related services to single women, displaced homemakers, heads of household and teen parents (funded with Carl D. Perkins Vocational Education Act funds).

Because TAPP's relationship with other agencies in the network is diverse, a brief description of the links is given where appropriate in the program descriptions that follow. The TAPP primary site is described along with three other programs housed in the Sunshine School.

TAPP Primary Site
Family Developmental Center
Hilltop School
Sunshine High School
Sunshine School
2730 Bryant Street
San Francisco, CA 94110

Contact People: Judith Lewis, Dept. Head, Developmental Services, FSA/SF
Child Care Delores Gibson, Day Care Supervisor
(415) 282-1090

The building that houses the TAPP primary site is also the home of three other programs for teen parents: Hilltop Special Service Center (Pregnant Minor Program), Family Developmental Center child care center, and Sunshine High School alternative high school. Each of these programs will be described.

The primary site of the TAPP program is the Sunshine School, a two story Spanish style building in the Mission District. Owned by the School District, the building now houses the TAPP site and the Hilltop Special Service Center (Pregnant Minor Program); the Family Developmental Center (FDC), a Family Service Agency program providing child care to infants of teen parents, adult parents and families of handicapped infants in three wings of the first floor; and Sunshine High School, a small alternative, work-study high school, on the second floor of the building. Both TAPP and The FDC have moved to this location in the past five years, increasing the coordination of services to teen parents. Staff from the Department of Public Health, the Department of Social Services, the Golden Gate Regional Center, and a nutritionist from San Francisco General Hospital University of California are co-located at the TAPP site to see teen parent clients, to communicate with continuous counselors of the TAPP program and to coordinate services with their agencies. Continuous Counselors, outreach workers, employment counselors and the other TAPP staff are based in these offices. The site is well located for public transportation. San Francisco General Hospital is approximately three blocks away. This office is available to teen parents to visit, receive services and request referrals to appropriate services. Teens using other services within the building have access to the staff at the TAPP office during their school hours.

Hilltop Special Service Center. Hilltop Special Service Center is one of three San Francisco Pregnant Minor Programs, offering comprehensive service sites for pregnant teens and occasionally expectant fathers during pregnancy and up to a semester after delivery. The other two are located at Mt. Zion Hospital and at St. Elizabeth's maternity home. Of the 288 pregnant and delivered teenagers served by Special Service Centers in 1985-86 school year, 122 attended Hilltop. The school district provides three teachers and a part-time counselor for the program. The staff teach classes needed for graduation or GED preparation, special needs classes, child development, parenting,

counselling, and, with a TAPP outreach worker, provide a parenting support group. School breakfasts and lunches are available for low income teens. Students needing transportation use SFUSD bus cards on the municipal bus system.

Students in the Pregnant Minor Program range in age from 13 to 20 years, with an average age of 16.4 years in 1986. Approximately 45 percent of the Hilltop students are Hispanic, 30 to 40 percent are black, up to 15 percent are white and the remainder are Asian, primarily Filipino. In 1987 more than 90 percent of families were receiving welfare payments or were eligible. Most of the teens live with their families. They have not dropped out of school but have transferred from other schools to the Pregnant Minor Program during their pregnancy. After completing the program, they may transfer back to their home schools, to Sunshine alternative high school with child care or to Balboa High School, which also has child care. These students have a continuous counselor through the TAPP program and may receive services of agency co-located staff in the same building as their school and child care. A teen obstetric clinic is located approximately three blocks away at San Francisco General Hospital, along with a teen well baby clinic.

TAPP reports that in 1985-86, 288 students attended the Three Special Service Centers, with 13 percent dropping out during their time at the center. An additional 18 percent dropped out during the transfer process, for a combined loss of 27 percent of students. Child care problems are reported to be a significant factor that contributes to failure in the transition.

The Family Developmental Center (FDC). The Family Developmental Center is a therapeutic and child care facility serving high risk families including teen parents, families of handicapped children, protective services families, medically disabled infants, former teen parents who are now in training programs, college or jobs, and other families that qualify as high priority under State Department of Education (SDE) guidelines. While the Center originated in 1971 through a four year federal office of Child Development demonstration grant to set up a program of child care and support services for teen parents, it expanded its scope through another federal demonstration grant during 1975-1978 to mainstream handicapped infants and toddlers. The Center, which is a program of the Family Service Agency of San Francisco, receives funding through the SDE, Golden Gate Regional Center (GGRC), United Way, the SDE Child Care Food Program, and St. Joseph's Hospital. While most families do not pay fees, those who are funded through SDE and who have income high enough to qualify as fee paying usually pay from \$.50 to \$12.00 per week on a sliding scale.

The FDC has operated in four locations and moved to the current location at Sunshine School at 2730 Bryant Street in 1983. While a majority of the population served have always been teen parents, the proximity of the TAPP program, the Hilltop School and Sunshine High School in the same building, has resulted in increases in the numbers of teen parents enrolled and served. There is a current waiting list of 225.

The FDC occupies one entire wing of the ground floor of the Sunshine School building, as well as parts of the other two wings. There are three infant

nurseries and three toddler nurseries. One of the infant rooms has been designated as the Elaine Wolfe Grady nursery; it has a service priority for teen parents attending the Hilltop School, although it also serves teen parents attending Sunshine High School upstairs. This nursery is described separately. Children are age grouped and move from infant to toddler rooms when they are developmentally ready.

The FDC is licensed for 88 children from two weeks to four years, although most children are transferred to preschool programs at the age of two years and nine months. An average of 34 children of teen parents are served at any one time at FDC; seven to twelve of these are in the Elaine Wolfe Grady Nursery, which serves the youngest group of babies including some as young as two weeks of age. Staff child ratio is one adult to three infants and one to four toddlers. FDC has six "foster grandparents" who work four hours per day to give additional attention to the infants and toddlers. In hiring staff for the Center, the FDC director looks for caregivers who have experience with young parents, and she has been able to keep a cultural mix in the teaching staff. The average employment time at FDC for child care staff is approximately five years although some staff have been with the program since it started. While no special training on teen parenting issues is required, the regular monthly inservice training includes a considerable emphasis on parent/teacher communication and may include teen parenting issues if these are currently relevant. In addition, the Center maintains a staff nurse, a special education coordinator, a child development specialist and speech and physical therapy consultants to assist teachers and to work with children. Parent meetings are not mandatory and there are no separate meetings for teen parents in the Center at this time. Staff work with teens on parenting issues and coordinate with TAPP counselors.

Nearly all the teen mothers who use FDC child care services attend Hilltop or Sunshine programs and have TAPP continuous counselors, who assist them, the teen fathers and the grandparents. Teen parents in the program have access to the co-located staff at the TAPP office as well. While teen fathers may attend the Hilltop program, very few have done so.

Elaine Wolfe Grady Nursery. The Family Service Agency provides child care for 10 to 12 infants under one year old through United Way and state Maternal and Child Health Block Grant Funds at the Grady Nursery, one of six rooms that make up the Family Development Center, which operates through a diversity of funding for high-risk families. Only a few students are affluent enough to pay a small fee on the program's sliding scale. The nursery is a single large room divided by a portable low wall into sleeping and activity areas. Mothers and infants play and socialize on a large rug covered by a sheet. The center is well equipped with changing tables, three rocking chairs and a large number of toys. A staff ratio of one adult to three infants toddlers is maintained. A student worker who comes in the morning is not counted in this ratio. A "foster grandparent" from the Family Service Agency spends four hours in the nursery each day. Staff have access to the nurse, special education coordinator and child development specialist of the Family Developmental Center. FDC supervises the Grady Infant Center, and staff are included in monthly inservice training meetings.

Students supply their own transportation or receive bus cards to use on municipal buses. Transportation to the area is reported to be good. The nursery supplies diapers and food for the babies. Some of the mothers nurse their infants and come to the nursery during the day. Parents may visit the nursery at lunch and sign up for other times during the day, so that they may be fit into the schedule. Pregnant students have a Wednesday practicum of 50 minutes in the nursery during the semester before delivery, coordinated by the FDC child development specialist.

Sunshine High School Sunshine High School occupies the second floor of the Sunshine School building. The school is a "four and four" school, with half a day each of classes and work experience. Approximately 185 students are enrolled at Sunshine. According to TAPP, many of the teens parents who transfer there are older, farther behind in their grade level, have child care problems and place their names on the waiting list at the Family Development Center downstairs. Child care spaces are limited at FDC, and some students are not able to obtain services. No parenting class or child care practicum has been available to parents at this site. However, the career studies program has begun offering child care and a child development class as an option. The school coordinates with the FDC for some student placements for credit. In addition, the Mayor's summer job program has included child care employment. TAPP reports that school dropout rate at Sunshine continues to be high.

School-Age Parenting and Infant Development Program (SAPID)
Balboa High School/San Miguel Infant Center
300 Seneca Avenue
San Francisco, CA 94114

Contact Person: Judith Lewis, Dept. Head, Developmental Services, FSA
(415) 282-1090

Balboa High School. San Francisco School District's only School-Age Parenting and Infant Development Program (SAPID) is based at Balboa High School, in the city's Mission District. With 61 sites statewide, the state funded SAPID program's mandate is to provide child care and support services at public schools so that teen parents can complete their secondary education. The State Department of Education funds the programs to provide child care for students and classes on human reproduction, nutrition, child development, infant health and safety, toilet training, parenting roles and responsibilities, discipline, family planning, homemaking skills and consumer education. Practical experience in the child center is mandatory. Fifteen percent of the students in the program must be non-parents. SAPID projects must have an advisory council that meets at least twice a year and includes teen parents. Developed in 1974 at 13 sites with \$2 million, SAPID has expanded to 61 school districts by 1986, at a cost of \$6.6 million.

The eight year old Balboa SAPID program is administered by the school district (SFUSD) which mainstreams students into the 2,000 student comprehensive high school. The Family Service Agency (FSA) manages the program's child care at the San Miguel Infant Center adjacent to the school. Parenting teens enrolled in SAPID at Balboa receive the case management services of TAPP continuous counselors, an on-site lunch time support group run by a TAPP community outreach worker and a high school counselor, and health services at the high school's on-site adolescent health clinic. One teacher and a school guidance counselor each are authorized to spend approximately one school hour daily assisting students and making contact with the child care center. Students attend parenting and child development classes, with practicum time in the nursery for both parenting and non-parenting students.

Parenting teens participating in the SAPID program must attend Balboa high school. SAPID students and the Balboa student body are primarily black, Hispanic and Asian (Filipino). Priority is given to parents considered to have a "special need," which may include being "at risk" for child abuse or neglect or having disabilities. A few teen fathers attend the program, which serves 14 students at any one time. Many of the students attended Balboa before they were pregnant, while others have transferred from alternative programs.

The San Miguel Infant Center is housed adjacent to the high school in a former elementary school. Much of the building is used by SFUSD for state subsidized child care for low income families. the SAPID infant and toddler center occupies one room, with a separate space for napping. The space is licensed for 16 infants and toddlers under the age of two years, but generally

enrolls about 14. The mandatory staff ratio is one teacher to three children. Two "foster grandparent" volunteers from the Family Service Agency spend four hours per day with the babies. Teen parents are scheduled into the center for supervised time with the infants. The center is open seven and one-half hours per day during the regular school year only and supplies food and diapers.

The center is staffed by two teachers and two aides. The staff is multicultural and, although there are currently no male teachers, the program has included two men. While several caregivers have been at San Miguel for as long as four years, there has been some staff turnover, particularly in the head teacher position. The center holds weekly staff meetings and regular inservice training sessions. San Miguel is supervised by the Family Service Agency' Child Development Director and has access to the services of a nurse and a child development specialist. The center opens at 7:45 am. Parents must bring their children and have them settled before their classes begin at Balboa at 8:10 am. Teen parents, like most students in the city, must find their own transportation or use bus passes on municipal buses. The center has a fairly strict absence policy, with a review of child care after two written warnings for unexcused absences. The policy at the high school, however, depends on the individual teacher and is less stringent. Students in the program are required to participate in a practicum in the child care center as part of a child development class.

Even with recent funding cuts and less school time and resources for the counseling part of the program in recent years, staff find that the program has helped teen parents complete their education. Of six seniors in the 1986-87 SAPID group, only one did not graduate on time, having one test to complete. In the SAPID's eight year history, only one of the students who remained in the program has become pregnant a second time. In a comparison of two similar large high schools, TAPP found that in June, 1986, Balboa had a 41 percent dropout rate of teenage mothers, while Mission High School, which does not have similar support programs, had a 59 percent school withdrawal rate of teen mothers.

Teenage Perinatal Care Program (Special Service Center)
Mt. Zion Hospital and Medical Center
1600 Divisadero Street
San Francisco, CA 94126

Contact Person: Sandra Jones, Program Coordinator
(415) 885-7738

Mt. Zion Hospital, in San Francisco's Western Addition, has operated a comprehensive care program for pregnant teens for nearly twenty years. The program includes a SFUSD Special Education Center, one of three in the city for pregnant minors. The Perinatal Program offers a comprehensive education, health care and case management program for pregnant teenagers during the semester of their delivery. Until recently, a mininurse provided care for 4 infants. Mt. Zion coordinates with TAPP through a specific and detailed linkage agreement, whereby the hospital provides the major case management for students in the program and TAPP provides ongoing case management on-site for students referred through TAPP. Services to students from Florence Crittenton who attend classes at Mt. Zion are spelled out in that agreement as well.

Funded with Block Grant monies by the state Department of Maternal and Child Health through the city Health Department's Perinatal Forum, The Teenage Perinatal Program has two major components, the Special Education Center and a strong perinatal care component, with obstetric, pediatric and social work services run by four staff. Due to funding cutbacks in recent years, the program has approximately half the staff it once maintained. The on-site San Francisco School District Special Education Center is open to any pregnant student in the school system. Parenting and child development, career education and basic high school courses are offered by two full time teachers and vocational education teacher who comes to the center once a week. Approximately half of the students in the center also receive their prenatal and medical care at Mt. Zion and use the Perinatal Program's teen obstetrical clinic. A nurse, nutritionist and two counselors work with the teens before and after delivery. Counselling may include drug abuse counselling and assistance for teens with drug problems. Students from the Florence Crittenton residential program for pregnant and parenting teens also attend the program. A third group attend the Special Education Center and receive their medical and prenatal care elsewhere. Approximately half the students are part of TAPP's case management and have a TAPP continuing counselor in addition to the social work and case management services of the four Perinatal Program staff. Through linkage agreements with TAPP and Black Child and Family Services, those agencies provide vocational education staff, additional counselling time and assistance to teen fathers. Staff help students find child care in order to return to their high schools or to alternative programs upon completing the Mt. Zion program. Teen parents are assisted in finding other medical care if they do not wish to enroll their babies in the Mt. Zion well baby clinic. Counselors attempt to follow teen parents and their babies for two years.

Although any district student may use the Perinatal program, the majority of students attending the Special Education Center are from the Western Addition. Approximately 85 percent of the pregnant teens are black. Most of the students are from low income families and receive medical coverage under MEDICAL. Staff estimate that as many as half of the teenagers had dropped out of school before they became pregnant and that as many as half the students attending classes are court involved and have parole officers. Approximately 62 percent of the students are 15 years old or younger. TAPP reports that a total of 92 students attended the program in 1986.

Funding for the program has not included the infant care center, which closed in June 1987, due to lack of funding. For five years the mini center, with one hospital staff person, cared for four infants, two weeks and older, from 8:00 am to 2:00 pm. Teen parents were scheduled into the center to work with staff regularly, and certified "foster grandparents" from Family Service Agency spent time with the infants. In January, 1988, the center reopened, funded through the Family Service Agency.

Florence Crittenton Services
840 Broderick Street
San Francisco, CA 94115

Contact Person: Sarah Maina, Executive Director
(415) 567-2357

The Florence Crittenton Services of San Francisco is a private, non-profit agency that is among the first in the national movement of "rescue homes" founded by Charles Nelson Crittenton to enable single pregnant young women to get a new start in life. The agency has provided residential support services, including medical, emotional and adoption services to a variety of pregnant young women for nearly 100 years. While its mission has remained the same, Crittenton Services has attempted in the past 25 years to meet specific needs of young pregnant women who lack family support. In 1971, the child care center was opened in a victorian house adjacent to the residential program in San Francisco's Western Addition. The following year, the program was licensed as a residential treatment center and began to serve young women with multiple problems. Crittenton Services now includes a single parent outreach program and a network of family day care homes providing additional child care services to single parents throughout the city.

The residential program serves up to 35 pregnant teenagers and teenage parents with infants, for as long as two years. More than half of these teenagers are referred to Crittenton by the courts and others are referred by social service agencies and a few by TAPP. Services and child care are paid for by a combination of public funding and private donations. In 1986, 54 percent of Crittenton's teen clients were Black; 25 percent, Caucasian; 15 percent, Hispanic, two percent, Native American; and four percent were Asian. Approximately 70 percent enter the program before their babies are born, but teen parents with infants or toddlers are also referred to Crittenton for residential placement.

The teenagers live in the facility, a large brick house in a residential neighborhood, and receive a range of support services including crisis counselling, individual and group counselling, health and nutrition services, parenting and basic living skills training, tutoring and recreation in a highly structured environment. School, vocational training, or employment is a part of the program but is not provided at the site. Most high school students attend the Special Education Center (Pregnant Minor Program) at nearby Mt. Zion hospital, where they may also receive health services and where many of them deliver their babies. After delivery, they may attend one of several alternative school programs. While most young women may stay as long as two years, a small number of young women in a state funded program stay at Crittenton residential services only until fourteen days after their delivery, when they must have alternative living arrangements. After they have left the program, teen parents may continue to use the child care center until their children have reached two years and nine months of age, the maximum age for which the child care center is licensed.

The child care center serves 25 infants and toddlers of teen parents from both the residential program and from the community. The center is funded to serve low income families through the state subsidized child care program, and is open year round except on major holidays. The licensed center is located on the first floor of a renovated victorian building. There are separate rooms for infants, babies beginning to crawl, and toddlers. The rooms are bright and airy, with good bathroom facilities. The very small yard behind the house has been renovated with city Community Development Block Grant money and consists of a large motor activity area and a slightly raised deck for infants. The child care center enrolls babies at two weeks of age and is licensed to care for children up to two years and nine months of age. Community parents pay a small fee based on the state Department of Education sliding fee scale; however, there is no minimum fee required.

The teens bring their children to the center in the morning before their classes and pick them up in the afternoon as early as 2:00 pm, if they are in the residential program. The center is open ten hours per day for nonresident teenage mothers, who must find their own transportation. Each teen parent spends one hour per week in the nursery with the children, in addition to routine contact in the morning and afternoon with child care staff and classes in parenting skills and child development. Weekly attendance at parents meetings is mandatory. Contact with teen father or family is informal.

The center maintains a staff/child ratio of one teacher to three infants and one to four toddlers. Child care staff attend weekly staff meetings, case consultations and have social workers and a nurse available in the center for consultation. Staff turnover has been fairly low; a number of the staff have worked at the center for as long as five years. FCS is committed to keeping a racial and ethnic diversity in the staff, to match that of the parents. The center has a "foster grandparent" program through the Family Service Agency, in which elders volunteer to spend time with the babies, giving them extra care and attention. A number of church and volunteer organizations make contributions to the center and to the residential program.

Florence Crittenton has developed a network of affiliated neighborhood family day care homes to help additional low income parents who need good child care. Providers receive ongoing training through monthly meetings, and these parents attend special programs on child rearing at FCS. Child care is partially subsidized for low income parents by the United Way. While the family day care network cannot serve teens without income at this time, Crittenton is hopeful that GAIN, the state's work program for parents receiving welfare benefits, may be a source of future funding.

Crittenton is part of the Teen Age Pregnant and Parenting Project network; however, most of their referrals come from the courts and the protective services unit of the Department of Social Services.

Children's Council of San Francisco/Single Parent Family Project
1435 Market Street
San Francisco, CA 94103-1308

Contact Person: Martha Roditti
(415) 864-1881

The Children's Council of San Francisco is a non-profit child care resource and referral agency that has been serving parents, children and providers since 1973. The Council's Child Care Switchboard was one of California's original state funded Information and Referral Agencies. The agency has provided active leadership and child care advocacy in the city and statewide. For three years, the Children's Council operated a small network of family day care homes with subsidized child care for teen parents, the Multi-Cultural Single Parent Family Project. The project originally sought to reach teen parents living in the Hunters Point/Bay View area but now includes teen parents from other parts of the city. The United Way funded program was initially developed as a collaborative effort of the Children's Council, the Audrey L. Smith Developmental Center and Mission Neighborhood Center to serve young single minority mothers who needed child care, counselling and early intervention. The program began with eight teen parents and has expanded to care for children of approximately 20 teen parents either full or part time. The network is available to teen parents in the TAPP program and coordinates with TAPP through its child care specialist. Parents who were not involved with TAPP were included in this program and received services from other community agencies.

The project recruited and trained family day care providers, placed and paid for children in the homes, and provided ongoing support and training to providers and assistance to the teen parents, including weekly visits to the homes and monthly meetings on child care and parenting issues. The Audrey L. Smith Center and the Children's Council shared the services of a mental health consultant. Most of the referrals came from TAPP, so that the teen parents received the services of a TAPP continuing counselor in addition to those of the Single Parent Project.

The parents provided their own transportation, generally using the municipal bus system to get to the child care and to their schools. Family day care providers were encouraged to act as low key role models to the teen parents on child care and parenting issues as well as providing a nonthreatening parental figure for the teen parent and offered themselves as extensions of the social services systems.

The Children's Council has found that child care is a major support to teen parents. Family day care has proved itself in this project to be the most accessible, culturally appropriate and affordable form of care for infants of teens. However, in many but not all families, the family dynamics are so complex and community services so diverse and underfunded that many teens "fall between the cracks" of the social service network.

Since this project terminated in July, 1987, the Council has continued a special contract for child care for teens through TAPP using trained family day care providers. They hope that this effort will result in increased child care through GAIN, California's workfare initiative.

FLORIDA

STATE SUMMARY

Florida has taken several major steps to serve pregnant and parenting adolescents in the past ten years. Until 1978, pregnant students, who were classified as "physically impaired," were not permitted to attend school, except through district exceptional education programs. The state initiated a pilot alternative education program for at risk populations in that year. In 1981, alternative education was extended to pregnant and parenting teens. By 1986, 20 districts offered programs. Programs are voluntary for districts and for students, who may choose instead to attend their own high schools. The State funds the programs at 1.5 times the usual student average daily attendance reimbursement and encourages districts to provide prenatal, parenting and child development courses, counselling services, health care, child care and transportation.

After a 1985 survey of the programs revealed that 60 percent of the students who dropped out of the alternative education programs did so because of lack of child care, the legislature passed pilot legislation to encourage schools to start new child care programs or expand existing services and appropriated \$300,000 to be matched by localities. An additional \$50,000 for programs was appropriated for dropout prevention grants. The following year the legislature passed the Dropout Prevention Act. This act consolidated alternative education programs in the Department of Compensatory Education in a Dropout Prevention Unit. The act made available both grants to districts and a supplemental 68 percent rate per student paid by the state under the Florida Educational Finance Program. Districts have been required to submit a plan by December 1986 in order to receive the extra cost factor for the 1987-88 school year. The plan must include specific strategies and curricula to retain students at risk for dropping out of school, including pregnant and parenting teens. A total of \$750,000 was allocated for starting or expansion grants for comprehensive programs to serve pregnant and parenting teens including child care. An additional \$750,000 was allocated by the legislature for 1987-88 to be raised through the new Florida lottery. The Bureau of Compensatory Education has created a manual to assist districts to develop a plan and has evaluated the first year of the grant program.

From September through February of the 1987-88 school year, 2,833 pregnant and parenting teens were served through Dropout Prevention Act programs. A total of 30 districts have a full day of courses and services to these students. Twenty-three districts provide child care on-site or near the program. Other districts, may in rural areas with distances too great and numbers too small to have a centralized program, offer parenting and prenatal health courses.

Local communities are strongly involved in programs. Making use of a local taxing option, Pinellas County has established a Juvenile Welfare Board that has become the primary planning and funding body for teen parent services. In 1987, a state law was passed opening the County taxing option to all Florida

counties. The governor has established Constituency Councils in more than 25 districts to host forums and raise children's issues, including health and child care for parenting teens.

The Dropout Prevention grants may be used in mainstream high schools; however, most of the start-up has been on alternative or vocational school campuses. Students must transfer into these schools or programs to use the services. Several programs are located at community agencies, such as St. Petersburg's YWCA or Tallahassee's Lincoln Neighborhood Center. Child care is funded primarily through Florida's Title XX/SSBG subsidized child care program in licensed facilities and may be managed by the school, an agency or a child care center. Most programs are designed for students to attend for one or two semesters, then return to their own schools. Since subsidized child care is in extremely short supply throughout the state and teen parents do not have priority for receiving services, many students have considerable difficulty obtaining child care to continue school after leaving the alternative program.

Florida faces some unique challenges in working with teen parents. School districts in this state include entire counties, often with a mixture of urban and extremely rural areas. Several of these counties are among the largest school districts in the nation. In rural areas, the number of students to be served may be too low to demand specialized programs and distances too great to travel to an existing program in the district. Child care remains in extremely short supply. Many communities remain quite resistant to programs for teen parents in comprehensive high schools. Because of a severe shortage of public health nurses in some areas, several communities have moved to establish teen health clinics for the first time. Most school districts remain reluctant to transport infants, so that transportation can become a major problem.

A network of strong advocates has grown in the state and has worked consistently with legislators and with administrative agencies on teen parenting issues. Directors of the programs associated with schools and other parent advocates have brought the need for comprehensive programs for pregnant and parenting teens to the legislature and the governor's office. They stress the need for a broad range of support services and for coordination of these services to individual teens. Many were active on a statewide Task Force on Teen Pregnancy convened by the University of Miami's Center for Dropout Prevention. The Task Force published a position paper in late 1987, before the center's state mandated funding ended. Since that time, the Department of Education has created its own Task Force to address pregnant and parenting teen questions and submitted a report to the State Board of Education in the spring of 1988.

Providers of child care who receive SSBG/Title XX funding for low income families have formed the 4-C Forum. Organized approximately eight years ago, this coalition has become active in advocating for increased child care for teen parents. Members have taken slide shows, teachers and teen parents to a variety of hearings and have worked to document the need for child care in the state. The group supported passage of the dropout prevention legislation.

Teen parent and child care advocates have worked with legislators over the past few years to produce state wide funding and comprehensive programs for pregnant and parenting teens. Strong local efforts have produced a variety of programs and considerable public support for programs. Legislation proposed for 1988 would create case management services in each county under the Department of Health and Rehabilitative Services and would include funding for additional child care. A more controversial bill has been submitted that would require teen parents receiving AFDC benefits to attend school or vocational training.

CYESIS Program for School-Age Parents
School Board of Sarasota County
3550 Wilkinson Road
Sarasota, FL 33581

Contact Person: Barbara A. White, Program Director
(813) 922-2117

The CYESIS Program for School-Age Parents in Sarasota, Florida, is a comprehensive program of services for pregnant and parenting teens. Operated by the School Board of Sarasota County, CYESIS draws students from four high schools in a school district of 25,000 students. Fifty-five pregnant and parenting teens attend the alternative school program, usually for two semesters (including the one in which they deliver). The child care center serves 25 infants and toddlers for the school day, while the students attend a variety of classes and activities.

The program was created in 1978 after the local Community Services Forum identified teenage high-risk pregnancy as a pressing problem in the county. While Sarasota County is fairly affluent, there are pockets of low income residents, many of whom are black, most working in a minimum wage service industry. The county School District, serving a population of 200,000 people lacks adequate child care services or referrals, maternity homes or other services for teen parents. A number of community agencies, including the United Way, the Department of Public Health and Children's Home Society, have worked together with the School Board to develop a comprehensive program and to provide ongoing funding through a mix of local, state and private dollars. State alternative education funds for parenting and pregnant teens are used for the academic component. The Charles Stewart Mott Foundation provided funds to equip the infant center and has funded a longitudinal followup and evaluation of the project. Funding to support the child care programs has come primarily from county discretionary funds in a county with a substantial tax base. Churches and civic groups make regular donations to the program. The program has met with little opposition and is highly regarded in the community. Cyesis' director, who has been with the program for nine of its 10 years, feels that the program demonstrates the School Board's ongoing commitment both to alternative education programs for dropout prevention and to high quality education. A recent restructuring of the school administration will place alternative programs under a single principal and increase Cyesis' financial stability within the school system. Since 1978, more than 500 young women have completed the program.

In addition to health and child development courses, counselling and scheduled time in the child care center, the teens may take academic courses at the Cyesis site or attend classes or GED preparation at the vocational high school on an adjacent campus. A number of seniors attend vocational education classes and 10 to 12 students of the 50 attending in the spring of 1987 were working on GED preparation. The campus also provides specialized instruction for mentally and emotionally handicapped students. Students needing more advanced academic courses have been bussed to a high school in the area. All students are required to take a prenatal health, nutrition and childbirth

preparation course the first semester and the majority who keep their babies take a parenting course. The program offers three parenting courses, including a peer counselling and information sharing class. Approximately two-thirds of the students remain in CYESIS for academic classes during the day. A student council was developed this past year, and staff feel that there will be sufficient interest for it to continue. In 1988, the Health Department plans to open a nurse-midwife clinic on the premises for Health Department patients. CYESIS students' prenatal care visits are handled at the clinic or through private physicians.

Of the 92 teens in the program in 1986, between 10 and 15 had dropped out and were returning to school through CYESIS. Referrals come from the school, the Health Department or former students. While the program had nine seniors in the spring of 1987, the director reports that more middle school students are beginning to attend CYESIS. Two students with second pregnancies attended the program in 1987. Approximately 60 percent of CYESIS students are black; a little less than 40 percent are white. Only two students are Hispanic, and the program is working on gaining the confidence of the Hispanic community to increase Hispanic involvement. While the program serves teens from a mixture of income levels, approximately half the teen parents are from low income families. Teens who stay longer than one semester pay a small weekly fee based on a sliding scale. Payment of a fee is not rigidly enforced.

The day care program is housed in two bungalows in a cluster of buildings that are part of the Cyesis program. The center is well equipped and meets Health Department licensing requirements. Babies are accepted at two weeks of age up to two years of age. A student assistant is scheduled into the center each period of the day to work with staff, and this past year, two volunteers have worked at the center regularly, so that the program maintained a ratio of one adult to three children. As the number of babies varies during the year, the ratio of paid staff to babies varies from one to four to one to seven.

One of the child care staff has a B.A. and is the parent of two children. Two staff have LPN backgrounds. There has been little staff turnover. Child care staff are paid by the school district at paraprofessional aide's salary, with benefits, often more than six dollars per hour to start, and more than most child care workers in the area. They are within a school bargaining unit and move up yearly on the salary schedule. One of the child care staff is black. All staff meet the School Board requirements for first aid, CPR and vocational classes. Both inservice and direct supervision are a part of ongoing training.

Parents come to the center with their babies on a school bus equipped with infant seats and staffed by an aide who assists with child care problems. This service is provided by the school district. After talking with staff about their children's health and feeding schedule and putting their babies' food and supplies away, the teen parents go to their own school activities. Students whose children are older than six months take their children to lunch with them each day, while those with younger babies may choose to eat in the center or visit after lunch. At the end of the day, parent receive a completed written report on their children's diapering, sleep and eating

schedules, disposition and activities. Breast feeding mothers can come to the center from classes during the day. The center cares for 25 children.

The child care program is considered a learning laboratory for the parents, who have scheduled time in the center several times each week, both to gain experience in child care and to allow the staff to observe their interactions with their own or other infants. When problems are observed with an individual child, appropriate referrals are made to community agencies for early intervention services.

Once a week, a bus takes CYESIS students to the Health Department for clinic visits. School attendance and child care related absences are coordinated with the school programs, so that parents can meet academic requirements and their own and their children's health needs. Recently, a Health Department school nurse makes weekly on-site visits to assist with health concerns identified by the child care staff.

As part of the Mott Foundation's evaluation project, all students have been followed at six month intervals for 24 months after the birth of their child and yearly thereafter. Results after four years showed these students to have improved math and English levels, increased grade point averages over their past school history, increased knowledge of health and child development and reduced incidence of low birth weight babies. One to two years after leaving the program (for 1979-82), 82 percent of the students had received a high school diploma or were still enrolled in school. Cyesis program students had fewer repeat births, and more were economically self sufficient than other school-age parents. The director reported no low birth weight babies in 1987 for the first time in the history of the program.

Cyesis staff are concerned about housing for teens who cannot live at home and may become separated from their infant in foster care, and about the lack of child care and other services for parents returning to school. A new child care program has been developed at the nearby alternative high school, primarily for toddlers of students in the school. The School District built the facility, and a state dropout prevention grant funded its first two years of operation.

YWCA Project H.E.L.P., PREP, APP
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The YWCA of St. Petersburg, Florida is responsible for the three programs for pregnant and parenting adolescents in Pinellas County. Project H.E.L.P. (Health, Education and Life Skills for Pregnant Teens) is a program of comprehensive services, including child care for 68 teens in St. Petersburg and 38 in Clearwater in the northeast of the county. The PREP program provides job readiness skills, GED or remedial education with child care for five hours per day for 20 teens meeting federal Job Partnership Training Act (JTPA) income criteria. The Adolescent Parenting Project (APP) at Mirror Lake Tomlinson Adult Education school maintains open enrollment for teen mothers or fathers to attend school courses as well as parenting classes and provides seven hours of child care daily. Thirty-one parents enrolled during the first year for the APP project.

The school district of Pinellas county is the sixteenth largest in the nation and includes 14 high schools. The north county has an older population with somewhat higher incomes, while the south portion of the county has more young people, more blacks and more low income families. The YWCA Project H.E.L.P. has been funded in two sites, to serve teen parents in both areas, while the other two programs are single sites. With its track record in serving teens and with community involvement and consistent funding by the county's Juvenile Welfare Board, the YWCA is now regarded as the county's lead agency in serving pregnant and parenting adolescents and providing child care services for them. The agency has succeeded in building a broad base of support for teen programs and for its other major project, an emergency shelter for homeless families. Its Board of Directors includes members of the business and financial community. Active community support comes from the Urban League, Junior League, March of Dimes, Children's Home Society, Medical Auxiliary, churches, businesses and service clubs. The mayors of both St. Petersburg and Clearwater participate in annual fund raising events, along with other civic leaders. The Jr. League has recently provided funds for a new van to transport Project H.E.L.P. students and their infants in St. Petersburg.

The Juvenile Welfare Board (JWB) administers county monies raised through a local taxing option in Florida and has been a active funder of the YWCA teen parenting projects. The JWB completed a major needs assessment of the county in 1986. Among 19 priority recommendations was action on teen pregnancy problems, specifically by providing services including teen dropout prevention, education and health services. A county-wide Adolescent Pregnancy Task Force convened by JWB has reviewed the services in the county for pregnant and parenting teens. Guided by their findings, the JWB has issued grant proposals for several projects for 1988. The YWCA will respond to a proposal to provide case management services to teens countywide. While Y child care and teen services have received significant community support, substantial community opposition was raised to a proposed school-based teen

health clinic recommended by the Task Force with potential private foundation funding. The JWB plans to fund a teen clinic based in the community, because of the severe shortage of public health facilities in the county.

The St. Petersburg YWCA established Project H.E.L.P. in 1981 with federal Office of Adolescent Pregnancy Programs funds, additional support and funding by the JWB and the promise of a teacher from the county school board. The program began in the Y with 15 students, one teacher, one counselor, child care, and a van for transporting all the students. The following year the JWB financed the opening of a second site in the north of the county, in Clearwater. The city of Clearwater provided inexpensive space for the project. By 1985, H.E.L.P. capacity was 53 teens in St. Peterburg and 30 in Clearwater. In January, 1987, the project hired additional staff in St. Petersburg to serve 15 more students under a state Department of Education drop-out prevention grant with an in-kind school match. The child care nursery was renovated at that time. The five year federal OAPP declining grant, scheduled to be phased out in September of 1987 and replaced by community funds was frozen in early 1987, pending the resolution of a suit concerning the affiliation of national YWCA's. The United Way provided funds to cover the short fall. The JWB has supplied a major share of the community replacement funding for the programs. The program reapplied for a drop out grant for 1988, to be funded by the new Florida lottery. Funds would maintain the St. Petersburg program and expand child care services in Clearwater.

After developing the H.E.L.P. program, the organization recognized other unmet needs and decided to expand its services to parenting teens, adding the PREP program in 1985, the Adult Education School-based APP program in 1986 while continuing to expand Project H.E.L.P., which grew from one to eight teaching staff in the two sites. The Y's programs have served more than 1300 students since 1981.

Project H.E.L.P. is a comprehensive program serving teens for approximately six to nine months during a first pregnancy. Priority is given to pregnant teens 15 years or younger. The program receives referrals from the schools, from the public health department and former clients. More than 90 percent of the students are still in school and have not dropped out before becoming pregnant. The education component is a certified Alternative Education program with six classes. In addition to parenting education, health and prenatal care through the Health Department, the program has individual, group, family and father counseling. The nursery has a grandparents day each year. Presentations on adoption and a support group for teens who have chosen adoption are a part of the program, as are self esteem activities. Three perinatal coaching programs work with the counseling component. Big Brothers/Big Sisters matches many clients with a volunteer "big sister." Staff from community agencies come to the program to introduce their services to the students. Project H.E.L.P. students have the opportunity to become part of a peer panel that makes presentations to schools and other adolescent groups concerning teen pregnancy and parenting. The program director notes that as the educational component has expanded and added teachers, the counseling and day care components have had to struggle to keep up with the need for these services. There are a total of 26 staff at the two sites,

including contracted childbirth educators. The counselors have contact with nearly 300 former clients during the year.

After completing the program teen parents return to their home school or are referred to the Adolescent Parenting Project or for GED training at PREP. Students returning to high schools have access to two counselors from the School District Teenage Information Program for Students (TIPS) programs to assist with a variety of issues. The counselors cover only six of the county's 14 high schools and cover middle school students only in an emergency. Because one of the Adolescent Pregnancy Task Force recommendations was an expansion of this concept, the JWB has funded the Project H.E.L.P. Aftercare component. A full time counselor from H.E.L.P. covers five additional schools, while a half time counselor provides followup services to H.E.L.P. students in five middle schools. H.E.L.P. counselors do a formal followup with all clients at six, 12 and 24 months postpartum.

The YWCA has a working agreement with Project Playpen, a large family day care agency, to provide priority child care services to teens returning to school. Project Playpen is mandated to give highest priority to child abuse cases and clients of Project Independence, Florida's work and training program for parents receiving welfare benefits. There are currently more than 200 on the waiting list for infant care in Project Playpen's family day care homes. Project H.E.L.P. and other teen parents receiving welfare benefits may now voluntarily join Project Independence and receive a higher priority for child care services. It is anticipated that participation in Project Independence will become mandatory for adolescent parents receiving Aid to Families with Dependent Children, and may include strict school guidelines.

Staff estimate that the program serves about one-third of the pregnant teens in the county. Another third stay in the high schools and it is estimated that about one-third drop out. A large number of the teens are middle school students, under age 16. Overall, in Project H.E.L.P. about 65 percent of the teens are black and 35 percent are white; at the St. Petersburg site, 80 percent are black. Many are from low income families, but all income levels are represented. The average age of students is 15.7 years.

The St. Petersburg site is located in a YWCA building that is close to public transportation for those students who do not come on the van. It is a few blocks from the hospital and from the Public Health Department. An area school provides lunches. The van transports teens to health appointments, to the WIC site and to appointments at the Department of Health and Rehabilitative Services. The recently renovated turn of the century house has large, bright rooms that are well maintained. The nursery is located in a single large open room on the ground floor. The child care program provides care for five hours a day during the school year and during the summer school program. Babies are accepted at two weeks of age, when the parents return to the program. The on-site program is not licensed and presently accepts all babies of teen parents, as they are born, so that there have been as many as 17 as the semester's end. In 1987, part of the state drop-out prevention grant funds were used to adding a refrigerator, microwave, additional cribs and some visual stimulation equipment. The City of St. Petersburg contributed \$10,000 in Community Development Block Grant funding in late 1987

to provide renovations, extending the room by moving a wall and adding windows. The Clearwater site is also located close to public transportation and to hospital facilities. That program provides daily transportation to and from school for half of the students.

The three day care staff in St. Petersburg and one in Clearwater are fairly new to the center. One has a B.A. in Education, another has a college degree and all have completed a mandatory 20 hour course in child development and child care given by the state licensing division of the Department of Health and Rehabilitative Services. Adult to child ratios vary during each semester and may rise as high as one adult to seven or eight infants, including volunteers and parents in St. Petersburg and one to five in Clearwater. Project Playpen and the licensing board provide inservice training. Staff salaries are typically low, approximately \$4.25 per hour, but include a benefit package and are somewhat higher than many child care salaries in the area. All H.E.L.P. staff meet weekly to discuss program and staffing client issues. A variety of volunteers spend time in the centers, particularly during the months when the census is high.

Project H.E.L.P. does not provide transportation to and from school. At the St. Petersburg site, the center opens at 8:00 am. When they arrive, parents report to child care staff their infants last feeding, sleeping period and any marks or bruises. Then they help the infants get settled for the day before beginning classes at 8:30 am. Students have six hours of classes rather than the seven offered in their high schools and receive credit for child development only if they have not already taken the course in their schools. Parents spend lunch time with their infants and an additional one hour per week in the nursery, with the four classes of students rotating days in the nursery. After completing their last class at 1:45 pm, students return to the nursery to pick up their babies and check the infants charts for feeding, diapering, sleeping and other activities.

Once a month, Project H.E.L.P. has a fathers' night program, with practical child care activities. Fathers have been invited to a family portrait session at the center, where they may have their pictures taken with their babies. Grandparents are required to attend orientation sessions with the pregnant teen and are invited to a grandparents day in the nursery.

Until this year, the PREP Program occupied the St. Petersburg site after the Project H.E.L.P. ended, from 2:00 p.m. until 4:30. As of January, 1988, PREP is run in conjunction with Project H.E.L.P. from 8:30 a.m. to 1:45 p.m. five days per week. PREP is funded by federal Job Training Partnership Act (JTPA) funds. Students in this program typically have dropped out of school and already have children. The program provides GED and remedial skills training, pre-employment and job readiness skills for JTPA income eligible teen mothers or fathers, with child care for their children. Parenting skills, counselling to individuals and family members and birth control counselling are available to students. Since it has been restructured and run in conjunction with Project H.E.L.P., PREP has had a waiting list of between four and eleven students. A child care staff person shared with the H.E.L.P. program cares for the children in the child care program. The program has not yet recruited any teen fathers. The YWCA expects to apply for Women's

Educational Equity Act (WEEA) funding for this program, so that they may expand services, unhampered by strict income eligibility requirement for parents.

The Adolescent Parenting Project is the newest of the YWCA's programs and served 31 teenage parents and 32 children in its first nine months of operation, in 1986-87. The program's capacity is 15 teen parents, including fathers, and their children from two weeks to approximately 18 months of age. Located in the Mirror Lake Tomlinson Adult Education school, the educational program prepares students for a high school diploma or a GED. The YWCA's day care component provides the only school-based child care in the county. The program is funded by the JWB, and the school system which provides the teacher, facility and custodial services. The YWCA is responsible for the three child care staff and counselor/coordinator and program. The facility is exempt from licensing (which also excludes licensed center-based programs from setting up new infant/toddler programs in Florida) and has three staff for a maximum of 15 infants and toddlers. Child care staff have high school diplomas and have participated in the mandated HRS 20 hour child development course required for first year employees.

Students transfer from project H.E.L.P. and PREP, or from high schools. Approximately half of APP students had dropped out of school before attending the program. One teen father has taken the course. Even though the program is an Adult Education program, students no longer have to purchase their own books, which amount to several hundred dollars during a full year.

Parents bring their babies to the center for the school opening time of 8:00 am. by public transportation or their own transportation, as the school district does not yet transport infants. The teens spend their first period with their children, feeding and settling them for the day. Second, third and fourth periods are high school or GED classes. Parents are responsible for their babies during lunch period and may leave campus if they wish, although most eat in the back of the child care room. Their fifth period is classroom instruction in child development and parenting and sixth period is spent with the children, and helping to clean the nursery. Staff report that the rapport with guidance staff and teachers is excellent and feel that teachers at the high schools would support similar programs with child care.

The YWCA programs serve between 275 and 300 teenagers per year. Preliminary data from APP indicate that students show academic improvement in the program. Project H.E.L.P. program followup data from 1985-1986 indicate that five of 123 students were known to be pregnant after six months. At the 12 month followup, 13 of the 95 interviewed were known to be pregnant; at the 24 month visit, eight of the 86 still being followed were pregnant. Eighty percent of babies had passed first year developmental milestones at the 12 month followup; 78 percent had received all inoculations; while 18 percent were found to be anemic. After two years, 57 percent of H.E.L.P. graduates were not receiving public assistance. A larger, independent evaluation study of the program has been undertaken by a sociology professor from the University of South Florida.

Staff remain concerned about continuity in teen parents' education, particularly lack of transportation and stringent tardiness and absence policies in the schools. The H.E.L.P. Aftercare program will provide followup services to a number of additional students returning to their schools. Although the YWCA's objective has been to serve 35 percent of teen fathers, they have not been able to meet that goal in any year.

The YWCA has played an increasingly important social service role in the community. In 1982, the Y established the Virginia H. Lazzara Emergency Shelter. Open to families as well as individuals, the shelter has provided meals, day care, crisis counselling and referrals for more than 8000 people and has received considerable community support. Programs of the YWCA serve nearly 300 pregnant and parenting teens in this large county, in which some 700 teens give birth per year. In early 1988, the agency will submit a proposal to the JWB to provide case management services for all pregnant and parenting teens in the county. The agency advocates within the community for school-based transportation to all pregnant and parenting students and their children. The project director has noted the need for a residential facility for parenting teens who cannot return to their homes after their children are born. This "bonding home" would house teen parents who now become separated from their children in separate foster homes.

Teenage Parent Program (TAP)
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The Teenage Parent Program (TAP) of the Leon District Schools has provided educational services to pregnant and parenting teenagers of the Tallahassee, Florida area for 15 years. Each year 80 to 100 middle and high school students spend one or two semesters in the alternative program, located in the Lincoln Neighborhood Center, which also houses the Lincoln Children's Center and a number of social service agencies. The Big Bend 4-C Council provides child care services for 40 children of TAP teen parents at the Children's Center. The program has gained a high reputation in the community under the consistent direction of its program manager, who has been with TAP since its second year.

One hundred and twenty four thousand of Leon County's 177,000 residents live in Tallahassee. While Tallahassee is an affluent community with two state universities and a junior college, the city has a number of low income neighborhoods and several subsidized housing projects. The county has a well developed social service network and a number of service activists. The Teenage Parent Program opened in an Episcopal church 15 years ago following two years of research and planning by community members concerned that pregnant teenagers could not complete school. Strong advocates in the county school system, several local churches and the community collaborated to establish the alternative school for pregnant and parenting teens, who had to locate their own child care in order to attend classes. After nearly five years, the program moved to its present location in an old school building (which was converted into a neighborhood center) and is funded primarily by Florida's alternative education monies. The building also houses a Health Department Satellite Clinic, Community Action Program, 4-C day care Head Start offices, SAIL, and Apalachee Mental Health, Pride Program (Minority Substance Abuse). An alternative school in the same location is available for the teens to take courses not available at TAP. A day care component has been added, funded primarily by federal and state subsidized day care (Social Service Block Grant) monies. The program's manager notes that coordination of services to teens in the Teenage Parent Program runs extremely smoothly because of the co-location of the agencies in the community center.

While there is wide range of public opinion on the subject of teen pregnancy in the community and several proposals for school-based child care

have been rejected, the TAP program has met with no organized opposition and has become an established part of the service and educational networks. The School Department has made a substantial financial commitment to the TAP program, and Big Bend 4-C Council's teen parent child care component is part of their large network of child care resources backed by an excellent reputation. The program is the center of a rich network of resources for pregnant and parenting teens. The TAP manager estimates that TAP is able to serve 75 percent of pregnant teens in the county.

The purpose of the Teenage Parent Program is to provide pregnant teens with educational and support services during their pregnancies and through the semester of their children's birth. TAP staff are part of the Leon County school system. Through a collaborative effort with community agencies, the program now includes academic classes at the program site and in the alternative school; parenting skills, tutoring, health and nutrition training; clinic services and birth control counseling through the County Health Department; personal, family and peer counseling; and job training through the JTPA program. Florida State University provides Lamaze coaches and tutors, while the Church Women United and other groups continue to support the program through donations, including baby clothes. Families and the teen fathers are contacted whenever possible during a home visit and infant assessment soon after the birth and are invited to special events. Family members are invited to special events. The program manager notes that TAP has not been successful in attracting teen fathers to events at the center and has not had the staff or funding to do outreach to them. A recent grant proposal for a grandparents' support group was funded.

The staff are concerned with building self esteem and parenting skills as well as with health and education issues. A study on self esteem, conducted by a Florida State psychologist in the first years of the program indicated that teen parents had seriously low self image and self esteem, while a follow-up study indicated that self esteem rose after students were out in the world. A unique feature of the program that has grown out of the study and staff discussions is a required peer counselling class intended to develop a sense of community among the teen parents.

Students who choose to attend TAP transfer into the alternative program from the county's four high schools and transfer back or to the alternative high school at the semester break after their delivery. Nearly 90 percent of the students are black. The teens come from a range of economic backgrounds, but most have limited incomes. Between 30 and 40 percent are receiving welfare services. Student reading scores are generally at the sixth grade level. Approximately 20 percent return with a second pregnancy. About half of TAP students ultimately use child care services. The others arrange for their own child care, generally through relatives.

The teen child care program is a part of the Lincoln Child Care Center, operated by Big Bend 4-C council. Big Bend was established in 1971 as part of a federal effort to encourage child care coordination through local agencies (Community Coordinated Child Care agencies). The agency took on the task of providing publicly subsidized, high quality child care services to low and moderate income families, where parents are working or in training programs.

Big Bend now operates six child care centers, including the state's model child care center for state employees, manages a network of 26 family day care homes and subcontracts with 21 centers in seven counties to provide child care services for a total of 1,100 children. In addition to a full range of child care services, Big Bend maintains a social service component to assist families and provides prevention and intervention services for the Protective Services Division of the state Department of Health and Rehabilitative Services (HRS).

The Lincoln Child Care Center is licensed to provide infant/toddler and preschool programs for 107 children. Approximately 40 are children of the TAP program teen parents. The TAP program child care occupies four rooms in the center. An infant room accepts 30 babies at two to six weeks. An intermediate room has a maximum of ten babies who are beginning to sit and crawl. A third room is for up to twenty toddlers under the age of two. After completing the TAP program, parents continue to receive publicly assisted child care services through the 4-C child care network as long as they are in school, in training or working. Day care is available ten hours per day, throughout the year, including holidays, vacations and summer. Parents pay a small fee based on a sliding scale, but the minimum fee of two dollars is not rigidly enforced.

The center is open from 7:30 am to 5:30 pm. Parents may purchase tokens at reduced rates for public buses or take school buses equipped with infant seats to their high school where a shuttle transports them to Lincoln Neighborhood Center. After checking in with staff, parents go to the TAP program for the day. It is not mandatory for parents to spend time in the center during the day; however, mothers observe in the child care center frequently, and some are scheduled regularly into the center, in place of a class.

In addition to maintaining a ratio of one staff member to five children in the infant and toddler rooms, Lincoln Child Care Center has "foster grandparents" in the classrooms regularly to provide extra care and attention to the infants. The alternative school nearby involves some of their students in child care placements in the infant/toddler program as well. The center places great value on interaction between the adults and infants, encouraging singing and holding, as well as time outdoors. In general the rooms are light, sunny and well equipped, although some are small, and space is an ongoing problem. The 4-C director has a Bachelor's degree in Early Childhood, two of the staff have earned Child Development Associate Credentials, and two others have completed the 20 hours of early childhood training required by the Department of Health and Rehabilitative Services. The Big Bend 4-C educational coordinator provides regular inservice training. The director reports that there is low staff turnover, as 4-C provides better salaries and benefits than several other centers in the area. All current program staff are black. Two 4-C social workers provide case management for TAP babies, making referrals for speech, hearing and other services and coordinate with the TAP social worker.

The Teenage Parent Program is preparing a follow-up study of teen parents. While staff agree that great progress has been made in serving many teen parents' needs for health and nutrition education, child care and a caring,

accepting structured atmosphere during their stay in the program, they would like to see the younger teens particularly stay longer and have more support through the school system upon their return to their high schools. Staff have estimated that as many as 50 percent of the youngest students fail to complete high school. While child care resources are often available, transportation problems and a rigid attendance policy make it difficult for teen parents returning to school to meet school and family needs simultaneously, in spite of increased cooperation between TAP and school guidance counselors. Transition back into high school remains a difficult area, and follow-up through the four high schools remains tenuous.

The TAP program and child care are well established and accepted parts of the school system. Teen parents identify with the program and the ongoing staff and return to visit and to obtain referrals for services. A school bond issue passed in late 1987 includes plans for the construction of a new facility for the program with child care on the grounds of a vocational technical school campus that has both vocational and academic programs and a GED component. Construction should be completed in five to eight years. The manager expects to expand the program to include more students, teen fathers and grandparents.

MASSACHUSETTS

STATE SUMMARY

Massachusetts does not have a legislative initiative establishing comprehensive programs or services to teenage parents. However, the state has become increasingly involved both in planning efforts and in funding comprehensive services for pregnant and parenting adolescents. There are substantial funding efforts in two areas at this time: first, child care specifically for teen parents, some of which includes extra funds for supplementary services; and second, grants to communities for planning and for implementing new programs for teen parents. Since 1983, when the Alliance for Young Families, a Boston based advocacy group, convened a Statewide Task Force on Pregnant and Parenting Youth of School Age in Massachusetts, there has been an almost bewildering amount of activity, legislative work groups, leadership from several task forces in the governor's office, and effective advocacy efforts on the part of a well developed teen service alliance and an increasingly sophisticated child care community. These efforts have resulted in DSS Teen Day Care contracts, the E.T. Choices (Massachusetts voluntary work program for parents receiving welfare benefits) voucher funding, the Teen Pregnancy Prevention Challenge Funds, and yearly state budget increases for health and other services used by young families.

The Massachusetts School Code prohibits exclusion of pregnant students from school but makes no provision for services. Individual programs have developed as local school districts and agencies addressed the needs within communities. The autonomy of local school districts has allowed communities to develop programs to meet local needs of pregnant and some parenting teens; however, programs have often remained isolated and have maintained a low profile in a state known for controversy of questions of family planning, sex education and abortion. A number of districts have made use of homebound instruction for medically at risk students and of special education services under the Commonwealth's Chapter 766.

Both the state Department of Social Services (DSS) and the Department of Public Health (DPH) fund case management and support programs for pregnant and parenting teens, not including child care. The DSS Services to Young Parents program and DPH Pregnant and Parenting Adolescent Program both provide case work and support services, usually contracting through community-based agencies. DSS has worked directly with schools and has encouraged linkages between schools and community agencies. The Alliance for Young Families reported in 1983 that these two agencies were reaching 3,500 teens, approximately 13 percent of the teenage mothers in the commonwealth. Since 1983 DSS has increased funding for the programs and has added transitional housing and some foster care to the range of services specifically targeted to teen parents and their children. DPH has expanded its program to 25 sites serving 5,332 teens. Funded services may include prenatal care, teen tot health care, case management, counselling and advocacy.

A research report prepared in 1983 for the Statewide Task Force on Pregnant and Parenting Youth of School Age in Massachusetts identified a total of 53 programs for pregnant and teen parents statewide, nine of which provided

educational and child care services. Only three programs served teens until their studies were completed.

In advocacy for comprehensive programs for teen parents, a strong role has been played by the Alliance for Young Families, founded in 1970. The 45 member Alliance, working in conjunction with the Massachusetts Coalition for Pregnant and Parenting Teens (a statewide coalition of public and private agencies, service providers and individuals), has provided leadership in budget and legislative issues. In 1984 the Statewide Task Force on Pregnant and Parenting Youth of School Age, convened by the Alliance, published its report, Uncertain Future: Massachusetts Teen Parents and Their Children. The groups have advocated for day care slots, health programs, family planning services, WIC, and funding for educational programs.

In 1985, the Governor's Office on Women's Issues established a Working Group on Pregnant and Parenting Teens to draft recommendations for the Governor. A pilot planning project in four communities was one of the first efforts of the group. The money was used to hire consultants who assisted the communities to form local coalitions and draft plans to address teen pregnancy prevention and parenting. In 1987 the Governor established a Teen Pregnancy Prevention Challenge Fund with \$1 million for program and planning grants for FY 88.

An Adolescent Health Council was created by legislative mandate in 1987 with the responsibility of ensuring the coordination of all state agency efforts in teen health care. Membership includes Commissioners of the state service and economic agencies and some advocates and private providers. The Councils initial focus is Teen pregnancy prevention and services, and its first task has been to oversee the Teenage Pregnancy and Prevention Challenge Fund and make funding recommendations to the Secretary of Human Services. The Council will review existing programs and services and make both program and policy recommendations.

The Massachusetts Caucus of Women Legislators formed a Task Force on Pregnant and Parenting Teens in 1985. Its Report on Adolescent Health Care was issued in 1986, and legislation establishing a coordinating council was passed in December of that year. Caucus members have filed subsequent legislation and have been instrumental in the passage of budget items for teen child care funding.

In April, 1986, the governor's Day Care Advisory Committee formed a Task Force on Day Care for Teen Parents, chaired jointly by members of the Alliance and the Governor's Office on Human Resources. Recommendation for child care were presented to the Office on Women's Issues and well as to the Day Care Advisory and included an emphasis on child care for teen parents.

Child care funding specifically for parenting teens has developed through several sources and is becoming a major state contribution to community based comprehensive programs for teen parents. Day Care targeted to teen parents has been part of the overall expansion of child care services under the Governor's Day Care Partnership Initiative, a two year program to strengthen and expand child care in the state. Among the other results of the initiative

has been a network of resource and referral agencies, 150% increase in the child care budget and an expansion of the day care voucher system.

Beginning in 1982, DSS funded child care for a demonstration project, the Teen Parent Family Support Program, administered by the Alliance for Young Families. When the demonstration project ended, the state continued to fund the child care. DSS used protective/supportive services child care slots to provide day care and transportation for several other teen parent programs in the state for several years. In the FY 1987 budget, 137 teen parent child care spaces were specifically included and were contracted to 12 programs. The Teen Day Care expanded by 215 spaces in Fy 1988, with contracts to be signed in the spring of 1988. The teen day care includes sufficient funding for day care programs to provide transportation and support services. The programs must be connected with an education and support program for parents. Attendance is monitored at both programs, to be certain that parents are using the services. Teen child care slots are for infants and toddlers under 22 months. It is anticipated that the present supportive contracts will be converted to teen care contracts in the future.

A further source of day care funding comes through the ET Choices program. This voluntary work and training program for parents receiving AFDC benefits offers vouchers for child care. Teenage parents on their own or their mother's welfare grants are eligible for voucher child care while they attend comprehensive or vocation/technical high school or a GED program. While these vouchers do not fund transportation or additional services, teen parent programs have been able to combine vouchers, contracts and other funding to fund needed child care programs.

DSS has a small amount of per diem babysitting reimbursement funding that has been used by some teen parents. Localities may use 15% of JTPA funds for services such as child care, but few have done so. Some areas are using Community Development Block Grant Funds to provide a match for state partnership child care funds (DSS) or to create additional child care slots available to teen parents.

While there is no statewide program or single policy initiative for teen parents, Massachusetts is developing a set of state funded responses, including contracted teen child care slots, vouchers that can be used in a variety of programs, and planning and startup grants for new programs for pregnant and parenting teens.

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The Teen Care Program of Worcester, Massachusetts, is a comprehensive school based day care program providing support services to teen parents and their infants and toddlers. Jointly administered by the Worcester Public Schools and Comprehensive Child Care Services (CCC), Teen Care is able to accommodate 20 teenage parents and their children. The program has been in operation since May, 1986, in the Burncoat High School, which has about 1,000 students. Services are available to teens throughout the city, who transfer to the high school to be part of the program. Teen Care is funded through a supportive services day care contract with the state Department of Social Services, Department of Public Welfare vouchers (nine) for child care through E.T. Choices, Massachusetts work and training program for recipients of welfare benefits, the Federal Bureau of Nutrition Child Care Food Program, and the United Way. There is no charge to teen parents for the program. The program operates daily from 7:30 am to 2:00 pm during the school year and during July for summer school. In addition, Teen Care provides child care from 2:00 pm to 6:00 pm for an afternoon GED program for teenage mothers, High Performers' Academy, operated in the school by the French River Education Center. The afternoon child care is funded through E.T. Choices program vouchers.

Worcester has a successful alternative School Age Mothers (SAMS) program for pregnant and recently delivered teens that has worked with the public schools for more than 18 years. The city has an active network of community services for teen parents, strong child care advocates, and state legislators' active participation in child care issues. Concern about the teen parent dropout rate and the lack of accessible child care and services to these parents led the School Department in 1985 to explore with these groups the possibility of on-site child care. GBVCC developed the child care and teen support program, while Worcester Public Schools provided space and some \$90,000 in renovation and additional startup funding through an Occupational Education grant. In addition, the School Department provides transportation through a contract with a local taxi company. A school department counselor acts as a liaison between the program, the teen's home school and Burncoat. Burncoat High School's principal and staff have been supportive of Teen Care. There has been no active opposition to the program, which has attracted considerable positive attention including a visit this past year by the Governor.

The three key support systems are the nurse health coordinator who cares for both the mother and the baby and advocates with health providers; the adolescent counselor, who does outreach, follow up, and makes contact with the extended family, and the early childhood coordinator, who is responsible for all day care services and has a background in early childhood education. The

coordinators meet daily following the program's parenting class to discuss problems and coordinate services.

The program was intended to serve eligible seniors and juniors, with younger parenting students accepted as space is available. Teen Care receives most of its referrals from the School Age Mothers Program and does active outreach to this program encouraging pregnant young women to continue their education after their babies are born. Of the 24 students who participated in the program during its first school year, most were receiving welfare benefits and were part of the WIC nutrition program for infants and mothers. Fifty percent lived at home with a parent. Forty-five percent of the students were white, 37 percent were Hispanic, twelve percent were black and one student was Korean. The average age of students was 17.

The center is located in a renovated metal shop on the ground floor of one wing of the high school and was licensed in the summer of 1987, so that parents could leave the school grounds for field trips and appointments if necessary. In the summer of 1987, the space was redesigned with a grant from New England Telephone Company and is extremely well equipped. The large room has a kitchen space and three separate areas for infants to eight months, junior toddlers to approximately 18 months and toddlers to 33 months. The sections are divided by birch and glass panels three feet high, to allow for separation and visibility. The areas include ramps, slides, crawl spaces and safe access to large windows. Sections are adaptable to needs of different age children. Because there is no adjacent adaptable outdoor space, this room was designed to give a maximum amount of exploration space.

The center director worked with teen parents through the SAMS program for a number of years before coming to Teen Care. She has been instrumental in the design and development of the program, its strong coordination with SAMS and its effective working relationship with the school. The six child care staff and cook/aid meet state child care licensing requirements for education and experience. The Head Teacher has an Associates degree in Early Childhood Education and five staff are working on their AA degrees at the local community college, where their tuition is paid by CCC. Staff is multicultural and bilingual and includes both women and men. The staff ratio is one adult to three children in all age groups. Orientation includes spending a day with each of the community organizations currently serving teens. The center staff meet regularly, work closely with the coordinators and have monthly inservice training meetings.

Parents and their children are picked up by taxi each morning, arriving at the high school by 7:25 a.m. The infant center functions as a homeroom for these students, where attendance is taken, report cards are passed out and coordination is maintained with the high school. Students must meet the school attendance requirements which allow a maximum of 20 absences per year. Parents spend the first half of the first period class in the center with the babies and the day care staff. Each teen mother settles her child, fills out an activity record with the child's primary caregiver, labels and refrigerates food, restocks the diaper bin and interacts with babies and caregivers. The second half of the period is a formal parenting class across the hall with the three coordinators. The curriculum includes infant growth and development,

day care issues, parent growth and development, values clarification, decision making, changing relationships, nutrition, health, community resources, career planning, and communication skills. Parents then move on to their other school classes while the infant center continues its day with a variety of activities. Parents return at 1:40 pm and receive daily information charts on their children, which they discuss with the caregivers before taking transportation home at 2 o'clock. Conferences are scheduled every six weeks to discuss children's development.

The outreach counselor works closely with the Departments of Welfare and Social Services and the WIC program, assists teen parents with appointments and telephone calls and may take parents and children to appointments after school hours. Great Brook Valley Health Center donates nutrition and counselling services to these teens, who maintain their primary health care providers.

While teens are considered emancipated minors in this program and grandparents do not sign permission forms or intake information, the outreach counselor tries to communicate with the teen's extended family as well as the teen father, but these relationships have been informal. During intake, the extended family and father are invited to spend a full day at the center. Teen fathers are referred to a new teen father project at the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC). A grandparents support group is planned for the spring of 1988. A grandparents day is scheduled during the year when the teen's parents are invited to visit the center and transportation is provided. One grandparent has joined Teen Care's Advisory Committee, which advocates for the teen parents in the community and makes program recommendations. Two other members of the committee have been teen parents.

Teen Care Program belongs to the Worcester Pregnant and Parenting Network, the Massachusetts Coalition for Pregnant and Parenting Teens and the Governor's Task Force on Policy Recommendations for Teens Using Day Care. As the only school-based site in the city, Teen Care occupies an important place in the network as a needed resource, a visible successful program, and a source of encouragement for teens to return to school.

During its first year, Teen Care enrolled a total of 24 students, of whom 14 completed the year. Of nine seniors, six graduated. Five of the remaining eight students re-enrolled in the fall of 1988. Three students who could not remain in the full day program were referred to the after school GED program. Teen parents who have dropped out of the program tend to be older than their grade level, have been out of school six months to a year, and do not live with their families. Two were married. Two had more than one child. Their average stay in the teen care program was 14 weeks. The program's director notes that parents who have been out of school for any length of time find it tremendously difficult to return and to stay in school. The Teen Care program is attempting to work closely with the SAMS and the network to encourage teen parents to continue their schooling.

irst Steps Day Care
Cambridge Rindge and Latin School
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Cambridge, MA 02138

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The Cambridge Rindge and Latin School Adolescent Parenting (APP) is one of the older school-based programs for teens in Massachusetts. Opened in 1983, the on-site child care center, First Steps, is part of an academic and social services program for pregnant and parenting teens that has operated since 1980 in Cambridge's only public high school, Cambridge Rindge and Latin (CRLS). Twenty students participate in a structured academic program, while other adolescent parents plan their schedules in consultation with APP guidance counselors to use the resources they need. First Steps cares for a total of 14 to 16 infants and toddlers, most of whom are children of teen parents. The school system covers the costs of the support and academic programs and some of the child care component, while the child care center also receives funding through a Department of Social Services contract for teen parent child care, vouchers through the E.T. Choices program (the state's work and training program for parents receiving welfare benefits), a federal Bureau of Nutrition food program reimbursement and staff tuition payments for three children. The program's administrator in the department of Home Economics has consistently and creatively sought funding for APP and First Steps.

After a member of Cambridge's active school committee brought the question of teenage pregnancy to the attention of the School Department and the high school in the late 1970s, a steering committee of teachers, administrators and community activists formed to investigate the need for services. The committee reported that at least fifty pregnant teens were dropping out of the high school each year in this diverse, multi-cultural urban community of more than 87,000. The Adolescent Parenting Program was developed as a part of the Home Economics Department of Cambridge's public high school in 1980 to keep pregnant and parenting teens in school, help them acquire needed parenting skills, and assist them in finding and using the services they need to make a better life for themselves and their children. The APP's two staff worked with between seven and nine young women, who had to make arrangements for their own child care. Recognizing that lack of acceptable child care was a major barrier to school attendance, the staff and the Home Economics coordinator worked with a variety of school and community resources to develop and fund on-site child care. The school provided both space and funding to start the center, which has acquired additional outside funding and has grown in five years from two co-managers and an aide to a staff of seven.

The CRLS Principal sees the adolescent parenting program and the child care center as growing naturally out of the mission of the high school to identify student needs and learning difficulties and set up programs to meet those needs. The project has encountered little opposition in the community or within the school, due in part to the Home Economics Department coordinator's

active relationship with an effective advisory committee and school staff and an ongoing commitment to collaboration with other agencies and resources.

The Adolescent Parenting Program's clinician and Community Liaison work closely with the students who are referred to the program by guidance counselors, other students and community agencies. Most students come to APP during their pregnancies and remain in the program for a year or longer. Of approximately 45 students in APP, 20 students joining the program are scheduled during their first year into four life skills courses and several mainstream courses each day and are assigned to the same school House, home room and guidance counselor. While these teens take courses in career awareness and employment skills, life skills/health, child development, accessing social services and APP physical education. Others attend mainstream classes and enroll in a child development course in the home economics Department and have access to APP clinical services and child care. Second year students attend a career class at APP and are mainstreamed for all other classes. Third year students attend all mainstream academic classes and receive support services in APP.

The clinician and Community Liaison, one of whom is bilingual, work both formally and informally with students, school staff and community agencies. In addition to working with teens in the school, they make home visits, accompany students to meetings and appointments if necessary and do follow-up advocacy with the teen's permission. They coordinate with the school homeroom teachers and house counselor on attendance and tardiness policies. The DSS contract for the clinician and Community Liaison is administered by the Consilio Hispano de Cambridge, an agency that serves primarily Hispanic residents of the city.

Students attend a weekly support group session and have access to crisis counselling and ongoing support related to pregnancy, relationships, housing and budget problems, self esteem and health. Students maintain their own medical care provider and deliver at several city hospitals. A full service high school clinic opening in March, 1988, with a full time nurse and part-time doctor will be available to students. The school nurse now consults with the program. Tutoring services may be arranged only for students with documented medical complications before and after delivery.

Cambridge Community Services works directly with the program to provide summer internships for students and community mentors through Black Achievers of Boston and will link students up with a faculty mentor to assist with career planning questions. The school hopes to collaborate with a community project to provide housing for some of the students who cannot live at home.

Some grandparents are involved in the program during intake and in home visits and are encouraged to visit the child care center. The APP does not have regular contact with many grandparents. The program provides a little counselling and outreach to fathers: one teen father joined the program in 1985. Most fathers are not students in the high school.

Of students attending the program in 1987, 52 percent were black, 29 percent were white, and 13 percent were Hispanic. Two students were Portuguese. The average age at conception was 15. Fifty-five percent of both mothers and children were receiving public assistance; an additional 16 percent of children were recipients. Seventy-one percent of the students that year were living at home with their parents.

First Steps Child Care can serve a maximum of 18 infants and toddlers ranging in age from six weeks to two years, nine months but prefers to enroll 16. While the program is exempt from being licensed because it is located in a school, it follows all Massachusetts licensing requirements. Four spaces in the center are reserved for children of faculty members and staff, who serve as positive role models for teens as well as providing additional income for the center. Five spaces are funded by a teen parent child care contract with the state Department of Social Services, which also pays for transportation. Other eligible students receive care through vouchers for E.T. Choices. Until the 1987 school year, students had to pay a weekly fee on a sliding fee scale. APP students are not required to pay a fee at this time, until DSS formulates payment policies for teen parents. A displaced homemaker at the school under an Occupation Education grant receives voucher child care. Staff members pay \$115 per week for infant care and \$105 for toddler care. The School Department contributes funds that cover the child care manager's salary and part of the salary of one instructional aide.

The infant-toddler staff includes six child care workers supervised by the child care manager. A teacher and two aides work with the infants; two teachers and a morning aid care for the toddlers. Staff meet Office for Children licensing requirement for education and experience. One teacher has a masters degree, one is working on a doctorate and the third has a B.A. and is taking courses to qualify as a head teacher. The assistants are high school graduates with some advanced training in child development. Two staff are black, two are Hispanic and two are white. One staff member is bilingual. Child care staff attend a weekly meeting and have inservice training every six weeks on an early release day.

A ratio of one staff to three children is maintained for both the infant and toddler groups. In addition several student interns receive supervised work experience in the center. The center has access to the school nurse practitioner for medical consultations. The teen health clinic opening in March, 1988, will be located across the play yard from the center. An early intervention consultant from Cambridge Guidance Center attends one staff meeting monthly and is available to discuss special needs of the center's children.

First Steps is located on the first floor of the school, with access to the street and to an enclosed play yard. The original auditorium had been renovated as a preschool laboratory for the child development program but was not in use when First Steps was developed. The space was redesigned especially for the program, with two child care areas, a kitchen and an office. A loft-climbing structure in the center of the room separates the infant and toddler areas adding climbing and crawling space, while leaving the

room light and open. An observation booth separates the center from the adjacent APP classroom. The room is attractive and well equipped.

First Steps opens at 8 am. Five students and their infants, usually the youngest, are transported to the program, through a contract with a local transportation company. They arrive in vans with car seats, some on loan from the center. Teen parents bring diapers, settle their children, talk with the child's caregiver about feeding, diapering and eating and write comments and concerns on the children's activity charts. They then move to the high school home room, arriving by 8:30 am to begin a full day of classes. Wednesday mornings APP students make breakfast and spend first period with the APP clinician. Students may choose to spend their lunch period in the child care center. Those who attend a mainstream work-study course may choose to use First Steps as a field site. The First Steps manager is negotiating to have all parents spend one period per day in the child care center next year, as part of the APP child development curriculum.

When parents return at 2:15 pm, they read the charts of their children's activities and talk with their primary child care worker before leaving school. Breakfast and lunch are provided as part of the federal Bureau of Nutrition food program. On Fridays, first year students have an early release day for medical and other appointments and those with children pick them up early. The day care manager attends the APP staff meeting at this time.

Of the 27 long term students in the program, six seniors graduated in June of 1987. Of the five students who dropped out of the program, three went to a GED program, one moved, and one dropped out because of a second pregnancy.

The program serves the needs of the students at Cambridge Rindge and Latin at this time, with only a small and temporary waiting list. While Cambridge has a range of services including a GED program for students who have dropped out, staff see the need for services such as transportation, housing and counselling to keep pregnant and parenting teenagers in school.

Lawrence Infant/Toddler Center
2 Wyman Street
Lawrence, MA 01841

Contact Person: Cyndi Chisholm, Director
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The Lawrence Infant/Toddler Day Care Program is a small day care center that serves teenage parents of Lawrence, Massachusetts, an industrial city of 59,000 people in the northeast of the state. The program was developed by Community Day Care Center of Lawrence, a non-profit agency with considerable experience providing subsidized care for low and moderate income families. Community Day Care funds the project through a supportive services day care contract with the state Department of Social Services and with federal Bureau of Nutrition Child Care Food Program monies. Teenage parents are eligible for child care as long as they are attending school or in a training program. There is no fee for child care or transportation. Parents using the center attend Lawrence High School, St Mary's High School or the Greater Lawrence Technical School. A few junior high school students use the program as well, as do several teen parents enrolled in a GED and life skills training program at Greater Lawrence Community Action. The center has a capacity of 22 children and accepts protective services clients when slots are not used by teen parents, so that the program is fully utilized.

Community Day Care of Lawrence is a large agency providing a variety of child care options. Much of its care is for low and moderate income families through contracts with the Department of Social Services and child care vouchers and the E.T. Choices program, Massachusetts' employment and training program for families receiving AFDC (Aid to Families with Dependent Children) payments. In addition to the Infant/Toddler Center, The agency has a large latchkey program, a preschool day care and kindergarten, and a family day care network with more than 40 providers. Community Day Care is active in statewide child care advocacy efforts. Because infant/toddler center is part of the larger child care agency, Community Day Care offers continuity of subsidized child care to teen parents who may use family day care or center-based care as their children get older.

Community Day Care opened the center on the first floor of the First Calvary Baptist Church in 1984 in response to a recognized need for child care for teen parents near a school site. The community had become aware that Lawrence has the highest teen pregnancy rate in the state, the public schools were not strongly opposed to the service. After a fire severely damaged the church building in January, 1988, the Infant/Toddler center moved to the Community Day Care Center on Wyman Street, where it will occupy a licensed first floor room in the center indefinitely. There was no organized opposition to the program, and the agency considered it a necessary expansion of service.

As part of a statewide effort to address the needs of pregnant and parenting teens, the Governor established Lawrence as a demonstration community in 1986 and funded, with two hospitals, a coordinator for two months

to develop a grant. That year, the Lawrence Adolescent Pregnancy Prevention and Parenting Coalition was formed with a salaried coordinator and Lawrence General Hospital as the lead agency, using a state Teenage Pregnancy Prevention Challenge Fund grant for planning services. The Coalition includes the School Department and all the major agencies that provide services to teens, including Community Day Care. This coalition applied for and received a further Challenge Fund implementation grant of \$200,000 for several projects supplying outreach workers and training programs for pregnant and parenting teens beginning in November, 1987. The coalition also applied in the fall of 1987 for five million dollars in private foundation funding to set up a city-wide dropout prevention effort, including a case management system for at-risk teens, including teen parents. Through the Coalition, Community Day Care has played a role in this growing activity to assist at-risk teenagers.

The Infant/Toddler Center's major focus is to provide developmentally sound child care for infants three months to thirty-three months and to assist parents with child care and parenting problems. The director reports that most teens who apply for care are already receiving AFDC benefits and services and are part of the federal WIC food program for infants and mothers. Most have remained in school during their pregnancies. The center refers parents to Healthworks, which provides health care and outreach services and refers teens to other services in the network. The center director remains in regular contact with counselors at the high school and with the home economics department of the technical school and tries to coordinate absence and other policies with them, reporting absences and discussing problems. The technical school will suspend students after two unexcused absences but now provides some leeway for teen parents, in coordination with the Center. The Infant/Toddler Center itself has a clearly structured attendance policy that may include terminating service to students for repeated absences, the staff maintain contact with students to clarify necessary absences for illness and appointments. The high school has no strict absence policy. The School Department arranges for home tutoring postpartum until the infant is old enough to attend the infant/toddler center. In addition the high school has recently hired a nurse coordinator to work with the health educator setting up health programs in each Lawrence school.

Teenagers remain in their high schools during pregnancy, and may receive home tutoring for up to ten weeks after their babies are born. The high school offers a child development class and a two hour after school child development and parenting program (New Beginnings) for pregnant and parenting teens. Parents enrolled at Greater Lawrence Community Action PEP training program now attend New Beginnings, increasing the enrollment. The regional technical school has an early childhood training program, whose director is a member of Community Day Care's Board of Directors and maintains close contact regarding students using the Infant/Toddler Center.

Approximately 85 to 90 percent of teen parents served by the Infant/Toddler program are Hispanic. Many have moved recently from New York City, Puerto Rico, or the Dominican Republic. Most of the students are from low income families. Many have little or no family in Lawrence. As many as three-quarters of them live alone or with a boy friend and many move frequently. Several students speak only Spanish. Most of the students are at grade level

or are a little below. These teen parents tend to be quite young. The program served three eighth graders in 1986-7 and had one fourteen year old in 1987-88. The director estimates that as nearly half of the students have a second child while in the program.

The center remains licensed by the Office for Children for 22 infants and toddlers in its new location on the first floor of the Community Day Care center. The center is open from 6:30 am to 5:00 pm throughout the year, and is staffed by the director, and six child care workers. The staff ratio is one adult to four older children, and one to three infants to 20 months. The room is divided into two sections, with a teacher and aid for each of three age groups. Younger and older toddlers remain in separate groups but share one of the areas. Three teachers are qualified head teachers and two of the aids are teacher qualified, with courses in early childhood. Staff turnover rate has been low, with original staff remaining almost three years. The center has lost two bilingual staff in the past year, however, and has only one bilingual aide at this time. Each teacher and aide meet once a week formally for planning sessions. There is a full staff meeting once per month and an inservice training session monthly. Staff are included in policy decisions of the center. The director attends a weekly meeting of Community Day Care programs.

The center van, which carries four parents and four infants, picks up technical high school students before 6:30 am, high school and younger students before 7:20 am and training students with the Greater Lawrence Community Action GED program from 8:00 am to 9:30 am. After arriving at the center, settling their children and leaving diapers for the day, students fill out an activity sheet with diapering, sleeping, eating patterns and comments, and talk with a teacher if there is time. The technical high school students must take a connecting bus to their school, catching it at a bus stop outside the center. Lawrence High, St. Mary's High School and Community Action students use the van to arrive at school before their first class and to return in the afternoon at 1:30 pm for work/study students, 2:30 pm for high school students and 3:30 pm for technical school students. Teachers fill out activity sheets so that parents will know of their children's schedules, activities and food supplied by the center. There is no time during the day when parents can come spend time with the children due to their schedules and reluctance on the part of the school to have students leave the campus during the day. With the new center location farther away from schools, prospects of scheduling a formal time during the day for parents to be with their children. The center and staff talk and work with students and their infants as much as possible during the morning drop off and afternoon pick up, including assisting them in making medical appointments and permitting them to make telephone calls from the center.

There are three parent meetings yearly, including a Christmas party. The spring meeting is generally a family planning presentation by Healthworks. Staff have found that they have not been able to work with families or fathers, referring teens to counseling, crisis and other services in the city.

The director finds that the students who request child care services at the Infant/Toddler Center are among the most motivated of teen parents, those who

have been able to stay in school and use a support network, including obtaining AFDC payments, WIC and health services. The health of babies has been good. There have been no low birthweight babies and only two or three babies with recognizable developmental delays in three years. Of students using the program during the 1986-7 school years, three seniors graduated and two of three eighth graders completed their grade. Three juniors were on the honor roll. The director estimates that 60 percent of their students continue in school or graduate. Two of the 1986-7 class attend a community college 20 miles away, juggling transportation and services necessary to continue their education.

The Infant/Toddler Center and other members of the Lawrence Adolescent Pregnancy Prevention and Parenting Coalition remain concerned about the very high dropout rate throughout Lawrence schools. The high school estimated that 90 students became pregnant in 1986-87, most of whom dropped out. Nearly half of the students using the Infant/Toddler center have a second child while they are still in high school. The coalition feels that the increased communication among participating agencies has led to more effective coordination of services already available to teen parents. In addition, new case management and other services in the recent foundation funding proposal and the Challenge Fund grant will help the city improve young pregnant and parenting teen's access to vital services. The Infant/toddler center director sees a need particularly for increased transportation, housing and child care services as well as for direct assistance in learning to use available services and develop a support network.

The Care Center
20 Hospital Drive
Holyoke, MA 01040

Contact Person: Nancy Compton, Project Director
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The Community Adolescent Resource and Education Center (The Care Center) of Holyoke, Massachusetts, is a hospital-based program that offers educational, pre-employment, career counseling, health, case management, outreach, counseling, day care, meals and transportation services to pregnant and parenting teens and their children. The innovative, multi-service educational center was designed to provide a wide range of educational and support services at a single site, collaborating with a variety of other agencies. The Care Center's goal is to serve primarily teens who have dropped out of high school or junior high. The educational component includes GED classes in English and Spanish, courses in English as a Second Language and Spanish for Spanish and English speakers. The Center was developed in 1986 with a Department of Public Health/Division of Family Health Services grant. Funding later came from a combination of public funds, including Department of Public Welfare, E.T. Choices, Department of Social Services, City of Holyoke through Community Development Block Grant funding, Chicopee Holyoke Housing Authority through Executive Office of Communities and Development, Holyoke Public Schools, City of Springfield and a state Teenage Pregnancy Prevention Challenge Fund grant. Additional financial support has come from the Junior League, Rotary Club, Sisters of Providence, Hampden Paper Company, Mansir Fund, Smith College Service Organization, Beavers Club, several churches and the United Way. The child care center was developed with funds from the Heydt Foundation of Valley Charitable Trust and operates under a supportive services day care contract with the Department of Social Services and day care vouchers through the E.T. Choices Program, Massachusetts' work and training program for families receiving welfare benefits.

Holyoke is an industrial town of 44,000, with a large number of low and moderate income families. A growing Hispanic population now makes up 25% of Holyoke residents. In 1985-1986, 46 percent of families of the city's public school student received state Aid to Families of Dependent Children. This was the highest percentage in the state. Social service agencies, visiting nurses and community organizations have taken an active role in providing services for teen parents for a number of years. Concerned by the Department of Public Health's 1983 statistics showing Holyoke to be first in the state in births to teens, infant mortality, and child malnutrition. A group of area professionals formed the Infant Mortality Task Force in 1984 to increase teenagers' access to prenatal care and to look at gaps in service. The Task Force of 16 agencies was instrumental in establishing a central city prenatal clinic readily accessible to teenagers and poor women. The Elm Street Prenatal Clinic, managed by Providence Hospital, holds a clinic session each week especially for teenagers. The Task Force assisted Holyoke High School to set up a teen health clinic in the school and identified a need for a program in the community to reach the estimated 80% of pregnant and parenting teenagers who had dropped out of school. With a commitment of space and

support from Holyoke Hospital's parent company and with the cooperation of the Holyoke Public Schools, the Task Force presented a proposal to the Department of Public Health that brought \$39,000 to develop the Care Center program.

Holyoke Hospital donated and renovated space in an abandoned wing of the hospital. Most of the equipment has been donated by community groups, churches, and businesses. The Task Force and the Center have obtained further local, state and private funding, through grants, contracted services and collaboration with other agencies. In 1986, five community agencies formed the Holyoke Service System for Pregnant and Parenting Teens. In addition to The Care Center, the network is made up of the Holyoke Visiting Nurse Association, Holyoke Teen Clinic at Holyoke High School, prenatal center and the Adolescent Family Life Project of the Brightside for Families and Children. The group meets biweekly to discuss high-risk teens and to coordinate services.

The Care Center was intended to serve primarily 15 to 19 year olds in the GED program but will take young women 20 and 21, if they are in great need. Nearly 45 percent of the pregnant and parenting teens who used the program in its first year had dropped out before reaching high school, while 55 percent had dropped out during high school. Seventy one percent were Hispanic, 25.5 percent were white and 3.5 percent were black. Nearly 20 percent spoke no English. Half were pregnant at the time they entered the program. Most Care Center teens are low income; only eight of the young women seen in the first year were not receiving welfare benefits.

Referrals come from a variety of sources, including the Welfare Department, the school system, social service agencies, Women, Infant and Children (WIC) food program, Family Planning Services, the Elm Street Prenatal center and from teenagers who have used the program. An increasing number of referrals are from nearby Chicopee, where teens have been able to find affordable housing. A few live in Springfield or Westfield. Only about 47 percent of the teenagers live with their own or their boyfriends' families. Most live on their own, with a husband or boyfriend, or with friends. Many move frequently, including to and from Puerto Rico.

The director notes that hunger and homelessness are two recurring problems for teens coming to the Care Center. A number have family problems that may include physical or sexual abuse, drug or alcohol use, and partners' incarceration. More than 60 percent of these teens have been battered. Forty seven percent of the 18 year olds and under have had repeat pregnancies.

While it was predicted that the program would reach 75 pregnant and parenting teens in the first year, the Care Center served 168 young women in that time. Approximately 65 are receiving services at one time. Twenty-five are in the academic program, while others are seen in their homes. In late 1987, there were 32 babies on the child care center waiting list.

The Center is based on a case management and collaborative services model. Each teenager entering the program has a case manager who is responsible for coordinating services in the Center and in the community. With the growing number of clients in Chicopee, the Care Center and Holyoke Chicopee Mental

Health Center will collaborate in 1988 to provide case management and individual therapy in Chicopee at the Mental Health Center as well. The Center is open four days per week throughout the year. On Fridays, staff meet and make home visits. Teens work individually at their own pace toward a GED with the three bilingual staff teachers, one of whom is funded through the Holyoke Public Schools. The E.T. Choices program funds the other two. Support groups in English and Spanish allow teens to express their feelings and plan for their future. Individual counseling is available and home visits may include family and fathers. Parenting classes, also in Spanish and English, are staffed by the Massachusetts Society for the Prevention of Cruelty to Children (MSPCC) through a United Way grant. The Holyoke Staff of the Family Planning Council of western Massachusetts runs a weekly clinic on-site for any teen in Holyoke. A self defense class is taught by staff of the Valley Women's Martial Arts. Students may be enrolled in WIC at the Center. Free meals and snacks are available to all teens. Encountering hunger as a major issue, the staff have found it crucial to support teens by creating many opportunities for them to prepare and eat nutritious meals. Frequent parties are held where clothing, toys and food are distributed.

Most of the pregnant teens receive prenatal care at the Elm Street Prenatal Center downtown and deliver their babies at Providence Hospital or Wesson Women's Hospital in Springfield. Staff visit the hospital and home. New parents may spend afternoons at the center with their infants during the month before they return to the academic program. The Visiting Nurse Association make home visits every three weeks. The program plans to hire a male outreach counselor to work with fathers. Other home visits are made as needed by The Care Center, Brightside, or the Star Program in Chicopee.

While the Care Center is not now directly serving teens within the schools, the staff work with school dropout prevention staff assisting teens to obtain child care and other services. They collaborate to assist recent dropouts to return to school and are aware of pregnant students in the school system. Teen parents at Holyoke High School across the street from the hospital attend a parenting class and have access to the schools' teen clinic.

Care center staff grew from two to 16 in its first year and include bilingual and bicultural teachers and counselors in both the child care and educational portions of the program. The director notes that skilled bilingual/bicultural staff are difficult to find despite the competitive wages and benefits of the Center. The program was not able to expand in its second year because of the lack of a third bilingual teacher, who has since been hired. Both staff and teen parents have influenced the center policies. The Care Center is incorporated with a Board of Directors that represents a cross section of the community.

The day care center is licensed for 19 infants and toddlers, ages one month to 33 months and is open from 8:00 to 3:00 pm Mondays through Thursdays. There is no fee for parents, who are requested to provide diapers and formula. Three of the five staff meet education and experience requirements for teachers; one meets head teacher qualifications. Two staff are bilingual and bicultural. The staff ratio is one adult to three infants and four toddlers,

excluding volunteers and parents. Staff meet weekly on Fridays and attend monthly inservice training.

The daycare space is a large bright room with a number of windows. The room is divided in half by a waist high wall to separate the infants from the toddlers. Bright yellow and green bean bag chairs are scattered around the infant area as are brightly colored mats where babies first attempt to turn over, crawl and walk. Another infant area contains a quilt with colorful squeeze toys and a full wall mirror. The toddler space includes a climbing apparatus, water play area and eating space. Each child has a brightly colored cubicle where their mothers place diapers, a change of clothes and sometimes a favorite toy or blanket that could not be left at home. During warm weather a small wading pool, outside slide and sandbox are located in an enclosed outside play space. Mothers will also wheel or walk their children over to a playground across the street where both the children and the mothers enjoy the swings and slide.

All teens are transported to the center by taxi and must arrive before 9:00 am. Parents check in with their child's teacher, letting her know when the child has last eaten. Parents then prepare breakfast and feed and settle their babies before beginning their GED classes. Both infant and toddlers' mothers visit between 11:00 and 11:15 and 12:30 - 1:00. They interact with their children and prepare a snack for themselves during this time. Because the child care center is licensed, parents are able to leave for necessary appointments during the day, for which transportation is provided. Classes end at three o'clock but teens may stay as long as an hour talking with day care and support staff and making medical and other appointments, before taking a taxi home. Staff keep a day care log for each child, with observations and comments. Center staff keep a log for each teen, with comments by child care staff as well.

The program has taken a number of babies who have been born prematurely and have been in the hospital for as long as three months. The day care center has found several cases of lead poisoning and asthma and reports that many children are delayed in development. A number of the teens have given birth by cesarian section, and others have had miscarriages. Staff have encountered only a few drug problems among pregnant teenagers but are concerned that these teenagers are at risk for AIDS as well as family violence. The Center coordinates with other agencies in reporting child abuse or neglect to the Department of Social Services abuse or neglect. Brightside and the Visiting Nurses Association also report cases of family violence and lack of weight gain in infants. Each child is evaluated by Pioneer Developmental Center for possible delays and given a speech and hearing test by the Holyoke Hospital Clinic.

To date, 22 students have received their GED, and 11 have successfully completed the Pre-Employment series. In its first year, Outreach Counselors made 422 home visits. Family Planning appointments numbered 152. Sixty-one parenting sessions, 64 support groups in addition to labor and delivery and nutrition classes were taught. Teens participated in aerobic classes at the nearby YMCA and were taught self defense by staff from the Valley Women's Martial Arts organizations.

The program is rapidly outgrowing its space and sees the need to expand. The Center will soon have access to nine housing units for teen parents and their children. A child care center in the school is badly needed, as is a 24 hour crisis hotline or other crisis service. At present there are only 16 parenting teens remaining in the high school, an indication that appropriate services are needed to keep pregnant and parenting students in school. While there are a number of services and good coordination in the community, there still remains a significant lack of bilingual social workers and nurses. Counseling services with a treatment versus case management orientation are of highest need. The Infant Mortality Task Force has now expanded to study broader health concerns in the community and has been renamed the Primary Care committee. The Teen Pregnancy Advisory Subcommittee continue to address the ongoing needs of pregnant and parenting teenagers.