

A photograph of three children climbing a wooden playground structure against a clear blue sky. The child at the top is a girl in a yellow shirt, the middle is a boy in a dark shirt, and the bottom is a girl in a pink shirt.

In Our Own Backyards:

*Local and State Strategies to
Improve the Quality of
Family Child Care*



Institute for Women's Policy Research

About This Report

This study examines local and state programs and policies to improve the quality of family child care. Through literature review and interviews with child care experts and program administrators, key needs and strategies for improving quality in family child care settings were identified. The report describes approaches used by four state-wide programs and nine local programs. The study was made possible through the generous support of the John S. and James L. Knight Foundation. This work is a part of the Institute for Women's Policy Research's larger effort to provide information and technical assistance to those seeking to improve access to quality affordable early care and education.

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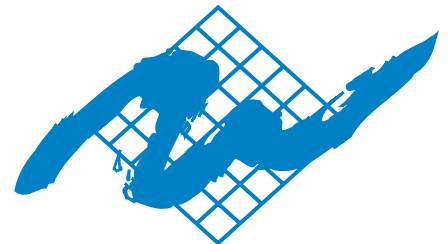
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Table of Contents

Executive Summary	v
Chapter 1: Background on Family Child Care and this Study	1
Growing Demand for Child Care 1	
The Use of Family Child Care 1	
Characteristics of Family Child Care Providers 2	
Regulations and Quality in Family Child Care 2	
Purpose of the Study 5	
Methodology 5	
Organization of the Report 7	
Chapter 2: Key Areas for Improvement	9
Professional Development and Training 9	
Provider Isolation 11	
Earnings and Benefits 12	
Chapter 3: Programmatic Solutions: Local Programs	15
Home Visits 15	
Family Child Care Networks 18	
Building Links to Community Resources 25	
Tiered Reimbursement 27	
Chapter 4: Programmatic Solutions: State Programs	29
T.E.A.C.H. (Teacher Education and Compensation Helps) Early Education® 29	
Florida Family Child Care Home Association 32	
California Child Care Initiative Project 34	
The Maryland Child Care Credential 35	
Chapter 5: Providing Services to Underserved Family Child Care Providers	39
Caregivers of Children with Special Needs 39	
Low-Income Communities 40	
Culturally Diverse Populations 43	
Conclusion 45	
Chapter 6: Lessons Learned and Policy Recommendations	47
Training 47	
Isolation 47	
Earnings and Benefits 47	
Lessons Learned 47	
Policy Recommendations 49	
References	51
Appendix 1: The Military Child Development Program	57
Appendix 2: Program Contact Information	63

Boxes, Tables & Figures

Boxes

Box 1. Family Child Care Rating Scale.....	4
Box 2. Early Head Start.....	17
Box 3. The Child and Adult Care Food Program.....	19
Box 4. National Association for Family Child Care Accreditation.....	20
Box 5. Early Learning Opportunity Act Grants.....	22
Box 6. Heads Up! Reading.....	23
Box 7. The Child Care and Development Fund.....	33
Box 8. Child Care Resource and Referral Agencies.....	34

Tables

Table 1. Acre Family Day Care Career Ladder.....	21
Table 2. Los Angeles Universal Preschool Family Child Care Provider Reimbursement Rates.....	27
Table 3. Maryland Child Care Credential Levels.....	36
Table 4. All Our Kin Family Child Care Tool kit.....	43

Figures

Figure 1. Mean FDCRS Scores for Early Head Start Family Child Care Providers, 2000-2004.....	18
Figure 2. Earnings Growth for T.E.A.C.H. Participants by Training Level, 2003.....	30
Figure 3. Turnover Rates for T.E.A.C.H. Participants by Training Level, 2003.....	31
Figure 4. T.E.A.C.H. Participants' Reported Benefits of Participation, 2003.....	32

Executive Summary

This report examines state and local policies and programs designed to improve the quality of family child care. For the purposes of this report, family child care is defined as a provider caring for two or more unrelated children in the provider's home. In the United States, more than 1.4 million children are cared for by family child care providers. The quality of family child care, however, varies greatly. A number of states and communities have initiated promising efforts to improve the quality of care delivered in family child care homes. This report documents local and state efforts to improve family child care quality with two purposes in mind: first, to aid policymakers, program administrators, and advocates in developing policies and programs that promote quality child care for children in family child care settings; and second, to contribute to the replication of successful programs and policies.

Research and Methods

This study used a combination of methods, including literature review, interviews with early care and education experts and program administrators, and document collection. Following a background literature review, we interviewed 16 child care experts, including researchers, policy analysts, and leaders in family child care organizations. We asked four general questions:

- ▶ What are the most pressing service needs for improving the quality of family child care?
- ▶ What do you think are the most critical types of services or interventions for improving the quality of family child care homes?
- ▶ Are there programs that stand out as providing exceptional services for improving the quality of family child care homes?
- ▶ Are there any other individuals in the family child care field that you recommend that we contact for more information on good policies and practices?

Following interviews and background literature review, we developed specific criteria for selecting a subset of programs to highlight in this report. These include basic criteria we required of all programs considered for this report:

- ▶ Operating for at least one year¹;
- ▶ Availability of program documents, including methods, participation rates, goals, objectives, community partners, and information on program outcomes;
- ▶ Serving at least ten family child care providers;
- ▶ Availability of current contact information for administrators and directors involved in the project;
- ▶ A proactive approach to serving family child care providers involving outreach efforts to family child care providers.

Based on critical needs identified by interviewees, we developed criteria related to the key issues addressed by programs and the strategies they used:

- ▶ Programs needed to address problems associated with low earnings and a lack of benefits, inadequate training opportunities, provider isolation, or a combination of these issues;

¹ One program, the Los Angeles Universal Preschool (LAUP) began in Spring 2005. While the program did not meet our criterion of operating for one year, and did not have information on outcomes, we included LAUP in our report due to child care experts' nearly universal support for the program's methods, in addition to the availability of extensive information on the program.

- Programs needed to employ intervention methods identified by experts as effective, such as home visits, career ladders, and family child care networks.

We also included several programs that offer services for traditionally underserved providers who in turn may care for children who are from underserved populations, such as those with special needs. Such providers often have low incomes and may be unlicensed and/or non-English speaking.

Programs and Policies to Improve Family Child Care Quality

Interviewees were consistent in their assessment of the most pressing issues affecting family child care quality to address through services: isolation, insufficient earnings and benefits, and a lack of ongoing professional support and training. When asked to identify effective strategies for addressing these issues, experts suggested a number of methods:

- Home visits. A mentor or consultant visits the family child care provider in the home. The mentor provides one-on-one training, perhaps engaging in model teaching. Mentors also serve as a source of information and moral support for providers.
- Accreditation programs. National accreditation through the National Association for Family Child Care (NAFCC) requires providers to meet standards above and beyond licensing requirements. The accreditation procedure encourages providers to meet standards optimal for child development.
- Family child care networks. Family child care networks administer a number of services to family child care providers. Many provide training opportunities, equipment and materials, and administer earnings stipends and scholarships. Family child care networks also facilitate a sense of belonging and contact with other providers.
- Links to community resources. Community resources, such as libraries, community colleges, and parks, provide numerous opportunities for social interaction and education. Connecting providers with these resources can promote ongoing support for providers.
- Tiered reimbursement systems. State and local tiered reimbursement systems provide higher reimbursement rates to programs or providers that are accredited and/or meet other quality standards.
- Training scholarships. Scholarships for training and degree credentials ease the financial burden of attaining higher education. Programs often offer assistance with tuition, books, and travel costs. Some also award cash bonuses upon completion.
- Career ladders. Career ladders provide a professional development “map” for providers and typically link levels of training and accreditation with increases in compensation (e.g., more qualified providers can charge a higher rate for their services). Especially when they include earnings increases, career ladders provide incentives to pursue training and encourage providers and parents to view family child care as a profession, which may increase providers’ attachment to the field.

We collected documents pertaining to each program, including annual reports, curriculum materials, and some program evaluations. In most cases, we also spoke with the program’s executive director to obtain more information about the program. We selected seven local programs based on the criteria described above:

- **ACRE FAMILY DAY CARE (LOWELL, MASSACHUSETTS)**
Acre Family Day Care provides extensive training to equip low-income women with the skills to run an effective family child care business. A “career ladder” allows providers to

move from basic training to advanced degrees and incorporates classroom learning with internships in child care settings.

- ▶ **CHILD CARE ASSOCIATION (WICHITA, KANSAS)**
 The Child Care Association is a resource and referral agency that provides a wide array of services for family child care providers, including training, support groups, and substitute care. Accreditation is a major programmatic focus, and a current initiative will guide 15 providers through the accreditation process over the next year.
- ▶ **GOOD BEGINNINGS ALLIANCE (HONOLULU, HAWAII)**
 The Good Beginnings Alliance operates weekly playgroups in several Hawaiian communities. Caregivers and parents enroll in a 16-week session and bring children to weekly playgroups for joint developmental activities. Staff answer child development questions and provide take-home activities.
- ▶ **GOOD BEGINNINGS NEVER END (LONG BEACH, CALIFORNIA)**
 Good Beginnings Never End conducts home visits with family child care providers with cultural and linguistic barriers. Staff work with providers to meet the Family Day Care Rating Scale (FDCRS) standards.
- ▶ **LOS ANGELES UNIVERSAL PRESCHOOL (LOS ANGELES, CALIFORNIA)**
 As part of the new Los Angeles Universal Preschool program, parents may place their children with a family child care provider, who will provide publicly subsidized preschool for three hours per day. Family child care providers are managed by a “hub” that provides oversight and resources.
- ▶ **MICHIGAN FAMILY RESOURCES EARLY HEAD START (WALKER, MICHIGAN)**
 Under the Early Head Start Enhanced Home Visiting program, family child care providers administer the Early Head Start program to children in their care. Head Start personnel meet weekly with providers and provide substantial oversight and assistance with quality improvement based on FDCRS guidelines.
- ▶ **READY TO LEARN PROVIDENCE (PROVIDENCE, RHODE ISLAND)**
 Ready to Learn Providence provides Heads Up! Reading and support groups to Spanish-speaking family child care providers.

We also identified statewide programs that are making successful efforts to improve the quality of family child care based on the same process used for local programs. We profile the following programs in this report:

- ▶ **CALIFORNIA CHILD CARE INITIATIVE PROJECT**
 The California Child Care Initiative Project uses a five-stage model to recruit, train, and retain family child care providers.
- ▶ **FLORIDA FAMILY CHILD CARE HOME ASSOCIATION**
 The Florida Family Child Care Home Association administers funds for accreditation and training. They also advocate for family child care providers in state legislation and have a public awareness campaign to educate the public on the benefits of family child care.
- ▶ **MARYLAND CHILD CARE CREDENTIAL PROGRAM**
 Maryland’s voluntary Child Care Credential program creates a career ladder for child care providers. The program recognizes professional development, training, and education in its six levels. Providers caring for subsidized children receive greater compensation as they move up the ladder.

- ▶ **NORTH CAROLINA T.E.A.C.H.**
T.E.A.C.H. awards financial assistance to child care providers seeking training or a Child Development Associate (CDA), Bachelor's, or Master's degree. Last year, 450 family child care providers received T.E.A.C.H. contracts to work towards a CDA. Providers also receive assistance with the cost of books, travel, and substitute care in exchange for a one-year commitment to remain in the child care field.

We also discuss programs with particular success in providing services to traditionally underserved providers, including those with linguistic or cultural barriers and providers serving children with special needs or low-income backgrounds:

- ▶ **ALL OUR KIN (NEW HAVEN, CONNECTICUT)**
All Our Kin developed a family child care network that includes providers from diverse socioeconomic groups. They also work with unlicensed child care providers and guide them through the regulatory process.
- ▶ **CHILDREN'S HOME SOCIETY OF NEW JERSEY (OCEAN COUNTY, NEW JERSEY)**
The Children's Home Society developed a network for family child care providers caring for children with special needs. The network offers tailored training and support services specifically designed for providers working with this population of children.
- ▶ **GOOD BEGINNINGS NEVER END (LONG BEACH, CALIFORNIA)**
Good Beginnings Never End conducts home visits with family child care providers with cultural and linguistic barriers. Staff works with providers to meet the Family Day Care Rating Scale (FDCRS) standards.

Programmatic Recommendations

The majority of programs had not been formally evaluated, although a handful had evaluations based on surveys, participation rates, and attainment of goals and objectives. Based on feedback from program administrators and evaluative reports, we identified some common strategies for serving family child care providers that appear to be effective.

- ▶ *Assess community needs prior to implementation.* Several programs conducted a community needs assessment to determine gaps in services for family child care providers and what types of services were most desired.
- ▶ *Provide a single entry point for family child care services.* Many programs administer a number of services to family child care providers through one agency. In some cases, these organizations are Resource & Referral agencies or family child care networks. These programs generally address training, isolation, and earnings through a number of programs, including training workshops, support groups, home visits, or subsidy programs.
- ▶ *Connect providers to community resources.* Many programs partnered with agencies such as public libraries, health clinics, or other child care organizations to provide services. In connecting family child care providers with resources in their community, these programs provide a long-term resource and social support for providers.
- ▶ *Develop services that apply to a variety of child care settings.* Several programs included in this report incorporate family child care providers into broad-based early care and education efforts. Programs that offer Early Head Start or preschool through family child care providers generally include training and increased compensation, and aim to improve quality across child care settings.

- *Improve access to training.* Accessing training can be difficult for providers who lack financial resources, have transportation barriers, are limited in their English proficiency, or lack time and child care since they are often balancing work and family themselves. Certain programs included in this report offer scholarships to improve access to higher education, distance learning courses, and materials in multiple languages to help alleviate the obstacles family child care providers encounter in accessing training.
- *Link training and professional development opportunities to increased compensation.* Programs to improve access to training or higher education often include financial incentives such as scholarships to boost attendance rates. Completing the training or degree program may result in a one-time bonus or increased compensation as long as providers remain in the early childhood education field for at least one year. Some programs also include scholarships to cover the cost of tuition, books, travel, and substitute care during classes or study time.
- *Set high standards using widely accepted quality models.* Many programs in this report used FDCRS or national accreditation standards for training or home visits, which specify goals and objectives for providers.
- *Use innovative methods to reach family child care providers in their own settings.* Providers can experience transportation barriers and time limitations that make it difficult to attend training sessions. Many programs in this report provided training in the providers' neighborhoods or in their homes.
- *Combine advocacy and public education with service delivery.* In addition to providing services, some programs discussed in this report also advocate for providers to improve the quality of family child care.
- *Include unregulated providers in outreach efforts.* Unregulated providers constitute a large proportion of family child settings. Because quality ratings tend to be lower in unregulated versus regulated settings, outreach to unregulated providers holds promise for improving the overall quality of family child care and bringing more providers into the regulated sector.
- *Implement measures to ensure cultural sensitivity and reach underserved communities.* Certain programs in this report make an explicit effort to include providers from immigrant and other underserved communities. These programs train staff to work with such clients, publish materials in multiple languages, and take the time to build trusting relationships with providers.
- *Evaluate program effectiveness.* Evaluation is critical in determining if programs are effective and whether they should be replicated in other communities. Many of the programs in this report were not evaluated.

Policy Recommendations

Investing in early care and education improves child outcomes and employment opportunities for parents who use the improved services. To improve access to quality family child care, we recommend:

- *Strengthening the capacity of resource and referral agencies.* With adequate funding, a resource and referral agency can streamline services and introduce family child care providers to an array of community resources, including training, earnings supplement programs, and support groups of other family child care providers.

- ▶ *Tracking the progress of promising new programs to improve quality in family child care.* Many new programs, including those in this report, need to be evaluated in order to determine whether the quality of family child care is improving.
- ▶ *Expanding quality improvement funds for both home-based and center-based child care settings.* Parents choose a variety of child care settings out of personal preference and practical constraints. Given the lack of affordable and accessible quality child care options, efforts to improve quality of care should be applied to a variety of child care settings to improve choices for working parents.
- ▶ *Developing programs that improve compensation and benefits.* Career ladder programs, supported by local and state governments, can improve compensation and benefits by linking training and quality service with improved compensation.
- ▶ *Extending efforts to regulate unlicensed providers.* The vast majority of family child care providers are not regulated, despite studies suggesting that regulation is positively linked to quality. Focusing on outreach to unregulated providers can improve quality of care in family child care and can encourage them to enter the licensing process.

Chapter One:

Background on Family Child Care and this Study

Family child care providers, who care for unrelated children in their homes, provide a crucial service to families and communities by offering relatively low-cost, accessible, and flexible child care options to working families. Given the lack of affordable organized child care options in the U.S., including after-hours care, care for infants and toddlers and children with special needs, family child care providers fill an important niche in the tapestry of services making up the U.S. early care and education system.

Family child care providers often work long hours in isolated and stressful circumstances, earning low and unpredictable incomes, without benefits such as sick leave, vacation pay, or health insurance. Work conditions in family child care can lead to low attachment to the field, which in turn can influence the quality of care that families receive. Programs and policies to reach out to family child care providers and to support them in their efforts to professionalize are critical to efforts toward improving the overall quality of early care and education in the U.S.

The Growing Demand for Child Care

Early care and education has become an essential work support for the majority of families in the United States. As of 2003, in 60 percent of two-parent families, both parents are employed outside the home. Seventy percent of single mothers are employed in the paid labor force (U.S. Department of Labor 2004). The majority of young children in the U.S. now spend a substantial amount of time in the care of someone other than a parent. Nearly 75 percent of children under five with employed parents are in a regular nonparental child care arrangement, including relative care, center-based care, and family child care (Sonenstein et al. 2002).

The growing number of children in nonparental care, coupled with working parents' reliance on child care to meet job demands, has increased public discourse on early care and education and compelled policymakers to consider early care and education as a matter of public concern rather than a private family issue (Lombardi 2003). In addition, the implementation of Temporary Assistance for Needy Families (TANF), which required welfare participants to work, contributed to an even greater demand for child care.

Despite growing demand for child care, quality child care settings are limited. Just 15 percent of child care centers and 10 percent of home-based settings are rated as good or better on observational rating scales (Cost, Quality and Child Outcomes Study Team 1995). Most states do not require pre-training for child care workers (U.S. Department of Health and Human Services 2004). Low compensation makes it difficult to retain qualified child care providers and nearly 20 percent leave the field each year (Burton et al. 2002).

For low-income families, quality child care is not only scarce, but difficult to afford. Families living below the poverty level spend an average of one-third of their total income on child care (U.S. Census Bureau 2003). Despite the high cost of child care, 23 states have decreased the availability of child care subsidies since 2001 (U.S. Government Accountability Office 2003) and just 18.3 percent of eligible children receive child care subsidies (U.S. Department of Health and Human Services, unpublished tabulations).

The Use of Family Child Care

Family child care homes serve a substantial portion of young children. An analysis by the Urban Institute of the National Survey of America's Families found that in 1999, 14 percent of children under age five with working parents were served in family child care homes, defined as care by a nonrelative

in the provider's home (Sonenstein et al. 2002). Although the use of family child care homes is widespread, they are utilized at lower rates than some other sources of care. The same study found that 28 percent of children with a working parent are served in center-based care, 27 percent receive relative care, and 27 percent primarily receive care by a parent (Sonenstein et al. 2002).

Another study issued by the United States Census Bureau, found a similar prevalence (13.3 percent) of the use of family child care when using a similar definition (care by a nonrelative in the provider's home), but when defining family child care as a provider caring for *two or more* children outside the home, found that 7.3 percent of children (more than 1.4 million) under five in child care were in family child care arrangements (Smith 2002; U.S. Census Bureau 2003).

Approximately 7 percent of preschool children in poverty with employed mothers are cared for in family child care homes, compared to 14 percent of preschool children from families above the poverty line (Smith 2002). Children in poverty are also less likely to be in organized child care facilities compared to children above the poverty line, and are more likely to be in the care of a grandparent or sibling or to have no regular child care arrangement (Smith 2002). Preschool children are also more likely than older children to be placed in family child care homes, with children age one to two years the most likely to be cared for in such settings (Sonenstein et al. 2002).

Child care usage patterns do not necessarily reflect parents' child care preferences. Parents report considering a number of factors when choosing child care, but are often constrained by practical considerations, such as cost (Van Horn et al. 2001) and availability (Fuller et al. 2004).

Characteristics of Family Child Care Providers

Family child care providers comprise approximately 28 percent of the paid child care workforce, or 650,000 individuals (Burton et al. 2002). Nearly all family child care providers (99 percent) are female (Burton et al. 2002). The majority of family child care providers have not completed a Bachelor's degree, although 38 percent have attended some college (Burton et al. 2002). In general, regulated providers have higher educational levels than unregulated providers (Galinsky et al. 1994). Nearly one in four regulated family child care providers has a Bachelor's degree or higher, whereas just 15 percent of unregulated providers have a college degree (Galinsky et al. 1994). Unregulated providers also have lower family incomes. Half of all unregulated providers have a total family income less than \$20,000 compared to less than one-quarter of regulated providers (Galinsky et al. 1994). Family child care providers vary considerably in age and racial background, though middle-aged women and African American women are overrepresented. Latino providers are less likely to be regulated than white and African American family child care providers. While Latinos comprise 5 percent of regulated providers, more than 20 percent of unregulated providers are Latino (Galinsky et al. 1994). The majority of regulated family child care providers report that the desire to stay home with their own children is their primary reason for entering the field (Kontos et al. 1995).

Regulations and Quality in Family Child Care

Quality early care and education programs can produce long-term positive gains for children. Children in child care settings with sensitive caregivers in stimulating environments benefit socially and cognitively (NICHD Early Child Care Research Network 2000b). A longitudinal study of high-quality preschool programs with small class sizes and teachers with advanced training demonstrated that the benefits of a quality early education last well into adulthood and include reduced rates of crime and juvenile delinquency, higher rates of high school graduation, and lower rates of public assistance usage (Schweinhart et al. 2004). Observational quality ratings of family child care homes are also related to the emotional attachment between the child and caregiver and levels of play (Kontos et al. 1995).

State Requirements

Most states require family child care services to be regulated if the provider cares for more than four children (including the provider's children). Regulation generally includes a criminal background check, documentation of compliance with health and safety standards, and random inspections from a local social services agency (Child Care Aware 2004; National Child Care Information Center 2005; National Resource Center on Health and Safety in Child Care 2005). Despite state laws requiring regulation for child care providers, a substantial portion of family child care providers operate without complying with government regulations. While the exact number of unregulated family child care providers is unknown, it is estimated that unregulated providers outnumber regulated providers (Galinsky et al. 1994). The bulk of research focuses on regulated providers, as unregulated providers are difficult to identify and study (Fischer and Eheart 1991). Little is known about unregulated family child care providers and the children in their care. In addition, outreach and quality improvement for unregulated providers is made more difficult by their anonymity.

Family Child Care Quality

Quality in family child care homes varies considerably (Fischer and Eheart 1991; Galinsky et al. 1994). The quality of family child care is generally lower than that provided in child care centers but higher than the quality of nibling and kin care (Levine Coley, Chase-Lansdale, and Li-Grining 2001). A study of 172 family child care providers found that quality as measured by the FDCRS (see Box 1) ranged from substandard care, considered detrimental to the child's development, to high-quality programs that met the child's developmental, emotional, and social needs (Fischer and Eheart 1991).² Regulated family child care providers rated significantly better than unregulated child care providers (Kontos et al. 1995). Among regulated providers, 12 percent were rated as "good," 75 percent as "adequate" or "custodial," and 13 percent as "inadequate." Unregulated providers fared worse, with half of care settings rated as "inadequate." Just 3 percent provided "good" care. Providers rated as "good" were more likely to have attended training and to have more social support, such as a family child care professional organization. These providers also made more money and approached family child care as a profession, incorporating business practices into their daily operation (Kontos et al. 1995). Children in family child care homes rated as good were more likely to have a secure emotional attachment to the provider.³ Family child care settings with smaller group sizes and more adults per child had higher rates of peer, object, and pretend play (Kontos et al. 1995).

² Researchers measured family child care quality using several measurement tools, including the Family Day Care Rating Scale (FDCRS). The FDCRS is a 32-item checklist used to rate six different areas of quality: space and furnishings, basic needs, language and reasoning, learning activities, social development, and adult needs. Each item is rated between a "1" (inadequate) and a "7" (excellent). "Inadequate" care is defined as detrimental to the child's development, whereas "good" or "excellent" care is developmentally enhancing.

³ Child care quality is measured by both structural and process quality (Kontos et al. 1995; Helburn and Howes 1996; Bordin, Machida, and Varnell 2000). Structural quality refers to characteristics of the child care setting that are easily quantifiable, such as group size, ratios (the number of children per adult), and provider education and training. State governments often regulate several aspects of structural quality. Process quality refers to the interaction between the caregiver and child. Examples of process quality indicators include provider sensitivity, discipline strategies, and the provider's attitude toward the children. Structural and process quality are highly correlated: providers with good structural quality tend to also be sensitive and responsive providers (Bordin, Machida, and Varnell 2000). For instance, providers who have fewer children in their care may be better able to respond to children's needs appropriately, thus fostering positive interaction with the children. On the other hand, a competent and sensitive caregiver may be able to shield children from risk factors associated with inadequate structural quality (Dunn 1993).

BOX 1**Family Day Care Rating Scale (FDCRS)**

The FDCRS measures the overall quality of family child care homes using a 32-item checklist and seven subscales: Space and Furnishings for Care and Learning, Basic Care, Language and Reasoning, Learning Activities, Social Development, and Adult Needs. Each item is rated on a five-level scale: inadequate (does not meet custodial care needs); minimal (meets custodial care needs); adequate; good (meets developmental needs); and excellent (high-quality personalized care). The resulting score ranges from one to seven and is defined as follows:

- ✓ Below 2.9: inadequate
- ✓ 3.0-3.9: minimal
- ✓ 4.0-4.9: adequate
- ✓ 5.0-5.9: good
- ✓ 6.0-6.9: excellent

The FDCRS is similar to the ECERS (Early Care Environmental Rating Scale), but is adapted to consider the unique attributes of family child care homes. The FDCRS does not presume that family child care homes are operated as child care centers, although it is intended to measure the degree to which the child care environment enhances or detracts from the child's development (Frank Porter Graham Child Development Institute 2005).

Measures of child care quality, however, are not without controversy. Some family child care advocates argue that standard measures of quality hold family child care providers to similar standards as child care centers, even though many family child care providers strive to create a different type of atmosphere comparable to the child's own home. Nevertheless, when providers are asked to give their own definitions of quality, they correlate strongly with the FDCRS, suggesting that family child care providers and experts share similar views on what constitutes quality care (Kontos et al. 1995).

A study of 177 family child care providers in California found that provider training, support networks, and years of schooling were most directly linked with positive caregiving practices, while business practices, spouse's occupational prestige, and the number of families served accounted for little variance in caregiving quality (Fischer and Eheart 1991). While training and education were low among family child care providers in this study, this finding is encouraging for policymakers who wish to implement training programs to improve the quality of care. Other factors associated with better family child care quality include: accreditation with a national organization (Smith and Endsley 1996), and social support from or association with a professional organization (Fischer and Eheart 1991; DeBord and Sawyers 1996). This research suggests that strategies for improving the quality of family child care include a variety of methods, ranging from training to reimbursement for membership dues to professional organizations.

Family child care quality varies across socioeconomic levels. Poor children are most likely to be placed in inadequate family child care settings (Kontos et al. 1997) and also tend to be most vulnerable to the negative effects of substandard care (Fuller et al. 2002). Research indicates that the vast majority of low-income children in family child care homes encounter substandard child care environments (Kontos et al. 1997; Galinsky et al. 1994; Levine Coley, Chase-Lansdale, and Li-Grining 2001).

A study of family child care homes in three U.S. cities found that family child care providers caring for low-income children were less sensitive and displayed lower levels of interaction with the child in comparison to providers of higher income children (Kontos et al. 1995). Family child care homes serving low-income children averaged in the inadequate range on the FDCRS (Kontos et al. 1995). Low-income children also experienced significantly less caregiver sensitivity and fewer motor and learning activities than was typically the case among their moderate to upper-income counterparts in family child care homes (Kontos et al. 1995). A study of the quality of care received by low-income children found that child care centers performed better than regulated or unregulated home settings at providing quality care that meets children's developmental needs. (Levine Coley, Chase-Lansdale, and Li-Grining 2001).

Purpose of the Study

This report documents local and state efforts to improve family child care quality with two purposes in mind: first, to aid policymakers, program administrators, and advocates in developing policies and programs that promote quality child care for children in family child care settings; and second, to contribute to the replication of successful programs and policies. We highlight four state programs, nine local programs, and one national program that we identified as effective at improving the quality of family child care homes. As policymakers take a more comprehensive approach to early care and education, we hope this report will provide a glimpse into how best to serve family child care providers in order to supply useful information to other programs that offer services to family child care providers

We used multiple strategies to identify promising practices for improving the quality of family child care, including literature review, interviews, and document collection. First, we conducted a literature review to determine basic criteria for including programs in our final report and identify experts in the family child care field. Then, we compiled a list of experts and leaders in family child care and conducted interviews. We contacted promising programs identified by experts to interview administrators and collect evaluations or reports after an analysis of program documentation.

Methodology

Criteria for Program Selection

We used literature searches to identify researchers who had recently published articles on family child care, in addition to internet searches to locate early care experts at prominent national policy and advocacy organizations. Based on background research and initial discussion with family child care experts, we developed the following specific criteria for including programs or policies in our report:

- Operating for at least one year;
- The availability of program documents, including methods, participation rates, goals, objectives, and community partners;
- Serving at least ten family child care providers;
- The availability of current contact information for administrators and directors involved in the project;
- A proactive approach to serving family child care providers that involves outreach efforts;
- Provisions for evaluating the program or policy.

Following the interviews with family child care experts, we established more specific criteria for the types of programs in the report. Nearly all the experts we interviewed identified provider isolation, inadequate compensation and benefits, and insufficient access to ongoing training as primary prob-

lems undermining the quality of family child care. As we selected programs and policies, we focused on those that effectively addressed these specific issues.

Selecting Expert Interviewees

To select initial interviewees, we identified experts at national policy organizations and authors of recent family child care publications. We also included presenters from the “Family Child Care” track at the National Association for the Education of Young Children (NAEYC) 2004 annual conference. This yielded a list of approximately 20 family child care experts. Family child care experts were contacted by phone for an interview lasting approximately half an hour, during which they were asked about their views on the most pressing needs facing family child care and the best intervention methods. In addition, experts were asked to identify local and state programs or policies that were especially effective at improving the quality of family child care homes. Finally, experts were asked to identify other key leaders and researchers, resulting in a snowball sample of about 16 stakeholders in the family child care field.

Listserv Inquiries

To ensure that we did not overlook key experts in the family child care field or promising programs, we identified listservs that targeted early care and education researchers and stakeholders. Inquiries requesting information on promising practices or programs to improve the quality of family child care homes were posted on the NAEYC Family Child Care Interest Forum website and the Child Care and Early Research Connections listserv, which is jointly sponsored by the U.S. Department of Health and Human Services Child Care Bureau, the National Center for Children in Poverty, and the Inter-University Consortium for Political and Social Research. This resulted in correspondence with approximately seven additional child care stakeholders.

Data Collection

Once interviews were completed, we compiled a list of programs mentioned by experts and contacted each director for more information. We requested written program information, reports, and evaluations on the project and generally discussed the goals, objectives, and progress of the program.

Program Information Analysis

We used several specific criteria to determine which programs to include in this report, including:

- Goals and objectives related specifically to family child care providers;
- A substantial number of family child care providers participating in the program;
- Unique and promising approaches to quality improvement;
- History of quality services and infrastructure for continuing the program;
- An evaluation, annual report, or other program materials providing sufficient information for analysis;
- Intervention methods widely endorsed by experts, such as home visits, professional development activities, and networks.

We also sought programs serving diverse populations, such as immigrant and non-English speaking communities, low-income families and providers, and children with special needs. Programs that did not meet all of our criteria were eliminated with some exceptions: when programs were widely mentioned by experts, served a traditionally underserved population, or espoused a unique approach not duplicated by other programs. We referred to program evaluations when possible, but many programs had not conducted such research.

While we initially sought out state and local programs, experts universally endorsed the U.S. Department of Defense Child Development Program as a model for addressing isolation, training, and compensation for family child care providers. We include a description of the family child care elements of the military program in Appendix 1 of this report.

Organization of the Report

The following chapters describe the service needs and promising programs for improving family child care quality. Chapter 2 discusses the persistent barriers to improving the quality of family child care identified by expert interviewees. Chapter 3 looks at the service needs for improving the quality of care and provides examples of effective methods used by local organizations to address these needs. Chapter 4 examines state programs to improve the quality of family child care homes. In Chapter 5, we consider programs that have had success in serving traditionally underserved communities, including unregulated family child care providers, and those serving diverse racial and ethnic groups and children with special needs. In Chapter 6, we make suggestions for policy implementation and further research. We also include an appendix describing one promising Federal initiative, the Military Child Development Program, that was discussed by a number of our expert interviewees. Contact information for each of the local and state programs is provided in Appendix Two.

Chapter Two: Key Areas for Improvement

During interviews, family child care experts discussed persistent barriers to improving quality in family child care. Responses uniformly indicated three main problems associated with providing quality care in family child care homes: low earnings and limited access to benefits, a lack of professional development and training opportunities, and job isolation.

Professional Development and Training

Research suggests that the more training and education family child care providers have, the better their caregiving practices (Fischer and Eheart 1991). In general, family child care providers recognize the need for training and would be willing to participate. A survey of 133 Maryland family child care providers revealed that one-quarter of respondents had previously participated in some type of training and half said they were likely to participate in training in the future (Walker 2002). Most family child care providers agree that education and training should be a prerequisite to caring for children (Gable and Halliburton 2003). Family child care providers also recognize specific areas in which they might benefit from training and education. A study of 178 family child care providers in Oregon indicated that providers place highest emphasis on training in behavior management (Collier Rusby 2002). Other top-priority training needs include curriculum and planning activities, stress management, and business management. The majority of providers surveyed in the study indicated interest in local group workshops, home study modules, and resource centers with materials, and expressed less interest in home visits, internet courses, and individual consultations (Collier Rusby 2002).

Although providers are generally open to training opportunities, researchers have identified several barriers that may prevent participation. Family child care providers often accommodate clients who work long, irregular, or staggered hours. Long or unpredictable work hours make it difficult for providers to attend training sessions or to make specific outside time commitments (Nelson 1988). The survey of family child care providers in Oregon mentioned above found that over half of the respondents could not attend training during regular business hours because they were uncomfortable using a substitute provider (Collier Rusby 2002). Many also care for their own families. In the Maryland study, the majority of providers listed reasons they would be “not at all likely” to pursue one or more professional development activities, such as difficulty taking time off during the day, competing family demands, and a perceived lack of financial benefit from additional training (Walker 2002).

High turnover in the family child care field makes long-term quality improvement through training especially difficult for states and communities. An estimated 17 percent of family child care providers leave the field each year (Burton et al. 2002). In the early 1990s, the Hawaii state legislature allocated funds to create pilot training programs for family child care providers. An evaluation revealed that 15 months after the training, less than 30 percent of participants continued to provide child care in their home (Mueller and Orimoto 1995). Some family child care providers may choose the profession as a means to stay home with their own children without completely forgoing an income (Atkinson 1993). These providers may remain in the field for just a few years until their own children reach school age. Not only are quality improvement efforts hindered by high turnover, but family child care providers may be less likely to invest time and money in training and resources if they do not plan to stay in the child care field.

There are also few financial incentives in the child care market for pursuing training and education associated with the quality of care (Montilla and De Vita 2003). In general, family child care providers do not see a meaningful increase in income when they improve the quality of care or attend training (Helburn, Morris, and Modigliani 2002). A major challenge to improving the quality of family child

care homes is motivating providers to participate in training activities, despite the possibility that they may not financially benefit from their investment in time and effort.

Many experts see training as key to professionalizing the family child care field and increasing providers' income. "Professionalization," according to the experts we interviewed, refers not only to building the skills and compensation of providers, but building the perception that family child care is a legitimate part of early care and education, and that family child care providers are professionals with specialized job skills. Efforts to cultivate community respect for family child care providers can improve commitment to child care and motivate providers to seek training, some experts suggest.

Individuals in any field who feel respected for their work continue to grow in their profession. Family child care providers are no different. Those who feel supported and respected offer higher quality child care and continue to seek out new professional development opportunities. They seek accreditation and continue to further their education. A provider who does not feel this respect and recognition has no incentive to learn new skills or find better ways to work with children and families.

- Sue Williamson, *Executive Director, Monday Morning Inc.*
(IWPR interview)

Many interviewees expressed concern that training opportunities were primarily aimed at center-based family child care providers and saw a need for providing comprehensive training to family child care providers. In addition to their roles as teachers and caregivers, family child care providers are small business owners. Unlike most center-based providers, they work with mixed-age groups and may have siblings in their care. These unique features of family child care necessitate a different approach to training. In addition to training in child development, our experts suggested, family child care providers need opportunities to learn about business practices, nutrition, and setting up their home to best meet the needs of the children in their care and their own families.

Experts also suggested a two-pronged approach to training: group courses with ample time for peer discussion and one-on-one mentoring that occurs in the home child care setting. Both methods are necessary, experts emphasize, to ensure that family child care providers understand how to apply lessons from the classroom. Mentors can provide training tailored to meet the provider's individual needs. Whereas lessons learned in the classroom, such as the importance of positive caregiver-child interactions, may at first appear very broad, a mentor can show the provider how a concept can be applied in her particular setting. In addition, a mentor can build a long-term relationship with the provider, develop a better understanding of her needs and strengths, and connect her with other resources in the community.

Experts also described a lack of formal training systems as problematic in the family child care field. While training opportunities for family child care providers exist, training tends to be sporadic and disjointed. Experts endorsed career ladder programs that incorporate incremental training levels. Through such programs, providers gain additional expertise as they move up the ladder and may be able to receive compensation commensurate with training level—for example, if state subsidy reimbursements are tied to quality or if parents are willing to pay more for higher quality

Service Needs to Improve Access to Training and Professional Development

Experts suggested that family child care networks can be a good service for training and career development. Family child care networks are generally community-based organizations that offer a number of resources to providers, ranging from training opportunities to support groups. Family child care networks can offer training in a number of forms, including mentoring, home visits, cours-

es, and provider support groups. There are a number of strategies experts suggested for professionalizing the family child care field. Experts widely endorsed national accreditation programs that require providers to meet standards above and beyond state requirements. Experts also suggested programs to encourage providers to join professional organizations and public awareness campaigns as possible strategies to professionalize the child care field.

Provider Isolation

In addition to low earnings and few benefits, the job demands of family child care providers are less than optimal. Many providers go an entire day without a break from caregiving or having interaction with other adults. Unlike center-based providers who generally work side-by-side with other providers, family child care providers have limited opportunities to interact with peers who can relate to the problems and stresses they encounter in their daily work. Rural family child care providers face the dual challenges of isolation from peers and geographic isolation, in addition to preparing for activities, bookkeeping, cleaning, and shopping for food and supplies. A study of family child care providers in three communities found that 25 percent of family child care providers did not know another provider and 42 percent did not have contact with another provider during an average week (Kontos et al. 1995). Fifty-four percent of family child care providers were not connected with an organized family child care organization. Isolation in family child care can affect the quality of care. As Dr. Susan Walker, a family child care researcher at the University of Maryland, describes, “when a family child care provider is isolated from peers and community resources, she’s not as able to make personal connections for emotional support, or gather new information, new ideas, and troubleshoot with other providers” (IWPR interview).

Caring for a number of children can be physically demanding, stressful, and sometimes even chaotic. Family child care providers who have children of their own must also deal with the multiple roles of mother, homemaker, and child care provider, simultaneously meeting the needs of their own household and children and those of other families (Nelson 1988). Their work is also undervalued by society as a whole and often viewed as simply “babysitting.” Not surprisingly, family child care providers report higher stress levels than both mothers employed outside the home and nonemployed mothers (Atkinson 1992). Contact with others in the same situation can help to alleviate that stress.

Service Needs for Reducing Isolation

Family child care providers need opportunities to connect with other providers as well as community resources. Family child care networks can provide an important support system for family child care providers. They connect family child care providers to the larger child care community and in the words of one of our experts, “allow them to see the bigger picture.” Many networks provide technical assistance over the phone and through home visits. Perhaps more importantly though, family child care networks allow family child care providers to interact with their peers. Home visits can reduce isolation and connect providers with community resources and with child care networks. Research finds that participation in support networks is an important predictor of caregiving practices (Fischer and Eheart 1991).

Programs to connect family child care providers with community resources also address isolation, experts suggested. Libraries, parks, museums, and playgroups provide a consistent outlet for social interaction for both providers and children. Investing in community resources and connecting family child care providers with these resources provides ongoing opportunities for providers to meet other caregivers and community members. For example, regularly attending story time at the local library gives providers an opportunity to interact with other caregivers.

Earnings and Benefits

Adequate earnings and benefits for child care providers have the potential to improve quality of care. The Cost, Quality, and Outcomes study found that teacher wages are one of the most important factors associated with the quality of child care centers, in addition to staff training and teacher/child ratios (Cost, Quality, and Child Outcomes Team 1995). Although child care workers as a whole earn low wages, family child care providers are among the lowest paid within the profession. While recent data is lacking, one study from the early 1990s showed that regulated providers earned, on average \$15,404 per year (based on 1993 dollars) with annual incomes ranging from \$4,499 to \$22,901, depending on the number of children in care (Helburn, Morris, and Modigliani 2002).⁴ Another analysis used Bureau of Labor Statistics data to report that the median weekly earnings for family child care providers in 1998 was \$211. Another study estimated that the median hourly earnings for family child care providers were \$3.84, compared to \$6.61 for center-based child care workers (Center for the Child Care Workforce 2000).⁵ Qualitative studies of family child care providers suggest that because providers often become emotionally attached to their clients, and they set their own fees, they often find it difficult to increase fees, especially when they know that their clients are experiencing financial difficulties. Similarly, clients often make payments late and sometimes not at all, creating an unpredictable financial situation for providers (Nelson 1988).

In addition to low earnings, family child care providers lack access to health insurance, retirement plans, or paid vacation and sick leave. Few family child care providers have health insurance unless they are covered by the policy of a spouse or family member (Center for the Child Care Workforce 2002). Some family child care providers, however, are eligible for Medicaid and publicly subsidized child health insurance plans for dependents (Tuominen 2003).

Low earnings and few benefits leave family child care providers in a precarious economic situation. There are few financial incentives for providers to stay in the child care field (Helburn, Morris, and Modigliani 2002), particularly when better paying jobs are available in the school system for providers with adequate training and education. Within the family child care field, providers are also vulnerable to fluctuations in the economy or family emergencies such as a serious illness. Turnover in the field is high. One study found that approximately 40 percent of providers leave family child care each year (Kontos et al. 1995). Among those who left the field, half went to school or found another job. Family child care providers who continued to provide care were earning more and scored higher on the FDCRS than those who left the field (Kontos et al. 1995).

The experts we interviewed identified low earnings among family child care providers as a primary obstacle to improving quality. Research suggests that in the family child care field, the provider's education level, a strong indicator of quality service, has little relationship to the level of income that the providers receive (Helburn, Morris, and Modigliani 2002). Many experts suggested that the link between quality and earnings could be attributed to high turnover and low commitment to the child care field among those with low earnings, which may impact a provider's willingness to partake in training and professional development activities. In addition, since family child care providers generally own their child care businesses, low profits make it difficult to invest in quality improvement.

Experts also suggested that the family child care field lacks a "career ladder" to provide an incentive for remaining in the child care field and enhancing training credentials.

⁴ Income is based on 2000 dollars using data from a 1993 study. Annual income is based on total revenue minus the cost of providing care.

⁵ According to the Center for the Child Care Workforce, the Bureau of Labor Statistics no longer separates data on the wages of family child care providers from data on other child care workers, so authors used 1998 figures. The authors calculated median hourly wage assuming a 55-hour work week for family child care providers. Little data are available within the research literature on hours worked among family child care providers.

What I like about policies that pay higher rates for quality child care is that providers and teachers have real motivation to learn how to deliver quality. In most other professional fields, you can work your way up the ladder if you get more education and deliver high quality. Why not in early childhood, where people are doing the most important work in the world for minimal compensation?

–Kathy Modigliani, *Director, The Family Child Care Project*
(IWPR interview)

Service Needs to Improve Earnings and Benefits

Experts discussed two strategies for improving family child care earnings: improving quality to allow providers to increase fees, and financial supplements to subsidize provider earnings. Earnings supplements often take the form of tiered reimbursement, whereby providers are reimbursed at higher rates according to education level and training, or according to quality of service, as measured by a uniform rating scale. Efforts to improve earnings by improving quality generally involve training programs. Family child care networks often provide training in child development and business practices, which can help family child care providers improve earnings by implementing high-quality care and good business practices, such as better procedures for collecting money from clients.

Chapter Three: Programmatic Solutions: Local Programs

In this chapter, we discuss promising local programs and policies for implementing strategies to address key barriers to improving family child care quality. Each program addresses at least one of the major areas for improving quality in family child care identified in the previous section, including training, compensation and benefits, and isolation. These programs and policies also employ methods endorsed by experts during interviews, including home visits, family child care networks, community resources, and tiered reimbursement.

Home Visits

As discussed in the previous chapter, home visits can provide an invaluable service for family child care providers. As a training opportunity, home visits allow a mentor to demonstrate how broad concepts might be applied in the provider's own child care setting. Home visits also provide adult interaction to combat job isolation, opportunities to ask questions or deal with challenging behavior, and mentors to serve as a gateway to other community resources. The programs discussed below have been identified as exemplary in the home visiting services they provide. They represent different approaches to home visiting and highlight the positive changes home visits may engender.

Good Beginnings Never End Long Beach, California

Since its inception in 2002, the Good Beginnings Never End (GBNE) project in Long Beach, California has provided home visits to family child care providers and parents to improve their ability to prepare children for school. GBNE staff developed a curriculum based on the learning areas of the FDCRS including: furnishings and display for children; basic care; language and reasoning; learning activities (i.e., eye-hand coordination, art, dramatic play, music, schedule of activities); social development (i.e., cultural awareness); and adult needs (i.e., relationships with parents). Each concept includes one to eight goals with specific objectives for meeting each goal. For instance, one interaction goal is "peer interaction." Objectives include "children allowed to move freely to allow for social interactions" and "nonmobile infants spend a lot of supervised time on a blanket on the floor, learning to move, roll over, reach for things."

The Home Visit

GBNE conducts home visits with providers from diverse cultural backgrounds. Many providers are immigrants to the United States and have limited English speaking abilities. Staff members prepare for home visits by learning about the cultural backgrounds of the families they serve (see Chapter 6). They take time to develop rapport with the providers and learn about their needs.

The content of each home visit is tailored to meet each provider's needs, while following a set curriculum based on the FDCRS learning areas. Initially, providers select the learning areas they would like to address drawing from the GBNE curriculum. GBNE staff design a specific plan for the home visits based on the providers' expressed goals and observations of the home. Home visitors engage in general discussions and demonstrations of appropriate techniques to reach the stated goals. Each provider receives an assignment or worksheet to complete before the next home visit to build understanding and encourage practice of methods learned. For example, one objective under the "Cultural Awareness" goal is "planned use of multicultural materials." The objective is to acquire multicultural materials and use them with the children. After receiving handouts, seeing demonstrations, and having discussions with GBNE staff, the provider practices an assignment listing the materials used with

the children. Progress is measured by the completed assignment and observation of implementation of the practices by GBNE staff. A total of 12 home visits are made over the course of several months.

Connecting with Community Resources

As GBNE became known in the community and developed rapport with providers, staff members introduced providers to other community resources. Many providers live in isolated communities and have difficulty accessing free public services. GBNE plans field trips to connect family child care providers with one another, and to community resources. For example, providers and children attended a program at the Long Beach Community College entitled “Food, Fun, and Family,” a nutrition program in which providers and parents receive free produce and recipes. Other field trips include visits to the library. The library field trips have led some providers to continue using this resource. Many providers participate in the public library’s summer reading program as a result of their involvement with GBNE. Children may either read or be read to for 20 minutes per day and receive prizes for reaching milestones. Sixty children are currently enrolled in the program through GBNE.

GBNE also works with providers and families in maintaining up-to-date immunization and health insurance records. Parents with nonimmunized children in family child care homes are given information on how to contact the local health department. The health department also provides classes on accessing health insurance and making reimbursement claims.

Program Outcomes

In a 2004 report to the John S. and James L. Knight Foundation, GBNE analyzed providers’ progress based on assessments completed at the end of each series of home visits and discussed the results of a survey that providers were asked to fill out upon completion. GBNE reported that the 20 family child care providers participating in GBNE at that time made significant progress in achieving the goals and objectives set out in the FDCRS. Each provider developed three objectives and three goals to work toward during the initial home visit. Seventy-five percent reached these goals and objectives after the twelfth home visit, and 25 percent came very close (failing to complete only a few goals under each objective). Family child care providers completed a total of 119 goals and objectives in learning activities, literacy activities, child development, furnishings and displays, and basic care issues.

GBNE surveys providers and parents following home visits. The survey asks providers to indicate whether certain aspects of the home visits were helpful and describe what changes they saw in the children and their own caregiving. Eighty-three percent of providers stated that the home visits were helpful. They also noted specific positive changes:

- “I’m baking nutritious food with the children.”
- “The attention span of the children has increased.”
- “After meals the children are so excited to go and brush their teeth.”

Michigan Family Resources Early Head Start Grand Rapids, Michigan

The Michigan Family Resources Early Head Start program provides comprehensive social services and preschool to children ages two and under in a variety of child care settings (see Box 2). According to Nelle Peck, Program Director for the Early Head Start program, most infants and toddlers in the community are cared for in family child care homes.

As of early 2005, Michigan Family Resources Early Head Start works with 16 licensed family child care providers who care for 48 Early Head Start children. Head Start staff visit providers each week for one-on-one training and modeling. In addition, providers participate in bimonthly training in a

BOX 2**Early Head Start**

Head Start, the predecessor to the Early Head Start program, began in 1964 as part of President Lyndon Johnson's War on Poverty. For over 40 years, Head Start has served children ages three and four with comprehensive preschool services. In addition to pre-literacy and school readiness activities, children receive medical, dental, and family services. In 1994, following policy discussions on the importance of the child's first few years, Early Head Start was developed. Early Head Start provides the same comprehensive services to low-income families and children as the original Head Start program (Cline 2004). Initially, Early Head Start was administered much like the Head Start program, in a classroom setting. However, many children were not reached through this approach, since many parents of young children prefer child care in the home of a relative, parent, or family child care provider (U.S. Department of Health and Human Services 2005c).

In June 2002, the Head Start Bureau and the Child Care Bureau cosponsored The Early Head Start/ Child Care Partnership Summer Seminar. Teams comprised of regional and state administrators, Head Start directors, and child care specialists developed ways to serve children eligible for Early Head Start who were cared for in someone's home. One program that emerged was the Enhanced Home Visiting Project (EHVP). Over the past few years, 24 Early Head Start programs have received funding to implement home visits (U.S. Department of Health and Human Services 2005c).

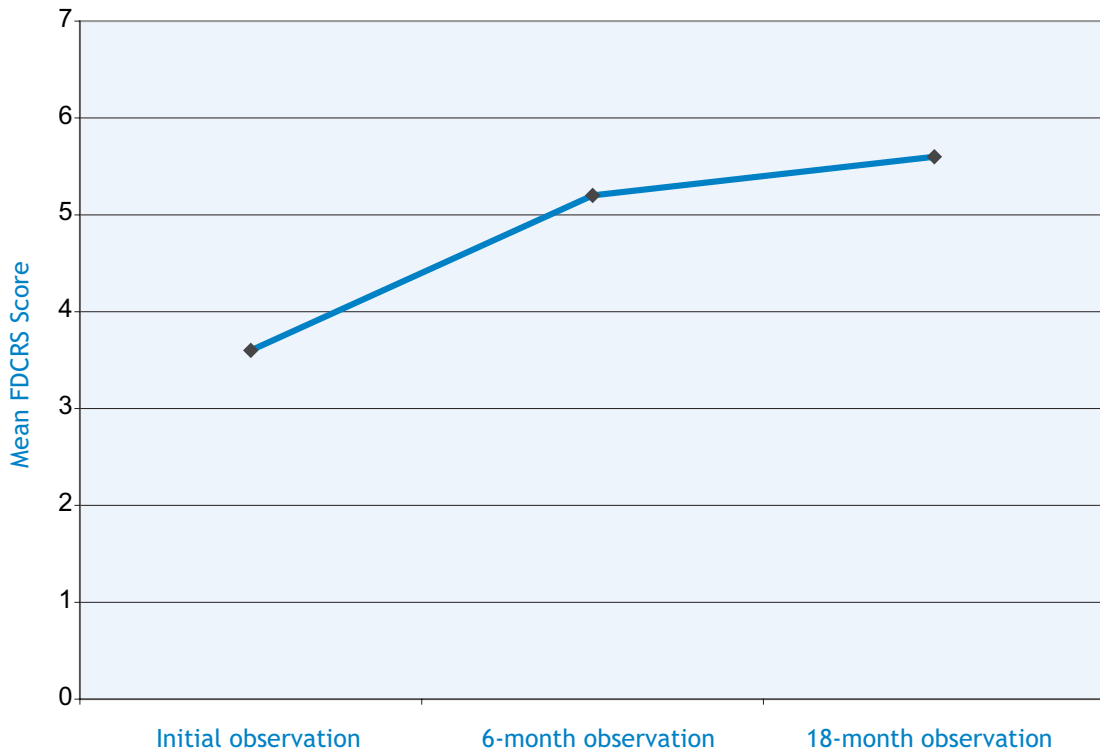
group setting. EHS reimburses providers for developmental services beyond child care that are part of the Head Start program, such as screenings and referrals. Some providers are also eligible to receive reimbursement for an assistant provider.

Early Head Start connects family child care providers with the greater child care community. Providers have access to support groups and professional conferences. They may also access free materials and equipment from the Head Start program. Family child care providers in Michigan are eligible for grants of up to \$3,500; Michigan Family Resources works with providers to help them develop proposals that meet the grant program's focus and that support developmentally appropriate practices. Providers can utilize these state monies to enhance the quality of care and to increase the number of child care slots available for infants, toddlers, special needs children, and children requiring care during nontraditional hours

Evaluation

EHS staff administer the FDCRS to each family child care provider upon enrollment in the program, after six months, and again 18 months after enrollment. Analysis of the data from 15 providers gathered between 2000 and 2004 indicate substantial improvement (see Figure 1). Initially, family child care providers had a mean score of about 3.6 or "minimal"⁶ quality care. There was substantial variation in the range of scores; some providers scored in the "poor" quality range and one provider began in the "excellent" quality range. All 15 providers for which data are available showed substantial improvement over the course of a year and a half. The final FDCRS score, measured approximately 18

⁶ The FDCRS scores family child care quality on a scale of one to seven using seven subscales. Quality descriptions are assigned as follows: Poor (2.9 and below); Minimal (3.0-3.9); Adequate (4.0-4.9); Good (5.0-5.9); Excellent (6.0-6.9).

FIGURE 1:**Mean FDCRS Scores for Early Head Start Family Child Care Providers, 2000-2004**

Source: Michigan Family Resources Early Head Start, unpublished data.
Compiled by the Institute for Women's Policy Research

months after participation in EHS began, shows that family child care providers had a mean score of 5.6, which is considered “good” quality care. The mean increase was just above 2.0 points—a substantial improvement on a scale of 1.0-7.0 (Michigan Family Resources unpublished data).

While family child care providers significantly improved their performance on the FDCRS, administrators at Michigan Family Resources reported that while family child care providers were at first enthused about participation in Early Head Start, there appeared to be some burnout after a few years. According to program administrators, over time, family child care providers were less excited about the program and were less willing to attend training. Staff suggested that new incentives or goals are necessary to boost morale.

Family Child Care Networks

Family child care networks fulfill a vital need in the child care community by formalizing family child care and providing a single entry point for a number of service needs. They provide training and professional development opportunities, connections with services and peers to prevent job isolation, and programs to provide providers with earnings supplements and benefits. Networks provide a range of services, including social support, technical assistance, and training. Networks can also serve as a common meeting ground for family child care providers. Some networks also administer financial assistance programs such as T.E.A.C.H., the USDA Adult and Child Care Food Program (see Box 3), and financial supplements. While family child care networks can vary greatly in terms of quality, the programs described below provide a wide range of services that have met with success.

Child Care Association Wichita, Kansas

The Child Care Association (CCA), a resource and referral agency serving Wichita, Kansas and several surrounding counties, strives to improve children's school readiness by enhancing the availability of quality child care in the community. They provide comprehensive support services to family child care providers, ranging from guidance in the accreditation process to substitute caregivers. Specific services for family child care providers include:

- ▶ **TRAINING AND WORKSHOPS:** Workshops are available on a wide variety of topics, ranging from safe food preparation to preparing children to learn. Workshops offer opportunities to improve skills and interact with other family child care providers.
- ▶ **HIGHER EDUCATION:** CCA assists licensed providers in obtaining tuition assistance for early childhood education certificate programs, Child Development Associate (CDA) degrees, and Associate's and Bachelor's degrees. For family child care providers seeking higher education, T.E.A.C.H. Early Childhood Kansas provides 80 percent of the cost of tuition and books, a travel stipend, and 24 hours of substitute care per semester, plus a \$300 bonus upon completion. The annual supplement ranges from \$4000 for a Bachelor's degree to \$300 to complete early childhood education courses at a community college.
- ▶ **FINANCIAL SUPPLEMENTS:** CCA helps providers access Child Care WAGE\$ Kansas Project for earnings supplements. Designed to decrease caregiver turnover created by low pay in the field, WAGE\$ offers pay supplements to providers who remain in place, working directly with children, for at least six months. The annual supplement amount is tied to provider education level and ranges from a \$4000 supplement for a Bachelor's Degree to \$300 for six semester hours in Early Childhood Education.
- ▶ **LENDING LIBRARY:** Providers have access to a lending library for equipment, books, and toys.
- ▶ **SUPPORT GROUPS:** "Shoptalk," a support group for family child care providers, meets bimonthly for informal sharing and socializing. CCA also sponsors resource nights during which new ideas or materials are presented to providers. These events give family child care providers an opportunity to brainstorm and troubleshoot with providers who may be experiencing the same challenges. In addition, providers have the opportunity to forge informal relationships that might result in playgroups or informal meetings between CCA events.
- ▶ **PROFESSIONAL CONSULTATION:** A staff member at CCA is dedicated solely to assisting family child care providers. One-on-one professional consultation and home visits are provided to family child care providers who request this service.

BOX 3

The Child and Adult Care Food Program

The Child and Adult Care Food Program, administered by the United States Department of Agriculture (USDA), provides reimbursement for food expenses for family child care providers and child care centers. In 2003, 2.8 million children in family child care homes, child care centers, and afterschool programs received meals and snacks through the Child and Adult Care Food Program. Family child care providers are required to serve meals and snacks in accordance with USDA nutritional guidelines and receive reimbursement for food costs (Food Research and Action Center 2004).

- D **SUBSTITUTES:** For a nominal fee, CCA provides substitute care for providers when they are sick, on vacation, or need time for training activities. Caring 4 Kids Substitute Service will provide a substitute provider in the event the regular provider needs time off.

BOX 4

National Association for Family Child Care Accreditation

The National Association for Family Child Care Accreditation developed an accreditation process to “promote and recognize high-quality, professional family child care.” Accreditation requires providers to make a strong commitment to improving the quality of care they provide. Accreditation is based on six content areas: relationships, environment, activities, developmental learning goals, safety and health, and professional and business practices. Providers seeking accreditation must take training courses and undergo a home observation evaluation (National Association for Family Child Care 2003).

A major emphasis of CCA is family child care accreditation. The National Association for Family Child Care (NAFCC) has very stringent standards, well beyond those of any state, for accreditation (see Box 4). CCA works with providers who wish to seek accreditation. They provide an initial home consultation and work with the provider to help her prepare for the NAFCC evaluation. By 2005, 15 family child care providers will be working towards NAFCC accreditation. Wichita also has the highest number of accredited family child care providers in the state of Kansas, which is likely due in part to CCA’s emphasis on accreditation.

We saw family child care providers who were initially skeptical become excited about the accreditation process. Some who had stayed away began to be more open when they saw how excited their acquaintances were about participating. Providers began working with mentors, then attending CDA courses. Every time we visited participating providers, we were amazed at how much knowledge they had gained and how they were improving quality day to day.

-Teresa Rupp, *Executive Director, Child Care Association*
(IWPR interview)

Program Outcomes

While no formal evaluation is available, staff members at the CCA report that family child care providers have responded to the NAFCC accreditation process with enthusiasm. Since the program began in July 2001, six family child care providers have become accredited, one has submitted a final application, and five are ready to submit a final application. In addition, the CCA recently received additional funding to work with 15 family child care providers to achieve accreditation. Over the next few years, the CCA will have nearly 30 accredited family child care providers to care for over 100 children.

Acre Family Day Care Lowell, Massachusetts

Acre Family Day Care (Acre) in Lowell, Massachusetts has several explicit goals to improve the quality of child care and economic opportunities for women:

- To create small business opportunities for low-income women of color;
- To equip women with skills to successfully run businesses and eliminate their need for public assistance;
- To provide affordable quality family child care services to residents;
- To assist low-income women in becoming leaders and advocates for change (Robeson 1997).

In an effort to both improve business opportunities for women and provide quality care, Acre provides training for women to become licensed family child care providers. Training focuses on classroom lessons and hands-on learning through internships. After training, providers receive assistance in becoming licensed and are connected with ongoing support through a family child care network.

A Professional Career Ladder

Acre has developed a career ladder that allows family child care providers to work toward their professional goals (see Table 1). Basic coursework begins with training in business practices and child development. In addition to coursework, providers also complete internships with an experienced family child care provider. Providers work toward a degree in child development, and many providers have gone on to receive a Child Development Associate (CDA) degree.

TABLE 1:

Acre Family Day Care Career Ladder

NAFCC Accreditation
Lead Teacher Certification
Family Child Care Mentor To New Family Child Care Providers
CDA Child Development Associate's Degree
Community College Child Growth and Development Courses
Basic Training Acre Family Day Care Quality Benchmarks Training ¹
Introduction & Licensing Family Child Care and Licensing Process Support
General Interest Meeting Family Child Care as a Career

¹ This custom-designed program includes 56 hours of training in seven areas: introduction to family child care and Acre; health and safety; relationships; developmentally appropriate curriculum and activities; daily schedule; business practices; and marketing and professional development.
Source: Acre Family Day Care (unpublished program materials)

BOX 5**Early Learning Opportunity Act (ELOA) Grants**

ELOA grants provide localities with up to \$1 million in funding to promote early care and education. The program is administered through the Department of Health and Human Services Child Care Bureau. In FY 2004, the Child Care Bureau awarded \$32 million to 40 communities in 30 states. This competitive grant program requires communities to enhance early literacy activities and engage in at least two of the following activities: 1) help caregivers, child care providers, and educators increase their capacity to facilitate the development of cognitive, language comprehension, expressive language, social, emotional, and motor skills, and promote learning readiness; 2) promote effective parenting; 3) develop linkages among early learning programs within a community and between early learning programs and health care services for young children; 4) increase access to early learning opportunities for young children with special needs including developmental delays, by facilitating coordination with other programs serving such young children; 5) increase access to existing early learning programs by expanding the days or times that young children are served, by expanding the number of young children served, or by improving the affordability of the programs for low-income families (U.S. Department of Health and Human Services 2005b).

Additional Benefits

Acre provides business loans for family child care providers seeking to start or expand a business. They also link providers with state contracts for subsidized care. A family child care network of providers and one-on-one technical assistance is available to support providers. In addition, providers have the opportunity to join the board of directors or participate in Acre's advocacy efforts.

Evaluation

In 1999, The Center for Research on Women at Wellesley College conducted an evaluation of Acre Family Day Care. Thirty-nine family child care providers who had recently participated in training were surveyed. All 39 study participants completed the training program and 97 percent reported that they were satisfied with the program. Approximately two-thirds of participants entered the training program to become licensed family child care providers, while one-quarter wanted to enhance their parenting skills. Following training, 46 percent of participants became licensed providers. This figure may underrepresent the number of trainees who eventually became licensed providers, as some survey participants had only recently completed training at the time of the survey. Of those who became licensed family child care providers, 88 percent were providing care at the time of the survey and 86 percent were actively involved in Acre. Revenues ranged from \$18,000 to \$43,000 per year and the mean was \$24,000 (Robeson 1999).

**Ready to Learn Providence
Providence, Rhode Island**

Ready to Learn Providence (R2LP) is a community-based program that focuses on building systems to enhance the quality and availability of early care and education. As part of this effort, R2LP targets family child care providers, particularly those in the Spanish-speaking community. Prior to R2LP, which began in the Fall of 2003, there were no training opportunities available to child care providers

in Spanish in the Providence area. This R2LP project is funded in part through a Early Learning Opportunity Act (ELOA) grant administered by the Department of Health and Human Services Child Care Bureau (see Box 5).

According to R2LP, approximately two-thirds of Providence's 670 licensed family child care providers speak Spanish as a first language. R2LP concentrates its efforts in eight predominantly low-income and Spanish-speaking communities to improve the quality of child care, with a specific emphasis on training for family child care providers. According to Joyce Butler, director of the program, an overarching goal is to connect providers with one another and community resources so that relationships and resources in the family child care community will endure long after specific training programs end.

Heads Up! Reading

R2LP provides the National Head Start Association's Heads Up! Reading program in Spanish (see Box 6). This 30-hour distance learning program provides college-level coursework in child literacy and learning. In the first session, 112 providers signed up for Heads Up! training and an extensive waiting list formed. Program administrators suggest that enthusiasm for the program was fueled by the previous lack of training available in Spanish.

R2LP took a number of steps to ensure maximum participation in training. Satellite distance learning sites were set up in each target community to decrease transportation-related barriers. Training sessions and textbooks were also provided free of charge. Bilingual staff facilitate training sessions using a satellite television. These staff members are trained in child development and provide on-site answers to questions. R2LP also forged community support for Heads Up! Reading. The end of each session is marked with a celebration ceremony attended by the mayor, friends, and family.

ESL Classes

R2LP sponsors 60 hours of English as a Second Language (ESL) classes for family child care providers. Courses are conducted by the local community college and are specially designed to meet the needs of family child care providers. Instructors use children's literature as course material and encourage students to discuss their daily work. The course is held at R2LP but includes a field trip to the community college, where a representative provides a tour and information on continuing education. R2LP provides scholarships for providers who wish to take an additional course at the community college.

BOX 6

Heads Up! Reading

Operated by the National Head Start Association (NHSA), Heads Up! Reading is a national training tool that provides college-level courses on childhood literacy via satellite television. The program offers 12 to 14 hours of training per month and a trained on-site facilitator (National Head Start Association 2005). According to Debra Windham, Director of the Heads Up! Network, HeadsUp! Reading "provides family child care providers the opportunity to get together weekly and network with other providers while learning the latest research-based principles of early literacy. Also, the satellite TV delivery of the course is a nonthreatening way for some providers, particularly Spanish speakers, to take a course for college credit—some of them for the first time."

Mini-Grants

Family child care providers may apply for small grants for educational materials and resources in either English or Spanish. A grant-writing class in either English or Spanish is offered for providers wishing to apply. They may apply for a “package” grant in science or literacy, or they may create their own grant application. For instance, the science grant includes a buggy for outside trips, books and hands-on science materials, and a membership to the Audubon Society, where staff work with providers and children.

Heads Up! Reading Clubs

Support networks in R2LP were developed in response to family child care providers who requested ongoing training support after finishing either a grant program or the Heads Up! Reading training. Small groups of providers who have completed training meet to discuss ways they might continue to implement lessons learned during classes. Speakers are invited to these meetings to provide ongoing support and new ideas for teaching preliteracy. Grant recipients also meet on a weekly basis based on which type of grant they receive. Each network meets once per week and R2LP provides a stipend for a group leader, who is responsible for planning the meeting or inviting a speaker.

I believe that clubs do more than extend learning and promote professionalism; they also play a role in reducing social isolation. The isolation of low-income women who work in child care is exacerbated for women who are linguistically isolated and has the potential to undermine the mental health of an already vulnerable population. I have watched friendships form and heard the laughter and the camaraderie that the clubs foster.

-Joyce Butler, *Director, Ready to Learn Providence*
(IWPR interview)

Program Outcomes

R2LP has achieved high participation rates. As of May 2005, 207 family child care providers completed Heads Up! Reading courses. An additional 100 providers remain on the waiting list. The Heads Up! Reading Club, which began in Fall 2004, currently has 28 members with an additional waiting list of over 50 providers. R2LP plans to add additional clubs when resources become available. R2LP continues to expand its programming efforts. AmeriCorps volunteers will soon be joining R2LP to administer programs for family child care providers at the public library. The library will have open houses and programs in Spanish with bilingual books. R2LP will also launch outreach efforts by visiting grocery stores and churches and advertising on the radio to encourage the Spanish-speaking community to utilize the public library .

Evaluation

The Education Alliance at Brown University completed an evaluation of the R2LP's implementation efforts (Zuliani and Bockrath 2004). To conduct the evaluation, the Education Alliance interviewed R2LP staff and partners, attended committee meetings and events, reviewed documents related to R2LP activities, and administered a survey to the Providence Public Library Children's Services staff. The bulk of the research focused on R2LP's progress in developing infrastructure and practices that will endure.

With respect to the Heads Up! Reading training, evaluators found that R2LP had made significant progress in reaching family child care providers and improving their training credentials. Over 100 family child care providers completed Heads Up! Reading in the first two sessions. Approximately 90 providers registered on a waiting list for a third session. Another community partner, Childspan, collected data on program participants using the Early Language and Literacy Classroom Observations

(ELLCO). While this measure was not designed for home-based settings, administrators reported that providers were enthusiastic to learn how they performed and how they could improve in areas needing additional attention. The ELLCO was therefore used as a technical assistance tool. Family child care providers' willingness to improve led program administrators to develop a "Task and Timeline" worksheet. This tool directs family child care providers on how to implement lessons from the Heads Up! Reading course in their home child care settings. Evaluators suggest that widespread support for Heads Up! as determined by wait lists, community support at graduation, and providers' continued interest in improving shows that the program is highly valued by the community.

The mini-grant program distributed grants to 19 family child care providers in the first two rounds. A formal evaluation of the mini-grant program has not yet occurred.

Los Angeles Universal Preschool Los Angeles, California

In 1998, California voters approved Proposition 10, a 50 cent-per-pack tax on all tobacco products sold in the state. Eighty percent of the tax revenue is distributed among California's 58 counties to fund health and development programs for children under age five. In 2004, First 5 LA, the organization responsible for distributing the revenue in Los Angeles County, created Los Angeles Universal Preschool (LAUP) and committed \$100 million per year for six years in funding. LAUP, a nonprofit organization, will provide universal access to preschool education for the county's 150,000 four-year-olds. LAUP programs, which began in Spring 2005, are intended to foster early learning and enhance brain development to prepare children for a lifetime of successful learning. Preschool is offered for half of the day and plans are underway to make a full-day option available to working parents. LAUP is building on existing preschool infrastructure, including public, private, and charter preschools, faith-based organizations and family child care homes. LAUP will concentrate on capacity-building in areas with limited preschool options and aim to serve 100,000 children within ten years. A star quality rating system will allow parents to make an informed decision about which preschool setting to use.

LAUP is contracting with five "hubs" which will be responsible for administering some aspects of the program for family child care providers. The "hub" must be a nonprofit organization with a track record working with family child care providers. The "hub" selects providers and supplies technical assistance to child care providers. Family child care providers will receive training and support materials from the "hub." LAUP, however, monitors providers.

Experts widely endorsed the use of hubs for oversight and support. Umbrella organizations such as those incorporated in the LAUP program provide a point of contact and support for family child care providers. Hubs can provide feedback and resources, and connect family child care providers with one another.

Evaluation

LAUP began in the Spring of 2005, and a formal evaluation has not yet occurred. However, the strong support LAUP received from experts and the intricate planning process suggests that LAUP may become a model for other counties and municipalities to emulate.

Building Links to Community Resources

Some experts interviewed for this report suggested that the quality of family child care would be improved through partnerships between organizations seeking to improve the quality of child care and community resources. Community resources provide ongoing training and learning opportunities (for example, story time at the local library or programs at a children's museum) for providers and combat isolation by bringing adults and children together for social interaction. Nina Sazer O'Donnell, director of the Sparking Connections project, notes providers who "are learners themselves—about

their own and children's learning—and who have access to relationship-based support, good quality information, and resources are more likely to know how to help young children learn and be able to provide high quality and more reliable care.” Sazer O'Donnell suggests that community resources, such as child care resource and referral agencies, parks, museums, libraries, and retailers, in addition to providing core community infrastructure, can effectively connect providers to key information and support.

Good Beginnings Alliance Honolulu, Hawaii

The Good Beginnings Alliance (GBA) connects home-based providers who are traditionally disconnected from preschool programs with early learning opportunities through community-based playgroups. Instead of focusing on individual providers, GBA provides early learning opportunities for all caregivers and children. Parents, relative caregivers, and family child care providers bring children to community centers, school campuses, libraries, or churches for 90 minutes to four hours a week. During the playgroup, caregivers guide the children through developmentally appropriate activities for infants, toddlers, and preschoolers. Playgroups are also designed as a learning opportunity for caregivers, who learn about children's development, early literacy, health and safety, and the importance of routines.

GBA provides technical assistance and training to playgroup programs through community partnerships, thereby connecting parents and providers with resources in the community. Often, local churches will provide space for the playgroups. Through an innovative partnership with the University of Hawaii, pediatric interns provide information on children's health and gain practical field experience. At some playgroups, social workers are also on hand for parents and caregivers who have questions regarding child welfare.

GBA also provides a network venue for playgroup administrators to gather to plan and discuss common issues, needed resources, and strategize for the future. GBA formed the Family Interactive Network for Educators (FINE), which brings together playgroup administrators to address issues of quality, resources, data collection, and other concerns.

Evaluation

While GBA has not conducted a formal evaluation of the program, anecdotal evidence, high participation rates, and replication efforts suggest it has been well received by the community. Wayna Buch, Community Programs Manager Coordinator of GBA, believes that once parents realize how much children learned through participating in educational activities, they begin to trust early learning programs and understand their importance. She suggests that playgroups are a natural feeder to preschools because parents embrace early education after becoming involved in playgroups.

I believe that the proliferation of Parent/Child Education programs statewide speaks to the need across income and ethnic groups. These programs empower parents as their children's first teachers by giving them the tools, skills, and confidence they need to work with their children. The programs are designed to bring families, organizations and communities together and remove any barriers to participation that may include limited financial resources or lack of education.”

-Wayna Buch, *Community Programs Manager Coordinator, Good Beginnings Alliance*

GBA provides training to other communities interested in implementing playgroups in their area. As a result, the playgroup model has been replicated in over 100 communities across the state. In one instance, a single mother looking for a way to give her children play opportunities attended playgroups with her children, completed her Business Degree, and went on to found and manage the largest set of playgroups in the Native Hawaiian communities.

Tiered Reimbursement

Tiered reimbursement policies offer higher subsidies to providers with higher levels of education or quality. In general, the primary goal of tiered reimbursement systems is to provide an incentive

for seeking out educational opportunities or improving quality of care. While tiered reimbursement may be effective in providing an incentive for training and education and improving compensation, it is limited to those providers who have access to training and professional development activities. It is important that tiered reimbursement be coupled with efforts to cultivate training opportunities.

TABLE 2:

Los Angeles Universal Preschool Family Child Care Provider Reimbursement Rates

Quality Rating	Rate Per Child	
	per year	per day
3-star	3,960.00	22.00
4-star	4,290.00	23.83
5-star	4,950.00	27.50

Source: Scott and Tucker 2004.

Los Angeles Universal Preschool Los Angeles, California

The Los Angeles Universal Preschool program, described above, uses a tiered reimbursement system. Beginning in Spring 2005, family child care providers who participated in the Los Angeles Universal Preschool program received compensation for the three and a half hours each day that the provider provides preschool. Wrap-around care provided throughout the day is still paid for by parent fees or government subsidies. Provider reimbursement rates for preschool are tied to a star-rating system based on quality of care and the providers' education level (see Table 2).

Chapter Four: Programmatic Solutions: State Programs

We also asked family child care experts to identify state programs that addressed important issues in family child care. These state programs address critical family child care quality issues on a larger scale and provide models for states implementing quality improvement programs.

T.E.A.C.H. (Teacher Education and Compensation Helps) Early Education® North Carolina

North Carolina has implemented several programs to improve quality in early care and education. A number of North Carolina programs have been replicated nationally, including earnings supplements, a tiered rating system, and T.E.A.C.H. The T.E.A.C.H. Early Childhood Project® began in 1990 as a pilot project awarding scholarships for child care workers seeking higher education. Since then, T.E.A.C.H. expanded to become a statewide program to improve the educational backgrounds of child care workers, decrease turnover, and increase compensation. T.E.A.C.H. provides scholarships and stipends for books, transportation, and work leave for early childhood educators, including licensed family child care providers, seeking higher education. A wide range of programs serve providers with a variety of educational backgrounds. T.E.A.C.H. now includes eight different scholarship programs, including:

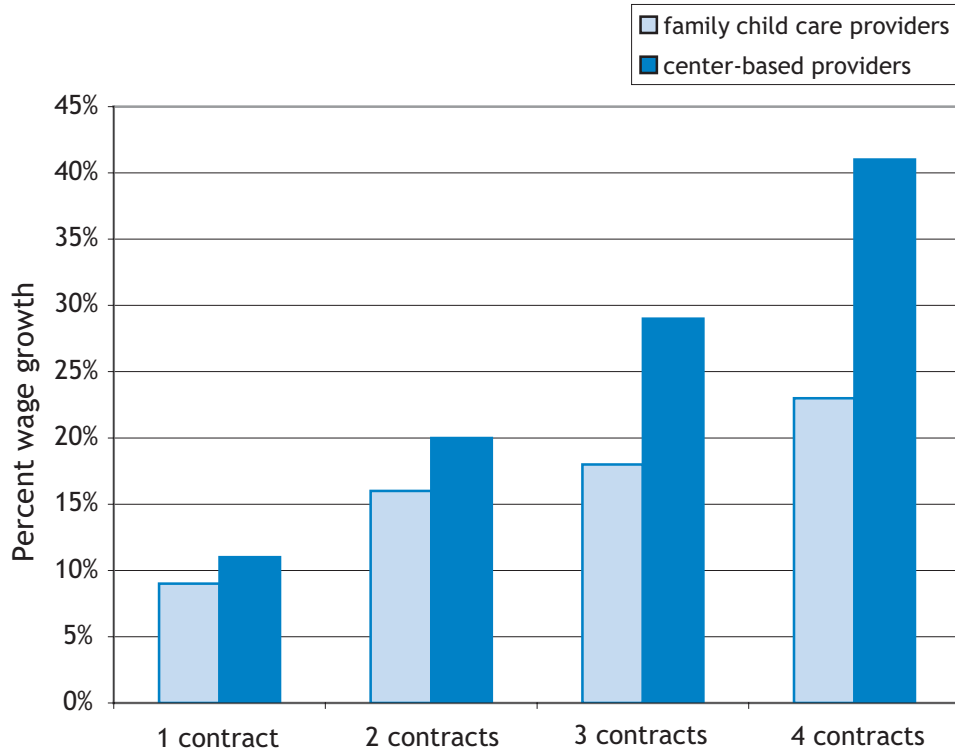
- North Carolina Early Childhood Credential Scholarship Program;
- North Carolina Early Childhood Administration Credential;
- CDA Assessment Scholarship Program;
- Early Childhood Associate's Degree Scholarship Program;
- Early Childhood Bachelor's Degree Scholarship Program;
- Early Childhood Birth-Kindergarten Certification Program;
- Early Childhood Model/Mentor Teacher Program;
- T.E.A.C.H. Early Childhood Scholars Program.

The majority of family child care providers participating in T.E.A.C.H. are enrolled in the Early Childhood Associate Degree Scholarship program. During the 2003-2004 year, nearly 450 family child care providers received an Early Childhood Associate Degree scholarship. Participants receive financial assistance with the cost of tuition, books, travel, and substitute care during classes or study time. In addition, participants receive either a raise or a bonus ranging from \$300 to \$700 upon completion. In exchange for financial assistance, child care providers agree to remain in the early childhood education field for at least one year.

Evaluation

The Child Care Services Association, which administers the T.E.A.C.H. Early Childhood Program®, conducts an annual evaluation of the program. In 2004, surveys were mailed to all individuals who received a T.E.A.C.H. scholarship in the previous year. Response rates were 88 percent for directors and owners, 69 percent for center-based teachers, and 82 percent for family child care providers, yielding a sample of 61 directors/owners, 279 center-based providers, and 113 family child care providers. While family child care providers made substantial educational and financial gains following participation in T.E.A.C.H. in comparison to center-based providers, they received fewer financial payoffs for higher education despite lower turnover rates and equivalent educational achievements. Center-based providers may have the option of moving into other positions at their center, whereas family child care providers generally operate alone or with an assistant, which limits opportunity for growth. After

one contract⁷, family child care providers earned an average of 11 percent more; after four contracts, family child care providers earned an average 23 percent above their earnings prior to T.E.A.C.H. participation (see Figure 2). While these improvements are substantial, percent increases in earnings are nearly double for center-based providers who participate in the same program, despite the fact that family child care providers earned the same number of credits during each contract (Child Care Services Association 2003).

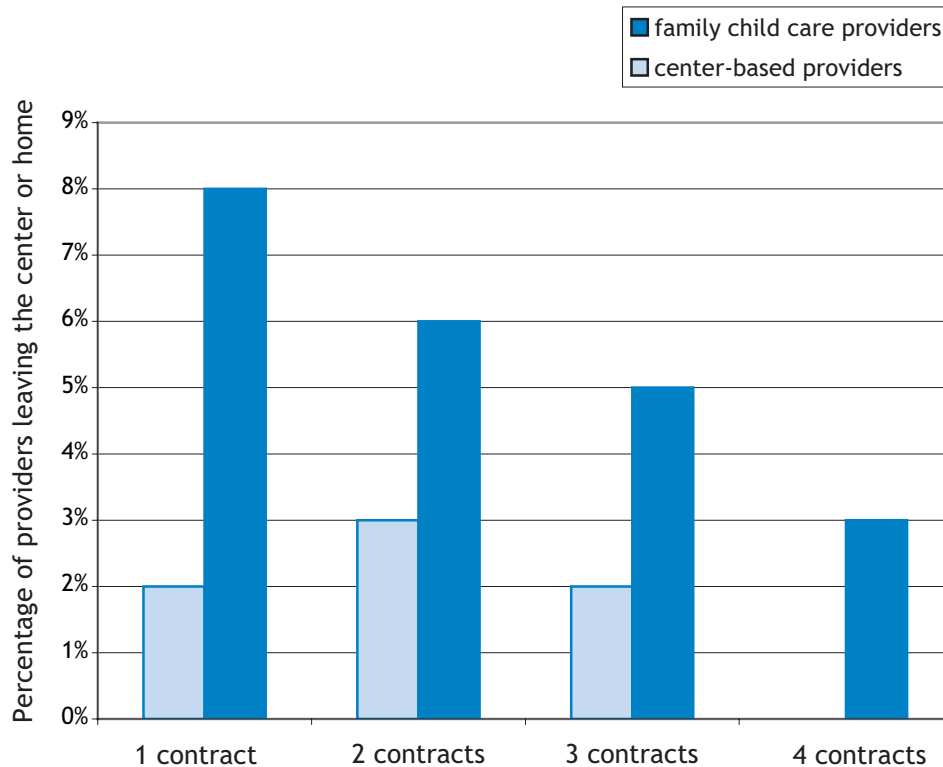
FIGURE 2:**Earnings Growth for T.E.A.C.H. Participants by Training Level, 2003**

Source: Child Care Services Association 2003.
Compiled by the Institute for Women's Policy Research.

Despite pay disparities, turnover was lower for family child care providers who completed T.E.A.C.H. when compared to center-based providers in the same program. Among family child care providers who participated in the T.E.A.C.H. Associate Degree Scholarship program, turnover was just 2 percent after one contract and nonexistent after four contracts (see Figure 3). The turnover rate for center-based child care providers was substantially higher (8 percent), though still quite low for the child care field (Child Care Services Association 2003).

In addition to financial benefits, family child care providers also reported greater job satisfaction and commitment to child care following participation in T.E.A.C.H. (see Figure 4). Nearly all family

⁷ Family child care or center-based providers sign a contract agreeing to complete 9 to 15 semester hours per year. T.E.A.C.H. provides tuition assistance and a stipend to cover costs related to travel, books, and time away from work. Providers are also contractually bound to remain in their early care and education program for one year after completing credits and upon receipt of a raise or bonus.

FIGURE 3:**Turnover Rates for T.E.A.C.H. Participants by Training Level, 2003**

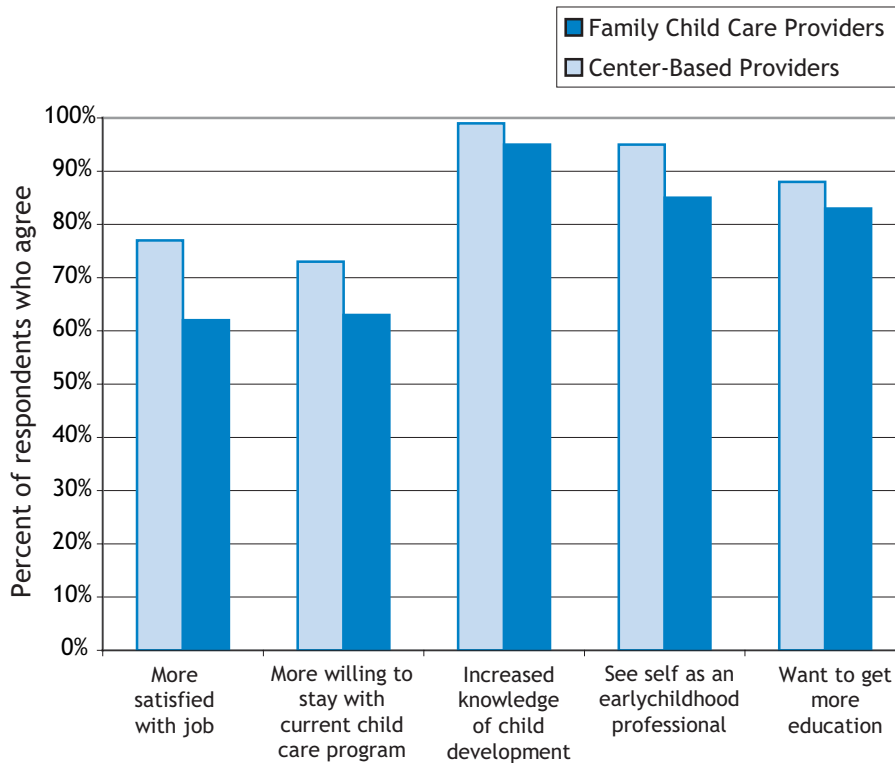
Source: Child Care Services Association 2003.
Compiled by the Institute for Women's Policy Research.

child care participants felt they had increased their knowledge of child development. An overwhelming majority of participants also saw themselves as early childhood professionals and wanted to continue pursuing education. Family child care providers also recognized the importance of T.E.A.C.H. in affording them greater educational opportunities. Seventy-nine percent of family child care providers said they could not have afforded the cost of tuition or books without a scholarship and 40 percent would not have taken courses had they not received a T.E.A.C.H. scholarship.

It (T.E.A.C.H.) has meant the world to me. I have always wanted a degree in Early Childhood but just couldn't afford it.

*-North Carolina Family Child Care Provider
(Child Care Services Association 2003)*

Across several T.E.A.C.H. programs, family child care providers are not well-represented. Family child care providers accounted for slightly fewer than 15 percent of participants in the Early Childhood Associate Degree program. In 2003, no family child care providers participated in the Early Childhood Bachelor's Degree Scholarship program. Lower participation rates may be related to higher enrollment costs for family child care. While just 47 percent of center-based teachers paid a portion of tuition and book costs, 81 percent of family child care providers reported paying a share of educational costs. Since family child care providers are generally self-employed, they are required to pay both the "owner" share of the tuition and the "teacher" share (Child Care Services Association 2003).

FIGURE 4:**T.E.A.C.H. Participants' Reported Benefits of Participation, 2003**

Source: Child Care Services Association 2003.
Compiled by the Institute for Women's Policy Research.

The T.E.A.C.H. program has been widely replicated. To date, the program has been replicated in 23 states around the country, including Florida, Ohio, and Colorado. According to the T.E.A.C.H. annual report, over the past five years, an estimated 42,000 early childhood professionals have enrolled in T.E.A.C.H.. While increased efforts to reach out to the family child care field may improve their participation, the T.E.A.C.H. program provides assistance in accessing higher education that otherwise might be unaffordable (Child Care Services Association 2003).

Florida Family Child Care Home Association

The state of Florida allocates a portion of the Child Care and Development Block Grant to the Florida Family Child Care Home Association (FFCCHA) (see Box 7). In 2002, FFCCHA received \$100,000 to improve quality in family child care homes over a three year period. The grant funds accreditation efforts, scholarships for training and conference registration, and newsletters. FFCCHA reports that it has nearly 2,000 members, including almost 1,300 family child care providers. In addition to the state association, Florida has 40 local associations that represent each community in the state organization.

Accreditation

FFCCHA provides grants to providers seeking accreditation through the National Association for Family Child Care (NAFCC) to cover the \$495 accreditation fee. To qualify, providers must be a FFCCHA member for one year and complete an application. Credential scholarships fund accreditation

BOX 7**The Child Care and Development Fund**

The Child Care and Development Fund (CCDF) provides block grants to U.S. States, Tribes, and Territories for the purpose of providing child care subsidies to families currently receiving public assistance through Temporary Assistance for Needy Families (TANF) and to former TANF participants attending school, training, or work. CCDF is administered through the Department of Health and Human Services Child Care Bureau and in FY 2004, granted \$4.8 billion in child care funds. States, territories, and tribes are required to allocate at least 4 percent of CCDF funds to quality improvement activities. Many states have developed innovative programs to provide training, loans to providers, and enhanced quality monitoring (United States Department of Health and Human Services 2005a).

and training efforts. For 2004 and 2005, FFCCHA received \$10,200 from the Florida Department of Children and Families to cover NAFCC accreditation fees and provide training.

In addition to providing financial support, FFCCHA encourages national accreditation in training programs and conferences. During conferences and on a local level, FFCCHA provides an eight-hour training session on the accreditation process. In addition, newly accredited providers are recognized in the statewide newsletter and a banquet is held to honor providers who have achieved accreditation. Some local family child care associations also provide state-certified mentors⁸ to guide providers through the accreditation process. Tammy Tener, President of the FFCCHA, suggests that community support for accreditation motivates family child care providers to aspire to national accreditation.

Training

FFCCHA provides numerous training opportunities for providers, many of which are integrated with accreditation efforts. As mentioned above, credential scholarships provide funding for training. Providers may receive funding for a CDA, Master Provider training, or a “Second Helping” course for more experienced providers. The Second Helping course requires 32 hours of advanced training geared toward introducing providers to professional development activities in their communities and improving their self-esteem. This emphasis leads some providers to go on to pursue accreditation. FFCCHA also includes training at each quarterly meeting.

Advocacy

FFCCHA also serves as an advocacy organization to educate the public and legislature about family child care. Between 2003 and 2005, the Florida Department of Children and Families allocated nearly \$22,000 to FFCCHA to disseminate information on family child care. Through the “No Place Like Home” campaign, FFCCHA distributes informational materials throughout the state. FFCCHA attends conferences related to early childhood and has distributed 10,000 informational brochures to child care agencies and school readiness coalitions. In addition, FFCCHA places advertisements in child care directories citing the benefits of family child care for families. The public awareness campaign increases the visibility of the family child care field and the family child care association.

FFCCHA also advocates on behalf of family child care providers in state and local matters affecting family child care providers. As Florida policymakers worked to craft universal prekindergarten policy

⁸ State-certified mentors are required to complete an eight-hour accreditation course or a 16-hour NAFCC observer course.

over the past few years, they consulted FFCCHA to determine how family child care providers might provide preschool services.

Program Outcomes

The FFCCHA provides structure and a collective voice to family child care providers in Florida. Though a formal evaluation is not available, the FFCCHA has established a place at the table with other early care and education advocates and has achieved prominence and recognition in the state policy making process.

FFCCHA has also had success with accreditation efforts and boasts the highest percentage of accredited family child care homes in the country. FFCCHA president Tammy Tener suggests that this is at least partially due to the funding available from the association and the value placed on accreditation within FFCCHA.

California Child Care Initiative Project

The California Child Care Initiative Project (CCIP) is a resource and referral program operating in every California county to increase the availability and quality of child care (see Box 8). Since 1985, CCIP has worked to recruit and train family child care providers to meet the growing demand for quality child care. Funding for CCIP comes from both private and public sources, including state Child Care Development Fund (CCDF) money, the tobacco tax, philanthropic foundations, and corporations. CCIP has several explicit goals:

- To increase the availability of care for toddlers and infants;
- To increase the availability of providers who speak languages other than English to serve a more diverse group of children;
- To improve the availability of child care during nontraditional hours.

BOX 8

Child Care Resource and Referral Agencies

Child Care resource and referral agencies (R&R's) are government-funded, community-based organizations that connect providers, parents, and community leaders. R&Rs help parents find child care slots and provide a range of services to providers, including training. Some R&Rs also administer child care subsidies and other government programs. Depending on available resources, some R&Rs also have accreditation programs, scholarships for training and higher education, or earnings supplement programs (National Association of Child Care Resource and Referral Agencies 2005). For more information, visit the National Association of Child Care Resource and Referral Agencies at www.naccrra.net.

The CCIP Model

CCIP utilizes a five-stage model for recruiting, training, and retaining family child care providers. The model is intended to ensure that providers who become family child care providers remain in the field. In addition, the model is designed to be replicable in other communities.

- ▶ **ASSESSING CHILD CARE SUPPLY AND DEMAND.** During this stage, program administrators identify existing child care resources and estimate child care demand. Target areas for recruitment and training are selected based on unmet needs.

- ▶ **RECRUITMENT.** Potential providers are recruited through a number of venues. Targeted community outreach occurs by distributing flyers and brochures and posting in neighborhood newsletters and church bulletins. Public service announcements and advertisements in “New Baby” kits also encourage women to consider providing or utilizing family child care. Most providers are recruited through word-of-mouth. Program administrators host orientation meetings for potential providers.
- ▶ **TRAINING.** Training is an ongoing service available to both new and experienced providers. Training sessions center on caregiving and business practices. Since a primary goal of CCIP is to improve the quality of infant and toddler care, many training opportunities focus specifically on this age range. Program administrators also provide incentives for participation in training, including stipends, free materials, graduation ceremonies, and training certificates.
- ▶ **TECHNICAL ASSISTANCE.** CCIP provides start-up workshops for new family child care providers. In addition, CCIP provides one-on-one assistance, home visits, and assistance with the state licensing application. Program administrators also provide incentives for participation, including publications, gift certificates, discounts, membership to professional organizations, and toys or equipment.
- ▶ **ONGOING SUPPORT.** CCIP has numerous supports for experienced providers to increase retention rates. Program administrators link family child care providers with community resources such as resource and referral agencies and support groups and networks.

CCIP also produces publications on a number of topics relevant to family child care providers, from starting a family child care business to caring for toddlers. Publications are available in multiple languages, including Spanish, Vietnamese, and Chinese.

Evaluation

CCIP reports that since its inception in 1985, it has helped license 11,540 family child care providers, who provide care to 57,337 children. In addition, CCIP reports that they have trained over 43,000 family child care providers. A recent survey conducted by CCIP indicated that after five years, 87 percent of new recruits were still in the family child care business and 91 percent said CCIP was a significant factor in their success. CCIP has also recruited 401 new Spanish-speaking family child care providers to care for children with diverse cultural backgrounds. Several states have replicated CCIP. For instance, Massachusetts, Texas, Florida, and Arkansas have replicated the CCIP model to increase the availability of care for Latino children.

The Maryland Child Care Credential

The Maryland Child Care Credential is a voluntary program that recognizes the credentials of child care providers who exceed state requirements. The program is open to both family child care providers and center-based providers. Program goals include:

- To create a well-qualified child care workforce;
- To improve the status of and compensation for children providers;
- To recognize both training and professional development activities;
- To provide a structure for professional growth and development.

The Maryland Child Care Credential includes six credential levels based on experience, training, and professional development activities (see Table 3). Level One recognizes providers meeting the basic state requirements, whereas Level Six requires an advanced degree in a relevant early childhood

education field and extensive involvement in training and professional development. At each level, the provider is eligible for a one-time bonus ranging from \$200 to \$1000. Training vouchers and reimbursement for approved training programs are available after Level Two. In addition to degree completion and training, the Child Care Credential requires professional activity “units.” These units are earned for participation in professional development activities, such as joining a local child care network, attending conferences, or volunteering at a resource and referral agency.

Participants in the Child Care Credential Program, including family child care providers, can participate in a tiered reimbursement program in which providers at levels two and above receive higher reimbursement rates than those at level one. Tiered reimbursement rates involve percentage increases over the state’s base reimbursement rate for licensed providers. For example, Level Two providers receive a reimbursement rate that is approximately 10% higher than that received by a comparable Level One provider, and Level Four providers receive reimbursement that is approximately 28% higher than that received by an otherwise comparable Level One provider. At each quality level, the reimbursement rate is calculated according to the age of the child served, the regional market rate, and other factors.

TABLE 3:**Maryland Child Care Credential Levels**

	To Qualify	To Maintain
Level 1	meet minimum standards for state licensing	
Level 2	45 training hours, including: -at least 20 hours must be in child development 1 professional activity unit	12 training hours and 1 professional activity unit per year
Level 3	90 training hours, including: -20 hours in child development -20 hours in curriculum methods 2 professional activity units 1 year of experience or 1 year of college	18 training hours and 2 professional activity units per year
Level 4	135 training hours, including: -45 hours in child development -30 hours in curriculum methods -20 hours in health, safety, and nutrition -15 hours in special needs -15 hours in professionalism -10 hours in community issues 3 professional activity units 2 years experience	24 training hours and 3 professional activity units per year
Level 5	Associate’s Degree, including: -15 credit hours in approved Core of Knowledge coursework 4 professional activity units 2 or more years of experience	24 training hours and 4 professional activity units per year
Level 6	Bachelor’s, Master’s, or Doctoral degree in child care or education field, including: -at least 1 course in child development and curriculum methods 5 professional activity units 2 or more years experience	24 training hours and 5 professional activity units per year

Source: Maryland Department of Human Resources 2005

The Core of Knowledge

Training requirements for the Child Care Credential are based on the “Core of Knowledge.” The Core of Knowledge requires child care providers to receive training in six areas:

- child development
- health, safety, & nutrition
- special needs
- curriculum
- professionalism
- community⁹

In order to advance in levels, providers must complete training in each area. Many experts endorsed comprehensive training for family child care providers, who often fill the role of nutritionist, manager, bookkeeper, teacher, and caregiver throughout the day.

Program Outcomes

A formal evaluation of the Maryland Child Care Credential is not available. However, the program’s design and goals are similar to experts’ recommendations. Many experts we interviewed expressed the need for a career ladder in the family child care field. The Maryland Child Care Credential creates a career ladder that is sensitive to diversity in the child care field. In addition to training, the credential is set up to recognize the value of participating in family child care networks, a common professional development activity for many family child care providers. The Child Care Credential provides child care workers with professional direction and an incentive to improve through cash bonuses.

The Child Care Credential also recognizes the importance of comprehensive training for child care providers. In addition to coursework in child development, providers must complete coursework in areas related to business practices and health and safety. A comprehensive approach to child care training is especially important for family child care providers who serve the dual roles of early childhood teacher and small business manager.

⁹ Training in “community” includes courses focusing on the relationship between parents, children, and child care providers, community resources, communication skills, diversity, and parent communication.

Chapter Five: Providing Services to Underserved Family Child Care Providers

Family child care providers bring distinctive qualities to the early care and education field, including flexibility, mixed age groups, lower costs to parents, and the opportunity for care in a family environment. These characteristics make family child care providers uniquely qualified to care for children who are often difficult to serve in existing center-based child care arrangements. Providers themselves may also be difficult to serve because they have limited English proficiency or live in an isolated low-income neighborhood. This chapter examines a handful of programs that meet the needs of family child care providers who are sometimes underserved in outreach efforts (or who care for underserved children). They offer promising practices for other agencies hoping to meet the needs of these providers and highlight the unique contributions family child care makes to the child care field.

Caregivers of Children with Special Needs

The Children's Home Society of New Jersey Ocean County, New Jersey

The Children's Home Society of New Jersey, a nonprofit organization funded by private donations and a collaborative partnership with several New Jersey agencies, created a network for family child care providers caring for children with special needs. The program began when a parent of a special needs child contacted the Children's Home Society of New Jersey after the child was asked to leave a child care center. The staff not only placed the child in a family child care home in time for the parent to return to work the following day, but also developed an infrastructure to respond to the broader problem of quality child care for children with special needs.

The Children's Home Society first surveyed family child care providers and determined 13 family child care providers who were willing to care for special needs children. A Special Needs Family Child Care Network developed among this initial group of family child care providers. The Children's Home Society recruited parents through the Health Department and held two open houses, one for interested parents and one for interested providers. Currently, between 45 and 50 providers participate in the network. The Children's Home Society provides extensive support services and training opportunities specifically designed for providers of special needs children with conditions ranging from asthma to autism. Specific components of the network include:

- ▶ **ASKING PROVIDERS FOR THEIR HELP.** The Children's Home Society built a network of nearly 50 providers caring for special needs children simply by asking family child care providers to participate and recruiting providers already caring for special needs children. Joanne Nelson, the Special Needs Family Child Care Coordinator at the Children's Home Society of New Jersey, explains that the providers in the Special Needs Family Child Care Network care deeply about children with special needs and genuinely want to help. Many of the providers have been personally affected by a family member or friend with a special needs child. Reaching out to family child care providers and asking them to help meet a community need was a simple, yet effective, strategy for The Children's Home Society.
- ▶ **COMMUNITY-BASED SUPPORT.** Family child care providers caring for children with special needs have constant support from the network. The Children's Home Society links providers with community resources for special needs children and support from other providers. The

network coordinator and health consultants are always on hand for technical assistance. In addition, the network links family child care providers with similar work experiences together for peer support.

- ▶ **FREE MONTHLY TRAINING SESSIONS.** Each month, providers have the opportunity to attend a workshop pertinent to special needs children, on topics such as autism, using asthma equipment, or sign language. Community partners, such as support or advocacy organizations, present on varying topics, and link providers to community resources in addition to providing valuable information. Recently, The Children's Home Society held a series of workshops on sign language. Providers learned songs and sang with children during the course. Training courses are also available through the mail for providers who are unable to attend training.
- ▶ **TECHNICAL ASSISTANCE.** A health consultant is available for phone consultation at any time. In addition, The Children's Home Society provides on-site technical assistance for providers who request additional help. The Special Needs Family Child Care Coordinator visits homes to conduct observations and suggest effective teaching methods. Providers can also receive technical assistance from a nurse or health consultant if they have specific questions about how to use equipment. Family child care providers caring for a child who has not been diagnosed with a special need, but whom they suspect might have a disability, can call The Children's Home Society for information on how to obtain an assessment. The Children's Home Society also guides providers through talking to parents when they suspect a child might have a disability and connecting them with the community resources.
- ▶ **COLLABORATING WITH COMMUNITY PARTNERS.** The Children's Home Society collaborates with community partners to identify family child care providers who may have special needs children in their care. For example, the USDA Food program coordinator notifies The Children's Home Society if she encounters providers who may benefit from more information on caring for special needs children. Hospitals, the health department, and other community agencies that work with parents of special needs children also refer families and providers to the Special Needs Family Child Care Network. Collaboration between The Children's Home Society and a number of community organizations has allowed the community to meet the needs of providers and families with special needs children.

Low-Income Communities

All Our Kin New Haven, Connecticut

Seventy-eight percent of infants and toddlers in New Haven, Connecticut are cared for in family child care homes and informal arrangements (Mayor's Task Force on Universal Early Care and Education 2001). The frequency of home-based care in the community is likely related to the city's 20 percent poverty rate (U.S. Census Bureau 2000) and the fact that informal and family child care arrangements tend to be less costly. Concern about the quality of care in these environments led All Our Kin, a nonprofit organization that provides training and networking opportunities for providers, to place a particular emphasis on helping unregulated providers meet licensing standards. All Our Kin has had success working with unregulated providers and reaching providers across economic conditions, including many low-income communities.

Training Program

In 1999, All Our Kin established a training program designed to provide welfare participants with job opportunities in the child care field. Each year, six Temporary Assistance for Needy Families (TANF) participants interested in entering the child care field enroll in an intensive nine-month program to obtain a Child Development Associate's (CDA) degree. Program participants attend with their children and spend half the day in a participatory and interactive classroom setting. During the second half of the day, students care for their own children and those of other participants at an on-site lab school. Instructors model teaching techniques and apply lessons from the classroom. Following graduation, students either seek employment in a child care center or establish a licensed child care facility. At the program's onset, most students chose employment at center-based facilities, but more recently, about half of the students have opened family child care homes.

The Family Child Care Network

All Our Kin established a family child care network¹⁰ in 2002 to meet the needs of the broader family child care community, which includes providers from inner-city New Haven as well as the surrounding suburbs. Members must have at least one year of experience in family child care or an equivalent degree or training hours, and agree to work toward national accreditation with the National Association for Family Child Care (NAFCC). Family child care providers who do not meet these standards can become associate members while they work toward full membership. All Our Kin provides educational consultants who work with members towards the NAFCC credential. Members are also eligible for a number of free services, including evening and weekend child development classes, group meetings, technical assistance, and educational incentives and scholarships. The All Our Kin Family Child Care Network addresses many of the same issues and programs as other family child care networks around the country. Providers have the opportunity to meet with other family child care providers through monthly support groups and with regular home visits from an educational consultant. In addition, family child care providers meet other professionals and have access to training and higher education.

All Our Kin is notable because it addresses persistent barriers to improving family child care quality specifically for providers caring for low-income children, in addition to other providers. The network includes family child care providers from a wide range of backgrounds, from providers operating in New Haven's inner cities to the surrounding suburbs. All Our Kin began as a service for low-income families and has since branched out to include all providers. Now approximately three-fourths of providers in the network are caring primarily for low-income children. All Our Kin's success in developing an inclusive family child care network was due in part to their well-established reputation in the community through the training program. Staff at All Our Kin have developed several strategies for working effectively with child care providers from diverse socioeconomic backgrounds, including:

- ▶ **INVOLVING COMMUNITY MEMBERS FROM THE BEGINNING.** Before the Family Child Care Network was established, All Our Kin invited family child care providers to participate in focus groups. They presented different models for family child care networks and asked providers what would be most useful in the community.
- ▶ **BUILDING RELATIONSHIPS.** All Our Kin invests significant time in building relationships with providers. Staff members visit providers in the home for casual conversation, giving the provider a chance to voice concerns. Staff members get to know the provider, which helps them encourage her to reach her full potential. Meetings and workshops incorporate

¹⁰ The family child care network is funded by the Community Foundation for Greater New Haven, Empower New Haven, the New Haven School Readiness Council, the United Way of Greater New Haven, and the Liman Fund at Yale Law School.

socialization time to allow providers to meet each other. In essence, the Family Child Care Network is designed to build trusting relationships that will motivate family child care providers to stay involved in the network and encourage other providers in the community to join.

- ▶ **INCLUSION.** All family child care providers are welcome to join the Family Child Care Network regardless of their ability to meet quality standards. The two levels of membership allow all family child care providers to work toward quality improvement, training, and networking with other providers. All Our Kin designs a unique quality improvement program for each network member. Staff are patient in working with providers and understand that it may take a substantial amount of time before a provider is ready to fulfill NAFCC requirements for accreditation.
- ▶ **ENCOURAGING PROVIDERS TO STRIVE FOR EXCELLENCE.** All Our Kin operates on the principle that all children need a quality care environment for healthy development. Staff members are very knowledgeable in child development and many have Master's degrees in the field. All network members must be committed to meeting NAFCC standards. High standards, however, do not preclude providers at all levels from participating in the network.

The Family Child Care Toolbox Kit Licensing Project

In collaboration with a local school readiness board, All Our Kin distributes boxes to unregulated child care providers to guide them through the licensing process. The set of four boxes contains materials and guidelines for setting up a family child care business, from licensure to preparing the home for children (see Table 4). All Our Kin has a staff member responsible for identifying unregulated providers, distributing boxes, and assisting providers with the licensing process. Currently, 91 providers participate in the licensing program and 18 have already achieved licensure. While many community programs have difficulty identifying unregulated providers, All Our Kin has developed several program components that allow them to effectively serve these providers:

- ▶ **FINDING THE RIGHT STAFF PERSON.** Jessica Sager, Executive Director of All Our Kin, attributes much of the project's success to the calm and gentle manner of the staff person who recruits unregulated providers. She is able to quickly develop trust with participants and reassure them that their participation will not result in any legal repercussions. All Our Kin does not ask if participants are already caring for children illegally as not to make anyone uncomfortable or guarded.
- ▶ **ATTENDING COMMUNITY EVENTS.** All Our Kin regularly attends community events that draw large crowds. The boxes are on display for providers to examine; they contain a wide array of useful resources and serve as an incentive for participation.
- ▶ **INCLUSION.** Since all providers are welcome at Family Child Care Network events, many unregulated family child care providers are recruited for the Toolkit Box Licensing project when they participate in another event. Providers who hear about All Our Kin through flyers or friends and relatives come to events and want to become involved when they see the resources and social support available to members.

TABLE 4:**All Our Kin Family Child Care Tool Kit**

<p>Box 1:</p> <p>Getting Started . . . the Application Process</p>	<ul style="list-style-type: none"> ✓ License application ✓ State regulations ✓ Community resources ✓ Fingerprinting materials ✓ Loan information ✓ Sample parent handbook ✓ Professional development information
<p>Box 2:</p> <p>Second Step . . . Completing the Training Requirements</p>	<ul style="list-style-type: none"> ✓ First aid/CPR training class information and posters ✓ First aid kit ✓ Calendar ✓ Totebag ✓ Subscription to NAEYC's Young Children Journal
<p>Box 3:</p> <p>Setting up the Environment</p>	<ul style="list-style-type: none"> ✓ Smoke detector ✓ Fire extinguisher ✓ Safety latches ✓ Outlet plugs ✓ Hand soap and gloves ✓ Water thermometer ✓ Lead paint information ✓ Family child care home sign
<p>Box 4:</p> <p>Preparing for the Children . . . Curriculum Tools</p>	<ul style="list-style-type: none"> ✓ Literacy information ✓ Children's picture books ✓ Curriculum articles ✓ Teaching materials ✓ Playdough recipe ✓ Resource Center information

Source: All Our Kin (unpublished program materials)

Culturally Diverse Populations

Good Beginnings Never End Long Beach, California

As mentioned previously, the Good Beginnings Never End (GBNE) initiative visits family child care providers in their home to guide them in improving the quality of the home environment for optimal child development (See Chapter 3). While many programs offer home visits as a mechanism for improving quality, GBNE has been especially effective in working with immigrant and non-English speaking family child care providers in isolated communities. Home visits require a great deal of trust

between the providers and the agency providing the consultations. Providers may feel that home visitors are judging their ability and may be hesitant to allow a stranger into the home. This task is often made more difficult when working with immigrant communities due to language and cultural barriers. Among refugee populations, gaining access to family child care homes can be even more difficult, as many refugees have had negative experiences with persons of authority in their native country. GBNE has developed successful practices for conducting home visits with both immigrant and refugee populations.

Recruitment

Long Beach, California is home to many Cambodian, Hmong, and Lao refugees and immigrants. GBNE uses a variety of recruitment strategies that reflect understanding and sensitivity towards providers' cultural backgrounds. Prior to the beginning of the project, the entire staff participated in a diversity training course and bilingual staff were hired. Recruitment then took on a number of forms, including:

- ▶ **TELEVISION ADVERTISEMENTS FEATURING GBNE STAFF WITH A VOICE-OVER IN THE COMMUNITY'S NATIVE LANGUAGE.** This provided face recognition when staff went into the communities. The advertisement focused on child development and the importance of a high-quality learning environment for children.
- ▶ **OFFERING INCENTIVES.** Television advertisements and mass mailings encouraged providers to call the agency for a free gift.
- ▶ **USING TRUSTED ORGANIZATIONS, SUCH AS HEAD START AND THE CAMBODIAN LITERACY PROGRAM, TO RECRUIT PROVIDERS.** GBNE staff attended Head Start meetings, recruitment fairs, and Cambodian literacy classes to advertise the availability of services for family child care providers and parents. Utilizing organizations the community already knows and trusts gives a new program caché with participants.
- ▶ **PARTNERING WITH OTHER AGENCIES AND INSTITUTIONS.** GBNE partnered with a number of community-based organizations, including hospitals, child care agencies, the health department, and libraries to assist in providing services and recruiting participants. For instance, the Child Resource and Referral agency in Long Beach provided GBNE with a list of all licensed family child care providers for a mass mailing.
- ▶ **ATTENDING COMMUNITY EVENTS.** GBNE attended events in the community to advertise services, including health fairs, holiday celebrations, and literature fairs. By developing an understanding of the community and the places people come together, GBNE was able to reach its targeted audience.
- ▶ **WORD-OF-MOUTH.** Once providers enrolled in the program and met with GBNE staff, they often recommended the home visiting program to family, friends, and neighbors. Staff developed a rapport with participants during the home visits that compelled them to recommend the program to others.

Conducting the Home Visit

GBNE took extensive measures to ensure that home visits were conducted in a culturally sensitive manner that would allow them to continue the program within the community. Specifically, GBNE employed several strategies:

- ▶ **LEARN FROM EXPERIENCED AGENCIES ALREADY FAMILIAR WITH CULTURAL NORMS.** GBNE worked with a hospital that often served Cambodian immigrants to learn more about the culture and the best ways to serve the community.

- ▶ **BRING A TRANSLATOR WHEN POSSIBLE AND USE UNSPOKEN FORMS OF COMMUNICATION.** Even if providers speak some English, they may feel more comfortable talking in their native language and be able to express more complex thoughts. Also, using hands-on demonstrations eliminates some of the need for spoken communication and encourages acquisition of English.
- ▶ **USE INCENTIVES THAT ARE VALUED IN THE COMMUNITY.** GBNE used incentives that were considered valuable by people in the communities they served. For instance, houseplants were a desired commodity in one community and were used as a gift at the first home visit. Awards were highly valued in the community as well; when GBNE noticed a lack of immunization records, they used a certificate with the provider's name on it as an incentive for compliance.
- ▶ **MAKE INTENTIONS CLEAR.** GBNE reassured participants that they were not a licensing agency and would not report them. This is especially important with refugee populations who may have reason to distrust persons of authority.
- ▶ **RESPECT THE PROVIDER'S LIMITS.** As with other U.S. residents, many immigrant adults have not yet achieved full literacy, even in their own language. Therefore, GBNE encouraged providers to look at picture books and talk about the illustrations in their primary language. This helps promote continuation of their own culture and encourages using books. The technique also reassures providers that staff are not there to judge them, but to teach skills.
- ▶ **SUGGEST IMPROVEMENTS THROUGH A CHILD DEVELOPMENT LENS.** Instead of criticizing techniques or conditions in the environment, GBNE frames possible problems in the home from a child development standpoint. Emphasizing the joint interest in the children may help to ease fears that the provider is being judged or is inadequate.

Conclusion

Many family child care providers can be difficult to identify and serve, including those caring for low-income and special needs children and those who are immigrants. They are often more isolated than other family child care providers, by cultural and language barriers, their location in underserved urban areas, or the unique nature of their work in caring for children with special needs. At the same time, these providers are filling a crucial gap in the early care and education field in caring for children with disabilities and those from immigrant or low-income families. The strategies these programs have developed for reaching a broad range of family child care providers provide insight into how to create an integrated support network for family child care.

Chapter Six:

Lessons Learned and Policy Recommendations

Quality early care and education environments have the potential to produce long-term benefits for young children. The programs in this report highlight some of the innovative ways communities and states have invested in family child care. They offer several promising practices for improving quality in family child care.

Training

Many programs seek to improve access to training and education by addressing barriers to participation, such as cost, transportation, or time commitment. Several programs use home visits to defray problems associated with travel and time by incorporating training into the provider's daily routine. On-the-job training enables providers to learn how to apply techniques in their particular child care setting. Most training programs emphasize the use of best practices through FDCRS or the NAFCC accreditation guidelines, but identified individualized goals to meet the providers' needs. Training programs are often linked to financial incentives. As training rarely results in higher earnings in the child care market, bonuses or reimbursement increases are intended to encourage provider retention and create an incentive for improving quality through training.

Isolation

Programs address isolation both directly and indirectly. Some programs specifically address isolation by bringing family child care providers together through support groups. Others connected family child care providers to the larger early care and education system by offering training and including family child care in their programs. Often, resource and referral agencies or community organizations serve as an entry-point to connect family child care providers with the broader community. Several programs attempted to provide a long-term remedy for job isolation by connecting providers with community resources, such as libraries, museums, or parks, where family child care providers can regularly engage in group activities.

Earnings and Benefits

The programs highlighted here addressed compensation and benefits as an incentive to participate in training and education. Tiered reimbursement programs reward providers who achieve higher levels of quality with larger reimbursement rates for subsidized children. Other programs provide a bonus following training or degree completion. Issues of compensation and lack of benefits, such as health care, pensions, and paid sick leave, were notably absent from many of the programs we reviewed. Future efforts to improve family child care quality might consider innovative ways to address low earnings and lack of benefits, for example through developing larger purchasing pools for pension and health plans

Lessons Learned

The programs highlighted in this report suggest a number of promising practices to improve the quality of family child care. Several common strategies stand out as particularly noteworthy:

▶ ASSESS COMMUNITY NEEDS PRIOR TO PROGRAM IMPLEMENTATION.

Several program administrators conducted community needs assessments prior to program implementation, which allowed them to target the most pressing child care needs in the community. For Ready to Learn Providence (R2LP), a community needs assessment revealed that no training opportunities were available in Spanish, despite the fact that a large contingent of family child care providers spoke primarily Spanish. Program administrators report overwhelming participation in Spanish training courses and ESL courses. All Our Kin in New Haven, Connecticut used a needs

assessment to determine that nearly eight in ten infants and toddlers were in family, friend, and neighbor care and developed a family child care network to support these providers.

► PROVIDE SERVICES THROUGH A SINGLE ENTRY POINT.

Many programs provided a range of resources and support services through a single entry point. Through such programs, family child care providers can access subsidy programs, connect with other providers, and learn about community resources in the same setting. This strategy may ease the burden on family child care providers in accessing a number of resources. The Child Care Association (CCA) in Wichita, Kansas provides a number of programs targeted at improving training opportunities, combating isolation, and increasing earnings and benefits. CCA offers monthly workshops and training sessions, support group meetings, and access to subsidy programs, such as the Child and Adult Care Food Program.

► PARTNER WITH OTHER COMMUNITY AGENCIES TO SUPPORT FAMILY CHILD CARE PROVIDERS.

Good Beginnings Never End (GBNE) in Long Beach, California utilizes a similar strategy by partnering with the public library and community college to offer services to providers. After the 12-week home visiting course has ended, family child care providers can access these free community resources.

► INTEGRATE EARLY CARE AND EDUCATION INITIATIVES ACROSS TYPES OF CARE.

Many programs serve child care providers across settings, which integrates the early care and education system and provides equal access to services among providers from multiple settings. The Michigan Family Resources Early Head Start program allows parents to select a child care center or family child care provider. Michigan Family Resources trains family child care providers as Early Head Start teachers through home visits. Los Angeles Universal Preschool (LAUP) offers both center-based and family child care as options for universal preschool. Providers are held to the same training and quality standards and are compensated at relatively high rates.

► LINK TRAINING AND PROFESSIONAL DEVELOPMENT TO INCREASED COMPENSATION.

Several programs coupled training and quality improvement initiatives with increased compensation. Linking training to increases in compensation serves to professionalize the family child care field, improve retention in the field, and provide an incentive for improving quality. LAUP provides earnings increases based on a star quality rating system. The Maryland Child Care Credential program provides higher reimbursement to providers achieving higher levels of program accreditation. T.E.A.C.H. in North Carolina provides bonuses and increases in compensation for providers who complete a degree. This strategy improves providers' quality of life, increases commitment to the field, and reduces turnover.

► IMPROVE ACCESS TO TRAINING.

Access to training can be difficult for providers who lack financial resources, have transportation barriers, or limited English proficiency. Programs such as California Child Care Initiative Project (CCIP) provide training materials in multiple languages. R2LP uses Heads Up! Reading, a distance learning course, to provide training in providers' neighborhoods. T.E.A.C.H. provides scholarships to improve access to higher education among child care professionals.

► SET HIGH STANDARDS USING WIDELY ACCEPTED QUALITY MODELS.

Many programs use the FDCRS or national accreditation standards set forth by the National Association for Family Child Care for training or home visits. The Good Beginnings Never End project uses a curriculum based on FDCRS and works with providers to achieve specific goals. The Child Care Association and the Florida Family Child Care Home Association (FFCCHA) work

with providers to achieve national accreditation. These programs specify goals and objectives for the providers. Several program administrators reported that using widely-accepted models allowed them to balance high standards with focusing on the specific needs of the providers.

► **USE INNOVATIVE METHODS TO REACH FAMILY CHILD CARE PROVIDERS IN THEIR OWN SETTINGS.**

Several programs addressed family child care providers' transportation barriers and time limitations by providing services in providers' neighborhoods and work environments. R2LP uses Heads Up! Reading, a distance learning course, to provide training in the providers' neighborhood. Good Beginnings Alliance (GBA) holds playgroups in a neighborhood setting, such as a church or community center. Many programs, such as All Our Kin and GBNE, train providers in their own home.

► **WHEN RESOURCES ALLOW, COMBINE ADVOCACY AND PUBLIC EDUCATION WITH SERVICE DELIVERY.**

Both FFCCHA and Acre Family Day Care incorporate advocacy efforts into efforts to improve quality in family child care. FFCCHA works with policymakers to ensure that family child care providers are included in plans for a universal preschool program. Acre works with state policymakers to increase child care subsidy rates for family child care providers caring for low-income children.

► **INCLUDE UNREGULATED PROVIDERS IN OUTREACH EFFORTS.**

The majority of programs reviewed in this report, with some notable exceptions, work primarily with regulated family child care providers. This focus neglects the large proportion of family child care providers who are operating without a license. Often, these providers provide the lowest quality of care and are perhaps in the most need of services. Efforts to incorporate these providers into child care activities and encourage regulation may be effective in improving quality.

► **IMPLEMENT MEASURES TO ENSURE CULTURAL SENSITIVITY AND REACH UNDERSERVED COMMUNITIES.**

GBNE took several steps to ensure that staff members were trained to work with immigrant clients, including a diversity training course and collaborating with other agencies that worked in these communities. Both GBNE and CCIP provide materials in multiple languages to meet the needs of diverse providers. All Our Kin licenses unregulated providers by taking time to develop a trusting relationship with the provider. Staff members at GBNE and All Our Kin also report using community events, such as fairs, school events, and cultural events, to recruit providers.

► **EVALUATE PROGRAM EFFECTIVENESS.**

Many of the programs highlighted in this report were not evaluated. Evaluation is necessary to determine if programs are effective in improving the quality of family child care. Several programs, including T.E.A.C.H., CCIP, Acre Family Day Care, Michigan Family Resources, and R2LP, did conduct some type of evaluation. Documenting the results of a program can determine if replication efforts in other communities are warranted.

Policy recommendations

These findings have several implications for early care and education policy. Notably, there is a need for funding to improve quality in all early care and education efforts and heightened efforts to include family child care in existing quality improvement efforts.

► **STRENGTHEN THE CAPACITY OF RESOURCE AND REFERRAL AGENCIES.**

With adequate funding, resource and referral agencies (R&Rs) can be a valuable resource for family child care providers by administering training and earnings supplement programs and bringing family child care providers together for support groups. R&Rs can initiate family child care networks, which connect family child care providers with peers, community resources, and professional development opportunities. A single agency, such as an R&R, can streamline services and introduce family child care providers to an array of community resources. They often provide training, opportunities for social interaction and networking, and professional development.

► **TRACK THE PROGRESS OF PROMISING NEW PROGRAMS TO IMPROVE QUALITY IN FAMILY CHILD CARE**
As programs are implemented to improve child care quality, it is critical to mentor and teach their efforts. Program evaluations and other outcome measures can help policymakers and program administrators assess which interventions yield the most powerful benefits.

► **EXPAND FUNDING FOR QUALITY IMPROVEMENT IN A VARIETY OF EARLY LEARNING SETTINGS**
Investing in quality early care and education programs pays off. Children in quality environments show long-term benefits, including a decreased need for grade retention or special education in elementary school. Funding early care and education programs reduces overall public expenditures by offsetting the cost of social programs in the future. Given the current range of parental choice, efforts to improve child care should be focused across a variety of child care settings. Investing in a seamless system of early care and education that supports quality improvement in all child care settings is likely to have long-term payoffs. Additional public funding for family child care quality improvement is especially important since efforts to improve quality can be costly for family child care providers. Training programs, accreditation fees, and equipment purchase can add up to hundreds or thousands of dollars every year. Many family child care providers earning low salaries cannot afford such expenditures.

► **DEVELOP PROGRAMS THAT IMPROVE COMPENSATION AND BENEFITS.**

Local and state governments can improve compensation by developing, financing, and implementing career ladder programs that link training and quality service with increased compensation.

► **EXTEND EFFORTS TO REGULATE UNLICENSED PROVIDERS.**

The vast majority of family child care providers are not regulated, despite studies suggesting that regulation is positively linked to quality. Focusing on outreach to unregulated providers holds substantial promise for improving quality of family child care and for bringing more providers into the regulated sector.

Family child care is an important component of the U.S. child care landscape, serving a large number of children, and providing a critical service to working families. Investing in higher quality in these settings will lead to better short and long-term outcomes for children, and can substantially improve the working lives of family child care providers, who are primarily female and among the lowest earning workers in the nation. Implementing promising practices to improve training opportunities, decrease job isolation, and improve earnings and benefits among family child care providers can significantly elevate the quality of service children receive. Quality improvements within the full range of child care settings in the U.S. can not only lead to long-term benefits for children, but can strengthen employment prospects for working parents and bring broad economic and social gains to entire communities.

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Appendix One

The Military Child Development Program

Most of the experts we interviewed identified the Department of Defense Child Development Program as a leader in promoting child care quality. Of the programs we reviewed for this study, the military model was the most far-reaching in its efforts to improve the quality of care in family child care homes.

History

In the 1980s, the military faced a serious child care dilemma that affected the ability of employees to perform on the job. Child care was difficult to access, largely unregulated, and lacking in quality (Zellman and Johansen 1998; Duff Campbell et al. 2000; Zellman and Gates 2002). As one former military child care provider describes, child care workers met the children's basic needs, but often resorted to television for entertainment. In one extreme case, children were allegedly sexually abused in a military child care facility (Duff Campbell et al. 2000). The military did not regulate family child care providers and the profession itself was considered "babysitting," or an employment opportunity for military spouses akin to selling cosmetic products out of the home (Zellman and Gates 2002).

Congress passed the Military Child Care Act (MCCA) in 1989 in an effort to remedy persistent problems in the child care system. MCCA established the Military Child Development Program and focused primarily on addressing problems in center-based care. Specifically, MCCA mandated four new policies:

- pay increases for child care providers, with training requirements tied to reimbursement;
- hiring and training curriculum specialists at each child care center to create a developmentally appropriate program and implement training;
- a "dollar-for-dollar" match subsidy program to defray child care costs for parents;
- unannounced site visits at child care centers four times per year (Zellman and Johansen 1998).

The MCCA also created a child abuse hotline and a parent advisory board for each child care center, and required 50 child care centers to become nationally accredited and serve as demonstration programs. In the 16 years since passage of MCCA, the program's quality initiatives have expanded to address quality improvement in family child care homes.

Military officials report that family child care meets the needs of some military families better than center-based care. Military service often requires irregular hours and shift work. Parents may need care outside of normal child care center hours and in some cases, long-term care for the children of deployed parents. Family child care providers offer greater flexibility and lower adult-to-child ratios than center-based care and are conducive to caring for mildly sick or disabled children. Approximately one-third of children in the military child care system, or 60,000 children, are cared for in 9,810 family child care homes (Zellman and Johansen 1998; Duff Campbell et al. 2000). The military currently addresses all three issues identified by experts as crucial to improving quality in family child care in the Child Development program. Essentially, family child care homes are held to similarly strict standards as center-based facilities and they also reap some of the same benefits in terms of earnings and training opportunities.

Earnings

MCCA-mandated pay increases for child care providers were implemented in the Caregiver Pay Program. Under this system, child care workers are paid on the General Service (GS) scale, which is based on education, responsibility, and job skills. Child care providers therefore earn wages that are similar to other government workers with similar experience and education. All child care workers must complete 15 training models initially and 24 hours of ongoing training each year thereafter. Training and earnings increases are linked to one another. After core training is completed, staff receive at least a 6 percent increase in compensation. They also have the opportunity to work toward a CDA, Associate's, or Bachelor's degree, at which point staff may receive compensation equivalent to a GS-5 or above (Park-Jadotte, Golin, and Gault 2002).

Family child care providers are not on the GS scale and determine their own fee, and are also eligible for earnings subsidies. As higher standards increased the operating costs for family child care providers, the military sought ways to defray costs to parents and provide an incentive for family child care providers to remain in the field. Individual military installations have the option of providing direct cash payments to family child care providers to subsidize the cost of providing care. In addition, some branches of the military developed earnings subsidies as an incentive for meeting a specific community child care need, such as care for children with special needs, infants and toddlers, or extended care. Indirect subsidies in the form of toys and equipment, training opportunities, and liability insurance also assist family child care providers (Zellman and Johansen 1998). Some branches of the military have also used nonmonetary subsidies, such as providing higher housing priority or large homes to family child care providers (Zellman and Gates 2002).

The Army requires its installations to provide both direct and indirect subsidies to family child care providers. Installations must provide the subsidies for:

- ✓ **Extended hours care:** Providers who offer care in the evenings, on weekends, or for more than 12 hours a day due to a military-related mission.
- ✓ **Long term care:** Providers who offer care 24 hours a day for 15 to 60 days while one or both parents is deployed on military business.
- ✓ **Infant and toddler care:** Providers who care solely for infants and toddlers. A subsidy is provided because the provider is limited in how many children she may serve.
- ✓ **Training and support services:** Providers who attain national accreditation and serve as mentors to new family child care providers.
- ✓ **Professional development:** Providers who attain national accreditation or receive a CDA. receive a one-time subsidy upon completion.
- ✓ **Food costs:** Providers who care for children full-time or during extended hours receive a subsidy to cover the cost of meals outside of the USDA Child and Adult Care Food Program.
- ✓ **Special Needs care:** Providers who care for children with special needs receive a subsidy to reduce the number of children served.
- ✓ **Hourly care:** Providers who accept children on an hourly basis.

Army installations also have the option of providing additional subsidies to encourage providers to meet unmet community needs, such as respite care, sick child care, or school-age care.

The Army also requires some indirect services that defray operating costs for family child care providers, which ultimately increases the proportion of revenues that providers keep as earnings. These include:

- ✓ **A Resource Library:** Each installment has a free resource library for providers that loans equipment such as cribs, car seats, strollers, and toys. Expendable materials such as paper, art supplies, and curriculum materials are also available at no charge.
- ✓ **Family Child Care Home Start-Up Kits:** Start-up kits are provided to new family child care providers at no cost. Kits include safety materials such as locks, fire extinguishers, outlet protectors, and safety gates. In addition, providers receive record keeping materials and equipment to run their businesses, including diaper pails, bulletin boards, and diaper changing pads.
- ✓ **Training:** Providers receive training required for family child care certification and annual renewal at no cost. Substitute care is provided when training occurs during business hours.

Installations have the option of allocating funds to provide additional services, including marketing initiatives, training, and substitute care.

Training

Training requirements for family child care providers are similar to requirements for center-based providers. Like center-based staff, family child care providers must complete an initial 15 training modules and 24 hours of training each year. Training modules are based on requirements for the CDA. Many child care providers elect to receive a CDA upon completion of the training modules since the program is set up to prepare providers to pass the CDA test.

While training requirements are similar for center-based and family child care providers, the family child care program is designed to address the specific training needs of home-based providers. Family child care providers receive training in the areas of child development, nutrition, business management, and creating child development environments (Duff Campbell et al. 2000).

Isolation

As training and regulatory measures extended to family child care providers, formalized support networks were created to support home-based providers. Military installations hired family child care coordinators to administer training and oversight. The family child care coordinator is also responsible for contacting family child care providers once per month and conducting quarterly unannounced home visits. Family child care providers have access to a lending library, which supplies items such as books, toys, and day-to-day supplies such as crayons. The family child care coordinator also works with providers seeking national accreditation through the National Association for Family Child Care (NAFCC).

Family child care networks also became part of the military child care system after MCCA. While the specific organization of family child care varies by installment, some family child care networks have field trips for providers, and children and providers attend professional development training and conferences together.

Evaluation

The RAND Corporation conducted an evaluation of MCCA implementation on military bases from 1991 to 1993. Researchers conducted a worldwide mail survey of 245 military child care center directors and conducted 175 interviews with federal staff at the Department of Defense and 17 military installations (Zellman and Johansen 1998). Overall, the study found that turnover rates decreased and wages increased among center-based providers. While the bulk of the evaluation focused on MCCA goals related to center-based care, some important findings related to the inclusion of family child care in the formal military child care system suggest substantial improvements in family child care fol-

lowing MCCA implementation. Findings related to family child care, however, should be interpreted cautiously due to the limited availability of research on family child care providers in the military and the fact that the survey was conducted over 12 years ago. Finally, it is important to keep in mind that each of the four military branches determines its own child care system within MCCA guidelines and differences do exist.

Family Child Care Subsidies

Family child care providers are eligible for direct cash subsidies and indirect subsidies. The 1993 mail survey indicated substantial variation by military branch. At the time, approximately one-half of Army family child care providers received a subsidy, whereas less than 10 percent of family child care providers in all other service branches reported receiving subsidies. Though a follow-up study has not been conducted, anecdotal evidence from military administrators suggests that subsidies to family child care providers have increased in recent years. The Army now requires their installations to provide both direct and indirect subsidies to providers. The Air Force implemented a new family child care subsidy program in 2003, which significantly reduced parents' co-pay for family child care. Air Force officials suggest that as family child care becomes more affordable to parents, providers will see an increase in demand and earnings. In 2000, the Navy, which had previously rejected family child care subsidies, implemented direct cash subsidies to providers caring for children ages six weeks through three years.

Professionalizing the Family Child Care Field

While attempts to subsidize family child care providers have been implemented more recently, RAND researchers found that the military had more immediate success in regulating family child care homes and including home-based care in the broader child care system. Training, oversight, and particularly the creation of a family child care coordinator have changed the perception of family child care from "babysitting" to part of "mainstream child care" (Zellman and Johansen 1998). Prior to MCCA, parents and commanding officers distrusted family child care and felt children were less safe in the confines of someone's home. Integrating family child care homes into MCCA implementation in effect linked family child care providers to the greater care and early education system. In addition, the creation of the Family Child Care Coordinator position resulted in institutional support for family child care that recognized family child care as legitimate. Family child care networks, newsletters, and publicized regulations and training have boosted the reputation of family child care providers in the military community (Zellman and Johansen 1998).

The RAND report suggests that MCCA mandates were implemented in child care centers quite quickly and with minor problems. Since most of the initial efforts to improve child care quality were aimed at centers, not family child care homes, the report does not reflect the changes that took place in military family child care homes in recent years. The RAND report suggests that improvements to family child care were implemented less expediently than changes to center-based care; however, interviews with military officials indicate a recent increase in supports for family child care providers.

Additional research detailing the impact of MCCA on family child care would allow the military to conduct an effective needs assessment. The RAND report suggests striking improvements in center-based care as a result of changes in provider training and wages, oversight, and regulations, including decreased turnover, a 95 percent national accreditation rate, and greater parental satisfaction (Zellman and Johansen 1998). Research specifically directed at family child care would allow the military to evaluate current services to family child care providers and identify training and service needs that are perhaps unique to family child care providers. In areas where MCCA implementation has been especially successful in improving child care centers, policies should be developed that take into consideration family child care providers' unique service needs while at the same time recognizing their

potential in reaching high-quality standards. The military's efforts to promote national accreditation through NAFCC among family child care providers is an excellent example of how the military can continue its reputation for excellence in child care by enhancing child care quality across settings.

Lessons Learned

The Department of Defense Child Development Program has been very successful in developing an integrated system of child care. Additional funding and basic regulations for oversight, training, and wages turned around a child care system that was previously failing families. Many of the military's successful strategies for improving quality in family child care homes are applicable to efforts to improve family child care in civilian communities:

- **GOVERNMENT FUNDING FOR CHILD CARE.** Prior to MCCA, \$89.9 million annually was allocated for military child care programs. By FY 2000, with the implementation of training, increased compensation, and oversight, funding rose to \$352 million annually (Duff Campbell et al. 2000). Improving child care quality costs money; when expenditures for quality improvements are passed on to parents, child care becomes unaffordable for many working families. This necessitates government funding to improve the quality of child care.
- **RECOGNIZING THE UNIQUE CONTRIBUTIONS AND THE UNIQUE SERVICE NEEDS OF FAMILY CHILD CARE PROVIDERS.** The military recognizes the importance of family child care, both in meeting child care demand and in providing care for families who may prefer a home-based setting or have needs current child care center resources do not meet. In addition, the military recognizes that family child care homes are not miniature child care centers. Family child care providers require different training and supports, and regulations and accreditation standards should recognize that providers value creating a home environment for children. Training for family child care providers addresses issues unique to these providers, such as business practices and nutrition. In addition, community resources such as lending libraries and family child care networks address isolation and high operating costs facing family child care providers.
- **CREATING AND ENFORCING QUALITY STANDARDS.** The military's standards for health and safety are not drastically different from most state regulations. However, the military strictly enforces policies with regular unannounced visits.
- **COMMUNITY-BASED RESOURCES.** The military provides a network for family child care providers to turn to for support and practical matters, such as supplies. The availability of these resources connects family child care providers to the larger child care system. It also connects them with a family child care specialist who monitors training progress and can serve as a gateway to other community resources.
- **FREE TRAINING OPPORTUNITIES.** Substantial training is required prior to licensure with ongoing training to ensure continued competency. Family child care providers are held to the same quality standards for training as their peers in center-based settings. Family child care providers in the military community have demonstrated that they can meet and exceed the same standards as other child care professionals.
- **EARNINGS AND BENEFITS.** While the military has yet to fully implement earnings subsidies for family child care providers, anecdotal evidence suggests that the military has made headway in subsidizing some family child care providers and providing benefits, such as insurance, to others.

Adequate funding for training, compensation, and resources for family child care providers can transform an informal and unregulated child care situation into a respected institution in the community.

Appendix Two: Program Contact Information

Local Programs

Acre Family Day Care
14 Kirk Street
Lowell, Massachusetts 01852
Phone: (978) 937-5485
www.acrefamily.org

All Our Kin, Inc.
PO Box 8477
New Haven, Connecticut 06530-0477
Phone: (203) 772-2294
Email: info@allourkin.org
www.allourkin.org

The Child Care Association of Wichita/Sedgwick County
1069 Parklane Office Park
Wichita, Kansas 67218
Phone: (316) 682-1853
Email: childcareassociation@ccaws.org
www.childcareassociation.org

The Children's Home Society of New Jersey
1433 Hooper Avenue, Suite 340
Tom's River, New Jersey 08753
Phone: (732) 557-9633 x131
Email: jnelson@oel.state.nj.us
www.chsofnj.org

The Good Beginnings Alliance (GBA)
33 South King Street, #200
Honolulu, Hawaii 96813
Phone: (808) 531-5502
Email: gba@goodbeginnings.org
www.goodbeginnings.org

Good Beginnings Never End (GBNE)
Long Beach City College
Office of Economic and Resource Development
3950 Paramount Boulevard, Suite 101
Lakewood, California 90712
Phone: (562) 938-5020
Email: econdev@lbcc.edu

Los Angeles Universal Preschool (LAUP)
6076 Bristol Parkway, Suite 106
Culver City, CA 90230
Phone: (310) 568-9430
Email: info@laup.net
www.laup.net

Michigan Family Resources Early Head Start
2626 Walker Ave. NW
Grand Rapids, Michigan 49544
Phone: (616) 453-4145 ext.285
www.michiganfamilyresources.org

Ready to Learn Providence (R2LP)
945 Westminster Street
Providence, Rhode Island 02903
Phone: (401) 490-9960
Email: r2lpinfo@provplan.org
www.r2lp.org

State Programs

The California Child Care Initiative Project
California Child Care Resource and Referral Network
111 New Montgomery Street, 7th Floor
San Francisco, CA 94105
Phone: (415) 882-0234
Email: info@rrnetwork.org
www.rrnetwork.org

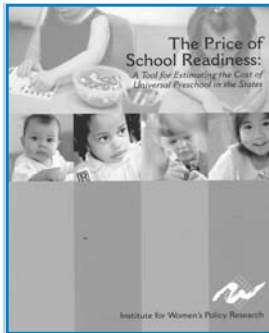
Florida Family Child Care Home Association, Inc.
9207 Edgemont Lane
Boca Raton, FL 33434
Phone: (407) 366-8467
Email: TENER-FCC@cfl.rr.com
www.familychildcare.org

The Maryland Child Care Credential
Child Care Administration, Office of Credentialing
311 West Saratoga Street, 1st Floor
Baltimore, Maryland 21201
Phone: (410) 767-7852
Email: ccacred@dhr.state.md.us
www.dhr.state.md.us/cca/creden/

T.E.A.C.H.
Child Care Services Association
1829 East Franklin Street, Bldg. 1000
P.O. Box 901
Chapel Hill, North Carolina 27514
Phone: (919) 967-3272
Email: info@childcareservices.org

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visionary tools for advocates, practitioners, and policy makers



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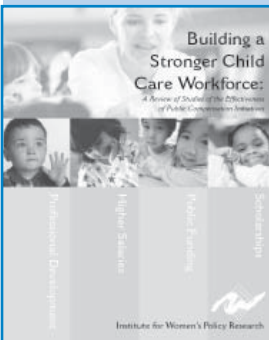
A Tool for Estimating the Cost of Universal Preschool in the States

Stacie Carolyn Golin Ph.D., Anne W. Mitchell, and Barbara Gault, Ph.D.

In 2000, the Institute for Women's Policy Research (IWPR) consulted with advocates, policymakers, and other experts around the country to investigate how IWPR could most effectively provide research assistance to those working to expand and improve early education. Following this process, IWPR, in partnership with Early Childhood Policy Research, created a model to estimate the cost of universally accessible, preschool at the state level. Since its creation the model has been implemented in a number of states around the country including Illinois, California and Massachusetts. The Price of School Readiness presents the model and details how policy-makers, advocates, researchers and other stakeholders can estimate the cost of universal preschool in their jurisdictions. The report also provides an example by applying the model in a fictitious state. This report was funded by, the John D. and Catherine T. MacArthur Foundation.

July 2004

G713 Report. 60 pages. \$25



Building a Stronger Child Care Workforce:

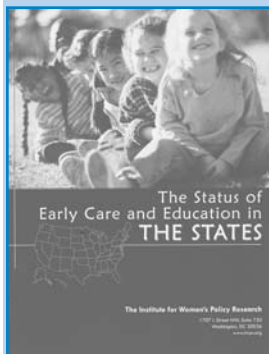
A Review of Studies of the Effectiveness of Public Compensation Initiatives

Jennifer Park-Jadotte, Ph.D., Stacie Carolyn Golin, Ph.D., and Barbara Gault, Ph.D.

This report by the Institute for Women's Policy Research compares the outcomes of seven programs for improving the wages, education, and retention of child care workers. The programs differed in their characteristics with some providing training and college classes to child care workers and others providing stipends to participants based on their education level and financial rewards for receiving additional training. The study finds that overall, child care practitioners who participated in these programs had higher income, education, and retention levels than other child care workers. The authors also report that participants in some of the programs reported feelings of increased professionalism and improved morale after participating in the programs. The authors offer a set of recommendations for improving the quality of the child care workforce, including increasing starting salaries for child care providers and establishing minimum worker requirements.

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Erica Williams and Anne W. Mitchell

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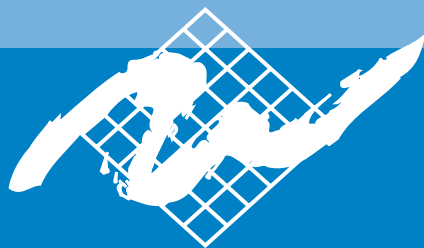
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