

**Supporting Quality in  
Home-Based Child Care: A  
Compendium of 23 Initiatives**

March 5, 2010

Toni Porter  
Diane Paulsell  
Tahra Nichols  
Carol Begnoche  
Patricia Del Grosso



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Office of Planning, Research and  
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370 L'Enfant Promenade  
Seventh Floor West  
Washington, DC 20447  
Project Officer: Ivelisse Martinez-Beck  
and T'Pring Westbrook

Submitted by:  
Mathematica Policy Research  
P.O. Box 2393  
Princeton, NJ 08543-2393  
Telephone: (609) 799-3535  
Facsimile: (609) 799-0005  
Project Director: Diane Paulsell

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## INTRODUCTION

Home-based child care—regulated family child care and family, friend, and neighbor care that is exempt from regulation—is a common child care arrangement for many young children in the United States, especially those from low-income families. Research suggests that home-based care may be the predominant form of non-parental care for infants and toddlers (Brandon, 2005). It also represents a significant proportion of the child care for children whose families receive subsidies (Child Care Bureau, 2006).

Regulated family child care has been an issue for research and policy since the 1980s, when states actively began to invest in efforts to expand its supply and improve its quality. In contrast, family, friend, and neighbor care did not emerge as a focus of research and policy until the mid-1990s, after the enactment of welfare reform. In the past decade, growing recognition of the role that these unregulated settings play in the child care supply has prompted an increasing number of initiatives that aim to support these caregivers.

Strategies for improving the quality of home-based child care have been explored by many states, local agencies, and foundations, as well as the Administration for Children and Families in the U.S. Department of Health and Human Services. However, relatively little is known about the effectiveness of these strategies, making it difficult for states to make informed policy and program decisions about how to best support home-based caregivers. To begin to fill this knowledge gap, in 2007 the Office of Planning, Research, and Evaluation (OPRE) contracted with Mathematica Policy Research, and its subcontractor, Bank Street College of Education, to carry out the *Supporting Quality in Home-Based Child Care* project.

The purpose of the project is to review the literature and conduct a scan of the field to gather information about strategies with the greatest potential for improving the quality of care provided by home-based caregivers who serve children from low-income families. This compendium of initiatives, together with three other documents produced as part of this project—a literature review on home-based child care (Porter et al., 2009a), a compilation of brief profiles of 96 initiatives (Porter et al., 2009b), and a report on design options for home-based care initiatives (Paulsell et al., 2010)—provides a comprehensive set of up-to-date information about home-based child care and initiative designs to support quality in these settings.

This compendium of initiatives provides in-depth descriptions of a diverse set of 23 initiatives designed to support quality in home-based child care. Together, these initiatives include the range of service delivery strategies and curricula currently in use in the field to provide services to this population of caregivers. These profiles are useful to policymakers, program administrators, and practitioners who are interested in learning more about strategies to support quality in home-based child care—including the availability of program models, curricula, program forms and data collection tools, program standards, and staff training materials. The profiles also aim to provide information about costs of the initiatives, including the average cost per caregiver of various approaches, as well as staffing requirements and qualifications.

In the rest of this introduction, we present our methods for selecting initiatives and collecting information to prepare the compendium, provide an overview of the initiatives included, and describe the contents of the profiles.

## Methods for Selecting Initiatives and Gathering Information

This section describes three steps we followed to develop the compendium: (1) conducting a broad scan of the field for information on initiatives to support home-based child care, (2) selecting a subset of those initiatives for in-depth profiles, and (3) developing the in-depth profiles.

**Scanning the Field.** As a first step to developing this compendium, we used multiple strategies to conduct a broad scan of the field for information on existing initiatives (and recent initiatives no longer in operation) to support quality in home-based child care settings. Specifically, we reviewed state Child Care and Development Fund (CCDF) plans, extracted information from articles examined for the project's literature review, searched the internet for relevant websites and documents, and contacted individuals and organizations with expertise in home-based child care or quality improvement initiatives to solicit nominations of initiatives. These experts included members of our technical advisory panel<sup>1</sup> and representatives from the following organizations: the National Association of State Child Care Administrators, the National Association for Family Child Care, the National Alliance for Family, Friend and Neighbor Child Care, the United Way of America, the National Association of Child Care Resource and Referral Agencies (NACCRRRA), ZERO TO THREE, and the Early Childhood Funders Group. In some cases—such as NACCRRRA, the United Way, and the Early Childhood Funders Groups—we asked the organizations to distribute the request to their member organizations.

After eliminating duplicates and initiatives on which there was not enough information (such as on staffing or service delivery), we compiled a list of 96 initiatives nationwide. We collected information on these initiatives using published and unpublished reports, articles, and websites. When necessary, we conducted additional internet searches and followed up by phone or email with initiative developers to ask additional questions. We collected a basic set of information on each initiative, including a description, requirements for implementation, availability of materials for replication, and evaluation methods and results, if any. We entered the information collected into brief profiles and sent them to the implementing organizations for review and correction. The final profiles make up the compilation of home-based care initiatives, which includes indices of the initiatives by state and by type of caregiver served (Porter et al., 2009b).

**Selecting Initiatives for In-Depth Profiles.** At the outset of the project, we aimed to select a subset of initiatives with the strongest evidence of effectiveness to profile in greater depth. We found, however, that less than half of the 96 initiatives in the compilation (Porter et al., 2009b) had been evaluated. Of these, 21 reported conducting process evaluations and 27 reported examining caregiver outcomes. Most of the evaluation designs were not rigorous and had small and selected samples. Many of the outcome evaluations reported conducting nonexperimental pre-post assessments of caregivers' knowledge or practice. Only a few examined changes in child outcomes. Our review of the literature (Porter et al., 2009a) yielded similar results: we identified 15 studies, of

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<sup>1</sup>Members of the Technical Working Group are: Linda Smith, National Association of Child Care Resource and Referral Agencies; Eva Marie Shivers, Indigo Cultural Center; Barbara Goodson, Abt Associates; Sue Williamson, National Association of Family Child Care; Brenda Jones-Harden, Institute for Child Study, University of Maryland; Dina Castro, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill; Robert Bradley, Center for Applied Studies in Education, University of Arkansas; Margaret Burchinal, University of California, Irvine; Julia Henley, University of Chicago; Tammy Mann, Zero To Three; and Helen Raikes, University of Nebraska-Lincoln.



which 7 were descriptive or correlational; 6 used comparative designs, such as pre-post or quasi-experimental designs; and 2 used random assignment designs.

Because of a lack of rigorous methods to assess effectiveness and the small sample size of many studies, we could not draw conclusions from the studies about the effectiveness of different strategies for supporting home-based care. Instead, we selected a set of well-established initiatives that represent the range of initiatives that are being implemented and vary along a number of dimensions: goals and targeted outcomes, characteristics of caregivers, program auspice, service delivery strategies, and intensity and duration of services.

**Developing the In-Depth Profiles.** To develop the in-depth profiles, we reviewed the materials collected for developing the brief profiles (published and unpublished reports, articles, and information from websites) to extract additional information about the initiatives. We also collected information available from the U.S. Census and from state and local agencies to describe the context for each initiative, including the community context, child care regulatory and subsidy policy, and other state quality improvement initiatives available to home-based caregivers. When necessary, we followed up by phone or email with initiative developers to ask additional questions.

## Overview of the Initiatives

The resulting set of profiles describes 23 initiatives operated in 19 states, in both rural and urban areas. These initiatives are all well established and have been in operation for at least 2 years. Eleven have been in operation for 10 or more years; the oldest began in 1975. The initiatives range in size; the smallest serves 9 caregivers annually, the largest about 15,000. Median annual enrollment across the 23 initiatives is 130. In terms of annual budget, the initiatives range from \$28,000 to \$5.3 million; the median is \$300,000. In the rest of this section, we provide an overview of the initiatives in terms of their goals, target populations, service delivery strategies, and program auspice.

**Program Goals.** In the compilation of brief profiles, we categorized initiatives according to four types based on their primary goal: (1) general quality improvement (80 programs), (2) certificate programs (4 programs), (3) support for licensing (7 programs), and (4) support for accreditation (5 programs). The 23 initiatives profiled in this compendium include 21 programs that offer general quality improvement, 10 that offer support for licensing, and 4 that offer support for accreditation. Nine of the initiatives profiled here focus on both quality improvement and support for licensing, and three provide services to support all three goals (Table 1).

In addition to goals related to quality improvement and professional development for caregivers, seven initiatives have specific goals related to child outcomes. For example, Play Partners, which provides volunteers to read to children in child care settings, aims to improve early literacy and interest in books. Community Connections, which connects children in home-based care with public preschool programs, aims to improve children's school readiness.

**Characteristics of Target Population.** Five initiatives enroll both child care centers and home-based caregivers; these initiatives tended to target regulated family child care homes rather than exempt caregivers (Table 2). Six target exempt family, friend, and neighbor caregivers only. Thirteen enroll regulated and exempt home-based caregivers. Of these, five offer the same package of quality improvement services to both types of caregivers. Eight offer a continuum of services—usually beginning with an introduction to caregivers, followed by support for licensing. Four of these also offer support for accreditation for caregivers who are interested.

**Table 1. Initiatives to Support Home-Based Child Care, by Program Goals**

Initiative Name	State	Program Goals			Specific Child Outcomes Targeted
		Quality Improvement	Registration or Licensing	Accreditation	
Acre Family Child Care	Massachusetts	x	x	x	
All Our Kin	Connecticut	x	x	x	
Arizona Kith and Kin	Arizona	x			
Catholic Family and Child Services	Washington	x			
Cherokee Connections	Oklahoma	x			x
California Child Care Initiative Project (CCIP)	California	x	x		
Community Connections Preschool Project	Illinois	x			x
Great Beginnings Quality Child Care Project	Oregon	x			
Home-Based Child Care Microenterprise Network	New York	x	x		
Homelinks	Connecticut	x	x		x
Infant Toddler Family Day Care	Virginia	x	x		
Informal Family Child Care Training Project	New York	x			
License-Exempt Assistance Project (LEAP)	California	x	x		
Michigan Better Kid Care	Michigan	x	x		
Nurturing Homes	Mississippi	x			
Play Partners	Virginia	x			x
Provider and Child Care Education Services (PACES)	Iowa	x	x	x	
Registered Family Home Development Project	Texas		x		
Relative Caregivers Training	Delaware	x			
Right from Birth	Mississippi	x			x
Satellite	Wisconsin			x	
State Institutes for Reading Instruction Pre-K/K (SIRI)	Ohio	x			x
Tutu and Me	Hawaii	x			x
<b>Total</b>		<b>21</b>	<b>10</b>	<b>4</b>	<b>7</b>

**Table 2. Initiatives to Support Home-Based Child Care, by Target Population**

Initiative Name	State	Target Population of Providers		
		Center-Based Staff	Regulated Family Child Care Providers	Exempt Family, Friend, and Neighbor Caregivers
Acre Family Child Care	Massachusetts		x	x
All Our Kin	Connecticut		x	x
Arizona Kith and Kin	Arizona			x
Catholic Family and Child Services	Washington		x	x
Cherokee Connections	Oklahoma			x
California Child Care Initiative Project (CCIP)	California		x	x
Community Connections Preschool Project	Illinois		x	x
Great Beginnings Quality Child Care Project	Oregon	x	x	x
Home-Based Child Care Microenterprise Network	New York		x	x
Homelinks	Connecticut		x	x
Infant Toddler Family Day Care	Virginia		x	x
Informal Family Child Care Training Project	New York			x
License-Exempt Assistance Project (LEAP)	California		x	x
Michigan Better Kid Care	Michigan	x	x	x
Nurturing Homes	Mississippi		x	x
Play Partners	Virginia	x	x	
Provider and Child Care Education Services (PACES)	Iowa		x	x
Registered Family Home Development Project	Texas		x	x
Relative Caregivers Training	Delaware			x
Right from Birth	Mississippi	x		x
Satellite	Wisconsin		x	x
State Institutes for Reading Instruction Pre-K/K (SIRI)	Ohio	x	x	
Tutu and Me	Hawaii			x
<b>Total</b>		<b>5</b>	<b>17</b>	<b>21</b>

**Service Delivery.** The two most common service delivery strategies employed by the initiatives are training workshops and home-based technical assistance. Most initiatives use more than one strategy, supplementing their primary approach with services such as distribution of materials and equipment, peer support networks, provider network membership, play and learn groups, warm lines, and linkages to pre-kindergarten programs. Most initiatives use locally developed curricula. However, two use Supporting Caregivers Through Personal Visits (Parents As Teachers National Center, 2002) and five use the Creative Curriculum for Family Child Care (Dodge & Colker, 2003).

**Program Auspice.** Large social service agencies such as community action agencies that offer a wide range of services including child care resource and referrals (CCR&R) services represent the most common type of sponsoring agencies. Nine initiatives are sponsored by large nonprofit organizations; three are sponsored by smaller nonprofits whose sole purpose is to offer child care network services to participants. Six of the initiatives are operated by CCR&Rs. Three initiatives are operated by institutions of higher education. Two are operated by government agencies: one by the state department of education and another by the local department of social services.

## Content of the Profiles

Each profile begins with a brief summary of the initiative, along with its service area, target population, annual enrollment, dates of operation, budget and staff, and whether it has been evaluated by an external evaluator. The profile then follows a standard format that begins with an overview of the community and policy context in which the initiative has been implemented. Next, the profiles provide information about program sponsorship, funding sources, and budget. The heart of each profile describes the goals of the initiative (and provides a logic model if one is available), recruitment strategies, services, staffing, and fidelity standards if available. A final section describes data collection conducted by the initiative, forms used, and the results of any internal or external evaluation that has been done.

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## PROFILES





## ACRE FAMILY CHILD CARE

### SUMMARY

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Service Area	Lowell, Massachusetts
Category	Quality Improvement, Support for Licensing, and Support for Accreditation
Target Population	Relative Caregivers and Regulated Family Child Care Providers
Annual Caregiver Enrollment	55
Dates of Operation	1988–Present
Annual Budget	\$3.8 million: \$2.5 million in subsidy reimbursement for providers; \$1.3 for family child care training and supports
Staffing (in FTEs)	14
Description	Acre offers three core services for participants: <i>Benchmarks</i> , a classroom training course to help them become licensed; home visits to provide technical assistance and support for obtaining a child development associate (CDA) credential or National Association of Family Child Care (NAFCC) accreditation; and monthly meetings to provide opportunities for social interaction, as well as information about state policies. In addition, Acre organizes six annual events for parents and providers to encourage providers to build relationships with families and for families to build relationships among themselves. It also offers small business loans of \$500 to \$5,000.
External Evaluation	None

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## ACRE FAMILY CHILD CARE

### Community Context

Since 1988, Acre Family Child Care has been providing services to home-based child care providers in Lowell, Massachusetts, which is located along the Merrimack River northwest of Boston. Lowell was founded as a planned textile manufacturing community in the 19th century; during that period, many immigrants came to the city to work in the mills. Lowell now has a population of approximately 101,000. Fifty-seven percent of residents are White, non-Hispanic; 6 percent are Black or African American, non-Hispanic; 18 percent are Asian; 16 percent are Hispanic or Latino; and 3 percent are another or multiple races (U.S. Census Bureau, 2007). After Long Beach, California, Lowell has the largest Cambodian population in the country, with an estimated population of 25,000.

In 2007, the median family income was \$53,357; approximately 16 percent of families had incomes below the poverty level. The City of Lowell and the University of Massachusetts are the largest employers, followed by several hospitals (City of Lowell, 2009). Several manufacturing corporations and back office sites for financial services companies also are located in the community.

Lowell has approximately 6,299 children under age 5 (U.S. Census Bureau, 2007). According to Child Care Circuit, the child care resource and referral (CCR&R) agency that provides services to northeastern Massachusetts, including Lowell, there were approximately 57,000 regulated child care slots for children in its service area, of which 22 percent (12,725) were provided in regulated family child care homes (Child Care Circuit, 2008).<sup>2</sup> Approximately 21 percent of both subsidized and nonsubsidized children in care were in family child care homes. In 2008, average weekly child care fees for infant care in family child care homes in the North Shore office, which serves Lowell, were about \$215; those for toddlers and preschoolers were slightly less at about \$203.

### Policy Context

#### Regulatory Policy

In the Commonwealth of Massachusetts, relatives who provide care in their own homes or the child's home and unrelated individuals such as nannies and babysitters who provide child care in the child's home are exempt from licensing. The Massachusetts Department of Early Education and Care (EEC) regulates child care in the state. There are three categories of licensed family child care: providers who care for a maximum of 6 children, those who care for 6 children under age 7 and 2 children age 7 and older, and large family child care with a maximum of 10 children and an assistant (Table 1).

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<sup>2</sup> No information is available about the number of license-exempt caregivers in the service area.

**Table 1. Child Care Regulation in Massachusetts**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Individuals such as nannies and babysitters who provide child care in the child’s home and relatives are exempt from regulation.
Licensed family child care homes	There are three categories of licensed family child care homes: (1) regular family child care with a maximum of 6 children; (2) family child care plus with a maximum of 6 children under age 7 and 2 children over age 7; and (3) large family child care with a maximum of 10 children and an MA Early Education and Care approved assistant. Providers must be at least 18; complete a background check for themselves and members of their households age 15 and older; complete an orientation and 15 hours of additional training in 3 years.

Source: The Commonwealth of Massachusetts Department of Early Education and Care.

### **Subsidy Policy**

According to the Massachusetts Child Care and Development Fund (CCDF) state plan for 2008–2009, both exempt caregivers and licensed family child care providers are eligible to participate in the Commonwealth’s subsidy system, which provides child care subsidy reimbursement for eligible children. Exempt caregivers can provide care for no more than six children; licensed providers must comply with licensing requirements. The reimbursement rates for licensed family child care providers are higher than those for exempt caregivers. Although the Commonwealth does not have a formal tiered reimbursement system, licensed family child care providers are eligible for increases in their reimbursement rate if they participate in selected quality improvement initiatives. These include initiatives for literacy development, enhancing program quality, and professional development, as well as participation in a longitudinal study.

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

According to the 2008–2009 state CCDF plan, the Commonwealth’s EEC funds a variety of quality improvement efforts that are available to licensed family child care providers, including those in Lowell. It supports a network of colleges and universities that provides courses for providers, as well as training through CCR&R agencies. Since 2005, EEC has offered scholarships for licensed family child care providers who are enrolled in early childhood education college courses for an associate’s or bachelor’s degree. Providers must have been working in the field for at least a year to be eligible for the scholarships and must commit to continuing to work in the field after receiving their degree. It also offers a child development associate (CDA) scholarship, which covers the assessment fees for providers who are seeking this credential. Through the Universal Pre-Kindergarten (UPK) pilot program, the Commonwealth has made grants available to family child care providers who have completed a CDA or are accredited through the National Association of Family Child Care (NAFCC) and who provide preschool services to 3- and 4-year-old children. The Commonwealth is in the process of developing a quality rating improvement system, which will be the basis for future tiered reimbursement.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

Acre Family Day Care was founded in 1988 as a project of the Coalition for a Better Acre, which aimed to improve economic and social conditions in the Acre, a Lowell neighborhood that was largely populated by immigrant families. The impetus was a survey of community residents that identified two needs—child care and jobs. Instead of opening a child care center, which might have faced space limitations, the Coalition opted for creating a network to train women as child care providers. It asserted that family child care represented an opportunity for low-income women with limited experience and education in the United States to enter the workforce; earn a living wage; and, at the same time, stay at home with their young children.

Known today as Acre Family Child Care, Inc., the organization became an independent not-for-profit agency in 1992. Although it retains its original neighborhood name, it now serves the entire city of Lowell. Its mission remains the same: “to promote the social and economic empowerment of underserved communities through education, advocacy and ongoing support in the fields of child care and economic development.” It contracts with 55 family child care providers to provide child care to 380 subsidized children annually.

Acre strives to engage family child care providers in all aspects of program governance, advocacy, and other leadership opportunities through board membership. It also encourages them to mentor new providers and to engage in local and state advocacy efforts. The all volunteer board of directors, which meets monthly, consists of family child care providers, community representatives, and corporate professionals.

### **Budget and Funding Sources**

Acre’s total projected annual budget for 2009 was \$3.8 million. This budget covered the costs for child care subsidies for 380 children, as well as the Family Child Care Program, which served 55 providers. Approximately two-thirds of the budget—\$2.5 million—was subsidy dollars passed through directly to the providers for the child care they provide. The remaining \$1.3 million was allocated for services such as family child care provider training and related activities. Staff compensation (salaries and benefits) accounts for slightly more than 70 percent (\$958,000) of the direct service costs. Transportation costs for the four buses and their maintenance account for another significant proportion of the budget: maintenance alone is estimated at \$150,000. The agency pays mileage for the home visitors and provides cell phones. Rental costs for the office and the training space are low (\$48,000 annually), because Acre rents space in a church-owned building. Acre estimates that the services it offers for providers (excluding the subsidy payments) cost approximately \$41,000 annually.

The vast majority of the initiative’s revenues (90 percent) are provided through Massachusetts CCDF subsidy administration dollars. The remaining 10 percent is supported through local funders, including the City of Lowell, the Linde Family Foundation, and other local private foundations.

## Initiative Design

### Goals and Logic Model

Consistent with its initial objectives, Acre has three primary goals: (1) develop a mixed-income model of family child care services in which providers offer care to both subsidized and private-pay children; (2) market family child care to expand individual providers' businesses; and (3) increase the supply of child care for Lowell families. Related goals are to provide additional professional development opportunities for providers and to reduce the isolation that is often a factor in providing child care at home. Acre also aims to support parents not only by providing child care supports but also by enhancing their capacity to foster their children's development through increasing their knowledge of parenting and child development and strengthening their social connections within the community.

A logic model for Acre Family Child Care is not available.

### Target Population

Acre's target population is family, friend, and neighbor caregivers who are providing child care and are interested in becoming licensed family child care providers, individuals who are not providing child care but are interested in operating their own child care businesses, and licensed family child care providers who seek professional development. It focuses on low-income women, primarily those from the Cambodian and Latino communities in Lowell.

### Recruitment Strategies

In its early years, Acre recruited participants through open houses and advertising in the community. Now in operation for more than two decades, it is well known. Most of the new participants now come to Acre through word-of-mouth. For example, a provider will bring her sister, or a woman who was an assistant in someone else's home will approach the initiative to begin her own business.

Acre enrollment levels are driven, in large part, by the number of children for whom subsidy vouchers are available. In order to earn a living wage, providers are expected to operate at full capacity, which means that they must aim for full enrollment of infants and toddlers, preschoolers, and school-age children. In early 2009, the Commonwealth placed a freeze on child care vouchers, and, as a result, Acre placed a cap on enrollment of new participants, because it could not fill the child care spaces. It maintains a waiting list.

### Services

Acre offers three core services for participants: *Benchmarks*, a classroom training course to help them become licensed; home visits to provide technical assistance and support for obtaining a CDA credential or NAFCC accreditation; and monthly meetings to provide opportunities for social interaction as well as information about state policies. In addition, Acre organizes six annual events for parents and providers to encourage providers to build relationships with families and for families to build relationships among themselves. It also offers small business loans of \$500 to \$5,000. (Five providers received these loans in 2008.)

**Table 2. Program Components and Goals: Acre Family Child Care**

Program Component	Goal
<i>Benchmarks</i> Training	Provide individuals who are interested in becoming licensed family child care providers and opening their own businesses with the information to enable them to complete the licensing process, provide quality child care, and earn income that will support their families.
Home Visits	Monitor health and safety record keeping and provide technical assistance about a variety of issues including business management, community resources for the provider and the families she serves, and caring for children. In addition, the home visits are intended to provide support to those providers who are working on a CDA or NAFCC accreditation.
Monthly Meetings	Provide opportunities for social interaction among providers and information sharing about changes in state policies.
Social Events	Provide opportunities for interaction among providers, parents and children, as well as information related to child development or school readiness.

Source: Acre Family Child Care.

***Benchmarks* Family Child Care Career Training.** Acre’s *Benchmarks* 65-hour training series is considered its signature program. The training is offered for 5½ hours on Saturdays for seven weeks. One series is offered in the fall and another in the spring. Each session begins with “Acre time”—coffee and introductions. Morning sessions are followed by lunch; the training resumes in the afternoon. Table 3 shows the titles and topics for each session.

The training takes place in Acre’s training room, which is equipped with three or four round tables, a couch, and a child-friendly area with a rug and toys. Typically the tables are arranged in a U-shape, with the training coordinator and her easel in the middle. There also is a VCR and a television for videos. All of the training is conducted with simultaneous translation. One translator sits with the Khmer speakers; the Spanish translator stands next to the trainer in the middle of the room. The training coordinator uses a variety of teaching strategies, including icebreakers, exercises, and “make-it-and-take-it” activities, as well as mini-lectures. Videos about family child care are used often to allow participants to learn the information by seeing it on the screen. Participants are encouraged to use English as they learn it. Homework, such as interviewing parents and providers, is required for some sessions; participants also are expected to maintain a journal. On average, the sessions consist of 7 women, although some can include as many as 25. Participants are not paid for taking the training workshops.

After caregivers have completed the seven days of classroom training, they spend two full days with mentors who have completed *Benchmarks* and either have their CDA or are NAFCC accredited. At the conclusion of the training, participants receive a certificate of completion at a graduation ceremony. Participants’ families are invited as well.

Acre has developed its own curriculum materials for the training. It provides a binder to participants with information about state regulations and subsidy policies in English. The binder also

includes materials in English from Redleaf Press. The staff translate the materials for the participants, many of whom do not speak English and some of whom—particularly the Cambodians—do not have high literacy levels in their own language.

**Table 3. *Benchmarks Training Topics: Acre Family Child Care***

Session	Title	Topics
Session 1	Introduction to Benchmark Training	History of Acre; Training Overview; Expectations for Training
Session 2	Taking Care of Yourself; Health and Safety	Benefits and Challenges of Family Child Care for the Provider and Her Family
Session 3	The Licensing Process	Understanding and Complying with the Law; Good Business Practices; Maintaining Records
Session 4	Providers, Parents, and Children	Communicating with Parents; Building Relationships; Protecting Privacy
Session 5	Developmentally Appropriate Practice: Development Curriculum (1)	Daily Activities, Routines, and Schedules; Linking Interactions to School Readiness; Discipline
Session 6	Developmentally Appropriate Practice (2)	Continuation of Session 5
Session 7	Business Planning, Taxes, and Insurance	Record Keeping, Taxes, Fees, and the Child Care and Adult Food Program

Source: Acre Family Child Care.

**Home Visits.** Three staff members provide home visits as their primary responsibility. Each has a caseload of 15 to 18 licensed family child care providers. They visit the provider twice a month; visits range from 10 minutes to an hour and a half. On average, one home visitor can make four or five visits in a day, because the routes are planned for a single neighborhood.

One visit is unannounced to monitor health and safety and record keeping (to ensure that the provider has immunization records on all the children, for example). The other visit is intended to provide technical assistance. The home visitor answers the questions the provider may have about children and families, and she provides information about resources such as English as a Second Language classes or other supports in the community. In addition, she helps the provider with business-related activities such as taxes and licensing issues. She also can bring books from the resource library or curriculum boxes that include puzzles and toys. During each visit, the home visitor completes a form with information about the children who are present, as well as any topics that are discussed. Both she and the provider sign the form. Even if the visits are short, they provide opportunities for the provider to have contact with another adult twice a month and to reduce potential isolation.

One home visitor, a social worker, visits providers who care for children referred for protective services by the Commonwealth's Department of Children and Families (DCF) through the Department of Social Services. The social worker has more direct contact with parents than do the other home visitors because she takes them to look at the provider's home and visits both the parents and the provider. Her visits may be longer than those of the other home visitors because the children are often more challenging and the provider needs additional support. The social worker also is responsible for meeting with DCF.

At times, the training coordinator makes home visits to help providers who are working on a CDA or NAFCC accreditation. She also may help with behavioral issues among the children, provide curriculum ideas, or give advice on setting up the environment.

**Other Training.** In addition to the core services, Acre offers CPR and first aid training, workshops on special topics such as preventing SIDS and guiding behavior, and professional development opportunities for family child care providers. It provides support for the CDA credential as well as NAFCC accreditation through the home visits and training workshops. In 2008, 17 Spanish providers participated in CDA training with a consultant hired by Acre, and 11 providers (4 Spanish and 7 Cambodian) were working toward their NAFCC accreditation. One provider completed her CDA. In addition, 4 providers were certified as NAFCC observers, which qualifies them to complete observations of licensed family child care providers who are seeking accreditation. Providers with a CDA or NAFCC accreditation can be certified to participate in the state's Universal Pre-K program, which serves 3- and 4-year-old children. In 2008, 15 providers obtained this status; another 17 expect to be certified in 2009. Acre encourages its providers to take courses to obtain their associate's or bachelor's degree, although obtaining a college degree can be challenging for some of the participants, who may have low levels of formal education.

**Monthly Meetings for Providers.** Each month Acre offers a two-hour meeting for providers on Saturdays or during a weekday evening. Snacks are provided during evening meetings. The meetings begin with information sharing. Agenda topics vary from changes in state regulations or reimbursement policies to new initiatives planned by EEC. For example, one meeting in 2008 focused on how to help parents maintain their subsidy vouchers. Providers are expected to come to the meetings if they do not have conflicts such as night school or children they care for at that time. (Many Cambodian families rely on the providers for nighttime care.) On average, 35 providers attend. There is a financial incentive for training and scholarships for those who attend all of the meetings.

**Social Events.** In addition to the monthly meetings for providers, there are six annual events for providers and families of children in care. They are very popular, often drawing 250 families. The events provide opportunities for families to build relationships with one another as well as with their providers. Several occur during the summer. There is usually an "ice cream" social on a Friday night at the beginning of the summer season and a "field day" with hot dogs, moon walks, and a DJ just before school starts. During the fall, the "Back to School" night includes pizza, entertainment, and the distribution of school supplies. One night during the year, the Discovery Museum in Acton opens for "Acre Night at the Museum." In 2008, Acre offered a literacy night at the Revolving Museum, in conjunction with the Eric Carle Museum, where the families engaged in a variety of book-related activities.



**Transportation Services.** Acre maintains a fleet of 4 mini-buses to take children to and from the family child care providers. Many families do not have cars, and the buses are especially important for the DCF children, because the pickups and drop-offs provide some regular schedule for their day. The buses start at 5:30 in the morning; the last drop-off is between 5:30 and 6:00 in the evening.

The four bus drivers often have strong relationships with the families, and they let the other Acre staff know if families are “in trouble”—if, for example, a 12-year-old is meeting the bus rather than a parent or the children are coming to child care in the wrong clothes for the weather.

## **Staffing**

In total, Acre has 17 full-time staff members, including an executive director, a deputy director, a child care director, an intake coordinator, a training coordinator, a transportation director, two home visitors, a social worker who also makes home visits, a chief financial officer, a billing specialist, an accountant, and a receptionist. In addition, there are four full-time bus drivers and a part-time data entry specialist. The executive director reports to the board of directors through its executive committee. The three home visitors, the training coordinator, and the intake coordinator are supervised by the child care program director; the fiscal staff report to the chief financial officer. The bus drivers are supervised by the transportation manager.

**Staff Qualifications and Training.** The Child Care Department, in which the services for family child care providers are offered, consists of six full-time staff: the training coordinator, the intake coordinator, three home visitors including the social worker, and the child care director. Information about job qualifications was not available. The child care director has a medical degree; the training coordinator has a bachelor’s degree in early childhood education and was a lead teacher. One of the home visitors speaks Khmer, and the other two speak Spanish. One is a trained social worker, with a master’s degree in social work. The others are family child care providers, who have completed an introductory course in child growth and development that is offered by community colleges and universities in Massachusetts. The bus drivers are trained in CPR and first aid, as well as in issues of confidentiality and Department of Social Services reporting requirements.

Each new staff member receives an Employee Handbook, which serves as an orientation to the agency. It includes information about personnel policies, benefits, and job performance evaluations. In-service training for all staff is offered frequently. Staff members also are encouraged to attend workshops that are related to their job descriptions. For example, the home visitors have completed the SIDS prevention training required by the state, which they now offer to providers, as well as training offered by Wheelock College on the Ages and Stages Questionnaire, which they encourage providers to use. They also attend conferences: in 2008, for example, three staff members attended the NAFCC annual conference.

Acre also provides two all-Acre, all-staff, in-service training days annually. In 2009, the topic was customer service. In addition, it provides reimbursement for one college course annually.

**Supervision.** The Child Care Department meets every other week for approximately two hours. The meeting is led by the child care director and focuses on a range of issues. In addition, staff members have an annual performance review, which includes a discussion of accomplishments, challenges, suggestions for resolving problems, and the quality of supervision. Because the bus drivers are considered an integral part of the staff, they participate in the bimonthly staff meetings.

## Fidelity Standards

The initiative does not have fidelity standards.

## Data Collection

Acre collects a variety of data on participants, child care arrangements, and service delivery, including the following:

- Participant provider demographics, including language, educational level, previous child care experience and training, household size, and home ownership status
- Reasons for joining Acre and child care philosophy
- Child care schedules such as the days and hours that care will be available
- The number of children in care by funding source (for example, voucher, income eligible, DSS funded), the number of vacant slots, the number of children on the wait-list
- Number of providers who participate in training, workshops, monthly meetings, and social events
- Number of providers who participate in and complete CDA certification and NAFCC accreditation

The data are collected through a variety of forms, including

- Provider applications
- Monthly activity reports on numbers of children in care
- Attendance in Acre activities
- Monthly provider status reports with information about CDA and NAFCC status

## EVALUATION

Acre has not been evaluated by an external evaluator. It collects data on children's development through the Ages and Stages Questionnaire, which is distributed to providers twice a year, but it does not collate or tabulate the data. It participated in a statewide evaluation by Abt Associates of the *Creative Curriculum's LearningGames* curriculum, but individual findings are not available.

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## ALL OUR KIN

### SUMMARY

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Service Area	New Haven, Connecticut
Category	Quality Improvement, Support for Licensing, and Support for Accreditation
Target Population	Family, Friend, and Neighbor Caregivers; Regulated Family Child Care Providers
Annual Caregiver Enrollment	200
Dates of Operation	1999–Present
Annual Budget	\$500,000
Staffing (in FTEs)	7
Description	All Our Kin (AOK) aims to support dual goals of high-quality child care and economic viability of child care as a business. It offers three primary services: (1) the Toolkit Box Project, which takes individuals through the licensing process; (2) Family Child Care Mentorship, which provides support to new providers through program visits for three months; and (3) the Family Child Care Network, which provides in-program consultation, mentorship, and training on a variety of topics; CDA training and support for NAFCC accreditation; monthly network meetings that provide opportunities for social interaction; workshops; family child care entrepreneurship training; a zero-interest loan fund; one-on-one assistance and telephone support on education, business, and personal issues; and an annual conference.
External Evaluation	None.

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## ALL OUR KIN

### Community Context

New Haven, the third largest city in Connecticut, after Bridgeport and Hartford, has a population of about 123,000 (U.S. Census Bureau, 2007). The population has declined from its peak after World War II when factories, which were then the economic base, began to close. The city's population is diverse: 33 percent White, non-Hispanic; 35 percent African American, non-Hispanic; 5 percent Asian; 25 percent Hispanic or Latino; and 2 percent another or multiple races. The median family income is \$43,400; approximately 20 percent of families have incomes below the poverty level. The service sector (educational services, health care, and social assistance) makes up the largest portion of the economy. Yale University is the largest employer, followed by Yale–New Haven Hospital. Professional and financial services as well as retail trade represent other major employers.

Nearly a quarter of the city's population is under age 18, with 8,100 children under age 5. The state had 2,773 licensed family child care homes in 2005, a decline of nearly 31 percent from 2000. A report on closures in the six-month period between July and December 2006 indicated that almost 40 percent of the providers cited career change as the reason for their decision (Oliveria, 2007).

In March 2009, the state reported that there were 152 licensed family child care homes in New Haven (Connecticut Department of Public Health, 2009). Average weekly fees for full-time care for infants and toddlers and preschoolers in family child care in Connecticut ranged from \$80 to \$375. Fees for school-age children were lower, ranging from \$50 to \$375. More than half of the families that receive child care subsidies use home-based child care: 44 percent of children are in arrangements with family, friend, and neighbor caregivers; another 12 percent are in licensed family child care (Oliveria, 2007).

### Policy Context

#### Regulatory Policy

The Department of Public Health (DPH), the agency responsible for regulating child care, divides home-based child care into two categories: exempt care (family, friend, and neighbor care) and licensed family child care (Table 1). Relatives are exempt from licensing requirements, as are individuals who provide child care in their own homes for less than three hours a day for no more than 1 child who is unrelated to them. Licensed family child care providers can care for a maximum of 6 children full time, as well as 3 school-age children before or after school. The number of children under age 2 is limited to 2 unless the family child care provider has an assistant. Group family child care providers can care for a minimum of 7 children and a maximum of 12 if the provider has an assistant or if she provides care in a facility other than a private home. Family child care providers are required to submit TB tests for themselves and any other adult members of the household and to complete a fingerprint check for themselves and anyone age 16 or older in the household. In addition, they must submit a certificate for first aid training.

**Table 1. Child Care Regulation in Connecticut**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Family members who care for related children and individuals who provide care for less than 3 hours per day for no more than 1 child who is unrelated to them.
Licensed family child care home	Family child care providers can care for as many as 6 children full time, and an additional 3 school-age children before or after school. If there are more than 2 children under age 2, the provider must have an assistant. The provider also must comply with other requirements established by the state Department of Health.

Source: Connecticut Department of Public Health.

### Subsidy Policy

Connecticut provides Child Care and Development Fund (CCDF) reimbursement to license-exempt home-based caregivers and licensed family child care providers through its Care4Kids program (Child Care and Development Fund Plan for Connecticut, 2007; Connecticut Department of Social Services, 2005). The reimbursement rates for family, friend, and neighbor caregivers are lower than those for licensed family child care providers. Family, friend, and neighbor caregivers, as well as licensed providers, are eligible to participate in the Child Care and Adult Food Program (CCAFP), which provides reimbursement for meals and snacks for eligible children.

### Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Connecticut funds several quality improvement efforts for home-based caregivers (Child Care and Development Fund Plan for Connecticut, 2007). Connecticut Charts-A-Course (CCAC), its voluntary professional development system, contracts with agencies to offer a basic course for family, friend, and neighbor caregivers, as well as a range of courses for licensed family child care providers (Child Care and Development Fund Plan for Connecticut, 2007; Connecticut Charts-A-Course, 2009). Its scholarship program provides financial aid for participants, including those who are working on their child development associate (CDA) credential. CCAC also manages the state's Accreditation Facilitation Project, which helped family child care providers seeking National Association for Family Child Care (NAFCC) accreditation; five providers were accredited by NAFCC in FY 2005–2006 (Connecticut Charts-A-Course, n.d.; Connecticut Department of Social Services, 2006).

In addition to CCAC's initiatives, the state funds School Readiness Quality Enhancement Grants through the Department of Social Services (DSS) and the Department of Education (DOE) (State Department of Education, n.d.). The funding is allocated to 19 priority school districts, including New Haven, through School Readiness Councils to improve the quality of existing early care and education programs. It can be used to help family child care providers improve the quality of care they offer to children, as well as for home visits, museum visits, training, and distribution of materials to family, friend, and neighbor caregivers.

Connecticut does not have a quality rating system that is linked to tiered reimbursement.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

All Our Kin (AOK) was created in 1999 by two women—a lawyer and an early childhood educator—in response to concerns about the potential impact of the 1996 federal welfare reform program, which required women with young children to work to receive public assistance. AOK’s aim was to help women on welfare become early childhood teachers. The initial effort was located in a housing project; its first participants were six residents.

As graduates of the training program began to open family child care homes, AOK launched a network to support these family child care businesses. The network has expanded in the past decade to serve family child care providers throughout greater New Haven. In 2003, AOK also began licensing and professionalizing family, friend, and neighbor caregivers. AOK describes its mission as “training, supporting, and sustaining community child care providers to ensure that all children and families have the foundation they need to succeed in school and in life.” The agency views its activities as a “quality highway” that provides services to enhance the supply and quality of licensed family child care, in the service of providers, families, children, and communities.

The organization remains small, with a staff of seven. The two founders are co-directors. Oversight is provided by a board of directors that includes two family child care providers who are nominated by the staff.

### **Budget**

The total agency budget is \$500,000. It covers the cost of the staff, materials, and other items such as rent and insurance. AOK estimates that the cost per caregiver of the Toolkit Project is approximately \$2,000 per licensed provider. The toolkit licensed 35 providers in 2008; 140 have become licensed since the project launched at the end of 2003. The Family Child Care mentor project serves 20 newly-licensed providers per year, at a cost of approximately \$2,500 per provider. AOK’s CDA training costs approximately \$1,500 per provider, and serves 20 providers per year. The Family Child Care Conference, which is attended by 120 providers costs \$150 per attendee. The per caregiver cost for other network services, such as program visits, network meetings, workshops, business training and technical assistance, warm-line phone service, and materials, which 130 caregivers received in 2008, is approximately \$2,500, without in-kind contributions for materials.

AOK is funded by a variety of sources. Funding from private foundations represents the largest share of revenues. Among the private foundations that support the initiative are the Annie E. Casey Foundation; the Carolyn Foundation; the Community Foundation for Greater New Haven; the Falcon Fund; the Lewis G. Schaeenman, Jr. Foundation; the Liman Fund at Yale Law School; the Lustman Fund; the Oristano Foundation; the Seedlings Foundation; the TK Foundation; United Way of Greater New Haven; and the William Caspar Graustein Memorial Fund. AOK also receives major support from Yale University. The remainder of the funding is from DSS and New Haven Early Childhood Council School Readiness funds. DSS provides support directly to AOK for implementing its Early Learning Guidelines with family child care providers, as well as funding AOK’s child development training through CCAC.



## **Initiative Design**

### **Goals and Logic Model**

AOK aims to support dual goals of high-quality child care and economic viability of child care as a business. Consistent with its mission, its specific goals are to enhance children’s development through providing high-quality care, to help caregivers attain economic self-sufficiency through their family child care businesses, and to support parents’ workforce participation through providing child care as a work support.

Although the initiative does not have a logic model, it has developed a “vision” for the future that identifies goals, strategies, and outcomes. Among the proposed outcomes for improving quality for family child care providers are additional income from increased enrollment; enhanced knowledge, skills, and practice; and expansion of leadership roles in the community. To achieve these outcomes, the initiative aims to create a “seamless” model of caregiver training, to provide additional materials and equipment, and to link incentives to program quality by creating its own quality rating improvement system. To increase the economic viability of the family child care providers, AOK began providing interest-free loans and matching grants in 2009; it also began a project with Yale University to provide child care referrals for university employees.

### **Target Population**

AOK works with regulated family child care providers and family, friend, and neighbor caregivers who are providing legally exempt care and want to start their own businesses. It also aims to help individuals meet state standards for licensing if they are currently caring for more than the maximum number of children permitted for legally exempt child care. AOK focuses on caregivers who live in low-income neighborhoods.

### **Recruitment**

When the organization first began, AOK staff actively recruited participants through presentations at local events and PTA meetings, as well as by going door-to-door in the community. In the past several years, as AOK’s reputation has grown in the community, word-of-mouth has become the primary recruitment strategy. Women who are interested in becoming licensed family child care providers call the family child care coordinator or come to the office. A meeting is scheduled for a future date in the office or at their homes. Licensed providers typically call the organization and then come to a Network meeting to learn more.

### **Services**

AOK offers three primary services: (1) the Toolkit Box Project, which takes individuals through the licensing process; (2) the Family Child Care Mentorship Program, which provides support to new providers through intensive program visits for three months; and (3) the Family Child Care Network, which provides in-program consultation, mentorship, training on a variety of topics, CDA training and support for NAFCC accreditation, monthly network meetings that provide opportunities for social interaction, workshops, family child care entrepreneurship training, an interest-free loan fund, one-to-one assistance and telephone support on educational, business, and personal issues, and an annual conference (Table 2). All of the services are offered in English and Spanish.

**Table 2. Program Components and Goals: All Our Kin**

Program Component	Goal
Toolkit Box Project	Provide assistance and materials to help caregivers become licensed
Family Child Care Mentorship Program	Provide support through program visits to newly licensed providers to help them make the transition into network membership
Family Child Care Network	Provide free training workshops, monthly meetings, program visits, CDA training, and NAFCC accreditation support for network members to improve the quality of care they provide, strengthen their businesses, and enhance their professional development

Source: All Our Kin.

In 2008, 90 participants were actively engaged in network services. Another 50 to 60 were participating in occasional trainings and conferences. Of 101 participants who responded to a 2008 survey, 92 indicated that they were currently caring for children. Of those who responded to the questions, 86 percent reported that they were serving subsidized children.

**Toolkit Box Project.** The Toolkit in a Box project consists of eight steps and four boxes. Step 1 is the first meeting between the participant and the family child care licensing coordinator, who gives the participant an application for licensing and explains the process. After the participant completes the application, which AOK submits to the DPH, she receives Box 1, which contains information about regulations, community resources, and a sample parent handbook. After the participant completes the required fingerprint cards, which AOK submits to DPH, she receives Box 2, which contains training materials, books about business aspects of providing care, and a voucher for the required first aid training.

<b>All Our Kin Family Child Care Network Member Benefits</b>
<ul style="list-style-type: none"> <li>• Phone support</li> <li>• Informational mailings</li> <li>• Free trainings and workshops</li> <li>• Monthly provider meetings</li> <li>• Scholarships for national program accreditation</li> <li>• Individualized plan for professional development</li> <li>• Individualized record-keeping and business assistance</li> <li>• Free materials and equipment</li> <li>• Curriculum development</li> <li>• Program visits</li> <li>• Marketing assistance</li> </ul>

The third box is provided after the participant completes the first aid training. It includes health and safety materials, such as outlet covers, a first aid kit, a fire extinguisher, and other items. Then the participant must wait for final approval from DPH, a process that can take as long as six months. After the DPH schedules an inspection, the family child care licensing coordinator visits the home to ensure that it will meet requirements. She makes a second home visit on the day of the licensing visit.

Participants receive the fourth and final box at a workshop on curriculum and caring for children. The box contains a variety of materials, including books, blocks, a parachute, and articles about curriculum. According to program staff, since its inception, Toolkit in a Box has helped 140 caregivers become licensed. As of fall 2009, approximately 90 percent continued to provide care after they have become licensed. In 2008, 35 participants completed the Toolkit program and became licensed family child care providers.

**Family Child Care Mentor Program.** In fall 2008, AOK introduced a specialized program visiting component to help caregivers bridge the gap between completing the Toolkit Box Project component and joining the network. The family child care mentor visits five caregivers each week for 12 weeks, for approximately two hours per week. The visits focus on the basics of providing family child care to ensure that caregivers manage their businesses well. The curriculum for the home visits is based on modules from the *Creative Curriculum for Family Child Care* (Dodge & Colker, 2003) and addresses the following topics: Building the Relationship with the Provider, Understanding How Children Grow and Learn, Managing Your Space and Day, Working with Children, and Program Management/Working with Families.

**Family Child Care Network.** Caregivers who join the Family Child Care Network are eligible to participate in a variety of services designed to improve the quality of care they provide, strengthen their businesses, and enhance their professional development. Services include in program consultation, mentorship, training on a variety of topics; CDA training; support for NAFCC accreditation; monthly network meetings that provide opportunities for social interaction; workshops; family child care entrepreneurship training; an interest-free loan fund; one-on-one assistance and telephone support on educational, business, and personal issues; and an annual conference. All services are offered in English and Spanish.

**The Family Child Care Network Program Visits.** AOK offers in-program consultation twice a month for family child care providers who are members of the network. The purpose of the visits is to enhance child care quality and to help the provider achieve short-term and long-term goals that have been collaboratively identified by AOK and the provider. In 2008, for example, one of the goals was to enhance children's gross motor development by taking them outside for physical activities. Provider goals are directly linked to Connecticut's Early Learning Guidelines and Personal Benchmarks.

**Sample Program Visit Summary Notes**

Long-Term Goal: Support physical and cognitive development and develop a safer and more stimulating environment.

2nd visit: Suggested that the provider obtain mirrors for the infants as well as additional books for the older children. Discussion: How the provider might better support infants' physical and language development. Read Connecticut's Early Learning Guidelines.

4th visit: Modeled interactive story telling with a felt board: the provider saw how engaged the infant became. At the end of the visit, the consultant and the provider reviewed a catalogue of educational equipment and decided to purchase a children's bookshelf at AOK's expense.

6th visit: Worked together with provider to rearrange the environment to accommodate new bookshelf, as well as a mirror and a mat. Led a play dough exercise for all children, including the infant, and introduced ideas for fingerplays and chants with body movements. Discussion: The difference between a routine and a schedule for infants.

7th visit: Led a rice-pouring activity and the provider did a movement activity. The consultant commented in her notes that all the children, including the infant, were on the floor with the older children making blocks and the infant looking in the mirror.

The visits, which are made by the educational consultant, take place in the morning or the afternoon: one focuses on modeling activities; the other on the educational consultant's observation of the provider's progress and the provider's reflection on these observations. The duration of the

visits varies, but they are usually an hour to an hour and a half. The educational consultant has a caseload of 25 providers—20 receive the biweekly home visits, and 5 receive visits only occasionally because, according to staff, the provider has met quality standards and does not need intensive support. Typically, the consultant makes one a visit a day and spends another half-day on preparation, record keeping, and phone consultations and check-ins with other providers.

**Monthly Network Meetings.** AOK organizes 10 monthly meetings a year for network members. The meetings, which are organized by the network director, take place in the big front room on the second story of the three-story Victorian house that AOK rents. The room is arranged with folding tables. On the third floor is a model family child care home, which is used for child care during the meetings. Dinner is served to participants.

The meeting begins with the meal and a social time, which is followed by a two-hour workshop offered by an outside trainer or consultant who is paid by AOK. In November 2008, for example, the workshop focused on curriculum planning. There is simultaneous translation for the monolingual Spanish-speaking providers. Participants must register to come to the meeting, because space is usually limited to 40. The events usually attract 50 providers, because they are interested in the topic and the social opportunity, which AOK accommodates however, by increasing the number of chairs.

**Specialized Trainings.** AOK offers network members a series of workshops and specialized trainings each year. The trainings are provided by a multidisciplinary team of consultants on topics in which the providers have indicated an interest. One year, for example, the focus of the specialized training was parent-provider relationships; other series have focused on behavioral issues. Child care is offered, and a light lunch is served. Simultaneous translation is available. Generally, 50 providers attend.

AOK also offers 10, 3-hour business training workshops based on *Developing Your Child Care Business* curriculum, in English (Ewing Marion Kauffman Foundation, 2005). The workshops are offered on Saturday mornings and begin with a social hour and breakfast. Unlike the other trainings and the monthly meetings, simultaneous translation is not used because the material is often technical. The family child care licensing coordinator and the family child care mentor offer the training. Approximately 35 providers participate.

**CDA Training.** AOK offers child development associate (CDA) training on Wednesday evenings. The classes, which are provided by the program director and a consultant, are approved by CCAC for college credit. Participants can obtain six college credits from Charter Oak State College for the course if they complete a CDA, and three college credits if they complete another course, Family and Child Care Advocacy, even if they do not complete a CDA. The course content is based on the CDA requirements. AOK developed its own curriculum, drawing from a curriculum created by Yale University's Edward Zigler Center in Child Development and Social Policy, as well as from *Caring for Children in Family Child Care* (Koralek, Colker, & Dodge 1993), *The Creative Curriculum for Infants and Toddlers, Revised Edition* (Dombro, Colker, & Dodge, 1997), and *Essentials for Child Development Associates Working with Young Children* (Council for Professional Recognition, 2004). The program director, the network director, and the training coordinator provide assistance with the portfolio work. CCAC offers scholarships to pay the examination fees, although AOK can sometimes provide grants for that purpose.

The demand for the CDA is enormous, in large part, the staff believes, because the training contains active learning experiences and because a CDA represents professionalism to the providers. Approximately 25 providers take the class annually.

***AA Degrees and NAFCC Credentials.*** The New Haven Early Childhood Council and Gateway Community College offer free college courses in early childhood education for teachers and providers. AOK has succeeded in obtaining spaces for its members, who can complete 12 to 24 credits in early childhood education. AOK will pay for the books. AOK also supports providers' efforts to become NAFCC accredited. In Connecticut, family child care providers who are NAFCC accredited are eligible for a 5 percent increase in their reimbursement rate. AOK subsidizes the application and preparation costs and works with approximately 10 providers annually through program visits to help them prepare their portfolios and programs for NAFCC accreditation.

***Annual Conference.*** Each year, AOK organizes a full-day conference for network members. It begins at 8:15 with breakfast, followed by a plenary session and two morning sessions of four concurrent workshops. After lunch, there is another plenary session and a wrap-up and evaluation. AOK usually contracts with outside consultants to offer the plenary sessions and the workshops. The conference usually focuses on a single theme. In 2008, it was literacy. A total of 140 participants registered for the 2009 conference. Participants receive educational materials and professional books, and workshop leaders give away materials and resources related to the workshop topics such as children's books and manipulatives.

***Mornings at the Museum.*** AOK offers a program, Mornings at the Museum, in conjunction with the Connecticut Children's Museum, which is located in New Haven. The two-hour free sessions are scheduled twice a month in the mornings for six months. Each session includes curriculum materials related to a specific exhibit or room, as well as English, Spanish, and bilingual books that are related to the session. One copy of the book is for the children's families; the other is for the provider. The objective is to encourage providers to use the museum regularly and to support children's cognitive and language development. In the fall session, 16 network members participated.

***Interest-Free Loan Program.*** In 2009, AOK launched an interest-free loan and matching grant program for established providers seeking to improve the quality and profitability of their businesses. By fall 2009, it had distributed \$13,600 in loans to eight family child care providers.

## **Staffing**

AOK has a total of seven full-time staff, including the two co-directors, one of whom serves as the executive director and the other as the program director; the network director; the family child care mentor; the family child care licensing coordinator; the educational consultant; and the administrative assistant/training coordinator. In addition, AOK contracts with a part-time bookkeeper.

Most of the staff members have been with the initiative since its inception. The founders remain the co-directors, the network director joined the organization in 2000, and the family child care mentor was a member of the first CDA class that was offered in 1999–2000. One other staff member, the training coordinator, also came out of the program—she was a member of the 2004–2005 CDA class.

**Staff Qualifications and Training.** AOK requires any staff member who provides classroom instruction to have a minimum of a bachelor's degree in education as well as experience working with adults and children. The program director has a master's in education as does the network coordinator, the family child care licensing coordinator, and the educational consultant. Of the two graduates of the CDA program, one has completed an associate's degree, and the other has a CDA plus college credit and was working on bachelor's degree as of fall 2009. The executive director has a law degree. Two staff members—the network director and the family child care licensing coordinator—are bilingual in Spanish and English.

Because AOK staff members are so closely knit and have been associated with the program for several years, there is no preservice training. Staff are encouraged to pursue opportunities for professional development through participation in local trainings and workshops. Each staff member attends at least one major conference (National Association for the Education of Young Children, for example) annually. Three staff members have been accredited as NAFCC observers. In addition, AOK provides time for staff to attend college-level or graduate courses. The organization also has an annual retreat.

**Supervision.** AOK is managed by the co-directors who report to the board. The executive director supervises the network director, who, in turn, supervises the family child care licensing coordinator, the educational consultant, and the family child care mentor. In addition, the network director and program director make program visits with the educational consultant and the family child care mentor. At times, the educational consultant makes program visits with the family child care mentor as well.

There are monthly full staff meetings to discuss a variety of issues.

## **Fidelity Standards**

AOK does not have fidelity standards.

## **Data Collection**

All Our Kin collects a wide variety of data on the initiative, including:

- Participant demographic characteristics such as information about the provider's age, household composition, educational background, and previous child care training, as well as home ownership, current provision of child care services, and status of CPR or first aid certification
- Demographic characteristics of children in care
- Number of providers who participate in various services, such as the monthly meetings and the home visits, as well as the number of services that are offered
- Number of providers who complete the licensing process and participate in the CDA training and NAFCC accreditation process
- Participant satisfaction with monthly meetings, the annual conference, and workshops
- Changes in provider practice and child-provider interaction
- Pre- and post-test results on provider content knowledge and attitudes

These data are collected through a variety of forms, including:

- Participant enrollment
- Attendance forms
- Program visit logs
- Satisfaction forms
- Checklists

## Evaluation

AOK uses several strategies to internally evaluate its results, although an outside evaluator has not conducted a formal evaluation of the effects of the initiative. In 2008, the program staff conducted a telephone survey in English and Spanish of 101 network members to assess their perceptions of the effects of the program on their work with children, their businesses, and their lives. The vast majority of respondents (97 percent) reported improvement in their knowledge of child development and practice; 89 percent indicated that they had increased job satisfaction and reduced stress. A slightly lower percentage—85 percent—reported that they had greater access to professional development opportunities, such as free college courses and the CDA program, as well as to community supports and resources such as the Connecticut Children’s Museum and the New Haven Diaper Bank.

AOK also has conducted small internal evaluations of different components. In 2007, it conducted a survey with participants in the Toolkit Box Project. It consisted of 13 statements with a Likert scale that indicated agreement from 1 (not at all) to 5 (very much). A total of 33 participants responded. Average ratings for the 13 statements, which included items such as “Being licensed makes me feel more professional” and “I feel that parents will treat me with more respect now” ranged between 4.3 and 4.7.

To assess the results of the CDA training, AOK used a pre- and posttest with 25 participants. The test, which was a mixture of multiple choice, short answer, and true/false questions, was intended to measure changes in knowledge of child development, developmentally appropriate practice, and routines. There also was a series of self-report questions about change in practices. Close to 85 percent of the respondents demonstrated at least a 23 percent increase between the pre- and posttest on average across questions. In addition, 82 percent indicated that they read to the children every day compared to 70 percent at the pretest; and 90 percent indicated that they encouraged children to read on their own compared to 70 percent in the beginning of the training.

To assess changes in practice, in 2008, AOK used the NAFCC Accreditation Readiness Checklist as a pre- and posttest. Staff members learned the checklist on their own and then used it with providers. For the 20 providers who were observed, all but two who had near-perfect scores on the pretest showed marked improvement. Average scores increased from 45 to 54 out of a possible 62, indicating that many providers were ready to begin the NAFCC accreditation process.

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## ARIZONA KITH AND KIN PROJECT

### SUMMARY

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Service Area	Maricopa County, Arizona
Category	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	320
Dates of Operation	1999–Present
Annual Budget	\$300,000
Staffing (in FTEs)	6.5
Description	Arizona Kith and Kin provides a 14-week, two-hour weekly training series to family, friend, and neighbor caregivers.
External Evaluation	None

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## ARIZONA KITH AND KIN PROJECT

### Community Context

The Arizona Kith and Kin Project provides services in Maricopa County, Arizona. Maricopa County has a total population of approximately 3.8 million. The population is 60 percent White, non-Hispanic; 4 percent Black or African American, non-Hispanic; 2 percent American Indian or Alaska Native; 3 percent Asian; 30 percent Hispanic or Latino; and 1 percent another or multiple races (U.S. Census Bureau, 2007). The median family income in 2007 was approximately \$63,000; 9 percent of families had incomes below the poverty level. Educational, health, and social services; professional services; and retail trade represent the largest economic sectors.

In 2007, an estimated 314,000 children age birth to 5 lived in Maricopa County. According to the National Association of Child Care Resource and Referral Agencies (NACCRRA), there were 2,199 regulated family child care homes statewide in 2009, of which 74 were accredited (NACCRRA, 2009). In April 2009, a total of 208 child care group homes were listed by the Arizona Department of Health, Office of Licensing Services, in Maricopa County (Arizona Department of Health Services, Division of Licensing Services, 2009).

The average weekly cost of full-time care for unregulated and certified child care group homes in Maricopa County ranged from \$135 for an infant under age 1 to \$125 for preschoolers (Child Care Resource and Referral Site, 2007).

### Policy Context

#### Regulatory Policy

Arizona has four categories of home-based child care: (1) exempt caregivers, (2) certified family child care homes, (3) certified child care group homes, and (4) alternate approval child care homes (Child Care Resource and Referral Site, 2007). Home-based caregivers who care for 4 or fewer children at a time for compensation do not need to be licensed or certified to provide care. They are not required to have a criminal or Child Protective Services (CPS) background check. Certified family child care homes may care for no more than 4 children at one time for compensation. They may care for up to a total of 6 children including the provider's own children. They may care for no more than 2 children under age 1. Certified group child care homes can care for a maximum of 10 children for compensation. At all times, they must have one staff person for every 5 children. Alternate approval child care homes participate in the Child and Adult Care Food Program (CACFP) and must meet minimum federal requirements. They may care for no more than 4 children for compensation. Caregivers on CACFP receive partial reimbursement for the nutritious meals and snacks they serve children in their care (Table 1). The Department of Health Services is the licensing agency in Arizona.

**Table 1. Child Care Regulation in Arizona**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives as well as individuals who provide child care to no more than 4 children at any time for compensation.
Certified child care homes	A provider can care for a maximum of 6 children including her own with no more than 2 children under age 1. If the individual is paid for providing care, she may care for no more than 4 children.
Certified group child care homes	A provider can care for a maximum of 10 children with a ratio of one staff member for every 5 children.
Alternate approval child care homes	A provider can care for no more than 4 children for compensation and participates in CACFP.

Source: Arizona Department of Health Services.

### **Subsidy Policy**

Child care group homes are eligible to contract with the Arizona Department of Economic Security (DES) to receive reimbursement for children who receive child care subsidies (Arizona Department of Economic Security, 2009b). Family child care homes that are certified and monitored by DES are also eligible for child care subsidy reimbursement. Exempt caregivers who care for four or fewer children and are not required to be regulated by the state can receive subsidy reimbursement if they become DES certified. Exempt caregivers with four or fewer children in care can become alternative approval child care homes, which would allow them to participate in the CACFP if they meet minimal federal requirements. Noncertified relative providers can receive subsidy reimbursement, but they do so at a rate approximately half that of certified family child care homes (Arizona Department of Economic Security, 2009a).

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

First Things First was established in Arizona through a 2006 ballot initiative to provide greater opportunities for all children age 5 and under in Arizona. The initiative operated through 31 local partnership councils that identify and prioritize community needs for birth to 5 services and develop plans for address the needs (First Things First, 2008b).

First Things First created Quality First, which is Arizona's statewide quality improvement and rating system for providers of center or home-based early care and education. Beginning in June 2009, Quality First will provide centers and regulated homes the opportunity to improve the quality of care provided to children with the support of financial incentives, coaching, child care health consultation, and scholarships for program personnel through the T.E.A.C.H.<sup>TM</sup> Arizona Program (First Things First, 2008a).

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

The Association for Supportive Child Care (ASCC) is a nonprofit child care agency that was founded in 1976 to improve the quality of care for Arizona children. The agency oversees the Arizona Kith and Kin Project as well as 13 other programs. These programs include Arizona Self Study; Food Program Sponsor; Reading Is Fundamental (RIF); Injury Prevention Program, T.E.A.C.H.™; Coaching/Assessment Rating (QRS); Phone Friend (after-school phone line); Resource Lending Library; Niños en Mi Casa; Child Care Resource & Referral; Child Care Job Bank; and a Corporate Referral Program. ASCC has 80 employees and a total annual budget of \$7.2 million, with 92 percent of its funds coming from the federal government through the state.

### **Budget and Funding Sources**

The total annual budget for the Arizona Kith and Kin Project is \$300,000. Support is provided by the United Way of the Valley of the Sun, Bank of America, the City of Tempe, Arizona Republic, Channel 12 Season of Sharing, and USAA. The cost per training group was approximately \$25,000 in 2008. In fall 2008, the program had an average of 36 caregivers per group, at a cost per participant of approximately \$694.

## **Initiative Design**

### **Goals and Logic Model**

As described in the initiative's logic model, the goals of the Arizona Kith and Kin Project are to (1) improve the quality of child care through training, (2) increase caregiver's knowledge and understanding of early child development, and (3) increase caregiver's knowledge and understanding of health and safety issues to provide a safer child care environment (Figure 1). The program was established in 1999 to provide ongoing early childhood training and support to exempt family, friend, and neighbor caregivers.

### **Target Population**

The Arizona Kith and Kin Project provides services to family, friend, and neighbor caregivers located in Maricopa County and Pinal County. The participants in the program are related to the children in their care or are friends or neighbors. Most care for an average of three children, primarily infants and toddlers. Most of the caregivers and children speak Spanish.

### **Recruitment Strategies**

The most successful recruiting strategy has been partnerships with existing organizations such as Head Start and community centers that refer family, friend, and neighbor caregivers whose children are enrolled in the part-day programs they operate. Word-of-mouth also is a major source of recruitment as caregivers who have participated in the initiative tell others about it. Arizona Kith and Kin also distributes fliers with information about the training in both English and Spanish. Training sessions are open to any kith and kin caregiver; there are no entry requirements. Arizona Kith and Kin staff gather information from training participants on the number of children in care and whether they need transportation for the sessions.

# Agency Name: Association for Supportive Child Care

## Program Name: Arizona Kith and Kin Project

INPUTS	STRATEGIES	OUTPUTS	OUTCOMES	INDICATORS
<p>2.5 full-time bilingual employees.</p> <p>Eight community partners provide space for the meeting and child care as well as group co-facilitators and child care staff.</p> <p>Videos, books, hands-on games, role playing kits and activities, reference materials, printed resources and community related information.</p> <p>Special skills utilized: Certified Child Passenger Safety Technicians, CPR and First Aid instructors, Registered Nurse volunteers, Fire and Police Department staff.</p> <p>Conduct recruitment and outreach activities.</p> <p>Host an annual health and safety training day, supply providers with smoke detectors, fire extinguishers, car seats, outlet covers, first aid kits and cribs.</p> <p>Professional training for staff.</p>	<p>Establish collaborations with community partners as point of contact for each site.</p> <p>Conduct outreach to participants.</p> <p>Provide transportation to and from the meetings.</p> <p>Provide on-site child care during meetings.</p> <p>Educate kith and kin providers on early childhood related topics.</p> <p>Create supportive relationships for kith and kin providers.</p> <p>Educate kith and kin providers on resources and opportunities for future growth that are available.</p> <p>Provide the necessary safety devices to improve the safety of children.</p>	<p>Kith and Kin support-training sessions were offered at eight (8) sites in 2008. Two 14-week sessions took place between January 2008 and December 2008 (224 training sessions total during this time period).</p> <p>480 kith and kin child care providers received training and support in 2008.</p> <p>A total of 248 kith and kin providers became CPR and First Aid certified in 2008.</p> <p>Approximately 1,440 children were impacted by services provided to kith and kin child care providers.</p> <p>161 car seats were properly installed by kith and kin providers and verified by a certified car seat technician in 2008.</p>	<p><b>Short-Term</b> Participants will gain a better understanding and increased knowledge of quality child care by the end of the 14-week support-training.</p> <p>Participants receive the opportunity to get respite from their normal child care responsibilities and an opportunity to network with other providers in their community.</p> <p><b>Mid-Term</b> Participants have the opportunity to attend the Annual Health and Safety Training Day and gain additional skills and materials upon completion of the 14-week training-support session.</p> <p>Participants will be better equipped to provide a safe child care environment by the end of each 14-week session.</p> <p><b>Long-Term</b> Kith and Kin participants gain long term peer support that continues beyond the 14-week training-support session.</p> <p>Kith and kin participants will increase their knowledge and understanding of children's development, health and safety issues.</p> <p>Kith and kin participants will increase their knowledge and skills regarding the utilization of home safety devices and child safety seats.</p>	<p><b>Short-Term</b> At least 85% of group participants will show an increase in knowledge of quality care by the end of the 14-week session as measured by pre/post-test.</p> <p>All group participants will have on-site child care during their two hour training throughout the 14-week session as measured by child care sign-in roster.</p> <p><b>Mid-Term</b> 22% of group participants attended the Annual Health and Safety Training Day as measured by registration and sign-in forms.</p> <p>At least 85% of Training Day participants will have increased knowledge of health and safety issues as measured by the Health and Safety Training Day survey. 100% of participants attending the Health and Safety Training Day received safety equipment including smoke detectors, fire extinguishers, and outlet covers.</p> <p>At least 75% of new group participants will become CPR and First Aid certified as measured by training sign-in forms and training exam.</p> <p><b>Long-Term</b> 85% of group participants will have an increased knowledge of child development and health and safety related issues by the end of the 14-week session as measured by the pre/post-test.</p>

## Services

Arizona Kith and Kin's primary service delivery strategy is support group training for family, friend, and neighbor caregivers. The initiative also offers car seat safety training and distribution, First Aid and CPR training, health and safety training, and other workshops as well as an annual conference. According to ASCC's annual report, in 2008 Arizona Kith and Kin served 480 caregivers who cared for 1,440 children, distributed 161 car seats, and certified 248 caregivers in First Aid and CPR. Ninety-four caregivers attended the annual conference.

**Support Group Training.** Arizona Kith and Kin provides a 14-week, 2-hour support group training series for Spanish-speaking caregivers. Training sessions are offered only in Spanish. The initiative provides transportation for caregivers who are located within a 10-mile radius of the training location and on-site child care by regulated child care providers during each training session. All training sessions are offered during the day. Currently, Arizona Kith and Kin offers training at 6 locations, although it has offered support group training in as many as 14 sites in the past. (The number of sites decreased in 2008 as a result of funding reductions.) The training sessions are held at various Head Start centers, churches, and local community centers that have an adjoining space for child care. Child care during training is offered by caregivers from community partner agencies, who regularly provide care for different groups of children for other activities such as Head Start parent meetings or policy councils, or by caregivers who have "graduated" from Arizona Kith and Kin.

Arizona Kith and Kin holds a fall cycle and spring cycle at each site. Caregivers can join a cycle at any time during the first 7 weeks. When the 14-week training session ends, participants receive a certificate that indicates the number of training hours they received. They are not required to return for the following cycle, but many participants do. Typical groups average 20 to 25 caregivers, but some have between 40 and 45.

In one calendar year, the program provides services to a minimum of 320 caregivers. A small number of caregivers pursue licensing. Staff refer interested caregivers to the Niños en Mi Casa (Children in My Home) program, which recruits, trains, and offers financial assistance to low-to-moderate income individuals to start a child care business in their homes and complete state certification (Association for Supportive Child Care, The Child Care Connection, n.d.).

**Car Seat Training.** Arizona Kith and Kin conducts a car seat training with instructions on proper safety seat installation. After the training, participating caregivers can schedule an appointment with the program to receive free car seats. The program distributes an average of 2.5 car seats per caregiver.

**Annual Conference:** Arizona Kith and Kin hosts an annual health and safety training conference for family, friend, and neighbor caregivers. The conference is held on a Saturday. During the conference, the initiative offers four workshops on topics that range from sexual abuse to childhood obesity prevention. A workshop on fire safety training is offered in which staff distribute fire extinguishers to caregivers. During the conference, the initiative also provides outlet covers and smoke detectors, as well as other health- and safety-related items. Arizona Kith and Kin provides transportation and child care for the conference and weekly training sessions to make it easier for caregivers to attend.

## **Curriculum**

The following subjects are covered during the 14-week support group training series; some topics span multiple weeks:

- Guidance and Discipline
- Daily Schedule Planning
- Nutrition
- Parent/Caregiver Relationships
- Environment
- Language and Literacy (including a RIF book event and distribution)
- Brain Development
- Health and Safety
- First Aid
- CPR

## **Staffing**

As of fall 2009, Arizona Kith and Kin had a staff of five: a full-time coordinator, a full-time assistant coordinator, an injury prevention specialist, a half-time staff specialist, and a full-time program assistant. Two full-time specialist positions were vacant. The coordinator and specialist currently lead all the training support groups along with a co-facilitator, who usually is a community member, such as a Head Start employee or government employee. The co-facilitator is not an Arizona Kith and Kin staff member. The staff specialist attends public relations events and provides support to the training workshop co-facilitators. The program assistant helps with all of the preparations for the groups, schedules car seat appointments, and makes provisions for transportation.

At the end of the 14-week training series, the staff specialist completes an end-of-session update that includes information on the number of caregivers trained, the number of children for whom child care was provided during training, the challenges the facilitator faced at the site, any challenges with transportation, when each curriculum topic was presented, and a brief story of a kith and kin caregiver who was positively affected by participation in the training workshops.

**Table 2. Staffing for Arizona Kith and Kin**

Staff Title	Staff Roles and Responsibilities	Full- or Part-Time Status
Coordinator	Manages all aspects of Arizona Kith and Kin and supervises staff and program activities. Responsible for grants management, reporting, and ensuring program goals.	Full time
Assistant Coordinator	Supports coordinator by assisting with coordinator duties. Supports the specialists as needed and often helps with delivery of the training sessions.	Full time
Kith and Kin Specialist	Attends public relations events and supports the training workshop co-facilitators.	2 full time; 1 part time
Program Assistant	Information not available	Full time
Injury Prevention Specialist	Information not available	Full time

**Staff Qualifications and Training.** The coordinator and assistant coordinator must have a bachelor’s degree or eight years of experience in early childhood, speak English and Spanish, and have knowledge of the child care field. The coordinator must also have three years of supervisory experience and effective written and oral communication skills. The staff specialist must have an associate’s degree in child development or early childhood education and/or a minimum of four years’ experience in a related field. The specialist also must have cultural awareness and an understanding of the needs of the communities Arizona Kith and Kin serves. The program assistant must have at least two years of clerical experience.

Arizona Kith and Kin does not offer any preservice training for staff. Staff participate in local and national conferences of professional organizations for the in-service training. The specialist provides training twice a year for the co-facilitators. This training also includes the providers who offer child care at the support group trainings.

**Supervision.** The coordinator, the specialist, and the program assistant meet on a regular basis to discuss their work. In addition, the coordinator and the specialist maintain regular contact with the co-facilitators outside of the support group trainings.

### **Fidelity Standards**

Arizona Kith and Kin does not have fidelity standards.

### **Data Collection**

Arizona Kith and Kin collects the following data:

- The number of participants who have enrolled and completed the support group training cycles



- The ethnicity and household income of the participants
- The number of children in care
- The number of children for whom child care was provided at each cycle of training workshops
- The dates when each curriculum topic was presented
- Pre/post self-reports of changes in caregiver knowledge
- Anecdotal information about the impact on individual caregivers

Arizona Kith and Kin uses the following forms to collect this information:

- Kith and Kin Registration Form
- Participant Sign-In Form
- End-of-Session Update Form
- Pre and post questionnaire for training participants

## Evaluation

Arizona Kith and Kin has not been evaluated by an external evaluator. As part of its ongoing internal evaluation, the initiative collects pre- and posttests from training participants to assess self-reported changes in caregiver knowledge of early child development and health and safety issues. Participants also report on changes in their own behaviors related to quality of care and safety in home. In addition, the post-training survey also includes open-ended questions to obtain feedback on the training sessions. Participants complete these surveys at the beginning and the end of each 14-week series.

Analysis of pre- and post-test surveys collected during spring 2007 indicated positive changes in caregiver knowledge in several areas: safety in the home environment, fire safety, knowledge of CACFP, the importance of daily schedules, and using local libraries. In addition, 81 percent of providers who completed the surveys reported making specific changes in caregiving behavior as a result of the training.

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## CATHOLIC FAMILY AND CHILD SERVICES

### SUMMARY

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Service Area	Chelan, Douglas, and Okanogan County, Washington
Category	Quality Improvement
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	100 (Building Blocks) and 600 (Play & Learn)
Dates of Operation	1990–Present (Building Blocks); 2008–Present (Play & Learn)
Annual Budget	\$180,000 (\$80,000 for Building Blocks and \$100,000 for Play & Learn)
Staffing (in FTEs)	2.5 for Building Blocks and 1.5 for Play & Learn
Description	CFCS provides licensed home-based providers with the Building Blocks curriculum as a basic introduction to quality child care and a Play & Learn program for seasonal agricultural workers whose children are in family, friend, and neighbor care.
External Evaluation	None

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## CATHOLIC FAMILY AND CHILD SERVICES (CFCS)

### Community Context

Catholic Family and Child Services (CFCS) offers Building Blocks and Play & Learn to home-based caregivers in Chelan, Douglas, and Okanogan counties. Chelan County has a population of approximately 71,000, including 4,700 children under age 5. The population of Chelan County is 74 percent White, non-Hispanic; 0.4 percent Black or African American, non-Hispanic; 1 percent Asian; 23 percent Hispanic or Latino, and 2 percent multiple or another race. In Chelan County, 8 percent of families live in poverty; the median household income is \$46,647 (U.S. Census Bureau, 2007). According to the Washington State Child Care Resource and Referral (CCR&R) Network, the median monthly fees for full-time family child care range from \$542 for infants to \$477 for preschoolers. There are 166 licensed family child care homes in the county, comprising 87 percent of all licensed child care facilities (Washington State CCR&R Network, 2009b).

Douglas County has a population of approximately 36,000, including 2,500 children under age 5. The population of Douglas County is 72 percent White, non-Hispanic; 1 percent Black or African American, non-Hispanic; 1 percent American Indian; 1 percent Asian; 24 percent Hispanic or Latino; and 1 percent multiple or another race. Eleven percent of families in Douglas County live in poverty; the median household income is approximately \$56,300 (U.S. Census Bureau, 2007). The median monthly fees for full time family child care range from \$542 for infants to \$477 for preschoolers. There are 96 licensed family child care homes in Douglas County, comprising 92 percent of all licensed families (Washington State CCR&R Network, 2009b).

Okanogan County has a population of approximately 39,500, including 2,700 children under age 5. The population of Okanogan County is 71 percent White, non-Hispanic; 1 percent Black or African American, non-Hispanic; 10 percent American Indian; 1 percent Asian; 16 percent Hispanic or Latino; and 1 percent multiple or another race. Sixteen percent of families in Okanogan County live in poverty; the median household income is \$28,200 (U.S. Census Bureau, 2007). The median monthly fees for full-time family child care in Okanogan County range from \$526 for infants to \$458 for preschoolers. There are 50 licensed family child care homes in the county, comprising 83 percent of all licensed facilities (Washington State CCR&R Network, 2009b).

### Policy Context

#### Regulatory Policy

The Washington State Department of Early Learning (DEL) regulates child care in the state. Any person interested in becoming a licensed provider is required to attend an orientation at which staff explain the steps toward licensing and the requirements for licensed providers. Regulations for home-based child care divide caregivers into three categories: exempt, certified, and licensed (Table 1).

**Table 1. Child Care Regulation in Washington**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives caring for children, entities within the boundaries of a tribal authority, and parents mutually caring for one another's children are exempt from licensing.
Certified family child care home provider <sup>a</sup>	Homes licensed by tribal authorities, certified by the Department of Defense, or individuals or entities wanting to care for children whose child care is paid for by the state child care subsidy program (and would not otherwise be required to be licensed) are certified.
Licensed family child care home provider	Family child care home providers caring for up to 12 children through age 11. DEL conducts inspections at least once every 18 months.

Source: Washington Department of Early Learning.

<sup>a</sup>Caregivers receiving subsidies are also called in-home/relative providers (Washington State Department of Early Learning, 2008a).

### Subsidy Policy

Certified and licensed providers are eligible to receive child care subsidy reimbursements. Subsidies to eligible agricultural families are to be used in licensed family child care homes. However, licensed family child care homes receive significantly higher reimbursement rates than do certified providers; rates for licensed providers also vary by region (Washington State Department of Early Learning, 2008b). The Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children, is open to licensed family child care homes only.

### Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Washington's professional development system, the Washington State Training and Registry System (STARS), is designed to improve child care through basic and ongoing training for licensed providers. DEL administers the STARS Registry, a web-based database that tracks licensed providers' training and other related professional information. DEL contracts with the Washington Association for the Education of Young Children (WAEYC) to administer other components of the program, such as information to providers, publicity for training opportunities, training and trainer approval, and the scholarship program. Under the scholarship program, providers are eligible to receive a one-time award of up to \$150 toward basic (20 hours) training and up to \$100 each year toward continuing education (annual requirement for licensed providers is 10 hours). *Building Blocks* is the only STARS-approved training for basic child care instruction.

## Program Sponsorship and Budget

### Sponsoring Agency

CFCS is an agency component of the nonprofit organization Catholic Charities—Diocese of Yakima, created in 1952. CFCS provides a menu of social services for residents of Yakima, Wenatchee, Tri-Cities, and Moses Lake through its nine offices. Services include counseling for teenagers, parenting programs, foster care assistance, elder care services, and a CCR&R. The CCR&R operates *Building Blocks* and *Play & Learn*. CFCS's CCR&R employs a staff of eight with assistance from numerous volunteers. It operates on about \$1.2 million from a variety of public and private funding sources; 80 percent of the funding is in the form of grants and contracts. Funding figures are from the Catholic Charities Diocese of Yakima (2004). The CCR&R estimates that across all services, it reaches 35,000 persons a year (Catholic Charities Diocese of Yakima, n.d.).

### Budget and Funding Sources

CFCS's budget for *Building Blocks* and *Play & Learn* is \$180,000. In 2008, the budget for *Building Blocks* was \$80,000. The budget for the *Play & Learn* component was \$100,000. CFCS received funding from DEL; the Washington State CCR&R Network; and local businesses, service clubs, and foundations.

## INITIATIVE DESIGN

### Goals and Logic Model

CFCS aims to assist both regulated family child care providers and exempt caregivers in enhancing the quality of child care provided to young children. *Building Blocks* was developed in 1998 by the Washington State CCR&R Network as a requirement for newly licensed child care providers. The goal of the program was to give providers a general overview of the child care business and strategies for providing quality child care (Table 2). CFCS provided the *Building Blocks* curriculum as part of its membership in the CCR&R network. *Play & Learn* was an outgrowth of the concern of a local school district that migrant children entering its kindergarten classes lacked necessary school readiness skills and CFCS's desire to reach out to exempt caregivers.

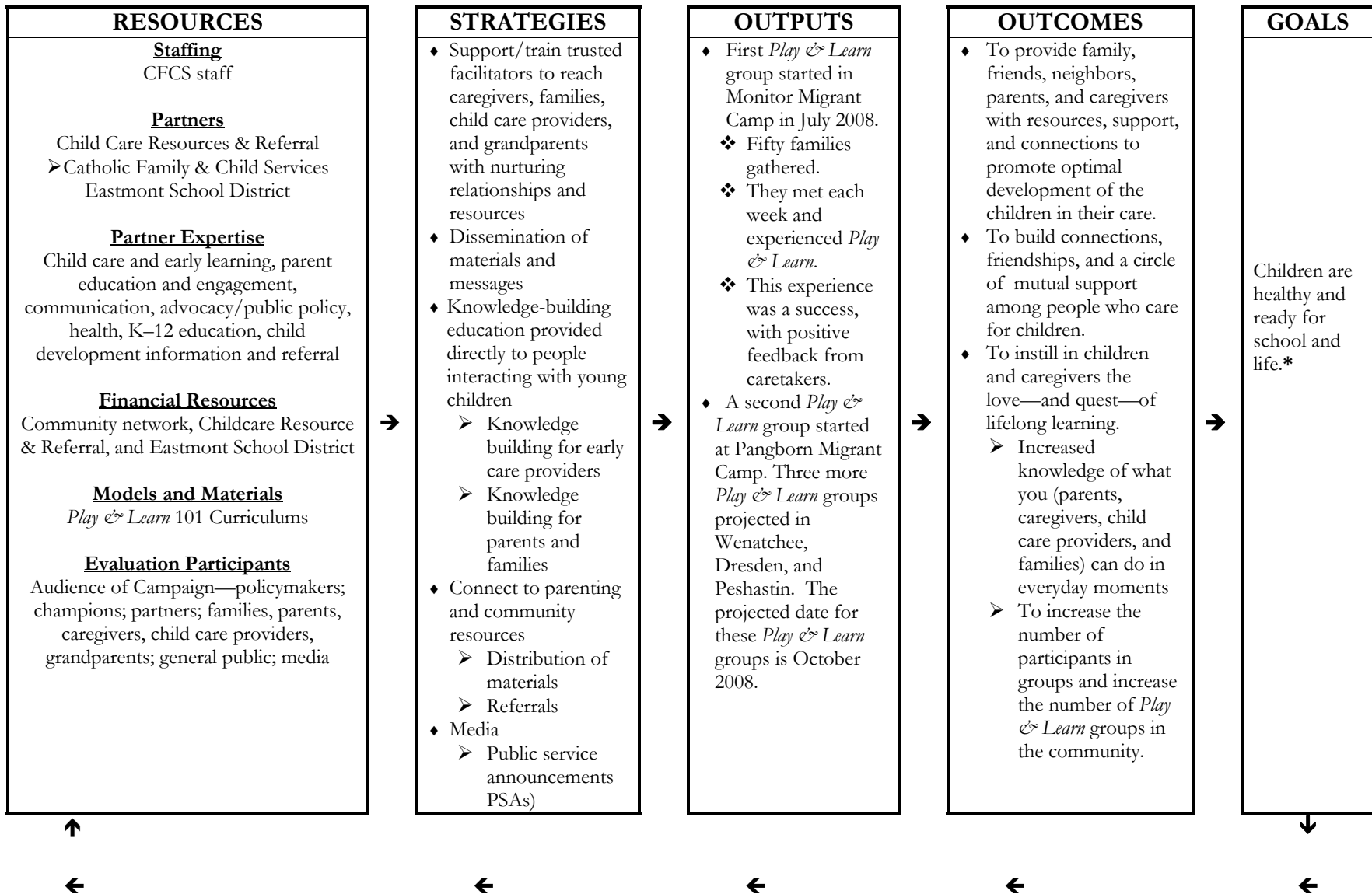
A logic model for *Building Blocks* is not available. However, CFCS developed a logic model for *Play & Learn* (Figure 1).

**Table 2. Program Components and Goals: Catholic Family and Child Services**

Program Component	Goal
Building Blocks	To provide caregivers with an introduction to providing quality child care
Play & Learn	To provider caregivers with opportunities to expose children to quality learning environments

Source: Catholic Family and Child Services.

**Figure 1. Play & Learn Logic Model**



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Source: Born Learning North Central Washington Logic Model—Parents, Caregivers, and Providers (Oct. 2007–Mar. 2008).

\*The Born Learning Washington campaign is working to advance the outcomes of *Kids Matter: Improving Outcomes for Children in Washington State*. Born Learning Washington is a statewide public awareness and engagement campaign. Kids Matter is a collaborative and comprehensive strategic framework for building the early childhood system in Washington State in order to improve outcomes for kids. (Source: CFCS.)

## Target Population

The target population for the *Building Blocks* workshops is newly licensed family child care providers. The target population for *Play & Learn* is exempt caregivers and certified family child care providers, particularly those in migrant or tribal communities.

## Recruitment Strategies

CFCS recruits providers for *Building Blocks* through newsletters sent out by the organization and presentations during orientations for caregivers interested in obtaining licenses; most participants come from this source. The organization advertises *Play & Learn* through the CCR&R and by posting fliers in various communities.

## Services

This section provides description of the services provided by CFCS through *Building Blocks* and *Play & Learn*.

***Building Blocks.*** *Building Blocks* includes 16 hours of workshop training and 4 hours of mentoring using the *Building Blocks: Laying the Foundation for Quality Family Child Care*<sup>™</sup> training program (Washington State Child Care Resource & Referral Network, 2009a). The workshops are held over a two-day period, although the two days are not consecutive (Table 3). These two-day workshops are held separately for English- and Spanish-speaking providers. Program staff experimented with joint workshops but found that providers lost opportunities to engage in the discussions with one another. For both groups of providers, the two-day workshops are offered four times a year; all are held on site at the CFCS main office. The cost for providers is \$155 for the two days, including a morning snack, afternoon snack, and lunch. Most often, providers are able to use their scholarships from DEL, which reduces their out-of-pocket costs to \$5. CFCS can accommodate 100 providers per year, and participation usually reaches this maximum, with 20 to 50 providers attending each session. CFCS also offers the two-day training via DVD for providers who cannot attend in person. However, the organization does not advertise this option as it sees value in providers interacting with their peers and participating in the discussions. CFCS rents out the training DVDs on a case-by-case basis to providers for \$155.

CFCS assigns 10 newly licensed providers to one mentor who is a licensed and experienced family child care home provider. The mentoring component is designed to give providers a hands-on experience in a high-quality child care home. The newly licensed providers shadow the mentor in her home for one to two hours a week for two weeks. CFCS pays the mentors \$25 for every hour of mentoring per provider, up to four hours for a total of \$100.

***Play & Learn.*** *Play & Learn* groups are learning groups for children that support healthy growth and development through play. Led by a facilitator, the *Play & Learn* model allows children and caregivers to engage in fun yet developmentally appropriate learning activities that build literacy and school readiness. CFCS uses the model implemented by the Child Care Resources, King County's CCR&R, for its *Play & Learn* groups.



**Table 3. Building Blocks Sample Workshop Schedule and Topics: Catholic Family and Child Services**

Time	Topic
<b>Day 1</b>	
8:00 AM-8:30 AM	Welcome/Registration
8:30 AM-9:45 AM	Professionalism
9:45 AM-10:45 AM	Behavior Management
10:45 AM-11:00 AM	Break
11:00 AM-12:00 PM	Health & Safety
12:00 PM-12:30 PM	Lunch
12:30 PM-1:30PM	Child Development
1:30 PM-2:20 PM	Parent Communication
2:20 PM-2:30 PM	Break
2:30 PM-3:30 PM	Activities
3:30 PM-4:00 PM	Evaluations
<b>Day 2</b>	
8:00 AM-8:30 AM	Welcome
8:30 AM-9:45 AM	Special Needs
9:45 AM-10:45 AM	Child Abuse
10:45 AM-11:00 AM	Break
11:00 AM-11:45 AM	Business
11:45 AM-12:15 PM	Lunch
12:15 PM-1:15 PM	Provider/Child Interaction
1:15 PM-2:15 PM	Environments
2:15 PM-2:30 PM	Break
2:30 PM-3:30 PM	Policies/Procedures
3:30 PM-4:00 PM	Evaluations

Source: Catholic Family and Child Services.

CFCS offered its first *Play & Learn* group in the Monitor Migrant Camp in the summer of 2008 and by the fall of 2008 offered four additional *Play & Learn* groups in various settings in Chelan, Douglas, and Okanogan counties. In each location, CFCS provides a weekly session for two hours, led by a bi-lingual facilitator. The program runs from October to May of each year. CFCS holds *Play & Learn* sessions in churches, preschool classrooms, community centers in low-income neighborhoods, and libraries that are offered to CFCS at no cost. These locations are in neighborhoods of the target population and near bus routes to facilitate participation from caregivers. *Play & Learn* is free for caregivers, and CFCS provides a small snack for children during each session. The maximum number of caregivers who can attend is 10; some caregivers bring more than one child.

### Staffing

There are eight full-time staff who have a range of duties across the CCR&R's child care programs, including tasks associated with *Building Blocks* and *Play & Learn*. Some staff, however, have more distinct responsibilities related to *Building Blocks* and *Play & Learn* (Table 4). CFCS may also contract with instructors outside of the organization to lead training workshops. The total number of staff for *Building Blocks* and *Play & Learn* is seven, all but one of whom are part time.

**Table 4. Staffing for Building Blocks and Play & Learn: Catholic Family and Child Services**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Program Manager	Manages all aspects of the <i>Building Blocks</i> and <i>Play &amp; Learn</i> projects	Part time (0.5 FTEs)
Provider Services Coordinator	Coordinates the <i>Building Blocks</i> training sessions for English- and Spanish-speaking providers	Part time (0.5 FTEs)
<i>Building Blocks</i> Instructors	Conduct <i>Building Blocks</i> training sessions	2 part time (1 FTE)
Family, Friend, and Neighbor Services Coordinator	Coordinates the <i>Play &amp; Learn</i> groups	Part time (0.5 FTEs)
Facilitator	Facilitates the <i>Play &amp; Learn</i> groups and provides Spanish translations	Part time (0.5 FTE)

Source: Catholic Family and Child Services.

**Staff Qualifications and Training.** CFCS requires an associate’s degree in early childhood development, early childhood/elementary education, or a related field for the instructors of *Building Blocks*. If staff have experience but not an associate’s degree, CFCS will provide financial assistance for staff toward a degree. All instructors have a minimum of an associate’s degree and prior experience in early childhood education. Requirements for *Play & Learn* staff are not available.

CFCS does not offer specific pre-service training; staff attend continuing education training on an as-needed basis.

**Supervision.** The program manager provides ongoing staff supervision through weekly staff meetings. CFCS is required by WAEYC to conduct training evaluations for each *Building Blocks* workshop.

### Fidelity Standards

The program does not have fidelity standards.

### Data Collection

CFCS collects several types of data about its participants, child care arrangements, and service delivery, including:

- Demographics of enrolled caregivers
- Licensing status of participants and years of licensure
- The number of children in care
- Participation in STARS
- Satisfaction surveys on group training and mentoring
- Participation in services and training attendance

The program also uses the following forms:

- *Play & Learn* pre-assessment
- *Play & Learn* satisfaction questionnaire
- Enrollment
- Training attendance
- Trainer evaluation

## **Evaluation**

CFCS's *Building Blocks* and *Play & Learn* programs have not been evaluated.

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## CHEROKEE CONNECTIONS

### SUMMARY

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Service Area	Oklahoma
Category	Quality Improvement
Target Population	Relative Caregivers
Annual Caregiver Enrollment	40 in the home visiting program, 20 in the language incentive program, and an unknown number in Play & Learn groups and quarterly networking meetings
Dates of Operation	2003–Present
Annual Budget	Not available
Staffing (in FTEs)	6
Description	Cherokee Connections aims to assist relatives who are caring for children while the parents work or attend school. It has three principal components: home visiting, Play & Learn groups, and a language incentive program. The language program provides Cherokee speakers with a monetary incentive to teach the language to children in their care.
External Evaluation	None

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## CHEROKEE CONNECTIONS

### Community Context

Cherokee Connections, an initiative developed by the Cherokee Nation's Child Care Resource Center, offers home visiting, network meetings, Play & Learn groups, a Cherokee language incentive program, and formal training opportunities. The Cherokee Nation has a jurisdictional service area in the northeastern part of Oklahoma (Cherokee Nation, 1998-2008a). In 2007, Oklahoma had a population of 3.6 million. Residents are 72 percent White, non-Hispanic; 7 percent Black or African American, non-Hispanic; 7 percent American Indian or Alaska Native; 2 percent Asian; 7 percent Hispanic or Latino, and 5 percent another or multiple races (U.S. Census Bureau, 2007). The median family income in 2007 was approximately \$50,000; 13 percent of the families had incomes below the poverty level. Education services, retail trade, and manufacturing represent the largest economic sectors. The three largest employers in the state are Tinker Air Force Base, U-Haul Co., and Blue Baron Energy (Career One Stop, 2009).

The Cherokee Nation is the federally recognized government of the Cherokee people. It is the second largest American Indian tribe in the United States, with more than 200,000 tribe members (Cherokee Nation, 1998-2008a). Approximately a third of the members—70,000—live in the Oklahoma jurisdictional service area, which includes eight counties and parts of six others. The seat of the tribal government is the W.W. Keeler Complex near Tahlequah, Oklahoma, the capital of the Cherokee Nation. As a federally recognized tribe, the Cherokee Nation has the right to control its land. In 1990, it authorized an agreement with the federal government to receive funding and administer programs.

There were approximately 253,000 children under age 5 in 2007 (U.S. Census Bureau, 2007). According to the Oklahoma Child Care Resource & Referral Association, there were 2,968 regulated family child care homes in the state with a capacity for 26,242 children (Oklahoma Child Care, 2008b). Approximately 77 percent of these providers accepted subsidized children.

The Oklahoma Child Care Resource & Referral Association reports that there were a total of 3,598 children under age 6 in Cherokee County, the tribal center, in 2008 (Oklahoma Child Care, 2008a). In the county, a total of 30 regulated family child homes had the capacity for 270 children (Oklahoma Child Care, 2008a). The average weekly cost of full-time care in family child care homes ranged from \$97.83 for infants under age 1 to \$83.70 for 4- and 5-year-old children.

### Policy Context

#### Regulatory Policy

Oklahoma has three categories of home-based child care: exempt care, licensed small family child care homes, and licensed large family child care homes. Exempt care includes only relatives such as grandparents, aunts, or uncles who are members of the child's immediate family (Cherokee Nation, 1998-2008b). Licensed family child care providers can provide care for a maximum of 7 children including the provider's own children if they are under age 5. If the total number of children in care is 7, the provider can care for no more than 2 children under age 2; she is limited to 6 children with no more than 3 children under age 2; and she may care for 5 children of any age (National Resource Center for Health and Safety in Child Care and Early Education, 2007). The

maximum number of children in large family child care homes is 12 including the provider’s own children if they are under age 5. An assistant must be present if there are 7 children in care and 2 of them are under age 2 or if there are 6 children in care and more than 3 are younger than age 2. The Oklahoma Department of Human Services (DHS) is the licensing agency.

The Cherokee Nation receives federal funding through the Child Care and Development Block Grant. A portion of the quality funds are used for licensing and monitoring of child care providers. The Cherokee Nation has adopted the state licensing regulations for family child care homes and has developed a set of standards for relatives who are exempt from licensing.

**Table 1. Child Care Regulation in Oklahoma**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives who provide care in their own homes for children who are related to them.
Licensed small family child care home	Individuals who provide care for a maximum of 7 children including the provider’s own children if they are younger than age 5. If the total number of children in care is 7, the provider can care for no more than 2 children under age 2; she is limited to 6 children with no more than 3 children under age 2; and she may care for 5 children of any age.
Licensed large family child care home	The maximum number of children in a large family child care home is 12 including the provider’s own children if they are younger than age 5. An assistant must be present if there are 7 children in care and 2 of them are under age 2 or if there are 6 children in care and more than 3 are younger than age 2.

Source: Oklahoma Department of Human Services.

### Subsidy Policy

The Cherokee Nation provides Child Care and Development Fund (CCDF) subsidies to caregivers and providers who provide care for eligible Indian children through its Child Care and Development Department. Exempt caregivers can receive reimbursement if they are registered with the tribe and meet the tribe’s standards for operation and services (Cherokee Nation, 1998-2008b). The tribe also reimburses child care provided by family child care providers who are licensed by the Oklahoma DHS. The reimbursement rate for exempt caregivers is lower than that for licensed family child care providers.

### Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Oklahoma has developed several initiatives that are available for licensed family child care providers. One is Reaching for the Stars, a quality rating system that provides increased reimbursement rates for providers who reach different “star” levels in the three-star system (Oklahoma Department of Human Services, 2008). The highest level is accreditation. In addition to Reaching for the Stars, licensed family child care providers are eligible to participate in Oklahoma’s REWARD initiative, which provides salary supplements for providers who continue their education

and remain in the field (Oklahoma Department of Human Services, 2009), as well as the Scholars for Excellence program, which offers scholarships for licensed family child care providers who seek to obtain their child development associate (CDA) credential; an associate’s degree; or a certificate of mastery in child development, an 18-credit-hour certificate (Oklahoma State Regents for Higher Education, 1997–2009). Relative caregivers registered through the tribe are not eligible to participate in these programs.

The licensing unit of the Cherokee Nation Child Care Resource Center provides health and safety equipment to caregivers who lack necessary items such as smoke and carbon monoxide detectors, safety latches, fire extinguishers, first aid kits, and health and safety books.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

The Cherokee Nation Child Care and Development Department (CCDD) houses Cherokee Connections. Its mission is twofold: (1) to provide a comprehensive, culturally appropriate support system for American Indian families to assist them in becoming self-sufficient, through services that will increase the affordability, availability, and quality of child care within the tribe’s 14 county service areas in northeast Oklahoma; and (2) to support and be an advocate for the optimal growth and development of children by promoting the understanding of the importance of early childhood years and quality early childhood programs (Cherokee Nation, 1998-2008a)

CCDD offers a variety of services for exempt caregivers and licensed family child care providers, including child care subsidy reimbursement, training, and a monthly events calendar. The total child care budget for the Cherokee Nation is \$9 million, of which approximately half—\$4 to \$5 million—is subsidy payments.

### **Budget and Funding Sources**

The budget for Cherokee Connections is not available. Cherokee Connections began in 2003 as part of the Sparking Connection Initiative, a three-year effort to provide support to family, friend, and neighbor caregivers. Funded primarily by the United Way of America, Sparking Connections funded initiatives in four pilot sites, including Oklahoma (Sparking Connections, n.d.). Each project was also funded by local sources.

## **Initiative Design**

### **Goals and Logic Model**

Cherokee Connections aims to improve the quality of care provided by relative caregivers through home visiting, quarterly meetings, and Play & Learn groups. It also has a focus on enhancing the transmission of the Cherokee language and culture. Its mission is “working together (ga-du-gi) to provide a safe and healthy learning environment for children that promotes Cherokee language and culture” (Cherokee Nation, 1998–2009c).

The tribe had attempted to engage relative caregivers in earlier efforts, but it was only partially successful. It invited relative providers to attend training geared toward regulated settings, but attendance was low. The tribe offered home improvement funds to improve the health and safety



of caregivers' environments, as well as a toy-lending service to improve the quality of materials available in their homes, but it also wanted to offer additional services to enhance caregivers' awareness of child development and their skills in providing child care. The tribe has four primary quality-improvement goals for exempt caregivers:

- Improve health, safety, and nutrition in the homes
- Provide opportunities to increase school readiness
- Develop family/provider networks to strengthen the Cherokee culture and language
- Increase learning opportunities available for relative providers

A logic model for Cherokee Connections is not available.

### **Target Population**

Cherokee Connections is available to caregivers who provide child care in their homes for related children from Indian families and participate in the Cherokee Nation's child care subsidy program. Most participants are grandmothers who care for one or two children. About one-third of the children are under age 3, one-quarter are age 3 to 6, 40 percent are ages 6 to 12, and less than 1 percent are over the age of 13.

### **Recruitment Strategies**

CCDD and other Cherokee Nation programs refer relative caregivers to the Cherokee Connections program. In addition, all participants receive payment through the Cherokee Nation subsidy office; caregivers received program information at subsidy orientation. Licensing workers who make periodic visits to monitor relative caregiver homes often refer caregivers. The initiative also uses fliers, monthly newsletters, mailings, and word-of-mouth to recruit participants.

### **Services**

Cherokee Connections provides three principal services: home visits with financial incentives to encourage participation, Play & Learn groups, and a language incentive program. Caregivers receive home visits and financial incentives during one year of enrollment. They attend quarterly network meetings to interact with other caregivers and engage in group learning activities. The home visiting component lasts for 12 to 18 months. Graduates of the home visiting program can continue to attend the network meetings.

**Home Visits.** The home visiting program has four goals: (1) improving health, safety, and nutrition in the home; (2) providing school readiness skills; (3) strengthening families, language, and culture; and (4) increasing learning opportunities for caregivers.

Once a caregiver enrolls in the home visiting component, the staff provide an initial incentive kit that contains scissors, glue, construction paper, markers and crayons, a disposable camera, and books. Each caregiver also receives a resource book and portfolio to keep a record of activities with the children (programs and pictures) throughout the year.

Staff members make monthly home visits that last at least an hour. During the first home visit staff and caregivers complete a home safety checklist and review the environments topic from *Supporting Care Providers through Personal Visits* (Parents As Teachers National Center, 2002). Staff and caregivers also discuss the children in care and the interests and goals of the caregiver. The caregiver selects 11 additional topics from *Supporting Care Providers through Personal Visits* to work on for the rest of the year.

The home visitor brings toys and learning activities to each visit that correspond with the particular home visit topic that the caregiver has chosen. If the children are in care at the time the home visitor arrives, she engages them with activities from the curriculum. For example, if the topic is blocks, the home visitor may bring wooden blocks, legos or Lincoln Logs, depending on the ages of the children in care. Approximately 40 caregivers participated in the home visiting component in 2008.

**Incentives.** The Cherokee Nation home visiting program operates on a point system. Caregivers earn points which can be redeemed for financial incentives. Caregivers must earn 25 goal points in a goal area to receive a financial incentive for that goal. Goal areas include: (1) improve health, safety, and nutrition in the homes; (2) provide opportunities to increase school readiness; (3) develop family/provider networks to strengthen the Cherokee culture and language; and (4) increase learning opportunities available for relative providers.

The caregiver can usually complete goal 1 by the third visit, goal 2 by the sixth month, goal 3 by the ninth month, and the last and hardest goal of 25 hours of training by the end of the year. Each visit counts as one hour of training, or 12 of the 25 points needed. Every time the caregiver completes a goal, he or she receives an incentive of \$100. If the caregiver completes all four goals at the end of 12 months, he or she receives an additional \$100 bonus. At the end of the year, if caregivers attend their network meeting graduation and bring a completed portfolio and resource book, they receive an additional \$50. The financial incentives are available only during the first year of enrollment.

**Play & Learn Groups.** Cherokee Connections currently offers four Play & Learn groups that span a four-county area. Each group varies in size and operates year-round for two hours per week. There are no requirements to participate: any member of the tribe who cares for children from birth to age 5 can attend. Most caregivers are recruited by word-of-mouth or through other programs offered by the Cherokee Nation.

The Play & Learn groups are led by early childhood educators. The educator travels to the community and sets up learning activities in which caregivers and their children may engage together. The educator is responsible for facilitating the learning of both caregiver and child.

**Language Incentive Program.** Cherokee Connections attempts to identify fluent Cherokee speakers who are providing child care to enroll them in the program. The caregiver must first take a language proficiency assessment in Cherokee. The assessment measures the caregiver's ability to speak Cherokee, but not to read or write it.

In 2006, the Cherokee Nation licensing unit began keeping record of caregivers who self-identified as Cherokee speakers. In 2008, the Cherokee Connections program identified 20 relative caregivers who spoke Cherokee or had a fluent speaker in their home and who were interested in participating in the language incentive program. Caregivers can earn \$50 to \$100 per

month if they use the Cherokee language with the children in their care for at least seven hours a week. Caregivers who make a commitment to use the language in their home 90 percent of the time when the children are in care receive a higher incentive payment.

Caregivers are initially tested by the Cultural Resource Center to determine fluency. Children in their care are pretested for knowledge of the language and periodically assessed for language acquisition. Caregivers are given materials that they may use with the children including word lists, books, and CDs. Caregivers use a monthly tracking form to indicate language usage during the month.

**Other Services.** Cherokee Connections holds quarterly social networking meetings for caregivers that last approximately six hours. The meetings include formal training; a meal; celebration of goal achievement; opportunities to learn about the needs of other caregivers; and a cultural, art, or recreational activity. The meetings are held on Saturdays, and caregivers can bring the children and parents with them. Child care is provided in an adjacent space. Staff distribute certificates for caregivers who have met their goals, as well as graduation certificates to caregivers who have completed the program.

The meeting offers training on topics such as CPR, first aid, language and culture, and child development. Caregivers enrolled in home visiting can earn goal points for attending these meetings. The sessions are usually well attended. For example, at a meeting held in April 2009, 39 adults and 50 children attended. The program staff occasionally gather the Cherokee speakers for an hour during the meetings to converse with one another.

In addition to the quarterly social networking meetings, all relative caregivers receive a monthly newsletter which includes information about the next social networking meeting, the local training schedule, and articles about nutrition, culture, health and safety, and science.

## **Staffing**

Cherokee Connections has eight full-time and part-time staff: a program coordinator, two home visitors, three Play & Learn specialists, one assistant educator, and one clerical staff person.

**Staff Qualifications and Training.** The program coordinator must have a bachelor's degree from a four-year college or university in child development, early education, counseling, social work, family and consumer science, or health or six years' related experience or training. The home visitors and Play & Learn specialists must have classroom experience and a CDA credential. Two of the Play & Learn specialists were former Head Start teachers, and one was a public school teacher. The assistant educator is fluent in the Cherokee language.

**Supervision.** The staff meet regularly with the program coordinator.

## **Fidelity Standards**

Cherokee Connections does not have fidelity standards.

## Data Collection

Cherokee Connections collects a variety of data about the initiative, including

- The number and demographic characteristics of participants
- Caregiver satisfaction with services
- The number and ages of children in care
- The number of calls for information per month
- The number of home visits offered per month
- The number of Play & Learn groups offered each month
- The number of children who attend the Play & Learn groups

The tribe uses the following forms to collect these data:

- Caregiver enrollment form
- Caregiver home visit form
- Play & Learn attendance form
- Satisfaction survey

## Evaluation

Cherokee Connections has not been evaluated by an external evaluator since 2005. From its internal evaluation conducted in 2006, which relied on a survey of participants, the initiative found that 90 percent of participants completed their goals within the first year and that the primary reason that others did not reach their personal targets was that they stopped caring for children. More than half of survey respondents reported reading to the children daily; 90 percent reported participating in CPR training (Hand, 2006).

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## THE CHILD CARE INITIATIVE PROJECT

### SUMMARY

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Service Area	California
Category	Support for Licensing and Quality Improvement
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	4,392
Dates of Operation	1985–Present
Annual Budget	\$6.3 million, including \$2.8 million for the CCIP Infant-Toddler focus, \$2.4 million for the local child care resource and referral agency contracts, \$875,000 for administration and recruitment, and \$250,000 for state match.
Staffing (in FTEs)	12
Description	CCIP provides training, technical assistance, home visits, and materials for family, friend, and neighbor caregivers who seek to become licensed and for licensed family child care providers who seek to improve their businesses and their child care quality.
External Evaluation	CCIP has been evaluated twice. In 1999, the American Institutes for Research (AIR) and Hornby Zeller Associates conducted an evaluation of the initiative’s efficiency and effectiveness for (Montgomery, Phillips, Zeller, & Hornby, 1999). In 2002, the CCR&R network examined CCIP’s impact on retention of licensed family child care providers (California Child Care Resource & Referral Network, 2002).

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## THE CHILD CARE INITIATIVE PROJECT (CCIP)

### Community Context

The state of California ranks third in the nation in geographic size and first in population, with an estimated 36.2 million people (U.S. Census Bureau, 2007). California has an ethnically diverse population: 43 percent White, non-Hispanic; 6 percent Black or African American, non-Hispanic; 1 percent American Indian or Alaskan Native; 12 percent Asian (primarily Chinese, Japanese, Vietnamese, and Cambodian); 36 percent Hispanic or Latino; and 2 percent another or multiple races. In 2007, approximately 27 percent of the population was foreign born.

The median income for a family of four in 2007 was \$66,000. Approximately 10 percent of the families had incomes below the poverty level. Trade, transportation, and utilities; government, professional, and business services; and education and health services represent major sectors in the economy. Leisure and hospitality also play a major role. Silicon Valley has been a major economic engine since the 1980s; Hollywood has long contributed to the economy as well.

In 2005, a total of 2.6 million children under age 5 lived in California. According to the 2006 California Child Care Portfolio, approximately 1.1 million children were under 2 years of age, and 1.6 million were between ages 2 and 5 (California Child Care Resource & Referral Network, 2007). Licensed family child care represents approximately 35 percent of the child care supply: statewide, California has 38,132 licensed family child care homes with a total of 371,169 spaces. Approximately 35 percent of the providers speak Spanish; 11 percent speak Korean, Vietnamese, or another language. The average annual cost of care for an infant in licensed family child care was \$7,000; for preschoolers, it was \$ 6,500.

### Policy Context

#### Regulatory Policy

California has three categories of home-based child care: license exempt, licensed small family child care homes, and licensed large family child care homes. Family, friend, and neighbor caregivers are exempt from regulation under certain conditions. Relatives are license exempt if they provide care for children from a single family. Individuals who provide care in their own homes for children who are not related to them and who are not in the same family must be licensed (Table 1).

For small family child care homes, the maximum number of children, including those under age 10 who are related to the provider, is 8, if a minimum of 2 of the children are at least age 6 and there are no more than 2 infants. Small family child care homes can provide care for no more than 4 infants at one time or a maximum of 6 children, no more than 3 of whom can be infants. The maximum number of children in a large family child care home is 14, if 2 of them are school age, no more 3 are infants, and an assistant is present. If no school-age children are present, the maximum is 12, with no more than 4 infants, and an assistant. Small family child care homes and large family child care homes must undergo a background check before a license is approved. The California Department of Social Services, Community Care Licensing Division, Child Care Unit, is the licensing agency.



**Table 1. Child Care Regulation in California**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives and individuals who provide care in their own homes for children from a single family.
Licensed small family child care home	Individuals who provide care in their homes for children from more than one family must be licensed. The maximum number of children, including those under age 10 who are related to the provider, is 8, if a minimum of 2 of the children are at least age 6 and there are no more than 2 infants. Small family child care homes can provide care for no more than 4 infants at one time or a maximum of 6 children, no more than 3 of whom can be infants.
Licensed large family child care home	The maximum number of children in a large family child care home is 12, with no more than 4 infants, and an assistant, or 14 children with 2 school-age children and no more than 3 infants and an assistant.

Source: California Department of Social Services, Community Care Licensing Division, Child Care Unit.

### **Subsidy Policy**

According to California’s Child Care and Development Fund (CCDF) state plan for 2007-2009, California provides child care subsidy reimbursement to license-exempt home-based caregivers and licensed family child care providers through the CalWORKS program for families on welfare and the Alternative Payment Program (APP) for those who are no longer receiving public assistance. The reimbursement rates for family, friend, and neighbor caregivers are lower than those for family child care providers. Family, friend, and neighbor caregivers as well as licensed providers are eligible to participate in the Child Care and Adult Food Program (CACFP), which provides reimbursement for meals and snacks.

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

According to California’s CCDF state plan for 2007-2009, the California Department of Education’s Child Development Division (CDD) funds several initiatives for home-based caregivers. One initiative—the California Exempt Care Training (CECT)—is specifically intended for family, friend, and neighbor caregivers. CECT consists of four modules that are intended to enhance the quality of care that caregivers offer. Another initiative, the Child Care Initiative Project (CCIP), focuses on licensing. In addition, CDD offers Healthline, a warm-line service that provides information about health and development issues to family, friend, and neighbor caregivers, as well as licensed family child care providers and parents.

CDD also provides support for a number of initiatives for licensed family child care providers. Initiatives that serve providers directly include PBS’s *Ready to Learn*, which provides information on how to use television appropriately, and the Family Child Care Association Project, which is intended to support the development of family child care associations to improve professional development for and reduce the isolation of licensed family child care providers. In addition, the state funds several initiatives that aim to improve quality in licensed family child care settings by

training trainers. Among these are the Program for Infant/Toddler Care (PITC), which provides training materials and training for trainers who work with licensed family child care providers and center teachers; the PITC Partners for Quality Regional Support Network, which supports compensation of infant/toddler trainers to provide training and technical assistance; and *Family Child Care at Its Best*, a series of workshops provided by the University of California–Davis (UC-Davis) that provide continuing education credits.

California does not have a quality rating improvement system (QRIS), but it is exploring the possibility of creating one. Los Angeles has a voluntary QRIS.

## **Program Sponsorship and Budget**

### **Program Sponsorship**

The California Child Care Resource & Referral Network, which administers the CCIP, is one of the oldest child care resource and referral (CCR&R) networks in the country. It began in the late 1970s as a support group for a small number of child care resource and referral agencies; in 1980, it incorporated as a not-for-profit corporation. Network members include CCR&Rs in all 58 counties in the state.

To strengthen the CCR&Rs' capacity to provide services to parents, providers, and the community, the network offers a wide variety of services. It organizes regional meetings, specialized trainings, and an annual conference for CCR&R staff, and it provides technical assistance to CCR&R agencies on a regular basis. In addition, it engages in a number of initiatives to address child care issues, among them the California Child Care Portfolio, which provides information on the demand and supply of child care in California, and the Trustline Registry, which provides background checks for parents who seek to use license-exempt providers. Since 1998, the Network also has sponsored Parents' Voices, a grassroots parent leadership development organization.

The Network has a total staff of 30. The executive director supervises each of the five departments: (1) administration, (2) parent services, (3) provider services, (4) membership services, and (5) research. The executive director reports to a board of directors. The CCIP staff consists of 11 full-time personnel.

The Network has an annual budget of approximately \$21.7 million. Since its inception, it has depended on a mix of public and private funding sources. CDD provides support for individual CCR&R services as well as several of the network's initiatives, including CCIP. In FY 2008, CDD funding accounted for approximately \$18.1 million of the network's budget. Federal funding accounted for approximately 16 percent of total revenues. It included \$2.7 million for CCIP's Infant-Toddler focus; \$2.4 million for local child care resource and referral agency contracts; \$875,000 for administration and recruitment; and \$250,000 for the state match contract.

### **Budget and Funding Sources**

The total CDD budget for CCIP in 2008 was \$6.3 million. It included \$2.7 million for CCIP's Infant-Toddler focus; \$2.4 million for local child care resource and referral agency contracts; \$875,000 for administration and recruitment; and \$250,000 for the state match contract. The Network uses 15 percent of CDD funds to cover the cost of training, one orientation, technical assistance, site monitoring, and support.

Each CCR&R must include in its budget the cost of network training materials as well as the costs for travel and registration fees for a minimum of one regionally based program orientation, one statewide training, one regional training, and a statewide year-end training/wrap-up session. The registration fee for the statewide events is approximately \$50 to \$150 per person. The Network pays for materials used at the trainings and for any overnight hotel accommodations. Individual CCR&R budgets also are expected to include the cost of incentives for participants, such as financial help with the licensing process and paperwork, toys and materials, equipment and supplies, and assistance with securing insurance. In 2006-2007, through the CCR&Rs, CCIP served 4,392 providers.

## **Initiative Design**

### **Goals and Logic Model**

CCIP was created in 1985 to address the shortage of licensed family child care in California. As one of the earliest efforts to increase child care supply, the original model was funded entirely by private foundations. Since the early 1990s, CCIP has operated as a public-private partnership with a match of state funds for local funding raised by the CCR&Rs. The network coordinates CCIP and provides training, technical assistance, monitoring, and oversight for the local CCR&Rs that deliver the services. It also manages the data collection and produces an annual report of the results.

CCIP has five primary objectives. They are:

- To assess child care supply and demand and target shortages of care in specific areas
- To recruit individuals who have the potential to become licensed family child care providers
- To train those individuals to deliver quality care and effectively manage a small business
- To provide technical assistance to help participants become licensed and begin operation
- To provide ongoing support to help family child care providers stay in operation

In the late 1990s, the Network expanded the model to recruit and train Spanish-speaking caregivers. It also added a component for infant and toddler training. A related effort, CECT (also known as Growing, Learning and Caring), a series of four modules for training license-exempt caregivers, was added in 2005.

Although CCIP does not have a specific logic model, it expects local CCR&Rs to set goals for the participants who qualify as recruits, trainees, and retention providers each year. “Recruits” are defined as individuals who have become licensed or whose license is pending; “trainees” as those who have completed 25 hours of training, including 12 hours of infant and toddler training; and “retention” providers as those who have completed 9 to 18 hours of training annually.

### **Target Population**

The target population for CCIP is individuals who are interested in starting a family child care business as well as licensed family child care providers who have been operating a business. Because one of its primary goals is to increase the supply of licensed family child care for infants and toddlers, CCIP aims to recruit individuals who are interested in becoming licensed family child care providers—family, friend, and neighbor caregivers—as well as those who are considering providing

care for children in their own homes. In addition, CCIP targets existing licensed family child care providers for training, with a goal of retaining them in the field, and to improve the quality of their care.

## **Recruitment**

Local CCR&Rs, which are responsible for delivering CCIP in their communities, use a variety of recruitment strategies to attract participants. They mail letters to individuals who are receiving state child care subsidies as license-exempt caregivers or licensed family child care providers, and they make presentations at community events and at licensing orientations. In addition, CCR&Rs post announcements about CCIP on their websites. The projects usually offer incentives such as books or materials after the completion of training and/or after providers receive their licenses.

## **Services**

The Network organizes and delivers statewide and regional training, as well as program orientations and webinars, based upon specific child development topics. The Network provides technical assistance through site visits, phone conferences, webinars, and emails. At the end of each project year, the Network collects data from each site to create a report for the State Department of Education, Child Care Division. The Network monitors quarterly progress reports and mid-year fiscal reports for each site to ensure training and recruitment goals are met.

**Training for CCR&R Staff.** The five trainings begin with a day-long orientation in the spring for CCR&R staff. Organized by the two CCIP managers and the administrative coordinator, the orientation consists of an overview of the initiative and a description of the CCIP. Other topics include the role of the five network CCIP specialists, who work with the CCR&Rs; subsequent trainings for the year; and the CCIP materials that CCR&Rs are expected to purchase and use. In addition, the Network offers two specialized Spanish-language training of trainers for Spanish-speaking staff, *El Comienzo* and *Cuatro Pasos a Una Profesión*.

The other trainings are intended as train-the-trainer sessions for CCR&R staff. Typically, these include (1) a statewide fall training, (2) a round of regional trainings in the spring, (3) year-end trainings and celebrations that are offered regionally, and (4) statewide special trainings. The statewide trainings, like the orientation, are planned and implemented by the Network CCIP staff with input from the local trainers.

The training for the Spanish-speaking staff focuses on two curricula, *El Comienzo*, which is designed for newly licensed Spanish-speaking providers who are at the beginning stages of their business, and *Cuatro Pasos a Una Profesión*, an advanced curriculum for experienced family child care providers who have had their businesses for at least two years. *Cuarto Pasos* is a 32-hour training, which results in certification of the trainee. Both trainings are offered in Spanish and provide materials in Spanish.

**Excerpts from CCIP Trainings To-Do List for Project Specialists  
and the Administrative Coordinator**

**Selected Items from Project Specialists' To-Do List**

- Cover letter from the network CCIP team (if available)
- Registration form
- Agenda
- Map and directions to training site
- Workshop description and trainer's bio
- Confirm training/meeting space
- Confirm room set-up
- Reserve audiovisual equipment for training spaces
- Food and beverage order, including mid-day snacks

**Selected Items from Administrative Assistant Duties**

**Preparation**

The first step is picking a date and a location, which will be done by regional teams. They may ask for help in finding a location if it is a two-day training. Often at this stage, a *Save the Date* flyer will go out, when the dates are confirmed but details are not available, so that sites can begin to make their plans as well.

**Presenters**

Presenters will be coordinated by the project specialist, who contacts and works with the presenters throughout the process.

**Standard Training Materials**

- Nametags
- Training folders
- Agenda
- Staff and participant list
- Presenter list with bios
- Evaluation
- Any copies of materials pertaining to the training

In 2008, the fall training was offered at the network's annual meeting, a two-day event at Asilomar, a conference center. The regional trainings are typically offered at a convenient site—a CCR&R office or a hotel—in each of the four regions for one to two days. They can include outside speakers who are identified by the project specialists, the coordinator, or the participating CCR&Rs. The special trainings, which are generally organized by the project specialist for special training, are typically statewide or at two locations; they can range from one or two days to three days depending on the topic. In 2008, special topic trainings included nutrition, eco-healthy environments, and a three-day intensive training with four sessions on Touchpoints, an approach that focuses on social/emotional development.

**Curriculum.** CCIP has created several curricula for the CCR&Rs to use in CCIP trainings; CCR&Rs must purchase them. The costs for individual copies of the curricula range from \$10 for *Recursos* to \$80 for the *Family Child Care Handbook*. The curricula include:

- *The Family Child Care Handbook* (2007), an anthology of family child care training materials that includes information about start-up, business aspects of a family child care business, parent-provider relations, child development activities, and other resources.
- *Look Who's Coming to Family Child Care: Infants & Toddlers* (1999), an overview of family child care with information on issues such as family communication, the role of the provider, and child development, with a special focus on children from birth through 24 months. The publication is available in Spanish, Chinese, and Vietnamese.
- *Look Again: Infants and Toddlers in Family Child Care* (2004), designed for experienced providers with a focus on children from birth to 34 months. This publication also is available in Spanish.
- *Meeting the Needs of Working Parents: A Guide for Family Child Care Providers Offering Early Morning, Evening, Overnight and Weekend Child Care* (2000), a guide for family child care providers who offer or are planning to offer care during nontraditional hours with suggestions for planning activities and purchasing supplies and equipment.
- *Recursos/Resources: A Bibliography of Spanish-Language Family Day Care Training Materials* (1993), an annotated bibliography that lists materials in Spanish from training organizations across the country.
- *El Comienzo—Second Edition* (2002), which covers a range of topics related to starting a family child care business and is available in Spanish.
- *Cuatro Pasos a Una Profesión: Curso de Entrenamiento Práctico del Cuidado Infantil Hogareño* (1998–1999), a set of four books in Spanish for experienced providers. The books include *You, Our Children, Our Family*, and *Your Business*.
- CECT Modules, four modules intended to provide support to CCR&Rs that work with family, friend, and neighbor caregivers. The modules include Module One: The Vital Role of the Caring Provider: Safety, Health and Nutrition; Module Two: Discipline, Guidance and Family Support; Module Three: Playing Is Learning; and Module Four: Family Literacy. These modules provide flexible lessons plans, key talking points, handouts, and worksheets. All of them also are available in Spanish.

In addition, CCIP offers a module for character education that explores practical strategies for building on children's positive dispositions and urges participants to reflect on their family, their strengths, and their cultural and personal values. Another module, *Caring for Babies and Toddlers: Helpful Hints and Tips*, is an adaptation of *Look Again: Infants & Toddlers in Family Child Care* for family, friend, and neighbor caregivers. It also is available in Spanish.

**Training and Supports for Providers.** CCIP enrolls providers in three levels of service:

- **Recruits.** Home-based caregivers who have obtained a license or for whom a license is pending

- **Trainees.** Licensed providers who have completed a minimum of 25 hours of training, including 12 to hours of infant-toddler training
- **Retention Providers.** Licensed providers who have completed the trainee level and are participating in 9 to 18 hours of retention training annually

CCIP has specific guidelines for training (Table 2). All trainees must complete 25 to 30 hours that include an infant/toddler training component of 12 to 18 hours, which can be offered in conjunction with a community college for credit. CCR&Rs can include a health and safety component, but CPR and first aid, which are required by the state for family child care licensing, cannot be counted toward the required training hours. Retention providers must complete 9 to 18 hours of training, which must include infant/toddler training.

**Table 2. Training Guidelines: Child Care Initiative Project**

Type of Trainee	Content
Recruits	Start-up; licensing; business practices; taxes; contracts; marketing; setting up the home to do family child care; communication skills and parent-provider relationships; health, safety, and nutrition; program planning; routines and activities; planning for mixed-age groups
Trainees	<p>Infant and toddler training: how babies learn, creative curriculum and activities for infants and toddlers, age-appropriate toys, make-it-and-take-it workshops, basic care-giving routines and attachment, caring for babies with special needs, cultural strengths and differences</p> <p>Also counted toward hours: home visits, home tours, and visits to toy-lending libraries</p>
Retention Providers	<p>Refresher workshops on health, safety, first aid/CPR, nutrition, developmentally appropriate activities, communication and parent-provider relationships, positive guidance and building self-esteem in children, self and professional evaluation and development</p> <p>Infant/toddler training: child development theory; brain development; developmentally appropriate curriculum and material; parent communications; working with teen parents; caring for babies with special needs; health, safety, and nutrition</p> <p>Also counted toward hours: mentor training and conducting home tours</p>

Source: Child Care Initiative Project.

CCIP has articulated a training philosophy that incorporates adult learning principles. CCR&R staff is expected to use training strategies that relate to the experiences of the participants and to build on their strengths. The content is to be geared to the interests and needs of the participants. The guidelines for training also acknowledge the differences among new and experienced providers and suggest that training for advanced providers include different opportunities, such as refresher courses, advanced curriculum, and opportunities to serve as trainers. The CCR&Rs are expected to

use a diverse group of individuals as trainers, relying on training resources and agencies in the community.

**Technical Assistance for Local CCR&Rs.** One of the network project specialists is assigned to each site. She makes a minimum of two site visits each year to provide technical assistance and to review the budget and data collection. In addition, she provides support through regular phone calls, fax, and email. The project specialists also assist the sites in preparing program data and regional trainings.

**Data Collection.** The project specialists are responsible for collating the data collected by the CCR&Rs. Each quarter, the CCR&Rs submit three-page quarterly progress reports on the number and status of participants they have served. They also submit a midyear report with fiscal information. Using the year-end data, the Network CCIP managers prepare a report for the State Department of Education, Child Development Division.

## Staffing

The network has a total of 11 full-time CCIP staff. Two managers, one for North Bay area and one for the Central Valley/South, manage the project. There are seven project specialists: one for the Northern region; three for the Bay area; and three for the south. In addition, the staff includes an administrative coordinator and an administrative assistant. The CECT project coordinator also is considered a member of the team. The CCIP staff also include an administrative coordinator.

**Staff Qualifications and Training.** CCIP does not have specific requirements for qualifications for the manager, coordinator, or specialist positions, but it has very detailed descriptions of the responsibilities for the project specialists and the administrative coordinator. It also has clear guidelines for policies and procedures. More than 30 percent of the CCIP team have masters' degrees in early childhood education.

CCIP provides an orientation for new network staff members who work on the project. In addition, staff are encouraged to attend workshops and conferences for professional development. There is no formal in-service training.

**Supervision.** The network executive director has direct management responsibility for the CCIP network team, which is part of the provider services department. The CCIP managers supervise the CCIP project specialists and the CCIP administrative staff. The managers and coordinators have a monthly conference call, as does the statewide CCIP team. The regional team members have conference calls twice a month. In addition, the statewide CCIP team meets face-to-face twice a year in December and August, as well as in October at the annual network conference.

## Fidelity Standards

CCIP does not have fidelity standards, but it has clearly articulated policies and procedures for the CCR&Rs that deliver services.

## Data Collection

CCIP collects a variety of data on the participants as well as the number of activities that are offered. They include:



- Goals by site for the number of recruits, trainees, and retention providers
- The number of recruits, trainees, and retention providers as well as the number of participants who speak English or another language
- The number of participants who engage in activities (one-to-one technical assistance through phone calls, home visits, trainings, and other activities) by type of participant
- The number of technical assistance calls and home visits offered

CCIP collects these data through a variety of forms. They include:

- Participant Record
- Goals Matrix
- Quarterly Progress Reports
- Year-End Narrative Program Progress Report
- Quarterly Statistical Report
- Cumulative List of Retention Participants
- Year-End Statistical Report
- Quarterly Fiscal Reports
- Mid-Year Fiscal Reports
- Year-End Fiscal Reports

## Evaluation

Since its inception in 1985, CCIP has been evaluated twice. In 1999, the American Institutes for Research (AIR) and Hornby Zeller Associates conducted an evaluation of the initiative's efficiency and effectiveness for CDD (Montgomery, Phillips, Zeller, & Hornby, 1999). In 2002, the network examined CCIP's impact on retention of licensed family child care providers (California Child Care Resource & Referral Network, 2002).

The AIR evaluation sought to answer three questions: (1) Are CCIP programs serving the areas of greatest need based on the concentration of families receiving Temporary Assistance to Needy Families (TANF)? (2) Is CCIP effective at building the capacity for family child care? (3) What are the barriers and facilitating factors in achieving CCIP program goals? The evaluation employed a mixed-method design with document reviews, interviews, observations, and surveys with a sample of 23 CCIP programs funded in two different waves (9 Round 1 programs, funded in 1997–1998, and 14 Round 2 programs, funded in 1998–1999) across the state.

The findings indicated that CCIP programs were serving communities with high child care needs, particularly those in rural areas, and those with large concentrations of Latino, Russian, and Hmong families. Eight of the 9 Round 1 programs exceeded their goals for recruitment and training; 9 of the 14 Round 2 programs reached 75 percent of their recruitment goals, and 8 of them reached 75 percent of their training goals.

Among the factors that the evaluation identified as barriers were the lengthy licensing process; transportation of participants to trainings, particularly in rural areas or large geographic areas; and language issues, specifically creating materials for Hmong and Russian participants. At the same time, the evaluation found that several factors—one-to-one contact with participants, effective recruitment (identifying participants who were a good match for the field), and continuing support services for participants after they had become licensed—facilitated the success of the effort. It concluded that CCIP was effective and recommended that the initiative take several steps to strengthen the project, including an observational study of provider quality, increased training emphasis on topics such as dealing with challenging parents who were identified by providers, and sharing successful strategies for recruiting staff and providers whose first language was not English.

In 2002, the network conducted its own survey of previous CCIP participants to examine the rate of retention of licensed family child care providers in the field among those who had participated in the initiative. The network aimed to determine the number of former and current CCIP participants who were still working as family child care providers, the reasons they had left the field if they had done so, and the significance of CCIP and its supports. Data were collected through telephone surveys conducted by CCIP staff between 2000 and 2002. The sample consisted of survey results from 787 former and current CCIP participants.

The study found that 87 percent of the survey respondents were still working as family child care providers. Of participants who indicated that they were not currently operating as family child care providers, approximately 35 percent reported that they had obtained a license but had never opened a business. Among those who had left the field or had never started their businesses, family and personal reasons, finding other work, or moving were the primary reasons. The evaluation also found that participants ranked CCIP workshops, trainings, and materials; technical assistance; assistance with licensing and paperwork; and assistance with marketing family child care businesses as the most significant factors in their decisions to remain in the field.

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## COMMUNITY CONNECTIONS PRESCHOOL PROJECT

### SUMMARY

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Service Area	Selected suburban communities in Cook County, Illinois
Category	Quality Improvement
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	144
Dates of Operation	2005–Present
Annual Budget	\$1,260,000
Staffing (in FTEs)	20
Description	Community Connections provides state-funded preschool through teacher visits to home-based caregivers combined with part-time classroom-based experiences for 3- and 4-year-old children in their care.
External Evaluation	None

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## COMMUNITY CONNECTIONS PRESCHOOL PROJECT

### Community Context

Cook County, Illinois, with a total population of 5.29 million in 2007, is the second most populous county in the nation after Los Angeles County. Home to Chicago, it borders Lake Michigan. The population is 45 percent White, non-Hispanic; 26 percent Black or African American, non-Hispanic; 6 percent Asian; 23 percent Hispanic or Latino; and 1 percent another or multiple races (U.S. Census Bureau, 2007). The median family income in 2007 was \$63,000; approximately 11.5 percent of families had incomes below the poverty level. Educational services, health care, and social assistance; professional, scientific, administration, and waste services; and manufacturing and retail trade constitute the major economic sectors. Chicago, which accounts for approximately 54 percent of Cook County's population, is home to three major futures exchanges and the headquarters of a large number of Fortune 500 companies.

In 2007, Cook County had an estimated 381,899 children under age 5 (U.S. Census Bureau, 2007). According to a 2007 report produced by Illinois Action for Children (IAFC), there were 4,009 licensed family child care homes with spaces for 29,413 children under age 5 and an additional 6,441 school-age children in Cook County, and 17,635 license-exempt homes (care provided by family, friends, and neighbors) with an estimated 52,905 spaces based on three children per home (Illinois Action for Children, 2007). Approximately 78 percent of the licensed family child care providers in the IAFC database reported that they offer care during nontraditional hours, with 61 percent offering care in the evening and 6 percent overnight.

The average weekly Cook County full-time rates for infants and toddlers (children under age 2) in licensed family child care in 2007 were \$136 and \$133 respectively. The rate for 2-year-olds was \$130, and that for 3- to 4-year-old children was \$126. The lowest rates were in south and southwest Chicago and south and southwest suburban Cook County. Of the 2,587 licensed family child care providers in the IAFC database, 91 percent indicated that they care for children receiving state child care subsidies.

### Policy Context

#### Regulatory Policy

Illinois has three categories of home-based child care: license-exempt care, small family child care homes, and large family child care homes (Table 1). Illinois exempts relatives from licensing regulations; individuals who are caring for no more than three children who are related to each other are exempt as well.

The maximum number of children in family child care homes, including the provider's own children, is 8 children under age 12, with a maximum of 5 children under age 5 and 3 under age 24 months, a maximum of 6 children under age 5 with 2 children under age 24 months, or 8 school-age children. In group family child care homes, a provider and an assistant may care for a maximum of 12 children, including the provider's own children, with one of the groupings above and 4 school-age children, or 8 children under age 5 with a maximum of 5 under 24 months. The Department of Children and Family Services is the licensing agency.

**Table 1. Child Care Regulation in Illinois**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives who are caring for related children, and individuals who are caring for no more than three children who are related to each other.
Family child care homes	The maximum number of children in family child care homes, including the provider's own children, is 8 children under age 12, with a maximum of 5 children under age 5 and 3 under 24 months, a maximum of 6 children under age 5 with 2 children under 24 months, or 8 school-age children.
Group family child care homes	A provider and an assistant may care for a maximum of 12 children, including the provider's own children, with one of the groupings listed for family child care homes above plus 4 school-age children, or 8 children under age 5 with a maximum of 5 under 24 months.

Source: Illinois Department of Children and Family Services.

### Subsidy Policy

According to Illinois' Child Care and Development Fund (CCDF) state plan for 2007–2009, the Illinois Department of Human Services (DHS) provides child care subsidies to exempt caregivers and regulated family child care providers through the state's Child Care Assistance Program (CCAP). The rates for exempt caregivers are lower than those for licensed family child care providers. Exempt caregivers and licensed family child care providers are eligible to participate in the Child Care and Adult Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children.

### Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Illinois' state CCDF plan describes several DHS-funded quality improvement efforts that include home-based caregivers. The Quality Rating System (QRS), part of the state's Quality Counts program, offers increased reimbursement rates to exempt home-based caregivers who achieve specific levels of training. QRS has three training tiers for exempt caregivers; each tier consists of several three-hour modules, with a total of 16 modules. Completion of all three tiers results in a Level 1 credential from Gateways to Opportunity, the state's career lattice. Rate add-ons for CCAP children are 10 percent for level 1, 15 percent for level 2, and 20 percent for level 3. For licensed family child care providers, QRS has four star levels, based on provider training, program assessment results, and a review of business practices. Rate add-ons are 5 percent, 10 percent, 15 percent, or 20 percent to the standard CCAP rate for CCAP children currently in care.

DHS supports two other initiatives to enhance licensed family child care providers' educational levels and compensation. The Gateways to Opportunity Scholarship Program provides scholarships for a percentage of tuition, fees, and books for licensed family child care providers who are enrolled in degree or credential programs. It is intended to complement the Great Strategy to Attract and Retain Teachers (Great START) program, which provides semi-annual wage supplements for

licensed family child care providers who have earned course credit toward degrees or credentials, have worked at the same facility for a year, and remain for an additional six months.

DHS also provides support to child care resource and referral (CCR&R) agencies across the state for quality improvement activities. Both licensed family child care providers and exempt caregivers can apply to CCR&Rs for Quality Counts grants, which provide funds for materials and equipment. CCR&Rs also provide funding for professional development activities such as conferences and in-service training, as well as tuition. The CCR&Rs receive funding to help licensed family child care providers obtain a child development associate (CDA) credential or accreditation through the National Association of Family Child Care (NAFCC).

## **Sponsoring Agency and Budget**

### **Sponsoring Agency**

Illinois Action for Children (IAFC) sponsors the Community Connections Preschool Project. IAFC was founded in 1969 by the National Council of Jewish Women and the YWCA under the name the Day Care Crisis Council in response to concerns about child care conditions. Two years later, the name was changed to the Day Care Action Council, and later to Illinois Action for Children.

IAFC's mission has remained the same since its inception, although its services have broadened considerably during the past four decades. It aims to be "a catalyst for organizing, developing, and supporting strong families and powerful communities where children matter most." To fulfill this mission, IAFC uses several strategies:

- Advocating for systems of early learning that are responsive to the needs of families and their children
- Working in partnership with individuals and organizations to empower people to participate in civic and community life to bring about meaningful changes in the public arena
- Promoting quality improvement and best practices for providers, programs, and policymakers
- Supporting parents in making the best choices for their children and achieving economic self-sufficiency

IAFC offers a range of services for families and child care programs. It makes referrals to licensed child care programs—family child care providers as well as centers—for parents, and it serves as the voucher (certificate) management agency for CCAP.

Most of the services for providers are offered through the Provider Resources Department and include (1) workshops to help providers obtain or maintain their licenses and to improve quality, (2) scholarship funds for participation in conferences, (3) funding for National Association for the Education of Young Children (NAEYC) or NAFCC accreditation, (4) Quality Counts grants for equipment, and (5) early literacy resources through the Quality Counts van. IAFC serves as a CACFP sponsor, which means that it manages the program for those providers who would like to participate. It also operates a Healthy Child Care America program, in which nurse consultants offer



health and safety information to providers. In addition, IAFC offers information to providers about the state's quality improvement efforts: the Gateways to Opportunity scholarships, the Great Start program, and the Quality Counts Rating System.

IAFC offers two programs specifically for family, friend, and neighbor caregivers. One is the License-Exempt Quality Enhancement Initiative, which offers information and resources to license-exempt providers through a home visit and referrals to other IAFC services. The other is the Community Connections Preschool Project.

In FY 2005, IAFC had a total budget of \$23.5 million. Nearly two-thirds—\$14.7 million—of the expenses were allocated for CCAP vouchers. Expenses for provider resources, including \$1.3 million in Quality Counts grants and CACFP, were \$6.1 million. Remaining costs were expended for public policy and advocacy and support services. Government contracts account for the vast majority of the revenues: \$21.5 million of the \$23.5 total. Funding from foundations and grants rank second with \$1.3 million. Corporate contracts and revenues from interest accounts make up the remainder.

### **Budget and Funding Sources**

The total annual budget for Community Connections is \$1.26 million. The initiative is supported with state of Illinois Preschool for All (PFA) funds and foundation grants. The budget covers the cost of four central staff at 50 percent time, nine certified teachers, and nine teacher aides. (The central staff devote the other half of their time to overseeing the Preschool for All classrooms in the participating child care centers that serve children in center-based rather than home-based care.) The four central staff are the Director of Preschool for All, the Assistant Director, a Project Manager, and the Planning and Evaluation Manager. For each classroom, IAFC also pays directly for materials (\$6,000), replacement of classroom furnishings (\$1,000), staff development (\$500), field trips (\$2,000), parent education materials/lending library (\$2,000), and materials for the home visits (\$3,000). It also pays for the participating child care centers for classroom space (\$14,500 per classroom). The initiative also hires and pays for certified teachers and qualified teacher aides in the Community Connections classrooms. Teachers are compensated at the same rate as teachers with equivalent licenses in the public schools. The annual salary for a certified teacher in Community Connections is approximately \$42,000.

The annual budget does not include the cost of care in home-based child care because that is covered by CCAP funds. In 2008, 144 home-based caregivers and 360 children participated in the initiative. The cost per child was \$3,500. The cost per caregiver, many of whom care for multiple children enrolled in the program, was \$8,750.

## **Initiative Design**

### **Goals and Logic Model**

The Community Connections Preschool Project was developed by IAFC in response to a concern that many 3- and 4-year-old children were not participating in Illinois's PFA program, the state-funded part-day prekindergarten program. The concern emerged from research that IAFC conducted in low-income Chicago suburbs in 2004 to identify community needs for early childhood services. Discussions with neighborhood leaders indicated that many children were in home-based child care—with both family, friends, and neighbors and licensed family child care providers—and

that their families were choosing this care for a variety of reasons, among them its flexible hours. Child care centers that were part of PFA could not necessarily meet these needs. At the same time, many home-based caregivers viewed PFA as competition.

IAFC sought to develop a model that would provide the advantages of high-quality center-based care to prepare young children for school and, at the same time, enable families to continue to use home-based child care. To design the model, it examined research on Early Head Start programs that compared outcomes for children in home-visiting programs, classroom-based programs, and mixed models that combined the two. The findings showed that the mixed model approach produced more positive outcomes for children's school readiness skills than did either approach alone (Administration for Children and Families, 2002).

Community Connections began in 2005. It aims to enhance children's outcomes by linking home-based caregivers to child care centers. Three- and four-year-old children in home-based child care attend centers four mornings or afternoons a week. On the fifth day, teachers and assistant teachers from the center visit the caregiver to offer information and resources. Each of the centers provides a classroom for 20 children in the two part-day sessions as well as a van and a bus driver who can pick up and drop off the children. A certified teacher and a teacher assistant teach in each classroom.

The model assumes that children and families will benefit from both of these settings: children will gain valuable experiences with their home-based caregivers as well as in a preschool classroom, and families will be able to continue to take advantage of the strengths of home-based care without having to choose between a home setting and a center setting. In addition, the initiative assumes that the linkage between home-based caregivers and centers will enhance quality in both settings. While the 3- and 4-year-olds are at the center, the caregiver can devote more attention to infants and toddlers who are in care. Because centers have additional enrollment, they can operate at full capacity.

A logic model for Community Connections is not available.

### **Target Population**

The target population for Community Connections is home-based caregivers who provide subsidized early childhood services for 3- and 4-year-old children in nine low-income suburban neighborhoods outside of Chicago. Home-based caregivers include both family, friend, and neighbor caregivers and licensed family child care providers. In addition, the initiative provides support to child care centers that have available classroom space in these neighborhoods.

### **Recruitment**

To reach the home-based caregivers, IAFC uses a number of strategies. Initially, the two manager/coordinators who staff the program promoted it with community leaders with whom they had developed relationships in the effort to map unmet child care needs. In two communities, they worked directly with family child care associations to involve individual members. In others, they worked with a group of stakeholders to identify individual providers—primarily family, friend, and neighbor caregivers—who might participate. Then the staff distributed fliers and went door-to-door to inform them about the program and to elicit their interest in participating. As word of mouth spread information about the program, caregivers began to approach the coordinators.

To recruit the centers, the two coordinators met with directors and owners to describe Community Connections and how it would work. At the same time, they assessed the quality of the centers and their readiness to participate. Criteria included the center philosophy and willingness to change as evidenced by participation in self-study processes such as accreditation, a stable staff with low turnover rates, adequate staff-child ratios, open communication and regularly scheduled staff meetings, the condition and type of materials, and professional development opportunities for staff such as use of educational consultants or staff participation in conferences. In addition, the coordinators asked the centers about their use of Quality Counts funds for materials, Gateway Scholarships, and Great START.

## Services

Community Connections consists of three primary components: (1) Preschool for All funding and program oversight for child care centers to serve 3- and 4-year-old children coming from home-based child care for a part-time classroom experience; (2) teacher visits to home-based caregivers who care for subsidized children; and (3) activities for parents (Table 2). The Assistant Director and Project Manager provide the training and technical assistance on curriculum content, classroom arrangements, and program improvements, as well as supervising the teachers. They also provide support for field trips and special events. In addition, they help the centers with financial reporting. One of them manages the Community Connections classrooms as well as the PFA classrooms at four sites; the other is the manager at five sites.

**Table 2. Program Components: Community Connections Preschool Project**

Target Population	Community Connections Staff Supports
Classrooms	Establish and operate classrooms that serve children coming from home-based child care for a part-time classroom experience
Home-based providers	Semi-monthly visits to caregivers' homes to coordinate programming, share materials, and offer technical assistance
Parents	Monthly meetings, lending library, newsletter, and parent conferences

Source: Community Connections Preschool Project.

**Classroom Services.** Each center has one Community Connections PFA classroom staffed by a certified teacher (an Initial, Standard, or Master Early Childhood certificate issued by the Illinois Teacher Certification Board) and an assistant teacher with a minimum of 30 hours of college credit. The classrooms must use the *Creative Curriculum for Preschool* (Dodge, Colker, & Heroman, 2002b) and the *Building Language for Literacy (BLL)* (Scholastic, 2002), a curriculum that supports language and literacy, and must offer a 2.5-hour session for twenty 3- and 4-year-old children in the morning and 20 in the afternoon. Community Connections is moving toward a 10-month schedule: in the past, the centers in school districts offered services for 9 months, whereas those that were child care programs offered services for 12 months.

Each classroom session follows the same daily schedule, beginning with a welcome, followed by one *BLL* unit in an activity such as story time or play, and outdoor time. Then there is a unit on phonemic awareness and small group work. Some centers also offer field trips as often as once a month for the children.

The classrooms are expected to comply with the five PFA components:

1. **Screening** with the Early Screening Inventory–Revised (Meisels, Wiske, & Henderson, 2008). Teachers are expected to recommend clinics or pediatricians for vision and hearing screening and help parents find follow-up services if they are needed.
2. An **Education component** based on Illinois’s Early Learning Standards with a strong focus on language and literacy. Teachers are expected to read to the children each day, maintain a print-rich environment, and post children’s writing at children’s eye level.
3. **Child assessment** through the *Creative Curriculum Development Continuum* (Dodge, Colker, & Heroman, 2002a), observations of children’s performance and behavior, and a checklist that is completed three times a year.
4. **Parent involvement** through parent meetings, two parent-teacher conferences annually, and opportunities to participate in the center newsletter as well as to borrow books from the library. The first parent meeting is expected to inform parents about the Illinois Early Learning Standards and PFA. Centers are also expected to provide a parent handbook.
5. **Community collaboration**, which has two goals: to form relationships with other services in the community to help families address their needs and to facilitate children’s transition to kindergarten.

The teaching team in each classroom is expected to meet weekly to discuss lesson plans and to plan activities. In addition, IAFC requires that the team members participate in its workshops and maintain a professional development plan to obtain the required continuing education credits for recertification. IAFC encourages teachers to use Gateway scholarships and Great START to obtain these credits.

The two manager/coordinators visit their centers two or three times a month for a half-day visit. They help with room arrangements and order materials, assist teaching staff in developing lesson plans and implementing the curricula, and work with classroom teachers to address problems. They also observe the classrooms and provide coaching for the staff.

The managers/coordinators are responsible for identifying training needs and linking teaching teams to training opportunities. In some cases, these resources are workshops provided by IAFC; in other cases, the resources are provided by outside organizations. The coordinators offer workshops as well. They provide an initial one-day preservice training for all Community Connections teachers and assistants, which focuses on home visiting, as well as workshops on the *BLL* curriculum, although Scholastic provided the basic training for its curriculum. The coordinators also meet with the center directors on a regular basis.

**Home Visits.** The teacher and the assistant teacher make home visits to home-based caregivers twice a month on Fridays. They have a combined caseload of 16 caregivers, approximately 8 caregivers of children from the morning sessions and 8 from the afternoon sessions. The teacher and the assistant teacher visit separately: each visits four homes on a Friday. The visits, which are intended as supportive rather than as monitoring, last approximately an hour. All of the visits are conducted in English. (Only two of the nine sites have Spanish-speaking caregivers, all of whom are bilingual in English and Spanish.)

The goals of the visits are (1) to promote child-caregiver communications that support the acquisition and use of language and literacy skills, and (2) to promote a developmentally-appropriate, print-rich environment in which children learn about books, literature, and writing. The visitors bring activities, materials, and books for both the preschoolers and the infants and toddlers. They also provide information about health and safety, as well as community events.

In addition to discussing specific child development or child care issues that a caregiver may raise, the visitors help the caregiver coordinate her planned activities with the classroom activities. The BLL curriculum uses themes, so it is easy for the caregiver to extend those themes in her home and community.

The visit ends with a discussion about the key points that have been discussed. The discussion is structured around four concepts—key observations, parent perspectives, provider strengths, and provider follow-up—based on the *Supporting Care Providers through Personal Visits* (Parents as Teachers National Center, 2002) curriculum. A record is made of each visit.

As noted earlier, the Community Connections staff provide the initial training on home visiting for the teaching team. The original idea was to use *Supporting Care Providers through Personal Visits*, but the teachers were more effective at sharing classroom activities rather than implementing an entirely different curriculum on caregiver visits. The Assistant Director and Program Manager also make occasional visits along with the teachers or assistant teachers to observe them and to provide them with technical assistance.

**Parent Services.** Parents meet with the classroom teachers twice a year in October and March to discuss their children’s progress. The home-based caregivers are also invited to attend with the parents’ permission. Parents and home-based caregivers attend monthly meetings and other events at the center, where parents may also borrow books and materials from the lending library. Parents can participate in writing a center newsletter as well.

The Community Connections coordinators provide a variety of supports for the parent services. They order books for the lending library, help the teaching teams with scheduling the parent-teacher conferences, and help prepare the agendas and materials for orientation and other meetings.

## **Staffing**

Community Connections, which is housed in IAFC’s PFA unit, has a total of 22 staff members totaling 20 full-time equivalent positions. The central staff includes the director of PFA; the assistant director, who manages Community Connections; a project manager; and a planning and evaluation manager. All central staff devote half of the time to Community Connections. In addition, each of the nine sites has a certified teacher and a qualified teacher aide.

**Staff Qualifications and Training.** Community Connections has formal requirements for staff members who work in the program (Table 3).

New staff attend a 4.5-hour orientation that takes place over two days; it also serves as in-service training for existing staff. Agenda topics include an overview of the program, site visits, and curriculum, as well as training, data collection, and evaluation. In-service training takes place for one half-day each month. There is a track for teachers and another track for administrators. In addition,

IAFC pays for staff to attend conferences of professional organizations, as well as workshops that are relevant to their work.

**Table 3. Staff Qualifications: Community Connections Preschool Project**

Position	Qualifications
Director, PFA	Master’s degree in early childhood education or related field. Illinois Administrator’s certification preferred. At least five years’ experience managing early childhood education programs. Experience in budgeting required.
Assistant Director (Senior Project Manager), Preschool for All Programs	Bachelor’s degree in early childhood education or related field. At least five years’ experience in early childhood education, including significant time supervising or coaching teachers.
Project Manager	Bachelor’s degree plus a minimum of two years’ experience in early childhood education or related field.
Planning and Evaluation Manager	Master’s degree plus five years’ experience in planning, evaluation, or similar related field.
Certified Teacher	Illinois Early Childhood Certification
Teacher Aide	At least 30 semester hours of college plus two years’ experience in child care or early education.

Source: Community Connections Preschool Project.

### Fidelity Standards

Community Connections does not have fidelity standards.

### Data Collection

Community Connections collects a variety of data about the initiative, including:

#### Child Information

- Demographics
- Home-based care enrollment date and hours of care
- Center enrollment date
- Vision and hearing screening results
- Center attendance
- Assessment scores

- Kindergarten transition plan
- Home-Based Caregiver Information

#### Demographics

- Whether licensed or license-exempt
- Average number of children in care
- Ages of children in care
- Primary language spoken in the home
- Participation in the Child and Adult Care Food Program (CACFP)
- Accreditation status
- Affiliation with a provider association
- Reported use and perceived usefulness of materials and information provided by Community Connections

#### Child Care Center Information

- Demographics
- Number of children enrolled
- Number of children screened for vision and hearing
- Number of children with Individual Education Plans (IEPs)
- Number of Creative Curriculum Developmental Continuum Profiles current
- Creative Curriculum Implementation Checklist
- BLL Implementation Checklist
- Parent involvement records
- Staff qualifications
- Staff turnover
- Observed staff-child ratios

It uses the following forms to collect these data:

- Site readiness checklist
- Site information form
- Quarterly site visit form
- Provider visit record
- Monthly site report form

## Evaluation

An external evaluation of Community Connections Preschool Project as not been conducted. Beginning in fall 2009 Child Trends and the National Center for Children in Poverty plan to begin a pilot study of the initiative to help achieve it full implementation of the model, to inform program improvements, to determine if the effort is achieving its anticipated outcomes, and to identify key program elements. The pilot study will also inform a future study that will be conducted after the initiative is fully implemented. The pilot study will focus on implementation of the model, quality in home-based care and the centers, and perceptions and relationships among caregivers, providers, teachers, and parents.



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## GREAT BEGINNINGS

### SUMMARY

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Service Area	Marion County, Oregon
Category	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers; Family Child Care Providers; Child Care Center Staff
Annual Caregiver Enrollment	156
Dates of Operation	2007–Present
Annual Budget	\$62,222
Staffing (in FTEs)	3
Description	Great Beginnings provides home visits, training workshops, mental health consultation, and support for professional development.
External Evaluation	Western Oregon University conducted an implementation study of the program, including an assessment of enrollment rates, participant satisfaction, and participant self-reports of changes in knowledge and skills.

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## GREAT BEGINNINGS

### Community Context

Marion County has an estimated population of about 314,865 people (Proehl, 2008). The county is located south of the Portland metropolitan area and covers about 1,200 square miles. The county contains 20 cities, including the Salem, Oregon’s State capital. According to U.S. Census data, the county’s population is 71 percent White, non-Hispanic; 1 percent Black or African American, non-Hispanic; 1 percent American Indian; 2 percent Asian; 22 percent Hispanic or Latino; and 3 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$43,874; 15 percent of the population lives below the poverty line. Primary employers in the county are the state government, farming operations, and agricultural food-processing companies (Marion County, 2009).

Marion County has approximately 23,000 children under age 5 (U.S. Census, 2007). According to Great Beginning staff, there are an estimated 1,214 child care providers in the county; most—about 800—are exempt from regulation. The average monthly fees paid for full-time care for children ages birth to 5 in a family child care home in Oregon are \$450 to \$510 (Grobe & Weber, 2008).

### Policy Context

#### Regulatory Policy

The Oregon Employment Department—Child Care Division regulates child care in the state. Regulations for home-based child care divide providers into three categories: exempt, registered, and certified (Table 1).

**Table 1. Child Care Regulation in Oregon**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Oregon exempts several types of child care scenarios from licensing, including (1) providers caring for three or fewer children, not including their own children; (2) providers caring for any number of children from the same family, not including their own children; (3) care in the home of the children, and care provided by a child’s parent, guardian, or person acting in place of a parent; or (4) a person related to the child care children by blood, marriage, or adoption.
Registered family child care home	Homes with a maximum number of 10 children, including the provider’s own children are registered.
Certified family child care home	Homes with a maximum number of 12 children (16 children allowed with prior approval by the division), including the provider’s own children are certified. Certified providers are subject to annual inspections.

Source: Oregon Employment Department, Child Care Division.

## Subsidy Policy

Exempt caregivers and registered or certified family child care homes are eligible to receive child care subsidy reimbursement for eligible children. The Oregon Department of Human Services (DHS) requires providers receiving subsidies to be “listed” (Oregon Department of Human Services, n.d).<sup>3</sup> Registered and certified providers receive higher reimbursement rates than do exempt caregivers (Oregon Department of Human Services, 2007). All providers who meet specific training and education requirements are eligible to receive an enhanced rate equal to a 7 percent increase.<sup>4</sup> The Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children, identified as Nutrition First in Oregon, is open to registered and certified family child care homes only.

## Other State Quality Improvement Initiatives Available to Home-Based Caregivers

The Oregon Registry—Pathways to Professional Recognition in Childhood Care and Education—is a voluntary, statewide program to document and recognize the professional development of early childhood professionals operating in the state. It is a 12-step system with step 1 open to all providers who are registered or certified, meet the DHS requirements for the enhanced subsidy rate, or complete 12 hours of training in any of the core knowledge competencies.<sup>5</sup> Each step on the registry requires increased training, experience, and/or education. Step 5, for example, requires providers to have 70 hours of college coursework or training on their transcripts, and step 12 requires a doctoral degree in early child care and education or a related field.

## Program Sponsorship and Budget

### Sponsoring Agency

Great Beginnings is operated by the Mid-Willamette Valley Community Action Agency, a human services organization created in 1967 in response to the Economic Opportunity Act of 1964. Its services include a community action drug prevention network; Head Start; a community resource program; Low-Income Energy Assistance Program and other energy services; home youth and resource center; Nutrition First; Child Care Information Services (CCIS); and Child Care Resource & Referral (CCR&R) for Marion, Polk, and Yamhill counties. Mid-Willamette Valley Community

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<sup>3</sup>The process of being listed with the Department of Human Services (DHS) is separate from the licensing process with the Oregon Employment Department. In order to be listed with DHS, providers must meet requirements, such as being 18 or older; not being the parent or stepparent of the child, a parent of the child’s sibling if all live in the same household, a sibling younger than age 18 who lives with the child or is on the same TANF grant as the child; being registered or certified, if required by law; passing a background check; allowing DHS to inspect the site of care during the hours child care is provided; meeting the DHS health and safety minimum standards on the listing form; and agreeing to continue to meet those standards (Oregon Department of Human Services, n.d.).

<sup>4</sup>The following courses are required for the enhanced rate: Infant and Child First Aid, Infant and Child CPR, Food Handler’s Permit, and Recognizing and Reporting Child Abuse and Neglect (Oregon Center for Career Development in Childhood Care and Education, 2009a).

<sup>5</sup>The core knowledge competencies are Diversity; Families & Community Systems; Health, Safety, & Nutrition; Human Growth & Development; Learning Environments & Curriculum; Observation & Assessment; Personal, Professional, & Leadership Development; Program Management; Special Needs; and Understanding & Guiding Behavior (Oregon Center for Career Development in Childhood Care and Education, 2009b).

Action Agency employs 270 people and operates with a budget of about \$20 million from federal, state, and private sources.

## **Budget and Funding Sources**

The total annual budget for Great Beginnings is \$62,222. Marion County Children and Families Commission (MCCFC), DHS, and Chemeketa Community College fund the initiative. DHS and Chemeketa Community College contribute \$48,722, and MCCFC contributes \$13,500 for client incentives. On average, the cost per caregiver in 2008 was \$398, although the actual per provider cost varied depending on the type of service provided.

## **Initiative Design**

### **Goals and Logic Model**

Great Beginnings is a multipronged program offering home visiting, workshop training, consultation, and support for professional development for child care providers in Marion County, Oregon.

The concept for Great Beginnings emerged out of meetings between MCCFC and DHS about how to provide exempt caregivers with the necessary tools to prepare children to succeed in prekindergarten and kindergarten. The goal expanded to teaching certified and registered providers how to help infants and toddlers form healthy attachments, develop positive peer relationships, regulate their emotions, and safely explore their environment. To achieve these goals, Great Beginnings provides home visits, training workshops, consultations, and financial and in-kind incentives to home-based and center-based providers (Table 2).

A logic model for Great Beginnings is not available. However, evaluators examining the implementation of Great Beginnings developed, and included in the final report, an outcomes table documenting objectives, activities, evaluation outcomes, and accomplishments (Deardorff, Glasenapp, Stanley, & Kenyon, 2007).

### **Target Population**

Great Beginnings is open to all home-based caregivers, including exempt caregivers and registered and certified providers who live within the geographic target area for each service. Specific services are tailored to the needs of licensed exempt caregivers and regulated providers.

### **Recruitment Strategies**

Great Beginnings recruits caregivers for its Family, Friend, and Neighbor Project by obtaining the names of exempt caregivers who receive child care subsidies from DHS, distributing brochures, and making “cold calls.” The program recruits regulated providers for its professional development services through CCR&R activities and flyers posted around the community and at Chemeketa Community College.

**Table 2 . Program Components and Goals: Great Beginnings**

Program Component	Goal
Family, Friend, and Neighbor Project—Home Visits	Provide exempt home-based caregivers with an introduction to developmentally appropriate activities for children and to benefits of and procedures for becoming a registered or certified family child care home.
Family, Friend, and Neighbor Project—Training	Provide exempt home-based caregivers with 10 hours of instruction in providing developmentally appropriate activities for children and participating in the state subsidy and professional development systems.
Mental Health Consultation Project	Support home-based caregivers in addressing the needs of children with mental or behavioral problems by providing on-site guidance and referring them to services. The guiding concept for this project was that providers often were not prepared to identify children who might need additional supports or referral for more services.
Support for Professional Development	Provide incentives to registered and certified providers to continue professional development, particularly in the area of strengthening attachment between infants/toddlers and their provider, through courses offered by Chemeketa Community College.

Source: Great Beginnings.

### Services

Great Beginnings provides services to home-based caregivers through the Family, Friend, and Neighbor Project, Child Care Infant Mental Health Consultant Project, and Support for Professional Development (Table 3). Each of these components is described in more detail below.

**Family, Friend, and Neighbor Project—Home Visits.** Exempt caregivers can receive an unlimited number of home visits; most, however, receive 2 visits over a three- to six-week period. During the first home visit, staff discuss the Great Beginnings 10 workshop training strategies for building a quality child care environment, and steps for registering with DHS and gaining access to other local and state resources. During the second home visit, staff continue to discuss topics addressed in the first home visit, answer questions caregivers may have, and provide handouts or other materials. Staff report that caregivers often spend the second visit asking questions about local and state resources. During this visit, caregivers also receive a “welcome kit,” containing a baby safety kit, first aid kit, two age-appropriate activities or toys for the children in the home, construction paper, white computer paper, crayons, and markers. Each home visit lasts 70 minutes and occurs during various times of the day. The program aims to complete 160 home visits every six months, 50 of which should be first-time visits with caregivers. From January to May 2008, the staff conducted a total of 177 home visits.

**Table 3. Enrollment, Eligibility, Service Intensity, and Incentive by Program Component: Great Beginnings**

Great Beginnings Component	Enrollment in 2008	Eligibility Requirements	Intensity and Duration of Services	Incentives
Family, Friend, and Neighbor Project—Home Visits	100	Exempt home-based caregivers of children ages birth to 5 in Marion County. Caregivers in neighboring Polk and Yamhill counties also are eligible.		“Welcome kit”
Family, Friend, and Neighbor Project—Training	20	Exempt home-based caregivers of children ages birth to 5 in Marion County.	Ten 2-hour workshops (held once a week) over 2.5 months.	Free meals during the training sessions Reimbursement for child care and travel to and from the training  One-time \$250 cash payment for attending all 10 basic child care training workshops
Child Care Infant Mental Health Consultant Project	20	Registered or certified centers or home-based providers in Marion County.	Two visits or contacts by telephone, for 45–60 minutes, with a licensed clinical social worker	None
Support for Professional Development	16	Registered or certified centers or home-based providers in Marion County.	Total of 60 hours, per course duration varies from 2 to 10 hours	One-time \$250 cash payment for attending all 60 hours of training

Source: Great Beginnings.

**Family, Friend, and Neighbor Project—Training.** In addition to home visits, Great Beginnings invites caregivers to attend a series of 10 free workshops, conducted twice a year with the assistance of various community partners (Table 4). The workshops are held in classrooms on the Chemeketa Community College campus. The development of the curriculum was a collaborative effort between faculty of Chemeketa Community College, MCCFC, and CCIS, and the program partners with other CCIS programs and outside organizations to lead training sessions (Table 4). Participation in the workshops provides exempt caregivers with the training necessary to enroll in step 1 of the Oregon Registry. Those already enrolled can use the training to progress to step 2, which requires 8 hours of training. Great Beginnings staff report that, despite the benefits, it is a challenge for caregivers to attend all 10 workshops.



**Table 4. Workshop Topics: Great Beginnings**

Curriculum Topic	Contents	Community Training Partner
DHS and You	General information about DHS. Information about steps to receive DHS payments. Filling out billing forms. Information about receiving the enhanced rate. How to get payments more quickly. Whom to go to for help with payments or other DHS issues.	Representative of DHS
Early Brain Development	Overview of attachment theory. Importance of connection and attachment. Early stages of development. How attachment affects development. Activities to promote healthy brain development.	Trainer from a local <i>Zero to Three Partnering with Parents</i> program
Infant Care	General infant care. Routines. Proper bottle use. Information about walkers. Information about swings. Information about bonding.	Representative of Healthy Start or Head Start
Nutrition	General nutrition overview. Proper formula preparation. Proper food preparation. How to access USDA for food reimbursements.	Representative of the Nutrition First program
Social/Emotional Needs of Young Children	General social/emotional development overview. Strategies for soothing infants. Self-regulation techniques for young children. Guidance strategies. Importance of reinforcing and appropriate strategies.	Community Trainer-Building Blocks of Social & Emotional Development
Reading/Language Development	General reading/language development overview. Techniques to facilitate early learning. Tips to identify opportunities for development of language skills. Tips for supporting early reading skills.	Teaching Research Institute faculty

Table 4 (continued)

Curriculum Topic	Contents	Community Training Partner
Understanding Toddlers	General information about toddlers. Meeting toddlers' needs. Creating a nurturing environment for young children. Designing spaces for toddlers. Strategies for encouraging independence while also providing a safe haven for toddlers. A shift from seeing children's behavior to seeing children's need for connection.	CCIS staff
Preschool Guidance and Ready-to-Learn Activities	General information on preschoolers' developmental milestones. Overview of school readiness. Practical activities for facilitating children's school readiness. Guidance strategies to facilitate children's readiness for school.	Teaching Research Institute faculty
Stress Management	General information about stress. Importance of stress management. Strategies for self-care.	Representative of Head Start program
Going the Next Step	General information about caring for children as a business. Reasons to consider becoming a business. Steps for becoming a business. Information about working with family members.	CCIS staff

Source: Great Beginnings.

**Child Care Infant Mental Health Consultant Project.** Great Beginnings offers the free services of a licensed clinical social worker who provides one-on-one assistance and consultation to exempt and regulated providers and makes referrals to resources for children and families who need mental health services. Once child care staff members identify children whose behavioral or emotional needs are inhibiting their ability to learn, they can call the consultant and schedule an appointment for an in-person visit. In 2008, the consultant conducted 20 visits, although several consultations occurred through 30-minute telephone conversations.

The consultant uses the *Promoting First Relationships* (PFR) curriculum to guide interactions with providers (Kelly, Zuckerman, Sandoval, & Buehlman, 2008). The PFR curriculum covers issues for helping caregivers build nurturing and responsive relationships with children in their care. It includes theoretical foundations of social/emotional development; strategies for working with parents, promoting trust and security in infancy, and developing toddlers' sense of self; and ways to understand challenging behaviors. It is available in English and Spanish (NCAST-AVENUEW, 2007). In early 2009, Great Beginnings began plans for adding consultations in Spanish to its menu of services.

**Support for Professional Development.** Great Beginnings supports registered and certified providers seeking continuing education and/or higher progression through the Oregon Registry. Chemeketa Community College provides 60 hours of professional development courses, over two

terms (or 6 months) (Table 5). Completion of the 60 hours qualifies providers for step 5 of the Oregon Registry. The courses also allow providers to earn continuing education units (CEUs).

**Table 5. Professional Development Courses: Great Beginnings**

Course	Hours
<b>HDF 249 Infant Toddler Development (3 CEUs)</b>	
Human Growth & Development	6
Health, Safety, & Nutrition	3
Learning Environments & Curriculum	4
Special Needs	3
Understanding and Guiding Behavior	4
Personal, Professional, & Leadership Development	4
Observation and Assessment	3
Families and Community Systems	3
<b>HDF 257 Home, School, and Community Networks (3 CEUs)</b>	
Learning Environments & Curriculum	2
Special Needs	8
Observation and Assessment	4
Families and Community Systems	10
Diversity	6

Source: Great Beginnings.

### Staffing

Great Beginnings operates with a core staff of five people for a total of three FTEs (Table 6). In addition, CCIS contracts with various community-based instructors (see Table 4) to teach workshops for its Family, Friend, and Neighbor project. CCIS also contracts with a licensed clinical social worker to conduct the consultations in the Mental Health Consultation Project; this person is paid \$50 for each hour of consultation. Chemeketa Community College supplies faculty to teach the professional development courses for registered and certified providers.

**Staff Qualifications and Training.** Great Beginnings requires home visiting staff to have a bachelor’s degree in early childhood development or early childhood/elementary education. As of early 2009, the program’s full-time home visitor had a master’s degree in early childhood education; the part-time home visitor had an associate’s degree and was working toward meeting the requirement.

There is no specific preservice training for staff. Ongoing training and professional development include regional CCR&R meetings or other related training.

**Supervision.** The program manager supervises home visiting staff through staff meetings and reviews of home visitor notes. The program manager does not observe home visits.

**Table 6. Staffing: Great Beginnings**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Project Director	The project director manages all aspects of the Great Beginnings project and is based in Chemeketa Community College.	Part-time (0.5 FTEs)
Project Manager	An employee of CCIS, the project manager supervises home visits, staff progress, and the program's budget. This position is based in the CCIS main office.	Full-time
Home Visitor	One full-time and one part-time staff person conduct home visits with exempt caregivers. The full-time staff person conducts visits with English-speaking caregivers, and the part-time person conducts visits with caregivers who need to receive the information in Spanish. Both are employees of CCIS and are based in the CCIS main office. In total, home visitor staff members spend 3 hours of their time for each home visit (preparation and the actual visit).	Full-time and part-time (1.5 FTEs)

Source: Great Beginnings.

### Fidelity Standards

The program does not have fidelity standards.

### Data Collection

Great Beginnings collects several types of data about its participants, child care arrangements, and service delivery:

- Demographics of enrolled caregivers
- Practices in communicating with parents
- Licensing status of participants with the Oregon Employment Department
- Participation in subsidy programs
- The number of children in care
- Satisfaction surveys on home visits and group training
- Participation in services and training attendance

The program also uses the following forms:

- Enrollment
- Family, Friend, and Neighbor Questionnaire
- Training Attendance
- Case Notes

- Travel Reimbursement
- Provider Stipend Invoice
- Family, Friend, and Neighbor Toolkit Project Pre-Survey (in English and Spanish)
- Family, Friend, and Neighbor Contact Log
- Workshop Satisfaction Survey
- Mental Health Consultation Contact Log

## Evaluation

CCIS contracted with the Teaching Research Institute of Western Oregon University to conduct an implementation evaluation of Great Beginnings between January 1 and June 30, 2007, the program's first six months of operation. The study examined whether the project met targeted recruitment goals and conducted retrospective surveys of 121 participants to learn about their satisfaction with services and self-reported changes in knowledge and caregiving practices (Deardorff, Glasenapp, Stanley, & Kenyon, 2007). Evaluators also examined other sources of information such as monthly reports to funders and anecdotes from participants. In addition to maintaining contact logs, data collection activities included:

- Consultation Retrospective Survey with 54 family, friend, and neighbor caregivers who received home visits to learn about self-reported changes in knowledge and behavior
- Workshop Retrospective Survey with 14 caregivers to assess knowledge gains at the end of each workshop; Final Retrospective Survey after all 10 workshops to learn about caregivers' expected changes in caregivers practices and environment
- Mental Health Consultation Retrospective Survey with 35 participants in Mental Health Consultation services on usefulness of the consultation; increased knowledge about making referrals; and self-reported perceptions of competency in meeting the social, emotional, and developmental needs of infants and toddlers
- Chemeketa Community College Class Surveys with 61 providers on participant satisfaction and knowledge of concepts taught in the courses.
- In-home observations using selected items from the *Family Day Care Rating Scale* (FDCRS; Harms & Clifford, 1989) with 12 of the 61 providers who completed the Community College Survey

Evaluators found that the project met or exceeded its enrollment targets for all components of Great Beginnings. The Family, Friend, and Neighbor Project, attracted relatives and friends who cared for children; caregivers with high school diploma GED or less education; and those who had less than six months experience providing child care. According to survey results, participants valued services received through all components of Great Beginnings, gained knowledge and skills, reporting changing caregiving practices, and reported being able to implement skills learned through the initiative. In addition, participations perceived Great Beginnings staff to be knowledgeable, supportive, caring, and professional.

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## HOME-BASED CHILD CARE MICROENTERPRISE NETWORK

### SUMMARY

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Service Area	New York, New York
Category	Quality Improvement and Support for Licensing
Target Population	Family, Friend, and Neighbor Caregivers; Family Child Care Providers
Annual Caregiver Enrollment	180
Dates of Operation	1991–Present
Annual Budget	\$2.7 million
Staffing (in FTEs)	29
Description	Home-Based Child Care Microenterprise Network helps women establish neighborhood-based child care by providing training, home visiting, tax and licensing assistance, and other resources.
External Evaluation	None

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## HOME-BASED CHILD CARE MICROENTERPRISE NETWORK

### Community Context

The Women's Housing and Economic Development Corporation (WHEDCo) developed the Home-Based Child Care Microenterprise Network in 1997 to provide training, home visiting, technical assistance, and tax and licensing assistance to women in New York City interested in starting their own child care businesses. New York City consists of five boroughs: Manhattan, the Bronx, Queens, Brooklyn, and Staten Island. The total population of all five boroughs is approximately 8.3 million people. The city's population is 35 percent White, non-Hispanic; 23 percent Black or African American, non-Hispanic; 12 percent Asian; 28 percent Hispanic or Latino; and 2 percent another or multiple races (U.S. Census Bureau, 2007). New York City has a high degree of income disparity. In 2005, the median household income in the wealthiest census tract was \$188,697, whereas in the poorest, it was \$9,320. Financial services account for more than 35 percent of the city's employment income. Tourism also is an important industry.

There are approximately 563,000 children under age 5 in New York City (U.S. Census Bureau, 2007). Since 2000, the number of children under age 5 living in Manhattan has grown by more than 32 percent.

In 2007, citywide, 3,508 family child care providers had the capacity to serve 17,540 children, and 2,888 group family child care providers had the capacity to serve 28,880 children (Child Care, Inc., 2008). In addition, there were approximately 20,000 license-exempt caregivers (family, friend, and neighbor caregivers). Annual tuition for child care based on the New York State market rate (which is set at the 75th percentile) ranged from \$9,100 for infants and toddlers under 18 months in group family child care to \$5,876 for older toddlers (ages 1½ to 2) and preschoolers in license-exempt care provided by family, friends, and neighbors (Child Care, Inc., 2008). For family child care, annual tuition was \$8,320 for infants and toddlers under 18 months, and \$7,800 for older toddlers and preschoolers; the tuition for older toddlers and preschoolers in group family child care was \$9,100 and \$8,320 respectively. Tuition for infants under 18 months in license-exempt care was \$6,240.

### Policy Context

#### Regulatory Policy

New York State divides home-based child care into three categories: license-exempt care, registered family child care, and registered group family child care. License-exempt care includes care provided by relatives as well as individuals who care for three or fewer children who are not related to them (Child Care, Inc., 2008). Family child care providers can care for as many as 6 children under age 13, including the provider's own children if they are not enrolled in school. There can be no more than 2 children under age 2. Group family child care providers can care for a maximum of 12 children, including the provider's own if they are not school age. There can be no more than 4 children under age 2, and there must be an assistant (Table 1). The New York State Office of Children and Family Services (OCFS), Division of Child Care Services, is the statewide regulatory agency. In New York City, the regulations are administered by the City Department of Health and Mental Hygiene, which makes visits to new providers. According to state regulations, family child



care providers must have 15 hours of health and safety training prior to registration, and 30 hours of training over a two-year period thereafter.

**Table 1. Child Care Regulation in New York**

Home-Based Care Setting	Summary of Requirements
License-exempt caregivers	Caregivers who care for one or two unrelated children or relative caregivers.
Registered family child care home	Individuals who provide care in their homes for no more than 6 children, including the providers' own children if they are not school age. There can be no more than 2 children under age 2.
Registered group family child care home	The maximum number of children in group family child care is 12, including the provider's own children if they are not school age. There can be no more than 4 children under age 2, and there must be an assistant.

Source: Child Care, Inc.

### Subsidy Policy

Both registered family child care homes and license-exempt caregivers can receive child care subsidy reimbursement for eligible children. The market rate structure for license-exempt caregivers reflects a standard market rate and an enhanced market rate. The standard market rate is set at 65 percent of the market rate established for registered family day care providers. This differential reflects the higher costs associated with meeting the stricter regulatory standards to become a registered family day care provider. To receive the enhanced market rate, license-exempt caregivers must complete 10 or more hours of training annually in the subject areas required for licensed and registered providers.

Local social services districts are allowed to establish differential payment rates for child care services provided by licensed or registered child care providers or programs that have been accredited by a nationally recognized child care organization. A district that chooses to offer a differential payment must indicate this in its Child and Family Services Plan and receive approval from OCFS. The differential rates established by the district may be up to 15 percent higher than the applicable market rates

In New York City, the Administration for Children's Services (ACS) administers the child care subsidy program. It contracts with registered family child care providers to provide care for eligible families, and it also provides vouchers for subsidized care for both license-exempt caregivers and registered family child care providers. In 2007, ACS provided subsidies for approximately 19,250 children in regulated family child care (both family child care and group family child care) and for approximately 40,400 children in license-exempt care (Child Care, Inc., 2008).

The Department of Health, Division of Nutrition, is the state agency that administers the Child and Adult Care Food Program (CACFP) in New York. CACFP provides reimbursement for meals and snacks for eligible children. Registered family child care homes and legally exempt caregivers who have an agreement with an approved CACFP sponsoring organization are eligible to participate (New York State Department of Health, Division of Nutrition, 2004).

## Other State Quality Improvement Initiatives Available to Home-Based Caregivers

OCFS supports several initiatives to improve quality in regulated family child care homes and other regulated settings. Among them are training through the state's child care resource and referral (CCR&R) agencies; scholarships through the Educational Incentive Program that can be used for workshops, conferences, credit-bearing courses, and credentials; and a monthly video teleconference series that is free of charge with 95 local downlink sites across the state (New York State Office of Children & Family Services, Division of Child Care Services, n.d.). Topics have included parent/provider communication, child abuse and maltreatment, children with special needs, emotional development of children, multicultural programming, arranging child care space, children and families in crisis, and managing children's aggression. Experts on the subject matter are available for discussion, explanation, and an interactive question-and-answer period for all who attend (Council on Children and Families, 2009b).

New York State's quality rating improvement system, QUALITYstars New York (QSNY) was in the planning phase in mid-2009 (Council on Children and Families, 2009a). Designed to recognize programs that demonstrate qualities that exceed New York's strong regulatory standards, it has five rating levels and four categories of standards. The one-star rating will be based on regulation, the five star on accreditation. The four standards categories are Learning Environment, Family Engagement, Qualifications and Experience, and Leadership and Management (Council on Children and Families, 2009c). Participation will not be required, but the initiative will provide support services and financial benefits for providers who choose to do so. The first phase of pilot implementation was planned for SFY 2008–2009.

## Program Sponsorship and Budget

### Sponsoring Agency

The Women's Housing and Economic Development Corporation (WHEDCo) was started in 1991 to help low-income families living in the South Bronx establish a healthy, financially stable future. WHEDCo has more than 180 employees and an annual budget of approximately \$7.9 million (Women's Housing and Economic Development Corporation, n.d.). The agency's Urban Horizons building houses 132 low-income and formerly homeless families and a health clinic, school, a Head Start Center, and other services. WHEDCo oversees a number of services designed to improve the community's economic development. Services are categorized into four areas:

- Home. Services include housing redevelopment and energy retrofitting.
- Family. Services include Head Start, youth education, and family support.
- Work. Services include the Home-Based Child Care Microenterprise and the Urban Horizons Kitchen.
- Community. Services include public policy advocacy and research and evaluation.

### Budget and Funding Sources

WHEDCo receives funding for the Home-Based Child Care Microenterprise Network (Home-Based Child Care) program from the Helena Rubinstein Foundation, Patrina Foundation, Mizuho USA Foundation, JP Morgan Chase Foundation, William Randolph Hearst Foundation, Liz

Claiborne Foundation, Merrill Lynch, Metlife Foundation, Citigroup, Gimbel Foundation, New York Women's Foundation, Rose M. Badgeley Foundation, United Way of New York City, USDA Child and Adult Care Food Program, NYC Department of Youth and Community Development, and the New York State Office of Children and Family Services. The total annual budget is \$2.7 million.

## **Initiative Design**

### **Goals and Logic Model**

The Home-Based Child Care Microenterprise Network was created in 1991 to provide training, home visiting, technical assistance, and tax and licensing assistance to women interested in starting their own child care businesses. The services offered are designed to establish a base to help providers maintain lifestyle balance and necessities in order to support the highest quality care for children in the Bronx and other boroughs. In addition to training providers, the program helps parents secure child care.

The initiative has two logic models—one for the services and training offered to help women develop child care businesses and provide high-quality child care (Figure 1), and another on financial training (Figure 2). As noted in the logic models, the goals of the services are to increase the child care skills of network members, improve the quality of child care offered in the catchment area, and improve the financial well-being of participating child care providers.

### **Target Population**

Home-Based Child Care serves mainly low-income women who are interested in establishing a neighborhood-based child care enterprise. Many of the women who participate in the program are Hispanic or Latino, but the program also serves a high proportion of African American participants. Most participants reside in the Bronx, although the program is open to providers in all boroughs. As of 2008, a number of providers were from Harlem and Brooklyn.

To become a member of the network, providers must be registered. The characteristics of the care provided differ by participant. For example, some offer care during traditional hours and some during nontraditional hours, such as nights and weekends. The number of children in care varies by provider as well.

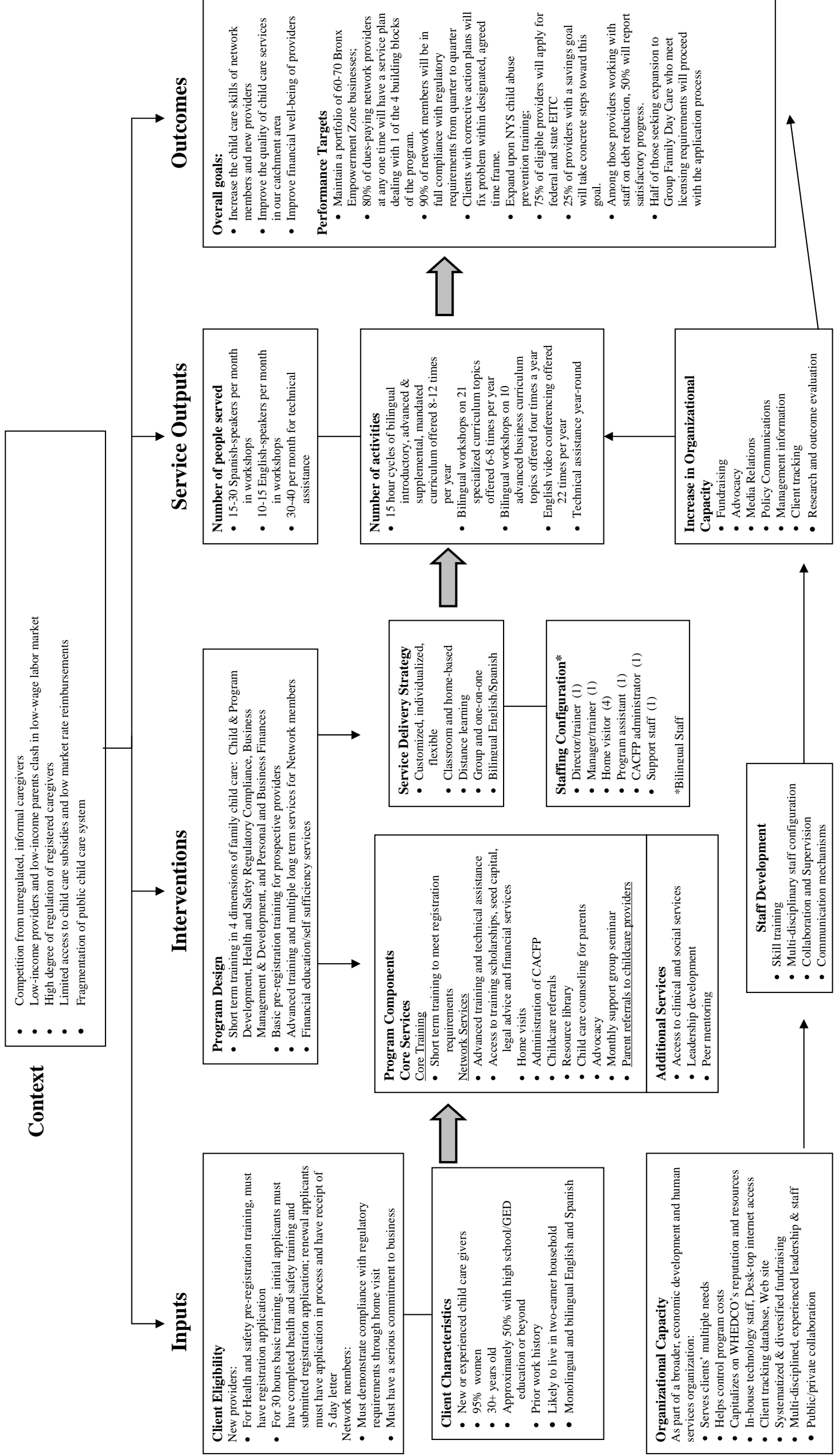
### **Recruitment Strategies**

Home-Based Child Care recruits providers by word-of-mouth, pamphlets, mailings, open house information sessions, quarterly brochures, referrals from licensing agencies, and WHEDCo's participation on conference panels.

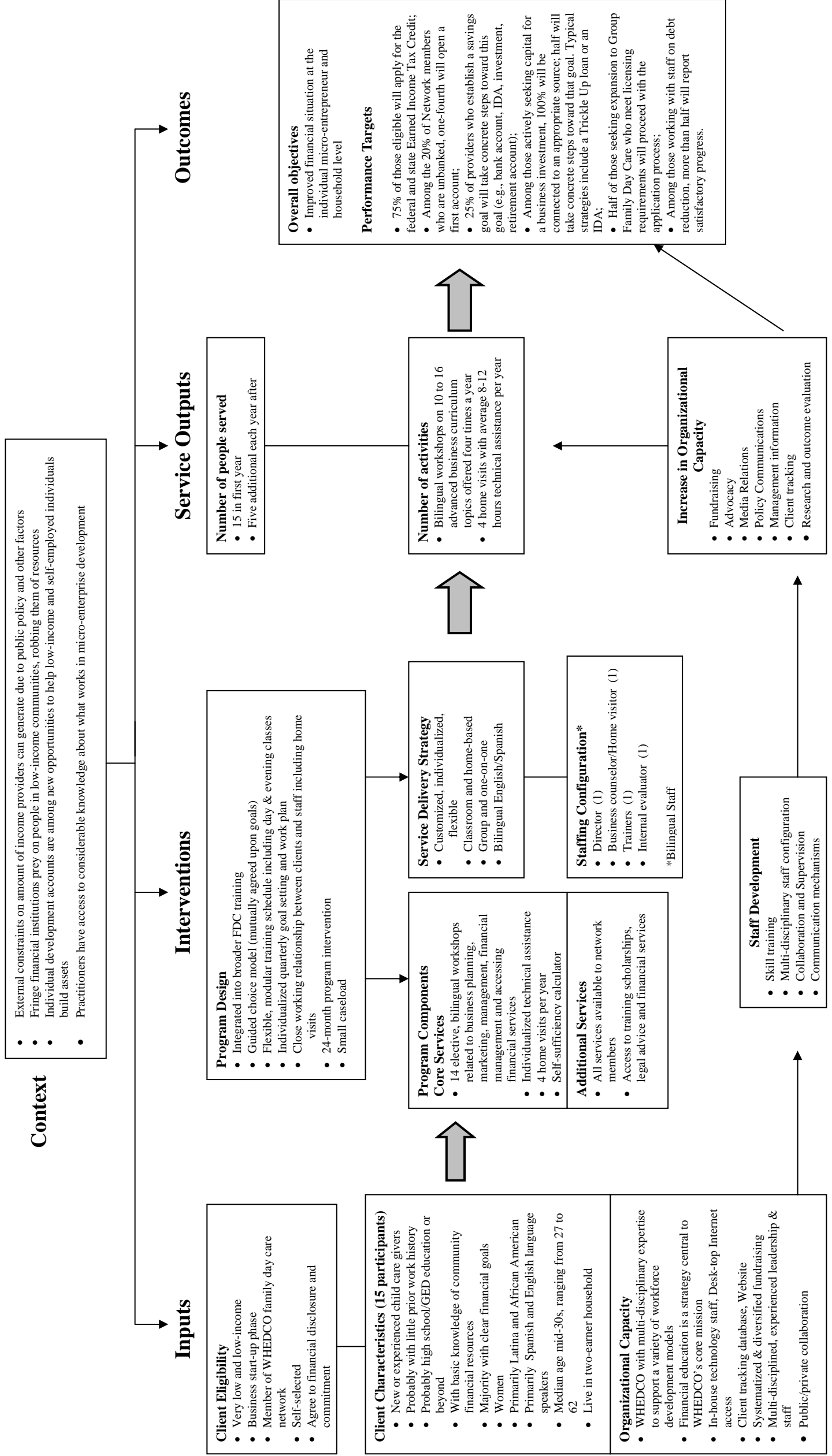
### **Services**

Home-Based Child Care provides training to help women establish neighborhood-based child care. In addition to the Family Day Care Training for licensed providers, Home-Based Child Care operates four additional programs, which include screening and enrollment of legally-exempt caregivers, training for legally-exempt caregivers, the Home-Based Child Care Network, and the Child and Adult Care Food Program (CACFP). In order for a provider to become a network

Figure 1: Program Logic Model: Family Day Care



**Figure 2: Project Logic Model for Family Day Care: Financial**



provider, she must participate in home visits, complete health and safety training, and create a service plan outlining her business and professional goals. Network providers pay a \$25 annual membership fee to WHEDCo.

In 2008, Home-Based Child Care provided services for 180 established family and group day care providers in the network, held 274 training sessions, and offered 296 hours in technical assistance.

**Training.** Home-Based Child Care offers training to anyone in New York City who is interested in becoming a registered family child care provider. Individuals who are interested must attend an orientation session on regulatory requirements. Staff trainers are available to review the registration application with the individuals so that they have an idea of whether they will be able to complete the entire process. They then offer a 15-hour health and safety training with a competency exam so that providers can begin to pursue their registration. The class is capped at 10 people and is offered bimonthly in English and Spanish simultaneously.

Home-Based Child Care offers 15-hour cycles of training series and a variety of individual workshops. The six main content areas align with the core body of knowledge and are nutrition and health needs, business management and development, child and program development, developing quality business, child abuse, sudden infant death syndrome, and financial education. Training topics include tax seminars, basic child development, literacy, and parent communication.

Home-Based Child Care also offers distance learning through the State University of New York (SUNY). The SUNY videoconferences are offered once a month at WHEDCo offices and last approximately two and a half hours. There are a total of 180 different topic areas. Among others, videoconferencing topics include All That Glitters, Beyond What Your Eye Can See, Child Abuse and Maltreatment for Mandated Reporters, Child Abuse and Maltreatment Prevention, Childhood Stress, Everyday Science, Infant and Toddler Development, Read It Again, and It Takes a Community. A facilitator sets up the room for the videoconference broadcast, and there is a test at the end of the session that is graded by SUNY.

To remain registered, providers must complete 30 hours of continuing education training every two years. The cost for trainings is based on a sliding income scale.

**Exempt Caregiver Enrollment and Training.** Exempt caregivers can participate in the program if they complete an enrollment process with Home-Based Child Care. Each interested participant receives an enrollment information packet that contains an emergency response information sheet, a health immunization schedule, exit drills in the home, information on preventing child abuse and malnutrition, information on health and infection control, and a list of regional OCFS offices. Caregivers who are interested can complete a 10-hour training series to receive an enhanced rate of pay. The trainings include topics such as child development, safety, nutrition, program/activities for children, and child abuse. Parents who are interested in using an exempt caregiver fill out an enrollment application. The applications are processed by WHEDCo, which reviews them for any missing information.

**Child Care Resource and Referral (CCR&R) Agency.** Home-Based Child Care acts as a CCR&R for the local community. The agency refers parents to network providers who have space available. Home-Based Child Care also refers parents to local agencies that may have child care spaces available.

**CACFP.** WHEDCo is a sponsoring agency of the CACFP. Federally funded through the USDA, CACFP is available to any registered family child care home, registered group family child care home, or exempt caregiver who is caring for a subsidized child. Participants must complete 30 hours of state-mandated nutrition training biannually and agree to an initial home visit. Home-Based Child Care ensures compliance by providing oversight of the program. The day care case managers make unannounced home visits to ensure that the providers are providing proper nutrition and record keeping. In 2008, a total of 558,397 individual meals were administered through CACFP, which reimbursed child care providers a total of \$805,020 for their meal expenses.

**Home Visits.** The home visitor conducts an initial visit to network applicants, which includes completing a health and safety checklist, and the provider must be in compliance with the state regulations. If the provider is not compliant, Home-Based Child Care sends out a corrective letter with a time line to correct the issues. Home visits then take place quarterly. The home visitor and provider set up goals, next steps, and new activities for the children. The amount of time that the day care case manager spends with each provider depends on the nature of visit. If the children are at the home at the time of the visit, a follow-up appointment is made and two home visitors come the next time so that one staff member can care for the children. Visits cover a range of topics, including financial or technical assistance. In 2008, WHEDCo program staff conducted 677 visits to 202 providers.

**Other.** Home-Based Child Care provides a quarterly network meeting that is open to all providers, two annual social events, and a caregiver appreciation day.

## **Curriculum**

Home-Based Child Care uses the *Creative Curriculum* for some of its training. It also has developed its own curriculum materials, which include the following topics:

- Early Childhood Development
- The Basics of Nutrition
- Marketing
- Program Development
- Health and Safety
- Financial Education Training
- Literacy

## **Staffing**

Home-Based Child Care employs 29 full-time equivalents spread across 32 staff, including a program director, 10 child care case managers (home visitors), 5 health and safety trainers, and 16 support staff. Support staff include 8 part-time mentors, and health and safety trainers from the State Department of Health, CACFP administrators, technical support assistants, and legal support.

**Staff Qualifications.** The required qualifications for the program director, health and safety trainers, and day care case managers are described in Table 2.

**Table 2. Staffing: Home-Based Child Care Microenterprise Network**

Position	Qualifications
Program Director	<ul style="list-style-type: none"><li>- Knowledge of family day care</li><li>- Experience facilitating and training groups</li><li>- Bilingual in English and Spanish</li><li>- Bachelor's degree preferred with a background in early childhood education</li></ul>
Health and Safety Trainers	<ul style="list-style-type: none"><li>- Bilingual in English and Spanish</li><li>- Computer skills</li><li>- Background in early childhood education</li><li>- Bachelor's degree in early childhood education or elementary education preferred</li></ul>
Day Care Case Managers	<ul style="list-style-type: none"><li>- Bilingual in English and Spanish</li><li>- Ability to write English and Spanish</li><li>- Familiar with Access, Excel, and Microsoft Word</li><li>- Background in early childhood education or elementary education</li><li>- Bachelor's degree in education, human services, or similar field preferred</li></ul>

Source: Home-Based Child Care Microenterprise Network.

**Training.** All new staff employed by Home-Based Child Care must complete a training course that consists of five different training sessions and lasts approximately three weeks. Some training topics include food safety, infection control, creating a healthy environment, and competent direct supervision. After the first 30 days of employment, each new staff member undergoes a review process.

**Supervision.** Each day care case manager has a case load of approximately 45 to 50 providers. The day care case managers meet with the program director on a weekly basis to discuss case notes, service plans, and any questions from providers. The trainers meet with the program director at least once every three months.

### **Fidelity Standards**

Home-Based Child Care does not have fidelity standards.

### **Data Collection**

Home-Based Child Care collects a range of information about the initiative from its newly enrolled providers, including:

- Demographic characteristics of providers such as marital status, race/ethnicity, education, and primary language
- Provider requests for additional services
- Number of providers in the network
- Number of children in care
- Number of CACFP meals provided



- Number of training sessions offered
- Number of hours of technical assistance offered
- Number of home visits offered

To collect the information, Home-Based Child Care uses a number of forms, including:

- Client Application and Assessment Form
- Financial Services Needs Assessment Survey (English and Spanish)
- Peer Group Survey (English and Spanish)
- Income Calculator Questionnaire
- Special Needs Workshop Series Questionnaire (English and Spanish)
- Family Day Care General Client Application and Assessment Form (English and Spanish)
- Family Day Care Network Provider Application (English and Spanish)
- Family Day Care Follow-Up Employment

## **Evaluation**

An external evaluation of Home-Based Child Care has not been conducted. The initiative assesses progress toward its goals on an annual basis. In 2008, an internal evaluation indicated that 80 percent of providers in the Network developed plans with personal business and professional goals; 96 percent were in compliance with regulatory requirements for health and safety; 94 percent filed for the Earned Income Tax Credit; 87 percent had savings goals and 90 percent of them made progress toward the goal; and 79 percent had debt reduction goals and 79 percent of them made progress towards the goal.

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## HOMELINKS

### SUMMARY

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Service Area	Hartford, Connecticut
Category	Quality Improvement and Support for Licensing
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	24
Dates of Operation	1997–Present
Annual Budget	\$83,000
Staffing (in FTEs)	1
Description	Homelinks provides home visits, technical assistance, and support for licensing and the CDA credential to home-based caregivers, as well as workshops for families.
External Evaluation	None

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## HOMELINKS

### Community Context

Hartford, the capitol of Connecticut, is located in the north-central part of the state on the Connecticut River. The city's population in 2005 was 118,655. The population is 17 percent White, non-Hispanic; 36 percent Black or African American, non-Hispanic; 2 percent Asian; 41 percent Hispanic or Latino; and 4 percent another or multiple races (U.S. Census Bureau, 2007). The median income for a family in 2007 was \$30,805. Approximately 28 percent of the families have incomes below the poverty level. Nicknamed the "Insurance Capital of the World," Hartford contains the headquarters of many major insurance companies, such as Traveler's and Aetna. In addition to insurance, manufacturers, such as United Technologies and Colt Firearms, play a major role in the economy. The three largest economic sectors are health care and social assistance, professional services, and government.

In 2005, approximately 8,900 children under age 5 lived in Hartford. The state had 2,773 licensed family child care homes in 2005, a decline of nearly 31 percent from 2000. A report on closures in the six-month period between July and December 2006 indicated that nearly 40 percent of the providers cited the desire for a career change as the reason for their decision (Oliveria, 2007). More than half of the families that receive child care subsidies use home-based child care: 44 percent of children are in arrangements with family, friend, and neighbor caregivers; another 12 percent are in licensed family child care (Oliveria, 2007). As of March 2009, Hartford had 129 licensed family child care homes with a capacity for 747 children (Connecticut Department of Public Health, 2009).

### Policy Context

#### Regulatory Policy

The Department of Public Health (DPH), the agency responsible for regulating child care, divides home-based child care into two categories: exempt care (family, friend, and neighbor care) and licensed family child care (Table 1). Relatives are exempt from licensing requirements, as are individuals who provide child care in their own home for more than three hours per day for no more than 1 child who is unrelated to them. Licensed family child care providers can care for a maximum of 6 full-time children as well as 3 school-age children before or after school. The number of children under age 2 is limited to 2 unless the family child care provider has an assistant. Group family child care providers can care for a minimum of 7 children and a maximum of 12 if the provider has an assistant or if she provides care in a facility other than a private home. Family child care providers are required to submit TB tests for themselves and any other adult members of the household and to complete a fingerprint check for themselves and anyone age 16 or older in the household. In addition, they must submit a certificate for first aid training.

**Table 1. Child Care Regulation in Connecticut**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Family members who care for related children and individuals who provide care for more than 3 hours per day for no more than 1 child who is unrelated to them.
Licensed family child care home	Family child care providers can care for as many as 6 children and an additional 3 school-age children. If there are more than 2 children under age 2, the provider must have an assistant. The provider must also comply with other requirements established by the state Department of Health.

Source: Connecticut Department of Health.

### Subsidy Policy

Connecticut provides Child Care and Development Fund (CCDF) reimbursement to license-exempt home-based providers and licensed family child care providers through its Care4Kids program (Child Care and Development Fund Plan for Connecticut, 2007). The reimbursement rates for family, friend, and neighbor caregivers are lower than those for family child care providers. Family, friend, and neighbor caregivers as well as licensed providers are eligible to participate in the Child Care and Adult Food Program (CCAFP), which provides reimbursement for meals and snacks for eligible children.

### Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Connecticut funds several quality improvement efforts for home-based caregivers. Connecticut Charts-A-Course (CCAC), its voluntary professional development system, contracts with agencies to offer a basic course for family, friend, and neighbor caregivers, as well as a range of courses for licensed family child care providers (Connecticut Charts-A-Course, 2009). Its scholarship program provides financial aid for participants, including those who are working on their child development associate (CDA) credential. CCAC also manages the state's Accreditation Facilitation Project, which helped family child care providers seeking National Association for Family Child Care (NAFCC) accreditation; five providers were NAFCC accredited in FY 2005–2006 (Connecticut Charts-A-Course, 2009).

In addition to CCAC's initiatives, the state funds School Readiness Quality Enhancement Grants through the Department of Social Services (DSS) and the Department of Education (DOE) (State Department of Education, n.d.). The funding is allocated to 19 priority school districts, including Hartford, through School Readiness Councils to improve the quality of existing early care and education programs. It can be used to help family child care providers improve the quality of care they offer to children, as well as for home visits; museum visits; training; and distribution of materials to family, friend, and neighbor caregivers.

Connecticut does not have a quality rating system that is linked to tiered reimbursement.

## Program Sponsorship and Budget

### Sponsoring Agency

The sponsoring agency for Homelinks is Catholic Charities of the Archdiocese of Hartford, a social service agency that serves 25,000 people annually through 42 locations in Connecticut. In addition to offering a wide range of services, Catholic Charities operates 12 early childhood centers, including two in the Greater Hartford area, one of which is located at the Southside Family Center.

The Southside Family Center is one of six family centers that were created as part of the Brighter Futures Initiative (BFI), a 20-year effort funded by the Hartford Foundation for Public Giving to prepare Hartford's children for school. The centers are intended to offer children and their families a variety of activities to support children's development, to help parents achieve their own personal and educational goals, and to strengthen communities. Each family center provides services in six core areas: (1) home visiting through the Nurturing Families program for parents and Homelinks for individuals who are providing child care; (2) parenting education and support; (3) parent-child interactions, such as family activity nights and family experiences that focus on children's language and social development; (4) adult education, including adult basic education, high school equivalency degree programs, and English as a second language programs; (5) parent advocacy; and (6) child care through drop-in centers or formal school readiness programs for children age 3 to 5.

Southside Family Center has been operating since 1997. With a motto of "Our House Is Your House," the Family Center is intended as a place where families feel welcome and comfortable. Located in Hartford's southwest neighborhood, Southside provides a variety of services for community residents, including a drop-in program where families can bring their children and meet other parents, workshops and parent education activities, and access to resource staff members who can provide one-on-one advice about a range of issues. The center is housed in a space with a reception center and information centers that are equipped with print and video information for parents and children.

#### Southside Family Center Services

- Nurturing Families home visiting program
- Full-day School Readiness Program
- GED classes
- Parent support groups and parenting classes
- Family literacy programs
- Parent leadership
- Homelinks for care providers
- Community events and family recreation activities
- Information and referral about other service providers

### Budget and Funding Sources

The total budget for Homelinks is approximately \$83,000 annually. It covers the cost of salaries and benefits for two part-time coordinators, materials for the participants, non-personnel costs such as rent and other overhead costs. The agency pays for cell phones for each of the coordinators; mileage is reimbursed at the federal rate. The initiative estimates an annual cost of \$3,400 per provider and \$1,981 per child based on a contracted rate of 24 home-based caregivers and 42 children. In the second half of 2008, the initiative provided home visits to 17 participants caring for 41 children.

Homelinks received funding from the Annie E. Casey Foundation's Making Connections program from 2004 until 2008. Additional funding was provided by the Hartford Mayor's Office of Young Children.

## **Initiative Design**

### **Goals and Logic Model**

The Southside Family Center's interest in participating in the Homelinks project was motivated, in large part, by its awareness that many families in the neighborhood were using family, friend, and neighbor child care because they did not trust child care centers. At the same time, the staff believed that many children were entering school unprepared. Homelinks could address this issue by enabling home-based caregivers to view themselves as teachers of the children in their care.

Homelink's goal is to enhance school readiness among children ages birth to 5 who are cared for by family, friend, and neighbor caregivers or licensed family child care providers through provision of weekly home visits for a six-month period. The home visits are intended to help home-based caregivers develop activities that will meet the Connecticut Preschool Curriculum Framework, a set of standards for preschool programs that were developed by the DOE's Bureau of Early Childhood Education and Social Services. The standards address four developmental domains: (1) personal and social development, (2) physical development, (3) cognitive development, and (4) creative expression/aesthetic development. Homelinks also aims to enhance parents' support for their children's development by increasing their knowledge and engaging them in workshops and other activities at the Southside Family Center.

The initiative's logic model identifies short-term outcomes for caregivers, as well as for parents and children (Table 2). It articulates the activities that are expected to lead to these outcomes, as well as anticipated evidence of change.

### **Target Population**

Homelinks aims to serve both family, friend, and neighbor caregivers and licensed family child care providers who provide child care to children ages 5 and under, although its primary target population is family, friend, and neighbor caregivers. Of the 17 participants Homelinks served in the second half of 2008, 11 were family, friend, and neighbor caregivers, and 6 were licensed family child care providers. Homelinks's service delivery area is the southwest neighborhood of Hartford, home to many low- and middle-income Hispanic and Latino families.

### **Recruitment Strategies**

Homelinks uses a variety of strategies to recruit participants for the initiative. It distributes fliers at the Southside Family Center and at schools, as well as other locations throughout the southwest neighborhood. It also markets the initiative at community events and advertises it on a local television station. Some participants call the office to learn more about the initiative after they have heard about it from someone who is receiving the home visits. One of the two Homelinks coordinators responds to the call with a series of questions about the number of children in care and the participant's regulatory status. Then she sets up an appointment for program enrollment.

**Table 2. Logic Model: Homelinks**

Expected Short-Term Outcomes	Evidence of Change	Program Activity	Number of Participants to Be Served	Frequency and Duration of Activity	Key Staff
Family day care providers will become early childhood educators and provide a safe, developmentally appropriate education.	Pre- and post-FCCERS  Homelinks coordinators' observation and feedback	Each family day care provider will receive technical assistance from the Homelinks coordinators in the areas of environmental safety, school readiness, and literacy development.	24 providers	1.5 hours weekly for up to 6 months.	Homelinks coordinators /volunteers
Children will show progress in developmental areas that assess their preparedness for kindergarten.	Early screening profiles: 3- to 5- year-olds  Ages & Stages: As scheduled	The Homelinks coordinator will provide early childhood education training and model desired teaching engagement techniques and developmentally appropriate activities with the provider and children served.  "Caring for Children in Family Childcare," Volume 1&2 <i>Parents as Teachers</i> curricula	42 children annually	1.5 hours weekly for up to 6 months.	Homelinks coordinators /volunteers



Table 2 (continued)

Expected Short-Term Outcomes	Evidence of Change	Program Activity	Number of Participants to Be Served	Frequency and Duration of Activity	Key Staff
Parents will support school readiness skills with their children.	<p>Feedback forms monitoring the parent's response to activities and take-home books for their at-home library</p> <p>Family Assessment Form within first month and every six months</p>	Take-home activities and books distributed for the children's home libraries will reinforce learning objectives that are being emphasized that week in the home day care.	40 families	Monthly	Homelinks coordinators
<p>80 percent of family day care providers will pursue early childhood education.</p> <p>60 percent of family day care providers will become licensed.</p>	<p>Referral logs</p> <p>Licensing obtained</p> <p>Early childhood education courses completed</p>	<p>Provide technical assistance in becoming licensed and or pursuing additional early childhood educational opportunities</p> <p>Providers will take education toward CDA and/or associate's degree in early childhood</p>	7 family day care providers	Weekly for 1.5 hours	Homelinks coordinators
33 percent of providers, parents, and children from the Homelinks program will engage in literacy-based activities and/or pertinent workshops, and special events at the center.	<p>Attendance logs</p> <p>Family Assessment Form</p> <p>Any other instrument associated with the program component they engage in</p>	<p>Curricula will depend on activity or workshop they participate in</p> <p>Field trips</p>	24 providers and 42 children annually; 33 percent achieving this goal	Monthly workshops 2 hours in duration	Homelinks coordinator

Source: Homelinks.

## Services

Homelinks' primary service delivery strategy is home visits to home-based caregivers. It also provides support for licensing and obtaining a CDA credential. These activities are supplemented with field trips for caregivers and their families, as well as other services such as workshops that are provided through the Family Center.

**Home Visits.** One of the Homelinks coordinators makes an initial home visit after the participant completes the enrollment forms. The purpose is to introduce herself and the program activities, as well as to gain a better understanding of the participant's expectations. The coordinator talks about the importance of a healthy and safe environment and begins to discuss how the initiative can provide support with issues related to the children. She also explains that she will make weekly visits, bringing materials each time.

The coordinator conducts weekly 90 minute visits for five or six months for a total of 20 to 25 visits. Because a significant proportion of the participants are monolingual or bilingual Spanish speakers, the visits are usually conducted in Spanish. In addition to materials from *The Creative Curriculum* (Dodge, Colker, & Heroman 2002) and *Caring for Children in Family Child Care* (Koralek, Colker, & Dodge, 2005), Homelinks uses the Parents as Teachers (PAT) *Supporting Care Providers through Personal Visits* (Parents as Teachers, 2002) curriculum, which provides information about ages and stages of development across the domains, as well as activities that parents or caregivers can do with children at the relevant developmental stage.

The coordinator models activities with the participants and the children at each home visit. She also brings health and safety equipment, such as outlet covers and fire extinguishers, as well as other materials such as books and art supplies to support the activities. In addition, she provides a monthly calendar of activities at the Family Center, which the participants are expected to give to the parents. In second half of 2008, 17 participants who were caring for 41 children were receiving the PAT home visits.

### Content of a Typical Homelinks Home Visit

Activity for the Day  
Skills/Concepts to Emphasize  
Materials to Use  
Assessment/Observation  
Problems Encountered  
Changes to the Environment

**Support for Licensing and Professional Development.** If participants are interested in becoming licensed, the coordinator will bring the DPH application to a home visit. She and the participant will complete it together, and Homelinks will help the participant complete the fingerprinting process. During the three months between the submission of the application and the DPH licensing visit, the coordinator will continue to work with the participant on improving the learning environment.

Homelinks also helps providers obtain their CDA credential by linking them to classes offered through Connecticut Charts-a-Course, the state's career lattice initiative. During the second half of 2008, it provided support to two providers who were working on their CDAs: one had submitted her portfolio; the other aims to complete the process in 2009.

**Excerpts from a Southside Family Center Homelinks Vignette**  
Impact for a Grandmother, Child, and Mother—2006 to 2007  
by Maria Carrero

*“Now he can’t stop talking!”* from a grandmother who participated in Homelinks

A grandmother caring for her two grandchildren—a toddler and a 4-year-old registered for Homelinks after hearing a presentation about it at the Hartford Public Library. She lived with her husband and her daughter, the single mother of the children.

During the initial visits, the coordinator observed that the television was on all the time, that there was little communication between the caregiver and the children, and that there were no books and only a few toys.

During subsequent visits, the coordinator asked the grandmother to turn the television off, explained the reason, and provided handouts from the *Creative Curriculum* on brain research. The grandmother found the resources helpful.

In each visit, the coordinator modeled activities with the toddler, who was the focus child, for the grandmother and the mother who was often present. The coordinator observed that the child barely used language, primarily uttered sounds, and pointed. Both the grandmother and the mother were concerned about the child’s language skills.

At the coordinator’s suggestion, the grandmother and the mother completed the *ASQ*. The coordinator helped them to interpret the findings, which showed low scores for communication skills and speech. She provided some simple activities for the family to do together, and suggested that the mother consult her pediatrician to schedule a physical examination. When the mother acknowledged that neither child had had a physical in the past year, the coordinator referred the mother to Charter Oaks Health Center and followed up until both children had been examined by a doctor. The doctor also expressed concerns about the toddler’s speech and referred the family to Birth to Three, the early intervention program in Hartford.

Birth to Three’s assessment was negative. To enhance the toddler’s speech, the coordinator encouraged the grandmother and the parent to read to him and to ask questions and name objects. She provided a variety of learning games, puzzles, and books to facilitate this support for language development.

After six months, the coordinator began to make monthly rather than weekly visits. The whole family enrolled in Southside: the 4-year-old was enrolled in the School Readiness center; the toddler was scheduled to enroll in it at age 3; the mother completed the Center’s transition to work program.

**Child and Family Assessments.** Homelinks uses the Ages and Stages Questionnaire (ASQ; Squires & Bricker, 2009) on a regular schedule with participants to assess children’s development. If the results indicate that the child should be evaluated, the coordinator suggests that the parents contact Birth to Three, the early intervention program in Hartford and follows up with the parent to ensure that an appointment was made. In addition, the staff suggest that the parent take the ASQ to the family’s doctor. Homelinks tracks the family’s medical home through questions about annual well-being visits. If the family does not have a regular doctor, it provides the phone number for HUSKY, the state’s child health insurance program, and suggests the name of a clinic.

BFI requires Homelinks to use several instruments to measure its effects. One is the Early Screening Profile (ESP) (Harrison et al., 1990). Between July 2005 and December 2008, 28 children from Southside were assessed with ESP. Follow-up assessments were conducted on 15 children. Another instrument is the Family Assessment Form, used to assess families’ parenting skills, basic needs, and social supports. The instrument, which is based on the Family Development Matrix, developed by the California Department of Community Services and Development and the Family

Assessment Form developed by the Children’s Bureau of Southern California, is administered one month after enrollment and every six months thereafter.

**Field Trips.** The initiative also offers field trips to places like the Science Museum at least twice a year. Homelinks rents a bus for the participants and their children as well as other participants from the Family Center. The trips are linked to topics in the curriculum. For example, one visit in 2008 was to the Science Museum. Before the trip, the coordinator introduces activities related to it; afterwards, she engages in formal reflection with the participants to help them integrate what they have gained into their practices.

**Services at the Southside Family Center.** The Family Center offers a variety of services that it encourages participants in Homelinks participants to use. In addition to those listed earlier, the Family Center offers a food bank; a diaper bank; and links to the Community Renewal Team, which helps families who are transitioning from welfare to work. The center also operates a small full-day School Readiness program for 20 three- and four-year-old children. Homelinks encourages participants to enroll their children in the program if spaces are available.

## Staffing

The Southside Family Center has a total staff of 13. The director is responsible for overall management and for overseeing the mental health consultant and the Nurturing Families staff, who provide services for parents. The Homelinks staff consists of two part-time coordinators, one of whom works 20 hours per week, and the other 25 hours. They report to the assistant director of the Family Center. A BFI consultant works with the staff on a regular basis, with a minimum of monthly visits.

**Staff Qualifications and Training.** Homelinks coordinators must have at least a Child Development Associate (CDD) credential. Both are bilingual in English and Spanish and have experience working with families. One of the coordinators is working on her associate’s degree. The other has an associate’s degree in early childhood education.

Although pre-service training is not offered for the staff, the initiative provides many opportunities for in-service training. Both coordinators have a certificate from PAT, as well as a Family Development Credential. In addition, one staff member has participated in training on the *Creative Curriculum*. Staff are expected to identify professional growth plans; the organization is expected to help them meet their goals through a training plan.

**Supervision.** Supervision is provided through regular staff meetings between the director and the Homelinks coordinators. In addition, the coordinators participate in monthly all-staff meetings.

## Fidelity Standards

Homelinks does not have fidelity standards, but it tracks the numbers of home visits provided and progress toward its short-term goals.

## Data Collection

As part of the BFI continuing evaluation of its Family Centers, Homelinks collects a wide range of data about participants, service delivery, and program participation, including

- Participant demographics, including language spoken at home, ethnicity, household size, educational background, employment status, number and ages of children, type of child care used
- Interest in specific types of training
- Number of participants served in Homelinks home visiting
- Number of participants who are working on or completed their CDAs
- Length of time in program
- Number of referrals to outside agencies

It uses the following forms:

- Family/individual enrollment forms
- Attendance forms
- Home-based day care provider survey
- Contact logs
- Family assessment
- Early Screening Profile
- Ages and Stages Questionnaire
- Family Assessments
- Well-child tracking
- Referrals
- Closure

## Evaluation

Homelinks has recently begun conducting pre- and post-observations with 11 items from the FCCERS (Harms & Clifford, 2007). The BFI consultant provided the training for the coordinators; no information is available on inter-rater reliability. Data were collected on a small sample of eight providers, including some at Southside, in late fall 2007 and early winter 2008. Post-assessments were supposed to be conducted in late fall 2008, but staff reported that the participants did not like the process and many declined to participate.

In addition, between 2005 and 2008, the Homelinks coordinators conducted pre- and post-developmental assessments of twenty-eight 3- to 6-year-old children with the Early Screening Profiles. The BFI consultant also provided the training on this instrument. The assessments showed significant gains in children's self-help and social skills, but decreases in children's motor skills.

Homelinks also has conducted pre- and post-Family Assessments with 58 providers and 32 families, some of whom participated in Southside. The findings indicated gains for caregivers and families in all three areas of parenting, basic needs, and social supports.

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## INFANT TODDLER FAMILY DAY CARE

### SUMMARY

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Service Area	Northern Virginia
Category	Quality Improvement and Support for Licensing
Target Population	Registered or Licensed Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	120
Dates of Operation	1983–Present
Annual Budget	\$205,000, not including a percentage of parent child care fees and a one-time family registration fee.
Staffing (in FTEs)	7.5
Description	Infant Toddler Family Day Care is a private non-profit family child care network licensed by the Commonwealth of Virginia to recruit, screen, train, and license providers to work in their homes as early childhood educators. The program provides ongoing training, home visits, and business support to providers in the network. The network also serves as a child care resource and referral agency for parents seeking child care.
External Evaluation	None

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## INFANT TODDLER FAMILY DAY CARE

### Community Context

The Northern Virginia area includes four counties (Arlington, Fairfax, Loudoun, and Prince William) and five independent cities (Alexandria, Falls Church, Fairfax, Manassas, and Manassas Park). In a census conducted in 2006, the combined population of Northern Virginia was 2,055,014, which was 27 percent of Virginia's estimated population at that time. The Northern Virginia area has a diverse ethnic makeup that includes Korean Americans, Arab Americans, Indian Americans, Latinos, and one of the largest African immigrant populations in America. Forty-six percent of residents in the five largest jurisdictions (Arlington, Alexandria, Fairfax, Loudoun, and Prince William) in Northern Virginia have a median income of \$100,000. The federal government is one of the primary employers in the area (Weldon Cooper Center for Public Service, Demographics & Workforce Group, 2009).

The state of Virginia has approximately 511,000 children under age 5 (U.S. Census Bureau, 2007). The average annual cost for an infant in a full-time family child care home is \$8,086, and for a 4-year-old, it is \$7,098. Statewide, there are 2,523 child care centers and 5,353 family child care homes. Of the family child care homes, less than 1 percent are accredited (National Association of Child Care Resource and Referral Agencies, 2009c).

### Policy Context

#### Regulatory Policy

The Virginia Department of Social Services, Division of Licensing Programs, regulates child care in the state. Regulations for home-based child care divide providers into three categories: exempt caregivers, voluntary registered family child care, and licensed family child care (Table 1).

**Table 1. Child Care Regulation in Virginia**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Caregivers who care for fewer than 6 children not including their own are not required to be licensed.
Voluntary registered family child care	A form of regulation offered to family child care providers who are not required to be licensed (they provide care for fewer than 6 children not including their own children and any children who reside in the home).
Licensed family child care	Providers caring for 6 to 12 children are required to be licensed.

Source: Virginia Department of Social Services.

#### Subsidy Policy

Exempt caregivers and registered and licensed family child care homes are eligible to receive child care subsidy reimbursement for eligible children. However, licensed family child care homes receive higher reimbursement rates than do exempt relative caregivers. Registered and licensed family child care providers can participate in the Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children.



## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

In mid-2009, Virginia was piloting the Star Quality Initiative, its quality rating and improvement system. At that time it was not yet open to home-based child care providers.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

The Infant Toddler Family Day Care network (Infant Toddler) is a private, non-profit organization that recruits, screens, trains, and licenses providers to set up independent family child care businesses in their homes to provide early child care and education to infants, toddlers, and preschoolers. Infant Toddler provides these collective management services to 120 family child care businesses. The network provides ongoing training, professional development opportunities, resource and referral services, and business support such as billing and distribution of child care fees to providers. Monthly home visits are made to providers during the first year of operation and then every other month in the second year of operation. Infant Toddler also is a part of the Virginia Child Care Resource & Referral Network (VACCRRN), maintaining a database of approximately 1,000 providers and serves as a resource for parents seeking child care.

Infant Toddler also administers two child care referral services for military families—a program for Marine families (National Association of Child Care Resource & Referral Agencies, 2009b) and another for families from the Army (National Association of Child Care Resource & Referral Agencies, 2009c). The services are funded by the National Association of Child Care Resource & Referral Agencies (NACCRRRA), which contracts with Infant Toddler to provide the services. The program for Marine families, Exceptional Family Member Program Respite Care, is designed to link families with children with special needs living at or near the Quantico Marine Base in Quantico, Virginia, with qualified respite care providers. Infant Toddler helps families identify providers and offers training to home-based providers who offer respite care for families of special needs children up to a maximum of 40 hours per month in the child's home. Providers are paid \$15 or more an hour based on their qualifications and are reimbursed for travel expenses. Some of the providers who participate in the program also are part of the Infant Toddler family child care network.

The child care resource and referral services program for military families was started because child care facilities on military bases were over capacity. Military families can receive subsidies for child care if they select an accredited child care center or family child care provider. Infant Toddler receives calls from military families that are looking for child care. Infant Toddler makes referrals of licensed child care providers who meet military standards. These providers must either have a national child development associate (CDA) credential or an associate's degree. Infant Toddler refers military families either to providers in the VACCRRN network or to family child care providers in its own network.

### **Budget and Funding Sources**

Infant Toddler receives funding from four sources: the CACFP, the Fairfax County Consolidated Funding Pool, child care and referral activities, and a percentage of the child care fees paid to family child care providers in the network. The initiative has received funding from the Cafritz Foundation and generates income from consulting services. The total annual funding without parent fees is approximately \$205,000.

## Initiative Design

### Goals and Logic Model

Infant Toddler began in 1983 as an effort to meet the need for child care for infants and toddlers among students attending Northern Virginia Community College by connecting parents with child care providers. The goals of Infant Toddler are to (1) improve child care quality by providing ongoing training to family child care providers in the network and (2) increase the number of licensed family child care providers in Northern Virginia.

Infant Toddler does not have a logic model.

### Target Population

Infant Toddler services are available to any caregiver who is interested in becoming a licensed family child care provider. Program staff reported that the program serves predominantly immigrant women. Most providers care for children between ages 6 weeks and 3.5 years.

### Recruitment

Infant Toddler relies heavily on word-of-mouth to recruit new providers and families. The network also advertises on the internet, and staff attend community cultural events to advertise the services.

### Services

Infant Toddler is a network of licensed family child care homes. Providers are considered independent contractors. The agency works with families to help them identify providers in its network who meet their needs for child care. To ensure the quality of the providers in its network, Infant Toddler requires new providers to participate in training, work with a mentor, and receive in-home support. In 2007, 107 providers participated in the network; 98 participated in 2008.

Caregivers interested in joining the network must attend a one-hour information session at Infant Toddler. During the session, each participant receives a packet with information on getting started, and a program coordinator reviews the requirements for network members (see Box).

#### Steps Required to Become a Member of Infant Toddler

- Review the Getting Started Packet
- Attend an upcoming Provider Information Session
- Visit with the Workforce Development Coordinator in your home
- Complete all required documents
- Attend training classes (4–6 weeks)
- Complete CPR and first aid training
- Work with a mentor to learn firsthand about child care (40 hours)

**Training.** To become a network member who is listed on the referral list, caregivers must complete 85 hours of pre-service training which includes CPR, First Aid, child development topics, English as a Second Language (ESL) courses, and business practices. All required training is offered at no cost to the provider. A Medication Administration Course is highly recommended but not required.

Infant Toddler offers a cycle of trainings four times per year, and all trainings are held at its office. Individual classes range in length from four to six hours. According to program staff, most providers are able to meet the training requirements in approximately six weeks. Trainings are

offered to providers free of charge, and refreshments are provided at all training sessions. After each training, providers are given a multiple-choice assessment that usually consists of 10 questions.

**Mentoring and Coaching.** Providers must enroll in 40 hours of mentoring and coaching with an approved provider in the network. The approved provider must have either a CDA or an Infant Toddler certificate. The trainee observes and shadows the mentor in the mentor's home. The mentor has a checklist of items (such as health, safety, and nutrition) that the trainee must understand and complete during the mentoring phase. The mentor then conducts a home visit to make sure the trainee has implemented required health and safety measures. Once trainees have completed the 40 hours of mentoring, they become members of the network.

**In-Home Support.** New providers to the network receive monthly home visits from Infant Toddler's early childhood teacher development coach for up to a year as needed. After that, they receive home visits every other month. Home visits range in length depending on the nature of the visit. The early childhood teacher development coach distributes information about each visit to the parents of children in the provider's care.

During the first visit, the early childhood teacher development coach completes a checklist of the care environment. The checklist evaluates whether the learning environment is developmentally appropriate and meets developmentally appropriate safety requirements (including window safety, fire safety, and outdoor safety). It also includes a review of program policies. Infant Toddler conducts annual evaluations of the home for as long as the provider is part of the network. If the home is not compliant, the provider receives a letter with an action plan and a time frame to become compliant. A provider who is unable to comply can no longer be part of the network.

**Other Services.** As noted earlier, Infant Toddler is an approved CACFP sponsor. Providers enrolled in CACFP receive reimbursement for serving nutritious meals and snacks to the children in their care. The program is free for providers, but they must submit menus regularly to be reimbursed for up to three meals a day (breakfast, lunch, snack, or dinner). The network also offers collective management for providers in its network: Infant Toddler handles the liability insurance, billing, screening, recruiting, and other business matters so that providers can focus on providing quality child care.

## **Staffing**

Infant Toddler has four full-time and seven part-time staff. Full-time staff include the executive director, associate director, staff liaison for the Marines contract, and a bookkeeper. Part-time staff include four professional early childhood teacher development coaches, one intake coordinator, one CACFP coordinator, and an accountant. Qualifications differ based on the job requirements, although all staff members who provide services to providers must have at least a bachelor's degree in early childhood development. Preservice and in-service training differ based on the position. New staff receive orientation about how the organization operates. Monthly staff meetings last approximately three hours.

## **Fidelity Standards**

Infant Toddler does not have fidelity standards.

## Data Collection

Infant Toddler collects a range of data about the initiative, including:

- Number of children in the program who enter and exit care
- Number of calls from parents interested in the program
- Information about how parents learned about the program and where parents live
- Number of months each provider worked annually
- Annual gross income for each provider

Infant Toddler collects these data using the following forms:

- Attendance forms
- Call Records
- Intake and exit interviews
- Provider surveys

## Evaluation

No formal evaluation of Infant Toddler has been conducted.

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## INFORMAL FAMILY CHILD CARE TRAINING PROJECT (IFCC)

### SUMMARY

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Service Area	New York, New York
Category	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	390
Dates of Operation	2003–Present
Annual Budget	\$482,000
Staffing (in FTEs)	4
Description	IFCC provides training and technical assistance to license-exempt (family, friend, and neighbor) caregivers to improve the quality of the care they provide.
External Evaluation	None

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## INFORMAL FAMILY CHILD CARE TRAINING PROJECT (IFCC)

### Community Context

New York City consists of five boroughs: Manhattan, the Bronx, Queens, Brooklyn, and Staten Island. The total population of all five boroughs is approximately 8.3 million people. The city's population is 35 percent White, non-Hispanic; 23 percent Black or African American, non-Hispanic; 12 percent Asian; 28 percent Hispanic or Latino; and 2 percent another or multiple races (U.S. Census Bureau, 2007). New York City has a high degree of income disparity. In 2005, the median household income in the wealthiest census tract was \$188,697; in the poorest, it was \$9,320. Financial services account for more than 35 percent of the city's employment income. Besides the financial industry, tourism represents a major sector of the economy.

There are approximately 563,000 children under age 5 in New York City (U.S. Census Bureau, 2007). Since 2000, the number of children under age 5 living in Manhattan has grown by more than 32 percent.

In 2007, citywide, 3,508 family child care providers had the capacity to serve 17,540 children, and 2,888 group family child care providers had the capacity to serve 28,880 children (Child Care, Inc., 2008). In addition, there were approximately 20,000 license-exempt caregivers (family, friend, and neighbor caregivers). Annual child care fees based on the New York State market rate ranged from \$9,100 for infants and toddlers under 18 months in group family child care to \$5,876 for older toddlers (ages 1½ to 2) and preschoolers in license-exempt care provided by family, friends, and neighbors (Child Care, Inc., 2008). For family child care, annual tuition was \$8,320 for infants and toddlers under 18 months, and \$7,800 for older toddlers and preschoolers; the tuition for older toddlers and preschoolers in group family child care was \$9,100 and \$8,320 respectively. Tuition for infants under 18 months in license-exempt care was \$6,240.

### Policy Context

#### Regulatory Policy

New York State divides home-based child care into three categories: license-exempt care, registered family child care, and registered group family child care. License-exempt care includes care provided by relatives, as well as by individuals who care for three or fewer children who are not related to them (Child Care, Inc., 2008). Family child care providers can care for as many as 6 children under age 13, including the provider's own children if they are not enrolled in school. There can be no more than 2 children under age 2. Group family child care providers can care for a maximum of 12 children, including the provider's own if they are not school age. There can be no more than 4 children under age 2, and there must be an assistant (Table 1). The New York State (NYS) Office of Children and Family Services (OCFS), Division of Child Care Services, is the statewide regulatory agency. In New York City, the regulations are administered by the City Department of Health and Mental Hygiene, which makes visits to new providers. According to state regulations, family child care providers must have 15 hours of health and safety training prior to registration, and 30 hours of training over a two-year period thereafter.



**Table 1. Child Care Regulation in New York**

Home-Based Care Setting	Summary of Requirements
License-exempt caregivers	Relatives who provide child care for children who are related to them, as well as individuals who care for no more 3 children who are unrelated to them.
Registered family child care home	Individuals who provide care in their homes for no more than 6 children, including the provider's own children if they are not school age. The maximum number of children under age 2 is 2.
Registered group family child care home	The maximum number of children in group family child care is 12, including the provider's own children if they are not school age. The maximum number of children under age 2 is 4. There must be an assistant.

Source: Child Care, Inc.

### Subsidy Policy

Both registered family child care homes and license-exempt caregivers can receive Child Care Development Fund (CCDF) child care subsidy reimbursement for eligible children. The market rate structure for license-exempt caregivers reflects a standard market rate and an enhanced market rate. The standard market rate is set at 65 percent of the market rate established for registered family day care providers. This differential reflects the increased costs associated with meeting the higher regulatory standards for registered family day care providers. To receive the enhanced market rate, license-exempt caregivers must complete 10 or more hours of training annually in the subject areas required for licensed and registered providers.

Local social services districts are allowed to establish differential payment rates for child care services provided by licensed or registered child care providers or programs that have been accredited by a nationally recognized child care organization. A district that chooses to offer a differential payment policy must indicate this in its Child and Family Services Plan and obtain approval from OCFS. The differential rates established by the district may be up to 15 percent higher than the applicable market rates.

In New York City, the Administration for Children's Services (ACS) administers the child care subsidy program. It contracts with registered family child care providers to provide care for eligible families, and it also provides vouchers for subsidized care for both license-exempt caregivers and registered family child care providers. In 2007, ACS provided subsidies for approximately 19,250 children in regulated family child care (both family child care and group family child care) and for approximately 40,400 children in license-exempt care (Child Care, Inc., 2008).

The Department of Health, Division of Nutrition, is the state agency that administers the Child and Adult Care Food Program (CACFP) in New York. CACFP provides reimbursement for meals and snacks for eligible children. Registered family child care homes and legally exempt caregivers who have an agreement with an approved CACFP sponsoring organization are eligible to participate (New York State Department of Health, Division of Nutrition, 2004).

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

OCFS supports several initiatives to improve quality in regulated family child care homes and other regulated settings. Among them are training through the state's child care resource and referral (CCR&R) agencies; scholarships through the Educational Incentive Program that can be used for workshops, conferences, credit-bearing courses, and credentials; and a monthly video teleconference series that is free of charge in 95 local downlink sites across the state (New York State Office of Children & Family Services, Division of Child Care Services, n.d.). Videoteleconference topics have included parent/provider communication, child abuse and maltreatment, children with special needs, emotional development of children, multicultural programming, arranging child care space, children and families in crisis, and managing children's aggression. Experts on the subject matter are available for discussion, explanation, and an interactive question-and-answer period for all who attend (Council on Children and Families, 2009b).

New York State's quality rating improvement system, QUALITYstarsNY (QSNY), is in the planning phase (Council on Children and Families, 2009a). Designed to recognize programs that demonstrate qualities that exceed New York's strong regulatory standards, QSNY has five rating levels and four categories of standards. The one-star rating will be based on regulation, the five-star on accreditation. The four standards categories are Learning Environment, Family Engagement, Qualifications and Experience, and Leadership and Management (Council on Children and Families, 2009c). Participation will not be required, but the initiative will provide support services and financial benefits for providers who choose to do so. The first phase of pilot implementation was planned for SFY 2008–2009.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

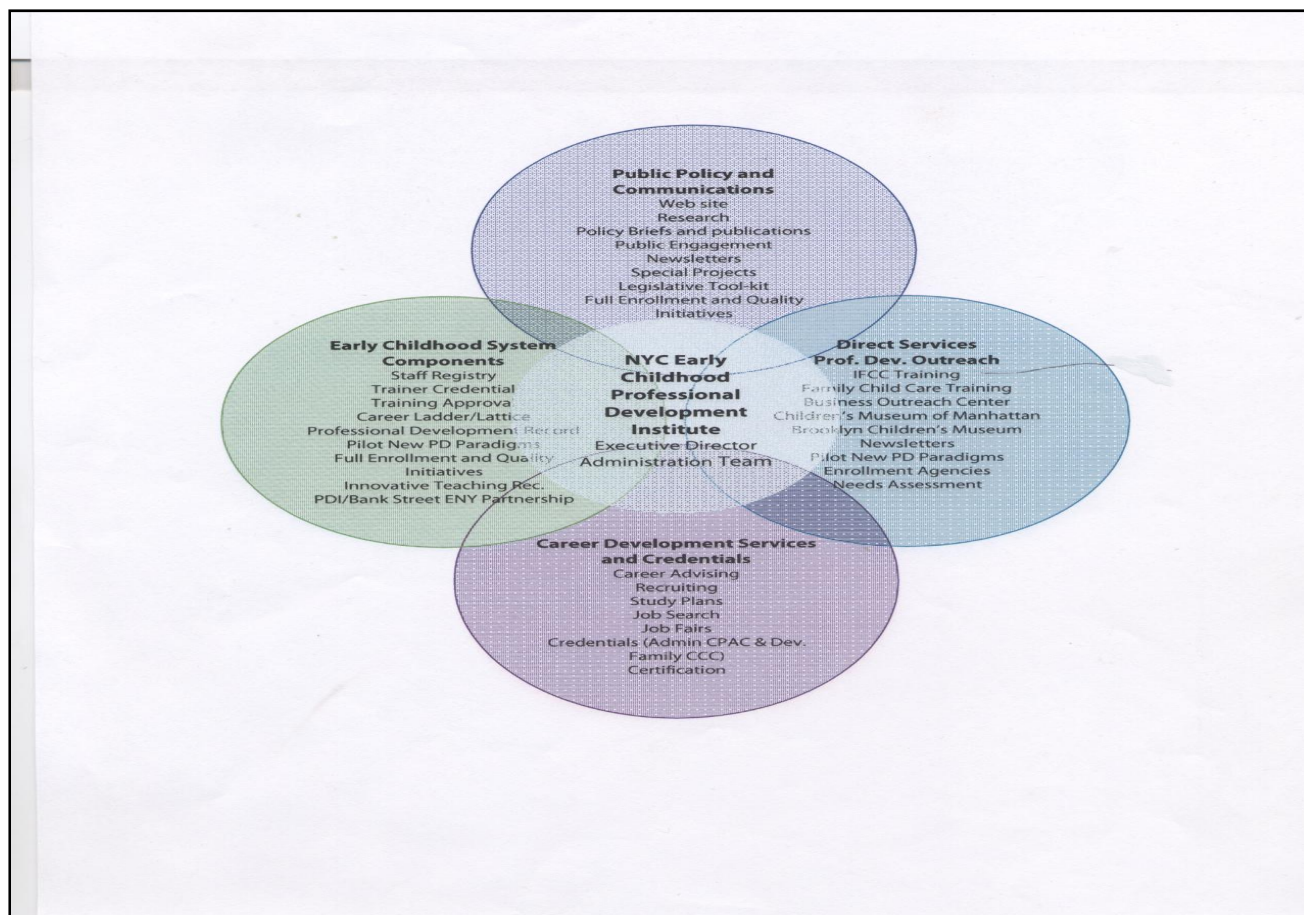
The governing agency for the Administration for Children's Services/City University of New York (ACS/CUNY) Informal Family Child Care Training Project (IFCC) is the NYC Early Childhood Professional Development Institute (PDI). PDI's mission is to ensure that all early childhood providers have access to a comprehensive system of professional development that supports high-quality child care for New York City's children and their families. PDI focuses primarily on child care for children from birth to age 5. The Institute has four major programs: Direct Services–Professional Outreach, which houses the IFCC; Public Policy and Communications; Early Childhood System Components; and Career Development Services and Credentials (see Figure 1). PDI also serves as a resource for caregivers in other agencies who serve additional language groups as needed. The institute has 12 full-time employees, and 9 part-time employees who work 10 or fewer hours per week.

The total annual budget for PDI is \$1.1 million. PDI receives support from a wide variety of funding sources, including the State of New York Department of Education, ACS, United Way, the Early Care and Education Fund, the New York Early Trust, and OCFS.

### **Budget and Funding Sources**

The total annual budget for IFCC is \$482,000. ACS funds the initiative.

**Figure 1. Program Areas: NYC Early Childhood Professional Development Institute**



Source: Professional Development Institute.

## Initiative Design

### Goals and Logic Model

IFCC was developed in response to concerns about the large number of young children whose families used child care subsidies for license-exempt child care. Jointly designed by staff at PDI and ACS, the initiative aims to improve the quality of care provided by license-exempt caregivers who care for subsidized children by offering training and resources as well as networking opportunities. In its early phases, IFCC contracted with several local organizations in four boroughs to offer services. Now all services are provided directly through IFCC.

A logic model for IFCC is not available.

### Target Population

IFCC serves only license-exempt caregivers who receive reimbursement from ACS for providing subsidized child care to eligible families.

## Recruitment

After a license-exempt caregiver is listed on the ACS subsidy system, PDI sends a welcome letter with information about IFCC and other resources available to the caregiver. The institute mails an average of 1,000 to 1,200 welcome letters to new caregivers each month (see Box).

Thank you for taking responsibility to care for and educate young children in New York City. The NYC Early Childhood Professional Development Institute (PDI), through its Informal Family Child Care Training Project (IFCC), is here to help you succeed!

## Services

The IFCC offers two primary services for license-exempt caregivers who provide child care to subsidized children: training and technical assistance.

**Training.** IFCC offers free training workshops for exempt caregivers one Saturday a month. Each workshop lasts approximately an hour and a half. The professional development workshop calendar with all the training topics is mailed to caregivers every six months. The calendar is printed in both English and Spanish. To attend, the caregiver simply has to complete and return the enclosed registration form for a session or multiple sessions.

There are always two sessions (A and B) in Saturday workshops. All workshop topics align with the NYS Core Body of Knowledge, OCFS training priorities, and the New York State early learning standards in development as of mid-2009. Subjects range from child development and nutrition to business strategies and licensing requirements. The IFCC also offers workshops on how to communicate with parents and on children's challenging behaviors. All workshops are offered by IFCC staff and consultants and conducted simultaneously in English and Spanish.

At each training session, IFCC distributes a packet with a gift related to the training, a book, and additional information to encourage the caregivers to use the information they have gained at home. If the topic is nutrition, for example, the caregivers might receive nutritious recipes in their packet of materials. If the topic is language development, they might receive puppets and books. Food is provided at every event. IFCC also offers raffles and drawings of items such as books and conference fees at some of the workshops. On a typical Saturday, 40 to 80 caregivers attend the training sessions. A total of 390 providers attended training sessions from October 2008 through March 2009 (Table 2).

**Table 2. 2008–2009 Training Attendance, by New York Site Borough: Informal Child Care Training Project**

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Bronx	102
Brooklyn	104
Manhattan (NYC)	50
Queens	131
Staten Island	3

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Source: Informal Family Child Care Training Project.

The IFCC also offers newly enrolled ACS caregivers a voluntary two-hour orientation, which covers two topics: payment and professional development. During the payment section, staff discuss reimbursement policies and procedures and try to respond to caregivers' questions and concerns. The professional development section focuses on the caregivers' responsibilities for increasing their knowledge and provides information about IFCC programs and services, as well as other resources available in the city. The orientations, which are provided simultaneously in English and Spanish, are offered twice a month during evenings and weekends. Locations vary, but they are held either at the IFCC/PDI office or borough-based sites. IFCC invites all caregivers who are new to the ACS subsidy list to attend; participation is voluntary. The number of caregivers who attend a typical session ranges from 20 to 40.

**Curriculum.** PDI, along with IFCC, has developed a wide range of curriculum topics to meet the needs of exempt caregivers in New York City. The training calendar for the first six months of 2009 includes the following topics:

- Becoming a Licensed Family Day Care Provider
- Language and Literacy
- Child Nutrition
- Setting Up Your Child Care Environment
- Cooking with Children
- Cognitive Development
- Social & Emotional Development
- Shaken Baby Syndrome (SBS) & Sudden Infant Death Syndrome (SIDS)
- Infection Control
- Emergency Planning
- The Important of Physical Activity
- Medication Administration Regulations
- Managing Tantrums
- Obesity Prevention
- Why Do Children Bite?

**Technical Assistance.** IFCC staff provide technical assistance to caregivers. For example, a caregiver may come into the PDI office for help with making a colored flier to market available openings in her care program. Staff may also help a caregiver post information about her business on [craigslist.com](http://craigslist.com).

IFCC offers an information phone line for caregivers who have questions on child care-related topics. The phone line is available during normal business hours, but calls transfer to voicemail after hours. Messages are retrieved and calls returned the following business day. From October 2008 through June 2009, IFCC received 659 calls to the information line.

The IFCC sends out a quarterly newsletter to 5,000 to 7,000 caregivers. The publication is in both English and Spanish. Each issue includes a top story, best practices, a “what’s new” section, and a “share your thoughts” section.

## **Community Partners**

The institute works closely with a number of organizations, including the Business Outreach Center (BOC), the Children’s Museum of Manhattan, and the United Federation of Teachers (UFT). The BOC offers a nine-week, 54-hour training series to help both legally exempt caregivers and licensed providers on all business matters. PDI training staff participate for four sessions on child development topics.

PDI has formed a number of partnerships with other organizations. For example, the partnership between the IFCC and the Children’s Museum of Manhattan began in June 2007. The program offers caregivers a free professional development opportunity and provides an enriching environment for the children in their care. Caregivers come alone for three, 2-hour training sessions on three separate Saturdays. The sessions are conducted simultaneously in English and Spanish. An IFCC staff member conducts the Spanish session and a Children’s Museum of Manhattan employee conducts the English session. On the fourth visit, the caregiver brings all the children in her care to explore and use the museum. This visit occurs on a day when the museum is closed to the public. After caregivers complete the four sessions, the museum gives them a free one-year membership to use the museum with the children in their care. The partnership serves about 30 caregivers during each fall and spring session.

PDI also co-sponsors an annual early childhood conference with the UFT. The conference is primarily intended for the UFT family child care provider members and primary teacher members. IFCC offers a small number of scholarships for license-exempt caregivers to generate interest. The sessions for the family child care providers are held in English and Spanish.

## **Staffing**

IFCC has three full-time staff: a project coordinator, a project associate, and a project assistant. The initiative also contracts with six consultants who conduct some of the training sessions and work for approximately six to twelve hours per month. In mid-2009, all staff had less than one year of experience working for IFCC.

**Staff Qualifications and Training.** All staff must have a background in early childhood education, but the IFCC does not require a specific degree for employment. Training for staff and consultants is provided on an as-needed basis.

**Supervision.** The project coordinator meets with the staff formally once a month and informally on an as-needed basis. Staff evaluations are conducted annually.

## **Fidelity Standards**

The IFCC does not have fidelity standards.

## **Data Collection**

IFCC collects a range of data on the initiative, including:

- Number of training sessions offered

- Number of caregivers who attend the training sessions
- Number of sessions that individual caregivers attend
- Length of time that a caregiver is active in the program
- Number of calls to the information line and the nature of the calls
- Number of newspapers mailed out

IFCC uses the following forms to collect these data:

- Caregiver participation records
- Workshop attendance forms
- Caregiver attendance records
- Information line logs

## Evaluation

IFCC has not been evaluated by an external evaluator. To assess and improve its services, IFCC asks caregivers to complete a satisfaction survey at the end of each training session to learn what the participants liked and did not like about the workshop and what the caregiver learned during the session (see Box).

ACS/CUNY Informal Family Child Care Training Project  
On-Site Professional Development Workshop Evaluation

Workshop Title: \_\_\_\_\_  
 Workshop Date: \_\_\_\_\_  
 Facilitator: \_\_\_\_\_

Please circle your response to the following questions.

1 = Strongly agree    2 = Agree    3 = Neither agree nor disagree  
 4 = Disagree        5 = Strongly disagree

1. The objectives of the workshop were clear:  
       1    2    3    4    5

2. The content of the workshop was relevant to my job:  
       1    2    3    4    5

3. The activities and materials from the workshop helped me better understand this topic:  
       1    2    3    4    5

4. The pace of the workshop was appropriate (not too fast or too slow):  
       1    2    3    4    5

5. What will you do differently as a result of having attended this workshop? How will you apply what you have learned to your work with children?

6. What do you think we should change or improve to make our workshops better?

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## LICENSE-EXEMPT ASSISTANCE PROJECT (LEAP)

### SUMMARY

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Service Area	Los Angeles County, California, including South Central Los Angeles, Inglewood, Gardena, Hawthorne, and Lawndale
Category	Quality Improvement and Support for Licensing
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	130
Dates of Operation	2001–Present
Annual Budget	\$250,000
Staffing (in FTEs)	2
Description	LEAP provides training, technical assistance, materials and equipment, and home visits for family, friend, and neighbor caregivers who seek to improve the quality of the care they offer or to become licensed, as well as for licensed family child care providers who seek to improve their businesses and child care quality.
External Evaluation	In 2001, an outside evaluator conducted an implementation evaluation to learn more about how participants learned about LEAP, their reasons for enrolling, and the activities that they found most useful.

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## LICENSE-EXEMPT ASSISTANCE PROJECT (LEAP)

### Community Context

Los Angeles is the largest city in California, and the second largest city in the United States. Founded in the 18th century, it was part of Mexico until 1848. The city includes many distinct communities; neighboring cities such as Inglewood and Hawthorne are considered part of greater Los Angeles.

The city had a total population of 3.8 million in 2007 (U.S. Census Bureau, 2007). The population is ethnically diverse: 29 percent White, non-Hispanic; 10 percent Black or African American, non-Hispanic; 10 percent Asian (primarily Chinese, Japanese, Vietnamese, and Cambodian); 48 percent Hispanic or Latino; and 3 percent another or multiple races (U.S. Census Bureau, 2007). In 2007, approximately 40 percent of the population was foreign born.

The median income for a family of four in 2007 was \$50,738. Approximately 16 percent of the families had incomes below the poverty level. Trade, transportation, and utilities; government, professional, and business services; and education and health services represent major sectors in the economy. Leisure and hospitality also play a major role.

Approximately 272,429 children under age 5 live in the city (U.S. Census Bureau, 2007). Home-based license-exempt care (family, friend, and neighbor child care) is the most common form of child care for infants, toddlers, and school-age children in the county (County of Los Angeles Child Care Planning Committee, 2007). Licensed family child care represents approximately 29 percent of the regulated child care supply in Los Angeles: countywide, there were 7,653 licensed family child care homes with a total of 77,583 spaces (California Child Care Resource & Referral Network, 2007). Nearly half—49 percent—of the providers speak Spanish; 13 percent speak Korean, Vietnamese, and other languages. The average annual cost of care for an infant in licensed family child care was \$7,784; for preschoolers, it was \$7,256.

The LEAP initiative serves Los Angeles County, with a particular focus on Inglewood and its surrounding neighborhoods. According to LEAP staff, Latinos represented the largest proportion of the population in this community—close to two-thirds—followed by African Americans, with 30 percent. Slightly more than half (55 percent) of the families in the target area speak Spanish at home. Manufacturing represents the most common type of employment. Nearly a fifth of all adults age 16 and older have jobs in local factories. Retail, health care, and education are other common sources of employment. The average per capita income, \$11,140, was less than half of that for the county as a whole. Families with incomes at or below the poverty level accounted for nearly 20 percent of the countywide poverty population. The number of individuals who receive welfare or food stamps accounted for close to 30 percent of those who receive public assistance countywide.

### Policy Context

#### Regulatory Policy

California has three categories of home-based child care: license exempt (family, friend, and neighbor child care), licensed small family child care homes, and licensed large family child care

homes. Family, friend, and neighbor caregivers are exempt from regulation under certain conditions. Relatives are license exempt as are individuals who provide care for children from a single family.

Individuals who provide care in their own homes for children who are not related to them and who are not in the same family must be licensed. For small family child care homes, the maximum number of children, including those less than 10 years of age who are related to the provider, is 8, if a minimum of 2 of the children are at least age 6, and there are no more than 2 infants. Small family child care homes can provide care for no more than 4 infants at one time or a maximum of 6 children, no more than 3 of whom can be infants.

The maximum number of children in a large family child care home is 14, if 2 of them are school age, no more than are 3 infants, and an assistant is present. (If no school-age children are present, the maximum is 12, with no more than 4 infants, and an assistant is present.) Small family child care homes and large family child care homes must undergo a background check before a license is approved. The California Department of Social Services, Community Care Licensing Division, Child Care Unit, is the licensing agency.

**Table 1. Child Care Regulation in California**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives and individuals who provide care in their own homes for children from a single family.
Licensed small family child care home	Individuals who provide care in their homes for children from more than one family must be licensed. The maximum number of children, including those under age 10 who are related to the provider, is 8, if a minimum of 2 of the children are at least age 6 and there are no more than 2 infants. Small family child care homes can provide care for no more than 4 infants at one time or a maximum of 6 children, no more than 3 of whom can be infants.
Licensed large family child care home	The maximum number of children in a large family child care home is 12, with no more than 4 infants, and an assistant, or 14 with 2 school-age children with no more than 3 infants, and an assistant is present.

Source: California Department of Social Services, Community Care Licensing Division, Child Care Unit.

### Subsidy Policy

California provides Child Care and Development Fund (CCDF) child care reimbursement to license-exempt home-based caregivers and licensed family child care providers through the CalWORKS program for families on welfare and the Alternative Payment Program (APP) for those who are no longer receiving public assistance. The reimbursement rates for family, friend, and neighbor caregivers are lower than those for family child care providers. Family, friend, and neighbor caregivers as well as licensed providers are eligible to participate in the Child Care and Adult Food Program (CCAFP), which provides reimbursement for meals and snacks for eligible children.

## Other State Quality Improvement Initiatives Available to Home-Based Caregivers

The California Department of Education’s Child Development Division (CDD) funds several initiatives for home-based caregivers. Two—the California Exempt Care Training (CECT) and the Child Care Initiative Project (CCIP)—are specifically intended for family, friend, and neighbor caregivers. CECT consists of four modules that are intended to enhance the quality of care that caregivers offer; CCIP focuses on licensing. In addition, CDD offers Healthline, a warm-line service that provides information about health and development issues to family, friend, and neighbor caregivers, as well as to licensed family child care providers and parents.

CDD also provides support for a number of initiatives for licensed family child care providers. Efforts that serve providers directly include PBS’s *Ready to Learn*, which provides information on how to use television appropriately, and the Family Child Care Association Project, which is intended to support the development of family child care associations to improve professional development of and reduce isolation among licensed family child care providers. In addition, the state funds several initiatives that aim to improve quality in licensed family child care settings by training trainers. Among them are the Program for Infant/Toddler Care (PITC) which provides training materials and training for trainers who work with licensed family child care providers and center teachers; PITC Partners for Quality Regional Support Network, which supports compensation of infant/toddler trainers to provide training and technical assistance; and *Family Child Care at Its Best*, a series of workshops provided by University of California–Davis (UC-Davis) that can earn licensed family child care providers continuing education credits.

Los Angeles County has a voluntary quality rating improvement system, which has five star levels. Licensed family child care providers are eligible to provide services for Los Angeles Universal Preschool (LAUP), a prekindergarten initiative for 4-year-olds funded by First 5 LA, if they meet the standard of three or more stars (licensing standards, Family Child Care Rating Scale scores, and teacher qualifications). In 2008, LAUP provided coaching through home visits and training to 125 licensed family child care providers.

## Program Sponsorship And Budget

### Program Sponsorship

Crystal Stairs, one of the oldest and largest child care resource and referral (CCR&R) agencies in the country, is the sponsoring agency for the License-Exempt Assistance Project (LEAP). Established in 1980 with a staff of 12, Crystal Stairs now has a staff of more than 300 and a budget close to \$140 million in CCDF funding. According to its 2007-2008 annual report, its mission is “to improve the lives of families through child care, research and advocacy.” It espouses several beliefs:

- “We believe that quality child care is an important societal issue, not just a responsibility of individual families. We believe quality child care and development services should be universally available and accessible.
- We believe how children are treated when young will significantly influence the kind of adults they become and the quality of life for all of us in the future.
- We believe that parents should be able to choose among a variety of child care service models.

- We believe child care needs a strong infrastructure in which government, business and civic organizations work together to develop policy and to plan and fund child care.”

Crystal Stairs serves south and southwest Los Angeles as well as the cities of Inglewood, Lawndale, Glendale, and Hawthorne. It offers services for families; family, friend, and neighbor caregivers; and licensed providers. In addition to referring families to licensed child care, Crystal Stairs manages the CalWORKS and APP subsidy programs. In 2008, a total of 1,789 licensed family child care providers (as well as 402 licensed child care centers) were listed in its database; the agency provided subsidy reimbursements to approximately 11,100 centers and providers monthly. It also provides information for families and providers about health issues and resources through its Child Health and Wellness program, and it operates a child care center.

Crystal Stairs offers programs for home-based providers and center-based staff. Through the LEAP initiative, it provides CCIP training workshops for individuals who seek to become licensed family child care providers, as well as for licensed family child care providers who aim to improve the quality of their care. LEAP also offers CECT workshops for family, friend, and neighbor caregivers. Between 2003 and 2008, Crystal Stairs was also engaged in an accreditation project that aimed to increase the number of providers who were accredited by the National Association for the Education of Young Children or the National Association of Family Child Care. Child care assistance payments through CalWORKS and APP represent the vast majority (92 percent) of the organization’s annual budget. Administrative costs account for another 5 percent. CCR&R services, the Child Health and Wellness program, and the child care center each represent 1 percent of the budget. Crystal Stairs depends heavily on public funding: 97 percent of its revenues are derived from federal and state sources, 57 percent and 40 percent, respectively. The remainder of the budget is based on fees for service and other grants and contracts.

## **Budget and Funding Sources**

The annual budget for LEAP is approximately \$250,000. Primary funding comes from APP administrative dollars, with additional funding from the CDD for CCIP and CECT. The budget covers the cost of the two LEAP staff members as well as program-related costs and overhead. Program-related costs include simultaneous translation equipment, at \$1,000; room rental for a large community space at \$50 an hour for each workshop; consultant costs that range between \$300 and \$400 on average for each training workshop; and \$7 to \$15 per trainee per workshop for materials that are provided to the participants at each workshop. The average cost per participant is approximately \$2,000 per year.

## **Initiative Design**

### **Goals and Logic Model**

LEAP was developed in 2001 in response to a staff member’s concern about the increasing number of families who were using their child care subsidies to pay for child care with family, friends, and neighbors. LEAP is based on the assumption—informed, in part, by research—that “these caregivers want training and support to ‘do a better job,’ and some want to become licensed to operate a family child care business.” The initiative grew out of an earlier Crystal Stairs project, Circles of Caring, funded by the Enterprise Foundation, which aimed to reach out to family, friend, and neighbor caregivers to encourage licensing. LEAP was among the first efforts to support these

home-based caregivers in California, and it influenced the development of the statewide CECT initiative.

LEAP has four primary goals:

- To provide outreach and support to license-exempt (family, friend, and neighbor) caregivers
- To gain more knowledge about the quality of care offered in license-exempt settings and share that knowledge with the child care community
- To enhance the overall quality of license-exempt care in targeted communities
- To strengthen parent-provider relationships

The project does not have a specific logic model. Because LEAP uses CCIP and CECT funding, it is required to identify specific goals annually for the caregivers who are licensed as family child care providers (recruits), the licensed family child care providers who have completed 25 hours of training (trainees), and the licensed providers who complete between 9 and 18 hours of training annually (retention providers).

### **Target Population**

LEAP's target population is family, friend, and neighbor caregivers who are interested in learning more about providing child care or in starting their own businesses, as well as licensed family child care providers who aim to strengthen their businesses or improve the quality of the care they offer. Because LEAP's primary goal is to support family, friend, and neighbor caregivers, they are regarded as the primary target population.

### **Recruitment**

Participants are recruited through mailings. In 2008, LEAP sent letters to 3,200 caregivers participating in the childcare subsidy system inviting them to participate in free trainings that would help them “do a better job with children” and that also would offer technical assistance to become licensed. The letters are signed by the project coordinator and include information about a kickoff orientation and training. A Provider Care Pack, which includes two each of early literacy books; writing boards with alphabet cards; shapes, numbers, and colors puzzles; games; and blocks as well as crayons, markers, pencils, pens, construction paper, paint sets, chalk, and scissors, sometimes is offered as an incentive to the first 50 responders.

### **Services**

LEAP has two full-time staff members—a program coordinator and a program specialist. The initiative offers a series of workshops throughout the year for family, friend, and neighbor caregivers, as well as for licensed family child care providers. A total of 60 hours are offered throughout the year. Optional home visits by LEAP staff also are available. The initiative offers CECT modules as well as CCIP training and technical assistance to participants who wish to become licensed. Resources, educational materials, and safety equipment also are provided. Participants receive a certificate of training for each workshop attended.

**Orientation.** Services begin with a three-hour orientation, which is held on a Saturday morning at a community space that Crystal Stairs uses for training. Participants receive a notebook with a LEAP folder as well as materials from CCIP if they are interested in starting the licensing process. The notebook also includes a quarterly calendar of Crystal Stairs' activities. The morning includes a training workshop on a topic such as health and safety to provide some information to participants.

**Training.** LEAP offers 60 hours of training in three-hour sessions on every other Saturday. It includes 25 hours of CCIP training, of which 12 hours are infant/toddler training, as well as 8 hours of CECT training (see CCIP profile). Both the CCIP training and the CECT training are offered by Crystal Stairs staff who have been trained by the network. Outside consultants are used to offer workshops on the UC-Davis *Family Child Care at Its Best* training and prekindergarten training, as well as special topics such as infant/toddler development, social/emotional development, and play. The coordinator is responsible for organizing the trainings and making arrangements with the trainers who offer it.

After the orientation, the coordinator sends a reminder about the trainings a week in advance to participants who have enrolled. Participants must register in advance to attend. They receive materials such as toys, puzzles, books, and arts and crafts or manipulatives at each session, as well as a certificate for completing it. The trainers also provide handouts in English and Spanish. In the past, the initiative provided transportation and child care as well, but these services are no longer offered as a result of funding constraints.

Most of the trainings are offered at Crystal Stairs' home office, which offers a corporate-style training room with easels, a screen, facilities for PowerPoint presentations, and a podium. Some training is offered at one of Crystal Stairs' neighborhood offices, which is located in a community space and has a theatre-style setup. It is easily accessible and free parking is available.

The trainers use different styles. Most of them include small group work or exercises in their workshops. Almost all of the trainings include an activity, such as "make-it-and-take-it." Simultaneous translation with portable transmitter and portable receivers is provided in all of the trainings.

On average, 30 to 60 providers participate in each training workshop. Family, friend, and neighbor caregivers are expected to complete 25 hours of training to achieve "trainee" status. Licensed family child care providers must complete 10 hours of training annually to achieve "retention" status. In 2008, a total of 130 unduplicated providers participated in the training workshops. A total of 33 became licensed, above the goal of 20. In addition, 32 providers reached "trainee" status, and 100 providers were invited back for retention.

**Curriculum.** LEAP uses the CCIP and CECT curricula materials, as well as the UC-Davis family child care training and other materials. CCIP topics include information related to licensing, such as taxes and marketing, as well as child development-related topics such as brain development, creating environments for infants and toddlers, developmental ages and stages, preliteracy, and working with children with special needs (see the CCIP profile). In addition, LEAP includes a module on caring for the caregivers and one on partnering with parents, which focuses on how to communicate with parents about their roles in supporting their children's development, how to involve them in child care, and how to address issues related to conflicts in child-rearing practices such as discipline.

The curricula include *The Family Child Care Handbook* (2007); *Look Who's Coming to Family Child Care: Infants & Toddlers* (1999); *Look Again: Infants and Toddlers in Family Child Care* (2004); and *El Comienzo—Second Edition* (2002). *El Comienzo* and *Look Again: Infants and Toddlers in Family Child Care* are available in Spanish (2004). *Look Who's Coming to Family Child Care: Infants & Toddlers* (1999) is available in Spanish, Chinese, and Vietnamese.

The CECT modules, which were specifically designed by the network for family, friend, and neighbor caregivers, cover four topics: (1) The Vital Role of the Caring Provider: Safety, Health and Nutrition; (2) Discipline, Guidance and Family Support; (3) Playing Is Learning; and (4) Family Literacy. In addition, there is a module for character education, which explores practical strategies for building on children's positive dispositions and urges participants to reflect on their family, their strengths, and their cultural and personal values, and another module, *Caring for Babies and Toddlers: Helpful Hints and Tips*, which is an adaptation of *Look Again: Infants & Toddlers in Family Child Care* for family, friend, and neighbor caregivers. Each module consists of a flexible lesson plan, key talking points, handouts, and worksheets. All materials also are available in Spanish.

**Home Visits.** The program specialist makes home visits to participants who are interested in becoming licensed. The visit focuses on the kinds of safety issues that the state licensing staff will look for, such as chipping paint or mold, as well as the importance of the posting of earthquake and fire drill information. In addition, the specialist provides advice on how to set up an environment for family child care and tips on how to operate a family child care home. She also brings some basic health and safety equipment such as a smoke detector, a first aid kit, and a whistle.

## Community Partners

LEAP works with several community partners to offer its workshops. It relies on outside consultants from UC-Davis, community colleges, and other agencies such as West Ed for some of the training and sometimes uses space in community agencies for the workshops. It also works with five First 5 LA agencies, including the Children's Bureau of Southern California, El Proyecto del Barrio, the Center for Non-Violent Education and Parenting, St. John's Well Child Family Center, and the Children's Collective to offer services at their sites.

## Staffing

The initiative is currently staffed by two full-time individuals: the coordinator and a specialist. In the past, the program also employed an additional specialist and an administrative assistant.

**Staff Qualifications and Training.** Job descriptions and required qualifications for LEAP staff are not available. The coordinator, who has been with LEAP since its inception, has a bachelor's degree in sociology and anthropology. The specialist has a bachelor's degree in early childhood education. The initiative relies on consultants for the training. They include Crystal Stairs' staff who have been trained by the network in CCIP and CECT, trainers from UC-Davis, and other experts.

New staff attend a general agency orientation. Both the coordinator and the specialist attend local workshops, meetings sponsored by the network, and conferences for in-service training. In addition, the coordinator attends national conferences of organizations such as the National Alliance for Family, Friend and Neighbor Child Care, the National Association for the Education of Young Children, and the National Black Child Development Institute.



**Supervision.** The coordinator reports on a regular basis to the manager of the resource and referral department of Crystal Stairs and meets quarterly with a representative of the California Child Care Resource & Referral network that oversees the CCIP and CECT projects that fall under LEAP. In addition, the coordinator and the specialist attend Crystal Stairs' mandatory quarterly all-staff meetings as well as monthly resource and referral staff meetings. The coordinator and the specialist work hand-in-hand on a daily basis.

## **Fidelity Standards**

LEAP does not have fidelity standards.

## **Data Collection**

Because LEAP is funded through CCIP, it collects data required by that initiative. This information includes:

- Goals by site for the number of recruits, trainees, and retention providers
- The number of recruits, trainees, and retention providers as well as the number of participants who speak English or another language
- The number of participants who engage in activities (one-to-one technical assistance through phone calls, home visits, trainings, and other activities) by type of participant
- The number of technical assistance calls and home visits offered

It collects these data through a variety of forms:

- Participant Record
- Goals Matrix
- Quarterly Progress Reports
- Year-End Narrative Program Progress Report
- Quarterly Statistical Report
- Cumulative List of Retention Participants
- Year-End Statistical Report

## **Evaluation**

In 2001, an independent contractor worked with LEAP to conduct an implementation evaluation to learn more about how participants learned about LEAP, their reasons for enrolling, and the activities that they found most useful (Wills & Shivers, 2001). A mail survey was used to collect the data. A total of 118 participants responded to the survey.

The findings indicated that word-of-mouth was the most common recruitment strategy. Information obtained by participants from other agency programs was the second most common strategy. Participants reported that they enrolled in the program because they wanted additional information (83 percent) and that they were interested in becoming licensed (69 percent). They

continued with the program for the same reasons, as well as because of the strengths of the staff. African American caregivers identified the workshops on business practices and positive discipline as most useful, whereas Latinas identified workshops on activities for infants and toddlers and discipline as most useful. Both groups identified licensing as the most important step they could take to improve the quality of their care.

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## MICHIGAN BETTER KID CARE (MIBKC)

### SUMMARY

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Service Area	Michigan
Category	Quality Improvement and Support for Licensing
Target Population	Home-Based Caregivers; Child Care Center Staff
Annual Caregiver Enrollment	Approximately 15,000
Dates of Operation	1996–Present
Annual Budget	\$1.3 million
Staffing (in FTEs)	26
Description	MiBKC provides 18 hours of training for license-exempt providers and 36 hours of training for providers who are interested in opening a child care business. It also offers online training, one-time workshops, and independent toolkits.
External Evaluation	None

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## MICHIGAN BETTER KID CARE (MIBKC)

### Community Context

Since 1996, Michigan Better Kid Care (MiBKC) has offered free and accessible training to child care providers. MiBKC began as a pilot program in five counties, but it has since expanded statewide. The state is divided into 19 training regions that encompass anywhere from one to nine counties. Michigan has a total population of 10 million people. The population is 78 percent White, non-Hispanic; 14 percent Black or African American, non-Hispanic; 2 percent Asian; 4 percent Hispanic or Latino; and 2 percent another or multiple races (U.S. Census Bureau, 2007). The median household income is \$48,642; nearly 14 percent of the population lives below the poverty level. Educational services account for 22 percent of the total workforce, and manufacturing accounts for 19 percent.

Approximately 643,000 children under age 5 live in Michigan and account for 6 percent of the total population. According to the National Association of Child Care Resource & Referral Agencies (NACCRRA), Michigan has about 310,400 regulated child care spaces available; 71 percent of them are in child care centers and 20 percent in family child care homes (National Association of Child Care Resource & Referral Agencies, 2009). Of the 8,742 family child care homes in the state, 0.64 percent are nationally accredited. Average annual fees for center-based care range from approximately \$9,000 for infants to \$7,500 for 4-year-olds; family child care homes cost on average \$6,700 annually for infants and \$6,400 for 4-year-olds.

Michigan Community Coordinated Child Care (MI4C), the statewide child care resource and referral agency, reported a critical shortage of licensed, nonrelative child care in 2008; statewide, there were only enough child care spaces to serve 80 percent of the children needing licensed, nonrelative care. Staff from the statewide agency and from resource and referral agencies serving Lansing and Detroit reported shortages in the supply of infant/toddler care, care during odd hours, and care for children who have special needs or are ill.

### Policy Context

#### Regulatory Policy

The Michigan Department of Human Services (DHS) regulates child care in the state. In Michigan, it is illegal to care for unrelated children without being licensed or registered by DHS. Categories of home-based child care providers include exempt relative caregivers, registered family child care homes, and registered group child care homes.

#### Subsidy Policy

Relative caregivers, registered family child care homes, and licensed group child care homes are eligible to receive child care subsidy reimbursement for eligible children. To be eligible, relative caregivers must be enrolled by DHS (Michigan Department of Human Services, n.d.[c]). The Child and Adult Care Food Program (CACFP) in Michigan is administered by the Michigan Department of Education. Family and group day care homes must be registered or licensed by the Michigan Department of Consumer and Industry Services or licensed or approved by federal or local

**Table 1. Child Care Regulation in Michigan**

Home-Based Care Setting	Summary of Requirements
Relative caregivers	Michigan exempts home-based caregivers who provide care for relatives. Relative caregivers include a grandparent/step-grandparent, great-grandparent/step-great-grandparent, aunt/step-aunt, uncle/step-uncle, or adult sibling/adult step-sibling.
Family child care homes	Caregivers providing care for up to 6 unrelated children are required to register with DHS and certify that they comply with the rules for family child care homes.
Group child care homes	Caregivers providing care for 7 to 12 unrelated children are required to register with DHS and be in compliance with the rules for group child care homes.

Source: Michigan Department of Human Services.

authorities. They may participate in the CACFP under a family day care home sponsor (Michigan Department of Human Services, n.d.[a]).

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

Michigan has not implemented a statewide quality rating system (QRS). Michigan’s Early Childhood Investment Corporation (ECIC), however, funds 31 local Great Start 4 Kids Collaboratives to assure a coordinated system of community resources and support to assist all families in Michigan in providing a great start for children from birth through age 5. ECIC is supporting a subset of these collaboratives to develop and implement local QRS pilots over a three-year period (Early Childhood Investment Corporation, 2008).

Michigan created the Child Care Expulsion Prevention (CCEP) program to provide early childhood mental health consultation for parents and child care providers caring for children from birth to age 5, who are experiencing behavioral or emotional challenges that put them at risk for expulsion from child care. CCEP aims to reduce expulsions, improve the quality of child care, and increase the number of parents and providers who successfully nurture the social/emotional development of infants, toddlers, and preschoolers. CCEP currently has 12 programs that serve 26 counties (Bridges for Kids, 2002–2009).

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

MiBKC is operated by the Michigan State University Extension (MSUE). MSUE focuses on using county-based staff to bring knowledge-based educational programs to improve the lives and communities of Michigan residents. Programs focus on agriculture and natural resources; children, youth, and families; and community and economic development. MSUE has a staff of 1,753, including faculty, extension educators, and clerical and other support staff who are funded in part by the Michigan Agricultural Experiment Station (MAES) and/or MSUE. MSUE had a total funding stream of \$88 million for the 2008 fiscal year. State appropriations accounted for 33 percent of the total funding, and grants accounted for 30 percent.

## **Budget and Funding Sources**

From 2005 to 2008, MiBKC had an annual budget of \$1.3 million; the program is currently operating on a six-month extension of \$550,000. On average, the cost per caregiver is about \$86. All funding for MiBKC comes from ECIC.

## **Initiative Design**

### **Goals and Logic Model**

MiBKC aims to improve the quality of child care in Michigan by offering current and new caregivers high-quality, evidence-based professional development through the MSUE network of county offices; MSU faculty; and the national affiliation of Cooperative State Research, Evaluation, and Extension Service (CSREES) (Michigan State University Extension, Better Kid Care, n.d.). MiBKC's desired long-term outcomes are enhanced child care systems at the community level, improved child development outcomes including school readiness, improved worker productivity of children's parents, and strengthened families and workforce (Figure 1). The program was started in Saginaw County to address a shortage of high-quality and affordable child care in the area. In 1996, the program was implemented in five counties; it currently operates in all 83 counties in Michigan.

### **Target Population**

MiBKC serves current and potential child care providers including exempt relative caregivers and registered family child care homes. It offers specific training for relative caregivers.

### **Recruitment**

To recruit providers, MiBKC staff advertise in newsletters, attend community meetings, and rely on word-of-mouth referrals.

### **Services**

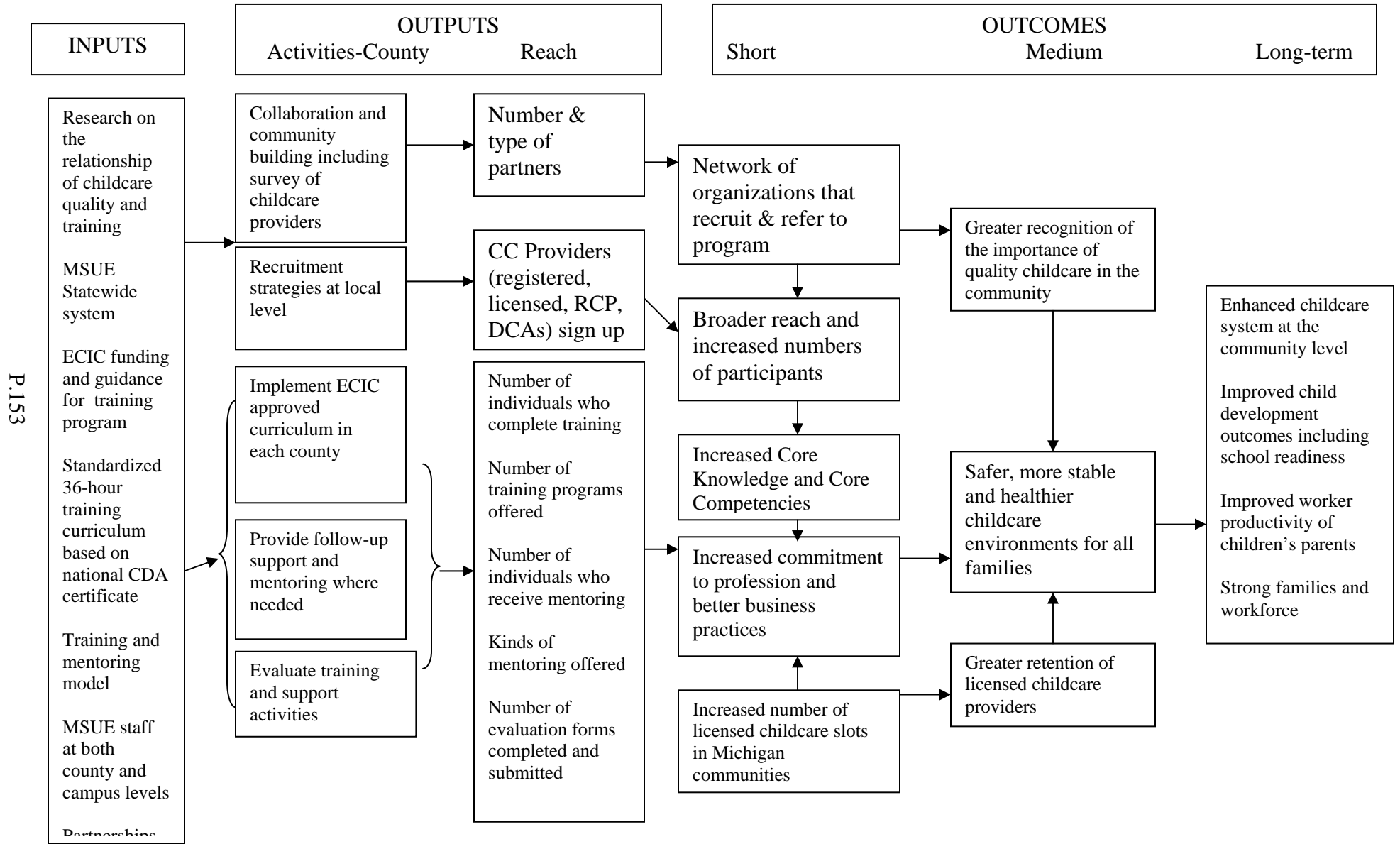
MiBKC offers training, mentoring, and support to current and potential child care providers. MiBKC is modeled on the Penn State Better Kid Care Program (Pennsylvania State University, Better Kid Care, 2008).

Training options include (1) one-time workshops, (2) a 36-hour child care provider training for those interested in becoming registered family child care providers, (3) an 18-hour relative caregiver training, (4) online training, and (5) independent learning kits. The training schedule is set directly with the extension educator in each county.

For example, one extension educator and two program associates work in Saginaw, Genesee, and Tuscola counties. Saginaw and Genesee include both rural and urban areas, and Tuscola is mostly rural. MSUE staff reported that Saginaw serves an average of 40 caregivers at its one-time workshops, Genesee serves approximately 88 caregivers, and Tuscola serves 15. Training in all three counties is typically offered in the evenings at the local extension office. Other training sites include community libraries, child care centers, and some schools. Saturday trainings are offered in the Saginaw County office once a month from 9 a.m. to 3 p.m.; center-based teachers represent the majority of those attending these trainings. In Genesee County, program staff hold two Saturday



**Figure 1. Logic Model for Michigan Better Kid Care Child Care Provider Professional Development Program**



trainings at one center and two Saturday trainings at another center; these trainings are offered four times a year. The Saturday training sessions are advertised to registered family child care providers. To encourage participation, MiBKC gives out door prizes (such as play dough and books) at the end of every class.

**One-Time Workshops.** One-time workshops usually last for two hours. As of 2009, MiBKC offered 85 workshops including satellite series topics from Penn State Kid Care; topics include safe sleep and SIDS, preventing shaken baby syndrome, promoting early literacy, problem solving with children, and improving transition times (Table 2). MSUE aims to add two new workshops topics every year; the topics offered come from focus groups with caregivers.

**36-Hour Child Care Provider Training.** The 36-hour training follows the Michigan licensing track so that providers can apply for their license after the training courses. Training times vary by area but are generally held on nights and weekends. For instance, in the Upper Peninsula, training is held only twice a month because of travel time. The training includes modules on business development, child development, and health and safety (Table 2). On average, a caregiver is able to finish the trainings within three to six months, depending on the training schedule in the area.

**18-Hour Relative Caregiver Training.** MiBKC developed the 18-hour training for exempt relative caregivers. Approximately 63 percent of children in care in Michigan are cared for by relatives.

**Online Training.** MiBKC offers online training modules for caregivers who prefer to learn through the internet. The online trainings include voice-guided PowerPoint presentations that cover key concepts. Participants also can interact with demonstrations of activities.

**Independent Learning Kits.** The independent learning kits were developed so that caregivers could learn at their own pace. Modules are based on the Penn State Satellite series and cover a variety of topics.

MiBKC also offers mentoring and support to caregivers. These services can include additional one-on-one time on a particular topic, help gathering researched-based resources to use in the child care setting, or answering questions about a specific child care topic.

## **Staffing**

MiBKC employs 26 total staff at the MSUE main campus and in regional offices. Three program staff work at the main campus, including (1) the state leader for children, youth, families, and communities; (2) a coordinator for the Family Resiliency/Human Development Programs; and (3) an associate program leader. Extension educators and program associates work in regional MSUE locations. The entire staff convenes at least once a year for a two-day staff development and networking event.

**Staff Qualifications and Training.** Staff qualifications vary by position. Extension educators must have master's degrees in family consumer sciences, home economics, early education, or a field applicable to children, youth, and families with a focus on human development; parent education; food, health, and nutrition; or MSU Extension or similar work experience in educational program delivery. They also must be certified as CPR instructors or willing to obtain certification. MSUE

**Table 2. Program Components and Examples of Training Topics: Michigan Better Kid Care**

Program Component	Training/Module Topics
One-time Workshops	A Provider’s Guide to Early Literacy Safe Sleep and Sudden Infant Death Syndrome Preventing Shaken Baby Syndrome How to Turn Good Play into GREAT Play Parents: Friends or Foes? Active Play: Fighting Obesity and Diabetes and Keeping Children Healthy Food: It’s More Than Just for Eating! Hot Topics for Center Directors—Personnel Issues When Is Behavior OK or Not OK Supporting Stressed Children
36-hour Child Care Provider Training	Getting Started in Child Care (3 hours) Child Development (3 hours) Child Abuse and Neglect (3 hours) Positive Discipline (3 hours) Play and Early Learning (3 hours) Health and Safety (3 hours) Nutrition (6 hours) CPR (6 hours) Business and Professional Development (5 hours) Pulling It All Together (1 hour)
18-hour Relative Caregiver Training	Child Development (2 hours) Child Abuse and Neglect (1 hour) Positive Discipline (3 hours) Play and Early Learning (2 hours) Health and Safety (2 hours) Nutrition (2 hours) CPR (6 hours)

Source: Michigan Better Kid Care.

offers tuition reimbursement to program associates. Extension and program staff are allowed 18 days annually to attend professional development classes, workshops, and conferences. New MiBKC staff meet with the state extension staff at the main campus to learn about the components of the program.

MiBKC staff are trained on evaluation protocols and are required to use training materials that have been approved by MiBKC. Each curriculum module includes notes pages, activities, and outlines that the educators must follow.

**Supervision.** The extension staff meet with their local county extension director on a regular basis and have quarterly reviews. Additionally, the program leader conducts annual on-site visits with the county directors, extension educators, and program associates.

### **Fidelity Standards**

MiBKC does not have fidelity standards.

## Data Collection

MiBKC collects data through its extension educators on participant demographics and self-reported changes in participant behavior and knowledge. In the third quarter of the 2007–2008 fiscal year, 96 percent of participants were female and 4 percent were male. Eighty-eight percent of participants were White, 9 percent African American, 2 percent Hispanic, and fewer than 1 percent were Asian or Pacific Islander. MiBKC also collects data on the types of caregivers who attend each training session (Table 3).

**Table 3. Participation in Training, by Caregiver Type March – June, 2008: Michigan Better Kid Care**

Type of Provider	Number of Participants
Center-based	
Director	110
Part-time director	135
Head teacher	342
Assistant teacher	415
Home-based	
Family	812
Group	13
Unregulated	
Aide	272
Relative	101
Volunteer	9
Other	786
No response	38

Source: Michigan Better Kid Care.

MiBKC uses the following forms to collect information about participants and obtain feedback on each training session, as well as the one-time workshops and independent learning kits:

- MiBKC Attendance Sheet
- MiBKC Demographics Form: One-Time Workshops and Independent Learning Kits
- MiBKC 18-Hour Training Program Evaluation
- MiBKC 36-Hour Training Program Evaluation

## Evaluation

MiBKC compiles participant responses on training evaluation forms to assess satisfaction with the workshops. The majority of participants reported satisfaction with the methods employed during training, as well as with the materials provided. They also reported that they find the information useful and would recommend the training to others. Participants reported that they were interested in information and materials that they could incorporate into caregiving the next day. For the 18-hour training, 92 participants reported satisfaction with training. For the 36-hour training, participants rated all 14 items at a 90 percent or higher approval rating.

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## NURTURING HOMES INITIATIVE

### SUMMARY

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Service Area	Mississippi
Category	Quality Improvement
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	108
Dates of Operation	2000–Present
Annual Budget	\$450,000
Staffing (in FTEs)	8.5
Description	Nurturing Homes provides home visits and in-kind incentives to support licensed and unlicensed home-based caregivers in improving the quality of care they provide.
External Evaluation	None

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## NURTURING HOMES INITIATIVE

### Community Context

The Nurturing Homes Initiative (Nurturing Homes) provides quality improvement services to licensed and unlicensed home-based child care providers in Mississippi. The state has a population of 2.9 million people, who live in urban, suburban, and rural areas. According to the U.S. Census, the population is 59 percent White, non-Hispanic; 37 percent Black or African American, non-Hispanic; 1 percent Asian; 2 percent Hispanic or Latino; and 1 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$36,424, and 21 percent of the population lives below the poverty line. Major industries in the state include farming (cotton, corn, soybeans, and rice), oil, textiles, electronic and transportation equipment, and fishing.

Mississippi has approximately 214,000 children under age 5 (U.S. Census Bureau, 2007). According to the Mississippi State Department of Health, there are 591 licensed family child care homes. The average weekly fee paid for full-time care for children in an unlicensed family child care home in Mississippi is \$60. Average weekly fees for full-time care in licensed family child care homes/centers range from \$75 for 4-year-olds to \$90 for infants, although rates vary across the state. Nurturing Homes estimates that more than half of Mississippi's children, from birth to 5, receive child care in unlicensed settings.

### Policy Context

#### Regulatory Policy

The Mississippi State Department of Health regulates child care in the state. Home-based care is divided into two groups: exempt and licensed (Table 1).

**Table 1. Child Care Regulation in Mississippi**

Home-Based Care Setting	Summary of Requirements
Exempt family child care home	The state does not regulate homes with fewer than 5 children. Similarly, the state does not regulate child care that would fall under the terms family, friend, and neighbor.
Licensed family child care home	Mississippi will grant a family child care license to home-based child care settings with 12 or fewer children. The state views these entities as “child care facilities” and requires them to meet the same licensing requirements as child care centers. According to the Department of Health’s website, there are 591 licensed family child care homes.

Source: Mississippi State Department of Health.

#### Subsidy Policy

Licensed family child care home providers and exempt caregivers can receive child care subsidies for eligible children. However, licensed providers receive higher reimbursement rates than



exempt caregivers. In order to receive benefits, exempt caregivers must add their names to a list maintained by the Mississippi Office for Children and Youth and self-certify adherence to basic health, nutrition, and safety guidelines. Licensed family child care homes and exempt caregivers also are eligible for the Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children. However, exempt caregivers must sign an agreement with a sponsoring organization, such as a local or state agency, to participate in CACFP. The sponsoring agency organization coordinates training, monitors providers' meals, and helps with planning menus and filling out reimbursement forms.

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

Mississippi's quality rating system (QRS) is a five-star rating system that seeks to assess, improve, and communicate the level of quality in child care settings. The QRS is open to licensed providers. Counties can opt to participate in the QRS, but the state is moving toward statewide implementation. As of early 2009, 54 of Mississippi's 82 counties participated. The first star in the QRS indicates that a provider is licensed, and the fifth step indicates that the provider has the following: a transition plan to kindergarten, 25 percent of staff with a child development associate (CDA) or higher credential, parent/teacher conferences twice a year, full implementation of the Mississippi Early Learning Guidelines, and a facility score of 3.3 to 4.0 on the Caregiver Interaction Scale (CIS; Arnett, 1989) or a score of 5.1 to 7 on the Early Childhood Environmental Rating Scale (ECERS-R; Harms, Clifford, & Cryer, 2005).<sup>6</sup> In addition to the QRS, Mississippi provides a range of professional development courses for licensed providers.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

Nurturing Homes operates out of the Mississippi State University Extension Service (Extension Service) in Starkville. The Extension Service was established in 1914 to assist rural residents in improving their farming operations and the quality of their home lives. It provides noncredit educational opportunities for adults and children in Mississippi through federal, state, and local partnerships, including operation of the Mississippi Child Care Resource and Referral (MSCCR&R) network. The Extension Service operates through county-based offices, has 11 administrative employees and various affiliated faculty, and receives state and federal funding.

### **Budget and Funding Sources**

The Mississippi Department of Human Services (DHS), Office for Children and Youth funds Nurturing Homes using the 4 percent quality set-aside provided through federal Child Care

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<sup>6</sup>The Mississippi Early Learning Guidelines for 3- and 4-year-old children were developed to help early care providers and program administrators provide quality care for young children in all types of center-based care, home-based care, and public school prekindergarten programs. The guidelines were developed for licensed programs but also are appropriate for any program serving 4-year-old children. The guidelines include competencies, objectives, assessment guidelines, suggested teaching strategies, and developmental checklists. The Caregiver Interaction Scale (CIS; Arnett, 1989) measures caregivers' interaction with children. The scale is a 26-item Likert scale that includes items measuring sensitivity, harshness, detachment, and permissiveness; evaluations take about 45 minutes. The scale uses a scoring range of 0 to 4 with higher scores indicating more positive, appropriate interactions.

Development Fund (CCDF) discretionary spending. This stream of funding fluctuates annually, and the amount determines the number of home-based caregivers Nurturing Homes can serve. For example, in 2009, Nurturing Homes is serving fewer participants because of reduced funding. In 2008, Nurturing Homes had a budget of \$450,000; staff salaries and participant incentives comprised a majority of costs. On average, the cost per participant was about \$2,900, including approximately \$1,100 in participant incentives.

## **Initiative Design**

### **Goals and Logic Model**

Nurturing Homes was created in 2000 in response to the lack of resources for exempt caregivers in Mississippi, most of whom had low incomes. The program provides home visits and in-kind incentives to support caregivers and seeks to increase their knowledge of developmentally appropriate caregiving practices. Nurturing Homes project staff conduct a baseline assessment of caregivers' homes using the Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989), a rating tool to assess the quality of the learning environment (Table 2). The scale ranges from 1 (inadequate) to 7 (excellent). Staff use the results from the FDCRS observation to tailor technical assistance to the needs of the caregivers. One of the objectives of Nurturing Homes is to increase FDCRS scores for participating caregivers by at least one rating point, up to the 4.0 to 4.5 range.

A logic model for Nurturing Homes is not available.

### **Target Population**

The target population for Nurturing Homes is licensed family child care providers and exempt caregivers who offer full-day, full-year child care for children ranging from birth to 5 years old. Many providers also provide care for children ages 6 to 11 years old before and after school, on holidays, and during the summer. The program gives priority to caregivers who reside in counties participating in the state's QRS. Since its inception, participants in Nurturing Homes have been primarily exempt caregivers; most are White or African American.

### **Recruitment Strategies**

Nurturing Homes recruits caregivers through the distribution of flyers and brochures, announcements on radio stations and in local newspapers, and "cold calls" to providers caring for children receiving child care subsidies and/or participating in CACFP. According to Nurturing Homes staff, most caregivers are receptive to participation because of the program's affiliation with the Extension Service, a well-known and respected institution in the state. Increasingly, the program enrolls caregivers who have learned about the program through word-of-mouth.

### **Services**

Nurturing Homes provides up to two years of intensive one-on-one technical assistance in the form of home visits. The program began with a pilot in 12 of Mississippi's 82 counties and has expanded to 72 counties in its eight years of operation. On average, two caregivers in each county

**Table 2. Program Components: Nurturing Homes Initiative**

Program Component	Goal
Program Sign-Up	To introduce home-based caregivers to the Nurturing Homes program and obtain their agreement to participate in the program
Pre-Assessment	To conduct a baseline assessment of caregivers' homes using the FDCRS
Technical Assistance	To increase the quality of care in the areas of language, literacy, pre-reading, and numeracy; a related goal is to help exempt caregivers learn to see themselves as professionals
Post-Assessment	To measure improvement in the quality of the learning environment based on a FDCRS observation, and to determine the need for an extension of services

Source: Nurturing Homes Initiative.

are receiving services from Nurturing Homes in a given year. Since its inception, more than 800 caregivers have received services from Nurturing Homes.

The program begins with a sign-up visit to introduce the program, after which staff conduct a pre-assessment using the FDCRS. The core services include 10 to 12 months of technical assistance. Caregivers can remain in the program for an additional year if they do not meet the program's threshold for showing improvement (at least a 1-point gain on the FDCRS or a score of at least 4.0). Nurturing Homes serves approximately 108 caregivers per year. Waiting lists for participation have reached 50 caregivers during some years.

**Program Sign-Up.** During the program “sign-up” visit, staff explain the Nurturing Homes program and give caregivers a description of the pre- and post-assessments. Staff tell caregivers that the pre-assessment is used to observe what they are doing so that the program will know how to assist them. Caregivers who agree to participate in the program sign consent forms and an agreement form, arrange a time for the pre-assessment, and provide staff with updates to any enrollment information. The agreement form documents caregivers' agreement to participate in the technical assistance and the pre- and post-assessments, implement the improvements, and communicate with parents about the Nurturing Homes program. Staff also give caregivers a set of four *I See Me* board books to welcome them into the program and as an incentive to continue with pre-assessment and technical assistance visits.

**Pre-Assessment Visit.** The pre-assessment visit occurs no more than two weeks after program sign-up. During this visit, staff conduct an observation using the FDCRS to identify caregivers' strengths and weaknesses. Staff ask caregivers to conduct their day as they normally would and to consider staff as silent observers. At the end of the assessment, Nurturing Homes staff explain the FDCRS score and tell the caregiver that the next step is technical assistance.

**Technical Assistance.** Technical assistance visits are designed to address items on the FDCRS with the lowest scores and to provide reinforcement of concepts in which they exhibited strength. These visits begin two weeks after the pre-assessment and occur once a month for 10 months. Each home visit lasts a minimum of 2 hours; some last longer if caregivers require more time to master a lesson. In total, caregivers receive a minimum of 20 hours of technical assistance. At the beginning of the first technical assistance visit, caregivers receive the *Nurturing Homes Initiative Lessons* workbook that accompanies the curriculum staff use to deliver the technical assistance.

The Nurturing Homes curriculum contains 45 lessons, divided into 10 sections, which address various child development topics, developmentally appropriate teaching methods, building a quality caregiving environment, and working with parents (Table 3). It was developed by Nurturing Homes staff, and includes adaptations from materials produced by the Center for Improving the Readiness of Children for Learning and Education (CIRCLE), Mississippi Early Learning Guidelines, Infant/Toddler Benchmarks, and the *Creative Curriculum for Family Home Providers* (Dodge & Colker, 2003).<sup>7</sup> During each visit, staff discuss the lessons with caregivers, demonstrate concepts with hands-on activities, observe caregivers as they use the techniques, and provide immediate feedback.

After each lesson, staff provide caregivers with materials for use in their homes that align with the lesson topics (Table 4). These materials serve as incentives and a way to increase the quality of the caregiving environment in the homes.

**Post-Assessment Visit.** After 10 months of technical assistance, caregivers participate in a post-assessment, using the FDCRS. Caregivers receiving a score of 4.0 or higher graduate from the program and receive a certificate of completion. Caregivers who do not receive a score of at least 4.0 or increase their FDCRS score by at least 1 point remain in the program for additional technical assistance using the Nurturing Homes curriculum entitled *Year 2 Lessons*. This curriculum, also developed by Nurturing Homes, is designed to reinforce the topics covered in the first year of technical assistance but repackaged in a way that will capture caregivers’ attention (Table 5). Most caregivers meet the Nurturing Homes improvement score after two years. Caregivers who do not meet the threshold after two years do not receive a certificate of completion; however, staff may continue to make periodic visits to them.

**Table 3. Year 1 Home Visit Topics: Nurturing Homes Initiative**

Month	Curriculum Topic
Month 1	Language and Development
Month 2	Home Environment
Month 3	Infant Development
Month 4	Learning Activities
Month 5	Social Development
Month 6	Physical Development
Month 7	Health and Safety
Month 8	Caring for the Child
Month 9	Parent Resource Center
Month 10	Nutrition

Source: Nurturing Homes Initiative.

<sup>7</sup>The Center for Improving the Readiness of Children for Learning and Education (CIRCLE), now a part of the Children’s Learning Institute of the University of Texas Health Science Center, conducts research, community programs, and training activities promoting quality learning environments for young children (The University of Texas Health Science Center at Houston, 2008).

**Table 4. In-Kind Material Incentives Provided by Nurturing Homes**

Topic	Incentives
Sign-Up	<i>I See Me</i> board books (set of 4)
Pre-Assessment	<i>Creative Curriculum for Family Child Care</i>
Language Development	Sets of books, mix and match puzzles, lacing and tracing animals, and a stackable bookshelf/bench
Home Environment	Alphabet, colors, shapes, and numbers posters; blocks; tables/chair set; storage unit; and signs
Infant Development	Blocks, baby rattles, and adjustable gym
Learning Activities	Dolls, sand and water table, hats, food set with pots and pans, and art kit
Social Development	Multicultural career set, games, and rhythm band set
Physical Development	Balls, caterpillar tunnel, and hide and slide climber
Health and Safety	“Healthy Home” book, first aid kit, and security gate
Caring for the Child	<i>Complete Daily Curriculum</i> , bean bag set, and infant changer
Parent Resource Center	Publications, bowls, and counting bears

Source: Nurturing Homes Initiative.

**Table 5. Year 2 Lessons: Nurturing Homes Initiative**

Month	Curriculum Topic
Month 1	Group Time
Month 2	Cultural Diversity
Month 3	Creating a Print-Rich Environment
Month 4	Music and Movement
Month 5	Writing Activities
Month 6	Block Play
Month 7	Art Lesson
Month 8	Nutrition
Month 9	Space to Be Alone

Source: Nurturing Homes Initiative.

## Staffing

Nurturing Homes operates with a principal investigator, a project manager, an assessment coordinator, and six field technical assistants; all staff members work out of the Extension Service office (Table 6).

**Table 6. Staffing: Nurturing Homes Initiative**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Principal Investigator	The principal investigator has oversight of the administration, development, implementation, and evaluation of the program and represents the program to the public. The amount of time dedicated to Nurturing Homes varies depending on the needs of the program.	Part time (0.05 FTEs)
Project Manager	The project manager has responsibility for all day-to-day activities of the program. This person serves as liaison to the Mississippi State University administration, supervises the budget, and supervises staff and staff training. The project manager also oversees the development of technical assistance lessons and workshops, purchases the educational materials, and supervises data collection for evaluation purposes.	Full time
Assessment Coordinator	The assessment coordinator handles the evaluation component of the program.	Full time
Field Technical Assistants	The six field technical assistants help with the day-to-day implementation of the program by recruiting caregivers, providing the technical assistance during home visits, leading workshops for caregivers, and conducting the pre- and post-assessments of homes.	Full time

Source: Nurturing Homes Initiative

Each field technical assistant has a caseload of 25 to 30 caregivers and completes about 3 home visits per day (if each lasts 2 hours) or 12 to 15 per week. Staff members use their own vehicles for transportation to and from caregivers' homes and receive mileage, lodging, and meals reimbursement. Field technical assistants document their home visits through case notes and make monthly and quarterly reports to Nurturing Homes on the number hours worked and visits completed.

**Staff Qualifications and Training.** Nurturing Homes requires field technical assistants to have a bachelor's degree in early childhood education or a related field. The program also prefers that technical field assistants are flexible, can work with a wide range of people, and demonstrate a nurturing demeanor.

Field technical assistants are required to receive 50 hours of in-service training per year and attend relevant local and national conferences. Examples of in-service training include an 8-hour course on brain research, a 5-hour course on cultural perspectives on parenting, an 8-hour course on the *Creative Curriculum*, a 10-hour training on the *Reading Is Fundamental* curriculum, and an 8.5-hour training on the Mississippi pre-K curriculum guidelines.

**Supervision.** The project manager provides ongoing staff supervision through weekly staff meetings and observations of field technical assistants during their home visits with caregivers. The project manager also uses a technical assistance checklist to monitor staff activities. Caregivers complete the checklist to confirm that they participated in a certain activity during their technical assistance visits.

## **Fidelity Standards**

Because the Nurturing Homes model depends heavily on the results of the FDCRS, ensuring that field technical assistants conduct the observation reliably is a key component of the initiative. Nurturing Homes management staff received training on the FDCRS from instrument's authors and achieved inter-rater reliability (at 85 percent agreement on the items) on three consecutive assessments. The project manager or assessment coordinator accompany staff members on observation visits and assess reliability until they achieve it using the same standard. The project manager and assessment coordinator are certified trainers and maintain reliability by regularly attending FDCRS training; the current project manager also is the state leader for reliability on the FDCRS in Mississippi.

To ensure that staff conducting pre- and post-assessments maintain reliability, the project manager observes 1 out of every 6 to 10 assessments conducted by the field technical assistants. Staff members who exhibit problems receive coaching and are accompanied on their home visits; if problems continue, they are put on a work improvement plan. To date, the program has not had to use this procedure. To ensure independence of the pre- and post-assessment processes, one staff person conducts the pre-assessment and delivers technical assistance; another staff person or the project manager completes the post-assessment.

Finally, Nurturing Homes uses printed guides to maintain consistency in the delivery of technical assistance. The guides describe each lesson; how the home visit should be conducted, including the materials given and steps for demonstrating activities and observing caregivers; and pointers for successful home visits. Staff members are required to bring the guides on every home visit and follow the steps included in them.

## **Data Collection**

Nurturing Homes collects several types of data about its participants, child care arrangements, and service delivery:

- Demographics of enrolled caregivers
- Participation in the child care subsidy programs and CACFP
- The number of children in care
- Satisfaction with home visits and the entire program experience (Nurturing Homes Initiative Consumer Survey)
- Participation in services and training attendance
- Results of observations using FDCRS and the CIS

The program also uses the following forms:

- Enrollment
- Children in care (for providers to list the children for whom they provide care)
- Provider technical assistance checklist
- Provider incentives receipt
- Informed consent and permissions for photographs related to participation in the evaluation
- Pre- and post-assessment summary reports
- Training attendance
- Case notes
- FDCRS Inter-Rater Reliability form

## Evaluation

As noted earlier, Nurturing Homes' staff conduct in-home observations for all participants after enrollment and the end of the program using the FDCRS. Pre-post comparison of FDCRS scores from 809 observations conducted for the first eight years of program operations, 2000 to 2008, showed statistically significant improvement on all FDCRS subscales and the overall score (Table 7). Average pre-post changes on subscale scores ranged from 0.79 points on the basic care subscale to 1.67 on the language/reasoning subscale. Average overall scores increased 1.25 points, from 3.36 to 4.61 on the 7-point scale.

**Table 7. Evaluation Findings: Nurturing Homes Initiative**

ECERS Scales	Pretest Score Mean (s.d)	Posttest Score Mean (s.d.)	Difference <sup>a</sup>
Space/furnishings	3.26 (1.17)	4.66 (1.11)	1.40
Basic care	2.89 (1.07)	3.68 (1.23)	0.79
Language/reasoning	3.48 (1.50)	5.15 (1.27)	1.67
Learning activities	2.96 (1.25)	4.46 (1.26)	1.50
Social development	4.03 (1.13)	5.15 (1.14)	1.12
Adult needs	4.07 (1.49)	5.51 (0.94)	1.44
Overall	3.36 (1.09)	4.61 (0.90)	1.25

Source: Nurturing Homes Initiative.

<sup>a</sup>Differences are significant at the .01 level.



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## PLAY PARTNERS

### SUMMARY

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Service Area	Albemarle County, Virginia
Category	Quality Improvement
Target Population	Registered Family Child Care Providers; Child Care Center Staff
Annual Caregiver Enrollment	9 licensed family child care homes and 3 centers
Dates of Operation	1997–Present
Annual Budget	\$28,000
Staffing (in FTEs)	1
Description	Play partners trains volunteers to visit the child care settings for one hour per week to read with the children in care. Volunteers read a “story of the month” with the children and engage them in enrichment activities that focus on teaching and extending themes from the book. Volunteers model methods for providers to use to enhance reading activities in the child care setting. At the end of the month, when the book is completed, volunteers give each child and provider a copy of the book to keep.
External Evaluation	None

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## PLAY PARTNERS

### Community Context

Charlottesville is located in Albemarle County in central Virginia and has a population of approximately 45,000 residents. The population is 80 percent White, non-Hispanic; 10 percent Black or African American, non-Hispanic; 5 percent Asian; 4 percent Hispanic or Latino; and 1 percent another or multiple races (U.S. Census Bureau, 2007). The University of Virginia is the primary employer in the area, followed by State Farm Insurance, Northrup Grumman Corporation, and Pepsi-Cola Bottling. The median family income is about \$45,000. Approximately 12 percent of families have incomes below the poverty level, including 21 percent of those under age 18.

Charlottesville has 2,300 children under age 5 (U.S. Census Bureau, 2007). According to Children, Youth, and Family Services, the local child care resource and referral (CCR&R) agency in Charlottesville, Albemarle County has a total of 144 regulated child care providers. The average weekly cost for child care is close to \$140 for infants and between \$120 and \$130 for preschoolers.

### Policy Context

#### Regulatory Policy

The Virginia Department of Social Services, Division of Licensing Programs, regulates child care in the state. Regulations for home-based child care divide providers into three categories: exempt caregivers, voluntary registered family child care, and licensed family child care (Table 1).

**Table 1. Child Care Regulation in Virginia**

Home-Based Child Care Setting	Summary of Regulations
Exempt caregivers	Caregivers who care for fewer than 6 children not including their own are not required to be licensed.
Voluntary registered family child care	This status is offered to family child care providers who are not required to be licensed (that is, they provide care for fewer than 6 children not including their own children and any children who reside in the home).
Licensed family child care	Providers caring for 6 to 12 children are required to be licensed.

Source: Virginia Department of Social Services.

#### Subsidy Policy

Exempt caregivers as well as registered and licensed family child care homes are eligible to receive Child Care and Development Fund (CCDF) child care subsidy reimbursement for eligible children. Licensed family child care homes receive higher reimbursement rates than do exempt relative caregivers. Registered and licensed family child care providers can participate in the Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children.

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

The Star Quality Initiative, Virginia's quality rating and improvement system, was in the pilot phase in 2008-2009. It was only open to center-based programs. Home-based child care providers were not yet included.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

Play Partners is one of nine programs operated by Children, Youth and Family Services (CYFS), a nonprofit organization located in Charlottesville that serves the city and Albemarle County. CYFS was founded in 1921; its mission is "Opening doors to bright futures for kids." CYFS provides services in five primary program areas: child care quality, early learning, home visiting, family connections, and youth services. Play Partners is part of CYFS's early learning services. CYFS has approximately 32 employees; its annual operating budget is \$1.3 million. Its funding sources include federal, state, and local government grants, as well as support from local community members and other private philanthropic sources.

### **Budget and Funding Sources**

Play Partners has an annual budget of \$28,000. It is supported by funding from the city of Charlottesville and Albemarle County, as well as the United Way and other private sources. Costs include approximately \$24,000 for staff and \$3,500 for supplies. In 2008, Play Partners enrolled nine family child care homes and three child care centers; the average annual estimated cost per provider was approximately \$2,300.

## **Initiative Design**

### **Goals and Logic Model**

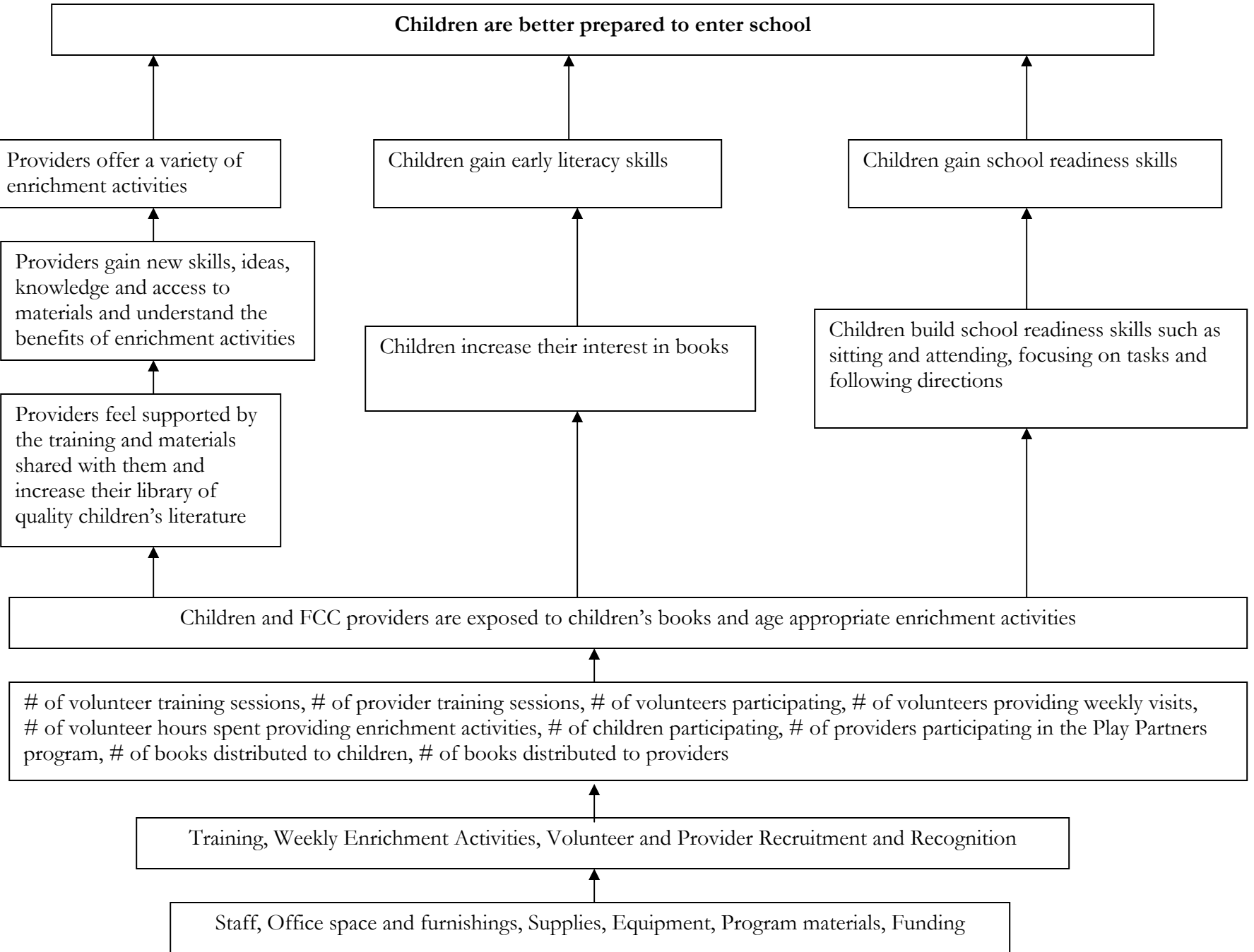
Play Partners was developed in the summer of 1997 by two Charlottesville community members who thought the area needed a literacy program for young children to promote school readiness.

Play Partners introduces literacy and enrichment activities to children and their child care providers during weekly, one-hour visits to licensed family child care providers and centers. The volunteers who conduct the visits model techniques that caregivers can use to promote literacy on a day-to-day basis with the children in their care. The initiative aims to improve children's early literacy skills; increase their interest in books; encourage their creativity; and, ultimately, improve school readiness outcomes, especially among children from low-income families. Activities are intended to build school readiness skills such as sitting, following directions, and focusing on tasks.

A logic model for Play Partners is shown in Figure 1.

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OUTCOMES  
INTERMEDIATE  
INITIAL  
OUTPUTS  
ACTIVITIES  
INPUTS



## Target Population

Licensed family child care homes with four or more preschool-age children (including at least three children age 2 or older) and child care centers serving low-income families are eligible to participate in Play Partners. Eligible providers must be willing to collect parent permission slips at the beginning of the program year, complete an evaluation at the end of the program year, and participate in each weekly Play Partners session. The provider must also complete child care enrollment forms and group information for CYFS.

## Recruitment Strategies

Play Partners recruits registered family child care providers through word-of-mouth, newspaper ads, community events, and CYFS's Child Care Quality Program which aims to improve child care quality by working with providers and parents.<sup>2</sup> In 2008, the initiative provided services to 12 child care providers, including 9 licensed family child care providers and 3 child care centers that serve children from low-income families. Most providers were located in Charlottesville, although a few family child care homes were located in surrounding Albemarle County. The number of providers recruited is capped based on the number of volunteers available to conduct the weekly visits during the school year. As of early 2009, one family child care home and one child care center were on a waiting list.

## Services

Play Partners operates from September through May each year; no visits are provided during the summer months. Many providers care for school-aged children during the summer; because the initiative aims to serve preschool children, those who provide care for school-age children are not eligible to participate during this period. This schedule also gives the volunteers a small break before the next session starts.

**Home Visits.** Pairs of trained volunteers visit enrolled family child care homes once a week for an hour to read with the children and lead related activities (see Box). Visits usually take place on Tuesday, Wednesday, or Thursday mornings. Volunteers incorporate enrichment activities such as art projects, songs, or cooking projects into the visits to engage the children and extend themes from the books. The volunteers focus on one book for four weeks and then give a copy of the book to each child and caregiver. Child care providers and the children's parents also receive a corresponding activity sheet that goes with the book (see the Box for an activity example). The activity sheet includes song ideas, games,

### Play Partners Visit Schedule

#### Opening Circle (15 minutes)

Begin with a greeting song using the names of all your children. Introduce a new song or sing a familiar one.

#### Story (15 minutes)

Read the story and retell the story encouraging active participation from the children.

#### Activity (20 minutes)

Use art projects, games, or toys to actively involve the children.

#### Closing Circle (10 minutes)

Recall the session with the children; ask questions about the activities and the story. End with a good-bye song.

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<sup>2</sup>The Child Care Quality Program works with providers and parents to improve child care quality and access in Charlottesville.

movement of activities, cooking projects, related books for preschoolers, art activities, and reading tips. Volunteers encourage caregivers to read the story with the children and integrate activities during the rest of the week. The goal is that children will become so familiar with the story that they want to go home and read it with their families.

**Materials.** There are 28 books for volunteers to use during the visits. Play Partners staff choose books that teach important concepts and skills and capture the interests of young readers. Some of the titles include *The Very Hungry Caterpillar*, *Mother Goose*, *We're Going on a Bear Hunt*, *Goodnight Moon*, and *The Three Bears*. Each book has an accompanying educational activity kit.

The kits, which are developed by Play Partners staff, include a “big book” copy of the book as well as props and ideas for songs, art projects, and games to accompany the story. Volunteers are encouraged to add their own ideas to the kits as well. Play Partners provides the volunteers with most of the supplies needed for the activities. For example, supplies include construction paper, paint, craft sticks, markers, and glue.

**Example of Play Partners Take-Home Activities**

Book: *We're Going on a Bear Hunt*, by Michael Rosen

Activity: Act out the story by going on a bear hunt. Go on a bear hunt of your own! You can hide a teddy bear and hunt for it or take turns hiding and hunting for each other as in hide-and-seek. Encourage one child to lead the hunt and chant together, “We’re going on a bear hunt! We’re going to catch a big one! What a beautiful day; we’re not scared!” If the child is reluctant to role-play, do not force him or her but instead compliment the child for trying and have fun!

The kits are inventoried and restocked every summer. The Play Partners resource center, where the kits, supplies, and books are stored, is housed at St. Paul’s Memorial Church in Charlottesville. Volunteers must sign out the kits, but they do not have to sign out books. They must report to the program staff the number of books they have distributed each month. The initiative maintains a log of all the books each volunteer has used over the past three years.

During the summer months when visits are not conducted, Play Partners offers providers different books and mini educational kits than those that are used during the school year. Some of the titles include *Mouse Paint*, *How Kids Grow*, and *If You Give a Mouse a Cookie*. The kits contain a content list, a two-sided instruction sheet, the book and some related books, one or two retell activities, an art project, dramatic play ideas, and songs. Play Partners designed the kits for use over a one-to-two-week period (depending on the frequency of use). The goal is for the providers to complete one kit a month over the summer. The children receive a copy of the book when the mini-kit is returned to Play Partners. All materials are offered only in English.

**Volunteer Participation.** As noted earlier, Play Partners recruits volunteers to provide the weekly literacy visits to child care providers. Volunteers work in pairs. To maintain consistency, Play Partners asks volunteers to commit to the program for the entire school year, although substitutes are available to fill in if a volunteer needs to miss a week.

Play Partners asks volunteers to commit to an hour of planning time per visit to construct a lesson plan, in addition to the visit time. Pairs take different approaches to lesson planning. Some sit down together to plan visits for an entire month, whereas others take turns doing the planning for each book. The volunteers also attend a two-hour group meeting with the Play Partners educator every other month at the CYFS building for training and networking.



Play Partners recruited 26 active volunteers for the 2008–2009 program year. According to Play Partners staff, volunteers usually complete their visits on a weekly basis. As noted earlier, substitute visitors are available if needed, and volunteers occasionally reschedule missed visits.

There is no formal curriculum for Play Partners other than the educational kits and books.

## **Staffing**

Play Partners employs a part-time director and a half-time educator (20 hours per week) who administer the program. Required qualifications for the educator include a bachelor's degree in early childhood education or human services and experience in community education or an equivalent field. The educator must also have a valid driver's license and liability insurance. The program director supervises and supports the educator during biweekly meetings and on an ad hoc basis as needed.

The educator recruits providers and volunteers, conducts volunteer orientations, provides volunteer training throughout the year, promotes the program within the community, and restocks the educational kits annually. In addition, the educator visits each enrolled family child care home and child care center at least twice a year, once in the fall and once in the spring. The current educator has been with the program for two years.

Play Partners recruits volunteers primarily by word-of-mouth as well as through CYFS's website. The program looks for volunteers who are interested in working with young children, enjoy seeing young children learn and grow, have good communication skills, and are willing to complete a background check. There is an initial volunteer orientation, which consists of 2, one-hour sessions and an initial visit supervised by the educator. During orientation, the educator reviews program goals and the book list, provides instruction on how to conduct the visits, and provides a tour of CYFS and the Play Partners resource center at St. Paul's Church. The educator conducts an orientation any time someone expresses interest in becoming a volunteer.

During the 2008–2009 program year, Play Partners was not able to recruit enough volunteers to serve all interested child care providers who wanted to enroll in the program. Because the program depends strictly on volunteer hours, it cannot accept new providers without adding volunteers.

## **Fidelity Standards**

Fidelity standards for Play Partners are not available.

## **Data Collection**

Play Partners tracks the following on a monthly basis:

- Number of books given to children
- Number of books given to providers
- Number of new volunteer training sessions held
- Number of providers and children enrolled in the program
- Number of active volunteers
- Number of volunteer hours.

## Evaluation

Play Partners has not been evaluated by an external evaluator. In 2007–2008, it conducted a pre/post survey with parents, volunteers, and providers. Approximately half of the children in care in the fall were in care in the spring (85 of 173 children).

The parent survey included questions such as “Does your child use new words he or she heard in Play Partners stories, games, and activities?” and “Does your child seem more interested in books and being read to since Play Partners began?” Seventy-nine percent of parents who completed the pre-post survey reported that their child used new words he or she heard in Play Partners stories, games, and activities.

All volunteers completed surveys, and all reported observing an increase in children’s vocabulary from fall to spring. All but one reported an improvement in the interest and attention of the children during reading from fall to spring. Volunteers’ responses were subjective and not based on any systematic measurement.

Six of the 12 enrolled child care providers completed surveys. All reported that participation in the Play Partners Program helped them with activity ideas for their group of children, such as songs, counting activities, and retelling stories. Five of the six reported that Play Partners activities helped the children learn new words.

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## PROVIDER AND CHILD CARE EDUCATION SERVICES (PACES)

### SUMMARY

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Service Area	Linn and Jones Counties, Iowa
Category	Quality Improvement, Support for Registration, and Support for Accreditation
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	74
Dates of Operation	1998–Present
Annual Budget	\$179,985 (Linn County), \$52,841 (Jones County)
Staffing (in FTEs)	4.6
Description	PACES provides home visits, training seminars, and financial and in-kind incentives to support home-based caregivers in improving the quality of care they provide, becoming registered family child care providers, and obtaining accreditation from the National Association for Family Child Care (NAFCC).
External Evaluation	None

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## PROVIDER AND CHILD CARE EDUCATION SERVICES (PACES)

### Community Context

Since 1998, PACES has offered services to home-based child care providers in Linn County, Iowa; the largest city in the county is Cedar Rapids. The county has a population of 206,000 people, who live in a mix of suburban and rural communities. The population of Linn County is 90 percent White, non-Hispanic; 4 percent Black or African American, non-Hispanic; 2 percent Asian; and 2 percent Hispanic or Latino; 2 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$56,490; 10 percent of the population lives below the poverty line. The major employers in the county are Aegon Group (an insurance and pension company), Cedar Rapids Community School District, St. Luke's Hospital, Mercy Medical Center, and the Hy-Vee Food Stores. In 2008, PACES began offering a more limited package of services to home-based providers in neighboring Jones County.<sup>8</sup>

Linn County has approximately 14,000 children under age 5 (U.S. Census Bureau, 2007). According to the Iowa Child Care Resource and Referral (CCR&R) network, the average weekly fees paid for full-time care for children ages birth to 5 in family child care homes range from \$101 for children ages 4 to 5 to \$105 for infants. The CCR&R for Linn County reports that 1,166 child care providers operate in the county with the capacity to serve 16,033 children. Most are home-based providers, including 702 exempt caregivers and 322 registered family child care homes. Most requests for child care received by the CCR&R are for family child care homes. PACES staff estimate that the program serves close to 10 percent of the exempt caregivers and registered family child care homes in Linn County.

### Policy Context

#### Regulatory Policy

The Iowa Department of Health and Human Services regulates child care in the state. Regulations for home-based child care divide providers into two categories: exempt caregivers and registered family child care homes (Table 1).

#### Subsidy Policy

Both exempt caregivers and registered family child care providers are eligible to receive child care subsidy reimbursement for eligible children. However, registered family child care providers receive higher reimbursement rates than do exempt caregivers. The Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children, is open to registered family child care homes only.

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<sup>8</sup>There is not sufficient information available on PACES activities in Jones County to include in this profile.

**Table 1. Child Care Regulation in Iowa**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	An exempt caregiver can care for up to 5 children.
Registered family child care home <sup>a</sup>	A provider caring for 6 or more children must be registered. Providers self-certify, in writing, that they meet the minimum requirements of Iowa's Department of Human Services. Responsibility for ensuring the requirements are met rests with providers.

Source: Iowa Department of Health and Human Services.

<sup>a</sup>Family child care homes are termed *child development homes* in Iowa and are divided into three categories: A, B, and C, based on caregivers' education, experience, and the ages of the children in their homes. These categories are not part of Iowa's quality rating system.

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

In 2006, Iowa implemented a quality rating system (QRS) with goals of increasing child care quality to prepare children for school and helping consumers identify providers that meet quality standards. Iowa's QRS is voluntary and open to registered family child care homes, licensed child care centers and preschools, and programs operated by school districts. Under Iowa's QRS system, home-based child care providers who achieve Level 1 have met Iowa's registration standards. Providers who achieve Level 2 have completed additional training and steps to improve quality and participate in CACFP. Providers in Levels 3 to 5 have made significant steps in meeting state indicators of quality in the areas of professional development, health and safety, environment, family and community partnership, and leadership and administration.

In addition to the QRS, Iowa provides professional development opportunities to registered family child care providers through its CCR&R network. This network offers a series of ten, 2.5-hour classes that lay the foundation for operating a family child care business in Iowa known as ChildNet training. The CCR&R network certifies caregivers when they complete the entire series and passes an in-home certification visit.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

PACES is operated by the Hawkeye Area Community Action Program, Inc., a nonprofit organization (located in Hiawatha, Iowa) created in 1965 in response to the enactment of the Economic Opportunity Act of 1964. It is a human services agency that provides a menu of social services in six counties, including Linn and Jones. Services include Head Start, food reservoirs (which collect food for food pantries), employment services, a Low Income Home Energy Assistance Program, transitional housing, and a CCR&R. PACES operates under the auspices of the CCR&R. The Hawkeye Area Community Action Program employs a staff of about 250 across six counties and operates on an annual budget of approximately \$21 million from a variety of public and private sources.

## **Budget and Funding Sources**

Hawkeye Area Community Action allocates a portion of its discretionary budget to PACES. In addition, Linn County's local empowerment board provides funds, along with the United Way of East Central Iowa.<sup>9</sup> PACES' annual budget for 2008 was \$230,826. On average, the cost per participant was \$3,959, although the actual per participant cost varied depending on the level of services provided.

## **Initiative Design**

### **Goals and Logic Model**

PACES was developed by Hawkeye Community Development's CCR&R to increase the number of registered and accredited family child care homes in Linn County. At the time of the program's inception, there were no accredited family child care homes in Linn County. PACES provides home visits, training seminars, and financial and in-kind incentives to support home-based caregivers in improving the quality of care they provide, becoming registered family child care providers, and obtaining accreditation from the National Association for Family Child Care (NAFCC). PACES delivers services under the umbrellas of *First Steps* for newer home-based caregivers and *Providers* for caregivers who want to obtain registration and accreditation (Table 2). Other supports include training and newsletters.

A logic model for PACES is not available.

### **Target Population**

The target population for PACES is (1) exempt home-based caregivers interested in improving the quality of care they provide and becoming registered family child care homes and (2) registered family child care homes seeking to improve their quality and/or obtain NAFCC accreditation.

### **Recruitment Strategies**

PACES typically recruits providers through its own training seminars, Hawkeye Community Development's CCR&R, and word-of-mouth. In the early years of the program, staff made "cold calls" to home-based caregivers receiving child care subsidies, but staff found the methods it currently uses more successful in reaching and retaining providers in the target population.

### **Services**

PACES provides services under the names *First Steps* and *Providers*, as well as a training component open to all exempt caregivers and registered providers in Linn County (Table 3). Since its inception in 1998, the program has enrolled 166 home-based caregivers across all components.

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<sup>9</sup>Community empowerment boards are citizen-led partnerships with education and health and human services providers. The empowerment approach was established by a mandate of the Iowa legislature in 1998 and reflects its commitment to serving Iowa families in partnership with local communities. The mandate provides the local empowerment board with access to state and federal dollars to fund local early childhood development efforts. The board allocates funds according to priorities identified in a local community plan.



**Table 2. PACES Program Components and Goals: Provider and Child Care Education Services**

Program Component	Goal
First Steps	Provide new and exempt home-based caregivers with an introduction to developmentally appropriate activities for children and procedures for becoming registered family child care homes and applying for child care subsidies and CACFP. Educate caregivers about the services available through <i>Providers</i> and encourage them to enroll.
Providers	Support home-based caregivers in improving the quality of care they provide. Provide support and information to caregivers about registration, obtain child care subsidies if they care for eligible children, enrolling in CACFP, obtaining ChildNet certification, participating in the QRS system, and accreditation.
Training	Provide free training to help registered family child care homes maintain their registration by fulfilling the state's requirement of 12 training hours per year.
Newsletter	Provide caregivers with additional information about topics covered during home visits and training seminars and announce program activities.

Source: Provider and Child Care Education Services.

**First Steps.** Caregivers participating in *First Steps* are generally exempt caregivers interested in receiving an introduction to the services PACES offers. PACES provides 3 home visits under *First Steps*. During the first visit, staff members provide information on how to register with the Iowa Department of Human Services and enroll in the child care subsidy program. The second visit gives caregivers information on marketing their business and the steps for enrolling in CACFP. Staff use a Business Training Kit during this visit. The kit, introduced to staff in a 2-hour training course delivered by Iowa's CCR&R network, includes file boxes and files, receipt books, parent/provider forms, mileage keeper, and two books—*Family Child Care Record Keeping Guide* and *Family Child Care Contracts and Policies*. PACES does not give caregivers this kit; rather, staff members use the materials in the kit as visuals for the business topics they discuss. During the final home visit, staff and the caregiver discuss age-appropriate activities for children and services offered through the PACES *Providers* program. Each home visit lasts 1 hour and typically occurs during the children's naptime. In 2008, 22 of the 29 providers enrolled in *First Steps* went on to participate in *Providers*.

**Providers.** The PACES *Providers* component offers additional training and support for home-based child care providers to help them obtain registration and eventually NAFCC accreditation. *Providers'* participants sign a contract indicating their understanding of the program's content and expectations. There are four levels of service.

**Level I.** Providers receive a monthly home visit from a staff member, who discusses a curriculum topic (such as nutrition or literacy) with the caregiver. The curriculum was developed by PACES staff in 2006 (Table 4). Visit plans for each month include a packet of information about an early learning topic, a 15- to 20-minute activity for the home visitor to model during the visit, and materials for use during the activity. Providers keep the materials used in the activities (usually a value of \$20). PACES staff designed the contents of each packet and purchase materials from outside vendors. In addition, staff purchase some materials for caregivers, such as first aid kits and smoke detectors, from local big box stores.

**Table 3. PACES Eligibility Requirements, Services, and Incentives**

PACES Component	Enrollment in 2008	Eligibility Requirements	Intensity and Duration of Services	Incentives
<b>Introduction to Providing Child Care</b>				
First Steps	29	Family, friend, and neighbor caregivers or exempt home-based caregivers of children ages birth to 5	3 home visits provided over 4 to 6 weeks	<ul style="list-style-type: none"> <li>• Business calendar tool</li> </ul>
<b>Registration</b>				
Providers: Level I	25	Caregivers who are willing to register with the state, enroll in CACFP, and obtain ChildNet certification	Monthly home visits provided over 1 year	<ul style="list-style-type: none"> <li>• Developmentally appropriate materials</li> <li>• Reimbursement up to \$50 for materials or other equipment</li> <li>• One-time \$150 cash payment after completing 25 hours of training for ChildNet certification and in-home certification visit</li> </ul>
Providers: Level II	42	Family child care providers who are willing to maintain registration, continue participating in ChACFP, and maintain ChildNet certification.	Monthly home activity visits in addition to three visits pertaining to the FCCERS	<ul style="list-style-type: none"> <li>• \$150 reimbursement for purchases that address quality issues identified through an observation of the home</li> </ul>
<b>Accreditation</b>				
Providers: Level III	3	Family child care providers who offer at least 40 hours of care per week, are working to documents their eligibility for NAFCC accreditation, and are willing to complete an FBI criminal background check and health screenings required for accreditation	Same as Level II, plus monthly visits for accreditation mentoring	<ul style="list-style-type: none"> <li>• \$150 in the first year and \$500 in the second year to purchase items needed to meet accreditation standards</li> <li>• \$50 reimbursement per year toward training and certification fees</li> <li>• Payment of NAFCC annual membership fee (\$35)</li> <li>• Payment of all fees associated with accreditation (\$500 on average).</li> <li>• \$500 cash bonus upon accreditation</li> </ul>
Providers: Level IV	5	Family child care providers who want to maintain their NAFCC accreditation	Monthly home visits plus an annual visit on accreditation mentoring	<ul style="list-style-type: none"> <li>• Payment of annual NAFCC membership</li> <li>• Payment of all fees associated with reaccreditation</li> <li>• Reimbursement up to \$125 for continued education and training</li> </ul>

Source: Provider and Child Care Education Services.

**Table 4. Home Visit Topics For Providers, Level I: Provider And Child Care Education Services**

Month	Curriculum Topic
January	Sensory Activities
February	Cooking/Nutrition
March	Blocks
April	Feelings/Emotions
May	Music
June	Active Play
July	Art
August	Cultural Awareness
September	Manipulatives
October	Nature
November	Literacy
December	Dramatic Play

Source: Provider and Child Care Education Services.

*Level II.* After providers complete the year of Level I home visits, they move to Level II. PACES staff deliver monthly home visits per year that focus on science, math, and literacy (see Box). Each of the three home visiting staff is responsible for designing one packet of materials for the year for one of these three topics. During the year, providers receive a visit from each staff member and the packet of information on each topic. These packets contain information about the importance of the topic; descriptions of relevant activities; and materials such as posters, books, or toys for providers to use with the children.

In 2008, PACES added to this level a quality observation conducted by a PACES staff member. Trained PACES staff members conduct the observations using the Space and Furnishings and Personal Care Routines subscales of the Family Child Care Environment Rating Scale–Revised (FCCERS-R; Harms, Cryer, & Clifford, 2007).<sup>10</sup> Eventually, PACES hopes to conduct observations using the entire scale. Staff reported that this observation was stressful for some providers and sought feedback from them about improving the way that PACES staff conducts the observation process.

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<sup>10</sup>The items included in these FCCERS subscales are Space and Furnishings (indoor space used for child care; furniture for routine care, play, and learning; provision for relaxation and comfort; arrangement of indoor space for child care; display for children; space for privacy) and Personal Care Routines (greeting/departing, nap/rest, meals/snacks, diapering/toileting, health practices, safety practices).

*Level III.* Providers who complete Level II and want to obtain NAFCC accreditation apply to participate in this level. This level take two years to complete. PACES accepts a maximum of two providers annually at this level. Once accepted, PACES provides a mentor to support providers in completing the self-study required as part of the application for accreditation. Mentoring is provided through home visits. Using the *Quality Standards for NAFCC Accreditation* (Modigliani, 1999) as criteria, the self-study includes an evaluation of policies, practices, facilities, and materials, as well as feedback from parents and others to identify any areas requiring improvement. Once a provider completes the self-study, a NAFCC observer visits the provider and validates the self-study report demonstrating that the program meets all of the accreditation criteria. In 2008, four providers obtained NAFCC accreditation. All five accredited providers in Linn County received support from PACES during the accreditation process.

*Level IV.* Providers move to Level IV after they obtain accreditation. They receive visits from staff to discuss information regarding accreditation renewals and any quality issues the provider may want to discuss on an as needed basis, usually no more than 3 times per year. However, providers continued to receive monthly activity visits from staff.

**Training Seminars.** PACES provides four, 4-hour training seminars per year. Home-based caregivers enrolled in *First Steps* and *Providers*, as well as other community child care providers, are eligible to attend. Trainings are held in a conference room in the Hawkeye Area Community Action Program’s building, can accommodate up to 30 people, and are delivered in English. Typically, between 17 and 24 caregivers attend the sessions, and about two-thirds of them usually are *Providers* participants. These seminars do not count toward the training caregivers attend to obtain initial ChildNet certification. However, participants can use the four PACES seminars to fulfill the 16 hours of continuing education needed to maintain ChildNet certification.

Training seminars are designed by PACES staff and cover a range of topics that differ each year. For example, the first seminar of 2008, “What Do I Do with These Kids?” covered setting up learning centers, appropriate activities for preschool children, and incorporating literacy activities into the day. The second seminar, “Daily Drama,” focused on social/emotional development and strategies for dealing with behavioral problems. This seminar also addressed provider stress and how to manage it. The third seminar, “The Baby Brain,” covered infant development and the importance of talking to babies. The fourth seminar, “Kids in the Kitchen,” addressed nutrition, cooking with children, and making cooking a learning experience. PACES provides door prizes at each training

***Examples of Curriculum Activities for Providers: Level II***

**Literacy**

This packet includes a document explaining the importance of early literacy, examples of ways to expand learning through reading, and a description of how to perform an environmental print activity. It also includes labels to post around the home, and two books (*Where the Wild Things Are* by Maurice Sendak and *Tomie’s Baa Baa Black Sheep* by Tomie DePaulo). After a discussion of the materials, the home visitor reads both books with the children and the provider to emphasize the use of rhyming words when talking and reading to infants and toddlers. She also demonstrates how to encourage children to retell a story by helping toddlers and preschoolers act out *Where the Wild Things Are*.

**Science**

Staff uses the “bubble packet” to teach science during the summer months. The packet includes ideas and information for the use of bubbles as a way to engage children in using their senses to navigate their environment, exploring cause and effect, and recognizing spatial relationships. Materials in this packet include bubble solution, pipe cleaners for making homemade bubble wands, bubble windows made with yarn and straws, straws, cups, cups with the bottoms cut off, various types and textures of fabric, two PVC pipes, four PVC connectors, embroidery hoop circle (or square), and funnel. While blowing bubbles with the children, the home visitor models how to ask open-ended questions by asking the children to identify the different shapes of the bubbles.

that align with the training theme. For example, the door prize may be blocks for the session on “What Do I Do with These Kids?” or a baby stroller for “The Baby Brain.” The program also provides a continental breakfast for participants, as well as paper and pencils for note taking.

**Newsletters.** PACES provides a biweekly newsletter via email to program participants to reinforce topics addressed in home visits and trainings. Newsletters include upcoming events, recognize accomplishments of providers in the program, identify recalled toys or other products, and provide suggestions for activities. For example, a winter newsletter suggested learning activities for snow play that involved use of colored water in squeeze bottles.

**PACES in Jones County.** In 2008, PACES began offering limited services to home-based caregivers in Jones County, a neighboring rural county in the Hawkeye Area Community Action Program’s service area. Twelve caregivers participate in this program. These caregivers participate in *First Steps* for three to six weeks and then receive 4 home visits per year using the curriculum for *Providers: Level I*. In Jones County, PACES conducts training seminars on the same days and in the same location as the seminars for caregivers in Linn County, but the start times are later in recognition of the distances caregivers may have to drive. Instead of breakfast, the program usually provides lunch for participants. These caregivers also receive the biweekly newsletters.

### Staffing

PACES in Linn County operates with a core staff of one full-time supervisor and three full-time staff who work out of the Hawkeye Area Community Action Program offices (Table 5). PACES employs one part-time staff member, a child care educator, to deliver services in Jones County. With the exception of the program supervisor, staff members are paid on an hourly basis.

**Table 5. PACES Staffing**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Supervisor	Manages all aspects of PACES, supervises staff, and leads some training seminars.	Full time
Child Care Educator	Conducts home visits with all providers participating in <i>First Steps</i> and <i>Providers: Level I</i> . Conducts selected home visits for <i>Providers: Level II</i> . Leads training seminars.	Full time
Child Care Development Coordinator	Recruits caregivers into the program. Conducts selected home visits for Levels II through IV. Leads training seminars, develops training materials, and produces newsletters.	Full time
Early Childhood Teacher	Conducts observations using selected items from the FCCERS-R. Conducts selected home visits for <i>Providers: Level II</i> . Serves as the mentor to providers in Level III completing the self-study for accreditation. Conducts home visits as needed for Level IV. Leads training seminars, develops training materials, and produces newsletters.	Full time
Child Care Educator—Jones County	Conducts home visits with all providers participating in <i>First Steps</i> and <i>Providers: Level I</i> .	Part time (0.6 FTE)

Source: Provider and Child Care Education Services.

On a day-to-day basis, PACES staff work in the headquarters of the Hawkeye Area Community Action Program in office space next to CCR&R staff; the child care educator for Jones County works in a location in Jones County. Staff meetings are held in a conference room on site. Each staff person has a cubicle, desk, and computer. Staff members generally take handwritten notes during home visits and maintain hard-copy files. Use of the computer is generally limited to tracking demographics, printing reports, conducting research on activities to include in home visiting packets, and producing newsletters. All staff members have agency-issued cell phones for limited use while visiting providers. PACES staff members use their own vehicles for transportation to and from home visits and local training and receive mileage reimbursement.

**Staff Qualifications and Training.** PACES requires a bachelor's degree in early childhood development, early childhood/elementary education, or a related field for the early childhood teacher and child care development coordinator positions. For the child care educator position, PACES requires a college degree or one to two years of relevant experience. All PACES staff members have college degrees or prior experience in early childhood education or as home-based caregivers.

There is no specific preservice training. However, new staff members accompany a more experienced employee on home visits to see how the curriculum is delivered. The current child care educator is a former registered family child care provider and has been with PACES since its inception; she serves as an informal trainer for new staff. Ongoing training and professional development include regional CCR&R meetings or other training designed for home consultants. The current child care development coordinator received training to become an approved NAFCC observer to enhance her role as the mentor to the accreditation candidates enrolled in *Providers: Level III*. The current early childhood teacher participated in training and received certification in the Positive Behavior Supports<sup>11</sup> approach that PACES plans to teach providers as part of its 2009 quarterly training sessions.

**Supervision.** The program supervisor provides ongoing staff supervision. Supervision activities include biweekly staff meetings, discussions about the contents of home visiting packets, reviews of home visitor notes, and home visit observations. The PACES supervisor also oversees the implementation of training by observing the quarterly training seminars.

## Fidelity Standards

The program does not have fidelity standards.

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<sup>11</sup>According to the website of the Iowa Behavioral Alliance, Positive Behavior Supports (PBS) is a proactive behavior support system that emphasizes a holistic approach to lifestyle changes, systems change, and the value of consumers as collaborators (Iowa Department of Education, n.d.). The goals are to define, teach, and support appropriate behaviors in a way that establishes a culture of competence within schools. Schools that implement school wide systems of positive behavior support focus on taking a team-based system approach and teaching appropriate behavior to all students in the school.

## Data Collection

PACES collects several types of data about its participants, child care arrangements, and service delivery:

- Demographics of enrolled caregivers
- Registration status of participants with the Iowa Department of Human Services
- Participation in the child care subsidy programs and CACFP
- The number of children in care
- Satisfaction surveys on randomly selected home visits, FCCERS-R observations, and group training
- Participation in services and training attendance
- Changes in licensing, education, accreditation status
- Results of observations using selected FCCERS items

The program also uses the following forms:

- Enrollment
- Children in care (for providers to list the children for whom they provide care)
- Accreditation application
- Training attendance
- Case notes
- Equipment request and reimbursement
- Child abuse reporter statement

## Evaluation

PACES has not been evaluated.

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## REGISTERED FAMILY HOME DEVELOPMENT PROJECT

### SUMMARY

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Service Area	San Antonio, Texas
Category	Support for Licensing
Target Population	Family, Friend, and Neighbor Caregivers; Registered Family Child Care Providers
Annual Caregiver Enrollment	60
Dates of Operation	2001-Present
Annual Budget	\$100,000
Staffing (in FTEs)	0.5, plus contracted instructors and mentors
Description	The Registered Family Home Development Project provides training workshops and mentoring to support home-based caregivers in meeting licensing requirements.
External Evaluation	None

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## REGISTERED FAMILY HOME DEVELOPMENT PROJECT

### Community Context

Since 2001, the Registered Family Home Development Project has offered services to home-based caregivers in San Antonio, Texas, and surrounding areas. The San Antonio metropolitan area has about 1.3 million people; the population is 29 percent White, non-Hispanic; 6 percent African American, non-Hispanic; 2 percent Asian; 61 percent Hispanic or Latino; and 2 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$36,214; 17 percent of the population lives below the poverty level. San Antonio's major industries include insurance and financial services (San Antonio Economic Development Foundation, 2005).

San Antonio, located in Bexar County, has approximately 106,332 children from birth to age 5. Of all children, 26 percent live in poverty (KIDS COUNT Census Data Online, 2006). Bexar County has 30 licensed family child care homes, 500 registered family child care homes, and 339 exempt homes. The average weekly cost for a child in a family child care home is \$100 (Texas Association of Child Care Resource & Referral Agencies, 2008).

### Policy Context

#### Regulatory Policy

The Texas Department of Family and Protective Services (TDFPS) regulates child care in the state. Regulations for home-based child care divide caregivers into three categories: listed, registered, and licensed (Table 1). Family members who care for their relatives are exempt from regulation.

**Table 1. Child Care Regulation In Texas**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Family members who care for their relatives are not regulated by the state.
Listed family child care homes	A caregiver who provides care in her/his own home for 1 to 3 unrelated children is required to be listed. There are no minimum standards for listed family homes, and they are inspected only if there is a report of abuse/neglect.
Registered family child care home	A caregiver who provides care in her own home for no more than 6 children (from birth through age 13) and provides care after school hours for not more than 6 additional elementary school children is required to be registered. TDFPS conducts one unannounced inspection every two years.
Licensed family child care home	A caregiver providing care in the home for 6 to 12 children (from birth through age 13) is required to be licensed; this does not include children cared for after school. TDFPS inspects these homes once a year.

Source: Texas Department of Protective and Regulatory Services.

## **Subsidy Policy**

Exempt caregivers and all regulated providers are eligible to receive child care subsidy reimbursements for eligible children. However, licensed and registered providers receive higher reimbursement rates than do exempt caregivers. Only licensed providers are eligible for the Child and Adult Care Food Program (CACFP), which provides nutritious meals and snacks for eligible children. Registered providers, however, can participate in the CACFP if a sponsoring organization supports them.<sup>12</sup> In addition, providers who are located in a low-income area or care for low-income children receive higher reimbursement rates.

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

For more than 17 years, Texas has offered the Texas Rising Star program to licensed and registered family child care homes. Providers participating in the Texas Rising Star program agree to serve as child care contractors for subsidized children. These providers also agree to meet requirements that exceed the state's minimum licensing standards. In return, providers receive Texas Rising Star Certification along three levels—two stars, three stars, and four stars—indicating that they meet certain criteria related to quality child care environments. Providers who are nationally accredited receive a four-star certification (Texas Workforce Commission, 2008).

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

The Registered Family Home Development Project is operated by the Family Service Association of San Antonio, Inc. (Family Service Association), a nonprofit human services organization operating in the city since 1903. Family Service Association provides a menu of social services for residents of the San Antonio metropolitan area, such as employment services, foster child and elder care programs, transitional housing, and a child care resource and referral (CCR&R) agency. The Registered Family Home Development Project operates under the auspices of the CCR&R's Parent & Children's Resources Department. Family Service Association employs a staff of 250 and operates on a budget of approximately \$4.5 million from public and private sources.

### **Budget and Funding Sources**

Family Service Association receives a grant from the city of San Antonio, in the amount of \$100,000 a year, to operate the Registered Family Home Development Project. The grant is through the Smart Start initiative (formerly Corporate Child Care Collaborative of San Antonio), which funds a range of early childhood-related activities in the city. On average, the cost per provider is \$1,667.

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<sup>12</sup>An organization is eligible to serve as a sponsoring organization in Texas's CACFP if it (1) is a public institution or a nonprofit, tax-exempt organization; (2) ensures that the family child care homes that it sponsors provide organized, nonresidential child care; (3) accepts final administrative and financial responsibility for all family child care homes under its sponsorship; and (4) operates a nonprofit food service program.

## Initiative Design

### Goals and Logic Model

The Registered Family Home Development Project was developed to increase the number of registered family child care homes in San Antonio by helping caregivers meet Texas’s pre-licensing requirements for training and assisting registered providers in meeting state requirements for continuing education (Table 2). The program also provides new providers with mentoring.

A logic model for the Registered Family Home Development Project is not available.

**Table 2. Program Components and Goals: Registered Family Home Development Project**

Program Component	Goal
Training	Provide individuals who want to open or improve a registered family child care home with training that will help them meet licensing requirements and receive information that will help improve the quality of care they provide to children
Mentoring	Support caregivers in their efforts to obtain a license by helping them build a support network with an experienced child care provider who can provide one-on-one guidance on how to increase the quality of the home environment

Source: Registered Family Home Development Project.

### Target Population

The target population for the Registered Family Home Development Project is caregivers who are interested in becoming registered, registered caregivers interested in becoming licensed, and licensed providers who need continuing education training to maintain licensure. Many participating caregivers are bilingual, speaking both English and Spanish.

### Recruitment Strategies

The program typically recruits providers through Family Service Association’s CCR&R, orientations held by TDFPS for newly registered or licensed providers, and by word-of-mouth.

### Services

The Registered Family Home Development Project provides training and mentoring services to unregistered and registered providers in San Antonio. Caregivers who are not registered when they enter the program agree to complete requirements to become registered family child care providers as a term of acceptance into the program. Since its inception in 2001, the program has enrolled approximately 480 participants.

The Registered Family Home Development Project provides participants with one month of training workshops and two to three months of mentoring.

**Training Workshops.** The Registered Family Home Development Project provides four, 4-hour training workshops, most often scheduled for Saturday mornings (Table 3). Training

workshops were designed by the Registered Family Home Development Project staff and are led by project and/or contract staff. Components of the curriculum were adapted from *Creative Curriculum* materials by one of the program’s contract staff, an accredited family child care home provider. The four workshop topics do not change; however, instructors have flexibility to modify the workshops based on the composition of the group and any apparent areas of strengths and weaknesses.

Trainings are held in a conference room in the Family Service Association’s building, can accommodate up to 30 people, and are delivered in English. Typically, 20 to 30 caregivers attend these workshops. The Registered Family Home Development Project provides a continental breakfast for participants and door prizes such as toys or other supplies at each workshop, as well as paper and pencils for note taking.

Participants must attend all four sessions to complete this component of the program. Licensed providers attending the workshops for continuing education credits are not required to complete all 16 hours. Rather, these providers can choose the workshops that will meet their needs.

**Table 3. Training Workshop Topics: Registered Family Home Development Project**

Course	Curriculum Topic
Course 1	Basic Training
Course 2	Literacy and Curriculum in a Multi-Age Setting
Course 3	Business and Management of Home-Based Child Care
	Professionalism and Positive Communication
Course 4	Overview of Accreditation Requirements
	Introduction to Professional Development and Community Resources

Source: Registered Family Home Development Project.

**Mentoring.** Participants seeking registration participate in the mentoring component of the Registered Family Home Development Project. This component lasts two to three months. On the last day of the workshop training, participants are introduced to a practicing licensed family child care home provider who has agreed to serve as a mentor. The program assigns one mentor to up to five participants. The program anticipates that the mentor and participants will form a network from which newly registered providers can find support.

Mentors have the flexibility to implement the networking component as they prefer. Some choose to meet with each provider one-on-one, whereas others choose to hold several support group meetings. Depending on the needs of the providers, communication can occur by telephone or in person. The mentor also provides feedback on providers’ homes through an in-person assessment. The program relies on mentors’ expertise rather than a scripted, formal protocol. Based on the recommendations from the mentor, the Registered Family Home Development Project will provide reimbursement of up to \$150 to \$200 for materials that providers can use in their businesses (for example, shelving, toys, games, or building blocks). In total, mentors spend a minimum of 4 and a maximum of 20 hours with each participating provider over a two-month to three-month period.

## Staffing

The Family Service Association assigns a staff person to coordinate the Registered Family Home Development Project and contracts with individuals to provide training and mentoring (Table 4). The program has a cadre of four to five professional instructors who lead the workshops and reach out to former participants or established licensed family child care providers in the community to provide mentoring.

**Table 4. Staffing: Registered Family Home Development Project**

Staff Title	Staff Roles and Responsibility	Full or Part-Time Status
Project Coordinator	Coordinates training and acts as first point of contact for contract staff. Administrative support for this role is not funded under the grant.	Part time (0.5 FTE)

Source: Registered Family Home Development Project.

**Staff Qualifications and Training.** The Registered Family Home Development Project Coordinator must have a minimum of an associate's degree in early childhood education or a related social services field with a minimum of four years of experience. Contract instructors and mentors are required to have expertise in early childhood education and home-based child care. All of the instructors working with the Registered Family Home Development Project are registered trainings contracted by Family Service Association and are current or former accredited family child care home providers. Mentors are required to be licensed family child care providers with several years of experience; all current mentors meet this requirement. The program prefers to have instructors and mentors who speak Spanish, although bilingualism is not a requirement to fill either role.

The Registered Family Home Development Project does not require pre-service or in-service training for instructors or mentors.

**Supervision.** The project coordinator provides routine supervision of the program through monitoring selected training sessions, meeting with contract staff, and reviewing responses to satisfaction surveys completed by participants.

## Fidelity Standards

The program does not have fidelity standards.

## Data Collection

The Registered Family Home Development Project collects several types of data about its participants, child care arrangements, and service delivery:

- Demographics of enrolled caregivers
- Registration status of participants
- Participation in child care subsidy programs and CACFP
- Number of children in care

- Satisfaction surveys on workshops
- Training attendance
- Changes in licensing status

The program uses the following forms:

- Enrollment
- Training attendance
- Mentor interaction reports
- Materials reimbursement form

## **Evaluation**

The Registered Family Home Development Project has not been evaluated.

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## RELATIVE CAREGIVER TRAINING SUMMARY

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Service Area	Delaware
Category and Type	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	450
Dates of Operation	2006–Present
Annual Budget	\$50,000
Staffing (in FTEs)	1
Description	Relative Caregiver Training provides 45 hours of training to family, friend, and neighbor caregivers caring for children who receive child care assistance.
External Evaluation	None

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## RELATIVE CAREGIVER TRAINING

### Community Context

Since 2006, The Family & Workplace Connection (FWC) has offered training to home-based caregivers who are exempt from regulation in Delaware. The state has a population of approximately 862,000 residents who live in urban, suburban, and rural communities. Delaware's population is 69 percent White, non-Hispanic; 20 percent Black or African American, non-Hispanic; 3 percent Asian; 7 percent Hispanic or Latino; and 1 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$55,988; 10 percent of the population lives below the poverty level. The major employers in the state are government, Bank of America, and the DuPont Corporation.

Delaware has approximately 13,425 children from birth to age 5. The annual cost for a 4-year-old in child care ranges from \$5,740 in a family child care home to \$6,899 in center-based care. Of the 7,000 children receiving child care assistance, 10 percent receive care from relatives or other nonregulated caregivers (National Association of Child Care Resource & Referral Agencies, 2009).

### Policy Context

#### Regulatory Policy

The Delaware Department of Health and Human Services regulates child care in the state. Regulations for home-based child care divide providers into three categories: exempt caregivers, licensed family child care homes, and licensed large family child care homes (Table 1).

**Table 1. Child Care Regulation in Delaware**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Persons caring for children to whom they are related are exempt from licensing.
Licensed family child care home	A provider caring for up to 6 children in a home must be licensed.
Licensed large family child care home	A provider caring for 7 to 12 children in a home must be licensed.

Source: Delaware Department of Health and Human Services.

#### Subsidy Policy

Both exempt caregivers and licensed family child care homes are eligible to receive child care subsidy reimbursement for eligible children. To be eligible for reimbursement, exempt caregivers must complete certain forms, agree to accept the state rate, and attend the Relative Caregiver Training. The Child and Adult Care Food Program (CACFP), which provides nutritious meals and snacks for eligible children, is available to licensed providers; exempt caregivers must complete the Relative Caregiver Training before participating.

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

In 2006, Delaware implemented Delaware Stars, a quality rating system (QRS), to increase families' access to quality early care and education (Children & Families First, 2003). Delaware Stars is voluntary and open to licensed family child care homes, licensed child care centers and preschools, and programs operated by school districts. It is a five-level rating system, with the lowest level requiring programs to meet licensing and other regulatory standards. In levels two through five, programs must meet increasingly higher standards in the areas of staff qualifications and professional development, learning environment and curriculum, family and community partnerships, and management and administration. Delaware Stars also provides participating programs with technical assistance and limited financial support to assist providers in their efforts to increase quality. As of December 2008, 53 centers, 1 large family child care home, and 14 family child care homes were participating in Delaware Stars.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

Relative Caregiver Training is operated by The Family & Workplace Connection (FWC), a division of Children & Families First (CFF), a not-for-profit human services agency in Delaware. CFF is an umbrella agency for five long-standing organizations—the Children's Bureau, Family Service Delaware, Turnabout Counseling, the Perinatal Association of Delaware, and FWC. CFF provides foster care, elder care, workshops related to divorcing parents and their children, truancy prevention, and welfare-to-work programs. It also operates Delaware Stars. FWC joined CFF in February 2008, bringing expertise from serving as a child care resource and referral (CCR&R) agency since 1986. CFF employs a staff of approximately 230 and operates on a budget of approximately \$9.7 million from a variety of public and private sources.

### **Budget and Funding Sources**

FWC receives funding from the Delaware Department of Health and Social Services, Division of Social Services, to operate Relative Caregiver Training. FWC's annual budget for the program in 2008 was \$50,000. On average, the cost per provider was \$166.

## **Initiative Design**

### **Goals and Logic Model**

Relative Caregiver Training was developed by FWC to increase the quality of child care provided by exempt caregivers receiving child care subsidies. According to FWC staff, families in Delaware often choose to use child care provided by relatives because centers require a co-pay for children receiving subsidies. FWC began offering the program in the early 2000s but had little success because many caregivers did not think they needed training since they had experience raising their own children. In 2005, the training became a requirement for caregivers who receive child care subsidies. FWC also began providing caregivers with other supports, such as a kit of materials to use in their homes (Table 2).

A logic model for Relative Caregiver Training is not available.

**Table 2. Program Components and Goals: Relative Caregiver Training**

Program Component	Goal
Training	Ensure that children in unlicensed settings receive quality child care by teaching caregivers how to create strong early learning environments.
Materials kit	To provide caregivers with materials that they can use in their homes to support child development.

Source: The Family & Workplace Connection.

### Target Population

Relative Caregiver Training is available only for exempt caregivers who receive child care subsidies. Most of the caregivers participating in Relative Caregiver Training are grandparents or other relatives caring for children birth to age 12 while parents are at work. These caregivers are generally older than licensed providers and are middle income, although many children in their care come from low-income families.

### Recruitment Strategies

CFF typically recruits caregivers through the orientation seminars they are required to attend in order to receive child care subsidies. A staff person will make a presentation to the group and pass out fliers with more detailed information. CFF staff mail the training calendar to caregivers on a list provided by the Department of Health and Social Services. The list is managed by CFF staff.

### Services

Relative Caregiver Training provides 45 hours of child care training to exempt caregivers; caregivers are required to complete the training within 18 months of beginning to receive child care subsidies. However, caregivers are not penalized (by discontinuing reimbursements, for example) for failing to complete all 45 hours. The program operates with the understanding that caregivers may not be able to attend all sessions because of a variety of constraints, such as lack of transportation or the need to provide child care. The program does not provide child care during the trainings for insurance reasons. As a result, caregivers typically enter and exit the training as their schedules permit. In 2006, 300 caregivers attended at least one of the trainings and 178 completed all 45 hours.

CFF delivers the 45 hours of Relative Caregiver Training through 15, three-hour training workshops a year covering a variety of topics related to child care (Table 3). Five core instructors approved through the Delaware First professional development program deliver the workshops. The curriculum is made up of components of the curriculum used in the state for professional development courses for licensed centers.<sup>13</sup> Workshops are held in various locations around the

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<sup>13</sup>The curriculum is a two-part, 132-hour training for early childhood professionals called Training for Early Care and Education (TECE). TECE 1 content provides fundamental knowledge for those individuals who are working with young children. TECE 2 content is designed to offer strategies for supporting and guiding young children's development and learning. Both sections support the training requirements for the child development associate (CDA) credential and are integral components of Delaware's Delaware Stars and state licensing regulations (Delaware First, 2007).

**Table 3. Workshop Topics: Relative Caregiver Training**

Topic	Number of Hours	Content
Safety	3	This workshop introduces participants to the safety concerns associated with early care, including strategies for supervising young children. Instructors explain how to evaluate the environment for potential safety hazards and how to manage emergencies, accidents, and injuries. Participants also learn about the signs of child abuse and neglect.
Health	3	In this workshop, participants are introduced to the importance of creating a healthy environment for young children and how to communicate with families about health issues. Instructors provide information about how to perform daily health appraisals and manage mild illnesses. The workshop also offers information about common communicable diseases, HIV/AIDS, and chronic health conditions.
Early Language and Literacy	3	This session covers a range of language and literacy topics.
Child Development	15	In three sessions, participants receive an overview of human development. Participants are introduced to the theories and concepts associated with and the social context for children's development. They also learn about children's physical, cognitive, language, social, and emotional development with an overview of each area and information about typical patterns of development. Participants also learn about each stage of development and how caregivers can support learning and development for infants, toddlers, preschoolers, and school-age children. The workshop is designed to help participants recognize concerns about children's development. Finally, instructors provide strategies for talking with families about this topic.
Understanding Children's Behavior	12	In two-and-a-half workshops, instructors help participants understand why young children behave the way they do. Instructors review the typical patterns of emotional and social development and discuss typical challenging behaviors. Participants receive an introduction to the positive guidance approach, providing them with specific strategies for using the approach. Participants also learn how to create a supportive environment that nurtures children's self-esteem, social competence, and pro-social behavior. Finally, the training offers information about structuring the environment to prevent behavior problems.
CPR and First Aid	6	This session provides training on CPR and first aid.

Source: The Family & Workplace Connection.

state so that caregivers in Delaware’s three counties can participate. Locations include state-owned buildings, child care centers, libraries, and other free or low-cost facilities. In some cases, the agency will make a small donation to an organization in exchange for the use of a facility. On average, between 17 and 24 caregivers attend each three-hour workshop.

**Materials and Kits.** Upon completing the 15-hour child development course, caregivers receive a kit containing materials that are developmentally appropriate for the ages of children in their care. The bags that contain the materials are donated by the insurance commissioner of Delaware.

### Staffing

The Relative Caregiver Training program is coordinated by one part-time staff person and a manager who provides oversight. Other CFF staff may be pulled in to assist them should the need arise (Table 4). These staff work out of the CFF office space and rely on administrative staff from other programs as needed.

**Staff Qualifications and Training.** CFF requires a bachelor’s degree in early childhood development, early childhood/elementary education, or a related field for the coordinator positions. There are no language requirements for staff. Both coordinator staff members have college degrees in areas related to early childhood education. Instructors are independent contractors with CFF and are approved by the Delaware First professional development program.

There is no specific pre- or in-service training for staff.

**Supervision.** The program manager provides ongoing staff supervision through staff meetings and by observing selected training workshops. FWC does not supervise instructors; they are supervised and evaluated through the Delaware First professional development program.

### Fidelity Standards

The program does not have fidelity standards.

**Table 4. Staffing**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Manager	Supervises the overall project and coordinates with state policymakers.	Part time (0.1 FTEs)
Coordinator	Organize the training schedule, contact caregivers, and make a presentation of the program during orientations.	Part time (0.5 FTE)

Source: The Family & Workplace Connection.

## Data Collection

Relative Caregiver Training collects several types of data about its participants, child care arrangements, and service delivery, including

- Demographics of enrolled caregivers
- Participation in the child care subsidy program
- The number of children in care
- Satisfaction with group training
- Participation in services and training attendance

The program also uses the following forms:

- Enrollment
- Training attendance

## Evaluation

Relative Caregiver Training has not been evaluated.

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## RIGHT FROM BIRTH

### SUMMARY

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Service Area	Mississippi
Category	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers; Child Care Center Staff
Annual Caregiver Enrollment	Not available
Dates of Operation	2003–2007
Annual Budget	\$156,000
Staffing (in FTEs)	2.5
Description	Right from Birth provided technical assistance and financial and in-kind incentives to support home-based caregivers and center teachers in improving the quality of care they provided.
External Evaluation	Georgetown University conducted an evaluation of the Right from Birth program in which child care centers and home-based caregivers were randomly assigned to one of two service delivery models: a six-workshop series with supporting materials or 20 days of immersion training with supporting materials.

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## RIGHT FROM BIRTH

### Community Context

The Right from Birth (RFB) project, which operated from 2003 to 2007, provided quality improvement services to home-based caregivers and child care centers in Mississippi through immersion training and workshops. Mississippi has a population of 2.9 million people who live in urban, suburban, and rural areas. According to the U.S. Census, the population is 59 percent White, non-Hispanic; 37 percent Black or African American, non-Hispanic; 1 percent Asian; 2 percent Hispanic or Latino; 1 percent another or multiple races (U.S. Census Bureau, 2007). The median annual household income is \$36,424, and 21 percent of the population lives below the poverty level. The major industries in the state include farming (cotton, corn, soybeans, and rice), oil, textiles, electronic and transportation equipment, and fishing.

Mississippi has approximately 214,000 children under age 5 (U.S. Census Bureau, 2007). The average weekly fee paid for full-time care for children in an unlicensed family child care home in Mississippi is \$60. Average weekly fees for full-time child care in the state range from \$75 for 4-year-olds to \$90 for infants, although rates vary across the state for licensed and unlicensed settings. According to the Department of Health, Mississippi has 591 licensed family child care homes.

### Policy Context

#### Regulatory Policy

The Mississippi Department of Health regulates child care in the state. Home-based care is divided into two groups: exempt and licensed (Table 1). Caregivers who care for five or fewer unrelated children or for children who are related to them are exempt from regulation. The Department of Health requires home-based caregivers who care for 6 to 12 children who are not related to them to obtain a license. These providers are licensed as child care facilities according to the same regulations used to license child care centers (Mississippi Department of Health, 2009).

**Table 1. Child Care Regulation in Mississippi**

Home-Based Care Setting	Summary of Requirements
Unlicensed family child care homes	The state does not regulate caregivers who are for five or fewer unrelated children or who care for children who are related to them.
Licensed family child care homes	Mississippi will grant a license to home-based child care with 12 or fewer children. Caregivers who care for 6 or more children who are unrelated to them must obtain a license. The state views these entities as “child care facilities” and requires them to meet the same licensing requirements as child care centers.

Source: Mississippi Department of Health.

## **Subsidy Policy**

Both licensed family child care homes and exempt caregivers can receive child care subsidy reimbursement for eligible children. However, licensed family child care homes receive higher reimbursement rates than do exempt caregivers. To receive subsidy payments, exempt caregivers must add their names to a list maintained by the Mississippi Office for Children and Youth and return a form to the office that self-certifies adherence to basic health, nutrition, and safety guidelines. The Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children, is also open to licensed and unlicensed family child care homes. However, exempt caregivers must sign an agreement with a sponsoring organization, such as a local or state agency, to participate in CACFP; this organization coordinates training, monitors providers' meals, and helps with planning menus and filling out reimbursement forms (Mississippi Office of Healthy Schools, 2008).

## **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

Mississippi's quality rating system (QRS) is a five-star step system that seeks to assess, improve, and communicate the level of quality in child care; the QRS is open to all licensed child care facilities. Counties can opt to participate in the QRS. Fifty-four of Mississippi's 82 counties currently participate; the state is moving toward statewide implementation. The first star in the QRS indicates that a provider is licensed, and the fifth star indicates that the provider has the following: a transition plan to kindergarten, 25 percent of staff with child development associate (CDA) credentials or higher, parent/teacher conferences twice a year, full implementation of the Mississippi Early Learning Guidelines, a facility score of 3.3 to 4.0 on the Caregiver Interaction Scale (CIS; Arnett, 1989), and a score of 5.1 to 7 on the Early Children Environmental Rating Scale-Revised (ECERS-R; Harms, Clifford, & Cryer, 1998) and/or the Infant-Toddler Environment Rating Scale-Revised (ITERS-R; Harms, Cryer, & Clifford, 2002) as appropriate (Mississippi Child Care Quality Step System, n.d.). Providers who participate in the child care subsidy system receive increasingly higher bonuses for obtaining ratings of two to five stars (Mississippi Child Care Quality Step System, 2004–2009).

In addition to the QRS, Mississippi provides a range of professional development opportunities for staff from licensed child care facilities (Mississippi Department of Human Services, Office for Child and Youth Quality Child Care, n.d.).

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

RFB operated out of the Mississippi State University Extension Service (Extension Service) in Starkville, Mississippi from 2003 through 2007. The Extension Service was established in 1914 to assist rural residents in improving their farming operations and the quality of their home lives. It provided noncredit educational opportunities for adults and children in Mississippi through federal, state, and local partnerships, including operation of the Mississippi Child Care Resource and Referral (CCR&R) Network. The Extension Service works through county-based offices, has 11 administrative employees and various affiliated faculty, and operates with state and federal funding.

## **Budget and Funding Sources**

The Child Care Bureau and the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, funded RFB with \$623,524 from September 2003 through September 2007. On average, the total cost was \$5,000 to \$6,000 per participant for training immersion and \$200 to \$300 per participant for the workshops, not included is the cost of staff supervision. Both groups also received approximately \$800 of materials.

## **Initiative Design**

### **Goals and Logic Model**

RFB was developed based on two books, *Right from Birth: Building Your Child's Foundation for Life, Birth to 18 Months* (Ramey & Ramey, 1999b) and *Going to School: How to Help Your Child Succeed, A Handbook for Parents of Children 3–8* (Ramey & Ramey, 1999a), as well as a public television series, *Right from Birth*, developed by Drs. Sharon Ramey and Craig Ramey of Georgetown University.<sup>14</sup> Dr. Cathy Grace from Mississippi State University developed a workshop model, also using the same name, for delivering the RFB concepts included in the books and television series. The Ramey's Immersion Training for Excellence (RITE) delivers the RFB concepts through a 20-day one-on-one training program. The developers of the RITE model were driven by the question of whether caregivers would see more benefits through one-on-one coaching than through other methods of instruction. An underlying belief was that with most traditional training, caregivers do not have as much of an opportunity to experience their newly acquired knowledge.

A logic model for RFB is not available.

### **Target Population**

The target population for RFB was child care center teachers and exempt home-based caregivers, serving children from birth to age 5, who did not have college degrees or CDA certification and who were interested in improving the quality of care they provided.

### **Recruitment Strategies**

RFB recruited providers through the Extension Service's child care resource and referral service (CCR&R) and word-of-mouth. Home-based caregivers participating in the Nurturing Homes Initiative (see profile elsewhere in this compendium) were offered an opportunity to participate. RFB staff also recruited from a list of providers participating in CACFP.

### **Services**

RFB participants were randomly assigned to either a 20-day immersion training or a series of six workshops. Both models incorporated the concept of "The Seven Learning Essentials" (Table 2). In addition to the training, participants received the following: the RFB television workshop series on

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<sup>14</sup>The *Right from Birth* television series provided twelve 30-minute lessons for caregivers and parents about child development.

DVDs, a training book, the book *Right from Birth: Building Your Child's Foundation for Life*, and other materials (for example, books, puzzles, games) valued at \$800.

**Table 2. The Seven Learning Essentials: Right from Birth**

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1. Encourage active exploration
  2. Mentor children in the basics (appropriate for age and culture)
  3. Celebrate each child's new skills (development)
  4. Help children rehearse and extend new skills
  5. Protect children from harsh and inappropriate treatment
  6. Provide language-rich interactions and promote language and literacy development
  7. Guide and limit children's behavior (positive socialization starting at about 12 to 18 months)
- 

Source: Right from Birth.

**20-Day Intensive Training Model.** The 20-Day Intensive Training model included a “get acquainted” meeting, a baseline assessment, and 20 days (120 hours) of technical assistance visits over a four to six week period.

**Get Acquainted Meeting.** RITE began with a visit from an RFB coach who explained the program and gave the caregiver a description of the pre- and post-assessments. These assessments served two purposes: to guide the training sessions and to measure improvement as part of an evaluation conducted by Georgetown University. The coach told the caregiver that the pre-assessment was used to observe what they were doing so that the program would know how to assist them. Caregivers who agreed to participate in the program signed consent forms and received a \$50 one-time cash payment as a “thank you” for agreeing to participate in the evaluation.

**Assessment.** During the next visit, the coach observed the provider's environment using an observational checklist of behaviors that aligned with “The Seven Learning Essentials” to determine how the caregiver was addressing the essentials. Coaches asked caregivers to conduct their day as they normally would and to consider staff as silent observers. At the end of the assessment, coaches discussed the results of the checklist and the areas in which the coach and provider would work over the 20-day training and informed the caregiver that the next step would be technical assistance. For centers, mentors would arrange for a conference with the center director before proceeding to technical assistance; coaches worked directly with teachers during the technical assistance component.

**Technical Assistance.** Technical assistance visits were designed to address items on the assessments in which caregivers were weak and to deliver the RFB concepts. These visits began no more than two weeks after the pre-assessment and occurred for 20 nearly consecutive days. Each home visit lasted a full day (eight hours). At the beginning of the first technical assistance visit, caregivers received the RFB workbook that accompanied the curriculum. According to RFB staff, the workbook is no longer in print. Video episodes of the RFB television series were also shown to caregivers while children napped. During each visit, staff discussed the lessons with caregivers, demonstrated methods and hands-on activities, observed caregivers as they used the methods, and provided immediate feedback. Coaches avoided direct criticism or confrontation, instead finding

ways to address issues or potential problem behaviors that were adapted to the style/needs of the caregiver.

**Workshop Model.** Other caregivers participated in a series of six workshops. The workshops incorporated information from the same curriculum and materials as the 20-Day Intensive Training model; however, the content was delivered through a series of six workshops.

### Staffing

Right from Birth operated with a core staff of five, which included the principal investigator, program manager, and three full-time coaches (Table 3).

**Table 3. Staffing: Right from Birth**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Principal Investigator	Information not available.	Part time
Program Manager	Information not available.	Full time
Coaches	Three coaches, including one supervisor, conducted the RITE in-home training with providers.	Full time (3 FTEs)

Source: Right from Birth.

On a day-to-day basis, RFB staff worked in the Extension Service office space. All coaches had agency-issued cell phones for limited use while visiting providers; used their own vehicles for transportation to home visits; and received reimbursement for lodging, meals, and mileage.

**Staff Qualifications and Training.** RFB required a bachelor’s degree in early childhood development, early childhood/elementary education, or a related field for the RITE coaches. All staff met these requirements. In addition, RFB wanted coaches who had nurturing personalities and could work in diverse settings. The coaches received extensive training on RFB, conducting observations using the ITERS-R, ECERS-R, and Family Day Care Rating Scale (FDCRS; Harms & Clifford, 1989) prior to beginning the job. They also received additional training on working with teachers in the role of a mentor.

**Supervision.** The program manager provided ongoing staff supervision. Supervision activities included weekly staff meetings and discussions of case notes. The program manager also evaluated the coaches periodically.

### Fidelity Standards

The program manager observed and evaluated the coaches during 2 of the 20 technical assistance visits to ensure that all procedures were being followed with the coaches providing quality mentoring. The program manager used a checklist developed to specifically evaluate coaches’ use of the curriculum.

## Data Collection

RFB collected several types of data about its participants, child care arrangements, and service delivery, including:

- Demographics of enrolled caregivers
- Licensing status of participants
- The number and ages of children in care
- Participation in services
- Results of observations using FDCRS and ITTERS-R, and “The Seven Learning Essentials” checklist

The program also used the following forms:

- Enrollment
- Training attendance
- Case notes

## Evaluation

Georgetown University conducted an evaluation of the RFB model (Ramey, Ramey, Grace, & Davis, 2008). The evaluation enrolled a total of 17 caregivers, including center teachers and exempt home-based caregivers, in its sample and randomly assigned providers to one of three models: the RITE 20-day immersion; a series of six RFB workshops over 6 days; and a single, one-day RFB workshop. Data sources for the evaluation included observations using the ECERS-R, ITTERS-R, and FDCRS; documentation from coaches on evidence of implementation of the “Seven Learning Essentials;” qualitative interviews, and child language development assessments using the Preschool Language Scale, Fourth Edition (PSL-4; Zimmerman, Steiner, & Pond, 2002). The evaluation examined the following research questions:

- Does the Rite form Birth training model (available in multiple formats) improve the quality of child care and education?
- Does the format, a series of workshops versus a highly-intensive form of job-embedded coaching (Rite immersion), produce different benefits?
- Are improvements maintained over time?
- What are the projected costs of the Rite model in different formats? How do these compare to other training and quality initiatives?
- Do children benefit?
- Is there evidence that Right from Birth will be adopted statewide for statewide use to improve child care quality and children’s literacy and language outcomes?

Independent assessors conduct quality observations prior to the intervention and at two weeks, three months, and 12 months after the intervention. Children in care were assessed using the PSL-4 at baseline and at 12 months after the intervention. The key findings from the study were as follows:

- Right from Birth produced benefits for both child care centers and home-based caregivers in both the workshop format and the immersion format.
- The immersion training produced greater benefits than the workshops.
- Improvements were maintained and sometimes enhanced up to 12 months after the intervention for all settings and training conditions.
- Positive benefits to children's language development were detected only in centers that received the Rite immersion training.



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## SATELLITE

### SUMMARY

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Service Area	Madison, Wisconsin
Category	Support for Accreditation
Target Population	Family Child Care Providers; Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	95
Dates of Operation	1975–Present
Annual Budget	\$250,000
Staffing (in FTEs)	4.9
Description	Satellite provides home visits, training, respite care, loans of equipment, and support groups for members to help them become accredited through City of Madison Family Child Care Accreditation Standards. It also provides referrals, consultation, mediation, and parenting education for parent members.
External Evaluation	None

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## SATELLITE FAMILY CHILD CARE

### Community Context

Satellite Family Child Care has operated in Madison, Wisconsin, since 1975. Madison is the state capital and is located west of Milwaukee in Dane County. According to recent census estimates, the total population is approximately 220,000. The majority of the population is White, non-Hispanic (79 percent); followed by African American, non-Hispanic (7 percent); Asian (7 percent); Hispanic or Latino (6 percent); and another or multiple races (2 percent) (U.S. Census Bureau, 2007). Approximately 7 percent of the families had incomes below the poverty level. Health care and social services represent the largest sector of the economy, with state government and the University of Wisconsin (UW) the largest employers. Professional and technical services ranks second. The manufacturing sector, with employers such as Kraft Foods and high-tech companies, ranks third.

In 2005, approximately 12,500 children under age 5 lived in Madison. According to the Dane County Child Care Resource & Referral (CCR&R) 2006 survey, a total of 612 family child care homes operated in the county, a decrease of 5 percent from the previous year based on responses to a survey of its providers in its database (4Cs Community Coordinated Child Care, 2006). Of the total, close to half—47 percent—were state licensed, an additional 34 percent were certified by 4C's, and 18 percent were categorized as provisional by the agency. Survey responses from slightly more than half of the providers indicated that 19 percent served only children subsidized through the Wisconsin Shares program and that 15 percent did not accept these payments. Close to 20 percent of the providers reported that they provided nighttime care; 15 percent reported that they provided care on the weekends.

### Policy Context

#### Regulatory Policy

The state's Department of Children and Families divides home-based child care into two categories: exempt care and licensed family child care. Exempt caregivers include relatives and individuals who care for three or fewer children who are not related to them. Exempt caregivers who seek to participate in the subsidy system can be certified by Dane County 4C's if they care for three or fewer children. Licensed family child care homes can care for a maximum of 8 children, including the provider's own children.

#### Subsidy Policy

Through the Wisconsin Shares program, Wisconsin provides reimbursement to exempt, certified, and licensed providers who care for eligible children. Accredited providers receive a 10 percent increase in their reimbursement rate. All three types of providers can participate in the Child Care and Adult Food Program (CCAFP), which provides reimbursement for meals and snacks for eligible children.

**Table 1. Child Care Regulation in Wisconsin**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives who care for related children and individuals who provide care for 3 or fewer children who are not related to them.
Certified family child care (voluntary)	Exempt providers who care for no more than 3 children can be certified by Dane County 4C's.
Licensed family child care home	Family child care providers can care for as many as 8 children, including the provider's own children. The provider must also comply with other requirements established by the state's Department of Children and Families.

Source: State of Wisconsin Department of Children and Families.

### **Other Quality Improvement Efforts for Home-Based Caregivers**

Wisconsin funds several quality improvement efforts that include family child care providers. Among them are a T.E.A.C.H.<sup>™</sup> (Teacher Education and Compensation Helps) initiative, which provides scholarships and bonuses for continued education, and R.E.W.A.R.D. (Rewarding Education with Wages and Respect for Dedication), which provides a direct supplement for providers who have reached specific levels of education in the Wisconsin Career Registry and have remained in the field. Of the 1,147 T.E.A.C.H. scholarship recipients in FY 2008, 292 or 25 percent were family child care providers (Wisconsin Department of Children and Families, 2008a). In fall 2008, 132 family child care programs, of which 20 were certified and 112 were licensed, participated in R.E.W.A.R.D. (Wisconsin Department of Children and Families, 2008b). In addition, Wisconsin has developed Model Early Learning Standards, which apply to children from birth to entrance in first grade, and it is working on a pilot project, Grow on Quality, to create quality indicators.

### **Program Sponsorship and Budget**

#### **Sponsoring Agency**

Satellite Family Child Care was created in 1975 by a group of family child care providers and advocates who sought funding from the City of Madison Day Care Unit to support quality family child care as an investment in the future of the community. In 2000, it merged with the Dane County Parent Council, Inc. (DCPC), an umbrella agency that provides a variety of services including Head Start, Early Head Start, and Head Start Plus Child Care for young children and their families. DCPC is the largest provider of infant/toddler early childhood services in Dane and Green counties, serving more than 1,000 children.

Satellite is part of an independent not-for-profit agency. Satellite has its own advisory committee composed of parents, family child care providers, and community members. It is the accrediting program for family child care providers in Madison and the surrounding areas.

## Budget and Funding Sources

Satellite's total annual budget is \$250,000. The budget covers salaries and compensation for one full time and six part-time staff, as well as training, materials, and other costs. Because Satellite is part of DCPC, some overhead costs may be more cost effective. Funding sources include the City of Madison, which accounts for 80 percent of the revenues, and the United Way of Dane County, which accounts for 10 percent. The remaining 15 percent of the budget is derived from provider and parent membership fees and other funding sources. Provider membership fees are \$100 annually after an initial enrollment fee of \$20; parents pay a one-time enrollment fee of \$20, as well as quarterly fees that range from \$15 to \$35 depending on the amount of time their children are in care. A waiver is available for income-eligible providers and parents. Satellite estimates an average annual cost per provider of \$2,500 to \$3,000. It served 95 providers in 2008.

## Initiative Design

### Goals and Logic Model

Satellite's mission is "to promote high quality care, education, and support for children and families by building and maintaining a multi-faceted system for accredited family child care providers." It expects its members to make a commitment to become accredited by the City of Madison; the accreditation requirements exceed both the city licensing standards and the county certification requirements. The Family Child Care Accreditation Standards, which were designed by the Madison Office of Community Services and the Madison Board of Early Childhood Care and Education are divided into six categories: (1) interactions and relationships; (2) physical environment, equipment, and materials; (3) the daily program for children; (4) supporting children's development; (5) health and safety; and (6) business management and professionalism.

Through membership in the organization, Satellite aims to help providers become licensed or accredited and maintain the quality of their care (Table 2). Satellite also aims to provide parents with high-quality care through membership in the organization by referring them to providers who are accredited.

**Table 2. Membership Types: Satellite Family Child Care**

Provider Category	Description
Member	A home with an accepted application
Affiliate	A home that is not yet accredited and has not yet met basic regulations (certification or licensing)
Associate	A home in which the provider is not yet accredited but meets basic regulation as required (certified or licensed) and has child care liability insurance; respite care is available at this level
Accredited	Fully accredited home; referrals are made at this level

Source: Satellite.

At the end of the fourth quarter of 2008, Satellite had 95 member homes, including 69 accredited homes. Of the 95 providers, 20 were Spanish speakers. Members served a total of 686 children, of whom 122 were funded by the county, and 28 by the City.

Although Satellite does not have a logic model, it has a set of outcome objectives, performance standards, and measurement tools (Table 3). Its two outcome objectives are to provide accredited, high-quality family child care in neighborhoods and surrounding communities in and near Madison and to improve the quality of family child care provided to children in Madison neighborhoods and surrounding areas. To measure the first outcome, Satellite uses the number of referrals to members' homes. For the second, it relies on membership records of the use of services as well as Family Child Care Rating Scales (FCCRS; Harms, Cryer, & Clifford, 2007) scores.

**Table 3. Objectives, Performance Standards, and Measurement Tools: Satellite Family Child Care**

Outcome Objective	Performance Standard	Measurement Tool
To provide accredited high-quality family child care in neighborhoods and surrounding communities in and near Madison	Targeted percent = 100 Targeted number = 700	Satellite referral database
To improve the quality of family child care provided to children in Madison neighborhoods and surrounding areas	Targeted percent = 100 Targeted number = 95	Membership records and quarterly reports to document the number of providers who use three or more support services. In addition, the FCCRS is used to assess all accredited providers.

Source: Satellite.

### Target Population

Satellite aims to engage individuals who seek to become accredited through City of Madison standards and accredited providers who seek to maintain high levels of quality. Its primary target population is regulated family child care providers.

### Recruitment

Satellite has a waiting list for membership. Openings become available through attrition, such as when a provider decides to close her child care business or her children reach school age. Approximately 11 providers leave the organization annually. In 2008, 18 providers were on the waiting list, including 13 Spanish-speaking providers and 5 English-speaking providers.

Satellite receives monthly information from local certifying and licensing agencies about newly certified or licensed providers. It sends them a congratulatory letter with information about Satellite and an invitation to join. Every five years, Satellite also sends a letter about membership benefits to all regulated providers (see Box for an example of promotional material on membership benefits).

## **Satellite**

Support for in-home Family Child Care Providers

Accreditation through the City of Madison

Training to meet the provider's needs

Extra toys & equipment available for loan

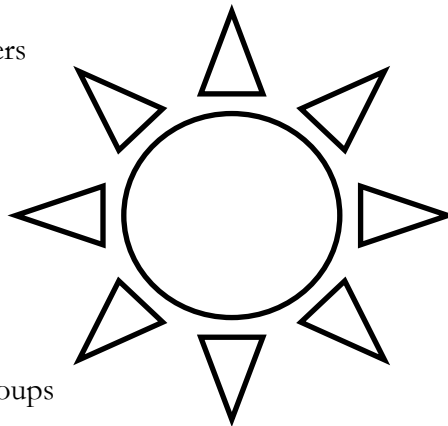
Linking Accreditation to Quality

Longevity promoted through three Support Groups

Including even Respite Services for providers

Technical assistance in the business of Family Child Care

Everything we can do to assist providers in their important work



## **Services**

Satellite offers five primary services for members who provide child care: home visits, training, respite services, equipment loans, and support groups (Table 4). In addition, it offers referrals, phone consultations, and parent education events.

**Home Visits.** Four consultants, two of whom work 30 hours a week, and two of whom work 20 hours a week, provide home visits to Satellite members on at least a quarterly basis. One of the consultants is expected to be bilingual to support Spanish-speaking providers. The two consultants who work 30 hours a week have a caseload of 25 members each; the other two have caseloads of 15 members each. In addition, each consultant serves as a liaison to a support group or training group.

Quarterly visits are generally announced. Each home visit lasts approximately one hour. They are intended to provide support and consultation, including discussions about issues and ideas for addressing challenges. The consultant also brings any requested materials. In addition, the consultant conducts an observation using the FCCRS once a year.



**Table 4. Program Components and Goals: Satellite Family Child Care**

Program Component	Goal
Home visits	Provide affiliate, associate, and accredited members with consultation and technical assistance to become accredited providers
Training	Provide training to members to help them meet accreditation requirements and to enhance the quality of care they provide
Respite services	Provide respite care for members to enable them to engage in professional development activities, to spend time with their families, or to relax
Equipment loans	Provide materials and equipment to members to enhance the quality of the environment or activities they offer to children
Support groups	Provide opportunities for social interaction among members
Parent supports	Provide referrals, consultation, mediation, and parenting education

Source: Satellite.

During the initial home visit, the consultant introduces herself and Satellite to the participant and makes an informal observation of the home. The consultant discusses Satellite's membership standards, leaves a health and safety checklist for the participant to complete, and schedules another visit.

If it appears that some problem, such as an unsafe environment or inappropriate discipline practices, may be difficult for the participant to resolve, the consultant provides advice and suggest that the participant call about continuing to pursue membership. Alternatively, if the consultant believes that the participant will not be eligible for membership in Satellite, she can call the provider later to terminate the process.

Subsequent visits focus on issues related to the membership status of the participant. Consultants complete a form with sections for actions needed by the participant and the consultant after each visit. A total of 435 visits were conducted in 2008.

**Training and Other Events.** Satellite offers a minimum of five training workshops annually. By the end of the fourth quarter of 2008, the organization had sponsored 12 workshops. The Satellite team is responsible for planning, facilitating, and implementing the workshops for providers, parents, and the community. No specific curriculum is used. Topics vary from training and licensing revisions to children's social and emotional development. Most of the training is simultaneously translated into Spanish with "Talk Tech" equipment (a microphone and remote headsets). The training is offered in Satellite's training space, which includes a training room as well as a living room. Snacks are usually served only at the provider kickoff event. There also is a training series for members and parents held at the community center for student housing at the University of Wisconsin. DCPC offers entry-level training and CPR workshops that are made available at no or reduced cost to Satellite members.

In addition to the workshops, Satellite organizes several other meetings for members each year. A provider appreciation supper is scheduled in the spring in conjunction with Child Care Provider Appreciation Day. In June, there is a “Parade of Homes” for members. In the fall, Satellite organizes a day-long membership conference on a Saturday. The year ends with a winter get-together.

**Respite Services.** Associate and accredited members are entitled to 12 free hours of respite a year. Additional hours are available for a fee of \$15 an hour. The service is intended to provide time for professional development, family obligations, paperwork, and relaxation. It can be used for a minimum of two hours and a maximum of eight in a single day. Providers are expected to notify parents that a substitute will be present and to make emergency forms and other child-related information available to the substitute. The service is provided by qualified respite care staff. Approximately 614 respite hours were provided through the fourth quarter of 2008.

**Equipment Loans.** Satellite provides equipment to members through loans, including 70 pieces of general equipment (such as quadruple strollers and rocking boats); 60 pieces of rotation equipment (such as duplo tables, indoor balance beams, and doll houses); and 75 different units with equipment related to topics (such as active care, baby care, music, numeracy, and weather (Table 5). Members can borrow general equipment for up to 12 months, rotation equipment for 3 months, and theme units for 1 month (6 months for infant units). Satellite also maintains a resource library, with books that can be borrowed for a month. Members are charged a fee for materials that are lost or broken. A total of 400 equipment loans were made during 2008.

**Support Groups.** Satellite offers three support groups for providers: Sojourn for accredited providers, Arcos Iris for Spanish-speaking providers, and a support group for providers who serve UW students. Each meets during an evening. Sojourn, which meets monthly, uses a shared leadership model and provides participants with an opportunity to “check in” with one another. Arcos Iris meets monthly, offering a chance to network, often with a training topic. The UW meetings, which are held in student housing, are offered bimonthly. Twenty-one support group meetings were offered by the fourth quarter of 2008; a total of 60 providers participated.

**Newsletter.** Satellite produces a quarterly four-page newsletter for members with articles about curricula and activities, changes in policies, scheduled events, and profiles of members. The consultants are responsible for writing the articles. A total of 28 newsletters were produced in 2008. In addition, 24 other informational mailings were sent to providers in 2008.

**Parent Supports.** Satellite membership for parents entitles them to several services. In addition to referrals to Satellite members, parents can use Satellite staff for advice about child care and child development, as well as for referrals to community agencies. In addition, Satellite offers conflict resolution and mediation for parents. If the parent and the provider have a problem that they cannot resolve themselves, staff will investigate it and recommend a solution.

Satellite also offers the Parent Information Exchange, a series of five events that are open to members of the community and providers as well. The training series is managed by the Parent Information Exchange Committee and is coordinated by a former provider as a volunteer. Meals and child care are provided at the events. Topics planned for 2009 include internet safety; emotional

**Table 5. Materials And Resources: Satellite Family Child Care**

Toy and Equipment Rotation Sample Items	Sample Units	Resource Library List Categories
Indoor blocks	<i>Restaurant</i> : cash register, plates, utensils, hats, aprons, play pizza	Child Care Handbooks, How-To-Books, Manuals
Kitchen with supplies	<i>Insect Toddlers</i> : magnifiers, insect molds, stampers, felt butterflies, puppets, puzzles, games, and books	Business Issues, Advocacy
Parachute with ideas book	<i>Music—Preschool</i> : tambourines, rhythm blocks, rhythm sticks, bells, xylophone, cassette tapes, books	Curriculum/Activity Ideas/Music/Sports/Art
Puppet theater	<i>Zoo—Toddlers</i> : wooden fences, stuffed and rubber animals, puppets, animal cookie cutters, <i>Brown Bear</i> flannel board story	Discipline/Behavior
Workbench with wooden tools	<i>Infant Units (6)</i> : shape sorters, rattles, links, audiotapes, infant books, information on infant care	Children and Stress

Source: Satellite.

literacy and language development, birth to 5; gardening with children; and asthma. On average, 10 to 20 parents attend.

### Staffing

Satellite has a total of seven staff members: four consultants, one respite care provider, one administrative assistant, and the director. With the exception of the director, all are part time. One consultant is bilingual to serve Spanish-speaking providers.

**Staff Qualifications and Training.** Satellite has specific qualifications for each job title with descriptions of job responsibilities, including physical demands. The qualifications are described in Table 6.

Each staff member receives a handbook that describes the organization's policies and services in detail. There is also a daylong orientation during which new staff are introduced to existing staff, and the organization's system and personnel policies are discussed. There is a review of state licensing regulations and Madison's accreditation standards and a department orientation based on each position.

**Table 6. Staffing: Satellite Family Child Care**

Staff Title	Staff Qualifications	Full- or Part-Time Status
Director	Bachelor's degree in early childhood education or social work; related early childhood development field or equivalent work experience is required; extensive experience in supervision, staff training and development, leadership, and advocacy	1.00 FTE
Consultant	Degree in early childhood education preferred; extensive knowledge of child care operations and needs; experience in family child care preferred	0.5 FTE to 0.75 FTE
Respite Provider	Entry-level training in early childhood education as required by the state of Wisconsin Administrative Rules; experience in early childhood and/or family child care programs, preferably with mixed age groups.	0.75 FTE
Administrative Assistant	High school diploma or GED required; job-related associate degree preferred; thorough knowledge of office practices, generally gained through at least two years full-time equivalent office/administrative experience.	0.70 FTE

Source: Satellite.

All staff members are expected to complete 25 hours of continuing education annually. An annual retreat occurs off-site. The fall 2008 retreat focused on Satellite's planned service enhancements.

**Supervision.** The director is responsible for oversight and management of the staff, as well as for reporting to the advisory committee. She convenes team meetings twice a month to discuss policy and programs.

### **Fidelity Standards**

Satellite does not have fidelity standards.

### **Data Collection**

Satellite collects a wide variety of data about participants and service delivery, including:

- Data on number of potential new members who have been contacted by phone and who have received an initial enrollment home visit, number of members who have retired, and number of current members
- Number of affiliate, associate, and accredited members
- Demographic characteristics of potential participants, including age, household size, and early childhood education and experience
- Number and types of services offered

- Number of members who have participated in services
- Number of children in care by subsidy status
- FCCRS observation scores

Satellite uses a wide variety of forms to collect information, including

- Provider Intake
- Provider Application
- Provider Enrollment Checklist
- Provider Enrollment Visit
- Parent Intake
- Satellite Provider Tracking
- Phone Call Record
- Quarterly Service Report
- Consultant Quarterly Report
- Observation for the City of Madison Family Child Care Accreditation

## Evaluation

Each year, Satellite conducts its own internal evaluation of the initiative by distributing a member survey to learn about the services participants used, the reasons they did not use some services, and ways in which the services could be improved. It also distributes a survey to members with questions about satisfaction with the accreditation process.

At the end of the fourth quarter of 2008, data indicated that all Satellite providers were using at least three of the services it offered and that most providers used more than three services. In addition, 95 percent of the 50 accredited homes scored a 5 or higher on all 40 items in the FCCRS: 48 accredited providers had scores higher than 5, two had scores less than 5. Among the 8 provisionally accredited providers, 7 had scores of 5 or higher. Seven accredited providers had increases in their scores between the pretest and the posttest.

Satellite distributes a satisfaction survey to families as well. It includes questions about the kinds of services that families “benefit” from, suggestions for improving child care quality, perceptions about Satellite’s purpose and role, and interest in participating in the advisory committee. Of the 108 parents who responded to the 2006 survey, 96 rated quality care as a service they “greatly benefit(ed)” from and 74 indicated that accreditation was a great benefit. (The choices were “greatly benefit,” “benefit,” and “don’t know.”) A total of 54 respondents indicated that they understood Satellite’s objectives.

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**STATE INSTITUTES FOR READING INSTRUCTION PRE-KINDERGARTEN/  
KINDERGARTEN (SIRI PRE-K/K)**

**SUMMARY**

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Service Area	Ohio
Category	Quality Improvement
Target Population	Family Child Care Providers; Child Care Center Staff
Annual Caregiver Enrollment	2,399 (10 percent family child care providers and 90 percent center-based teachers)
Dates of Operation	2004–Present
Annual Budget	\$433,583
Staffing (in FTEs)	4.5, plus contracted training instructors
Description	SIRI Pre-K/K provides early literacy instruction to early childhood educators to increase the quality of reading instruction they provide to children.
External Evaluation	The University of Cincinnati, Evaluation Services Center, conducted a process evaluation of the State Institutes for Reading Instruction, including SIRI Pre-K/K.

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## STATE INSTITUTES FOR READING INSTRUCTION PRE-KINDERGARTEN/KINDERGARTEN (SIRI PRE-K/K)

### Community Context

Since 2004, SIRI Pre-K/K has provided literacy instruction to early childhood educators in Ohio, to increase the quality of reading instruction they provide to children. Ohio has a population of 11.5 million people, who live in a mix of urban, suburban, and rural communities. The population is 83 percent White, non-Hispanic; 12 percent African American, non-Hispanic; 2 percent Asian; and 3 percent Hispanic or Latino (U.S. Census Bureau, 2007). The median annual household income is \$46,645; 13 percent of Ohio's population lives below the poverty level. The major employers in the state are Wal-Mart Stores, Kroger (headquarters), Cleveland Clinic Health System, Ohio State University, Catholic Healthcare Partners, and University Hospitals Health System (Ohio Department of Development, 2008).

Ohio has approximately 740,000 children under age 5. According to the National Association of Child Care Resource & Referral Agencies (NACCRRA), 6,371 family child care homes operate in the state and comprise 8 percent of the 474,965 regulated child care slots.

### Policy Context

#### Regulatory Policy

The Ohio Department of Job and Family Services (ODJFS) regulates child care in the state. Regulations for home-based child care divide care into three categories: exempt, certified, and licensed (Table 1).

**Table 1. Child Care Regulation in Ohio**

Home-Based Care Setting	Summary of Requirements
Exempt	Caregivers who serve no more than 6 children.
Certified family child care home	Exempt caregivers who serve no more than 6 children and receive subsidies are required by the state to be certified. These persons receive certification through local county offices of ODJFS. There are approximately 7,000 certified family child care homes.
Licensed family child care home	Family child care homes that serve between 7 and 12 children (or 4 to 12 if 4 of the children are under age 2).

Source: Ohio Department of Job and Family Services.

#### Subsidy Policy

Licensed family child care providers and exempt caregivers certified by ODJFS are eligible to receive child care subsidy reimbursement for eligible children and to participate in the Child and Adult Care Food Program (CACFP), which provides reimbursement for meals and snacks for eligible children. Ohio pays higher reimbursement rates to licensed providers who are accredited by entities such as the American Montessori Society (AMS) or the National Association for Family Child Care (NAFCC).



## Other State Quality Improvement Initiatives Available to Home-Based Caregivers

Ohio's voluntary quality rating system (QRS), Step Up to Quality, is offered to licensed early child care and education programs. Under Ohio's QRS, licensed family child care home providers who achieve Step 1 have, among other things, purchased the *Guide to Achieving National Association for Family Child Care (NAFCC) Accreditation*, maintained a certain ratio of staff to children, required staff to complete a minimum of 5 hours of continuing education, and conducted a self-assessment of the home. Providers who achieve Step 2 have completed the NAFCC self-study for accreditation, required staff to complete a minimum of 10 hours of continuing education, and developed a program of action based on the self-assessment. Requirements for providers in Step 3 are: NAFCC or Montessori accreditation; at least 50 percent of staff are certified in early child care and have at least 15 clock hours of continuing education; provider meets all program evaluation, human resource, and compensation standards; and provider's curriculum is aligned with Ohio's early learning standards (Ohio Department of Job and Family Services, 2007).

## Program Sponsorship and Budget

### Sponsoring Agency

SIRI Pre-K/K is administered by the Office of Early Learning and School-Readiness (EL&SR) at the Ohio Department of Education (ODE), in partnership with ODJFS. The Office of EL&SR administers reading grants, various professional development programs, and various early childhood programs related to Ohio's Early Learning Center.

### Budget and Funding Sources

ODE allocates a portion of its discretionary budget to SIRI Pre-K/K. Total costs in FY 2008 were \$433,583, and, on average, the cost per participant was \$390. In January 2009, ODE reduced funding for SIRI Pre-K/K and canceled 50 percent of all scheduled services through June 2009.

## Initiative Design

### Goals and Logic Model

Ohio's State Institutes for Early Literacy were developed in 2003 as part of the rollout of the state's early learning content standards. SIRI delivers training workshops through four institutes: (1) Pre-K/K, (2) Focus on the First R (K-3), (3) Diagnostics and Lesson Design, and (4) Adolescent Literacy. An early version of SIRI Pre-K/K was redesigned after state administrators learned that many children in kindergarten through third grade repeated a grade. The goal of SIRI Pre-K/K is to improve reading instruction by providing early childhood educators with research-based knowledge and skills in effective reading instruction. Through educating early childhood teachers, the program seeks to increase the chances that more of Ohio's children will enter kindergarten prepared.

A logic model for SIRI Pre-K/K is not available.

### Target Population

SIRI Pre-K/K is open to all early childhood educators, including Head Start, preschool, and kindergarten teachers. Licensed family child care home providers are eligible to participate in the SIRI Pre-K/K program, although services are not tailored specifically to home-based child care

providers. The bulk of participants in SIRI Pre-K/K are classroom teachers; however, program administrators estimate that licensed family child care providers comprise about 10 percent of total participants. For FY 2008, a total of 2,399 persons participated in SIRI Pre-K/K.

## Recruitment Strategies

SIRI Pre-K/K typically recruits through the CCR&R network, schools, the internet, fliers posted in areas where teachers or child care providers frequent, and word-of-mouth.

## Services

Since 2004, SIRI Pre-K/K has offered workshops teaching early childhood educators, including child care providers, how to build literacy skills in children birth to age 5. ODE contracts with The Ohio State University, Early Childhood Network (ECQ-net), to deliver services. ECQ-net uses a workshop model to deliver information to participants and, in 2007, implemented a blended e-learning model. There are no prerequisites for participating in the program, and all workshops are free.

SIRI Pre-K/K is divided into seven modules, each consisting of 12 hours (Table 2). ECQ-net offers the modules through Ohio's 16 school support regions and coordinates with administrators of the school support regions to determine the best method for delivering the modules.<sup>15</sup> For example, a school support region can request that a module be delivered in two, 6-hour sessions, whereas another school support region can request four, 3-hour sessions over the course of a month. ECQ-net staff will offer a module if the school support region has between 8 and 30 participants. In more rural areas, the program will allow as few as 5 participants to sign up for a module. Each school support region receives all seven modules twice per year.

In response to an evaluation of its services, ECQ-net and ODE completed a second redesign of the SIRI Pre-K/K curriculum in late 2008 to align with ODE's *Core Curriculum for Preschool and Early Learning Content Standards for Language Arts*. Modules 1 and 2 incorporate a variety of materials produced by ODE and early childhood researchers, early learning content standards, and inventories and checklists for observing and assessing children. Developers aligned the content and instruction for Modules 3 to 7 with the five-book series on early language and literacy published by the International Reading Association.

Each of the SIRI Pre-K/K modules stands alone. Although the program does not require participants to complete all seven modules, they are encouraged to complete the first module before enrolling in subsequent modules. To receive credit for completing a module, participants must attend all sessions within a module at the same location. Participants can use the workshops for credit toward graduate education (1 module = 1 credit), continuing education (1 module = 1.2 continuing education units), or contact hours (1 module = 12 hours) required by the state agencies regulating teachers and child care providers. Licensed family child care home providers are required to obtain 45 hours per year of continuing education; four modules will meet this requirement.

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<sup>15</sup>Ohio's Educational Regional Service System (ERSS) supports state and school district efforts to improve school effectiveness and student achievement. The goal of the ERSS is to reduce duplication of programs and services and to provide a more streamlined and efficient delivery of educational services without reducing the availability of the services needed by school districts and schools (Ohio School Leaders.org, 2007)

## Staffing

A small staff (totaling 4.5 FTEs) contracted by the ODE offices to OSU administer SIRI Pre-K/K and, working through ECQ-net, contract with local instructors to conduct the workshops (Table 3). Contracts with instructors are by module, and the program pulls from a pool of 90 faculty members who meet the program's requirements and have been vetted through ODE. Many of these faculty members have led workshops for SIRI Pre-K/K for four years.

**Table 2. Training Modules: State Institutes for Reading Instruction Pre-Kindergarten/Kindergarten**

Module	Curriculum Topic	Description
Module 1	Tools for Early Language and Literacy Teaching	Topics include the meaning of standards-based education, information about Ohio's early learning content standards, and guidance about teaching strategies that are connected to early learning content standards for English and language arts.
Module 2	A Way of Knowing: Observing and Recording	The document <i>A Way of Knowing</i> provides information about the importance of intentional observation, as well as protocols for data collection, analysis, and interpretation. Instructors of this module use the document to provide guidance on linking data to classroom practice and teaching strategies.
Module 3	Building a Foundation for Early Literacy	This course provides guidance for working with parents and creating a rich environment for supporting and challenging early literacy skills.
Module 4	Oral Language and Early Literacy	This course provides participants with knowledge around the creation of conditions to foster talk, along with instructional approaches for the development of oral language.
Module 5	Print and Early Literacy	This course includes guidance for working with letters and words. The sessions aim to help teachers understand the meaning of and strategies for teaching phonemic awareness.
Module 6	Writing and Early Literacy	In this course, participants learn how to help children move from scribbles to words and ways to evaluate children's early writing to understand their developing knowledge of print.
Module 7	Children's Literature and Early Literacy	This course builds upon the belief that the use of quality literature and story time are important tools for introducing concepts of print and focused strategies that support knowledge of words and sounds. These sessions aim to increase participants' knowledge and skills related to these tools.

Source: State Institutes in Reading Instruction Pre-Kindergarten/Kindergarten.

**Table 3. Staffing: State Institutes in Reading Instruction Pre-Kindergarten/Kindergarten**

Staff Title	Staff Roles and Responsibility	Full- or Part-Time Status
Program director	Oversees day-to-day operations, helps with the development of the program, and serves as the liaison with faculty instructors.	Full time
Program coordinator	There are two program coordinators. One schedules sites, solicits and schedules faculty, and handles system reporting. The other supports the development of materials and works with the program director and faculty.	Part time (0.5 FTE each)
Office assistant	Supports registration and packing of materials.	Part time (0.5 FTE)
Other support staff	Five or six people provide additional support, primarily editorial- and technology-related staff (1.5) and students (0.5).	Full time (2 FTEs)

Source: State Institutes in Reading Instruction and Pre-Kindergarten/Kindergarten.

**Staff Qualifications and Training.** Instructors are required to be current adjunct or full-time faculty within the field of early childhood education at two- or four-year colleges or universities. Field supervisors or special field personnel, such as English language learner specialists, also are eligible to be instructors. The minimum educational background is a master's degree in literacy or early childhood environments. About 67 percent of SIRI Pre-K/K instructors are faculty or instructors, and 33 percent are either field supervisors within a college or university early childhood program or early language and literacy specialists based in a college or university with full-time or adjunct faculty status. SIRI Pre-K/K administrators noted that the program explored using other types of staff, such as peer instructors. However, program staff found that using this model made maintaining uniformity in curriculum delivery a challenge; although peer instructors had the requisite content knowledge, they lacked experience in adult instruction.

All instructors, including those who previously taught a module, are required to attend an orientation session and complete an online orientation specific to the module they are hired to teach. Instructors can attend the orientations in person, by viewing the archived webcasts, or in one-on-one meetings with an ECQ-net staff person. The facilitator of the orientations models behaviors and instructional practices that instructors are expected to use with workshop participants. ECQ-net tracks the completion of these orientations, and instructors are not assigned a module unless the required orientations are completed. SIRI Pre-K/K also provides an instructor's manual that includes detailed information on how each lesson within a module should proceed; the content of the lesson; amount of time that should be allocated to concepts; and materials instructors should use, such as visuals.

**Supervision.** Ongoing supervision of instructors is provided through satisfaction surveys and other feedback from participants. Program administrators hope to implement an observation component that will allow for more direct supervision of curriculum delivery.

### **Fidelity Standards**

SIRI Pre-K/K does not have fidelity standards.

## Data Collection

SIRI Pre-K/K collects several types of data about its participants, child care arrangements, and service delivery, as follows:

- Demographics of enrolled providers
- Licensing or professional certification status of participants
- Satisfaction with workshops and instructors
- Participation in other quality initiatives and training attendance
- Changes in licensing or education

The program also uses the following forms:

- Enrollment
- Self-assessment of content knowledge
- Course evaluation
- Training attendance

## Evaluation

The University of Cincinnati, Evaluation Services Center, conducted the process evaluation of SIRI from 2005 to 2007 (Zorn & Amspaugh, 2008). Research question pertaining specifically to SIRI Pre-K/K included:

- Is SIRI Pre-K/K content grounded in the research and theory on early childhood literacy acquisition and development?
- How well is implementation fidelity maintained across regions for SIRI programs serving a K–12 audience (SIRI-R, D, and A) and across modules and across sessions for SIRI Pre-K/K?
- To what degree do SIRI Pre-K/K participants report changes in practice that reflect research-based literacy instruction that is linked to Ohio’s early learning standards?
- To what degree do SIRI Pre-K/K participants attribute changes in practice to their professional development experience?

The evaluators found that SIRI Pre-K/K was based on clearly articulated philosophical and instructional frameworks; all content and instruction were aligned with the core curriculum for preschool educators developed by ODE and state early learning content standards for language arts. Evaluators also determined that learning objectives and relevant vocabulary for each module, as well as for each session, were clearly articulated in instructor and participant materials. The consistent use of this instructional framework helped ensure fidelity of instructional sequencing and overall content for SIRI Pre-K/K across instructors and participant groups.

The analysis revealed that participants with fewer than five years' experience scored significantly lower on both the pre- and post-assessments but also showed significantly greater improvement pre- to post-assessment than did participants with more experience. SIRI Pre-K/K participants were weak in their knowledge about standards: many missed both the basic knowledge and application questions. Additionally, although only Module 1 covered standards to any depth, familiarity and understanding of early learning content standards are assumed for Modules 2 to 7. Given the demonstrated lack of understanding about standards, the evaluators suggested a need to embed explicit learning and connections to standards in all seven SIRI Pre-K/K modules.

As mentioned earlier, in response to the evaluation of its services, ECQ-net and ODE completed a second redesign of the SIRI Pre-K/K curriculum in late 2008 to align with ODE's core curriculum for preschool and early learning content standards for language arts.

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## TUTU AND ME TRAVELING PRESCHOOL

### SUMMARY

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Service Area	The islands of Oahu, Kauai, Molokai, Hawaii, and Maui in the state of Hawaii
Category	Quality Improvement
Target Population	Family, Friend, and Neighbor Caregivers
Annual Caregiver Enrollment	1,539
Dates of Operation	2001–Present
Annual Budget	\$4.5 million
Staffing (in FTEs)	57
Description	Tutu and Me provides traveling preschool services to 22 communities on five islands. The two-hour sessions are offered twice a week for 11 months. In addition, the initiative includes a caregiver resource center at each community site; Tutu Talks, mini-lectures, and top sheets on child development and related topics; Keiki book bags for children to use to take resources home; monthly activity calendars; and field trips.
External Evaluation	In 2007, the Institute for a Child Care Continuum at Bank Street College of Education conducted a participant survey and pre- and post-assessments of the quality of care provided by participating parents and grandparents.

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## TUTU AND ME TRAVELING PRESCHOOL

### Community Context

Tutu and Me provides traveling preschool services to 22 communities on five Hawaiian islands. The two-hour sessions are offered twice a week for 11 months and are complemented by other services, such as a caregiver resource center. Hawaii, the nation's 50th state, consists of almost the entire Hawaiian Islands chain, hundreds of islands that extend over more than 1,500 miles in the Pacific Ocean. Hawaii has a total population of 1.3 million, excluding individuals who live on military bases. Hawaii is ethnically diverse. The population is 25 percent White, non-Hispanic; 2 percent Black or African American, non-Hispanic; 38 percent Asian; 8 percent Hawaiian Native or other Pacific Islander; 9 percent Hispanic or Latino; and 18 percent another or multiple races (U.S. Census Bureau, 2007). In 2007, the median family income was \$71,784; approximately 7 percent of families had incomes below the poverty level. Health care and social assistance, tourism, and retail represent the largest sectors of the economy.

Hawaii has approximately 81,464 children under age 5. Statewide, 505 licensed family child care homes have the capacity to serve 2,818 children (PATCH, 2008b). In addition, the state has seven large family child care homes with a capacity for 84 children. A total of seven homes were accredited by the National Association of Family Child Care. Average monthly rates for children under age 5 in licensed family child care ranged from \$552 to \$562; the cost of infant care is \$562 per month on average and care for 4- to 5-year-olds is \$554 (PATCH, 2008a).

### Policy Context

#### Regulatory Policy

The Hawaii Department of Human Services (DHS) Child Care Licensing Office, the licensing agency in Hawaii, identifies three categories of home-based child care: (1) exempt caregivers, (2) licensed family child care homes, and (3) large family child care homes. Hawaii exempts from regulation relatives and individuals who provide child care for no more than 2 children who are not related to them. Licensed family child care providers can care for as many as 6 children including their own children who are under age 6. The maximum number of infants and toddlers is 2 children under age 18 months. Large family child care providers can legally care for 7 to 12 children. They must have an assistant if they provide care for more than 8 children between ages 2 and 3 (Table 1).

#### Subsidy Policy

Through its First to Work and Child Care Connections programs, DHS provides child care subsidy reimbursement to exempt caregivers as well as to licensed family child care providers who care for eligible children. Reimbursement rates are lower for family, friend, and neighbor caregivers than for licensed family child care providers. Both types of providers are eligible to participate in the Child Care and Adult Food Program (CCAFFP), which provides reimbursement for meals and snacks for eligible children.

**Table 1. Child Care Regulation in Hawaii**

Home-Based Care Setting	Summary of Requirements
Exempt caregivers	Relatives and individuals who provide care for not more than 2 children who are not related to them.
Licensed family child care	Licensed family child care providers can care for as many as 6 children including their own children who are under age 6. The maximum number of infants and toddlers is 2 children under age 18 months.
Large family child care	Large family child care providers can legally care for 7 to 12 children. They must have an assistant if they provide care for more than 8 children between ages 2 and 3.

Source: Hawaii Department of Human Service, Child Care Licensing Office.

### **Other State Quality Improvement Initiatives Available to Home-Based Caregivers**

According to Hawaii's Child Care and Development Fund (CCDF) state plan for 2008–2009, the state supports several initiatives to improve quality in home-based child care. The Quality Care Program is administered by the Center on the Family at the University of Hawaii in partnership with the Hawaii Association for the Education of Young Children; Honolulu Community College; and People Attentive to Children (PATCH), the statewide child care resource and referral agency (CCR&R). The program provides bimonthly packets of educational materials and early learning activities to home-based caregivers (exempt caregivers and licensed family child care providers) who provide child care to children under age 5. Caregivers who serve subsidized children are eligible for \$50 monthly incentive payments for each child for the first year of enrollment. Learning to Grow, another initiative, provides monthly activity sheets to parents who use subsidized exempt caregivers. It sends a free book to parents who complete the activity sheet.

DHS funds tuition reimbursement for licensed family child care providers who enroll in specific early childhood college courses and credit-bearing workshops as well as fees associated with child development associate (CDA) applications. PATCH administers the funding, which is available on a first-come, first-serve basis.

According to its CCDF state plan for 2008–2009, Hawaii does not have a quality rating improvement system or a professional development plan, although both efforts were in the planning stages in 2009. It does, however, have a training registry for providers; in 2008, Hawaii created a new initiative to provide incentives to licensed providers, including family child care providers, who meet specific quality standards.

## **Program Sponsorship and Budget**

### **Sponsoring Agency**

Tutu and Me is one of several initiatives offered by the Partners in Development Foundation (PIDF), a not-for-profit organization that was established in 1997. Its goal is to support the education, economic development, and community health needs of Hawaii's families. PIDF has a particular focus on preschool children and their caregivers, as well as families in poor communities.

According to its website, PIDF explicitly espouses traditional Hawaiian values and practices in its work (Partners in Development Foundation, 2005–2009). These values include *ahupua'a*, a system of land and environmental management; problem solving through *ho'oponopono*; *ho'ona'auao*, traditional mentorship in education; *aloha* (sharing); *'onipa'a* (perseverance); *lōkahi* (unity); and *mālama 'āina* (love for the land). PIDF also aims to support environmental stewardship to protect the islands' natural resources.

In addition to Tutu and Me, PIDF operates a number of programs, including

- *Nā Pono No Nā 'Ohana*, a family education program at a school on Oahu
- *Kokua 'Ohana* and *Hui Ho'omalū*, foster care programs that recruit and train foster care families, offered in collaboration with DHS
- *Ka Hana No'eau*, a mentoring program for Hawaiian youth that links them to older craftspeople to create traditional products and crafts
- The *Tech Together Program*, a hands-on traveling electronics class that teaches sixth-graders and their families basic electronics in a classroom setting
- The *Ka Pa'alana Traveling Preschool and Homeless Outreach*, a program that provides twice a week, two-hour, center-based preschool services to children under age 5 whose families are homeless.

PID is managed by a president, who reports to a board of directors. There are two major departments—operations and administration. In 2009, PIDF had a total budget of approximately \$22 million.

### **Budget and Funding Sources**

Tutu and Me accounts for approximately 20 percent of PIDF's overall budget, with a \$4.5 million annual budget. Approximately 68 percent of the costs are allocated for staff compensation (salary and fringe benefits). Other expenses include leasing of vans to travel to program sites; curriculum, materials, and equipment for site setup, as well as books and other materials for children and their families; and rental fees for the community spaces where the programs are offered. Tutu and Me estimates that start-up costs for materials for a site are approximately \$20,000; annual average operating costs for each site are approximately \$17,285. These costs include office supplies, consumable supplies, curriculum supplies, book bags, tables and mats, field trips, teacher resources, and assessment materials. In 2007–2008, Tutu and Me served a total of 3,078 children and caregivers (1,539 child/caregiver pairs) at 22 sites on four islands—Oahu, Kauai, Hawaii, and Molokai. (It added two sites on Maui in the summer of 2008.) Tutu and Me estimated a \$1,462 cost for each child/adult pair.

The U.S. Department of Education is the major funder for the initiative. Other funders include the Kamehameha Schools, the State of Hawaii DHS, the Office of Hawaiian Affairs, the Samuel N. and Mary Castle Foundation, and the Pettus Foundation.

## Initiative Design

### Goals and Logic Model

Created in 2001, Tutu and Me's primary goal is to help families prepare their young children for school. Its target population is Native Hawaiian children from birth to age 5 and their families. To meet their needs, Tutu and Me provides services through a free traveling preschool program that is based on a "Play and Learn" family interaction model that aims to enhance parents' and grandparents' understanding of how children learn by engaging them in activities together. Teaching teams—a teacher, two assistant teachers, and an assessment specialist—travel by vans to 22 communities where they set up and conduct the program. The curriculum is organized around learning themes, Hawaiian values, and cultural concepts.

Early in its development, Tutu and Me created a logic model that identifies the long-term and intermediate outcomes it aims to achieve (Figure 1). For grandparents, the long-term goal is to "provide optimal learning experiences at home;" the long-term outcome for the children is "to enter school ready to learn and succeed at high standards." To these initial goals, Tutu and Me has added two others that are not reflected in the logic model: increasing caregivers' understanding of the role they play in children's school success and strengthening families and nurturing the bonds between caregivers and their children.

### Target Population

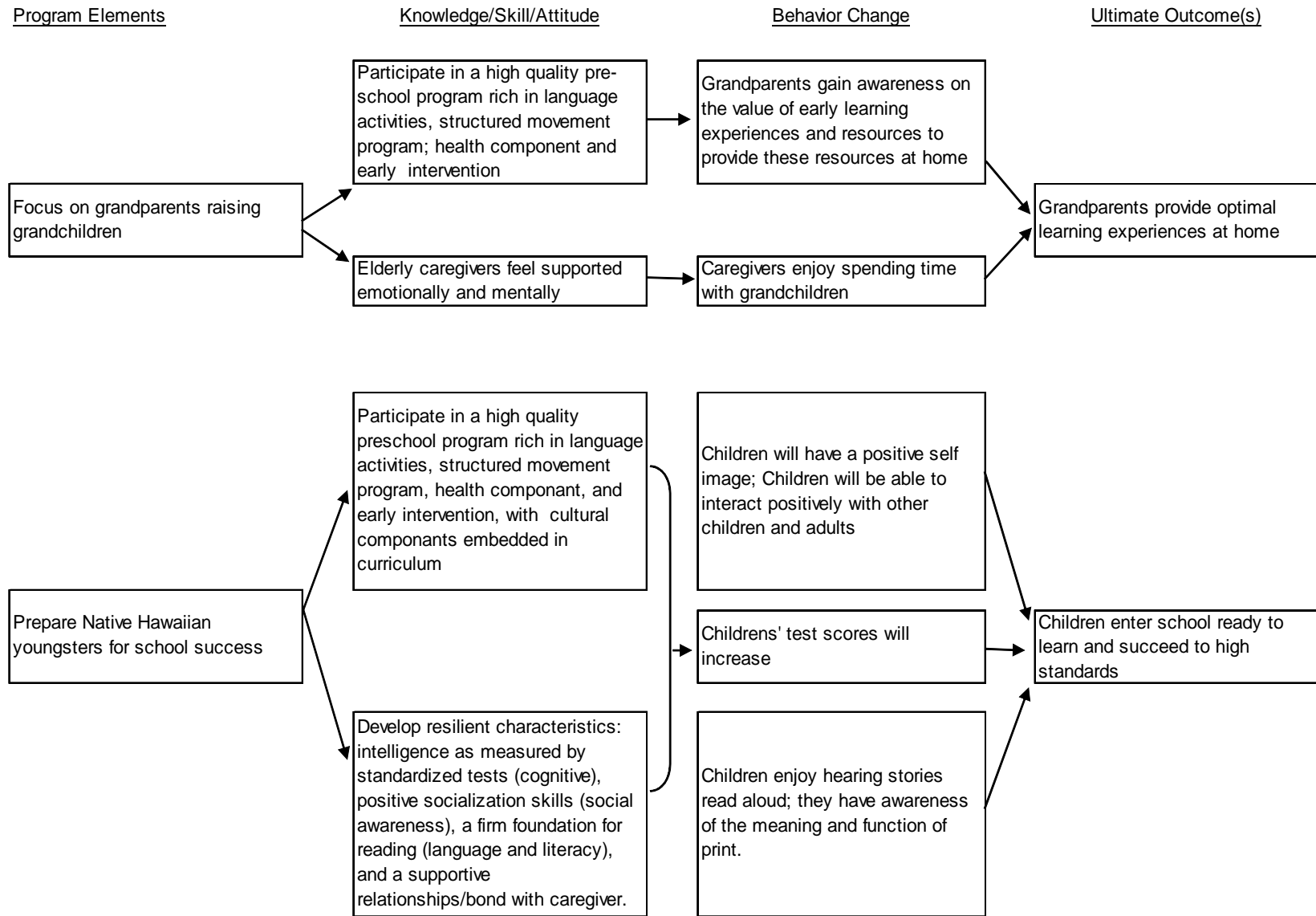
Tutu and Me aims to serve Native Hawaiian children, from birth to age 5, and their families who live in low-income communities. It has a particular focus on grandparents (tutu), because they often are the primary caregivers of young children in Hawaiian culture. To reach this population, the program identifies communities that have large proportions of Native Hawaiians, low per capita income and high unemployment, and high TANF or food stamp participation. Among the 22 communities served in 2008, the proportion of Native Hawaiians ranged from 37 percent on Oahu to 73 percent on Molokai, compared to 26 percent for Hawaii statewide.

### Recruitment

Tutu and Me recruits families in a variety of ways. After the communities have been selected and arrangements for space in a school, church, or community organization have been made, site managers and members of the teaching team make presentations at events throughout the community. Tutu and Me also places articles in island as well as statewide newspapers and advertises the program on television. In addition, it often places banners with the program logo on streets near the sites. The Tutu and Me vans that are decorated with the logo also serve as a recruitment strategy because they are visible as staff members drive to and from the site. In sites that have been operating for longer periods of time, potential participants often come to the program through word-of-mouth when other tutu and parents tell them about it.

Although children from birth to age 5 are the stated target population, most of the children who participate are age 3 or younger. Four-year-olds represent the smallest proportion of those who are served. In addition, parents represent the vast majority of the caregivers who participate; grandparents account for approximately 25 percent of the enrolled caregivers (Porter & Vuong, 2008). Tutu and Me is attempting to attract more grandparents through new recruitment strategies, such as using tutus as ambassadors for the initiative.

**Figure 1. Logic Model Tutu and Me**



Tutu and Me requires families to commit to participation in the program as a condition of enrollment. Parents or grandparents must accompany the children to the sessions. If a parent or grandparent misses three sessions in a row without calling to say she or he will not be there, the caregiver loses her or his place. In sites with a waiting list, the spot is filled by someone else.

## Services

The traveling preschool is the core component of Tutu and Me. Eleven teaching teams provide the services to the 22 communities (three teams serve Oahu, two teams serve Kauai, one team each operates on Maui and Molokai, and four teams serve Hawaii). Six site managers—one each for Oahu, Kauai, Maui, and Molokai and two for Hawaii—coordinate the work. In addition to learning activities for the children and the caregivers, Tutu and Me offers “Tutu Talks”—five-minute mini-lectures on topics related to child development, parenting, health, and culture, which are supplemented by tip sheets. Each site also has a caregiver resource center with books and other materials. Children receive a book bag to use to take books and materials home; caregivers receive a monthly calendar with daily activities. Tutu and Me also conducts assessments of the children.

**Preschool Services.** The traveling preschool services are offered four days a week for two hours in two sessions—a Monday/Wednesday session and a Tuesday/Thursday session for 11 months from August to June. Each session has a capacity for 50 adults and 50 children; on average 35 adults and 35 children participate. Sessions begin at 8:30 a.m., after the team unpacks the van and sets up the space, and end at 10:30 a.m. After the children and adults leave, the team reloads the van and returns to the team office. On Fridays, the teams clean and wash the equipment, select different materials and equipment for the following week, and complete their paperwork. Professional development activities are also held on Fridays.

The sessions all follow the same format. When the adults and the children arrive, the children place their name cards on the daily attendance board. Then the teacher and the assistant teachers announce the first circle, during which the children and adults sit on the floor in a large circle around the teachers. Each circle begins with a good morning song in Hawaiian, followed by “Who Has Come to School Today?” As his or her name is called, each child and adult displays his or her name card. Circle time also includes other songs, a story time when the teacher reads a book, announcements, and a Tutu Talk. The songs, stories, music, and movement activities are organized around a theme for the month.

After circle time ends, the children and adults move to one of the 19 activity centers for an hour and a half (see Box). Each center has signs with the name of the activity in English and Hawaiian as well as an explanation of the activity and how it supports children’s learning. The adults are expected to join the children in the activity by talking to them, explaining what might be happening, and assisting them, if necessary.

<b>Tutu and Me Activity Centers</b>	
Library	Puzzles
Listening Center	Gross Motor
Culture Center	Play dough
Dramatic Play	Tutu’s Corner
Math	Writing
Science	Manipulatives
Outdoor Art	Blocks
Indoor Art	Music
Snack	Infant Center
Sensory	

During each session, the teacher, assistant teachers, and assessment specialist circulate around the space, modeling for the caregivers and providing support. The staff signal the end of the activity

period with a cleanup song; the children and adults help gather the equipment and materials together for the staff. The session ends with another brief circle time that typically includes a music and movement activities, a story, and a good-bye song.

**Tutu Talks.** During the circle time at each session, one member of the teaching team gives a three- to five-minute mini-lecture for the adults (see Box). The talks are intended to provide information about an aspect of child development, parenting issues, health issues, or a cultural concept. The talks are supplemented with a one-page flier that includes the same information.

In addition to the regular Tutu Talks, the staff develops a new one if a situation seems to require it. The material must be vetted by the director of research, evaluation, and development before it is presented. Then it is made available to the other teams as well.

Sample Topics of Tutu Talks
The Power of Literacy
Physical Development Is Essential to Learning
Encouraging Children’s Creativity
Nutrition Begins at Home
Music—the Universal Language
Mathematical Thinking—Sorting and Classification
Children’s Friendships
Malama I ka ‘Aina (take care of the land)
TV and Your Child
Positive Discipline
Biting
Various Hawaiian value topics, such as “Ho’omau”

**Other Resources for Children and Their Families.** Tutu and Me aims to extend the learning that occurs in the preschool setting into the families’ homes. It provides all of the children with a keiki book bag that they can use to take home books from the library, as well as other resources such as puzzles. In 2007–2008, children borrowed a total of 5,450 resources. Caregivers are expected to read and tally the number of times that the book is read at home and to write down the children’s telling of the story in their own words. In 2007–2008, the average for books read during the week was 3.3. Tutu and Me also operates a caregiver resource center, which includes books that caregivers can borrow on child development, parenting, and other topics. A total of 1,531 resources were borrowed in 2007–2008. In addition, Tutu and Me provides caregivers with a monthly calendar with a value of the month, activities such as making mud pies or playing “I Spy” that caregivers can do with children, recipes, and links to other resources.

Each community site takes at least one field trip annually. Typically these trips are intended to enhance knowledge of Hawaiian culture and traditions such as taro planting. In addition, the community sites sometimes invite an elder to demonstrate a traditional skill such as net fishing, hula dancing, or ukulele playing. Some community sites also have a tumble bus, a bus retrofitted with soft materials, which the children can use for gross motor play.

**Assessment.** Each teaching team includes an assessment specialist who is responsible for making home visits; assessing children’s developmental status; making referrals to outside resources, if necessary; and providing individual advice to families that need it. One home visit is made annually to all of the Native Hawaiian children; visits are made to the other families as well if resources are available. The purpose of the home visit is to strengthen the connection between the family and the program.

The assessment specialist also administers two tests twice a year to track children’s progress. They include the *Peabody Picture Vocabulary Test–III* (PPVT-III; Dunn & Dunn, 1997) for children age 2½ and older and the *Work Sampling System Proficiency Test* (WSS; Meisels et al., 1995) for 3- and 4-year-old children. In addition, the assessment specialists help parents and caregivers complete the



*Ages and Stages Questionnaire* (ASQ; Bricker & Squires, 1999) for children on a regularly scheduled basis.

Tutu and Me also assesses changes in caregiver skills through its Caregivers Skills Assessment Checklist. Caregivers are rated on how often they exhibit the 14 desired behaviors, such as “caregiver encourages a sense of wonder, discovery and experimentation,” when working with their child or grandchild.

**Curriculum.** The initiative has developed its own curriculum, which is organized around learning themes. It includes an outcome for each of the daily activities and is responsive to Hawaiian culture. Hawaiian language, values, and traditions are incorporated throughout the curriculum from the content of the material and the way that it is delivered to staff interactions with the caregivers. There is a Hawaiian value for each month, and, as noted earlier, signs, songs, and stories are offered in Hawaiian. Tutu and Me has created two music CDs of English and Hawaiian songs that are used in the program, as well as a video series that provides information on activities that caregivers can do at home to encourage learning.

## **Staffing**

Tutu and Me has a total staff of 64. Of those, 44 comprise the 11 teaching teams; each team includes a teacher, two assistant teachers, and an assessment specialist, and there are six full-time site managers. Five of the six site managers have project assistants. Program oversight and management are provided by a seven-member management and support team that includes two directors (one for program implementation and one for research, evaluation, and development); a quality assurance manager, an operations manager, and a project assistant who report to the director of implementation; and a project coordinator and two family support advocates who report to the director of research, evaluation, and development. There is also an accountant on staff. All staff are full time.

**Staff Qualifications and Training.** Tutu and Me has formal job qualifications and specifications for each position (Table 2). Candidates for any position must be interviewed by at least one member of the management team and by a staff member from the PID human resources department.

Tutu and Me has a formal week-long orientation for new staff. It covers the history, principles, and anticipated outcomes for the initiative, as well as staffing roles and responsibilities and the program design. New staff are also trained on the curriculum, assessment measures, the setup process and layouts for the sites, and resources for caregivers.

In-service training consists of on-site and off-site workshops that are offered twice a month for the teaching teams. The on-site workshops often are provided by the consultant who helped design the curriculum. Site managers choose topics from a list the consultant has developed. Tutu and Me also has a full-staff annual in-service training event. In 2008, staff members participated in the PIDF in-service training as well.

Tutu and Me also sends staff to statewide and National Association for the Education of Young Children (NAEYC) conferences, and it provides tuition assistance for staff who are pursuing early childhood degrees. Twelve staff members are currently receiving the tuition reimbursement.

**Table 2. Staffing: Tutu and Me**

Staff Title	Staff Qualifications	Full- or Part-Time Status
Director of Research, Evaluation, Development	Master's degree in early childhood education and at least 10 years' experience working with young children and their families, experience in writing curriculum and in program evaluation.	Full time
Director of Program Implementation	Bachelor's degree in business management or related field and at least 10 years' experience in project and organizational management. Experience in ECE preferred.	Full time
Operations Manager	Bachelor's degree in business management or related field preferred, plus 5 years' experience in management or equivalent work experience; and 5 years' experience/coursework in early childhood education and working with young children and their families.	Full time
Quality Assurance Manager	Bachelor's degree in organizational management or related field preferred or equivalent experience, plus 2 years' experience in quality assurance, and 2 years' experience/coursework in early childhood education and working with young children and their families.	Full time
Family Support Advocate	Bachelor's degree in family resources, early childhood education, psychology, social work, education, or related field preferred or equivalent experience, plus 2 years' experience working with families and communities.	Full time
Site Manager	Bachelor's degree preferred in management or related field, plus 2 years' experience in management or equivalent work experience; 2 years' experience/coursework in early childhood education and working with young children and their families.	Full time
Teacher	Bachelor's degree preferred in early childhood education or related field, plus 1 year's experience working with young children and their families; or AA degree in early childhood education, or related field, plus 2 years' experience working with young children and their families with commitment to receiving a bachelor's degree within 5 years.	Full time
Assessment Specialist	Bachelor's degree preferred in early childhood education or related field, plus 1 year's experience working with young children and their families; or AA degree in ECE or related field, plus 2 years' experience working with young children and their families; experience in early childhood assessment with commitment to receiving a bachelor's degree within 5 years.	Full time
Teaching Assistant	Associate's degree in early childhood education or related field, plus 1 year's experience working with young children and their families or coursework in early childhood education, plus 2 years' experience working with young children and their families.	Full time

Source: Tutu and Me.

**Supervision.** The teaching teams debrief daily and the teams meet with their site manager weekly. The quality assurance manager conducts a meeting with all of the site managers on a monthly basis. Other management staff come to these meetings as needed. The quality assurance manager and the operations manager visit each of the community sites twice a year to observe the program; the director of research, evaluation, and development visits each community site once a year. She also reviews all of the lesson plans.

## **Fidelity Standards**

Tutu and Me has fidelity standards in the form of a comprehensive community site checklist that reviews all aspects of the program. It includes items for the environment, first circle, second circle, learning centers, and personnel—ranging from loading the van and whether staff are wearing the required uniform to interactions with the children and caregivers. As noted earlier, the checklist is used twice a year by the quality assurance manager; the operations manager; and the director of research, evaluation, and development to assess operations at each of the community sites.

## **Data Collection**

Tutu and Me collects a wide variety of data. The data provide information about implementation as well as about the progress of children and caregivers, including:

- Number and ages of children who attend each month, including the number of Native Hawaiian children
- Number of caregivers who attend each month
- Number of caregivers who visit to see the program each month and the number of children who are on the wait-list
- Number of books borrowed by individual children and the number of times they are read to children each week
- Number of resources borrowed from the caregiver resource library
- Pre/post data on the *Peabody Picture Vocabulary Test–III* (PPVT; Dunn & Dunn, 1997)
- *Work Sampling System* (WSS; Meisels et al., 1995) assessment data
- Caregiver skills
- Fidelity to the model

To collect these data, Tutu and Me uses a variety of forms:

- Enrollment applications
- Site managers' reports
- Test result data
- Site checklist

## Evaluation

As noted earlier, Tutu and Me regularly collects data on child and participant outcomes. For children, it uses the PPVT-III (Dunn & Dunn, 1997), administered in the fall and spring, to assess children's language development; the *Ages and Stages Questionnaire* (ASQ; Bricker & Squires, 1999), administered regularly to assess development; and the *Work Sampling System* (WSS; Meisels et al., 1995) to track children's developmental progress. For parents and tutu, outcome data include self-reports about changes in knowledge and skills as well as observed changes in practice. The Annual Caregiver Survey includes questions about the ways that Tutu and Me has helped the participants (including providing new information on how children learn, new activities to do at home, and new ideas about parenting and discipline), as well as self-reports about the number of times per week that participants read to children. The Caregiver Skills Assessment Checklist, which is administered by the site teams, includes items related to the interaction with the child, such as use of language, encouragement of "a sense of wonder, discovery and experimentation," positive discipline, understanding of developmental levels, and involvement in reading activities. In addition, Tutu and Me uses the *Child Care Assessment Tool for Relatives* (CCAT-R; Porter, Rice, & Rivera, 2006) to assess changes in practice through pre- and posttest observations.

In 2007, the Institute for a Child Care Continuum at Bank Street College of Education conducted a study of the effects of Tutu and Me on the quality of care (Porter & Vuong, 2008). It also included a participant survey to identify caregiver characteristics that might be associated with quality. The survey, pretest observations, and posttest observations consisted of three samples: the survey, in which there were 249 respondents; the pretest observations of 180 parents or other family caregivers; and the posttest observations of 113 parents or other family caregivers. Of the total number of observations in the pre- and posttests, there were 58 matched pairs of parents or other family caregivers and focus children.

**Participant Survey.** Almost all of the survey respondents, 93 percent, were women. Parents represented the vast majority—77 percent. The remaining 23 percent were other family caregivers, most of whom were tutu. On average, parents were in their early 30s. Tutu, with an average age of 57, were considerably older. Native Hawaiians or part-Hawaiians accounted for the largest self-identified ethnic group in the sample, representing 43 percent of the total. The second largest ethnic group was European Americans, accounting for slightly less than a third, followed by those who self-identified as Asians (18 percent). Nearly 30 percent of those who responded to this question identified as multiple backgrounds.

**Pre- and Post-Assessments.** In the 2007–2008 program year, 3-year-old children showed significant gains on the PPVT-III (Dunn & Dunn, 1997), with average stanine scores rising from 5.1 on the pretest in the fall to 6.2 on the posttest in the spring. There also were improvements in the results of the WSS assessment. Between September and May, the percentage of 3-year-old and 4-year-old children who showed proficiency in all four areas of personal/social, language and literacy, physical development, and mathematical thinking increased. For example, the proportion of 3-year-olds with proficiency in language/literacy rose from 27 percent to 69 percent; the proportion of those with proficiency in personal/social increased from 26 percent to 78 percent. The increases in these areas for 4-year-olds were approximately the same: from 38 percent to 82 percent for language/literacy and from 38 percent to 84 percent on personal/social.

Tutu and Me assesses changes in caregiver skills through the Caregivers Skills Assessment Checklist, which was developed by the initiative. Caregivers are rated on how often they exhibit the

14 desired behaviors, such as “caregiver encourages a sense of wonder, discovery and experimentation” when working with her or his child. A posttest in May 2008 revealed that 80 percent of Tutu and Me’s caregivers were consistently exhibiting effective behaviors.

The results of the pre- and posttests in the sample of 58 matched pairs indicated that there were improvements in the quality of interactions for children under age 5 on three of the four factors measured by the CCAT-R—bidirectional communication, unidirectional communication, and engagement, and there was a slight increase in the nurturing scores for children under age 3. The changes in the language and engagement factors were statistically significant for the children under age 3. The findings also point to some significant correlations between quality and participant characteristics such as training and child care work experience.

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