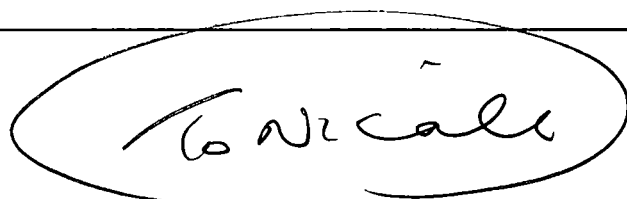


July 17-18, 1996

Various State and National
Child Care Reports

I-DC Initiative

CLINTON LIBRARY ARCHIVES



The California Child Care Portfolio

A compilation of
data about child care,
county by county



California Child Care Resource & Referral Network

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

**Giving Children a Strong Start:
Effective Early Childhood Education Policy
in the States**

by
Louise Stoney

For the Education Commission of the States
January, 1997

DRAFT

Introduction

Investing in young children is one of the most effective ways to enhance student achievement. Research indicates that early childhood education can boost IQ during the early childhood years and have a lasting and sizable effect on school achievement, grade retention, high school graduation, special education and socialization.¹

The evidence is overwhelming that early childhood programs significantly reduce grade retention and special education placements. A recent review of research on the long-term effects of early childhood programs stressed that “for many children, preschool programs can mean the difference between failing and passing, regular or special education, staying out of trouble or becoming involved in crime and delinquency, dropping out or graduating from high school.”²

But what are the public policy implications of this research? What role should the state play in promoting early childhood education? Can all early childhood education programs produce these results or are particular approaches more effective? What are the best ways to ensure that all children receive the early education they need to succeed in school and life?

Key Policy Goals

- Create and fund a wide range of learning environments that incorporate both learning and caring.
- Support the adults who serve as teachers and caregivers in all learning environments.
- Mobilize communities to promote early learning and support young children and families.
- Redefine leadership at the state level to support comprehensive, community-based early care and education systems.

In addressing these concerns, four key goals for effective early childhood policy are identified in this paper (see box, above right.) Strategies for achieving each of these goals are discussed, followed by a description of the criteria for success as well as the benefits, costs, and unintended consequences of each approach. State policies that support high-quality learning experiences for young children; that foster improved parenting; and that promote partnerships between families, schools, and community organizations are explored throughout the paper. Rather than discussing each of these approaches as a program with a discrete policy goal and target population, they are presented as different methods of achieving an end; methods that should be developed and implemented simultaneously, as part of a coherent early childhood care and education *system*.

While the focus of this paper is limited to early education and child care strategies, efforts to promote early learning and boost student achievement should be viewed holistically. Poor health care and poor diet can directly affect brain development and learning. Parents who are under stress, are struggling to make ends meet financially, and who do not have time to spend with their children cannot engage in behaviors that promote early learning no matter how much parent education they receive. Children who have developmental delays or learning disabilities cannot succeed until their special needs are identified and addressed. To this end, early care and

education initiatives should be established in tandem with health initiatives to ensure that children receive well-baby care, immunizations and developmental screening; nutrition programs that are available in schools, child care centers, and homes; economic supports to help family members remain at home with very young children; and other family support services.

The State's Role

At first blush assuming responsibility for early childhood education seems a daunting task. Why should the state get involved? Isn't early education really a family responsibility? Or a local responsibility? Indeed, early childhood education is a shared responsibility.

Families, schools, employers, local governments, community organizations, and other partners, can -- and should -- play a key role in developing and financing early education programs. But states need to act as catalysts, to provide the leadership necessary to spur and sustain these new partnerships.

Government is not solely responsible for developing and financing an early childhood care and education system. Responsibility for the system can be shared by families, schools, employers, local governments, community organizations, and others.

Ensuring that all children receive a high-quality education is not only a public responsibility, it is a state responsibility. Opinion polls tell us that the public believes education is a shared responsibility. And most state constitutions are clear that the authority to establish and finance education rests with the state. While local school boards typically administer education systems, the state legislature has the ultimate authority to establish and oversee local school districts and maintain the state's education system.

Improving the education success of disadvantaged children saves money. Results from a 1984 long-term evaluation of the Perry Preschool Project in Ypsilanti, Michigan are well known. This analysis demonstrated cost savings from lower reliance on social and welfare services, lower crime rates and less delinquent behavior in the teenage years, fewer teen pregnancies and births, reduced unemployment and enhanced lifetime earnings. Savings were estimated between \$3 and \$7 for every \$1 spent on a year of early childhood education.³ A more recent analysis argues that Perry Preschool data do not stand alone, and estimates the national cost of failing to provide early care and education at \$100,000 for each child born into poverty.⁴ Additionally, a 1996 North Carolina study found that investments in full-day, year-round early childhood programs also result in substantial *short-term* savings. This research indicates that when taxes on family earnings and employment and taxation of the child care industry are taken into consideration, subsidized child care pays for itself almost immediately. These findings indicate that a child care subsidy that enables a parent to work at a job earning even \$15,000 a year can generate \$4,217 in federal, state and local tax revenue.⁵

Effectively meeting the need for early learning will require, however, more than a year or two of prekindergarten or Head Start or a limited child care subsidy program. Multiple, coordinated strategies are needed. In many cases, intervention should begin at birth (or before).

We now know that learning does not begin at age four or five and is not limited to the hours of the day when children attend school. Children learn from the time they are born, during every moment of the day. New research has

identified a number of “critical periods” when brain development is not only rapid and efficient, but can have lasting effects. These “windows of opportunity” open very early in a child’s life, often during the first year. A child who misses these windows -- or who is under tremendous stress during this period -- could live with

a handicap for their entire life. Research is also demonstrating that experience and environment have a much greater influence on brain development than was previously realized. Children who form strong, trusting relationships with a few attentive adults in safe, predictable environments are more likely to learn and develop the skills they need to succeed.⁶

Children need care and education simultaneously. Artificially separating programs that provide child care from those that provide early education limits opportunities for early learning.

Artificially separating programs that provide child care from those that provide early education limits opportunities for early learning. The United States has historically separated the role of *caring* for young children from that of *educating* young children. This artificial distinction runs counter to what we know about early learning. It also fails to recognize and build on the many and varied community and home-based learning environments that already exist for young children. And it fails to address the needs of working families whose children need early education.

Parents intuitively understand what the research is telling us: that early education makes a difference. Increasing numbers of families are choosing to enroll their children in preschool programs. In 1965, only 28% of all four year old children were enrolled in a preprimary program (including kindergarten). By 1995, center-based preschool enrollment had jumped to 40% of three year olds, 65% of four year olds, and 75% of five year olds not yet enrolled in school.⁷

But the increase in preschool enrollment is skewed toward families who can afford to pay for the service. In 1991, only about 45% of three to five year old children with family incomes below poverty were enrolled in a center-based preschool program, while 81% of children with family incomes above \$75,000 were enrolled.⁸ And it is the *working poor* (that is, families where a parent works but annual income does not exceed \$25,000) who are the *least* likely to enroll their children in a center-based preschool program. These families are often ineligible for, or unable to take advantage of, publicly subsidized part-day preschool programs and they cannot afford private programs.

More and more of the families who enroll their children in preschool are choosing *full-day, year-round* preschool programs. The American family has changed dramatically in recent years. More mothers are working. Single-parent families are growing. Many families live apart from extended family and friends. Welfare reform initiatives are requiring women with very young children to accept jobs or attend job training programs. In 1940, 87% of children under the age of six had a nonemployed parent who could provide full-time care. By 1989, only 48% of these young children had a parent at home full-time.⁹ The number of employed parents has continued to grow. In fact, these rates are likely to skyrocket as new, time-limited welfare policies are implemented.

While the need for full-time, year-round preschool programs has increased, a majority of public funds are still used to support part-day, part-year preschool programs. Public funds for early education services are rarely used for full-day, year-round preschool programs.

In 1993, fewer than 1% of Head Start children were served in programs operating more than eight hours a day and more than 48 weeks a year.¹⁰ A 1990 study of state prekindergarten initiatives reported that only eight of the 24 initiatives surveyed reported that *any* of the prekindergarten programs they funded offered services for more than seven hours a day.¹¹

More and more families are enrolling their children in full-day, year-round preschool programs. Families typically turn to community-based child care centers to meet this need.

Parents who need full-time, year-round preschool programs typically turn to community-based child care centers to meet this need. Most of these programs rely primarily on parent fees to support all or most program costs.¹² Parent fees are high (in 1993 they averaged \$79 per week) and place a disproportionate burden upon low-income employed families. Families with annual incomes under \$14,400 spend, on average, 25% of their income on child care, compared to 6% or less for families with incomes of \$54,000 or more.¹³ Although fees are high, most full-day, year-round child care programs cannot generate enough revenue from parent fees to hire the qualified teachers they need to provide a high quality early childhood education program.

In short, the current system often forces families to choose between child care, which meets the needs of parents but may not be able to provide sufficient opportunities for early learning, and early education, which benefits children but often cannot meet the needs of employed parents. This is a Hobson's choice. Both child care and early education are needed and both can be provided simultaneously.

In recent years a number of states have recognized the need to bring the early education and child care systems together, and have begun to develop new policy goals and approaches. These policies support early learning opportunities in schools, community organizations, and homes; involve and support parents and early childhood teachers in many settings; mobilize communities to promote early learning; and redefine leadership at the state level. A more detailed discussion follows.

Policy Goal ☛ Effective early childhood policy focuses on creating and funding a wide range of learning environments that incorporate both learning and caring.

Many learning environments -- in schools, homes, and child care centers -- can promote student achievement. Children of all ages can, and should, be offered an array of opportunities to learn and grow. The goal is to support children and their families in ways that meet their individual needs and circumstances.

Rather than implementing early education, child care, and parent support as separate strategies, these efforts should be viewed as part of a whole. The most effective outcomes will be achieved when all three approaches are combined. Consider, for example, the needs of various families, and the strategies that might be used to meet these needs:

- Families with a parent who is able to remain at home and serve as the primary caregiver can benefit from strategies that strengthen home-based learning and allow the child to attend a part-day child development program. Strengthening parents' role as their child's first teacher can help to reinforce classroom activities and ensure that opportunities to learn occur throughout the child's day.¹⁴
- Families who have a relative, friend, or neighbor caring for their children while they work or attend school can also benefit from strategies that strengthen home-based learning and are linked to part-day preschool and/or child development programs. In this case, efforts to strengthen early learning should focus on these "informal" caregivers as well as the family and child.
- Families headed by one or two employed parents often enroll their children in full-time child care centers or licensed family child care homes. These families can benefit from initiatives that strengthen early learning opportunities in child care centers and family child care homes, and help these programs to offer parent education and support services that respond to the unique needs of employed parents.

While the need for early learning is growing, access to publicly funded early education is typically limited to families with specific needs and circumstances. The working poor are often left unserved. These families cannot afford to have a family member remain at home. Everyone must work. They cannot afford to enroll their children in a full-day child care center. Instead, they typically rely on a patchwork system of relatives, friends, and neighbors to provide child care. Sometimes a different person cares for the children each day. The arrangements are fragile, complex, and often fall apart. Even a part-day preschool program is out of the question for many of these families. It is either too expensive, too far (and no transportation is available) or too complicated to arrange for the "wraparound" child care with a network of ever-changing friends and relatives.

Ensuring that children from low-income, employed families receive the early education opportunities they need to succeed in school and life has always been important. Given new federal welfare reform policies (which limit assistance to five years and include strict work requirements) it now becomes an essential task.

There are many policy approaches that can be used to promote early learning in a range of environments. Typical strategies include: preschool initiatives, child care initiatives, parent education and support initiatives, and community partnerships. While each of these approaches are discussed separately in the following section, it is important to stress that they frequently overlap. States often include multiple strategies in a single initiative. Indeed, the most effective strategies bring all four approaches together into a single, coordinated approach.

Preschool Initiatives State investments in preschool programs have grown dramatically in recent years. Before 1980, only a handful of states had prekindergarten initiatives. By 1988, 27 states had invested approximately \$203 million in these initiatives. And within four years -- by FY 1992 -- state investments in prekindergarten had grown to \$716 million, including initiatives in 32 states.¹⁵ In the early years state prekindergarten initiatives focused on part-day, public school programs aimed at "educationally disadvantaged" four-year-olds. But states are increasingly recognizing the need to respond to diverse family needs, offer longer hours, provide services in a range of settings, and coordinate with community agencies to provide comprehensive family support services. Some examples of state prekindergarten initiatives include the following.

- The **Georgia Prekindergarten Program** is available to all of the state's four-year-old children, regardless of income, and provides services for at least 6.5 hours per day in a wide range of settings. Sponsoring organizations include public and private schools, community centers, colleges and universities, and private child care centers. Approximately half of the programs are sponsored by public schools. Transportation and family support services must be made available to income-eligible¹⁶ families who want and need services. The Office of School Readiness, a state agency, selects and monitors the local contractors. Inservice staff training is required and funded. Programs that exceed 6.5 hours per day and 180 days per year may charge pro-rated parent fees. Low-income families may apply for child care subsidies to help pay the additional fees. The Office of School Readiness has inter-agency agreements to facilitate payment of child care subsidies. For 1996-97 school year, \$210 million was allocated to serve 60,000 children.
- Washington State's **Early Childhood Education and Assistance Program (ECEAP)** is available to four-year-old children with family incomes at or below 100% of the federal poverty level (the same income guidelines as Head Start). In addition to providing early childhood education, ECEAP contractors must also offer parent education, at least two home visits a year (although some sites conduct home visits every week or two) and provide screening and referrals for health, dental, and social services (via professionals on-site or as consultants.) The program is administered by the State Department of Community, Trade and Economic Development, which oversees contracts serving all but

one county in the state.¹⁷ Approximately 45% of the local contractors are school districts; others include community-based child care programs, Head Start agencies, community colleges, and local social service agencies. In the 1996-97 school year, \$28.3 million was allocated to serve approximately 8,400 children.

- The **Oregon Head Start Prekindergarten Program** is a collaborative effort between the State Education Department and the federal Head Start program. The initiative follows essentially the same eligibility guidelines and performance standards as Head Start¹⁸, and twenty-five of the thirty-two local sites receive both state prekindergarten and Head Start funds. A majority of the grantees are community-based, non-profit organizations. Other grantees include public schools, community colleges, and higher education institutions. To avoid duplication and maximize resources, programs are required to coordinate their services with existing community services for young children. Inservice training opportunities are shared, and include both Head Start and prekindergarten staff. Responsibility for program monitoring is shared by the federal regional office and the State Education Department. In the 1996-97 school year the state allocated approximately \$10.5 million to serve 1,701 children. Federal Head Start funds of approximately \$28 million were available to serve an additional 4,621 children. Oregon intends to continue program expansion so that 50% of all eligible children are served by 1998, and 100% by 2004. The Governor has recently proposed a \$35 million increase for the preschool program, which would allow the state to reach the 1998 goal.
- Minnesota's **Learning Readiness Program** provides funds to help school districts plan and implement a continuum of services for all children, ages three to kindergarten entry, regardless of income. Each district must establish an advisory council to establish a plan, identify gaps, and coordinate services. Plans must address child development and early learning, health referrals, nutrition services, parent involvement and community outreach. Learning Readiness funds are used to help fill gaps and coordinate services. While school districts administer the program, they may provide or purchase a wide range of early learning and family support services. Some districts operate preschool programs; others purchase slots in community-based preschool, child care, or Head Start programs. Some send an early childhood teacher into the community to work with children in family child care homes, or use the funds to support the transportation costs needed to help families access preschool services in the community. In other cases the funds are used to support collaborations with early intervention and family literacy programs, or to provide coordinated services with the state's parent education and support program. Many variations are possible. In SFY 1996-97, the state allocated approximately \$9.5 million for the program, which currently serves 90% of the state's four-year-old children in 343 of the states 379 school districts.

What makes a preschool initiative effective?

Experience and evaluations have indicated that the following factors are key to establishing effective, statewide preschool initiatives.

- The initiative builds on existing early childhood resources. Funds and support services flow to programs sponsored by community-based child care and Head Start programs as well as public schools.
 - High program and personnel standards are established and all funded programs are held accountable for meeting them. Staff to child ratios and group sizes comply with the recommendations of national experts on child development. (See box, right, for a discussion of national guidelines and accreditation systems.) Teachers should have specialized training in child development and early childhood education.
- Professional Accreditation**

After extensive study and consultation, the National Association for the Education of Young Children (NAEYC) published guidelines for programs that serve children from birth to eight. These guidelines formed the criteria for a national, voluntary accreditation system launched by the organization in 1985. Since this time, several other early childhood professional organizations have established accreditation systems. Many states use accreditation systems to help: establish preschool program standards; monitor program quality; define rate differentials in voucher programs; and promote public/private partnerships.
- Programs are encouraged and funded to serve children from at least three years of age to kindergarten entry.
 - Programs are encouraged and funded to offer services on schedules that match parents work hours.
 - Programs are encouraged and funded to help families secure the health, nutrition, and social services they need and want.
 - Programs are encouraged and funded to provide transportation.
 - Programs are encouraged and funded to support thoughtful transitions between preschool and other child caregivers and between preschool and school.

What have we learned about costs, benefits, unintended consequences?

Research clearly indicates that for children whose home learning environments are relatively poor preschool programs can boost IQ during the early childhood years and have a lasting and sizable effect on school achievement, grade retention, high school graduation, special education and socialization.¹⁹ But much of this research was conducted on small, high quality, model programs.

The extent to which these findings can be generalized to large-scale, public initiatives has been questioned.

It is clear that program quality matters. Research on the quality of early education and child care programs has indicated that higher quality programs are associated with children's improved cognitive and social development.²⁰ These studies consistently stress that small classes, higher staff to child ratios, teachers with early childhood training, higher staff compensation, and supervision are key to providing high quality services. Large-scale, public initiatives need to ensure that these quality factors are addressed if states want to obtain results similar to those reported by model programs.

The rapid growth of preschool programs has also produced some unintended consequences. Chief among these is the inequitable distribution of resources. Preschool programs have focused predominantly on four-year old children, therefore denying much needed funding and policy attention to younger age children. Brain research now indicates that waiting until children reach four years old may be too late.

Developing program schedules that mesh with parent work hours has also been challenging, especially during the summer. Building on the public school and Head Start systems -- which have historically followed a ten month, part-day calendar -- has made it difficult for many states to offer year-round services for a full working day.

Moreover, the historical division between care and education has limited state's ability to maximize funds. Prekindergarten and Head Start programs are typically government funded, while child care programs rely primarily on parent fees. Future financing strategies need to focus on blended funding strategies, which use a mix of funds from government and the private sector. These strategies may require schools and Head Start programs to develop new policies for collecting parent fees.

Child Care Initiatives Public financing of child care services has largely been attributed to the federal government. Indeed, new federal funds that resulted from programs such as the Child Care and Development Block Grant and the child care provisions of welfare reform have had a dramatic effect in many states.²¹ But states have also played an important role in child care financing. In SFY1994, states appropriated nearly \$764 million to match federal child care funds, along with nearly \$1.6 billion *in addition* to the matching funds required by the federal government.²² These funds have been used to support a wide range of initiatives, some of which seek to strengthen learning opportunities in child care programs. Examples include:

- " **Florida** improved staff-to-child ratios for infants and toddlers in child care centers, raised the introductory training requirement for staff, and required that at least one staff person for every 20 children have a Child Development Associate (CDA) credential²³ or its equivalent. State funds were made available to help teachers obtain CDA credentials. The state recently initiated the *Gold Seal* program, through which child care programs that

have voluntarily met national accreditation standards receive special statewide recognition. Additionally, the Florida Department of Education administers the *Early Childhood Collaborative Project*, which has helped to improve quality in a wide range of early childhood programs. (This initiative is described in more detail on page __.)

- **North Carolina** improved staff to child ratios in child care settings and raised and restructured reimbursement rates to provide additional funds to programs that meet higher quality standards. The state also funded the *T.E.A.C.H. Early Childhood Project* to strengthen education and compensation of early childhood teachers and staff (see pg __ for a more detailed description of this initiative.) North Carolina's *Smart Start* initiative (which is described in more detail in page __) makes flexible funds available to local partnerships, several of whom have used the funds to strengthen learning opportunities in child care settings. Orange County, for example, established the *WAGES Project*, which provides salary supplements, based on education attainment, to early childhood program teachers and directors as well as family child care providers.
- **Wisconsin** established a child care quality improvement grants program and a child care technical assistance grants program. These programs make funds available for: program accreditation, an early childhood credentialing system, mentor teacher training, management and on-site technical assistance, and improved staff compensation and benefits. The *Wisconsin Child Care Improvement Project (WCCIP)*, which is administered by a consortium of private sector organizations, provides pre-licensing consultation and training. The state also supports child care resource and referral (consumer education) services.
- The **Minneapolis** public schools and the City of Minneapolis have established a collaborative learning readiness initiative called *Strong Beginnings*. Funds from the public schools and the local social service department are used to contract with community-based early childhood programs that agree to provide comprehensive education, health, nutrition, and social services to "at risk" three and four year old children. The programs must also agree to pursue NAEYC accreditation, operate with low staff-to-child ratios, and offer culturally relevant services. City of Minneapolis funds are used to support program efforts in achieving accreditation.

While states have always played a key role in developing child care initiatives, many have relied on federal funds to support these services. Welfare reform laws passed during the Bush administration established an entitlement to child care for families who were participating in state welfare-to-work programs, and provided uncapped federal funds to help finance the entitlement. But the Personal Responsibility and Work Opportunity Act of 1996 -- the most recent welfare reform legislation -- eliminates this entitlement and block grants child care and welfare funds to the states. The Act also imposes strict work requirements for all welfare recipients, and places a five year time limit on all cash benefits. This legislation will dramatically increase the need for affordable, full-time child care.

What makes child care initiatives effective?

In response to welfare reform, many states have begun to develop new approaches to delivering and financing early childhood care and education. While much of this work is new, the following principles may be used to guide policy making. Effective child care initiatives:

- Allow funds to flow to a wide range of early childhood programs for children of all ages, in community-based organizations, schools, and homes.
- Establish program and personnel standards that strengthen opportunities for early learning and are appropriate to the setting and ages of children served. Staff to child ratios and group sizes should comply with the recommendations of national experts on child development. (See box on page ____ for a discussion of national guidelines and accreditation systems.) Teachers should have specialized training or education in early childhood education.
- Structure reimbursement rates to provide additional funds to programs that meet higher standards. High-quality child care and preschool programs should comply with the same standards and receive equivalent funding.
- Encourage and fund child care programs to help families secure the health, nutrition, and social services they need and want.

What have we learned about costs, benefits, unintended consequences?

While early learning initiatives that build on public schools and Head Start systems have struggled to develop program schedules that mesh with parent work hours, those that build on the child care system have been more effective at meeting these needs. Initiatives that incorporate the child care system are also more likely to serve children of varying ages, including infants and toddlers. Shared financing strategies that incorporate public and private funds, including parent fees, are often easier to implement within the child care system, largely because these programs are already collecting parent fees and blending a wide range of financial resources.

But strategies that build on the child care system have been less successful in promoting opportunities for early learning, comprehensive services, and parent education and support. The reason is primarily financial. Many states are reluctant to use public funds *in addition to the per child costs expended for voucher programs* to promote early learning in child care settings. State child care reimbursement rates are typically based on the price -- rather than the actual cost -- of the care. Since most child care programs rely on parent fees, and most parents cannot afford to pay high fees, market forces keep prices low. Without the funds to hire qualified teachers, maintain small classes and low child/staff ratios, or provide comprehensive services and parent education, opportunities for early learning are diminished. Child care programs that are achieving higher quality have secured additional sources of funding to augment parent fees.

Parent Education and Support Parent behaviors and attitudes have a strong effect on children's success in school. Research has demonstrated that such factors as parents' aspirations and expectations for achievement, methods of controlling children's behavior, maternal teaching style, and the quality of the home environment during the first two years all affect later school achievement.²⁴ To this end, many states have developed initiatives aimed at strengthening parents' knowledge, skills, and beliefs about child rearing. These initiatives include:

Minnesota's *Early Childhood Family Education (ECFE)* initiative is administered by local school districts and is available to all families with children from birth through kindergarten. Local ECFE programs offer different types and intensities of services from which parents can choose. Most programs include parent discussion groups, guided play and learning time for children, parent-child interaction time focusing on parent-child relationships, home visits, early screening for children's health and developmental problems, information on other community resources for families and young children, special events, and libraries of books, toys, and other learning materials.

Missouri's *Parents as Teachers (PAT)* initiative focuses on home visiting, and serves families with children birth through five years of age. Parent educators visit families at home and focus on increasing parents' knowledge of child development as well as appropriate ways to stimulate early learning in a home environment. Additionally, PAT staff coordinate group parent meetings, early screening for health and developmental problems, and linkages with other community resources. The frequency of home visits varies within and across the program sites, but at many locations home visits and/or parent group meetings are offered monthly. PAT is available to all Missouri families, regardless of income.

Arkansas' *Home Instruction Program for Preschool Youngsters (HIPPY)* focuses on low-income families with four- and five-year-old children. Parents who participate in the program are visited twice a month for a two-year period. The visits are conducted by paraprofessionals, who teach parents to implement a series of activities which they are expected to perform with their children for approximately 15 minutes each day. Many of the four-year-olds are enrolled in the Arkansas

The Parent Services Project

The Parent Services Project (PSP) is a family support program that uses early childhood care and education programs as its hub. PSP originated in California in 1980, and has since spread to many states and communities. PSP can be used in all types of early childhood settings, from child care centers to family child care homes to teen parenting programs. Parents select from a wide range of activities, including parenting workshops (on child development as well as adult issues such as financial management and banking), support groups, community service referrals, family fun activities, respite care, and leadership development. Five states -- Georgia, Florida, Delaware, California, and Mississippi -- have adopted PSP's approach to family support and are serving over 15,000 families.

prekindergarten program, and most children are attending kindergarten during the second year of the program.

Unlike structured preschool or child development programs, home visiting models depend on a “domino” effect. The parent educator or home visitor is trained in a variety of key areas. These individuals then teach child development principles to parents and encourage them to try new ideas and approaches or to take advantage of specific support services. Only if the parents *act* on this knowledge and consistently behave differently will any program effect reach the child.²⁵

It is not surprising, then, that evaluations of parent education efforts have been mixed. Many evaluations of initiatives that rely primarily on home visiting strategies have failed to document improvements in child development outcomes.²⁶ Some show enhanced intellectual and social development for young children from working- and middle-class families but very limited evidence of effectiveness for very low-income families.²⁷ Others indicate that the program resulted in increased knowledge of child development among parents, but did not result in significant changes in parental behavior.²⁸

Awareness and knowledge of what ought to be done does not guarantee that parents’ strongly-held beliefs and practices will change. Behavior change often requires long-term support, practice, and reflection. Most experts believe that improvement in child development outcomes is more likely to occur in programs that focus on the child (through participation in a formal, ongoing child development program) and the parent (through parent engagement efforts that encourage parents to work as partners with their child’s teacher, encourage teachers to respect and respond to the needs of parents, and help both parents and teachers work together to reinforce what is taught in the child development program.) Additionally, home visiting programs can help in identifying needs for additional support services as well as linking families to health services and other community resources.

Home visiting initiatives may also help to build linkages with relatives, friends, and neighbors (“kith and kin”) who are caring for children while their parents work. These caregivers typically do not view themselves as part of the professional child care system and, as a result, do not take advantage of the training and support services available to family child care homes. Making parenting education and outreach activities available to these caregivers could help to link children in informal child care settings to child development programs, and help to ensure that children in these settings receive the health and social services the need.

What makes a parent education and support initiative effective?

As noted above, parent education and support initiatives vary widely in scope, content, and purpose. There is little research evidence to indicate that one program or approach is superior to others.²⁹ It appears, however, that initiatives that embody the following principles are more likely to be effective.

- The initiative links children with early childhood education programs while simultaneously strengthening parents as teachers.
- The initiative has multiple goals. In addition to focusing on child development issues, it links families with specialized services and supports (such as health or social services, screening for developmental delays, and so forth) and seeks to strengthen the economic stability of the family and community.
- Staff who conduct home visits and parent education activities have training and experience in child development/early education, and have continued access to inservice training and supervision.
- Parent engagement is not viewed as a separate component to be “tacked on” to an early childhood program but as a perspective and ethic that is woven throughout the program. All staff need to understand how to work with parents and be given opportunities to engage parents in ways that promote partnerships and shared learning.

What have we learned about costs, benefits, unintended consequences?

Parent education and support is not a panacea for poverty. Adults cannot focus on improving their roles as parents if they must struggle daily for food, shelter, clothing, and economic security. Children can’t learn if they are sick and hungry. Good parenting cannot overcome the problems of neighborhoods that are plagued by violence and drugs. No matter how skilled, home visitors cannot succeed if they are expected to practice in troubled communities without the resources to help address these and many other deep seated problems.

Policy Goal 🖤 Effective early education policy supports the adults who serve as teachers and caregivers in all learning environments.

Early learning is rooted in relationships. Through the everyday interactions with a teacher, parent, or other caregiver, children learn about themselves and their world. They derive feelings about themselves, learn the facts and concepts that enable them to understand the world, and discover how to solve problems and organize their thoughts.³⁰ Whether children are successfully engaged in an early childhood program depends, in large part, on the quality of the teachers. Indeed, the Task Force on Learning in the Primary Grades recently established by the Carnegie Foundation reported that “helping teachers master effective practices is one of the best investments that taxpayers can make in children’s learning.”³¹

Research has not only helped to identify how children think, remember, and learn, it has underscored that effective teaching is based on *developmentally-appropriate practice* -- activities that are geared to overall patterns of children’s development and learning, and each child’s individual strengths.³² All early childhood teachers, whether they work in Head Start, prekindergarten programs, nursery schools, child care centers or family child care homes, need to

learn how to apply this practice to promote early learning. While many different curricula are used, and some programs may have specialized training needs, in large part all early childhood education is rooted in the same core body of knowledge.

The need for increased opportunities to learn about effective practice is not limited to classroom teachers. Training in child development can -- and should -- cross many disciplines. Parents can benefit from increased skills in guiding children's behavior and promoting early learning. Staff in family support and parent education programs need opportunities to learn more about child development. Support staff in prekindergarten, child care, and Head Start need to learn more about how to work effectively with children and their parents. And administrators in all settings need to increase their skills as leaders and managers of increasingly complex programs.

"Helping teachers master effective practices is one of the best investments that taxpayers can make in children's learning."

Carnegie Task Force on
Learning in the Primary Grades

While the training needs of early childhood care and education practitioners tend to cluster around a core body of knowledge, the training offered to these practitioners is typically fragmented, of poor quality, repetitive in content, and does not address the full knowledge base necessary to prepare a competent practitioner.³³ Training is frequently viewed as a special class or an additional support service that is tacked on to each separate categorical program. States often support multiple initiatives that offer training (often with similar content) to staff in a wide range of educational and human service programs.³⁴ This approach is not only inefficient, but fails to harness the potential power of a coordinated training system.

States that have begun to develop a comprehensive, coordinated, cross-system approach to early childhood training are not only improving the quality and effectiveness of training, they are creating new career opportunities for early childhood practitioners. Examples of these systems include the following.

- **Nebraska** established an *Early Childhood Training Center* to support the professional development of staff who work in all types of early childhood and family support programs. The Center's mission is to provide, enhance, and coordinate professional development opportunities across the state and to promote an interdisciplinary model of training. The Center develops and brokers training, coordinates training resources (including funds from child care, Head Start, special and public education, among others), operates the Early Childhood Training Registry, provides multimedia services, distributes training materials, and staffs a toll-free information line for early childhood practitioners. Additionally, the Nebraska Department of Education is working on a new Unified Early Childhood Special Education Endorsement, which would prepare practitioners to teach typically and atypically developing infants, toddlers, and children through grade three.

- Rather than establish a single training center, **New York** has created the framework for a statewide career development system for all early childhood teachers, administrators, and staff. Efforts are underway to link existing training opportunities to this system. An internet web site for accessing information on early childhood training opportunities by knowledge base area and geographic location has also been established. Local models to link non-credit training with community college programs, and expand the availability of early childhood degree programs at several colleges, have been developed. Additionally, public school principals and superintendents are being encouraged to hire staff who have obtained the state's early childhood teaching credential.
- **Connecticut** has developed a coordinated system of career development and recognition for early care and education professionals called *Connecticut Charts-A-Course*. The system includes a continuum of training opportunities for early childhood professionals in all settings, from workshops to college degrees. The initiative includes: 1) a statewide system for recording and assessing educational accomplishments of early care and education professionals; 2) a volunteer Training Approval Board to administer standards for quality of training; 3) linkages among colleges and universities to ensure that participants receive college credits when they participate in training and certificate programs; and 4) a scholarship fund to help pay for training and education.

States can play a key leadership role in establishing the framework for a career development system. But communities and local organizations are often more directly involved in assessing needs and delivering training. Some promising practices at the local level include the following:

- **Colorado** has developed a network of local Learning Clusters, composed of parents and early childhood care and education practitioners who have assessed their communities' training needs and resources, and developed a plan to meet those needs. Staff from public schools, child care and early intervention programs, resource and referral agencies, and others participate in planning. The Early Childhood Leadership Team, part of the Colorado Education Department, reviews the local plans and uses pooled funds (drawn from a wide range of federal and state early education and child care initiatives) to help the local clusters implement them. Colorado Quality Standards are used to guide local planning and state allocation decisions.
- The Teacher Education and Compensation Helps (T.E.A.C.H.) Early Childhood program was initiated in **North Carolina** and is now being replicated in **Georgia, Florida, Illinois, and New York**. T.E.A.C.H. is a public/private partnership that supports educational scholarships for teachers, directors, and staff in all early childhood education settings. Scholarships partially fund tuition, books, and travel for individuals who are interested in achieving formal education leading to the attainment of the North Carolina Child Care Credential, the Child Development Associate (CDA) Credential, and Associate and Bachelor degrees in child development. Wage increases or bonuses are provided upon completion of an agreed upon number of course hours or upon attainment of a credential.

What makes a professional development initiative effective?

Early childhood career development systems vary from state to state. But effective initiatives embody similar key principles, which include the following:

- The initiative is designed to serve teachers, supervisors, directors, and staff in all early childhood learning environments -- schools, child care centers, Head Start programs, family child care homes, parent education and support programs -- in a single, coordinated system.
- A core body of knowledge for early childhood practitioners in all settings is articulated. This core body of knowledge guides decisions regarding the content and funding of training for teachers or staff in a wide range of settings. (While the training curricula or approach may vary based on the type of program and/or staff members, basic content areas are the same.) Special emphasis is placed on enhancing the ability to teach *all* of America's children, including children from diverse cultures and families as well as those who have special needs.
- A sequential system of teacher preparation and continuing staff development is established. That is, all training opportunities build on one another and lead to a portable early childhood degree or credential. Training for different jobs (e.g. teacher, director, family worker) and skill levels (e.g. entry, continuing, and master-level training) is included in the system.
- Increased knowledge and competence are rewarded by linking training and compensation.
- A quality control system is established (e.g. training approval/trainer approval process, or a set of training standards, similar to the process that is currently used for continuing education units in many states.)
- A system for assessing training needs, and offering training based on those needs, is established.
- A system for making information about training -- and the training itself -- easily accessible to a wide range of teachers, supervisors, directors, and staff is established.

What have we learned about costs, benefits, unintended consequences?

A systems approach to professional learning benefits everyone. Coordinated training is not only cost-effective, but can promote new career opportunities for practitioners and serve as an important catalyst for systems change.

Current professional development practices are largely out of sync with the education/human service reform agenda in most states and communities. While reform efforts focus on

collaborative, cross-system initiatives, funding for staff development often remains fragmented and categorical. All too often funds are spent on short-term, dead-end training. Identifying the monies currently used to support training, and redirecting these funds and/or services to support a coordinated career development system, is a crucial part of systems reform. Several states and communities have begun this process. Colorado's Early Childhood Leadership Team (described above) has been able to pool a number of resources. On a smaller scale, the Flint, Michigan school district recently inventoried their spending on staff training and identified 65 separate line items where money was spent on staff training. The District discovered that it was spending nearly \$2 million on training, seven times its official professional development budget. Efforts are underway to coordinate these funds and put them to better use.³⁵

Even when it is not possible to actually pool training funds, there may be opportunities to better coordinate training services, target populations, and content areas. The Center for Career Development in Early Care and Education at Wheelock College recently developed an "Action Pack" designed to help states map the systems they currently use to finance training.³⁶

The private sector can also be an important partner in developing an early childhood career development system. Private funds have been used to plan and implement systems in many states, and have often helped to finance scholarship programs and training initiatives.

Policy Goal **Effective early childhood policy mobilizes communities to promote early learning and support young children and families.**

Communities play a key role in supporting children and families. Research has demonstrated that strong community networks can help parents cope with stress and improve children's self esteem and school success.³⁷ And experience has underscored that local efforts are an essential part of true reform. Throughout the country leaders in the public and private sector are coming to the conclusion that decision-making is best when it occurs closer to home. Families and children live in communities. Programs are implemented in communities. While federal and state governments establish policy, it is daily interactions with children and families that really matter. These interactions occur in communities.

Communities are often the most effective place to develop a common vision and shared financing for early care and education. Schools are supervised by a locally elected school board. Head Start funds flow directly from the federal government to community-based grantees. Employers are often more willing to commit time and resources to a project that will directly affect their employees and the local community. Many community-based child care resource and referral agencies have detailed information about the availability, cost, and quality of local early childhood programs. Local governments often have some flexible resources, financial and human, that can be dedicated to a local planning effort. Many philanthropic organizations, such as community foundations and the United Way, focus their giving locally. Even public social service agencies that are directly accountable to the state are often able to respond to local needs in unique ways.

Many states have begun to build on community strengths, and to see the state as a catalyst for local involvement in early care and education. These states have created new entities charged with overseeing children's learning and long-term success. Some examples include the following.

- **Georgia** has established several initiatives to create a more responsive and flexible system designed and guided by communities and families. The initiatives are linked, each building on and strengthening previous efforts. In 1991, the *Family Connection* initiative was established to foster community collaborations and link local representatives from social services, education, health care, and other children's services. These voluntary partnerships were required to assess community needs and assets and develop a local action plan for systems reform. Small grants were made available to help support planning and coordination as well as to initiate new service delivery methods that could eventually be rolled into existing, more stable funding streams.³⁸ In 1997, half of the counties in the state were participating in the initiative. After some experience with *Family Connection*, the focus shifted to establishing a more permanent structure for system reform. A permanent, state-level Policy Council was created to provide leadership to the local collaboratives and establish statewide benchmarks for measuring results. (See page __ for more discussion of the Policy Council.) The voluntary *Family Connection* collaboratives were encouraged to become permanent *Community Partnerships*, formally endorsed by the County Commissioner and/or City Council as the single entity responsible for local coordination of children's services and accountable for outcomes. Small grants were made available to the *Community Partnerships*, along with flexibility regarding state regulations and state-controlled funding streams. In 1997, ten Community Partnerships were participating in the initiative. In addition, steps were taken to ensure that when local planning or advisory groups are required for other statewide children's initiatives, such as the Georgia Prekindergarten program, the entities established under *Family Connections* or *Community Partnerships* serve this role, rather than creating an entirely new group. In this way, all state and local efforts are linked.
- **Oregon** has established a local *Commission for Children and Families* in every county of the state. These commissions are charged with developing a comprehensive plan for integrating children's services that focuses on addressing benchmarks established by the state. The Commissions are awarded funds to help support administrative costs as well as some flexible funds for service delivery. Additionally, the state has established a flexible grants program, *Great Start*, to help the local commissions address the needs of children ages 0 to 6.
- **North Carolina** developed an initiative, called *Smart Start*, which is designed to make early childhood education and support services available to every child under six years of age whose family needs and wants them. The state awards Smart Start funds to counties through a competitive grant application process. To qualify, local applicants are required to establish private, nonprofit partnership boards to govern and coordinate local programs. The local partnerships must include families, educators, nonprofits, service providers,

community groups, religious and business leaders, county and municipal officials, and must develop a plan for collaborative child and family development services in their area. Smart Start funds are made available to help support implementation of the plan. Smart Start funds may be used for a wide range of services, and are not necessarily limited to low-income families. However, most of the funds have been directed to providing early childhood care and education, immunizations and children's health services, and family support services for children of low and moderate income families. In 1997, 48 local partnerships in 56 counties participated in the initiative. The Governor's goal is to gradually expand Smart Start to cover all 100 counties.

- **West Virginia** has established a **Family Resource Network (FRN)** in each of its 55 counties. FRNs include parents, advocates, business leaders, local government officials, religious leaders, and service providers. A majority of each network's members must be non-providers and at least a quarter must be consumers. Each FRN develops a county-wide plan to make comprehensive health, education, and social services available at single intake points. Using pooled funds, a state-level Cabinet awards modest grants (typically \$50,000 per year) to the FRNs to support the cost of local planning and service coordination. The Cabinet also provides technical assistance on system reform issues. FRNs do not administer direct service funds; these dollars flow from the state to the direct service providers. However, FRNs assist in selecting and monitoring direct service providers, as well as gathering data on local needs and resources.

Each of the community-based initiatives described above has a state-level counterpart. (State-level planning and coordinating efforts are described in more detail on page ____.) Some states have chosen, however, to take a smaller, more focused approach to community planning for early care and education. These states have established initiatives that focus on very specific, concrete tasks rather than broad-scale systems reform. This approach can be an effective way to encourage collaboration and establish building blocks for later collaboration on a broader scale. Some examples include the following.

- The **Florida** Department of Education makes flexible funds available to partnerships that include schools, child care programs, and Head Start grantees. These partnerships must develop collaborative projects to achieve school readiness. Early Childhood Collaboration Grants have been used to support a wide range of initiatives, including: program accreditation in a wide range of program settings; shared staff development and training; shared social work, nursing, and mental health staff; common intake procedures and joint waiting lists.
- **Colorado** established local **Learning Clusters** to plan collaborative training for early care and education practitioners. These community-based groups were described on page ____

Sometimes community mobilization efforts are begun at the local level, and "bubble up" to the state. Two initiatives that resulted from local leadership are described below.

The Allegheny County Early Childhood Initiative (ECI) in **Pittsburgh, Pennsylvania** has focused on ensuring that within the next five years 7,500 children in up to 80 low-income neighborhoods receive high quality early childhood care and education services -- double the number of children currently served. ECI was spawned by a \$1 million challenge grant from the Heinz Endowments and is currently led by the United Way, which has committed to raising \$59 million from the private sector to fund the project in its early years. Negotiations are underway to ensure that the public sector sustains the effort over the long haul. ECI is a collaborative effort that emphasizes neighborhood-based decision making. The effort builds on successful agencies, enterprises, and partnerships already operating in the City and County, and aims to establish a unified system of early care and education.

The Monroe County Early Childhood Development Initiative (ECD) in **Rochester, New York** was spawned by the shared efforts of Mayor Ed Ryan, who convened the initial group, the Rochester Area Foundation, which funded some of the necessary research and data collection, and the business community, which provided a loaned executive to facilitate meetings. ECD has promoted collective responsibility for early childhood development and established and implemented a broad-scale, priority-based agenda to support child development services in the county. The members of ECD now participate in an annual, collaborative process of reviewing local needs, gaps, and resources. The group works together to develop community solutions for the highest priority problems. These solutions include collaborative approaches to financing, implementing, evaluating, and monitoring services. Funds are not pooled. Partners administer their share of the funds based on the annual commitment of their respective organizations and informed by the priorities and analysis of ECD.

What makes state efforts to mobilize communities effective?

Effective community mobilization efforts typically include the following elements:

- The initiative empowers community leaders and supports local decision-making. The focus is on creating “learning communities” where a diverse group of stakeholders contributes to the creation of a strategy. Communities are required to articulate a coherent vision for early care and education services and to develop a plan for how they will implement the vision. They are empowered to select and fund the services they feel are most needed by the children and families who live in the area.
- Technical assistance is made available to the communities to help them plan and implement the new service delivery system.
- Communities are given *additional*, flexible money to use in implementing the plan.
- Communities are encouraged to focus on family needs, and to bend the rules when necessary. Procedures are put in place to ensure that state rules, regulations, and categorical funding limitations may be waived so that communities are able to effectively implement their plans.

- The initiative encourages communities to leverage funds from a variety of public and private sources.
- The initiative encourages communities to become involved in promoting accountability for results. (This may mean restructuring the way programs are currently monitored and held accountable at the local level.)
- The community-based initiative is directly linked to a state-based initiative that can provide strong leadership and support, push for systemic change, and monitor results.

What have we learned about costs, benefits, and unintended consequences?

There are many potential benefits of mobilizing communities to promote early learning and support young children and families. Collaborative planning and implementation can enable community partners to pool resources and provide higher quality, more accessible services to an increased number of children and families.

Lack of clarity, role confusion, and linear progression are perhaps the most commonly mentioned unintended consequences of these system reform efforts. Individuals involved in implementing state initiatives to engage communities in early care and education often talk about how “messy” implementation can be. Public policy is rarely made in a linear fashion, and change is not always smooth or easy. State-level staff often find it difficult to share power. Local partners, who are accustomed to looking to the state for answers, may be unsure and inconsistent in their new roles. Staff at all levels need time, support, and training to understand and grow into new roles and responsibilities. New relationships, based on mutual respect and trust, need to be forged between local partners and state administrators. Additionally, new types of accountability measures must be established and implemented. Most states are trying to develop measures that focus on results. See page ____ for a discussion of this issue.

Policy Goal Redefine leadership at the state level to support comprehensive, community-based early care and education systems.

While there is strong consensus that the needs of young children and their families should be met holistically, responsibility for overseeing early childhood services is typically shared by multiple state agencies or offices. These entities rarely share funding, and typically do not collaborate with one another when developing rules, regulations, requests for proposal, reporting requirements, and so forth. But without strong, state-level coordination, community collaboratives suffer. It is difficult to successfully coordinate services at the local level if each funding stream has its own set of rules, regulations, and reporting requirements.

States have used a number of strategies to promote coordinated, state-level leadership for early childhood care and education services. **Georgia** has established a permanent state Policy Council to: oversee local implementation of the *Family Connections* and *Community Partnerships*

initiatives, remove budget and policy obstacles at the state level, link policy and budget to outcomes, and spur creative financing efforts. Similarly, **Oregon** has established a state Commission on Children and Families which provides state-level coordination and leadership to their local *Commissions on Children and Families*. **West Virginia** created a Cabinet on Children and Families as part of its education reform legislation. An Early Childhood Implementation Commission was established two years later to plan and implement cross-systems services for children 0-6 and to serve as staff to the Cabinet on early childhood issues. The Cabinet and the Commission provide leadership to the state's community-based *Family Resource Networks*. State-level leadership for the *Smart Start* initiative in **North Carolina** is provided by a public-private corporation, the North Carolina Partnership for Children. The Partnership establishes statewide benchmarks, makes grants to local *Smart Start* partnerships, and helps to raise matching funds for the initiative from the private sector.

State-level coordinating bodies can be helpful even when they are not directly involved in community-based reform initiatives. For example, the Children's Cabinet in **Colorado** has created an effective communication structure for leaders in state agencies that deal with early childhood services. In addition to developing a comprehensive Children's Budget, the Cabinet has helped to pool funds and/or coordinate early childhood resources and services. The Colorado Department of Education has also established an Early Childhood Leadership Team that has developed uniform quality standards for all early childhood care and education services, pooled funds from a range of funding streams, and promoted coordinated training and technical assistance in local communities.

Some states have chosen to establish entirely new agencies to spur systems reform efforts. **Minnesota** recently established a new Department of Children, Families and Learning to replace the existing Department of Education. The new department includes many programs from several other state agencies and is designed to coordinate services and provide a single point of accountability for child outcomes. **Georgia** created a new Office of School Readiness to establish a stronger base for the Georgia Prekindergarten program and make it easier to coordinate early education and child care funds from various sources.

What makes state-level leadership on early childhood issues effective?

Although diverse strategies have been used, effective state-level leadership on early childhood issues typically include the following:

- *A vision.* The state has established and clearly articulated a vision for supporting children and families through a comprehensive, early childhood care and education system. This vision is tied to specific results and has high-level, bi-partisan support.
- *Strong Leadership.* The Governor's office -- or other leadership post such as Commissioner of Education -- is used as a "bully pulpit" to push the initiative.

- *Cross-system engagement.* Many service delivery systems are involved in planning and implementing the initiative. (Such as departments of education, social services, health, employment, economic development, the federal Head Start bureau, and others.) Each of these systems has specific implementation goals, and there is an ongoing process for communicating concerns and restructuring/reevaluating goals and relationships across systems. Mid-level management is nurtured to ensure that they “own”, and actually participate in implementing, the process.
- *Private sector support.* The private sector (business & philanthropy) is involved in planning the initiative and explicit strategies have been established to engage it in implementation.
- *Local connections.* The initiative is designed to encourage and support local, cross-systems planning. The state-level entity provides (or contracts with another entity to provide) technical assistance to local collaboratives. Communities are held accountable for results, but are given the flexibility to decide the best way to achieve these results in their jurisdiction.
- *A commitment to removing budget and policy obstacles at the state level.* The state-level entity has the ability -- and an explicit process -- to waive rules, regulations, procedures, and funding restrictions that serve as barriers to implementation. Efforts are made to ensure that the state’s automated systems “talk” to one another, that the contract process is consolidated and streamlined, that reporting requirements are consolidated, and so forth.
- *Pooled/coordinated/decategorized funding.* State funds are used in a coordinated fashion to support a range of program initiatives that respond to the needs of children and their families. Creative financing strategies are encouraged.
- *Statewide coverage.* The initiative covers the whole state (or has concrete plans to expand statewide.)

What have we learned about costs, benefits, and unintended consequences?

Ensuring continuity is a major concern for many system reform efforts. Reform initiatives take time to establish, build, and nurture. Ensuring that this occurs is difficult, since administrations and political winds change. Initiatives that have broad public support and/or bi-partisan and private sector leadership are more likely to survive over time.

Rapid implementation is often essential to building strong support for a new initiative, but it is difficult. Bringing a system “to scale” is a short period of time typically means that implementation will be complicated and messy. Opponents will highlight problem areas in an effort to show that the initiative has failed.

Smaller, demonstration programs can be equally challenging if they require staff to support parallel systems for an extended period of time. It is difficult to focus staff time and energy on system reform when existing systems require high maintenance and/or the new approach requires very different strategies and supervision styles. A clear decision is often needed regarding when staff should cease “business as usual” and focus wholeheartedly on system reform.

Assessing Results

New ways of planning, financing and delivering early care and education services require new approaches to evaluation. Most of the methods currently used to evaluate success involve tracking inputs and outputs, but do not measure the *results* of the activities. Many states involved in system reform efforts have begun to develop benchmarks or progress indicators to help measure the results of their activities.

Sharon Lynn Kagan, from Yale University’s Bush Center in Child Development, suggests that efforts to measure results could be grouped into four categories:³⁹

- *What children know and can do.* This includes indicators related to children’s physical well-being and motor development, social and emotional development, use of language, cognition and general knowledge, and approaches to learning. The Maryland Primary Assessment System (see box, right) is based on this approach. The National Education Goals Panel has also identified these five dimensions as essential to measurement efforts.
- *Child and Family Conditions.* This includes information regarding the conditions in which children live, such as their health, family income, family composition, and so forth. Benchmarks established as part of Oregon Benchmarks and Minnesota Milestones are examples of this approach.⁴⁰

Maryland’s Primary Assessment System

Maryland worked with 55 primary level the system is to assist policy makers, schools, and families in measuring progress and helping children to achieve success. Key elements and selected outcomes include:

- *Physical Well-Being and Motor Development:* The child independently uses fine motor control at a consistent level needed to function at school
- *Social and Emotional Development* The child demonstrates effective social functioning in school.
- *Approaches Toward Learning:* The child begins to recognize her or her strengths and needs.
- *Language Development:* The child comprehends language.
- *Cognition and General Knowledge:* The child applies mathematical concepts in formal and informal learning situations.

- *Service Provision and Access.* Information that characterizes the services that exist and those to which children and families have access. For example, the prevalence of children who have access to accredited child care and early education. The objectives and benchmarks established by Vermont's Starting Points project (see box, right) are an example of this approach.
- *Systems Capacity.* Information that characterizes the way services are linked and function as a system. This category includes examinations of service redundancies, omissions, capacities, and efficiencies. For example, the degree to which the system is using its resources -- fiscal, human, technical and technological -- efficiently and effectively. At present, no states appear to be gathering this information. A national project, entitled Quality 2000, has worked with representatives from the early childhood field to identify the elements of a quality early childhood care and education system.⁴¹ This work could potentially be used to develop benchmarks that measure progress in system capacity issues.

Vermont Early Childhood Benchmarks

As part of a Carnegie Corporation funded Starting Points project, the State of Vermont established objectives and benchmarks based on the following factors:

Objective: Improve Parental Leave Benefits

Benchmark: Increase the percentage of families having parental leave benefits and flexible work setting options.

Objective: Ensure quality child care

Benchmark: Increase the number of accredited early childhood programs in the state.

Objective: Expand affordable child care

Benchmark: A decreasing percentage of families will spend no more than 10 percent of family income for child care.

If results are to drive policy decisions, they must be politically grounded, and have support from both the executive and legislative branches of state and local government. Both Georgia and Oregon have developed legal authority for establishing, reviewing, monitoring, and updating a set of statewide benchmarks. Additionally, these states allow for local variations in the process. Georgia established a core list of results and benchmarks to which counties can add. Oregon created a comprehensive list of benchmarks from which communities can choose, and also allows them to add to and/or modify the list. Both approaches can be effective.⁴²

Conclusion

To ensure that all of America's children become able and confident learners, we must build a solid foundation. These efforts must begin early on, in the first few months of life, and must recognize that learning cannot be separated from the context in which it occurs. We must build on the caring and learning offered by parents, schools, child care programs, informal networks of kith and kin,

community organizations, employers and many others. A strong foundation will require many hands. No single organization or individual can do it alone.

This paper has focused on four key goals to help guide state policy makers who seek to build a foundation for early learning.

- Create and fund a wide range of learning environments that incorporate both learning and caring.
- Support the adults who serve as teachers and caregivers in all learning environments.
- Mobilize communities to promote early learning and support young children and families.
- Redefine leadership at the state level to support comprehensive, community-based early care and education systems.

Based on an examination of the best available research, evaluation, and experience, the elements of successful policy have been identified as well. Focusing on what works can be difficult. It will require shifting funds away from ineffective programs and initiating new approaches. It will require new methods of administering funds and measuring results. But voters are demanding that public funds be allocated to programs that work. And we all have the right to expect that resources will be invested wisely.

Without question, additional funds will be needed. The demand for child care and early education will continue to grow dramatically, and funds to support these services are already insufficient. But public investments are not just a reflection of resources, but of priority. In a recent analysis, the Children's Defense Fund pointed out that state investments in child care and early education "depend more on state will than state wallet." States such as Florida and Ohio ranked in the top third with regard to expenditures in early care and education and yet were in the bottom third in state tax revenues per capita. Two-thirds of states spend more than 10 times as much on prisons and corrections as on child care and early education costs. Over half of states spend at least 30 times as much on highways.⁴³

States *can* make early learning a priority. States *can* focus on what works, and change the way they do business so that effective strategies are rewarded and expanded. We already have a number of champions who are leading the way; showing us that it is largely a matter of will.

End Notes

1. Barnett, W.S. Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. *The Future of Children* (1995) 5,3: 25-50.
2. Barnett, W.S. Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. *The Future of Children* (1995) 5,3. p.43.
3. Berreuta-Clement, J., Barnett W.S., Schweinhart, L., Epstein, A. & Weikart, D. Changed Lives: The Effects of the Perry Preschool Project on Youths Through Age 19. *Monographs of the High/Scope Educational Research Foundation*. No 8. Ypsilanti: High/Scope Educational Research Foundation, 1984
4. Barnett, W.S. Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. *The Future of Children* (1995) 5,3. pg 45.
5. Rohacek, M. and Russell, S. *Child Care Subsidy: An Analysis of Child Care Subsidy as an Investment for North Carolina*. Chapel Hill: Day Care Services Association. 1996.
6. Education Commission of the States and Charles A Dana Foundation. *Bridging the Gap Between Neuroscience and Education*. Denver: Education Commission of the States. 1996.
7. Hofferth, S. Child Care in the United States Today. *The Future of Children* (1996) 6,2. pg. 45.
8. Hofferth, S. Child Care in the United States Today. *The Future of Children* (1996) 6,2. pg 50.
9. Hernandez, D. Changing Demographics: Past and Future Demands for Early Childhood Programs. *The Future of Children* (1995) 5,3. pg 146.
10. Advisory Committee on Head Start Quality and Expansion. *Creating a 21st Century Head Start*. Washington DC: U.S. Department of Health and Human Services, 1993.
11. Adams, G. and Sandfort, J. *State Investments in Child Care and Early Childhood Education*. Washington, DC: Children's Defense Fund, 1992.
12. Even when full-day, year-round preschool programs receive a child care subsidy, these funds are typically awarded in the form of a voucher that is in lieu of a parent fee. Often the voucher reimbursement is less than the price charged by the program.
13. Hofferth, Child Care in the United States Today. *The Future of Children* (1996) 6,2. pg 52.
14. As noted earlier, health initiatives to ensure that the children receive well-baby care, immunizations, and developmental screening are important for these families. So are economic supports to allow a family member to remain at home with a newborn child. While comprehensive

health, nutrition, and social services can be linked to, or provided by, a center-based early childhood program, reaching children who are in home-based settings will require additional strategies.

15. Mitchell, A., Seligson, M., and Marx, F. *Early Childhood Programs And The Public Schools: Between Promise and Practice*. Dover, MA: Auburn House, 1989. Mitchell, A. and Stoney, L. *Financing Child Care in the United States: An Illustrative Catalog of Current Strategies*. Pew Charitable Trusts and Ewing Marion Kauffman Foundation. In press.

16. Income eligible families include those eligible for Medicaid, TANF, Food Stamps, WIC, free and reduced school lunch, subsidized housing, or the federal Earned Income Tax Credit.

17. The one county that does not have an ECEAP contract is in a rural area and is served by Head Start.

18. The one exception is that the state prekindergarten program allows 20% of the children served by a program to have incomes that exceed 100% of the federal poverty level. Head Start permits only 10% of the children to be over income.

19. Barnett, W.S. Long-Term Effects of Early Childhood Programs on Cognitive and School Outcomes. *The Future of Children* (1995) 5,3: 25-50.

20. Helburn, S., Culkin, M., Morris, J., et al. *Cost, Quality, and Child Outcomes in Child Care Centers: Public Report*. Denver: Economics Department, University of Colorado at Denver, 1995. Zazlow, M. Variation in Child Care Quality and its Implications for Children. *Journal of Social Issues* (1991) 47,2: 125-39. Whitebook, M., Howes, C., and Phillips, D. *Who Cares? Child Care Teachers And The Quality of Care in America*. Oakland, CA: Child Care Employee Project, 1989. Phillips, D.A. McCartney, K. And Scarr, S. Child Care Quality and Children's Social Development. *Developmental Psychology* (1987) 23:537-43. Burchinal, M., Lee M., and Ramey, C. Type of Day Care and Intellectual Development in Disadvantaged Children. *Child Development* (1989) 60:128-37.

21. Sconyers, N., Langill, D., Kharod, K., and Fries, A. *Ready, Willing, And Able? What the Record Shows About State Investments in Children 1990-95*. Washington D.C: National Association of Child Advocates. 1996.

22. Mitchell, A. and Stoney, L. *Financing Child Care in the United States: An Illustrative Catalog of Current Strategies*. Pew Charitable Trusts and Ewing Marion Kauffman Foundation. In press.

23. The Child Development Associate (CDA) credential is issued by the Council for Early Childhood Professional Recognition and is recognized throughout the United States. 120 clock hours of post-secondary educational training are required to obtain a CDA.

24. Bradley, R.H., Caldwell, B.M., & Rock, S.L. (1988) Home environment and school performance: a ten-year follow-up and examination of three models of environmental action. *Child Development*, 59, 852-867. Hess, R.D., Holloway, S.D., Dickson, W.P., & Price, G.C. (1984) Maternal variables as predictors of children's school readiness and later achievement in vocabulary and mathematics in sixth grade. *Child Development*, 55, 2017-2030. As cited in Powell, D.R. *Enabling Young Children to Succeed in School*. Washington, D.C.: American Educational Research Association. 1995.
25. Larner, M. Realistic Expectations: Review of Evaluation Findings. In *Fair Start for Children: Lessons Learned From Seven Demonstration Projects*. M. Larner, R. Halpern, and O. Harkavy, ed. New Haven, CT: Yale University Press, 1992.
26. Gomby, D., Larson, C., Lewit, E., and Behrman, R. Home Visiting: Analysis and Recommendations. *The Future of Children* (1993) 3,3: 6-22.
27. Parents as Teachers National Center, *A Select Review of Past and Current Evaluations of the Parents and Teachers Program*. St. Louis, MO. June, 1995.
28. Minnesota Department of Children, Families and Learning. *Immediate Outcomes of Lower-Income Participants in Minnesota's Universal Access Early Childhood Family Education*. St. Paul, MN. April 1996.
29. Powell, D. *Enabling Young Children to Succeed in School*. Washington, D.C: American Educational Research Association, 1995. p. 48
30. Galinsky, E. What Really Constitutes Quality Care? *Child Care Information Exchange*. September, 1986. 41-47. and Phillips, D., ed. *Quality in Child Care: What Does Research Tell Us?* Washington, D.C: National Association for the Education of Young Children, 1987.
31. Carnegie Task Force on Learning in the Primary Grades. *Years of Promise*. New York: Carnegie Corporation, September 1986. pg 89.
32. National Association for the Education of Young Children *Predictors of Quality in Children's Programs*. Public Affairs Division.
33. Morgan, Azer, Costley, Genser, Goodman, Lombardi & McGimse. *Making a Career of It: The State of the States Report on Career Development in Early Care and Education*. Boston, MA: Wheelock College. 1993.
34. Stoney, L. *Financial Resources for Training Action Pack*. Boston, MA: Wheelock College. 1996.
35. Lindsay, D. Money Talks. *Education Week*. Vol XV, No 30, April 17, 1996

36. Copies are available from the Center for Career Development in Early Care and Education at Wheelock College in Boston, MA. (617) 734-5200.

37. K.T. Young and E. Marx. What Does Learning Mean for Infants and Toddlers? The Contributions of the Child, the Family, and the Community. Report no. 3, Center for Families, Communities, and Schools and Children's Learning. Washington DC: U.S. Department of Education, 1992. M. Cochran, M. Larner, D. Riley, L. Gunnarsson and C.R. Henderson, Jr. *Extending Families: The Social Networks of Parents and Their Children*. New York: Cambridge University Press, 1990. Both as cited in *Starting Points: Meeting the Needs of Our Youngest Children*. Report of the Carnegie Task Force on Meeting the Needs of Young Children. New York: Carnegie Corporation, April 1994.

38. Most sites received \$50,000 in the first year, \$100,000 in years two and three, and \$50,000 in ongoing years.

39. Kagan, S.L. *By the Bucket: Achieving Results for Young Children*. Issue Brief: The Governor's Campaign for Children. National Governor's Association. May 19, 1995.

40. For more information on Oregon Benchmarks, contact the Oregon Progress Board, 775 Summer Street, N.E. Salem, Oregon 97310 (503) 986-0039. Information on Minnesota Milestones is available from the planning department (612) 297-3279.

41. For more information on Quality 2000, contact Sharon Lynn Kagan at the Yale Bush Center, 310 Prospect Street, New Haven, CT 06522 (203) 432-9931.

42. Friedman, M. *A Strategy Map for Results-Based Budgeting: Moving from Theory to Practice*. Washington, D.C.: The Finance Project. September 1996.

43. Adams, G. and Poersch, N. *Who Cares? State Commitment to Child Care and Early Education*. Washington D.C.: Children's Defense Fund. 1996.

**Building and Maintaining
an Effective
Child Care/Early Education System
in Your State**

*A collection of issue briefs
by
national organizations
whose major focus is on
early education/child care issues*

September 1996

Many national organizations worked together to prepare this guide. Each paper in this collection represents the views of the organization(s) that authored it, but does not necessarily represent the views of any other organization whose paper(s) also appear in this collection, or those of the foundation which supported its production.

This document has not been copyrighted. We encourage readers to duplicate individual papers. If you do, please credit the authors. For additional copies of the complete collection, please contact any of the contributing authors who are listed in the appendix.

We gratefully acknowledge the generous support of The Travelers Foundation for the production, printing and distribution of this document.

Building and Maintaining an Effective Child Care/Early Education System in Your State

TABLE OF CONTENTS

INTRODUCTION.....	3
ESSENTIAL FUNCTIONS OF THE EARLY CARE AND EDUCATION SYSTEM	4

FINANCING

UNIFIED FUNDING: CREATING A SEAMLESS SUBSIDY SYSTEM.....	7
IMPROVING STATE CHILD CARE TAX PROVISIONS.....	9
SENSIBLE SUBSIDY POLICY THAT SUPPORTS FAMILIES	11

QUALITY ASSURANCE

REGULATION AND THE PREVENTION OF HARM.....	12
CHILD CARE BY INDIVIDUALS EXEMPT FROM REGULATION	15
SUPPORTING KITH AND KIN CARE PROVIDERS	18
ACCREDITATION AS A QUALITY IMPROVEMENT STRATEGY	20

WORKFORCE DEVELOPMENT

WHY CREATE A CAREER DEVELOPMENT SYSTEM?.....	23
COMPENSATION IMPROVEMENT STRATEGIES: VALUING CHILDREN AND THE ADULTS WHO CARE FOR THEM.....	26
CHALLENGES IN MOVING WELFARE RECIPIENTS INTO THE CHILD CARE WORK FORCE.....	28

CONSUMER AND PUBLIC ENGAGEMENT

STRATEGIC USE OF MEDIA: FOR POLICY CHANGE, PUBLIC ENGAGEMENT, CONSUMER EDUCATION.....	31
CONSUMER EDUCATION FOR INFORMED CHOICE	34

PLANNING AND CROSS-SYSTEM CONNECTIONS

KEY ROLES OF CCR&R IN THE CHILD CARE AND EARLY EDUCATION SYSTEM IN STATES AND LOCAL COMMUNITIES	37
ROLE OF CCR&R IN COMMUNITY AND STATEWIDE DATA COLLECTION.....	40

FOR ALL CHILDREN, FAMILIES AND SETTINGS

FAMILY CHILD CARE: A NATIONAL PERSPECTIVE.....	42
FAMILY CHILD CARE SYSTEMS: A MODEL FOR EXPANDING COMMUNITY SERVICES	44
THE RESEARCH RATIONALE FOR A COMPREHENSIVE APPROACH TO INFANT/TODDLER CHILD CARE	45
COMPONENTS OF QUALITY IN INFANT/TODDLER CHILD CARE	46
SCHOOL-AGE CHILD CARE	48
CHILDREN AT RISK OF ABUSE AND NEGLECT	51
SERVING CHILDREN WITH DISABILITIES IN CHILD CARE	54
CULTURAL COMPETENCE	56
CHILD CARE AND FAMILY-CENTERED SERVICES.....	57

PROFILES OF CONTRIBUTING ORGANIZATIONS	59
The Center for Career Development in Early Care and Education	59
Child Care Action Campaign	60
The Child Care Law Center	61
Child Welfare League of America (CWLA)	62
Early Childhood Policy Research	63
National Association of Child Care Resource and Referral Agencies (NACCRRA)	64
National Association for Family Child Care (NAFCC)	65
National Center for the Early Childhood Work Force (NCECW)	66
National Women's Law Center	67
The School-Age Child Care Project at the Center for Research on Women at Wellesley College.....	68
Stoney Associates.....	69
ZERO TO THREE: National Center for Infants, Toddlers and Families	70

Building and Maintaining An Effective Child Care/Early Education System In Your State

A Resource Guide For State Policymakers

An effective child care/early education system offers community support to all families in their roles as parents, supports the economic opportunities and self-sufficiency of families, and offers quality care and education to children. A quality child care/early education system offers families hope for the future. The child care/early education system encompasses all of the services and institutions families rely on for the care and education of their children and the infrastructure necessary to support them. The child care/early education system includes a sufficient range of quality services with well-compensated staff at prices families can afford. The care and maintenance of the child care/early education system is a shared responsibility among the public sector, the private sector, families and providers.

Introduction

Child care/early education plays many roles today. Good quality child care/early education helps children enter school ready to succeed and continue to thrive once they are there. Good quality child care/early education can be an essential part of the treatment plan for child abuse and neglect. Good quality child care/early education is an appropriate learning environment for all children, including those with disabilities. An adequate supply of good quality child care/early education services is essential to make welfare reform work. Good quality child care/early education is violence prevention. Good quality child care/early education is necessary for economic development and growth. Poor quality child care/early education hurts children and diminishes their chances of success in school and later life.

Good quality child care/early education does not just happen. An effective child care/early education system makes good quality child care/early education services possible. The system is both the direct services to children and families and the supports that make the services happen -- consumer education for informed choice, workforce preparation and development, consumer protection, sensible subsidy policy, continuous service improvement, assessment and planning. Over time, as each state makes budget and policy decisions, it is evolving its own unique child care/early education services system.

Organization of this guide

This guide is designed to help state policymakers make wise decisions toward an effective child care/early education system. The guide offers brief overviews of the essential building blocks in an effective child care/early education system, the research evidence that supports the importance of each element, and information about technical assistance and support that is available to states from national organizations.

A group of national organizations worked together to prepare this guide; the organizations that wrote each issue paper are listed as co-authors. Each participating organization is profiled in the appendix.

ESSENTIAL FUNCTIONS OF THE EARLY CARE AND EDUCATION SYSTEM

Yale University, Bush center, Quality 2000 Project

Today, issues related to the care and education of American's young children have risen to great prominence, with concerns emanating from the White House, state houses, and houses of millions of American families. While the concerns may have different roots—child care, school readiness, global competition, and/or governmental efficiency—America is aware that its chaotic non-system of early care and education has short-changed American children, their families, and even corporate productivity. To that end, policy makers and business leaders, anxious to redress this situation, often ask, where do we begin? What should the priorities be, given the breadth of options and needs?

Recognizing the importance of the issue, the *Quality 2000* initiative, the National Association of Child Care Resource and Referral Agencies, and the field began to address the issue. The groups fully recognized that the often-used policy strategy of adding on more programs for targeted populations did not solve the dilemma. Business as usual seemed to create results as usual; something different was needed. Rather than focus on specific programs that often fall prey to inconclusive evaluations, evaporate when politicians change, or fuel the incoherence of the system, the groups turned to consider the elements that would be necessary to durably support early care and education—the essential functions of the system. They felt that if such functions could be identified, their benefit would transcend individual programs, thereby supporting all children and all families. Moreover, a parsimonious list of truly essential elements could help policy makers, communities, and states to clearly assess gaps and overlaps in services, and could be used to flesh out the most important areas for limited funding.

Inventive and useful, the essential functions arrive on the policy scene when there is greater intent regarding the desire to alter early care and education, but when there is a lack of clarity regarding how best to proceed. These functions are designed to provide a frame within which the current and future status of state or community services can be evaluated for purposes of systemic improvement or investment. To have an effective, cost efficient early care and education system that will yield quality programs, quality services, and quality outcomes for children and their families, the following five major functions are necessary: (1) collaborative planning and cross-system linkages; (2) consumer and public engagement; (3) quality assurance; (4) professional and workforce development; and (5) financing. Each of the five essential functions is composed of more discrete sub-functions.

1. COLLABORATIVE PLANNING AND CROSS-SYSTEM LINKAGES

Planning

To create and implement long- and short-range plans across funding and delivery systems that foster coordinated service delivery to children and families;

Data Development and Utilization

To collect and use accurate data for planning and assessing service availability, quality, and affordability;

System Evaluation

To establish and maintain mechanisms for annual evaluation of access, affordability, and equitable distribution of services across the system;

Linkages Within and Across the System

To establish effective communication and operational mechanisms that link all providers of early care and education with one another, as well as with health and social service agencies;

Transition to School

To develop the means to ensure cooperation and communication between providers of early care and education and elementary school personnel.

2. CONSUMER AND PUBLIC ENGAGEMENT**Parents as Informed Consumers**

To provide information and supports that will assist parents in making informed decisions, according to their needs and preferences, regarding the care and education of their children;

Consumer Engagement

To establish mechanisms that enable the field to inform, be informed by, and engage families in decisions that affect their lives and those of their children;

Public Engagement

To establish mechanisms the field can use to inform and be informed by various communities, and to build coalitions with those not traditionally involved in the field--such as neighborhood, political, and business communities;

Advocacy

To have a durable advocacy capacity that is broad-based, organized, and effective, and includes the ability to influence public attitudes, legislation and institutions, and private-sector workplace policies and practices.

3. QUALITY ASSURANCE**Regulation**

To have a system of regulations ensuring that quality is sufficient and is evenly applied to all providers, thus safeguarding children and protecting parents as consumers;

Enforcement

To have a system of enforcement that assures compliance with the regulations;

Voluntary Accreditation

To have a system of voluntary accreditation accessible to all family child care homes, centers, and programs.

4. PROFESSIONAL AND WORKFORCE DEVELOPMENT

Systematic Training and Staff Development

To establish mechanisms that systematically attract, train, develop, and retain an adequate supply of current and future practitioners in a variety of roles, all of which involve commitment to supporting families, cherishing cultural diversity, and respecting children;

Supported and Valued Workforce

To assure providers work environments that optimize their individual and collective contributions, provide the time and space to rejuvenate skills, and offer adequate compensation and benefits;

Leadership Development

To create mechanisms for developing leadership capacity and to encourage people who can vision, revision, and inspire commitment to the early care and education field.

5. FINANCING

Adequate and Coordinated Financing

To have sufficient, coordinated, and flexible financing in order to aid parents and providers, provide appropriate salaries, cover capital expenditures, and leverage private with public dollars;

Equitable Financing

To assure that financing is distributed so that all children have equitable access to services and so that service quality is equitably available across sectors and populations.

UNIFIED FUNDING: CREATING A SEAMLESS SUBSIDY SYSTEM

Stoney Associates Early Childhood Policy Research

The recently enacted federal block grant for child care – the Child Care and Development Fund -- unifies federal financial support for child care into one program. This alone will not create a unified and consistent subsidy system in each state. State laws, regulations, rules and procedures reflect the former categorical federal funding programs and each state's own categorical child care programs (e.g., for teen parents, homeless families, the working poor). To create a seamless system, these state rules and regulations must be changed to reflect a unified and consistent subsidy policy.

A seamless unified system for providing child care assistance is a system designed to ensure that families receive continuous child care assistance as their eligibility for different funding programs changes. Assistance continues until families no longer need to use child care or their income has risen to the point where child care is affordable. Ideally, families move smoothly from eligibility for direct subsidies to eligibility for the state's refundable child care tax credit. During the time the family receives direct subsidy, although the funds may come from different programs, the family and the child care provider experience the support as coming from a single program. Developing such a unified system is beneficial to families who receive child care assistance by making their pathway to self-sufficiency easier to negotiate. A unified system is beneficial to state (and local) administrators because reporting is simplified and available subsidy dollars can be used efficiently.

Developing a unified system requires four elements, all of which are made easier through technology: 1) payment mechanisms that allow funds to follow the child to whichever provider the family selects; 2) consistent rules, regulations and procedures among various funding programs; 3) administrative structure that supports continuity; and 4) fiscal management capable of encumbering or otherwise reserving funds and easily shifting families among funding programs based on availability of funds and the most advantageous mixture of funds.

Payment mechanisms

A common misconception is that a unified funding system requires vouchers. Vouchers are one mechanism that support parental choice and can follow a child. A seamless system can incorporate contracts, limited purchase of service agreements, vouchers and other payment mechanisms. A system with multiple payment mechanisms offers greater flexibility than a system with only one payment option.

Consistent rules and regulations

To facilitate the use of funds from various child care subsidy programs, the policies governing eligibility determination, permitted types of child care providers and payment procedures need to be consistent. Distinct funding programs, by definition, serve distinct populations of families, so absolute eligibility will necessarily differ among programs. However, the procedures a family follows to access funds, or a provider follows to receive payment, can be made similar across all programs. Creating a unified system typically requires changes to the intake/eligibility determination procedures. A unified application form for families helps create consistency. Establishing income-based eligibility rules in all funding programs will also help.

Various workers who have been responsible for authorizing subsidies within only one funding program will need to work in teams with those who authorize other programs, or a centralized intake unit capable of authorizing for all funding programs can be created. While fiscal management is centralized and managed technologically, the intake process itself can be decentralized geographically to ensure easy access for families. In some states, this is done by non-governmental community-based organizations, typically child care resource and referral agencies. An added benefit is access for families to other subsidies that these agencies may also manage, such as those from United Way or local employers.

Fiscal management and administrative structure

A unified system requires a fiscal management system that can do three things: 1) attach potentially available funds to a specific client and reserve them in amounts related to estimated need; 2) recognize simultaneous eligibility for multiple funding programs (e.g., the federal block grant and various state-specific programs); and 3) make funding decisions for individual clients based on cost-efficiency in a centralized manner invisible to the client, even when intake remains decentralized. Such a fiscal management system not only supports the operation of a unified subsidy system, but also provides administrators with accurate reports on current expenditures and projected future costs. This permits appropriate planning for expenditure of all available funds and prevents cost over-runs that result in lost benefits for families.

Developing an automated system for managing multiple funding programs is an essential support for a unified child care subsidy system. It will also make adhering to the reporting requirements contained in the new federal block grant much easier. An automated system must be capable of maintaining intake data for a specific client to continuously determine eligibility for different funding programs and up-to-date records of subsidy payments made and amounts committed in future. Intake and payment invoice data must be linked to each other and to a specific client.

Checklist for creating a unified subsidy system

1. **Review all laws, rules, regulations and procedures that govern existing child care funding programs available in your state.** Establish a consistent set of policies that will apply to all funding programs.
2. **Review the payment mechanisms used in each child care funding program.** Develop a coordinated system that ensures families will experience choice without service disruption; providers will experience reliable and timely payment; and public administrators will experience reliable management, simplified reporting and accurate planning.
3. **Ensure that all families have access to consumer education and referral services.** Choice is not a payment mechanism, it is the process of families making an informed selection among viable alternatives.
4. **Centralize or coordinate intake and funding authorization.** Consider establishing a centralized governmental unit, linking decentralized units technologically and contracting with non-governmental agencies to administer child care subsidies.
5. **Pay attention to automation needs.** Review current systems used to manage child care subsidy programs and allocate funds to redesign them into a unified system.

Resources

Robert Frawley and Louise Stoney (1996). "Toward Seamless Administration" in *Enhancing Early Childhood Programs: Burdens and Opportunities*. Douglas J. Besharov (Ed.). Washington, DC: CWLA Press and American Enterprise Institute.

IMPROVING STATE CHILD CARE TAX PROVISIONS

National Women's Law Center

Approximately half the states have income tax provisions designed to help families pay for child care by providing between \$25 and \$1,440 in tax benefits. Some of these provisions are credits, which, like the federal Child and Dependent Care Tax Credit, are amounts offset against state tax liability to reduce the amount of state tax owed. Other provisions are deductions, which reduce the amount of income subject to the state tax and ultimately reduce the amount of state tax owed. Numerous aspects of these provisions determine the value of any particular provision to any particular family and to families in general. Each aspect represents a choice for policymakers to make as they develop or improve a state child care tax provision. This section summarizes these choices by identifying the "best policies" of the states that have adopted child care tax provisions.

Benefits and Limitations of Child Care Tax Provisions

The high cost of child care makes its affordability a central concern for many families. A tax provision is a fairly straightforward way to increase the amount of money a family has to pay for care, although the provision must be generous enough to make a significant difference. In addition, child care tax provisions recognize that child care is a genuine, legitimate working expense and are the most direct way to address the inequity that arises in an income tax system when families with care expenses needed to earn income are treated the same as families with the same income but without such expenses. Finally, enacting a tax provision in a political climate that disfavors creating new direct service or subsidy programs, or increasing funding of existing ones, may also be the only feasible way to increase state child care assistance to families.

However, child care tax provisions have limitations. Because of cost constraints, they usually do not provide enough assistance to cover the cost of care (though they may reduce a family's taxes significantly). In addition, they require that families incur child care expenses "up front" to receive a tax benefit months later. Some families simply do not have the income to pay for such expenses at the outset or at all, while others can afford only care that costs much less than needed to derive the maximum benefit from a child care tax provision. If a provision is not refundable and a family's income is too low to incur tax liability, the family may derive no benefit from the provision. Child care tax provisions also do not address issues of access to or quality of care, although by enabling families to pay more for care they can indirectly affect both.

In short, child care tax provisions address some of many families' child care needs, but they do not address them all, and for some families they provide little help. **A comprehensive solution to the problems families confront in obtaining quality care for children requires multiple strategies, including child care tax provisions.**

Issues and Choices in Designing or Improving State Child Care Tax Provisions

1. *Linkage to the Federal Child and Dependent Care Credit.* Most states with child care tax provisions link them to the federal credit, for example, by providing a state credit equal to a percentage of the federal credit. Linkage makes calculation of the state credit simple, but deprives a state of the ability to improve upon the choices expressed in the federal credit. **The best policy is to design a state child care tax provision that is independent of the**

federal credit unless, as a practical matter, the state can achieve a more generous state credit by linking it to the federal credit.

2. ***Targeting Assistance to Low-Income Families.*** Since most states have a limited pot of money to spend on a state child care tax provision, choices must be made about how to allocate that pot equitably and efficiently. **The best policy is to target assistance to low- and moderate-income families, who are most in need of help with their child care expenses, but provide some help to higher income families as well.** Low-income targeting can best be achieved by:
 - ⇒ ***Providing a tax credit rather than a deduction***
 - ⇒ ***Making the credit refundable***
 - ⇒ ***Using a sliding scale that varies according to income to determine the amount of benefits provided***
 - ⇒ ***Assuring that any maximum income limits are not so stringent that they fail to assist families for whom child care expenses are a significant burden***
3. ***Establishing Realistic Expenses Limits.*** All state child care tax provisions, like the federal credit, place a limit on the amount of child care expenses that can be claimed for the credit or deduction. In the federal credit and in most states the limit is \$2,400 for families with one child and \$4,800 for families with two or more children. **The best policy is to establish expense limits that at least reflect the average cost of good-quality care in the state.**
4. ***Covering a Range of Care Options.*** All state child care tax provisions, like the federal credit, recognize families' different needs and preferences in choosing their care arrangements. **The best policy is to cover a range of care options without favoring some over others except insofar as might be warranted to assure the quality of care.**
5. ***Indexing for Inflation.*** Failure to adjust the dollar amounts for any expense limits, sliding scale thresholds, and/or income limitations to account for inflation erodes a provision's ability to provide adequate amounts of assistance to families and to target greater benefits to the most needy families. **The best policy is to index expense limits, sliding scale thresholds, income maximums and other similar provisions for inflation.**

Resources

- J. Steinschneider, N. D. Campbell and V. L. Williams, *Making Care Less Taxing: Improving State Child and Dependent Care Tax Provisions*. Washington, DC: National Women's Law Center.
- J. Steinschneider, N. D. Campbell and V. L. Williams, (1994). *Making the Grade for Care: Ranking State Child and Dependent Care Tax Provision*. Washington, DC: National Women's Law Center.
- S. Gold and D. Liebschutz (1996). *Tax Relief for the Poor*. Albany NY: Rockefeller Institute, Center for the Study of States.

SENSIBLE SUBSIDY POLICY THAT SUPPORTS FAMILIES

The National Center for the Early Childhood Work Force

The present child care system pits the needs of parents, child care teachers and providers, and children against each other. Far too many families continue to settle for poor-quality care or no care at all; caregivers continue to leave the field in order to earn a decent living; and children continue to get less than they deserve.

The current system is based on a link between high parent costs and poverty-level wages for the child care work force. That link must be broken in order to make our child care system *work* for caregivers, parents, and children.¹ The following principles can help states develop subsidy policies which support all families.

1. Fees for child care services should be based on parent's ability to pay and be directly related to income and family size.
2. Fee structures for child care should not curtail parent choice. Fees for child care should not be based on the price of child care or the type of child care purchased, as this penalizes parents for choosing higher quality care and may encourage parents to choose poorer quality care.
3. Parent fees and income eligibility limits should make work and increased earnings pay off.
4. Families should receive assistance with child care costs for their children and comprehensive health coverage (transitional Medicaid).
5. Subsidies must cover the difference between what families can afford to pay and the true cost of care which includes fair compensation for child care teachers and providers.

Resources

National Center for the Early Childhood Work Force
733 15th St. NW, Suite 1037
Washington, DC 20001
(202) 737-7700

Children's Defense Fund
25 E Street NW
Washington, DC
(202) 628-8787

¹ Bellm, D., (1994). *Breaking the Link: A National Forum on Child Care Compensation*. Washington, D.C.: National Center for the Early Childhood Work Force.

REGULATION AND THE PREVENTION OF HARM

The Center for Career Development in Early Care and Education at Wheelock College

As debates raged in the Congress over block granting child care money, once more a central issue was the question of standards and quality. *The Cost, Quality, and Child Outcomes in Child Care Centers* study and the study of family child care by Families and Work Institute show that there is far too little good care and that there is real cause for concern over harm in the supply as a whole; only 14% of center care, 12% of family child care, and an even lower percentage of infant care can be rated as good in this country (Galinsky, Howes, Kontos, & Shinn, 1994; Helburn, Culkin, Howes, Bryant, Clifford, Cryer, Peisner-Feinberg, & Kagan, 1995). This means that 86% of center-based care and 88% of family child care in the United States could cause serious harm to children.

Any strategy for improving child care must address reducing the risk of harm to children. There are many research findings that harm is more likely to come to children in programs at higher ratios, with untrained teachers, and under various other conditions. There are at least four types of harm that can be documented:

1. the spread of disease, not only among children and staff in the programs, but also in the community at large;
2. the risk of fire in buildings, as well as other building safety hazards;
3. the risk of injury; and
4. the risk of developmental impairment.

In a public policy context, quality has several levels, all of which are necessary. The basic level is the "good enough" level of acceptable quality, following the important professional dictum, "First, do no harm." The basic level of standards is represented by licensing and the other regulatory approvals that are associated with it. Licensing is an official permission to operate a center or family child care home. Without this permission, or permit, it is against the law to care for children. Each licensing standard establishes a right that children and parents in private early care and education programs have in that state. As such, it is a legal requirement, not a goal to be pursued. Failure to be licensed is usually a criminal offense, and failure to comply with licensing requirements carries penalties including loss of the license. The purpose of licensing, however, is not to close down programs, but to achieve compliance with the state's regulations.

The standards at this basic level therefore define the necessary level of quality. It is the line drawn in the sand, state by state. In some states, citizens set that necessary level at a higher level than in other states. Research finds that outcomes for children are better in the states with higher licensing standards (Helburn, et al., 1995; Howes, Smith, & Galinsky, 1995). In all the states, the line moves as these standards are constantly reexamined and revised. States revise their licensing on an average of every four or five years. When they revise them, they look at where their state stands in relation to other states. If they want to be the best, they might find they have fallen behind another state. If they want to be in the middle, compared to other states, they may find that the middle has moved.

No state is requiring "ideal" quality, or "Cadillac child care." The fact that there is a massive mis-perception of licensing shows that there is an impression that licensing should mandate

the ideal. Quality cannot be pursued from licensing regulations. Licensing is responsible only for the prevention of harm to children. Quality can be found in higher levels of standards such as accreditation and increased training and qualifications for child care staff.

Changes in procedural rules and policies may work to improve quality by removing needless barriers, but rules that are designed for prevention of harm to children need to be preserved from the anti-regulatory movement. Very few elected or appointed officials would want to be known for opposing steps to protect children from harm. While they may discount efforts to achieve an undefined level of "quality," which they may associate with licensing rules, they tend to support "health and safety regulation." It is true that the spread of disease is addressed in state and local health code enforcement, and building safety is addressed in state and local building code enforcement. The harm from injury and developmental impairment however, is addressed by child care licensing rules. Any changes in licensing rules and policies must reduce or eliminate all four types of harm.

Suggested reading

- Adams, G. (1995). *How safe? The status of state efforts to protect children in child care*. Washington, DC: Children's Defense Fund.
- Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*. New York, NY: Families and Work Institute.
- Helburn, S., Culkin, M., Howes, C., Bryant, D., Clifford, R., Cryer, D., Peisner-Feinberg, E., & Kagan, S. (1995). *Cost, quality, and child outcomes in child care centers*. Denver, CO: Center for Research in Economics and Social Policy, Department of Economics, University of Colorado.
- Howes, C., Smith, E., & Galinsky, E. (1995). *The Florida child care quality improvement study: Interim report*. New York, NY: Families and Work Institute.
- Morgan, G. (1995). *New approaches to regulation*. Boston, MA: The Center for Career Development in Early Care and Education.
- Morgan, G. (1995). *Licensing and accreditation: How much quality is "quality?"* Boston, MA: The Center for Career Development in Early Care and Education.

For more information, please contact:

The Center for Career Development in Early Care and Education
Wheelock College
200 The Riverway
Boston, MA 02215
Phone: 617-734-5200, ext. 290
Fax: 617-738-0643

Children's Defense Fund
25 E Street, NW
Washington, DC 20001
Phone: 202-662-3545
Fax: 202-662-3560

The Children's Foundation
725 Fifteenth Street, Suite 505
Washington, DC 20005-2109
Phone: 202-347-3300
Fax: 202-347-3382

Child Welfare League of America, Inc.
440 First Street, NW, Suite 310
Washington, DC 20001-2085
Phone: 202-638-2952
Fax: 202-638-4004

National Association of Regulatory Administration
26 East Exchange Street, Fifth Floor
Saint Paul, MN 55101
Phone: 612-290-6280
Fax: 612-290-2266

National Resource Center on Health & Safety
4200 E. Ninth Ave.
Denver, CO 80262
Phone: 800-598-KIDS

CHILD CARE BY INDIVIDUALS EXEMPT FROM REGULATION

Child Care Law Center

Care which is not regulated—which includes all in-home care, most relative care and some family child care—is a widely used child care option for all families, but is used more extensively by parents of low income. This has serious implications for public policy decisions since research tells us that care which is regulated has been associated with higher overall quality ratings and that care by individuals who are not motivated and committed to providing child care, tends to be more unstable and more unreliable than care by individuals who are intentional about providing care.²

Recent census data³ on the primary child care arrangements of preschoolers (children under the age of five) do not specifically indicate whether the form of care used is regulated or not. Data do indicate that approximately one quarter of the children are cared for by relatives (other than their father). This includes relatives caring for children in the child's home as well as care provided in the relative's home. (We know that some of the care provided in the relative's home is regulated and some of it is not.) In-home care, both relative and nonrelative, comprises 14.8% of the care. (We know that no care provided in the child's own home is regulated.) 16.6% of the care is provided by a non-relative in the provider's home. (Again, we know that some of this care is regulated, while some of it is not.)

Attention to the issue of regulation exempt care increased dramatically with the passage of the Family Support Act (FSA) in 1988 and the Child Care and Development Block Grant (CCDBG) and the At-Risk Child Care Program in 1990. These three major pieces of direct federal child care funding incorporated "parental choice" requirements, which mandated that states allow parents to use any care of their choice that was not operating illegally. (Earlier direct federal subsidies had required that federal moneys be spent only in regulated settings.) New federal legislation retains a range of care options.

The consequences of this rather dramatic shift have been inconsistent state policies and the surfacing of important legal and policy questions which largely have gone unaddressed. Insufficient attention has been given to what regulatory and/or non-regulatory methods might be used to ensure that *all* children, regardless of whether they receive a federal subsidy or regardless of which particular subsidy they receive, are provided with safe and healthy child care.

Despite large numbers of children receiving care in regulation exempt arrangements paid for through public subsidies, relatively little is known about the quality of care being provided, why parents are choosing it and why caregivers provide it. Having more complete information on choices made, *why* choices are made, if these choices vary with funding stream and if they do, why they do, would be invaluable to future policymaking.

² Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights of findings*. New York, NY: Families and Work Institute.

Institute for Applied Research (1991). *Child care and AFDC recipients in Illinois: Patterns, problems and needs*. Chicago, IL: Illinois Dept. of Public Aid, Child Care and Development Section.

³ US Census Bureau, *Who's Minding Our Preschoolers* (March 1996)

There is no doubt that the policies which are developed concerning regulation exempt child care will impact many children. We have estimates that a large proportion of families receiving child care subsidies are using regulation exempt care. Moreover, with federal child care subsidies now block granted to the states and states moving rapidly to reconfigure their child care systems, we can anticipate that even more children will be impacted by these policy decisions.

In light of federal and state welfare reform and state reforms of the child care subsidy system, we believe that some of the more important challenges which lie ahead include the following.

- **How to ensure that the existing regulatory system is not eroded**

Recently, advocates in Nebraska staved off efforts to raise the threshold for the regulation of family child care from four children to six children. They successfully convinced the bill's sponsor that such a change would jeopardize the health and safety of an increased number of children.

- **How to expand the coverage of the regulatory system to encompass some of family child care which is currently exempt**

In the last several years, Oregon and Virginia have both expanded regulatory coverage. Virginia lowered its threshold for family child care licensing from nine to six children and only exempts grandchildren from the count; Oregon switched to a registration without inspection system and lowered its regulatory threshold to three children. Oregon also allows the registration fee to be waived for individuals of low income.

- **How to enhance the basic funding requirements imposed on regulation exempt care funded by public subsidies**

Regardless of the state, re-examination of the basic funding requirements imposed on regulation exempt care funded through public subsidies is in order. Which requirements should be imposed will depend in part on the nature of the care exempted, its scope, and so forth. Strategies such as those employed in Alaska, Nebraska and New Jersey to help providers meet these requirements by purchasing necessary equipment such as smoke detectors, first aid kits will be invaluable. Beyond supporting these providers in meeting basic requirements, funding agencies have the opportunity to link regulation exempt providers to other supports, materials, equipment, training opportunities and the like which exist in any given community.

- **How to ensure that parents understand more about indicators of quality in all child care settings**

There must be continued and expanded support for public education campaigns on the importance of quality of child care to children's development and later school success. This should include information on the relationship of the regulation of child care to the quality of child care. The California Child Care Resource and Referral Network, as part of El Comienzo, its Child Care Initiative Project for Spanish-speaking providers, developed materials for parents about the connections between their desire for home-based care and the benefits of licensed family child care.

- **How to develop the most effective methods for supporting parents, particularly those of low income, in making their child care choices**

Essential steps would include support for the continuance and expansion of child care resource and referral; adequate training on child care for personnel distributing child care subsidies; and support for training of other relevant community based organizations which have contact with parents on these issues. The State of Illinois developed a video for parents in Project Chance (its JOBS program) -- called *All My Children* and based on a 'soap opera' format -- to heighten awareness of child care options.

- **How to develop the most effective methods for supporting parents, particularly those of low income, who have chosen to use regulation exempt child care**

The California Child Care Resource and Referral Network has developed a video, posters and a brochure specifically for parents choosing regulation exempt child care, primarily in-home child care. The materials review the questions parents can ask providers, gives childproofing tips and discusses ongoing communication between parents and providers.

- **How to develop the most effective methods for supporting regulation exempt providers, particularly those who are themselves or who are serving families of low income, including assisting them in offering the highest quality care possible.**

This will require opening up many of the opportunities which currently exist exclusively for regulated providers to regulation exempt providers, as relevant and appropriate. It will also mean developing new materials tailored as necessary to the unique features of the form of care being targeted. Finally, it will mean querying regulation exempt providers themselves to determine what supports they would find most beneficial and offering these supports.

Resources

For more information on strategies supporting parents and caregivers, contact:

- The California Child Care Resource and Referral Network (415) 882-0234
- Resources for Child Caring's Legal Unlicensed Outreach Project (612) 641-0305.
- The National Center for Children in Poverty's Kith and Kin Care Project (212) 927-8793

For more information on the legal and policy aspects of regulation exempt care, contact the Child Care Law Center (415) 495-5498; the Center has just published *Regulation Exempt Family Child Care in the Context of Publicly Subsidized Child Care: An Exploratory Study*.

The Center also distributes handouts on the legal and tax implications of paying for in-home care.

For more information on kith/kin care and regulation exempt family child care, contact Wheelock College's Center for Career Development in Early Care and Education at (617) 734-5200, x. 211. Or visit their website: [HTTP://ERICPS.ED.UIUC.EDU/CCDECE/CCDECE.HTML](http://ERICPS.ED.UIUC.EDU/CCDECE/CCDECE.HTML)

SUPPORTING KITH AND KIN CARE PROVIDERS

***National Association of Child Care Resource and Referral Agencies
Early Childhood Policy Research
Center for Career Development in Early Care and Education at Wheelock College***

'Kith and kin care' is a term used to identify a unique form of child care -- care of children by close friends, neighbors and relatives. Kith refers to familiar adults such as friends and neighbors; kin refers to adults related by birth or marriage, such as grandparents, cousins, aunts and uncles. Kith and kin care is one of the oldest forms of child care and one that families of all income levels choose, especially families with very young children. Kith and kin care is used by 20% of middle-income working families with children under six, 37% of lower-income families, and 46% of the lowest income working families (Hofferth, et al. 1991).

Sometimes, the choice of kith and kin is made for reasons of cultural or personal preference, out of the family's strength and commitment to rearing children in the family circle, as in situations where parents agree to work different shifts, or one parent works part time, in order to "trade off" care for the children at home. Sometimes it is because a family simply does not have any other choices for reasons of cost or availability in hours or locations necessary.

The anticipated pressures of welfare-to-work initiatives on the supply, availability and cost of care, along with guidelines which allow or encourage the use of kith and kin care, have added new dimensions to this issue. Professionals have raised legitimate concerns with public policies that force families with the fewest resources to choose care by family members who themselves have few resources and need support. On the other hand, these arrangements are often the expression of deeply held values and there is the potential to find among friends and relatives a source of child care that with good support can become better. A few kith and kin caregivers may even discover aptitude and the motivation to become registered and "intentional" caregivers offering their services to the public.

Relevant research on kith and kin care

The recent report from the US Census Bureau, *Who's Minding Our Preschoolers* (March 1996) finds that almost half (48%) of preschoolers whose mothers work were cared for by relatives -- 17% by grandparents, 16% by fathers, 6% by mothers, and 9% by other relatives. Ethnographic research focused on working mothers in the Sunbelt (Lamphere, Zavella, Gonzales, Evans, 1992) and on families in a northeastern urban area (Zinsser, 1991) describes why and how families choose kith and kin care arrangements. While the motivations and pathways vary, one essential factor is familiarity -- families do not want 'strangers' caring for their children.

As to the quality of care provided by friends and relatives, the findings are mixed. No research has been done on kith care and very little on kin. In Galinsky's 1994 study of family child care a small number of providers were found to be relatives of the children they cared for. Of these 'relative' family child care providers, 69% offered care that fell into the inadequate range, using global quality measures not designed for this form of care. On the other hand, the recent reports from the national longitudinal study of infant care and attachment by the National Institute of Child Health and Human Development ranks care by fathers or other relatives, and care in the home by an unrelated caregiver as being among the highest quality

environments "in which children are stimulated and get adequate attention." (*New York Times*, April 21, 1996)

Strategies to affect the quality of kith and kin care

Kith and kin caregivers tend to look more like parents in families than like professionals in early care and education settings. To be effective, strategies for promoting quality care with friends and relatives must depart from traditional 'professional development' strategies. Kith and kin caregivers are unlikely to respond to approaches which imply intervention. Successful strategies are based on sound principles of family support. Connecting kith and kin providers to family resource centers, library family literacy outreach projects, and early childhood programs with a strong family development component such as Head Start are all promising methods. The connection is probably best made through the parent of the child being cared for and in the case where public subsidy is being received by the caregiver, directly to the caregiver. Working with employers to assist employees who have relatives caring for their children is another strategy not to be overlooked.

Child care resource and referral agencies are well-positioned to support families using kith and kin care, whether the CCR&R administers child care financial assistance programs or partners with a public agency which does.

- CCR&Rs can envision care by friends and relatives as a component of the CCR&R's family-supportive mission and policies.
- CCR&R counselors can help parents with issues such as: discussing health and safety with caregiving relatives; making agreements about payments, and/or exchanges of responsibilities; communicating expectations about hours, rules, supervision of children when the caregiver is a relative; maintaining ongoing communication on the care of the child.
- CCR&Rs can make provider resources available to friend and relative caregivers, such as lending libraries, family child care training, provider warmlines, support groups, etc. Outreach to raise awareness of these resources can be done both to the parents and the caregivers.

Policy challenges of kith and kin care

The growing place of kith and kin care in the publicly subsidized child care arena poses some challenges for states. A massive shift to individual purchase of unregulated forms of child care is hard to monitor and leaves the state vulnerable to scandals and fraud. It is unreasonable to try to regulate kith and kin care. Kith and kin care should be clearly distinguished from family child care in regulations, which can be done by either creating a definition of kith (along with the definition of relatives) and exempting both simultaneously, or by defining kith care as the care of children from just one family by a non-relative. In the latter case, the parent is the employer of an individual caregiver, rather than being a consumer of a child care service that holds itself out as available to the public.

To ensure basic accountability and guard against fraud in the expenditure of public funds, states as the purchaser of services have every right to require that kith and kin providers receiving public funds meet some requirements. Government can build in health and safety protections and measures to promote quality into the voucher agreement or purchase of service contract to buy any form of care, regardless of whether the care is regulated. Other non-regulatory approaches would include support for some of the activities described above to affect the quality of kith and kin care.

ACCREDITATION AS A QUALITY IMPROVEMENT STRATEGY

Early Childhood Policy Research Stoney Associates

Program accreditation is a voluntary approach to recognizing and promoting high-quality child care/early education services and a tool consumers can use to distinguish between good and better services. Program accreditation can also help policymakers meet a wide range of policy goals cost effectively.

Public accountability, image and efficiency

The public holds policymakers accountable for the quality of child care early/education services offered in public schools and in the entire public/private marketplace, since government pays for these services on behalf of low-income families and regulates the services used by all families. Accountability involves making sure that funds are spent well-- on services of acceptable quality, that are actually provided, and at a reasonable cost. At the same time, the public wants to limit the size of government, minimize bureaucracy and simplify rules and regulations. Ensuring an acceptable level of service quality for accountability purposes and maintaining a positive public image of streamlined, responsive government is a difficult balance for policymakers to achieve. Program accreditation can help by setting a quality above the minimums established through child care regulation.

While child care regulations can generate heated debates, accreditation is often viewed more positively. Accreditation is a familiar term that connotes images of professionalism, educational achievement and private sector control. Colleges, schools, summer camps and hospitals are accredited. Program accreditation is a voluntary act, a mark of distinction.

Accreditation as a policy tool

Policymakers can use accreditation in a number of ways. Accreditation can be the common standard that unites services across diverse auspices. Public agencies often require that service providers with whom they contract meet some set of standards above basic regulations. Having each agency expend time and money creating and monitoring its own set of standards is inefficient compared to adopting existing nationally accepted program accreditation as the common standard. Using a private-sector, peer-evaluation system instead of a government-operated system, reduces government expense significantly. This principle can be applied to indirect public funding such as that families receive through child care tax credits. For example, Arkansas doubles its child care tax credit for child care provided to preschoolers through an appropriate early childhood education program.

Cost-effective use of public resources is a perennial policy goal that calls for leveraging public funds with private sectors sources. Because the private sector, especially business and philanthropy, is concerned about service quality, accreditation can be used as a bridge between public and private sector interests. Public policymakers can spend modest resources for maximum results by engaging in joint efforts with business and philanthropy aimed at promoting accreditation among child care/early education providers. This might involve establishing a public/private funding pool to subsidize the costs of preparing for and acquiring accredited status; encouraging employers and private sector funders such as United Way and religious philanthropies (e.g., the Jewish Federations and Catholic Charities) to use

accreditation as their funding standard when purchasing services; establishing a separate (public) reimbursement rate category for accredited programs.

In the shift to an outcome focus for measuring government performance, many states are developing performance indicators for various service delivery systems. Accreditation can be used as a benchmark for assessing the quality of the child care/early education services system. Accreditation is an appropriate performance indicator because research has established that accredited programs do offer higher quality services and accreditation is easily measured without burdensome data collection or special studies. For example, the states of North Carolina, Vermont and Oregon use the proportion of early childhood service providers accredited through a nationally recognized system as one performance indicator, with increasing percentages over time as the benchmark to be reached.

Systems of accreditation

Early education/child care program accreditation is an accessible tool for policymakers. Reputable national systems currently exist – three designed expressly for center-based programs, one covering many services including child care, one for family child care homes – and an accreditation system will soon be introduced for school-age care programs. Each system involves a similar process: voluntary application for accreditation, followed by an extensive self-study based on the particular system's criteria. The accuracy of the program's self-study is verified during a site visit by trained validators, the validated self-study is reviewed by a commission or board, and accreditation is granted for a specified period of years. The following descriptions are based in part on material originally published in the *Child Care Bulletin* (May/June 1995), which has been updated.

1. The National Academy of Early Childhood Programs

The National Academy of Early Childhood Programs administers a national, voluntary, professionally sponsored accreditation system for all types of preschools, kindergartens, child care centers, and school-age child care programs. Since 1985, approximately 4,500 programs in all fifty states have achieved NAEYC accreditation and an additional 8,000 programs are in process. The Academy is a division of the National Association for the Education of Young Children (NAEYC), the nation's largest organization of early childhood educators.

National Academy of Early Childhood Programs/NAEYC

1509 16th Street, N.W.

Washington, DC 20036-1426

(202) 232-8777 or (800) 424-2460

2. The National Early Childhood Program Accreditation

The National Early Childhood Program Accreditation (NECPA) is an independent voluntary accreditation program designed for all types of early childhood care and education centers. It was developed with the National Child Care Association, the nation's largest organization of proprietary child care professionals. Since 1992, the NECPA has accredited 44 centers in ten states.

National Early Childhood Program Accreditation Commission

1029 Railroad Street

Conyers, GA 30207

(800) 543-7161

3. National Accreditation Council for Early Childhood Professional Personnel and Programs

The National Accreditation Council for Early Childhood Professional Personnel and Programs is a national, non-profit organization that supports private and ecumenical, licensed, center-based early childhood programs. The Council is sponsored by the Child Care Institute of America. Since 1992, the Council has accredited 80 programs in five states.

National Accreditation Council for Early Childhood Professional Personnel and Programs
Cleveland Park Station
PO Box 9518
Washington, DC 20016-9518

4. The Council on Accreditation of Services for Families and Children

The Council on Accreditation of Services for Families and Children (COA) is an independent, national non-profit organization that accredits providers of social and mental health services. Child day care services, including family child care networks, are one of over 50 services for which COA has developed accreditation standards. COA was founded in 1977 and currently accredits more than 3500 programs delivered by over 600 agencies in 47 states and five Canadian provinces.

The Council on Accreditation of Services for Families and Children
520 Eighth Ave. Suite 2202B
New York, NY 10018-6507 (212) 714-9399

5. The National Association for Family Child Care

The National Association for Family Child Care sponsors an accreditation system designed to promote quality by giving professional recognition to family child care providers who reach beyond meeting their state's regulations to achieve standards of excellence. Since 1981, more than 1400 providers in more than 40 states have been accredited.

The National Association for Family Child Care
PO Box 161489
Fort Worth, TX 76161 (817) 831-5095

6. The National System for Improvement and Accreditation of School-Age Care Programs

The National System for Improvement and Accreditation of School-Age Care Programs is being developed jointly by the National School-Age Care Alliance (NSACA) and the School Age Child Care Project at Wellesley College (SACCP). The system is based on established quality standards, *Assessing School-Age Child Care Quality* (ASQ), published by the SACCP. The system is being piloted currently with phased-in implementation planned for 1997.

National System for Improvement and Accreditation of School-Age Care Programs
SACCPProject, Wellesley Center for Research on Women
106 Central Street
Wellesley, MA 02181 (617) 283-2547

Resources

Stoney, L. (1996). "The Role of Accreditation in Public Policy" in *NAEYC Accreditation: A decade of learning and the years ahead*. Sue Bredekamp and Barbara Willer (Eds.). Washington, DC: NAEYC.

WHY CREATE A CAREER DEVELOPMENT SYSTEM?

The Center for Career Development in Early Care and Education at Wheelock College

Quality in our early care and education⁴ programs is essential. Most of our national goals cannot be accomplished without it:

- ⇒ Children will not start school ready to learn if communities have not supported parents with quality programs.
- ⇒ We will not have healthy children if the services parents use for young children have no knowledge of healthy development, are not capable of preventing injury and disease, and do not serve as a point of entry to connect families with the community services they need.
- ⇒ We will not have a strong economy if our work force has to choose between being good employees or good parents, without the support of high-quality programs for their children.
- ⇒ Welfare will not be reformed if high-quality early care and education services are not available for children while their mothers work, and if early care and education jobs offered to welfare participants are entry-level, dead-end jobs.

To achieve each of these goals, there needs to be a strategy for assuring the safest and best possible care and education for the nation's children. Working with young children is a job that requires knowledge of how children grow and develop, skill to solve problems with children and parents, and a great amount of dedication and love for the work. Contrary to what many believe, early childhood work is not an extension of parenting or "women's work." People are not born with the skills to effectively work in classrooms or to run a family child care business. Training⁵ and education are essential for these individuals to succeed. The five million children in child care are the primary motivation for working to establish an early care and education career development system. Parents need to know that their children are receiving the safest, most effective early care and education possible; early care and education practitioners need opportunities to learn and grow more effective in their profession.

Research has repeatedly confirmed that a key to quality and the prevention of harm in child care lies in the training and qualifications of the people who work with young children. *The National Child Care Staffing Study* (Whitebook, Howes, & Phillips, 1989) found that a practitioner's level of education directly affects the behavior s/he displays working with children. A number of more recent studies—*Cost, Quality, and Child Outcomes in Child Care Centers*, *The Family Child Care Training Study*, and *The Florida Child Care Quality Improvement Study*—have also shown a clear link between the amount of specialized training an individual has in early childhood education or other child-related topics and the quality of the care and education that person provides to children (Galinsky, Howes, & Kontos; 1995; Helburn, Culkin, Howes, Bryant, Clifford, Cryer, Peisner-Feinberg, & Kagan, 1995; Howes, Smith, & Galinsky, 1995).

⁴We use the term *early care and education* to mean all types of education and care for children from birth through age five and programs for school-age children before and after school and during vacations. We use the terms child care, early childhood education, child development, and early care and education interchangeably.

⁵We use the term "training" generically to cover all specialized preparation for work in early care and education, from non-credit workshops, vocational education, and all levels of higher education degrees.

Just providing training isn't enough to secure the quality of programs and to protect the investment of dollars in programs. There are six elements that, when taken together, comprise the career development system approach that will increase quality by ensuring that practitioners are well trained and compensated, that turnover is low, and incentives exist to keep quality people in the field. When all systems are working together, this maximizes the use of funds spent.

Developing a career development system involves all of these important elements and strategies.

Plan systemically. Creating a comprehensive career development system involves understanding how the parts of the whole—regulation, training, and financing—work together. Although these strands are fragmented in most states, efforts are underway in states and communities to create workable systems.

Involve key stakeholders. Any approach to developing a comprehensive system needs to involve state government and higher education—the key institutions that make and implement policies—and the local practitioners, programs, and agencies who would be directly affected by policy change.

Assure suitable qualifications for roles. Qualifications for roles in early care and education established through licensing and certification should reflect the knowledge base of the field, ensure the needed skills to work effectively with young children, and be transferable to various settings.

Promote career progression and articulated training. Qualifications set by licensing and teacher certification should offer alternative paths and require more training for more responsible roles. Training should address all of the roles and child populations and be offered at different levels. Credits from individual courses and certificate and degree programs should count toward, or articulate, with one another. Access to all these opportunities must exist, especially for low-income individuals and persons of color.

Reward increased knowledge and skill. Whenever practitioners gain further training and increased their skills, they should be rewarded with increased compensation, recognition, and status.

Expand and coordinate financing. Policy-makers need an overall plan for funding of training. The plan should place appropriate emphasis on both the employed population and those just starting in the field, and it should provide financial assistance to all who need help paying for ongoing career development. Funds should be available for all levels of training, from non-credit training through certificate and degree programs. Coordination of funding streams should allow for a more efficient use of limited resources.

The crucial link between training and quality is being addressed head-on in strategies for quality improvement. People in states are working on identifying the barriers in their own communities and developing policies and new practices that allow for accessible, credit-bearing training that moves people along in their careers. To date, the progress is far-reaching. In 1989, only one state was working toward a comprehensive career development and training

system. Today, there are 47 states working on these issues at some level to make clearer pathways to training and career development. State planning groups are convening and developing components of systems, such as training approval and personnel registries. Colleges are working together on articulation plans to offer credit for course work from a variety of institutions. Regulatory agencies are reviewing their policies. Each of these strategies is moving closer to a comprehensive system that includes all practitioners, allows equal access to training, and provides high quality care for all children and families.

Suggested reading

Copple, C. (1991). *Quality matters: Improving the professional development of the early childhood work force*. Washington, DC: National Association for the Education of Young Children.

Galinsky, E., Howes, C., & Kontos, S. (1995). *The family child care training study: Highlights of findings*. New York, NY: Families and Work Institute.

Helburn, S., Culkin, M., Howes, C., Bryant, D., Clifford, R., Cryer, D., Peisner-Feinberg, E., & Kagan, S. (1995). *Cost, quality, and child outcomes in child care centers*. Denver, CO: Center for Research in Economics and Social Policy, Department of Economics, University of Colorado.

Howes, C., Smith, E., & Galinsky, E. (1995). *The Florida child care quality improvement study: Interim report*. New York, NY: Families and Work Institute.

Morgan, G., Azer, S., Costley, J., Genser, A., Goodman, I., Lombardi, J., & McGimsey, B. (1993). *Making a career of it: The state of the states report on career development in early care and education*. Boston, MA: The Center for Career Development in Early Care and Education at Wheelock College.

Whitebook, M., Howes, C., & Phillips, D. (1989). *Who cares? Child care teachers and the quality of care in America: Final report of the National Child Care Staffing Study*. Washington, DC: National Center for the Early Childhood Work Force.

COMPENSATION IMPROVEMENT STRATEGIES: VALUING CHILDREN AND THE ADULTS WHO CARE FOR THEM

The National Center for the Early Childhood Work Force

A commitment to invest in the quality of child care requires an understanding of the ingredients demanded by quality. It is widely accepted that a developmentally appropriate environment – one with well-trained and consistent staff in sufficient numbers, moderately-sized groupings of children, and proper equipment and activities – will lead to good care. Yet today's child care staff are leaving their jobs at a rate almost three times higher than a decade ago.

This high rate of turnover – about **40 percent**⁶ – forces us to examine child care as a work environment for adults and not just as a learning environment for children. In all work environments – from factories to hospitals – working conditions affect the quality of products produced or services provided. In child care, research has shown that children's experience is directly linked to the well-being of their caregivers. Good quality care requires an environment that values adults as well as children. The compensation improvement strategies described here are the first step to supporting that environment.

Training and Education

1. Develop career ladders and mechanisms to fund them that result in increased compensation for education and training.
2. Develop mechanisms that support and provide teachers and providers access to education and training:
 - Expand college loan deferment programs for elementary and secondary school teachers, to include early childhood teachers seeking specialized training at the college level.
 - Establish a training fund to provide educational stipends to individuals currently employed in a child care setting seeking two-year, four-year and graduate degrees in early childhood education.
3. Train child care center directors in personnel management, such as creating job descriptions and salary schedules.
4. Include resources for specialized early childhood education training in public and private funding for child care.
5. Establish mentoring programs, which can be used to train new child care teachers and family child care providers as well as offering experienced child care professionals a way to pass on their knowledge, and be compensated for their efforts.

Infrastructure Improvements

1. Develop career ladders in child care regulations and add compensation scales to existing child care regulations, in order to recruit and retain a skilled and stable child care work force.
2. Create job description and job classification systems in child care which reflect compensation patterns in all other industries: higher compensation should be the reward for more education, training, experience and responsibility.

⁶ Whitebook, M., Howes, C. & Phillips, D. (1989). *Who Cares? Child care teachers and the quality of care in America: Final Report of the National Child Care Staffing Study*. Washington, D.C.: National Center for the Early Childhood Work Force.

3. Offer health insurance coverage to child care employees. Currently only 18 percent of child care centers offer health insurance. Many family child care providers go without coverage as well. Health insurance is just one benefit that will contribute to the stability of the child care work force; a full benefits package should include a retirement plan, paid sick leave, vacations and holidays and an annual cost-of-living adjustment.

Prioritized Funding

1. Establish reimbursement rates for all publicly-funded child care that reflect the true cost of care based on improved salaries for teachers. Designate state-level commissions to regularly assess child care reimbursement rates.
2. Earmark quality improvement funds at the state or local level to improve child care quality by improving staff salaries. Salary enhancement grants can also be used to target salaries and benefits for the child care work force.
3. Decouple parent fees and the cost of child care services.

Research

1. Conduct pay equity studies to document the need for compensation improvement in the state.
2. Conduct salary surveys of child care teachers and earnings surveys of family child care providers to offer a detailed analysis of a community's working environment for caregivers, and to support improvements in compensation and child care quality.
3. Conduct evaluations of the impact of training initiatives on recruitment and retention of the child care work force.

Resources

- Bellm, D. (1994). *Breaking the Link: A National Forum on Child Care Compensation*. Washington, D.C.: National Center for the Early Childhood Work Force.
- Bellm, D. & Breunig, G. (1996). *Early Childhood Mentoring Programs: A Survey of Community Initiatives*. Washington, D.C.: National Center for the Early Childhood Work Force.
- Whitebook, M. & Sakai, L. (1995). *The Potential of Mentoring: an Assessment of the California Early Childhood Mentor Teacher Program*. Washington D.C.: National Center for the Early Childhood Work Force.
- Whitebook, M., Hnatiuk, P., & Bellm, D. (1994). *Mentoring in Early Care and Education: Refining an Emerging Career Path*. Washington, DC: National Center for the Early Childhood Work Force.
- Whitebook, M., Howes, C. & Phillips, D. (1993). *National Child Care Staffing Study Revisited: Four Years in the Life of Center-Based Child Care*. Washington, D.C.: National Center for the Early Childhood Work Force.
- Whitebook, M. (1991). *Salary Improvements for Head Start: Lessons for the Early Care and Education Field*. Washington, D.C.: National Center for the Early Childhood Work Force.
- Whitebook, M., Howes, C. & Phillips, D. (1989). *Who Cares? Child care teachers and the quality of care in America: Final Report of the National Child Care Staffing Study*. Washington, D.C.: National Center for the Early Childhood Work Force.

CHALLENGES IN MOVING WELFARE RECIPIENTS INTO THE CHILD CARE WORK FORCE

***Child Care Law Center
The National Center for the Early Childhood Work Force
National Association of Child Care Resource and Referral Agencies***

As welfare reform initiatives try to move more and more parents into the work force, the demand for child care surges. Introducing these parents to child care as an employment option is often seen as a way to increase the supply of both jobs and child care. For welfare recipients who show an aptitude and desire for it, child care work may be the key to a satisfying career. However, there are many impediments to success for programs to train welfare recipients as child care providers, particularly proposals that would train women to provide regulation-exempt family child care in their own homes.

Care by unregulated providers is typically more unstable and unreliable than care by regulated providers, who tend to perceive child care as their profession. Parents who use in-home or regulation-exempt care more frequently miss work because of a breakdown in their child care arrangements. Studies have shown that many low-income parents would choose stable, licensed or center-based care if they could; for many, however, the only affordable option is unstable or poor quality care that may detrimentally impact both their ability to work and their children's healthy development. Of great concern is that while states consider recruiting welfare recipients to provide regulation-exempt family child care to meet the demand for care of other recipient's children, many states are simultaneously considering cutting the reimbursement rate paid to exempt providers – the same providers that would rely on these subsidies to earn a living wage.

To assure the quality of child care services and child care employment, the following strategies are offered to guide plans to move welfare recipients into the child care work force.

Outreach and Orientation to the Work

People who enter the child care field under welfare reform must choose to do so and must be able to demonstrate an aptitude for this work. Turnover in both family child care and in child care centers is high, averaging 30 to 40 percent per year, due in large part to poverty-level wages and the lack of health benefits. Many people who enter the field because of aptitude for and interest in the work are forced to leave because they simply cannot afford to remain. People who enter the field out of fear that they will lose their cash assistance or because they cannot find another job, may not have motivation or training necessary to provide a healthy, nurturing environment for the children they care for, and a service that enables their clients to work.

A balanced presentation of the pros and cons of entering the field of child care is essential. The large scale promotion of child care as a career option without regard for the interest and professional preference of the participants in order to meet the child care supply issue is not likely to yield good results in child care services. It is also necessary to guard against the creation of extraordinary barriers to the field. It is important not to require unwarranted screening and scrutiny not imposed on prospective early childhood providers from other socio-economic backgrounds. Further, adequate income support during training periods will enable motivated individuals to choose child care as a profession.

Motivated individuals must be given the opportunity to develop realistic expectations for the future as child care professionals. A trainee should receive a thorough orientation to the work; understand that child care requires specialized skills and training for working with groups of children and their families; assess her own appropriateness for working with children and their families; and understand that presently most child care jobs offer limited earnings, few benefits and minimal opportunities for advancement. The few better paying child care jobs require advanced education and training.

Training

Training programs must be comprehensive and address the requirements of child care jobs as well as the needs of the trainees. The training should provide the necessary skills to assure the development of a safe and healthy early childhood environment. Training should include specific content related to the care and education of young children, appropriate for their developmental needs and the type of setting; information on licensing requirements, accessing subsidies and small business management skills; content targeted to improving trainees' basic job readiness skills; diverse training methods for a multicultural and multilingual population; and apprenticeship experience under the supervision of a qualified mentor.

Career Mobility

Child care training under welfare reform must position new providers for career mobility in the field. Training must be integrated into existing local training systems; award a portable and viable credential, certificate or college credit; provide continued access to training after initial employment; provide economic rewards through differential pay as a result of more training; and ensure equal access to higher-paying child care jobs.

Continued Investment and Support in the New Child Care Work Force

People who become child care providers under welfare reform need basic and ongoing support in order to transition to and succeed in child care work. Supports should be comparable to those available to any other working parent moving from public support to family-sustaining employment. Child care training programs must realistically assess and help participants overcome the very real barriers to taking advantage of child care as a work opportunity.

For family child care, in addition to the significant economic difficulties inherent in creating a viable small business operation in a low-income neighborhood (e.g., lack of resources of the provider's client base, lack of infrastructure), providers may also be impeded by the health and safety conditions of their homes; and problems with landlords, zoning, fire regulation, or other land use restrictions.

Example: A program in Massachusetts included extensive training and support to help AFDC recipients to become licensed family child care providers, far more support than many proposed programs. Women participated in a 13-week course, studying for 25 hours per week to learn beginning skills in child care work, including mentoring with experienced child care providers. The curriculum focused on knowing the requirements of operating a family child care business, child development, activity planning, and professional behavior skills. The program paid for a licensing application fee and liability insurance, and provided each participant with \$500 for home improvements and/or toys and equipment. Participants reported feeling extremely insecure because

of unsteady enrollment, uneven earnings, and a loss of medical insurance as they moved off of AFDC. A significant number of applicants to the programs were screened out because of housing problems – either landlords refused to allow family child care in their home or their homes were not licensable due to lack of emergency exits or insufficient square footage.

In order to secure a living wage most child care providers will need ongoing child care referrals. Referrals from the local child care resource and referral agencies, welfare agencies, and other social service organizations provide vital support. Other valuable services include ongoing training and networking opportunities, provider warm-lines which give needed technical assistance on a variety of issues including parent-provider communication and good business practices.

The availability of consumer information is often critical to provider success. Voucher programs which aid parents with the cost of care, information on transportation availability, and nutrition programs and subsidies all provide valuable supports to new providers as they struggle to succeed in their new profession.

Resources

For more information, and an analysis of specific programs with contact names, send \$7.00 (CA residents add applicable sales tax) to the Child Care Law Center, 22 2nd St., San Francisco, CA, 94105 and ask for publication #9602, Working for Change #4 Recruiting Welfare Recipients for Child Care Work: Not a Panacea.

For further information on efforts to improve the access of low-income women to better-paying child care center jobs, contact the National Center for the Early Childhood Work Force at (202) 737-7700, and ask about the *Investing in Child Care Jobs* project, and ask for a publications list of a variety of resources on improving the status and working conditions of child care employment.

STRATEGIC USE OF MEDIA: FOR POLICY CHANGE, PUBLIC ENGAGEMENT, CONSUMER EDUCATION

Child Care Action Campaign

Despite the fact that women with young children have been the fastest growing segment of the labor force for the past 20 years, creating a huge new need for out-of-home child care, neither public policies nor employee benefits have accommodated these new realities. The public remains ambivalent about the proper balance between family and work life, and negative stereotypes (the yuppie mother who abandons her child to go to work; the welfare mother who refuses to set a good example for her child by getting a job) have taken hold.

Parents and a growing number of employers are looking for solutions to what is often a daily juggling act. Parents want help from their employers and the government. But public opinion polls show great hostility to employer mandates, a high level of distrust of government programs, and a persistent notion that these are private matters, best resolved by families on their own.

Meanwhile, child care providers believe that many parents do not value child care highly enough, that they are unwilling to pay higher fees or look carefully for good quality care because they do not understand or appreciate its importance to their child's healthy development and future success.

Most Americans rely on mass media to learn about issues and form opinions about them. They also rely on these media for information about products and services. Advertising, entertainment media and news programs beam countless messages to Americans every day, influencing a common set of values and ideas that together, become "public opinion." Mass media coverage can make people aware of new products and conscious of local, national or world problems. They can also validate opinions and values they already hold, or help shift these values in new directions.

There are countless examples of how media attention has created concern, built constituencies and raised the saliency of public issues. Less than 25 years ago, environmentalism was a concept, embraced only by an elite group of primarily western conservationists and scientists. Through a drumbeat of press coverage of myriad eco-crises, the movement now claims the loyalty of a strong majority of Americans. It has wrought widespread policy and lifestyle changes. The media has been instrumental in winning support for positive solutions to environmental problems such as recycling. Similar examples can be cited for school reform, health care and reproductive rights.

These changes in public awareness, and eventually public engagement, do not happen overnight. Successful campaigns share four characteristics.

(1) Repetition. There has to be a steady drumbeat of information, reshaped for targeted audiences.

(2) Time. Years of work go into sustaining a constant flow of information to the public.

(3) Resonance. The issues must be framed to the audiences individual needs, experiences, fears and values.

(4) Multi-sensory communications. Campaigns ultimately entail every level and type of communication to infuse new values and ideas into the mass culture.

In addition, a successful strategic communications campaign, whether you are trying to shape consumer behavior or engage the public to influence public or private sector policies, must include the following elements.

(1) A well-defined audience. Think of the audience not as a list of targets, but as concentric circles. Identify the key decision makers who can create the changes you seek, and then work outward to subsidiary audiences. Start with a one-on-one approach with the most important targets. You will need to tailor your approach, your message, and your activities to address the needs and values of your multiple audiences.

(2) Policy agreement. Advocates must unite around a set of objectives that will lead to meaningful and measurable outcomes and that address the expressed needs of a broad segment of the population. Remember that all of our work takes place in a political environment, a particular context that will influence how we express our objectives and whom we engage in the advocacy effort. Policies need to be connected to the values of the public at large, and particularly to the target population.

(3) A clear message. Although the policy objectives may be complex, and may be the outcome of years of careful research and demonstration projects, the message itself must be clear, credible, and free of jargon. The message may be phrased differently for particular audiences, but the overall form of it should be: There is a problem; we know how to solve it; it really matters to you; here's what you can do. Ultimately, you need to communicate what will change for children and families as a result of this effort.

(4) Credible messengers. Often, the messenger matters as much as the message. The public wants to hear from someone they trust, and whom they believe has no vested self-interest in the outcome. An unexpected messenger – for example, a business leader, a prominent father, a beloved community leader – will often be more effective than someone who is perceived as an "insider."

(5) Action steps. The audience needs first to understand the policy or program goal and then what each person can do to make a difference. These action steps need to be expressed in terms of personal behavior (what can I do myself?), collective action (who else is working on this and how can I join?) and policy change (if I vote or sign a petition or write a letter, what difference can it make?).

(6) Resources. An effective media campaign takes time, people and, if possible, money. It is important to build relationships with journalists by responding to their needs as well as pitching your own stories. If you invest time and effort in building those relationships, you will be more successful in getting the attention you want when you have something timely to report or propose. If you build a communications strategy into your plans from the beginning of any effort, you will be more successful. If you are proposing coverage of a particular story or policy

proposal, plan to be available to respond to questions and to provide additional details to print and broadcast journalists.

The Strategic Communications Plan on Early Care and Education, organized by the Child Care Action Campaign and the Communications Consortium Media Center, is one example of a successful effort to influence public policy on early care and education. This effort has brought 20 national organizations together to develop a shared message and coordinate public awareness and media outreach activities. As a result of its efforts, major increases in child care funding were included in welfare reform proposals. New research findings have been widely disseminated to policy makers and children's advocates. National and local leaders have received media training that has helped them communicate more effectively through the print and broadcast media.

Local and state child care organizations have also used media as part of consumer education campaigns. Child Care Aware, sponsored by the Dayton Hudson Foundation and Dayton Hudson stores, and coordinated by the National Association of Child Care Resource and Referral Agencies, the National Association of Family Child Care and the Child Care Action Campaign, has carried out consumer education activities in 30 sites. These have included the creation and dissemination of public service announcements, brochures for parents giving them a checklist for finding quality child care, collateral materials in stores, including shopping bags and advertising circulars, and special community-based activities including child care fairs.

Resource organizations

Child Care Action Campaign

330 Seventh Avenue
New York, New York, 10001
212-239-0238

Communications Consortium Media Center

1200 New York Avenue, Suite 300
Washington, D.C. 20005
202-326-8700

Child Care Aware

2116 Campus Drive SE
Rochester, MN 55904
1-800-424-2246

The Children's Partnership

5505 Connecticut Avenue, NW, Suite 271
Washington, DC 20015
202-362-5902

CONSUMER EDUCATION FOR INFORMED CHOICE

National Association of Child Care Resource and Referral Agencies

The need and the research

New research reinforces what Child Care Resource and Referral counselors have known from their daily work: that quality, flexibility and reliability of child care affects a parent's workforce participation. Ellen Galinsky of the Families & Work Institute estimates that as many as one in four workers in the United States is currently dealing with child care problems and that 62 percent of working parents report major problems in finding quality child care.

In May 1996, Sandra Hofferth and Nancy Collins introduced a study they completed at the University of Michigan Population Studies. Hofferth said: "This study shows that for mothers of preschool children, the availability of convenient child care, and the existence of back-up child care arrangements in case problems arise, are important factors keeping them at work."

Among the key findings:

- Mothers using no care were 2.2 times more likely to leave a job than mothers using child care centers.
- Mothers with multiple care arrangements were 53 percent less likely to leave their jobs than those with no child care arrangements.
- Living in an area where there were more child care centers per preschool child was associated with a smaller chance that a moderate-wage mother (defined as earning between \$6 and \$8 per hour) would leave her job.
- Unstable child care increased work exits for moderate- and high-wage mothers but not for low-wage mothers.

According to Hofferth, the public policy implications of this and other study findings are clear: "If we provide child care services to moderately low-income working mothers, we can influence the chances they will stay in the work force and off welfare." Her conclusions reflect earlier research. In *New Findings on Children, Families and Economic Self-Sufficiency*, Phillips and Bridgman report that participants in training in California's GAIN program were more likely to remain in training and succeed if their child care plans were reliable, if the care was of high quality and if it offered some flexibility about hours of care.

In *Making Child Care Work...Major Findings*, the National Association of Child Care Resource and Referral Agencies published the following list of families who face complex challenges in trying to find and maintain reliable child care.

1. First-time parents
2. Families who cannot afford care and cannot get subsidies or scholarships
3. Families who are using child care for the first time
4. Families whose children have special needs or disabilities
5. Families whose work schedule involves nights, weekends, holidays
6. Rural families with long commutes
7. Families whose primary language is not English
8. Families who depend on public transportation
9. Families who must go to work in order to qualify for public assistance
10. Families of school-age children whose school schedules change frequently during the year

As block grants challenge states to develop broader and more aggressive welfare-to-work initiatives, it is important to recognize that almost every parent drawn into the new programs will face more than one of the challenges listed above.

Best Practice

Working with departments of social services to provide consumer education, referral (and sometimes vouchers) to parents, working with employers who contract for similar services for employees, and with parents who request services for themselves, CCR&Rs have gained rich experience in consumer education and referral for working parents.

Two Customers. CCR&Rs assume that there are at least two customers in a child care arrangement: the parent and the child. Therefore, two sets of needs must be identified and clarified with the parent.

The Parent. Finding child care can be a formidable task. Parents usually start by asking friends and neighbors for suggestions. If they do not find care within that circle, they quickly become discouraged by the limited supply, the cost, the uneven quality and confusing array of programs and the shortage of openings. Parent consultation and information are key elements in making good child care arrangements. They help parents to become informed consumers of child care, to understand their options and to know more about making good choices in a variety of kinds of care. CCR&Rs translate their knowledge of the community to parents through easily accessible information.

CCR&R gives parents more than just names and telephone numbers. It provides detailed information on the full range of child care programs (including family child care and care exempt from regulation in the state) and current openings, as well as guidelines on public subsidies and other financial aid. Finding child care is not the end of a parent's child care anxiety. Establishing and maintaining good communication with the child caregiver is important to a parent's sense of well-being and satisfaction with the arrangement. Thinking about how the policy and schedules of the child care program fit the demands of work or training, and making plans for back-up care are a part of the consultation which contribute to making a workable and lasting child care arrangement.

Contact with a CCR&R is often the best opportunity a parent has to discuss child care issues with a non-judgmental and knowledgeable resource person. The CCR&R counselor is familiar with the range of problems, emotions, and questions that many parents have and is willing to listen, reflect, and participate in seeking solutions.

The Child. Findings of the *Study of Cost, Quality and Child Outcomes in Child Care Centers* suggest that poor quality care may do the most damage to the most vulnerable children. An important role of CCR&R is to help parents assess their child's individual needs and choose the best quality child care available to them. Because they work with a diverse range of education and expectations of parents, most CCR&R counselors begin by listening carefully and helping a parent clarify what the parent wants for the child. During the conversation the counselor takes the opportunity to explore child development issues with the parent, to discuss how to access the quality of child care, and to point out the importance of visiting programs and asking questions.

These discussions are supplemented with written materials that vary based on the age of the children, type of care under consideration and parent's level of experience and reading ability. For example, first-time parents may have extra concerns about leaving their children in care; the child care consultant may send information about ways to prepare the child for separation and encourage the parent to stay in close contact with the caregiver in order to encourage the development of a trusting relationship. If the child has disabilities, the consultant will send materials which explain the Americans with Disabilities Act. Most CCR&Rs make materials available in a range of reading skill levels, with illustrations which reflect the racial and cultural diversity of their communities.

Parents who participate in welfare-to-work programs are likely to experience multiple challenges in their child care searches. CCR&R consultants, who are broadly experienced in problem solving with parents, have wide knowledge of local child care resources and offer print materials at a variety of reading levels, reflective of multi-ethnic populations, are an excellent resource for such parents.

Resources

- **Child Care Aware:** 1-800-424-2246 Child Care Aware is a national initiative designed to improve the quality of child care through support for family child care professional development and parent education in recognizing and choosing high quality child care. The initiative is a partnership of the Dayton Hudson Family of Stores (Dayton's, Hudson's, Marshall Field's, Mervyn's and Target), the Child Care Action Campaign, The National Association for Family Child Care, and the National Association of Child Care Resource and Referral Agencies. The 800 number can provide the phone number for CCR&Rs serving a given local area and a packet of child care consumer information.
- Call 1-800-462-1660 to find out more about consumer education materials made available through the **Child Care Aware** project.
- Call **NACCRRA** at 202-393-5501 for information about the State CCR&R network in each state. Ask for the 1996 publication *BLUEPRINT for Future Planning*.

References

- The Cost, Quality and Child Care Outcomes Study Team. (1995). *Cost, quality, and child care outcomes in child care centers*. Denver, CO: Economics Department, University of Colorado at Denver.
- Phillips, D. and Bridgman, A. (1996). *New findings on children, families and economic self-sufficiency*. Washington, DC: National Academy Press.

KEY ROLES OF CCR&R IN THE CHILD CARE AND EARLY EDUCATION SYSTEM IN STATES AND LOCAL COMMUNITIES

National Association of Child Care Resource and Referral Agencies

Child care: A complex system

The system of child care and early education from the federal, state, or local perspective is an intricate array of providers, funders, consumers and advocates. While the child welfare system is one in which states and local governments are the primary funders and planners for the service, the child care and early education system is a far more diverse. It includes a range from informal unregulated caregivers to regulated family child care homes, non profit and for profit child care centers, Head Start, nursery schools, after-school care in centers, homes, schools, churches, youth serving organizations, parks and recreation departments. It is a system with services primarily paid for by parents, in which poor families cannot afford the fees. This wide variety of providers, consumers and advocates speaks in various voices about how care should be regulated (or not regulated), and subsidized (or not subsidized), how training should be delivered, and how child care should be (or not be) expanded and improved.

CCR&R in the United States

In most areas of the US, Child Care Resource and Referral (CCR&R) has developed in order to build connections for parents and providers and to make child care work for families and communities.

In 1994, the National Association of Care Resource and Referral surveyed CCR&Rs and State Child Care Administrators across the US to determine the availability of CCR&R and the range of its services. *Making Child Care Work: A Survey of CCR&R in the United States* (Adams, et al., 1996) documented that CCR&R is a recognized part of the child care delivery system. According to state child care administrators, CCR&R was available statewide in 31 states. Administrators in 15 states reported that plans were in place to make CCR&R state wide. (Four states did not report.)

The survey also provided the first comprehensive overviews of the services provided by CCR&Rs. It demonstrated that across the US, CCR&Rs offered a combination of core services and activities. The services are complementary. When each service is carried out in concert with the other services, they build and improve the child care system.

Key Roles of CCR&R

Consumer education. CCR&Rs provide the connections between parents and the diverse child care system. During the survey year, nearly 1.5 million families requested referrals and consultations about child care; 98 percent of CCR&Rs reported offered comprehensive consumer education and referrals to child care, usually through one-on-one telephone consultations. A conceptual grounding in CCR&R is that parents can make more reliable plans for their families if they get referrals to the whole range of child care choices which fit the family's individual needs.

Developing and maintaining child care databases. CCR&Rs maintain a community database of programs and services for working families. The study showed that 444 CCR&Rs maintained detailed, updated information on more than 310,000 child care programs

nationwide. The CCR&R databases included regulated family child care providers, school-age programs, and child care centers and an additional 5,000 summer camps, special education programs, play groups, half-day pre-schools, and caregivers willing to go to the child's home. In its detail and currency and in its expansive list of resources, information from local CCR&R tended to be more supportive to working family needs than other lists available to the public.

Building the supply of child care. CCR&Rs develop reports on parents' demand for care and on supply of care which are used to build the child care supply and child care planning by state administrators and communities. CCR&Rs conducted 504,024 consultations with new and existing child care providers in the survey year. CCR&Rs to document use their knowledge of child care needs to help develop care the community needs. Recruiting night and week-end care or developing school-age holiday and summer programs were examples of recruitment projects. CCR&Rs reported that they provided start-up information to individuals wanting to provide child care (91 percent); child care centers wishing to expand (79 percent); employers seeking to start services for employees (67 percent); churches or religious organizations (68 percent); local school systems (58 percent); government agencies (58 percent) and Head Start programs starting or expanding (30 percent). In the year of the survey, CCR&Rs assisted 19,928 individuals and programs to become legally operating providers of care.

Improving child care quality. Recent studies raise concerns about the quality of child care. The large-scale study on family child care (Galinsky, 1994) shows that parents who are less well educated, have less income, and experience higher levels of stress tend to use child care arrangements of questionable quality. The Cost, Quality & Child Outcomes in Child Care Centers study (Culkin, et al, 1995) suggests that poor quality care may do the most damage to the most vulnerable children.

Local CCR&Rs improved the quality of child care by providing training attended by over 339,000 child care practitioners in the survey year. Almost half, 49 percent, said work on licensing and regulatory issues went on during the year of the study. The Cost and Quality study (Culkin, 1995) noted that states with more demanding licensing standards have fewer poor-quality centers.

CCR&R agencies were a leading resource for training and quality enhancement activities in local communities. CCR&Rs identified the need for training, offer training, assist others in developing training, and linked providers to the training they needed. Meeting licensing requirements and attending training in both formal and informal settings have been shown to have a positive impact on the quality of care offered (Galinsky, 1994). CCR&Rs (90 percent) offered basic entry-level training which met licensing requirements, training providers took to meet their own individual needs (81 percent) and training to meet high quality standards and become accredited (66 percent).

Local CCR&R agencies reported a variety of funding sources for training; 64 percent used federal Child Care & Development Block Grant (CCDBG) funding for training, and 51 percent charged modest fees for training to providers.

Planning and collaboration. Bringing both data and extensive knowledge of the child care system, CCR&Rs are a vital source of planning information CCR&R reports were used to assist local planning efforts. Their leadership helped leverage new resources, primarily through participation in and creation of public/private partnerships. Ninety-six percent of the

CCR&Rs collaborated with other groups in the community to plan for child care; 61 percent reported taking leadership roles in most child care planning efforts in local communities. The most frequently cited partners for child care planning were: community groups, government agencies, child care providers and associations, parents, employers and business groups, Head Start, school systems, affiliates of the National Association for the Education of Young Children, and other early childhood professionals.

State administrators also recognized CCR&R in this role, with 79 percent seeking input from CCR&Rs in the formulation of child care public policy. In sum, families live and work in communities, and CCR&Rs are embedded in the early care and education systems in their communities. Positioned at the nexus of information from and to parents and providers, CCR&Rs are well equipped to encourage community partnerships which result in improved services, and help shape the child care system to support families and communities.

Resources

Child Care Aware: 800-424-2246

Child Care Aware is a national initiative designed to improve the quality of child care through support for family child care professional development and parent education in recognizing and choosing high quality child care. The initiative is a partnership of the Dayton Hudson Family of Stores (Dayton's, Hudson's, Marshall Field's, Mervyn's and Target), the Child Care Action Campaign, The National Association for Family Child Care, and the National Association of Child Care Resource and Referral Agencies. The 800 number can give administrators the phone number for CCR&Rs serving a given local area and packet of child care consumer information.

National Association of Child Care Resource and Referral Agencies: 202-393-5501

NACCRRA can give state administrators information about the State CCR&R network in their states, and help with planning a state-wide approach to child care delivery. Ask for the 1996 publication *Making Child Care Work*.

ROLE OF CCR&R IN COMMUNITY AND STATEWIDE DATA COLLECTION

National Association of Child Care Resource and Referral Agencies

America has little information about one of the most critical supports on which its families depend. In most communities and states, basic information about the childhood care and education system is difficult to find or not available. Being able to answer the following questions is essential for planning and policy development.

- How much child care is needed?
- How much child care is available?
- What is the match between what is needed and what is available? In other words, where are the gaps in service?
- What does it cost?
- What is the quality of the available care and education arrangements?

Major national studies have provided critical information about the system: Hofferth and colleagues' *National Child Care Survey*; the Cost, Quality and Child Outcomes Study report; the National Center for the Early Childhood Work Force's studies and the ongoing publications on child care from the US Bureau of the Census.

Child care is local. The types, amounts and costs of care available for families depend on where they live. Given that the system is non-managed, market-driven, and predominately private, this great variation is likely to continue. Understanding community characteristics of care is critical to decision-making in order to make optimal use of investments or to predict the impact of proposed policy changes, such as those embodied in welfare reform.

One of the benefits of the investment in child care resource and referral (CCR&R) as an infrastructure for this market-driven childhood care and education system is access to both quantitative and qualitative data on child care. In the states with state networks of the local community-based CCR&Rs this data is or can be merged to create a statewide picture. These constantly updated, detailed databases of the supply and recordings of conversations with parents which give depth to our understanding of the demand, are an invaluable asset. Community involvement in supply building and training initiatives provides a rich source of qualitative data about the characteristics of the system in the communities served. When this basic data is made accessible to decision makers through community and state partnerships, planning and policy can then be informed by solid data. Key partners in such endeavors include the CCR&Rs, a state network if it exists, the state's office of child care, the subsidy program and social science researchers.

Exciting examples of what happens when these partnerships are created give us models of the kind of community and statewide data collection, analysis and reporting systems that must be built. Maryland produces comprehensive community descriptions which include basic information about child care and how it relates to other key family support systems. Every two years Oregon produces *Estimated Child Care Needs*, a publication which describes the statewide child care and education system and profiles the system in each of its thirty-six counties. The Greater Minneapolis Day Care Association produced *Valuing Families: the High Cost of Waiting for Child Care Sliding Fee-Assistance*, which provided badly needed data on what happens to families who do not receive needed subsidies.

Solid planning and policy development are critical to efforts to build a childhood care and education system that will serve America's families. Quantitative and qualitative data by community is available through the system of community-based child care resource and referral agencies. Partnerships that bring together the CCR&R with the state office of child care, the subsidy system and researchers can develop structures to provide the basic data that is community-based, current, accurate and available on ongoing basis. Such data are critical to good planning and policy development.

Resources

Casper, L.M., Hawkins, M. and O'Connell, M. (1994). *Who's Minding the Kids? Child Care Arrangements Fall 1991. Current Population Reports P70-36*. Washington, DC: Department of Commerce, Bureau of the Census.

Greater Minneapolis Day Care Association (1995). *Valuing Families: The High Costs of Waiting for Child Care Sliding Fee Assistance*. Minneapolis, MN: Author.

Helburn, S. et al. (1995). *Cost, Quality and Child Outcomes in Child Care Centers, Executive Summary*. Denver, CO: University of Colorado.

Hofferth S., et al. (1991). *National Child Care Survey 1990*. Washington, DC: Urban Institute Press.

Kisker, E.E., Hofferth, S.L. and Phillips, D.A. (1991). *Profile of Child Care Settings Study: Early Education and Care in 1990*. Princeton, NJ: Mathematica Policy Research.

FAMILY CHILD CARE: A NATIONAL PERSPECTIVE

National Association for Family Child Care

America has become a society where everyone is expected to work, including families with young children. This is especially true given the demographics of American life as we approach the 21st century. According to the U. S. Census Bureau, 60 percent of all women with children between the ages of three and six are working outside the home. The demand for child care is increasing accordingly.

Family child care is the care of children in a home environment other than their own. Nearly half of the families that need child care for more than 10 hours a week use family child care. Parents choose family child care for a number of reasons. Among them are:

- Family child care providers promote the feeling of extended family and a home-away-from-home.
- Family child care usually provides the opportunity to keep siblings together during the day.
- Family child care usually offers a more flexible schedule.
- Family child care offers the closeness of a small group.
- Family child care fosters a child's attachment to one primary care giver.

The Study of Children in Family Child Care and Relative Care released in 1994 by Families and Work Institute found that in-home care is offered by three distinct groups of providers: regulated family child care providers, providers regulated by their states' licensing system; nonregulated family child care providers, providers not regulated and not related to the child or children; nonregulated relatives, providers who are nonregulated and are related to the child or children. The study also found that providers with higher global quality scores are those who are regulated.

While regulatory standards vary from state to state, the majority of states have minimal family child care regulations. According to The Children's Foundation's *1996 Family Child Care Licensing Study*, 29 states have exempt categories of care. For example, a provider may care for five or fewer children in her home and be exempt from regulation until the sixth child enters her program. It is also noteworthy that only 18 states have regulatory standards that require a home visit by a licensing representative. This is down from 25 states requiring a visit from licensing personnel in 1993.

Many states have undertaken regulatory reform projects at a time when families are increasingly requiring child care. There are some steps that states can take to facilitate an adequate supply of quality care for young children. State administrators are encouraged to fund family child care mentoring programs as these have proved effective in recruiting and retaining providers. Other programmatic helps would include start-up costs for providers, mini-grants for training, and providing help in establishing family child care associations and/or child care resource and referral agencies.

The National Association for Family Child Care (NAFCC) is the national membership organization serving the profession of family child care through its accreditation process, leadership training, and by increasing the resources available to providers through strong

family child care associations. NAFCC provides technical assistance to provider associations, resource and referral agencies, state administrators and others in the field of early care and education. NAFCC also collaborates with other national organizations to enhance the profession of family child care.

NAFCC has found that providers are best served by family child care associations at the local level. The Families and Work Institute study found that providers with higher global quality scores were those who seek out the company of others who are providing care and are more involved with other providers. Many associations have formalized support, training, and accreditation mentoring programs to involve providers.

FAMILY CHILD CARE SYSTEMS: A MODEL FOR EXPANDING COMMUNITY SERVICES

Child Welfare League of America

The Child Welfare League of America's *Standards of Excellence for Child Day Care Services* defines a family child care system as a formal network that supports "providers by offering training, technical assistance, monitoring, and other supports such as equipment purchasing plans, substitute alternatives for the child when the provider is ill, and access to child care food programs." Central administrative functions including the enrollment of children are the responsibility of the system. A contractual relationship exists between the family child care provider and the agency operating the system.

With the expected increased demand caused by welfare reform and continued growth in work family use of child care, agencies are facing the problem of lack of adequate, licensed space to operate their child day care programs. The development of a family child care system is an alternative to center-based care to help agencies build and expand the child care capacity in their communities. For family child care providers, systems also offer them an alternative and an opportunity to be part of a program that ends isolation and gives them support.

A December, 1994 General Accounting Office (GAO) report, *CHILD CARE: Promoting Quality in Family Child Care*, reports that "the demand for family child care is expected to grow given the welfare reform proposals that include education or job training requirements for more mothers of children receiving AFDC." The report cites the recent Families and Work Institute's *The Study of Children in Family Child Care and Relative Care* completed in 1994, which documents that a significant number of providers were giving inadequate care. The GAO report also cites other research that shows that quality child care is particularly important to poor children. A 1991 Child Trends study found that children in families on AFDC are nearly one-third more likely to suffer either from delays in growth and development, a significant emotional or behavioral problem, or a learning disability and have a greater need for more comprehensive and higher quality services than other children.

Families and Work Institute study found "that characteristics of quality go together". Providers are more likely to be rated as having higher global quality scores when they "seek out the company of others who are providing care and are more involved with other providers." One of the study's recommendations is for communities to explore the potential for developing family child care systems, with family child care homes as satellites to child care centers and other community agencies.

The Carnegie Corporation's *Starting Points: Meeting the Needs of Our Youngest Children* indicated that most family child care providers function in almost total isolation. They have little opportunity to share ideas, learn new skills, or receive support. One of the study's recommendations is to help establish networks that can end provider isolation and provide facilities, resources, and materials for professional development.

THE RESEARCH RATIONALE FOR A COMPREHENSIVE APPROACH TO INFANT/TODDLER CHILD CARE

*Zero to Three**

Findings from more than three decades of research in child and family development have taught us that the time from conception to age three is a critical period of human development, as change occurs more rapidly in this period than in any other part of the life span. Growth in these early years establishes the basic foundation for future development. For infants and toddlers to develop optimally, they must have healthy beginnings and the continuity of responsive and caring relationships. Together, these supports help promote optimal cognitive, social, emotional, physical, and language development. When these supports are missing, the immediate and future development of the child may be compromised.

The infant or toddler's relationships with important caregivers are critical for providing children with the support, continuity, and emotional nourishment necessary for healthy development. Within the context of caregiving relationships, the infant builds a sense of what is expected, what feels right in the world, as well as skills and incentives for cooperation, empathy, and self-control. A sense of pleasure and interest in exploration and learning also begins in infancy, provided the very young child experiences repeated, consistent positive interactions in relationships with caregivers.

The infant/toddler child care setting can be an important part of a network of healthy caregiving relationships for the young child and his or her family. When children, families, or whole communities are facing multiple risks to healthy development (including high prevalence of domestic and community violence), a high-quality infant/toddler child care setting can provide an "island of safety" where young children and families can be supported as they cope with the stresses in their lives, and where capacities for healthy development are protected. However, research has shown that high staff turnover, low staff wages, low-quality programming, and lack of adequate staff training negatively affect the quality of child-caregiver relationships. When this occurs, the child care experience can actually be harmful to the infant or toddler's development – an outcome that is particularly worrisome when young children are already at risk for poor developmental outcome because of constitutional factors or problems in the home caregiving environment.

The goal of many early child development programs is to enable the child, with the support of parents and other important caregivers, to establish a developmental path that will prepare him or her for long-term success. Research over the past three decades has shown that when programs focus on both child development and family development through early, high-quality, comprehensive, continuous, intensive services, opportunities for optimal child and family development can be realized, even for the most vulnerable children and families. High-quality infant/toddler child care programs, linked to self-sufficiency, maternal and child health, mental health, developmental, family preservation and support, and other appropriate community services, are a key component of a scientifically based comprehensive approach to meeting the needs of today's low-income families with infants and toddlers.

* Excerpted from *Statement of the Advisory Committee on Services for Families with Infants and Toddlers* (pp. 6-9)

COMPONENTS OF QUALITY IN INFANT/TODDLER CHILD CARE

Zero to Three

For substantial portions of every week, children under the age of three across America -- from families at every income level -- are in some form of non-parental child care. Since the 1970s, their number has tripled. As welfare rules change, child care providers and state administrators are bracing themselves for a surge in demand for infant/toddler child care.

Unfortunately, these new demands will be placed on a system that is already failing its current users. The 1995 Cost, Quality and Outcomes Study found that only 8 percent of the 225 infant/toddler child care rooms observed offered good quality care, while 40 percent of the total offered "less than minimal" care. Care by family child care providers or relatives does not guarantee quality. A 1994 study of children in family child care and relative care found that among 226 providers of family child care and relative care for children under 6, only 9 percent of the homes were rated as good quality, with 56 percent rated as adequate/custodial, and 35 percent rated as harmful to children's growth and development.

Providing good-quality child care for infants and toddlers is a challenge, but it is not a mystery. Parents, child development experts, administrators, and child care providers may use different terminology, but they agree consistently about the essential elements of quality care -- the child's safety, the communication between provider and parent about the child, and a warm and attentive relationship between the provider and the child.

In its 1995 publication, *Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice*, ZERO TO THREE: National Center for Infants, Toddlers, and Families outlined eight components in infant/toddler child care programs that are needed to support positive relationships between the infant and his or her family, between child and caregiver, between caregiver and family, and among adults in the child care setting.

1. **Promoting health and safety:** Achieving efficient health and safety policies and procedures requires: a) careful planning for food preparation and diapering/toileting; b) detailed documentation of the health records of children and staff and accurate reporting of injuries; c) staff training and supervision; d) daily communication between family members and caregivers; and e) knowledge of and collaboration with community health and safety resources.
2. **Serving infants and toddlers in small groups with high staff-to-child ratios:** Group size and ratios are both important for infants and toddlers. With high staff-to-child ratios and small groups, caregivers can build strong relationships with individual children and their families, including those from different cultures or with special needs.
3. **Primary caregiver assignments:** Assignment to every child in group care of a primary caregiver who will take principal (but not exclusive) responsibility for that child is strong evidence that a child care program takes seriously the importance of continuing, positive, individualized relationships between caregivers and children.
4. **Continuity of care:** Too many changes in caregivers can lead to a child's reluctance to form new relationships. To provide continuity of care for infants, toddlers, and their families, caregivers can be trained and encouraged to move with their infants to the "toddler room" or infant/toddler areas can be designed for flexibility, with staffing and

materials adjusted to meet children's changing needs as babies become mobile infants and then toddlers.

5. **Responsive caregiving/planning:** Responsive caregiving for infants and toddlers involves using daily caregiving routines and plans flexibly, adapting them to the moods, interests, and needs of the individual child and the group as a whole. The freedom to make choices about their activities encourages even very young children to think of themselves as competent learners and successful problem-solvers.
6. **Cultural, linguistic, and familial continuity:** The values and beliefs of families and the culture of their community are reflected in the most basic acts of caring for infants and toddlers -- for example, feeding, comforting, toileting, and playing. To provide cultural and family continuity, infant/toddler child care programs should, when possible, employ staff who are of the same culture and who speak the same language as the children served. All caregivers need to recognize their own cultural values, become aware of multiple perspectives on child rearing, and be open to the parent's point of view when there are differences.
7. **Meeting the needs of the individual within the group context:** Understanding the concept of temperament is critical to handling individual differences appropriately in the context of group care. Attention to the other components of quality infant/toddler care makes it possible to meet the needs of the individual infant or toddler, including children with disabilities or special health care needs.
8. **The environment:** The indoor and outdoor physical environment of the infant/toddler child care setting must meet the needs of both children and adults. Growing infants need comfortable, interesting surroundings that they can explore in safety. Adults need physical settings that let them carry out daily management tasks efficiently, supervise and interact with children easily, and work comfortably with other staff and parents.

The key to quality care for infants and toddlers is the quality of relationships in the child care setting. Although the highest quality group care for infants and toddlers may appear "natural" and almost effortless to the casual observer, in reality such quality requires initial and ongoing investment in the eight components listed above. All children -- but especially infants and toddlers -- need to be the focus of caring adults who are informed about the importance of positive relationships and who are trained and supported in the work of creating environments that nurture security and trust.

Resources

The Cost, Quality and Child Care Outcomes Study Team. (1995). *Cost, quality, and child care outcomes in child care centers*. Denver, CO: Economics Department, University of Colorado at Denver.

Galinsky, E., Howes, C., Kontos, S., & Shinn, M. (1994). *The study of children in family child care and relative care: Highlights and findings*. New York: Families and Work Institute.

Lally, J.R., Griffin, A., Fenichel, E., Segal, M., Szanton, E., & Weissbourd, B. (1995). *Caring for infants and toddlers in groups: Developmentally appropriate practice*. Arlington, VA: ZERO TO THREE: The National Center.

SCHOOL-AGE CHILD CARE

School Age Child Care Project, Center for Research on Women

Affordable school-age child care of good quality is a crucial component in strengthening the lives of our children, families, and communities. What children do during their non-school hours has a critical impact on school achievement and life success. According to the US Census Bureau, in 1991 an estimated 24 million school-age children needed care while their parents were working. Because school hours do not entirely overlap with the working hours of most parents, whether mothers or fathers, millions of children are left to face the world on their own every day after school. Despite the fact that school-age children today must cope with a far more complicated and challenging world than previous generations, it is often overlooked that schools are open for only about 20 percent of the waking hours of a child's life. Research shows that youth yearn for positive activities, but often find gym doors locked, school doors closed, and recreation programs full. It is during this time when school-age children make decisions about becoming involved with alcohol and drugs, premature sex, or gang-related activities. Staffed with caring and concerned adult caregivers, school-age child care programs offer children and youth the helping hand they need to succeed. They provide children with positive alternatives to life on the streets, a safe and nurturing environment, and activities to develop and enhance life skills. These skills--the ability to communicate, make decisions, solve problems, and make plans--help children learn in school, work with their peers and teachers, and become responsible adults.

The provision of quality care is important to parents, employers, and the community as a whole. Employers observe a drop in productivity around three in the afternoon, because the number of phone calls employed parents and their latchkey children make to each other. Many employers are beginning to recognize that by promoting school-age child care they increase their chances of having a motivated, productive workforce. Parents benefit from quality child care for their school-age children because they are not constantly distracted or preoccupied at work worrying about who is caring for their school-age children and whether they are safe. Finally, quality school-age child care programs help children become competent, productive members of our society.

When quality services are either not available or the costs of such services are out of reach of many families, children are often left on their own. Studies have found that children in self-care, especially those who spend substantial hours on their own or "hang out" with friends, face great risks. Such children are likely to have lower grades, poorer social adjustment, increased fears, increased restrictions on their social relations, greater susceptibility to peer pressure, and greater likelihood of using alcohol and illegal drugs than their better-supervised peers. There is also evidence that mothers of children in self-care are the most dissatisfied with their child care arrangements, have the most difficulty finding arrangements, experience the most absenteeism due to child care problems, and experience the most stress.

On the other hand, research indicates that children can benefit substantially from engagement with caring adults in an enriched setting. Research indicates that such children are likely to have better work habits, better peer relations, and better emotional adjustment than their peers. This is due in part to the fact that they spend their time in ways that promote their development; they spend less time watching television and more time in enrichment activities

and in one-to-one academic work with an adult. In addition, they are exposed to more learning opportunities. Studies comparing children in a variety of care settings, including quality programs, care by mother, care by another adult, and self-care have found that children enrolled in quality school-age programs have more advanced social, reading, and math skills. In addition, neighborhoods are made safer by keeping children off the street, where crime and violence are prevalent, since youth who are involved in organized, constructive activities are far less likely to be tempted by the pull of gangs or crime-related activities. If our children are to develop into responsible stewards of our community, they must be provided with a foundation of experiences that will help them succeed.

Not all children in self-care will become involved in anti-social activity, and not all programs are currently of high enough quality to enable children to reach their full potential. But unless increased investment is made in supporting children during their out-of-school time, parents, employers, communities, and society as a whole will bear an ever-increasing cost.

Developments policy-makers should watch:

The National Improvement and Accreditation System (NIAS) has been developed by the National School-Age Care Alliance and the Wellesley School-Age Child Care Project. It will result in improvements that will raise the level of quality in all types of school-age care programs. Higher-education initiatives in preparation and training of school-age and youth staff are also on the horizon, and state licensing standards should reflect this new emphasis.

MOST, Making the Most of Out-of-School Time, is an initiative of the DeWitt Wallace Reader's Digest Fund, and operates in three communities--Boston, Chicago, and Seattle. The goal of this \$6.5 million project is to demonstrate the capacity of three large urban communities to collaborate in assessing needs, planning across program types and service sectors, and sharing resources to address the out-of-school time of low-income children ages 5-14. In October, 1996, a rural version of MOST will be piloted in at least six communities affiliated with the US program of SAVE THE CHILDREN, which plans to expand this effort after the pilot year. Public and private funding of collaboratives such as these represent sound investments in the future leveraging of funds and other resources.

Public schools have increased their participation in hosting or providing school-age care programs during the past decade. Now at least one-quarter of all programs are located in schools. One advantage to school involvement is a more coherent educational program for children that does not stop at 3 p.m. but incorporates their out-of-school time in educational planning. States can enact legislation enabling school involvement and providing seed grants to schools for program start-up.

Resources

School-Age Child Care Project (SACCPProject)
Center for Research on Women
Wellesley College
Wellesley, MA 02181.
Tel.(617)283-2547
Fax.(617)283-3657
Website:<http://www.wellesley.edu/WCW/CRW/SAC>

Resources include The School-Age Fact Sheet, Spotlight on MOST, and ASQ Resource Manual. The Project provides training, technical assistance, consultation, and resource materials.

National School-Age Care Alliance (NSACA)

c/o AYS Services
4720 North Park Ave.
Indianapolis, IN 46205
Tel. (317)283-3817

NSACA is the national organization for school-age care professionals, with state affiliates in 35 states.

School-Age Notes

PO Box 40205
Nashville, TN 37204
Tel.(615)242-8464
Fax.(615)242-8260

School-Age Notes is a newsletter for the field, and distributes many other publications.

Search Institute

Thresher Square West
700 South Third St., Suite 210
Minneapolis, MN 55415
Tel.(612)376-8955
Fax.(612)376-8956

Resources on developing programs for youth based on developmental assets.

CHILDREN AT RISK OF ABUSE AND NEGLECT

Child Welfare League of America

Conditions for children and families in America continue to deteriorate. Escalating family poverty, unemployment, homelessness, isolation and despair, together with growing substance abuse and community and domestic violence, have greatly contributed to the dramatic increase in child abuse and neglect occurring over the past decade. In 1992 alone, nearly three million children were reported abused or neglected, an increase of approximating 150 per cent in ten years, leading to more and more children being separated from their families. By mid-1991, an estimated 600,000 children were living apart from their families in foster homes, juvenile detention centers, or mental health facilities. While out-of-home care is necessary and beneficial for some children and families, much more needs to be done at the community and practice level to prevent abuse and neglect and help families adequately care for their children.

Comprehensive child day care, incorporating child development, nutrition, health, and family services, can play a significant role in strengthening and supporting families. It strengthens and preserves families by addressing issues that place a family at risk, provides support for the child and family in time of crisis, and eases the transition of a child back to his or her family. Child day care promotes and supports family resources by enhancing, not replacing, family responsibilities.

Child day care may serve as a *preventive* service that can help reduce or eliminate social, emotional, or health problems that affect children and parents. It can assist parents with problems of child-rearing and family stress. Parents may participate in structured and unstructured activities designed to strengthen their parenting. The relationships that parents develop with staff members and other parents are important psychological and social supports.⁷ By actively promoting and encouraging the involvement of families and serving as an extended support system, child day care can make a significant contribution to the prevention of child abuse and neglect.

When developed as a preventive family resource and support service, child day care focuses on:

- ⇒ developing positive relationships with parents;
- ⇒ alerting parents to signs of stress in their own behavior;
- ⇒ providing parents with opportunities to identify and address issues such as alcohol or drug involvement;
- ⇒ providing parents with an understanding of child development;
- ⇒ providing opportunities for parents to become involved in the care of their children and in activities that maximize their children's development;
- ⇒ providing parents with opportunities to enhance their parenting skills;
- ⇒ communicating regularly with parents concerning the status of their children;
- ⇒ providing parent education;
- ⇒ modeling and teaching developmentally appropriate parenting practices; providing information about community resources.

At a more protective level, child day care can function as a safety net for a child when addressing issues and behaviors of parents that place children at risk of abuse or neglect. Child day care

⁷ Weissbourd, Bernice, "Family Resource and Support Programs: Changes and Challenges in Human Services," in *Families as Nurturing Systems: Support Across the Life Span*, New York: The Haworth Press, 1991.

provides an opportunity for early identification and intervention that can result in better outcomes for children and families and avert crises that could threaten family stability. Child day care providers are in a unique position to identify and respond early to disabilities, developmental delays, and signs of abuse and neglect.

Child day care as an element of family-centered casework services can build on parents' strengths by facilitating participation in classes and workshops that improve both parenting skills and parents' ability to respond to stresses that heighten the risk of child abuse and neglect. Staff can link families to other community resources and help parents marshal their own resources to access services and support. Child day care can provide a central location where parents can network with each other and offer mutual social and emotional support. Such support can diminish the sense of isolation many parents, especially young parents, encounter, and can be an effective buffer against stress, reducing a child's risk of maltreatment. For many families who are experiencing stress, quality child day care may be the most critical of all services. Few supplemental services may be required if quality child day care is readily available.

Part of the success of intensive family preservation services may be attributed to the ability of the caseworker to help family members access the resources and services they need. Particular attention must be paid to child day care and its relationship to these services because most families will require some level of additional support when the intensive intervention is complete. It is necessary to explore and develop strategies and collaborative models that combine short-term, intensive intervention and long-term access to quality child day care, ongoing support for the family, and support and assistance for the child day care program staff.

Early research has indicated that child day care, as a partner service to intensive family preservation services, can improve the physical, emotional, and developmental well-being of children and provide social and economic benefits for families at risk of disruption because of abuse and neglect. Current research findings suggest the need for child day care services should be assessed in every intensive family preservation referral that includes young children.⁸

Research further indicates that child day care outside of the home can be extremely helpful to children who have been physically or sexually abused. Child day care provides a safe and caring place for the child as parents learn how to cope with problems and alter their child-rearing behaviors. Child day care furnishes abused and neglected children with structured assistance to maximize their development and ability to engage constructively with caregivers and peers. Such experiences are particularly important because the aggressive and/or withdrawn behaviors associated with abuse and neglect may impair children's efforts to develop positive relationships and learn from stimulating environments.

In conjunction with intensive family preservation services, child day care can:

- ⇒ provide an untapped information and assistance resource as well as an often overlooked but vitally needed "wellness" perspective on the family.
- ⇒ offer, particularly in the form of therapeutic child day care, emotional support and therapy for a child who has already been seriously affected by family problems while the child remains in the family.
- ⇒ improve the developmental outcome for many drug- or alcohol-exposed children and provide an essential support to families coping with alcohol and drug problems or involved in treatment or

⁸Frankel, Arthur J., "The Role of Child Care Services in Intensive Family Preservation Services," *Intensive Family Preservation Services: An Instructional Sourcebook*.

recovery programs. Specialized child development services can reduce the developmental risks to these children.

- ⇒ through crisis nursery and respite care programs, give parents the opportunity to sort out problems while temporarily relieved of the care for children. Respite care can provide parents with opportunities to restore their physical and mental well-being so they can later meet the needs of their children successfully.

SERVING CHILDREN WITH DISABILITIES IN CHILD CARE

Child Care Law Center

Obtaining affordable, quality child care is challenging for all families, but it presents even greater challenges for those who have a child with a disability. Data compiled by the National Institute on Disability and Rehabilitation Research, based on 1992 data in the National Health Interview Survey, estimated that 6.1 percent of children and adolescents - approximately 4 million children - have a disability which was defined for this purpose to include any limitation in activity due to a chronic health condition or impairment. Among the more common disabilities are asthma and other respiratory conditions, but they can include virtually all conditions and impairments.

Some providers do not yet know that automatically denying services to a child with a disability is against the law. Others are willing to provide services but are concerned about their ability to make the necessary accommodations, their lack of training and/or the costs they may incur. Knowledge of the law as well as access to training and resources on inclusion will be necessary for child care programs to appropriately serve children with disabilities and avoid lawsuits.

The Americans with Disabilities Act (ADA), which was passed in 1990, is a broad civil rights law intended to eliminate the barriers which individuals with disabilities have long faced in securing services and employment. The ADA is administered and enforced by the federal Department of Justice (DOJ).

Under the ADA, both child care centers (except those operated by religious organizations) and family child care homes are considered public accommodations subject to the law. As a consequence, child care programs must develop nondiscriminatory eligibility criteria and must make reasonable accommodations. These reasonable accommodations include: modifying policies, practices and procedures unless doing so would fundamentally alter the nature of the program; providing auxiliary aids and services (special equipment or services necessary for effective communication) unless doing so would pose an undue burden (a significant difficulty or expense) or would fundamentally alter the nature of the program; and eliminating physical barriers if doing so is readily achievable (not very difficult or expensive).

Research has demonstrated that inclusive settings are of real benefit to both children with disabilities and those without. A number of programs have been developed which offer training and consultation to child care providers about successful inclusive practices. A representative sample includes:

- Child Care Plus from the Rural Institute on Disabilities in Missoula, Montana;
- the Inclusive Child Care Project of Texas, affiliated with the Texas Planning Council for Developmental Disabilities, Austin, Texas;
- Community Connections Project at George Washington, University, Washington, D.C.;
- Project Exceptional at Sonoma State University, Rohnert Park, California; and
- Partnerships for Inclusion at the Frank Porter Graham Child Development Center, Chapel Hill, North Carolina.

Curricular materials are also available from Eastern Washington State University and San Diego State University's Mainstreaming Project.

To provide appropriate settings for children with disabilities, those involved in the child care delivery system - from state officials to direct service providers - must be knowledgeable about what the ADA requires. A growing number of resources are available to provide training, consultation and technical assistance to child care programs to assist them in their efforts to serve children with disabilities.

Resources

The Child Care Law Center
22 Second Street, 5th Floor
San Francisco, California 94105
(415) 495-5498

The Child Care Law Center is a national resource on all aspects of the ADA as it impacts child care. The Law Center has developed a series of publications on ADA for child care programs and parents, conducts trainings for government agencies, child care providers and parents and works on ADA related policy issues.

The Arc
National Headquarters
500 E. Border, Suite 300
Arlington, TX 76010
(817) 261-6003

The Arc publishes All Kids Count: Child Care and the ADA, a resource manual funded by the Department of Justice which incorporates materials about the ADA and inclusion.

Eastern Washington State University
Center for Technology, Education and the Community
Paulsen Building, Suite 421
West 407 Riverside
Spokane, WA 99201
(509) 623-4244

Offers a set of videotapes and manuals on Child Care and the ADA, developed under a grant from the Department of Justice, which incorporates material on the ADA and inclusion.

US Department of Justice
Hotline
1-800-514-030122
(TDD) 1-800-514-0383

Provides counseling and technical manuals on compliance with the ADA, and accepts, investigates and enforces complaints filed under the ADA.

CULTURAL COMPETENCE

Zero to Three

Culture is a set of rules for behavior and a mechanism for containing and transmitting a family, group, or community's rules. One cannot "see" culture because one cannot see rules, but culture itself is a lens through which children – even infants and toddlers – view the world. Culture provides meaning for everything children encounter; their culture helps children define who they are and where they fit into the world around them.

Child rearing reflects the values and beliefs of families and the culture of their community. The most basic acts of caregiving – feeding, comforting, toileting, and playing – reflect the caregiver's own childhood experiences, cultural influences, and the caregiver's education and training.

Infants and toddlers absorb the culture(s) around them. Their experiences with caregiving routines and with the attitudes and reactions of others toward themselves, their parents, their clothes, their behavior – everything they define as "theirs" – will have an impact on how children define themselves. Their interactions with parents and caregivers, combined with their perceptions of the world around them, contribute to how young children begin to define their place in the world and their expectations of how the world views them. Children from minority populations in the United States are at least bi-cultural, in that they are absorbing elements of the culture of their home; the culture of the community, as they encounter it; and the culture communicated through popular media.

In the infant/toddler child care setting, every decision reflects a cultural value or preference – whether the decision involves daily routines, beliefs about how very young children learn, expectations about gender roles, or assumptions about how adults should resolve differences. Administrators and child care providers must realize that as they implement these decisions, they are transmitting specific cultural values to the children in their care.

Achieving cultural competence is a far-from-easy process. It involves becoming aware of, respectful of, and responsive to the culture of an individual, family, or community. In the context of infant/toddler child care, the process of developing cultural competence begins with the recognition that the family is the child's primary caregiver, and that continuity between home and the child care setting is essential for the child's well-being. The process continues with self-reflection, a skill that should be emphasized in caregiver training and on-going supervision. By exploring their own backgrounds, caregivers can learn to see the roots of some of their most basic child care beliefs and practices. In addition, child care providers and administrators should learn about the cultures of the children they serve, assess policies and practices that might demean a child's home culture, and address cultural diversity in staffing decisions.

To provide cultural and familial continuity, infant/toddler child care programs should, when possible employ staff who are of the same culture and who speak the same language as the children served. If this is not possible, asking family members to volunteer or recruiting volunteers from the community can prevent barriers and open communication. People who are from cultural backgrounds similar to the those of the children served should be involved in the process of assessing the cultural competence of program practices.

CHILD CARE AND FAMILY-CENTERED SERVICES

Zero To Three

Families with babies and very young children are usually just beginning their life as a family, while at the same time they are at the lowest point in their earning power. Because most parents have to work, good stable child care is needed. Good child care is hard to find and can cost families 20-30 % of their gross income.

Child care provider income is based on fees that these developing families can afford to pay. State, federal and other subsidies are usually constrained both by family income and rates charged by providers. Historically, public funding in America for child care has paid for child care services in order to help low-income families pay for the care of their children while the adults in the family work. These services have not, with few exceptions, focused on a child's developmental needs (other than minimal health and safety needs) or on providing educational, primary prevention, early intervention or treatment that particular children and families using child care might need or want. This is a major missed opportunity.

With everything we now know from research and practice on how children develop and learn; the importance of early social and emotional development, the role that responsive, caring relationships and safe, supportive environments play in a child's overall interest in learning and command of life – we need to stop ignoring the child care setting and start to use it to provide comprehensive child and family support services in a family centered manner.

Head Start (a federal program funding community-based programs) is a good example of a child development program that offers comprehensive services to children and their families. With the Early Head Start Initiative, which began in the fall of 1996, there is a focus on providing comprehensive services in a family-centered manner. While every Head Start funded program and child care programs not funded by Head Start vary in level, types and quality of services, Head Start's authorization for funding has always intended to fund programs to provide comprehensive services. Head Start programs have the foundation to do the work. Most other child care programs have not had this foundation.

A few, non-Head Start, child care providers (e.g., early care and education, child development, group care services) have sought other resources to provide comprehensive services directly or bring them to the child care setting so as to make it easier and more natural to meet the daily needs of the enrolled children and families. This means the child care program has had to seek, report on and manage dozens of additional sources of funds from public and private sources in order to supplement their work with children and offer services to families that they want and need. The program has to piece together the services that look comprehensive to a family, that will make up a menu from which families can feel free to choose. This may be parenting education or support, mental health for children integrated into the group care setting that benefits a particular child as well as the whole group of children, access to job training or actual job training, crisis intervention, emergency housing or substance abuse prevention services. The menu may include one or two services or many.

Child care centers, family child care homes, center-based Head Start programs and other forms of group care and education for children are natural settings for families to learn about

child development, parenting and other adult-related issues. With family members frequently in and out of child care programs, the programs should be welcoming to families, include a focus on the family and the family's culture and language, and be a source of information and support to them. The degree of stability, quality and comprehensiveness depends on the resources (funding and other resources); the training, interest and responsiveness (to children and their families) of the child care providers; the time and support available to them to learn more about what will work best for a particular child and/or family; and, most of all, the trusting and informed relationships built with the children, families and communities.

Offering family-centered services through child care programs or offering family-centered child care means different things to different people. This includes helping child care providers to become more family welcoming, to making sure that there is a focus on the family and that the family is involved in decisions about what their child is experiencing during the time they are in the program, to providing child, family and human development and support services in a family centered approach. A family-centered approach is both a goal and a process. The process requires a trusting, informed and responsive relationship between the child care provider or staff and the family member(s) so that the work between the staff person and the family is effective or useful to the family. It is also a goal. The goal is for the family to take charge of determining what it needs and wants most for themselves and their children. This is very different from how services have been offered historically. We have learned that segregated services (slices of professional services delivered to the child or to the family) are not that useful. Services need to be integrated, comprehensive and without penalty -- and they need the investment of the family. Most families are invested in their children; however, family involvement and interest must be cultivated at times. A natural place for this cultivation and effective support is in the child care program.

To embark on the road toward more family welcoming and, eventually, to family-centered services, policy makers and contributors to policy such as corporate and philanthropic leaders, parents, and child care providers should come together to discuss financing child care and family support and development services in a new way. A way that makes sense, not increases hardship, for families with young children, makes sense for the children, and makes sense for today's and tomorrow's economic and social well-being of the community and the nation.

A few recommendations to policymakers follow:

- Decide to rethink and redesign the existing, inefficient, costly system of child and family services.
- Begin now to invest in community-based comprehensive services using existing child care programs as a locus.
- Until the system is redesigned, assist child care providers by funding them adequately (not through a fee-based mechanism tied to the wages of low-income families) so that they have the time, skills, and support necessary to provide thoughtful, responsive and nurturing services to very young children and their families.

For a selection of further reading on family-centered services, please see material by the following authors: Carl Dunst, Ellen Galinsky, Sharon Lynn Kagan, Mary Lamer, Doug Powell, and Bernice Weissbourd.

PROFILES of Contributing National Organizations



The Center for Career Development in Early Care and Education

Wheelock College
200 The Riverway
Boston, MA 02215

Phone: 617-734-5200, ext. 211
Fax: 617-738-0643
E-mail: WHE_ADMIN@FLO.ORG
Web Site: [HTTP://ERICPS.ED.UIUC.EDU/CCDECE/CCDECE.HTML](http://ERICPS.ED.UIUC.EDU/CCDECE/CCDECE.HTML)

Primary contact: Andrea Genser, Executive Director

The Center for Career Development in Early Care and Education at Wheelock College was founded in 1991 to improve the quality of early care and education for children by creating a viable career development system for early childhood practitioners; and promote the definition of early care and education both as a professional field and as a field of study. Addressing the need for change in both policy and practice, The Center's technical assistance, training delivery, research, and information dissemination activities are designed to help states, local communities, and higher education institutions bring about systemic change to replace the currently fragmented training system with one which meets the needs of families, children, and the field.

The Center for Career Development is actively working with states and communities in a number of ways. Through our technical assistance initiative, *Partners in Change*, The Center is working in New Mexico, New York, West Virginia, and Wisconsin with teams of state government, higher education, and local training projects to identify barriers and create career development systems for their states. The Center is also working under contract with several other states on similar issues. In 1996, we launched the *National Career Development Network for the Early Childhood and School-age Field* to facilitate peer technical assistance, encourage communication between states, and bring resources to large numbers at once. The Center builds the capacity of child care leaders nationwide by offering intensive Advanced Seminars in Child Care Administration on campus and in many locations throughout the country.

The Center offers fee-for-service technical assistance to states and communities in a variety of ways: telephone consultation, document review, onsite meeting facilitation and participation, providing prototype documents from other states. We also develop, publish, and sell concept and planning papers on a variety of topics, generate research reports, and produce technical assistance documents designed to support state and local efforts in career development planning.

Child Care Action Campaign

330 7th Ave., 17th fl.
New York, NY 10001

Phone: 212-239-0138
Fax: 212-268-6515
E-mail: hn5746 @ handsnet.org

Primary contact: Barbara Reisman, Executive Director

The **Child Care Action Campaign** is a national advocacy organization that works for good quality child care for every child who needs it. **CCAC** does this by:

- raising awareness of the benefits to society of good quality child care and its relationship to healthy child development and success in school; family stability; and a strong national economy;
- mobilizing public opinion and resources to support policies to improve the quality, availability and affordability of child care;
- providing information about practical child care solutions to parents, businesses, community organizations, and government;
- engaging the private and public sectors in cooperative initiatives to solve the child care crisis.

CCAC is actively working in the states of: New York, Georgia, Wisconsin, New Jersey, Oregon, Ohio, Indiana, Florida, Texas, Connecticut, Missouri, North Carolina, Massachusetts, and Rhode Island.

CCAC offers support to states and communities in many forms: publications (some free); basic information by phone (free); information and interviews to media (free); media kit (free); audioconferences on welfare reform and other child care issues (free or nominal charge); media training and technical assistance available at cost or when funding available. Speakers are available on a wide variety of child care issues, including quality, financing, linking child care and education, welfare reform, involving parents, working with media (at cost if possible, or honorarium).

With financial support from grant funds, **CCAC** provides technical assistance on child care and education to Oregon and Ohio; research and technical assistance on welfare-related child care issues to New York, Georgia, Wisconsin and New Jersey; technical assistance and consultation on financing alternatives to Indiana, Florida, Texas.

The Child Care Law Center

22 Second Street, 5th Floor
San Francisco, CA 94105

Phone: 415 495-5498
Fax: 415 495-6734
E-mail: cclc@childcarelaw.com

Primary contact: Deena Lahn, Executive Director

The Child Care Law Center (CCLC) is a national nonprofit legal services organization founded in 1978. CCLC's primary objective is to use legal tools to foster the development of high quality, affordable child care - for every child, every parent, every community. CCLC works to expand child care options, particularly for low income families, and to ensure that children are safe and nurtured in care outside the home.

CCLC is the only organization in the country that focuses exclusively on the complex legal issues surrounding the establishment and provision of child care. CCLC offers:

- | | |
|-----------------------------------|------------------------|
| ⇒ legal services | ⇒ technical assistance |
| ⇒ policy analysis and development | ⇒ public education |
| ⇒ advocacy | ⇒ publications |
| ⇒ training | ⇒ trainings |

Through a generous grant from the Ford Foundation, until May of 1997 the **Child Care Law Center** will be able to provide brief technical assistance by telephone without charge to administrators, advocates, and members of the child care and legal services community on a wide range of welfare-related child care issues. (In depth consultations on site are also available on a fee for service basis.) We will provide legal analysis and will assess the impact of legal, regulatory, and policy changes, including illuminating the trade offs between various choices. Based on our experience working with several states, we will offer specific suggestions for designing aspects of a revised subsidy system, such as sliding fee scales, payment systems, and transitional assistance.

Publications in our ***Working for Change*** series are available for a nominal fee. Two new issues will be published within the next year. Issues currently available include:

- ⇒ *Helping Families Work: Alternatives to the Child Care Disregard* analyzes the problems with the child care disregard as a payment mechanism and makes recommendations for improving child care subsidies for families who work and receive AFDC.
- ⇒ *Child Care as Welfare Prevention* documents the critical link between child care and family self sufficiency.
- ⇒ *Child Care Advocacy: Making a Difference* outlines advocacy strategies, models and supports for the challenging times ahead and explains in accessible terms the legal parameters of child care advocacy.
- ⇒ *Recruiting Welfare Recipients for Child Care Work: Not a Panacea* discusses strengths and weaknesses of programs involved with recruiting welfare recipients for child care work.

Child Welfare League of America (CWLA)

440 First Street, NW, Suite 310
Washington, DC 20001-2085

Phone: 202-638-2952
Fax: 202-638-4004
E-mail: hn3898@handsnet.org
Web Site: <http://www.handsnet.org/handsnet2/cwla>

Primary Contact: Bruce Hershfield, Director, Child Day Care Services

The Child Welfare League of America is an association of almost 1,000 public and private nonprofit agencies that assist over 2 million children and families each year with a wide range of services, including child protection; family foster care and kinship care; adoption; family preservation and support; child day care; independent living services; residential group care; and teen pregnancy prevention and services for teen parents.

CWLA employs national experts in each of these areas to advance child welfare practice, consult with and train child welfare professionals, and help agencies provide the high-quality services families and communities deserve.

CWLA provides:

- ⇒ internationally recognized standards that define the highest level of practice in 11 areas of child welfare services
- ⇒ support for accreditation, ensuring peer review of agencies and success in meeting national standards
- ⇒ advocacy on Capitol Hill to promote federal laws and policies that help vulnerable children and strengthen child welfare services
- ⇒ original research and data
- ⇒ library and information services
- ⇒ professional publications, including books for adults and children, periodicals, videos and state-of-the-art training materials
- ⇒ expert leadership in child welfare services through consultations, training sessions, and conferences

Early Childhood Policy Research

HCR 1 Box 77, Honey Hollow Rd.
Climax, New York 12042

Phone: (518) 966-4198
Fax: (518) 966-5503
E-mail: awmitchell@aol.com

Primary Contact: Anne Mitchell

Anne Mitchell is president of **Early Childhood Policy Research**, a small independent consulting firm specializing in early education and child care policy research. She works with national non-profit organizations, foundations, community-based organizations and government to evaluate and improve child care/early education services and the policy context in which they function. Currently, she is evaluating the Miriam and Peter Haas Fund's Model Centers Initiative which seeks lasting and replicable improvements in the quality of child care centers for low-income children in San Francisco. Other projects include background research for the Pew Charitable Trusts on implementing child care grantmaking strategies and senior field consultant in various states (New York, Idaho, Indiana) for Wheelock College's Center for Career Development in Early Care and Education. From 1981 until 1991, she held various leadership positions at Bank Street College of Education where she co-directed the first national study of public schools as providers of programs for children under six; developed the Early Childhood Curriculum Project to create print and video materials for adults who work with children from infancy through age eight based on Bank Street's theory of developmental interaction; and founded the Early Childhood Leadership graduate degree program.

SELECTED PUBLICATIONS

- Mitchell, A. and L. Stoney (forthcoming). *Financing child care in the United States: An illustrative catalog of current strategies*. Philadelphia, PA: The Pew Charitable Trusts.
- Mitchell, A. (1995). *Head Start-State Collaboration Projects: A descriptive study with recommendations for the future*. Washington, DC: US Dept. of Health and Human Services, Head Start Bureau.
- Mitchell, A. (1994). *The Agency for Child Development and vouchers: An examination of quality promotion and efficiency*. New York: City of New York Human Resources Administration, Agency for Child Development.
- Mitchell, A., Keith H. and the Early Childhood Work Group (1993). *Moving toward a unified system of child development and family support services in Vermont: Report from the Second Annual Work Session*. Waterbury, VT: Vermont Agency of Human Services.
- Mitchell, A. W. and David J., Eds. (1992). *Explorations with Young Children: A Curriculum Guide from Bank Street College of Education*. Mt. Rainier, MD: Gryphon House.
- Mitchell, A. W., Cooperstein, E. and Lerner, M. L. (1992). *Child care choices, consumer education and low-income families*. New York: National Center for Children in Poverty.
- Mitchell, A. W. (1992). *Consumers and child care: An annotated bibliography*. New York: National Center for Children in Poverty.
- Mitchell, A. W., Seligson, M. & Marx, F. (1989). *Early childhood programs and the public schools: Between promise and practice*. Westport, CT: Auburn House/Greenwood Press.

National Association of Child Care Resource and Referral Agencies (NACCRRA)

1319 F Street, Suite 810
Washington, DC 20004

Phone 202 393-5501
Fax 202 393-1109
E-mail HN5018@handsnet.org

Primary contact: Yasmina Vinci

NACCRRA is the grassroots organization of over 500 community-based child care resource and referral (CCR&R) programs and state CCR&R networks. Its mission is to: (1) promote the growth and development of quality child care resource and referral services; and (2) exercise national policy leadership to build a diverse, quality child care system with parental choice and equal access for all families.

NACCRRA operates with a small, efficient staff, a working board of directors, and many task forces and work groups made up of CCR&R and other early care and education leaders. **NACCRRA** provides strategic leadership to the CCR&R field, conducts research, offers technical assistance, develops training curricula for CCR&R, holds an annual public policy symposium, disseminates public policy information, and sponsors seven annual regional conferences. **NACCRRA** is the single source of information about the key roles that CCR&R plays in early care and education across the states: consumer education, developing and maintaining child care databases, building the supply of child care, improving child care quality through training and technical assistance, and participation in community planning for child care.

NACCRRA, in partnership with its member agencies actively works in communities in California, Texas, New Jersey, New York, Pennsylvania, Massachusetts, Florida, Minnesota, North Dakota, Ohio, Washington and Vermont, Arizona, Arkansas, Colorado, Georgia, Illinois, Louisiana, Indiana, Kentucky, Michigan, North Carolina, Oklahoma, Oregon, Tennessee, Utah, and Wisconsin, on eighty community initiatives.

Support is available to states in many forms: publications, on-line information, telephone and on-site consultation, sessions at **NACCRRA** conferences. There may be costs associated with publications, and travel; special rates for conferences are available. Support covers a range of topics: child care resource and referral; consumer education; child care needs of low-income parents; supply building; support for professional development of providers; child care data collection by community and state; community planning for child care; public policy - implementation issues; integration of work, family and community.

National Association for Family Child Care (NAFCC)

206 6th Avenue, Suite 900
Des Moines, IA 50309-4015

Phone: 515-282-8192

Fax: 515-282-9117

Primary contact: Deborah E. Eaton

The **National Association for Family Child Care (NAFCC)** is the national membership organization dedicated to strengthening and expanding the more than 400 local and state family child care provider associations. These associations represent approximately one million family child care providers who care for more than four million children daily in the United States. The mission of the National Association for Family Child Care is to strengthen the profession of family child care. **NAFCC** facilitates their mission by the professional development of existing and emerging leaders; by administering a provider accreditation program; and by providing technical assistance to family child care associations.

NAFCC is actively working with family child care association leaders from all 50 states, with board member representation for all the states. Additionally, **NAFCC** has formed alliances with the Armed Services that represent over 13,000 family child care providers worldwide, providing an Accreditation program, training Accreditation Validators and providing technical assistance.

NAFCC administers a nationally recognized Accreditation Program for individual providers who wish to achieve standards of excellence. The current cost for family child care providers is \$225. **NAFCC** uses community and **NAFCC** representative Validators in the accreditation process. **NAFCC** representative Validators are trained by sponsoring family child care associations or community agencies. The current cost for Validator Training is \$800. **NAFCC** also makes available a series of leadership training for family child care association leaders. Costs vary for leadership training.

National Center for the Early Childhood Work Force (NCECW)

733 15th Street, NW Suite 1037
Washington, DC 20005-2112

Phone: (202) 737-7700
Fax: (202) 737-0370
E-mail: ncecw@ncecw.org

Primary contact: Claudia Wayne, Executive Director

The National Center for the Early Childhood Work Force (NCECW) is a nonprofit research, education and advocacy organization committed to improving child care quality by upgrading the compensation, working conditions and training of child care teachers and family child care providers. NCECW coordinates two major efforts to promote leadership and career advancement for teachers and providers: the Worthy Wage Campaign and the Early Childhood Mentoring Alliance. The Worthy Wage Campaign is a nationwide grassroots effort to empower ourselves to mobilize to reverse the child care staffing crisis. The Early Childhood Mentoring Alliance is a national forum for sharing ideas, information and technical assistance among mentoring programs and between child care teachers and providers.

NCECW is actively working with our membership of child care teachers and providers and advocates in virtually all 50 states, with several specific projects in California, Colorado, Massachusetts, Michigan, Minnesota, New England, New York, North Carolina, North Dakota, Pennsylvania, Washington and Wisconsin. Please call for details on their projects, which cover topics including compensation research; Leadership Empowerment Action Project (LEAP) services; voter education and registration efforts; and Worthy Wage Campaign activities.

NCECW is available for consultation on a variety of topics, including mentoring programs, leadership and advocacy development, voter education and registration, and research on child care turnover, compensation and quality. We conduct workshops on the issues listed above; in addition, we jointly lead courses in mentoring with Wheelock College. Our major publications include:

- ⇒ **Who Cares? Child Care Teachers and the Quality of Care in America: Final Report of the National Child Care Staffing Study**
- ⇒ **Breaking the Link: A National Forum on Child Care Compensation**
- ⇒ **Salary Improvements in Head Start**
- ⇒ **Valuable Work, Minimal Rewards: A Report on the Wisconsin Child Care Work Force**
- ⇒ **Mentoring in Early Care and Education: Refining an Emerging Career Path**
- ⇒ **The Potential of Mentoring: an Assessment of the California Early Childhood Mentor Teacher Program**
- ⇒ **Early Childhood Mentoring Programs: a Survey of Community Initiatives**

Please call for a publication list and further details on our fees for service and consultation. Ask about the Mentoring Curriculum, due out in the fall of 1996; and the Mentoring Institute in March of 1997.

National Women's Law Center

11 Dupont Circle, N.W., Suite 800
Washington, D.C. 20036

Phone: (202) 588-5180

Fax: (202) 588-5185

Primary contact: Nancy Duff Campbell

The National Women's Law Center is a non-profit organization that has been working since 1972 to advance and protect women's legal rights. The Center focuses on major policy areas of importance to women and their families, including employment, education, reproductive rights and health, family support and income security – with special attention given to the needs of low-income women. The Center works in several ways to improve the lives of women and their families: educating state, local and federal policy makers and members of the public about critical women's issues; building and leading coalitions; publishing analyses and reports; litigating ground-breaking cases and informing landmark Supreme Court cases.

The Center works with people, agencies and organizations nationwide on a variety of topics, including tax issues. Publications are available. Some are free; others carry a modest charge. Phone consultation is available free; on-site consultation can be arranged with reimbursement of travel expenses.

The School-Age Child Care Project at the Center for Research on Women at Wellesley College

106 Central Street
Wellesley, MA 02181

Phone: 617-283-2547
Fax: 617-283-3657
E-mail: mseligson@wellesley.edu

Primary contact: Michelle Seligson

The **School-Age Child Care Project**, called "a national force dedicated to improving the quality of life of school-age children, their parents, and their care givers" by Marian Wright Edelman, was founded in 1979. The SACCProject's mission is to improve the quantity and quality of school-age child care programs nationally through collaborative work with communities, individuals and organizations, and to raise the level of public awareness about the importance of children's out-of-school time. The SACCProject concentrates its efforts in four primary areas: research, education and training, consultation, and program development.

Current & Ongoing Projects

- *The MOST Initiative* --Making the Most of Out-of-School Time-- is a five-year, \$6.5 million initiative funded by DeWitt Wallace-Reader's Digest Fund to improve the quality and availability of school-age child care in selected communities throughout the nation, especially for low-income families.
- *Assessing School-Age Child Care Quality (ASQ)* is a self-study process that focuses on a team approach to incremental, ongoing change.
- The National School-Age Care Alliance (NSACA) joins the SACCProject in the development of a *National Improvement and Accreditation System* for school-age child care programs based on the quality standards outlined in *Assessing School-Age Child Care Quality (ASQ)*. A phased-in implementation of the system is planned for 1997.
- The study *"Children in Head Start and Transition Programs: Experiences During Out-of-School Time,"* examines the experiences of children in Massachusetts, Minnesota and California during the hours when they are not in school or Head Start.
- *"Changing Policy for Parents and Schools: Opportunities for Children's Out-of-School Time"* is a project to influence change strategies in public schools to involve public schools in improving the lives of children both in the classroom and out-of-school.

The SACCProject offers training workshops and institutes for individuals and groups interested in starting or improving school and community based school-age child care programs, such as the School-Age Child Care Leadership Institute, TeamsWork!, ASQ Quality Improvement Workshops, Public School Partnerships, and ASQ Advisor Training, which prepares local consultants to offer ongoing technical assistance in their communities. Work/Family Directions, in Boston, the American Business Collaborative, and state governmental agencies provide financial support for many workshops and training. Technical Assistance Papers, easily accessible guides on program start-up and operation for states and national organizations, and staff training and public awareness videos are available through the SACCProject Publications department.

Stoney Associates

10 Tillinghast Avenue
Albany, NY 12204

Phone: (518) 463-3677
Fax: (518) 463-0265
E-mail: lstone95@aol.com

Primary Contact: Louise Stoney

Louise Stoney is an independent consultant based in Albany, New York. She has helped many state and local governments to think broadly about their child care needs and resources, address a range of child care and early education policy concerns, and develop comprehensive early childhood care and education financing plans. Louise has worked with state administrators and advocates in the states of New York, Kansas, Iowa, California, Vermont, Connecticut, New Jersey, North Carolina, Illinois, Colorado, Pennsylvania, the City of New York, and the District of Columbia. In addition, she has published reports on a range of early childhood policy issues including the following recent examples:

Financing Child Care in the United States: An Illustrative Catalog of Current Strategies, by Anne Mitchell and Louise Stoney, forthcoming from the Pew Charitable Trusts and the Ewing Marion Kauffman Foundation.

"The Financing of Child Care: Current and Emerging Trends" by Louise Stoney and Mark Greenberg, from Vol. 6, No. 2 of The Future of Children, forthcoming from the David and Lucille Packard Foundation. Summer/Fall, 1996.

Financial Resources for Training Action Pack, forthcoming from the Center for Career Development in Early Care and Education.

Moving Forward: Future Directions For The Kansas Child Care Resource And Referral System, by Louise Stoney, Fredda Merzon, and Anne Mitchell, Kansas Department of Social and Rehabilitative Services. March, 1996.

"The Role of Accreditation in Public Policy" from NAEYC Accreditation: A Decade of Learning and the Years Ahead, edited by Sue Bredekamp and Barbara Willer, NAEYC, 1996.

"Toward Seamless Administration" by Robert Frawley and Louise Stoney, from Enhancing Early Childhood Programs: Burdens and Opportunities, edited by Douglas J. Besharov, CWLA Press and American Enterprise Institute. 1996.

Maximizing Funds For Early Childhood Care and Education Services in the District of Columbia, prepared for the D.C. Early Childhood Collaborative, July, 1994. (Written in collaboration with Helen Keith and Dennis Zeller.)

Child Care Reimbursement Rates and Their Impact on the Early Childhood Work Force, National Center for the Early Childhood Workforce, a working paper prepared for "Breaking the Link," a child care compensation initiatives conference, April 1994.

Promoting Access and Quality: Critical Steps in Conducting Child Care Market Rate Surveys and Establishing Rate Policies, prepared for the Children's Defense Fund. August, 1994.

Establishing Effective Certificate Programs: Issues for States, National Association of Child Care Resource and Referral Agencies, April, 1992. (Written in collaboration with Andrea Genser, Wheelock College, Boston, MA.)

ZERO TO THREE: National Center for Infants, Toddlers and Families

(formerly known as the National Center for Clinical Infant Programs)

734 15th St. N.W.

Washington, D.C. 20005

Phone: (202) 638-1144
Publications: (800) 899-4301
Fax: (202) 638-0851 (publications)
E-mail: ZEROTOTHRE@AOL.COM

Primary contacts: Beverly Roberson Jackson, Policy; Lynette Ciervo, Communications

ZERO TO THREE's urgent mission is to advance the healthy development of America's babies and young children. We strengthen and support professionals, policymakers and parents by:

- Increasing public awareness of the critical importance of the first three years of life;
- Fostering professional excellence through training and related activities;
- Inspiring tomorrow's leaders by identifying and engaging promising young professionals;
- Promoting the discovery and application of new knowledge, model approaches and "best practices" concerning early childhood development;
- Stimulating effective service approaches and responsive policies; and,
- Educating parents and other caregivers about significant differences they can make in the lives of babies and young children.

ZERO TO THREE is actively working with policy makers and child advocates through our Heart Start Campaign in: Florida, Massachusetts, Illinois, California and Texas. Our management of the Early Head Start Resource Center enables us to cover most of the rest of the country.

ZERO TO THREE provides information on infant and toddler needs to parents and caregivers. For state administrators we provide information on the importance of quality early childhood settings. In addition we conduct a yearly National Training Institute for professionals across disciplines, provide on-site consultation services on a fee-for-service basis and publish a range of publications.