Quality Improvement in Home-Based Child Care at the State, Community, and Agency Levels
CCEEPRC Plenary March 2, 2017
Overview

• Presentation 1: State/Territory initiatives to support quality improvements for family child care providers

• Presentation 2: Examining quality of support to home-based child care; agency and provider perspectives on approaches to quality improvement

• Presentation 3: Building a coordinated system of support for family child care
State/Territory Initiatives to Support Quality Improvements for Family Child Care Providers

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Methodology

- **Review of State/Territory documents:**
  - State and Territory Child Care Development Fund (CCDF) plans, FFY 2016-2018
  - FY2014 Quality Performance Reports

- Focus on reported efforts of States/Territories to support quality improvement for FCC providers.
- New rule puts emphasis on supporting quality.
- CCDF plans provide broad look at states’ efforts prior to implementation of the new rule.
• FCC Home/Program: one individual, providing child care services for fewer than 24 hours/day/child, in a private residence other than the child’s (source: FY2014 QPR).

• FCC Network: an agency or organization with paid staff that offers supports and professional development to FCC providers over time.
  • States may have their own interpretation/definition of FCC Networks.
FCC Networks are one strategy used to increase quality and supply of child care.

### Children who receive care during non-traditional hours

- Strategies states/territories use to increase quality and supply of child care during non-traditional hours:
  - FCC networks: 14%
  - Grants and contracts: 13%
  - Startup funding: 11%
  - Technical assistance: 41%
  - Recruitment of providers: 32%
  - Tiered payment rates: 25%
  - Other: 30%

### Homeless children

- Strategies states/territories use to increase quality and supply of child care for homeless children:
  - FCC networks: 9%
  - Grants and contracts: 20%
  - Startup funding: 5%
  - Technical assistance: 43%
  - Recruitment of providers: 30%
  - Tiered payment rates: 11%
  - Other: 29%
States/Territories are more likely to use FCC Networks to support infant/toddler care compared to other select populations.
80% of States/Territories provide financial supports to FCC providers for quality improvement

- 27 states provide both one-time and ongoing financial support
- 11 states provide ongoing financial support
- 12 states provide one-time financial support
- 6 states provide no financial support
82% of States/Territories require FCC providers to complete pre-service training.

- 12 states: Pre-service/orientation training not required
- 10 states: Less than 15 hours
- 15 states: 15-30 hours
- 14 states: 31-60 hours
- 5 states: Unspecified number of hours
71% of States/Territories have the capacity to include FCC providers in their registry
Summary

- States/Territories use a range of strategies, (e.g., FCC Networks) to build supply and quality.
- More information is needed to understand:
  - How States/Territories use these various strategies to support quality improvement for FCC providers
  - Which strategies are most effective at meeting the unique needs of FCC providers
- Findings suggest there are opportunities to help states bolster efforts to include FCC providers in registries.
THANK YOU

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Building a Coordinated System of Support for Family Child Care:
Using Research to Inform Practice

Toni Porter and Juliet Bromer

Funded by the William Penn Foundation
Impetus

• Two-year evaluation of a Philadelphia Family Child Care Network to identify future directions
• 2014 Child Care Development Block Grant re-authorization
• The supply of home-based child care in Philadelphia
Methods and Process

• Review of Philadelphia family child care licensing and QRIS data
• Family child care network evaluation
• Semi-structured interviews with Philadelphia child care agency stakeholders
• Two meetings of Philadelphia agency stakeholders that provide services to home-based child care providers
Meeting 1: Mapping Services

• Target population: FCC, FFN, QRIS, non-English-speakers
• Visits to providers’ homes: pre-inspection, licensing, QRIS, Head Start/EHS, CCAFP, other
• Networking opportunities: peer support groups, cohorts
• Training and PD: workshops, CDA, scholarships
• Materials and Equipment
• Other: business supports, accreditation
### Meeting 1: Mapping Services

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<thead>
<tr>
<th>Target Population</th>
<th>Agency</th>
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<td>Licensed family child care</td>
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<td>Family, friend, &amp; neighbor</td>
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<td>STARS providers</td>
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<td>Non-English speakers</td>
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<td>Inspection visits to provider homes (pre-licensing/ licensing renewal)</td>
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<td>Keystone STARS Coach visits</td>
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<td>Early Head Start/ Head Start visits</td>
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<td>Child Care &amp; Adult Food Program visits</td>
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<td>Licensing/ Certification visits</td>
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<td>Other mentoring/coaching/ consultation visits</td>
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<td>Provider cohorts</td>
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<td>Peer support groups</td>
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<td>CDA for FCC</td>
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<td>One-time workshops</td>
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<td>Workshop / training series</td>
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<td>Scholarships, financial aid for training/education</td>
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<td>Health and safety equipment/materials</td>
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<td>Learning materials and equipment</td>
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<td>Mini grants</td>
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<td>Help with college degree attainment</td>
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<td>Accreditation support</td>
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<td>Referrals to other organizations</td>
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<td>Telephone assistance/ warm line</td>
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<td>Administrative help with regulatory systems and procedures</td>
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<td>Help with business practices and start up</td>
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<td>Mailings</td>
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Meeting 1: Identifying Strengths

• Well-qualified staff with deep content expertise
• Stable fiscal management with efficient use of funding
• Track record of success
• Innovative program development and emerging efforts to support FFN caregivers
• Responsive policy environment
Meeting 1: Identifying Challenges

• Limited staff capacity and funding

• Building trust with providers

• Supports needed for non-English-speaking providers

• Clarifying initiative goals

• Lack of data sharing across agencies
Meeting 1: Collaboration Strategies

- Strategic partners to seek funding and collaborative funding strategies
- Cross-agency referrals to trainings & referrals for business start-up support
- Regular consistent gatherings of strategic partners
- Need to develop a continuum of services
- Help every organization become involved in advocacy efforts
Meeting 2: Operationalizing Collaboration: The Referral Continuum: Existing Services

**PRE-LICENSING/CERTIFICATION**
- Screening for job fit (telephone pre-assessment)

**LICENSING/CERTIFICATION START-UP**
- Government agencies: health/fire safety visits, certification visits
- **Not-for-profits**: home visits, TA, start-up equipment and materials, CDA
- **Union**: required 6 training hours, CDA
- **Independent consultant**: training on licensing

**LICENSING/CERTIFICATION SUSTAINABILITY**
- Government: customized resource and referral/home visits
- **CCR&R**: tiered reimbursement

**QRIS Level 1**
- “Move-Up Momentum”

**QRIS Level 2**
- TA cohorts/peer mentoring/home visiting

**QRIS Level 3**
- ACCREDITATION Support/peer mentoring/home visiting

**QRIS Level 4/HEAD START**
- Mentor
Meeting 2: Operationalizing Collaboration: The Referral Continuum: Gaps in Services

**PRE-LICENSING/CERTIFICATION**
- Pre-inspection Visits for FN caregivers
- Supports and Services in Languages Other than English

**LICENSING/CERTIFICATION START-UP**
- Supports and Services in Languages Other than English
- Business Practices/Start-up
- Workshop Series
- Support Groups

**LICENSING/CERTIFICATION SUSTAINABILITY**
- Supports and Services in Languages Other than English
- Workshop Series
- Support groups

**ENTRY TO STARS**
- STARS 1
- STARS 2
- STARS 3/Accreditation
- STARS 4/HEAD START
  HS/EHS Child Care Partnerships
Implications

Research:

• Understanding the QI services landscape from a wide range of perspectives
  • Systems level
  • Agency level
  • Staff level
  • Provider level
• Identifying impetus for change
Implications

Practice:

• Providing opportunities for honest, open, safe shared understanding of service delivery among stakeholders (Joint Services Mapping)
• Viewing QI through the provider lens (The “Referral Continuum”)
• Building a community-wide coordinated agency approach for supporting family child care as an alternative to a single-agency model (Joint Theory of Change logic model)
Discussion

Themes:

1. How do we, and how should we, think about strategies?

2. Need to define our terms

3. Need new models that expand how we measure QI strategies for FCC providers