

Title Supporting Family Choices in Home-Based Child Care

Moderator: J. Lee Kreader, Ph.D. Director, *Research Connections*, National Center for Children in Poverty, Columbia University

Alice Womack, State Child Care Administrator, KS

Toni Porter, M.A., dIR Bank Street College of Education

Jean Layzer, Researcher and CCPRC Member, Belmont Associates

Michael Jett, State Child Care Administrator, California

SUMMARY OF PRESENTATION

Jean Layzer

- The neighborhood sub study was a national study examining child care for low income families. 640 families participated in the study. The study was not representative.
- Almost all people who used family child care new the provider before care began. The parents said that it was important that the provider was supportive of their child. The parents weren't concerned about the learning environment.
- Half of the parents believed that their children watched too much TV.
- It was important for the parents to have a close relationship with provider.
- When observing the providers in their homes, about 40% of homes had a television that was continuously on – both relatives and non-relative providers.
- Providers were engaged with children, encouraged them to play.
- More than a third of children in family child care were involved in routines. We didn't see many learning activities. Only a third of the children were observed reading. Usually saw at least one child watching TV.
- A small proportion of children moved to center care during the study. We saw an increase in learning and fine motor activities while attending center based care. It was rare to see a television on.
- Conclusion. These homes met needs of parents whose work schedules were irregular. The majority of mothers were not working regular hours (9-5). 90% of mothers worked these irregular hours. The advantages of family child care were the trust and relationship between parents and providers. Family child care provided a stable provider, but did not offer the experiences that researchers view as important

Toni Porter

- In a 35 state survey, individual child care providers were the primary target population in 48% of initiatives. There were different types of providers -- regulated center teachers or family child care providers (85%) and family friend and neighbor care (37%).
- In a 48 states survey the primary target population was family friend and neighbor care.
Distinguishing features of care
- Regulated family child care – subject to regulatory requirements, subsidy

- requirements, operate business; work with children; stay at home
- Family friend and neighbor care – exempt from regulatory requirements, subsidy requirements, help out family; keep children with in family; help children learn
 - Regulated family child care providers issues are – isolation, relationship with parents (not picking their children up on time), low earnings
 - Family friend and neighbor care providers issues are – isolation, relationship with parents (problem – feeling like they are being taken advantaged of, problems imbedded in family issues), services to meet their needs

Common strategies – training and TA, home visiting, resources, early head start, tiered strategies, CACFP

Different strategies– Regulated family child care (family child care networks, career development, accreditation, quality rating); Family, Friend, and neighbor care (support groups, family interaction programs, parent education/family support)

Emerging Models

- Linking home-based caregivers to Pre-K
- Integrated family, friend and neighbor care in career development systems
- Unionization for home-based providers

Policy issues – major issues

- Honoring parent choice – disconnect in how much money is given to different types of providers
- Improving quality across all settings – going to exclude a lot of care. I'm not sure how to address this issue. How do you ensure family friend and neighbor care is providing quality care.
- Evaluation of results – there is not much evaluation across the board.

Alice Womack

- The types of child care provided in Kansas are: centers, family child care providers, group homes, relative providers, in-home providers
- Licensing regulations in Kansas apply to: centers, family child care, group homes. Family child care homes have to register themselves. Providers that are legally exempt from licensing or having to register are: relative, in-home, some schools.
- Family care is legal only if a grandmother, grandfather, sibling, or aunt/uncle is looking after the child.
- Family friend and neighbor care is illegal in Kansas. Subsidy dollars are not allowed to support this type of care.
- Child care subsidies can be provided to child centers, family child care (licensed or registered), group homes, relative care, in home
- Kansas supports training of their providers and has gotten funding to increase the number of infant toddler specialists who will be sent out into the field.
- Kansas rates both family care and center care on quality. The provider is prepared for their rating visit, given an initial rating, given a quality improvement plan, coached to meet improvement goals, and funds are made available for their

program enhancement.

- Kansas also has Kansas Early Head, Kansas pre-kindergarten pilots, and EBT payment
- The Relative provider pilot project was just funded. Kansas was given \$75,000 funding for two pilot studies. The goal of this model is that it can be replicated statewide. Previous research on this topic was used to get this grant. The project will be run by two contractors who will offer training, technical assistance, support groups, and incentives for providers to participate. The contractors will do pre and post assessments
- Upcoming initiatives – EHS Family support model pilots, economic impact study, business development

Michael Jett

- *We were running out of time so he presented very quickly*
- Presented an overview of the major child care projects that are being run in California.
- Programs are in place to help providers and encourage provider development. California has workshops both in English and in Spanish. Licensed providers are required to complete 15 hours of Pediatric health training. California also provides professional development class.
- California is adapting pre-kindergarten learning and development guidelines to home based settings.
- California exempt care training is based off 4 different modules.
- Many of his points were similar to those of the previous presenters.

SUMMARY OF DISCUSSION

- Is unionization an option? Would providers be interested in participating in unions? Miami Dade has funded an organization that would form networks for both center and family based providers. Miami Dade has set up a system where they are trying to provide Health insurance to all providers. However, this seems to be impossible.
- Take home message – the community needs to look into unionization issues

KEY POINTS

- 1) There is a range of different types of Home-Based Care
- 2) The type of care relatives give is distinct from those home-base providers who are not relatives
- 3) It is important to provide support within home-based care. Kansas and California gave examples of different projects that they are trying in their state.
- 4) We need to continue examining unregulated providers
- 5) Research needs to design a way to evaluate the effectiveness of home-based care
- 6) Research needs to examine what the impact of unions will be. We need to examine quality, as well as the willingness of providers to participate in the system