



# **REPORT OF THE BUILD TASKFORCE ON QUALITY IN REGULATION EXEMPT CARE SETTINGS**



## **Recommendations to Promote Quality in Pennsylvania Regulations Exempt Child Care Settings**

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Pennsylvania Departments of Education and Public Welfare  
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## **EXECUTIVE SUMMARY**

This report of Pennsylvania BUILD's Task Force on Quality in Regulation Exempt Child Care Settings provides seven recommendations directed to the Office of Child Development and Early Learning to implement. Developing a concrete strategy for regulation exempt child care will assist the Commonwealth in its goal of meeting the early childhood needs of all children. The recommendations are based on:

- Review of best practices in other states and research information
- Feedback from a group of regulation exempt experts in Pennsylvania and Nationally,
- An analysis of current programs serving children in informal care and regulated care settings across the nation.

### **Focus Area 1: Statewide Implementation Recommendations**

- 1.1 Create Early Learning Standards Implementation Guide for Regulation Exempt Providers
- 1.2 Develop Communications Campaign directed towards regulation Exempt Providers
- 1.3 Expand Professional Development System to support needs of Regulation Exempt Providers

### **Focus Area 2: Local Implementation Recommendations**

- 1.1 Assure efforts to assess regulation exempt provider needs
- 1.2 Develop Professional Networks with Regulated Child Care System
- 1.3 Develop Local Leadership Networks

### **Focus Area 3: Potential Funding Partners**

- 1.1 Engage, educate and solicit funding community

## **I. Background on the Office of Child Development and Early Learning and Pennsylvania BUILD**

The Office of Child Development and Early Learning (OCDEL), established in 2004, is a joint office between the Pennsylvania Departments of Education and Public Welfare and focuses on creating opportunities for the Commonwealth's youngest children to develop and learn to their fullest potential. It was important to bring together early learning programs under one auspice and ensure that funding was used in a uniform manner to guarantee the longest reach and highest quality. By developing an effective early childhood education system with high standards for programs and professionals, supports to meet these standards, accountability and community engagement, OCDEL is helping our children, families, teachers and communities reach their promise. Parents, schools, child care providers, Early Intervention, Head Start, libraries, community organizations, and other stakeholders have joined with the Office of Child Development and Early Learning to provide high quality early childhood programs and effective family support programs to address challenges faced by families that affect school readiness and academic success.

The Office of Child Development and Early Learning strives to build a strong foundation for children, starting at birth, through the establishment of a quality education continuum from birth to five. The success of our efforts today will translate into a brighter future for tomorrow, with citizens who are strong, independent, and well-prepared.

OCDEL is supported in its work through the national BUILD Initiative. The Build Initiative is designed to help states build a coordinated system of programs, policies, and services that: responds to the needs of families, carefully uses public and private resources, and effectively prepares young children for a successful future. Pennsylvania is one of five states selected to participate in this national initiative. Over the last five years, Pennsylvania has proven itself a national leader in its investments and system building in early learning. The creation and expansion of programs has been the focal point for the early learning systems work.

Pennsylvania built an *Early Learning System* that ensures high quality early learning strategies are in place across all early learning settings. The focus of Pennsylvania BUILD is on infrastructure. Through the Pennsylvania Build initiative, the Office of Child Development and Early Learning created a theory of change revolving around several elements of the system to support effective outcomes for young children.

**Chart 1** demonstrates how the five elements of systems building ensure positive outcomes for children, families and communities.

**Chart 1:** Pennsylvania Early Learning System Building



Many changes have been stimulated to better serve Pennsylvania’s young children since the creation of the Office of Child Development and Early Learning. For example, since that time, OCDEL has

- Established Early Learning Standards
- Moved Keystone STARS from a pilot to a statewide system
- Created the Early Learning Keys to Quality System
- Implemented Pennsylvania Pre-K Counts
- Implemented Head Start Supplemental
- Developed an Early Childhood Education Career Lattice
- Created a coordinated management structure for the Early Intervention programs, both 0-3 and 3-5
- Tapped Medical Assistance funding to help support the Nurse Family Partnership Program
- Moved to an automated method for supporting child care certification

To learn more about the national Build initiative, visit <http://www.buildinitiative.org>.

To learn more about Pennsylvania Build, contact:

Office of Child Development and Early Learning  
Pennsylvania Departments of Education and Public Welfare  
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Visit: [http://www.pde.state.pa.us/early\\_childhood/cwp/view.asp?a=323&Q=123994&early\\_childhoodNav=10707](http://www.pde.state.pa.us/early_childhood/cwp/view.asp?a=323&Q=123994&early_childhoodNav=10707)

## II. Rationale for Developing a State-wide Strategy

Pennsylvania has proven itself a national leader in system building and its investments in early childhood education and care over the last five years. These strategic investments have helped raise national attention on the importance of focusing on the nation's youngest and most vulnerable children. Quality early learning is crucial to young children's intellectual, social and emotional development and leads to long term academic success. Research studies have long stressed the importance of quality early learning experiences and states are beginning to take ownership of systems development. The Commonwealth has made a commitment to ensure that all children, especially our most vulnerable children, have access to high quality early learning experiences.

OCDEL's strategic plan focuses on the early learning needs of children between birth to five in all learning environments. The efforts to date have focused on program development and expansion with a primary focus on young children receiving services in the regulated early learning system. In order to keep Pennsylvania's Promise to **ALL** Children, OCDEL has begun the process of delving deeper into the unregulated child care system to identify strengths and areas for support. OCDEL highly respects parental choice and recognizes that the unregulated care system provides services to families with young children as well.

Unregulated care is utilized for a variety of reasons. As noted in national parent focus group, cost, location, available hours, personal and cultural preferences are some of the many reasons parents choose this type of care. The cost of unregulated care is often significantly lower than the average cost of regulated child care. The hours available for care can accommodate families with atypical work schedules (shift, overnight, etc.). Some families' and professionals believe that the unregulated care system better meets the needs of immigrant and English language learning communities. Education researchers note that unregulated care is often of poor quality and does not figure prominently in helping to prepare young children for success in school.

Determining the number of regulation exempt caregivers in Pennsylvania is difficult. Based on the birth cohort data, there are over 727,000 children under five living in the Commonwealth. There are approximately 300,000 children state-funded programs with close to 23,000 children in the unregulated care system using child care subsidy. Sixty-two percent of women with children under 3 years are in the Pennsylvania workforce. Based on these data there are a significant number of children who receive care outside of the known early learning programs. It is the natural assumption that a majority of these children are receiving child care from the unregulated system.

OCDEL can identify unregulated caregivers that participate in the Child Care Works subsidy program. Many other children whose parent use regulated exempt care are not served through this system. In order to create and sustain a successful support strategy, a public-private partnership is necessary. Community based organizations, foundations, health institutions, universities and other key stakeholders must work in tandem to achieve Pennsylvania's promise to its children. Accountability strategies are needed in both the regulated and unregulated care giving settings. Pennsylvania has much success through the Keystone STARS and Pennsylvania PreK Counts programs and will continue in the quest to equalize and support all types of educational settings. OCDEL can continue its leadership by including a focus on the needs of the unregulated caregiving community.

### III. Background Research

In this section, we highlight the emerging research literature on child care that is exempt from regulation to provide a context for the specific recommendations made by the committee. This includes research on the characteristics of regulation exempt caregivers, their motivation for providing child care, what is known about quality in regulation exempt settings, and the challenges and needs expressed by regulation exempt caregivers. We will also review recommendations for best practices in designing strategies to support regulation exempt caregivers. Interventions for regulation exempt caregivers only burgeoned in the last several years (Porter, Rice & Rivera, 2006) so it is premature to expect experimental research-based evidence to support best practices

#### *Who are regulation exempt providers?*

Although a seemingly easy question, its answer is complicated by the myriad of terms that are often used interchangeably to describe regulation exempt caregivers such as kith and kin, home-based or informal caregivers, or family, friend, and neighbor providers. From a regulatory point of view, perhaps the easiest way to define such caregivers is to consider them synonymous with legally exempt providers.

*Note: In Pennsylvania, a legally exempt provider is defined as any home-based provider that is providing child care for three or fewer children or a total of six children with a combination of grandchild and up to three unrelated children.<sup>1</sup>*

It is important to keep in mind, however, that every state sets its own definition of who is regulated and who is not, and the content of what is regulated also varies from state to state. A survey of state policies by Porter and Kearns (2005) revealed wide variation among states in definitions of legally exempt providers. Relatives are exempt from licensing –which Pennsylvania calls certification or registration--in all 50 states, but what constitutes a relative can vary by states. There is even greater variation in licensing requirements for those who provide care in their homes, with some states requiring all non-relative providers who care for children to be licensed and others defining the legal limits according to the number of children in care, the number of families who rely on the caregiver and/or the amount of time the children are in care. Finally, the requirements for eligibility to care for subsidized children differs widely across states which also contributes to variations even just among those regulation exempt caregivers participating in the subsidy system.

Regulation exempt caregivers are a significant part of the overall population of child care providers. Nationally, it is estimated that regulation exempt caregivers represent nearly 2/3 of the child care workforce (Schulman & Blank, 2007). Among paid workers caring for children under five years old, it is estimated that nearly half (48%) are regulation exempt providers (Brandon, 2005).

Because of the variations in what defines regulation exempt caregivers across states and in how researchers have defined them for purposes of data analyses, it is important to be cautious in over-generalizing results regarding regulation exempt caregivers to other populations, such as those in Pennsylvania. However, studies of regulation exempt caregivers (e.g. Anderson, Ramsburg, & Scott, 2005; Brandon, Maher, Joesch, & Doyle, 2002; Brandon, 2005; Chase,

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<sup>1</sup> Further complicating matters, local governments in Pennsylvania can impose zoning requirements which effectively limit the number of children cared for to even smaller numbers.

Arnold, & Schauben, 2006<sup>2</sup>; Chase, Arnold, Schauben, & Shardlow, 2006<sup>3</sup>) suggest some characteristics are common in this population:

- Most regulation exempt caregivers are relatives; the large majority of these relatives are grandparents.
- In samples of regulation exempt caregivers drawn from the community at large, the majority, especially relative caregivers, are not paid. Of those caregivers that are, those paid those receiving public subsidies are a small minority.
- Most provide care for 1 or 2 children.
- Regulation exempt caregivers are much more likely than other types of child care to provide care during nontraditional hours, with estimates as high as 70% or more offering care during some nontraditional time such as evenings, weekends, early mornings, or nighttime.
- On average, they provide close to 20 hours per week of care; approximately 25% provide full-time care. Those receiving payment through a child care assistance program are much more likely to work full-time and provide care, on average, over 35 hours per week.
- At least half have provided care in their current arrangement for a year or more.
- A significant minority (15% or more) provide care to a child with special needs. This estimate may be higher for caregivers participating in a child care assistance program.
- They represent a wide range of ages, educational backgrounds, incomes, and ethnicities though they are more likely to be lower-income, have less formal education, and be people of color than the general population they are drawn from. Those caregivers who are participating in a state child care assistance program are likely to be low income themselves.
- The majority (approximately 60% or more across samples) possesses little formal training or education in ECE, but those that participate in child care assistance programs usually have more than those that do not.
- Most are likely to have relationships with child and family that precede and extend past the care giving arrangement. i.e. members of the same community, church, social network, etc.

The diversity among regulation exempt providers, both between and within states, presents a challenge to developing support strategies. Clearly, no one-size-fits all solution is viable, nor can strategies developed in other contexts simply be transported wholesale to Pennsylvania.

### ***Why do regulation exempt caregivers provide care?***

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<sup>2</sup> Henceforth, this reference will be cited as Chase et al., 2006a.

<sup>3</sup> Henceforth, this reference will be cited as Chase et al., 2006b.

It is important to understand regulation exempt caregivers' motivations to provide care since an important contributor to quality in home-based settings is the caregiver's *intentionality*: home-based caregivers who are more intentional provide more sensitive care than those who are not intentional (Galinsky, Howes, Kontos, & Shinn, 1994). Reasons for providing care could be related to the intentionality of their caregiving and are an important starting point for outreach activities to regulation exempt providers.

Regulation exempt caregivers describe a variety of reasons for providing child care, however, the reasons most commonly mentioned have been described as "family and altruistic care giving motives" (Anderson, Ramsburg, & Scott, 2005). In three large surveys, the reason mentioned by the majority of caregivers was so they could help out the family member or friend (Brandon, et al., 2002; Chase, et al., 2006a; Chase et al., 2006b). Relatives especially express a sense of responsibility to support working parents (Chase et al., 2006b; Stahl, O'Connell, Sprague & Lopez, 2003) and providing this care is seen as means of strengthening family relationships (Emarita, 2007). Many regulation exempt caregivers, particularly relatives, are also motivated by a love and commitment towards the child and a desire to help the child develop (Brown- Lyons, Robertson, & Layzar, 2001; Stahl, et al., 2003), and to provide safe, quality care for the child (Chase, et al., 2006b). In immigrant and other ethnic minority communities, provision of this care is seen as expression of deep spiritual values that emphasize collective responsibility for one's community (Emarita, 2007).

Other reasons for providing care are also mentioned with some frequency. Some providers report providing child care because they like children (Brandon, 2002; Chase, et al., 2006a; Chase et al., 2006b) Some caregivers report providing care so they have something to do or because they do not want to see the child in another setting (Brown-Lyons et al., 2001).

Motivations to provide care are likely to differ for different types of regulation exempt caregivers. For example, among non-relative providers, it is more likely that they are providing care so they can earn money (Chase et al., 2006b) and stay home with their children (Brown-Lyons, 2001). In one study of regulation exempt providers receiving payment from public subsidies, non-relatives were more likely than relatives to say they were motivated because they like children as opposed to helping out the parents (Chase et al., 2006a). In English Language Learner (ELL) immigrant communities, providing care might represent one of the few viable employment opportunities.

Motivations may also differ for those participating in their state's child care assistance program from those who do not. For example, although most license exempt providers do not mention payment as a major motivator, providers participating in a child care assistance program may be more likely to mention payment as a reason for providing care (see Chase et al., 2006a; Chase et al., 2006b). They also may be more likely to report staying home with their own children as a motivator; in one study, quarter of providers reported wanting to stay home with their children as a motivator, although only 4% mentioned this as the primary reason (Chase, et al., 2006a).

A common theme that emerges in research with regulation exempt providers, particularly those drawn from community samples as opposed to those participating in child care assistance programs, is that the majority of them do not view themselves as child care professionals (Brandon et al., 2002; Galinsky et al., 1994; Sussman-Stillman, 2004). This is especially true of relative caregivers. And for some regulation exempt providers, pursuing licensure could even actually have negative consequences because of potential problems with landlords and issues raised concerning legal residency status (Sussman-Stillman, 2004). This has important implications for strategies designed to support them: many are unlikely to be served by efforts designed to advance their professional development or move them towards licensure (O'Donnell,

et al., 2006; Sussman-Stillman, 2004). An important caveat, however, is that interest in licensure is much higher among regulation exempt providers who receive child subsidies (Brandon et al., 2002; Chase et al., 2006a) than those not receiving subsidies, suggesting that they may be more likely to view themselves as child care professionals. This might also mean that they are more receptive to interventions aimed to improve the quality of their caregiving than other types of regulation exempt providers.

### *Quality in Regulation Exempt Settings*

From a structural perspective (i.e. those aspects of a care setting that are open to regulation), regulation exempt care has both liabilities and assets. Regulation exempt settings have low adult-child ratios yet are also likely to have caregivers with less formal education and minimal training in child development. Assessing the quality of regulation exempt care with observational measures is also a thorny issue: most experts agree that instruments to assess quality in professional child care settings, including the Family Child Care Environment Rating Scale (FCCERS; Harms, Cryer, and Clifford, 2006) are not appropriate for assessing quality in informal, home-base setting but there is as of yet no other widely validated and accepted alternative measure (O'Donnell, et al., 2006; Maher, 2007). Moreover, experts agree that assessing the quality of regulation exempt care requires a multidimensional perspective of quality that includes both parents' and professionals' standards of what quality would look like in these settings (O'Donnell, et al., 2006; Porter, Rice, & Mabon, 2003; Maher, 2007). With these caveats in mind, in this section what is known about quality to date in regulation exempt settings is reviewed.

Self-reports of provider's caregiving suggest that children in these settings experience nurturing relationships with their caregivers and are exposed to activities that promote development, though perhaps not with the breadth or intensity that might be desired. In several studies (Brandon et al., 2002; Chase et al., 2006a; Chase et al., 2006b; Porter et al., 2003), regulation exempt caregivers report engaging in activities such as talking, singing and telling stories and other activities to promote language development, reading with children, and providing opportunities for pretend play, play with peers, and outdoor play. Reports of engagement in art and music activities, block play, and nature activities are less frequent. Daily activity for most children, typically for several hours per day, is television viewing, albeit mostly educational programs. Moreover, in two related studies, reading occurred on a daily basis in less than half of the regulation exempt homes (Chase et al., 2006a).

Regulation exempt providers also self-report attention to child health and safety, specifically the child's nutrition, removing hazardous materials from reach, and providing adequate supervision. Finally, most report that they do not yell or hit the child as means of discipline, but in studies that assessed the frequency of use of various discipline methods, "time-out", rather than positive discipline methods, were reported to be used the most frequently (Chase et al., 2006a; Chase et al., 2006b).

In a unique study that examined regulation exempt care in recent immigrant and refugee communities in Michigan, caregivers reported engaging in a number of activities to promote language and literacy (Vang, 2006). These included reading to children, telling stories and folktales, and singing. They also reported television viewing, but described it as a means of language learning. They also tried to promote the development of new skills through hands-on learning, modeling, and story telling. Examples of focus group participant's comments also revealed that many skills are taught in the context of household activities.

Observational assessments of quality in regulation exempt settings reveal a mixed picture, depending on the type of instruments used to assess quality. The studies which have used the Family Day Care Environment Rating Scale (have consistently revealed that the majority of care in license-exempt settings is at or below minimal standards of quality (Coley, Chase-Lansdale, Li-Grining, 2001; Fuller and Kagan, 2000; Galinsky, et al., 1994; Maxwell, 2005). Studies that have used measures to capture more nuanced aspects of the regulation exempt caregiving environment, including relationships between the caregiver and child as well as the caregiver and the parent, however, yield a more balanced picture of both strengths and limitations (e.g. Layzer and Goodson, 2003; Paulsell, Mekos, Del Grosso, Rowand, & Banghart, 2006; Porter, Rice, & Rivera, 2006; Tout & Zaslow 2006).

Interestingly, the picture painted in studies using newer measures designed to capture regulation exempt environments reveals a pattern of strengths and limitations not so different from those reported by regulation exempt caregivers themselves (Layzar & Goodson, 2003; Porter, Rice, & Rivera, 2006; Zaslow & Tout, 2006). For example, in a study with regulation exempt providers in MN, it was found that on the whole, regulation exempt caregivers were attentive and responsive, provided adequate supervision, engaged in activities to promote early language learning and allowed for plenty of creative play. However, children in regulation exempt settings did not engage in many math, art, music, or creative movement activities. The study also revealed some areas where interactions with children could be improved to better promote more positive school readiness outcomes. These included helping foster cooperative play, helping children talk about emotions, and extending children's learning by talking about play, teaching skills or introducing new activities.

In observational studies, regulation exempt homes are also generally rated as safe and healthy (Layzar & Goodson, 2003; Porter, Rice, & Rivera, 2006) though in some studies health and safety issues, including access to hazardous materials within reach and not frequent enough handwashing, were also commonly noted (Paulsell, et al., 2006; Tout & Zaslow, 2006). Observational studies also confirm that regulation exempt settings typically have age appropriate toys and books but also often lack such things as art supplies, materials for making music, toys to promote fine motor development, toys for gross motor or outdoor play, blocks, or a sufficient number of books.

In sum, it is premature to draw firm conclusions about the typical level of quality found in regulation exempt settings. As of yet there are no validated measures to accurately assess quality in these settings, particularly in reference to care in culturally and linguistically diverse communities (Maher, 2007). Even if there were such measures, the typical level of quality is likely to vary by regulatory context and thus could vary both between and within states (Porter et al., 2006). However, enough research is available to suggest that there is cause for concern regarding the quality in these settings, particularly if they are expected to promote the school readiness of the children cared for in them (Brandon, 2005).

### ***What do Regulation Exempt Caregivers Say They Need and Want?***

When asked about problems or challenges they face in taking care of children, regulation exempt caregivers typically report at least one problem or challenge (Brandon, et al., 2002; Drake, Jakwerth, Unti, Greenspoon, & Fawcett, 2004). However, as demonstrated in a sample of community-based regulation exempt caregivers in Washington, there is not a single problem that is experienced by the majority of regulation exempt caregivers (Brandon, et al., 2002), probably because of the diversity of caregivers and caregiving arrangements. Similarly, no single problem

emerges among those regulation providers receiving child care subsidies (see Chase et al., 2006a).

Some of the most frequently mentioned challenges in several studies with regulation exempt providers (Anderson et al., 2005; Brandon et al, 2002; Chase et al.,2006a; Chase et al., 2006b; Drake, Greenspoon, Unti, Fawcett, & Neville-Morgan, 2005; Drake et al., 2004) include:

- managing children's behavior, particularly challenging behaviors or needs
- managing relationships with parents, including issues related to payment and disagreements over expectations for child behavior
- long and irregular work hours
- insufficient pay
- a lack of resources for materials or safety equipment
- problems related to housing, utilities or food
- finding time for oneself
- a sense of isolation from others doing this type of work

Some needs or challenges are likely to be more common among different types of regulation exempt care providers. Research that has examined regulation providers in MN found that those providers who participated in the state child care subsidy system reported more problems than those who did not (see Chase et al., 2006a). They were also more likely to report different kinds of problems such as dealing with parents around issues of payments and problems providing care related to food, housing and utilities. Another issue to consider is that those providing care to children with disabilities may have more difficulty meeting the needs of the children in their care (Brandon, et al., 2002). Those providing care in rural versus urban areas may experience different degrees of isolation. More research is necessary to understand what problems are most common for which types of regulation exempt caregivers.

Contrary to stereotypical images of regulation exempt providers most would like some support with their caregiving (Schulman & Blank, 2007; Sussman-Stillman, 2004). This appears especially true of caregivers receiving payment from child care assistance programs (Anderson et al., 2005; Chase, et al., 2006a). From studies that have examined regulation exempt providers' desires for training and support (Anderson et al., 2005; Chase et al., 2006a; Brandon, 2006; Drake, et al. 2006; McCormick Tribune Center for Early Childhood Leadership, 2006; Porter & Rice, 2000, Stahl, et al., 2003; Vang, 2006) several common themes emerge concerning desired supports:

- Information about safety, health, nutrition, child development, how to promote school readiness, activities to do with children and positive discipline delivered in easily accessible formats. Some also want additional information about business practices and support negotiating relationships with parents.

- Resources and materials for their homes, including health and safety equipment, books, educational toys, and arts and crafts materials.
- Opportunities to meet with other caregivers for information and companionship in informal, community-based settings.
- Information about and access to community or recreational activities for children and families.
- Short-term respite care.
- Although in the minority, some regulation exempt providers desire information about becoming licensed. This is especially true among those receiving payment through subsidies and is much more common among non-relative than relative caregivers.

Formats for receiving information commonly mentioned included newsletters and tip-sheets. Others formats mentioned included books, videotapes, phone support, especially among legally exempt providers who received payment through the state child care subsidy program. One study indicated that in Illinois, half of the regulation exempt interviewed regularly used the Internet, which may indicate that it is also a viable format for delivering information to regulation exempt (McCormick Tribune Center for Early Childhood Leadership, 2006). However, this was a much less preferred format for license exempt providers in Minnesota (see Chase et al., 2006b).

Formats not as commonly mentioned as desired are workshops or trainings, though regulation exempt child caregivers participating in subsidy programs appear to be more receptive to receiving information in these format than other regulation exempt caregivers (Anderson, et al., 2005; Chase et al., 2006a). A consistent theme in the research with regulation exempt caregivers is that they do not want training in formal settings (Brandon et al., 2002; Porter & Rice, 2000; Stahl, et al., 2003). In a survey that asked caregivers who were receiving child care assistance payments to specify where they would like to receive information, commonly mentioned places were trusted community settings including neighborhood schools, libraries, and community centers (Chase et al., 2006a). In focus group with immigrant regulation exempt providers, other desired settings included apartment complexes and individual homes (Vang, 2006), though private homes were among the least desired settings for a broader sample of regulation exempt providers from the same state (see Chase et al., 2006b).

Interestingly, opinions about the value of home visits appear to depend on whether the provider participates in their state's subsidy program. In a study of license exempt providers receiving payment through a subsidy system, the vast majority (70%) endorsed home visits as a convenient method to receive information (Anderson et al., 2005); and in another study of similar providers, over half thought that having a trained individual come to their house would be at least somewhat helpful (Chase et al., 2006a). However, in two studies with providers drawn from community samples, the majority did not appear to be interested in home visits (Brandon et al., 2002; Chase et al., 2006b).

As with needs and motivations, desires for training and support vary among different types of regulation exempt providers. Regulation exempt providers who participate in subsidy programs may have more interest in receiving supports, and appear to be more likely to avail themselves of resources than those not receiving payment through a subsidy program (Chase et al., 2006a). Similarly, those regulation exempt caregivers serving children with special needs desire more

training and more types of supports than those who care for typically developing children (Brandon, et al., 2002). Those who are English Language Learners (ELL) and/or serving ELL children need access to trainings with bilingual trainers/presenters and would like information about how to use educational television to promote language skills in children (Vang, 2006). Non-relatives may be more likely to desire certain forms of support such as having someone to call and respite care than relatives (Chase et al., 2006b). Finally, those serving low income families may struggle with their own financial concerns. For example, in a study of regulation exempt caregivers providing care for families receiving child care assistance in Minnesota, nearly 2/3 said that access to a government subsidized food program would be very helpful compared to just over a third of providers in sample of caregivers recruited from the community more broadly (see Chase et al., 2006a; Chase et al., 2006b).

Caution needs to be exercised in generalizing needs and interests in supports from one population to another, even within a state. For example, the desire to become licensed appears to be greater among regulation exempt caregivers in urban areas than in rural areas (Chase et al., 2006). Types of support desired may also vary by geographical region (see Porter, Rice & Mabon, 2003). Thus, any effort to design supports for regulation exempt providers necessitates needs assessments at the state and local levels, as well as sampling of providers that do and do not participate in a child care subsidy program.

#### **IV. Strategies to Support Regulation Exempt Care**

In this section, several general strategies to support regulation exempt caregivers are described. First, strategies used by states, including policies related to regulation exempt settings, are reviewed. Most of these strategies were developed from a ‘child care lens’ – that is, on the basis of strategies used to influence quality in regulated child care settings (Porter, 2007). Second, other promising approaches to supporting regulation exempt care are reviewed, most of which recognize that regulation exempt care falls closer to parental care than regulated child care on the child care continuum<sup>4</sup> are currently being piloted in local communities and usually funded by private funders or public/private partnerships.

##### ***What are States doing to improve quality in regulation exempt setting?***

In a study by Porter and Kearns (2005), state child care administrators were surveyed about initiatives aimed specifically for regulation exempt care operating in 2004. Many, if not most, of these initiatives used CCDBG dollars to fund initiatives. They also conducted follow-up interviews with program operators to get more information about specific initiatives. They found that 20 out of the 48 states surveyed had initiatives aimed at regulation exempt providers. Half of these programs began operating after 2000. The newer programs were more likely to be operating as pilots in one or a few counties, while some of the established programs were available statewide (e.g. Charts-A-Course Modules in Connecticut, Michigan’s FUTURES training). Most of the initiatives delivered services and resource through Child Care Resource and Referral agencies.

Of the programs surveyed by Porter and Kearns (2005), most of them were initiatives that offered training (N = 9) or professional development opportunities (N= 2). Trainings ranged from classroom models to facilitated support groups, although the former was most common. One state offered training through distance learning. Trainings ranged from one-time two-hour

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<sup>4</sup> See the Institute for a Child Care Continuum website, [www.bankstreet.edu/ICCC](http://www.bankstreet.edu/ICCC).

workshops to a series that operated for a 3 or 4-month period, usually in a support group format. Two states used professional development strategies that lead to academic or career advancement. Some trainings offered follow-up home visits. Some states offered cash incentives for completion of trainings and two states at the time offered increased reimbursement rates for completion of training.

Porter and Kearns (2005) found that other common strategies for supporting included the distribution of materials and technical assistance. Materials were distributed by various means including home visits, through the mail, or at support group trainings. Materials distributed ranged from safety items like smoke detectors and cabinet locks, materials for play, to tipsheets about a variety of topics. Four of the initiatives that used technical assistance engage in home visits, ranging from one per year to one per month for up to a year. Materials were also often distributed as part of the technical assistance visit.

Some states also use money set aside for caregivers of infant and toddlers to improve regulation exempt care settings, since so many children of this age range are likely to be in regulation exempt care. Shulman & Blank (2007) describe a number of state initiatives which include regulation exempt in such initiatives. For example, West Virginia offer providers a one-time payment of \$400 to regulation exempt caregivers when they complete a 45-hour infant and toddler class offered by an infant/toddler specialist at a regional child care resource and referral agency.

Most states affect the quality of care in regulation exempt settings through three primary means: (1) regulations related to licensure, (2) participation in child care subsidy programs and (3) state-funded quality improvement initiatives.

(1) Licensure/Certification: A review by Sussman-Stillman (2004) describes initiatives by some states to improve the quality of regulation exempt care by encouraging licensure, especially among those receiving payment through child care assistance programs. Some of these offer opportunities to regulation exempt providers to become voluntarily certified beyond minimal standards required to receive subsidy payments. For example, Wisconsin offers two levels of certification, with the second level of certification (i.e. fully certified) leading to higher reimbursement rates. At this level, provider must complete 20 hours of additional training and five hours of continuing education per year.

**Note:** *In Pennsylvania, caregivers receive information on how to become a registered Family Child Care Provider at meetings hosted by the state certification staff and Child Care Information Systems.*

(2) Requirements for Participating in Child Care Subsidy Program: One way states attempt to assure some degree of quality in regulation exempt care settings is to impose requirements for participation in the subsidy system. Under the federal rules, all states are required to assure such settings meet minimal standards, including: The prevention and control of infectious diseases (including immunizations); building and physical premises safety; and minimum health and safety training appropriate to the provider setting; some states opt to impose higher standards (Porter & Kearns, 2005; Schulman & Blank, 2007).

In a survey of state requirements for regulation exempt providers' participation in the subsidy system, Porter & Kearns (2005) identified four types of requirements commonly imposed by states. The most common requirements are criminal or child abuse background checks (39 of 48) and self-certifications about the health and safety of the home environments (35 of 39). About

33% of states require participation in orientations and/or trainings. Training requirements ranged from 3 to 10 hours, although a more recent report suggests Delaware now mandates forty-five hours of training on health, safety, and child development (see Schulman & Blank, 2007). In 2004, only six states mandated home inspections, with one requiring three visits per year (Arkansas).

The state requirements for license exempt providers to care for subsidized children vary widely. These range from six states that have no standards or only use self-certifications (e.g. Oklahoma, South Carolina, Alabama, Mississippi, New York, Utah) to three states that have extensive requirements involving at least three of the four types of requirements (e.g. Arizona, New Mexico and Rhode Island). An example of the latter is Arizona where regulation exempt caregivers must provide three types of background checks (state criminal background check, child abuse, FBI finger print checks), complete a self-certification, have a home inspection, attend an orientation and fulfill training requirements.

*Note: In Pennsylvania, regulation exempt providers are eligible for reimbursement with the Child Care Works subsidy program if they agree to background checks, sign a provider agreement for reimbursement, and certify that there are no health or safety issues in their homes.*

(3) State funded Quality Improvement: Another approach states use to affect quality in regulation exempt settings is to fund quality improvement initiatives that include or are designed for regulation exempt care providers. Two reports have examined state-funded initiatives to support regulation exempt care. A study by Pittard, Zaslow, Lavelle, and Porter (2006) surveyed states to determine how the money set aside from Child Care and Development Funds for quality improvement activities during 2004 was spent (i.e. states are mandated to set aside 4% for quality improvement). They determined that of the initiatives aimed at providers, 37% were directed towards regulation exempt providers and another 15% were aimed at nannies or babysitters taking care of children in their own homes. Of those initiatives that were aimed at programs and facilities, only 17% were aimed to serve regulation exempt settings and 10% aimed to serve “other” settings, which included in-home babysitters and nannies. Objectives of training efforts to help regulation exempt caregivers vary, with some designed to help regulation exempt caregivers become licensed while others are aimed at improving care regardless of whether the provider becomes licensed (Shulman & Blank, 2007). Regulation exempt caregivers in some states receive higher reimbursement rates if they participate in training beyond that required to participate in the subsidy system.

*Note: In past years, Pennsylvania has invested in quality improvement initiatives for regulation exempt caregivers through “Playgroups” and professional development trainings.*

**Highlights:** *Examples of state-funded regulation exempt quality improvement initiatives*

Three examples of newly developed state-wide programs serving regulation exempt caregivers are presented next. Two programs were developed specifically for regulation exempt care settings; the third program incorporates regulation exempt providers in a quality rating system linked to tiered reimbursement rates. **Note:** Evaluations for the state highlights are not available.

#### 1) California

The Growing, Learning, Caring Project is a state-funded training program that is being implemented throughout California. The initiative is being implemented by the Child Care Resource and Referral Network, a nonprofit organization that has worked successfully with

home-based providers. Funding for the project is used for project management and staffing at the Network, which helps local R&R agencies develop plans to serve regulation exempt caregivers in their areas, develop materials and publications to support trainings with providers, and train trainers at the local R&R agencies.

The Network developed four training modules (three workshops each), which are being used throughout the state. The format and content of the training modules were developed specifically for regulation exempt care and includes topics on 1) health and safety, including relationships between caregivers and parents, 2) discipline, guidance and family support, 3) play is learning, focusing on role of play in child development and learning, and 4) family literacy. Each of the modules is simple enough that someone without very advanced knowledge could implement them. Trainings are delivered in a variety of formats including play days in parks, playgroups, in-home trainings, and workshops in community settings. Local R&R agencies do outreach to caregivers, customize the learning opportunities to meet the needs of caregivers in their communities, and develop collaborations with other organizations. Now in its third year of funding, Network staff believes the project has laid a foundation for a statewide network to support the diverse needs of regulation exempt caregivers in California.

For more information, go to: [http://www.action.nwlc.org/site/PageServer?pagename=regulation\\_exemptregulation\\_exempt\\_Care\\_Webinar\\_Series](http://www.action.nwlc.org/site/PageServer?pagename=regulation_exemptregulation_exempt_Care_Webinar_Series)

## 2) Minnesota

Minnesota recently became the first state to legislatively appropriate funds for regulation exempt providers. In 2004 the Minnesota Department of Human Services and Wilder Research conducted a statewide survey of child care providers, which provided important information about regulation exempt caregivers. Also beginning in 2004, Child Care Resource & Referrals were mandated to offer services to regulation exempt providers although they were not given additional resources for this work. Libraries have also been working with regulation exempt providers through Bookmobiles and story hours.

The 2007 appropriations established a grant program, administered through Department of Human Services, for community organizations, tribes, and nonprofit organizations that provide outreach, support and training to regulation exempt caregivers. Grantees will be responsible for providing information on health, safety, nutrition and school readiness and are responsible for linking regulation exempt caregivers and families to community resources that promote family health, mental health, economic needs, and developmental needs. A RFP process is currently being developed.

For more information, contact the Minnesota Department of Human Services at [http://www.dhs.state.mn.us/main/idcplg?IdcService=GET\\_DYNAMIC\\_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id\\_000151](http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_000151)

## 3. Illinois

In July 2007, Illinois Department of Human Services began implementation of a quality rating system for all child care providers in the state, including those that are license exempt. It is the first state to include regulation exempt care in a quality rating system. License-exempt providers need to complete training requirements to become eligible for one of three progressive training tiers of the rating system. (Regulated providers have to meet additional quality indicators to be awarded a Star rating at one of four levels). Providers that receive a Training Tier or Star level

will receive a quality add-on rate to the regular subsidy reimbursement rate. License exempt providers can earn up to an additional 20% if they complete all three training tiers. For more information, go to: <http://www.inccrra.org>.

### ***Promising Approaches***

The primary strategies used by state-funded programs – training, distribution of materials, and TA delivered through child care resource and referral agencies – represent a traditional approach to improving quality in regulated child care settings (Porter, 2007). Moreover, Porter and Kearns (2005) found that much of the content of the training initiatives they examined drew on materials from trainings for regulated family child care providers and with few exceptions, are not adapted to the special circumstances of regulation exempt care. Increasingly, the wisdom of approaching improving quality in regulation exempt settings from the traditional child lens, or with the primary goal of getting them to participate in the regulated system, is being questioned (O'Donnell, et al., 2006) as research continues to reveal that most regulation exempt do not view themselves as professional caregivers.

State-funded initiatives are also limited in that they predominantly serve caregivers who are taking care of children who receive subsidies. If the goal of services is to improve the quality of regulation exempt settings so that *all* children can enter school ready to learn, then outreach to the dispersed, “invisible” population of regulation exempt providers who are caring for the majority of children in this type of care is also necessary.

Recognizing that a traditional child care approach will only serve a minority of regulation exempt caregivers, new initiatives being developed to serve regulation exempt caregivers are adopting innovative approaches to outreach and service delivery. Some of these are being developed from a “family support” perspective rather than a traditional child care perspective (Porter, 2007). The goal of these programs is to promote caregivers’ knowledge of child development and how they can promote it. Regulation exempt caregivers are viewed as a natural extension of the family. In the next section, these innovative strategies for working with regulation exempt providers are highlighted. Examples of programs and states using these approaches are also given.

There are a number of innovative approaches being formulated to serve regulation exempt providers. Some of these also involve state policy initiatives and others are approaches being implemented in local communities.

#### **1. Participation in the Child and Adult Care Food Program (CACFP)**

CACFP provides nutritious meals to and snacks for children in child care and after school programs. Family child care homes can also participate if they are regulated and meet a set of federal requirements. States can also allow regulation exempt providers to participate if they care for children receiving Child Care Development Block Grant (CCDBG) funds, and if the state has some minimal standards for exempt providers receiving CCDBG funds. In addition to nutritious meals, participation in the program gives regulation exempt caregivers access to support and training, including monitoring visits by CACFP staff. Homes visits are conducted three times per year to provide training and technical assistance. Seven states currently allow regulation exempt caregivers receiving CCDBG funds to participate in CACFP.

Sources: Shulman & Blank, 2007

#### **2. Linking to State Pre-kindergarten Programs**

Even when eligible to use state-funded pre-kindergarten programs, families will continue to need to rely on regulation exempt care for their preschoolers for many reasons, not the least of which is that the hours of many programs do not coincide with work schedules. Shulman & Blank (2007) describe a number of ways that states can coordinate regulation exempt care and pre-kindergarten programs to help facilitate children's participation in these programs.

A state that has taken the lead in supporting the development of these strategies is Illinois. Illinois sets aside some of its pre-kindergarten funding to support infant/toddler initiatives, and some communities use these dollars to support regulation exempt providers who are also serving preschoolers. Illinois Action for Children, a nonprofit child care resource and referral agency and advocacy organization in Chicago, uses some of this money to fund a program for regulation exempt providers that links them to pre-kindergarten programs. In their *Community Connections* program, preschoolers in regulation exempt care are transported to part-day state-funded pre-kindergarten classrooms four days per week. On the fifth day, teachers visit the regulation exempt home with books and models activities. Regulation exempt caregivers also receive full-day child care assistance payments. **Note:** Evaluation data not available

### 3. Home Visiting Programs

The population of regulation exempt caregivers is dispersed. An increasingly popular means of service delivery is through home visits. As described above in reference to state strategies, several interventions developed from the child care "lens" use home visits to deliver trainings or resources. Increasingly, however, initiatives for regulation exempt providers are taking advantage of home visiting programs designed initially for parents to design content and service delivery.

As part of using an overall family support perspective to design strategies to support regulation exempt providers, some states have expanded eligibility in home visiting/parenting education programs, such as the Parents as Teachers (PAT), to include regulation exempt caregivers. The PAT curriculum has also recently been adapted specifically for regulation exempt providers. Although no state currently has targeted funding to implement the PAT curriculum for regulation exempt providers, some states like Missouri, use other sources of funding, to use the PAT curriculum in home visits with regulation exempt providers. (see Shulman & Blank, 2007)

A unique program that was piloted and evaluated is extending Early Head Start services to regulation exempt providers through the Early Head Start Enhanced Home Visiting Pilot Project (see Paulsell et al., 2006). Recognizing that many children in Early Head Start are also cared for by regulation exempt caregivers, this project attempted to improve the quality of regulation exempt settings by making resources and supports available. The pilot project was implemented at 23 sites across the country and in addition to improving quality, it aimed to increase consistency in caregiving between the home and child care contexts, improve the relationship between the provider and parents and support the caregiver's needs. Through resources of the Early Head Start program and those developed in community partnerships with other organizations, regulation exempt caregivers received home visits, were offered group trainings and other socialization activities, and were given materials and supplies. During the home visits, the visitor and caregiver discussed a child development topic, completed an activity with the child and caregiver, and discussed the caregiver and family service needs. Visitors also completed a home safety check. Although there were challenges in recruitment and retention of caregivers in the program and getting caregivers to attend group trainings, initial results suggest that this is a promising approach to delivering information and resources to providers (Schulman & Blank, 2007).

In Oklahoma, the Cherokee Nation is piloting a home visiting program for relative caregivers (Caudill, 2005). Caregivers receive monthly home visits from child care resource and referral educators, and using the Parents as Teachers curriculum, have the opportunity to develop personal learning plans to improve their care in the areas of health and safety, promoting school readiness, strengthening culture, and encouraging learning opportunities. They also receive incentives for participating in trainings and networking meetings with other regulation exempt providers. This intervention was compared to the standard resources that included meetings, workshops, and access to a resource library. Nearly all of the providers ( $\geq 90\%$ ) in the home visiting program reported learning more activities to do with the children, more about what to expect of children of different ages, and more about Cherokee culture. In a comparison to providers who received standard resources, a great percentage of those who received home visits reported reading to children daily (50% vs. 22%), telling stories with the children every or most days (60% vs. 48%), and regularly using a sleep-time routine (63% vs. 40%).

Other home visiting programs are being piloted in local communities to determine what type of family support curriculum is most effective in working with regulation exempt providers (see Porter, 2007). In Washington, a curriculum called Promoting First Relationships, originally developed for homeless families, is being piloted with regulation exempt. It is examining whether group trainings or home visits are more effective method of delivery. In Rochester (NY), the efficacy of the Parents as Teachers curriculum with regulation exempt and regulated family day care providers is being evaluated.

#### 4. Parent Participatory Preschool/Playgroup Programs

An innovative approach to serving children in parent and regulation exempt care is providing preschool-type programs in community settings, which children attend with their caregivers. These are commonly referred to as “Play and Learn” groups, named after playgroups that were developed as part of Hawaii’s Good Beginnings Alliance. Although groups vary in their regularity, structure, and content, they generally provide a center-like environment, with activity interest centers that are intended to promote language, cognitive, social and physical, and are facilitated by someone with expertise in early childhood education and/or parent education who models interactions with children for caregivers. These groups also give caregivers opportunities for peer learning and support. Generally, groups operate for 2-3 hours, two days per week. The model is currently being replicated in several states including Washington, Georgia, and Minnesota.

The general model has been successfully adapted for serve diverse regulation exempt caregiving situations. In Hawaii, a traveling preschool program called ‘Tutu and me’ was developed to serve Hawaiian and part-Hawaiian families who use predominantly grandparent care. In Seattle, a network of over 30 Play and Learn groups has developed that serve caregivers from diverse communities, including Vietnamese, and Somali. In ELL communities, some groups are bi- or multilingual while others are facilitated in home languages.

A similar model has been piloted in Philadelphia, PA. First developed as part of the United Way of Southeastern Pennsylvania’s *Early To Learn: Partners for School Readiness* project, these “Playschools” operated six month sessions in which children and their caregivers attended a preschool-type program with ample resources and facilitated by highly qualified staff. A more cost effective model of this program was piloted and evaluated by the Philadelphia Early Childhood Collaborative through funding from the Pennsylvania Department of Public Welfare. Playgroups were implemented in three Philadelphia neighborhoods (Jaeger, Teti, Connell & Valentine, 2006). It appears that children in these groups were learning valuable social skills,

including being able to separate from caregivers, related to unfamiliar adults and peers, and following a routine. Children's knowledge about books and verbal abilities also seem to improve, according to teacher report. Although the program was geared towards regulation exempt caregivers, regulated caregivers participated at an equal rate. After participation, caregivers reported engaging in more activities with children, and playgroup teachers noted that they were more engaged in the children's play and used language that would stimulate children's verbal expression more often.

#### 5. Aligning Early Learning Standards with Practices in regulation exempt care

In Minnesota the Family, Friend, Neighbor Care Best Practices Project, an initiative of Ready 4K, aligned best practices in regulation exempt care in a five diverse cultural communities with the state's Early Learning Standards (see Emarita, 2007). The purpose of this project is to build upon strengths of these communities to develop continuity between home and more formal learning environments by disseminating this information to parents, kindergarten teachers, providers, and parent educators and to use it as a basis for teacher education, professional development, institution of culturally appropriate practices, and family friendly policies. Identification of practices in regulation exempt care came from the experiences of families in which children were doing well in school, observations of community members, caregivers, and educators. The communities included African American, Hmong, Latino-Mexicano-Chicano, the Mille Lacs Band of Ojibwe, and Somali families. In addition to providing a basis for better transitions between home and formal learning settings, the process of aligning caregiving practices in diverse cultural communities with early learning standards can also promote the development of more culturally sensitive measures of quality in regulation exempt settings (Maher, 2007).

#### 6. Building community networks to do outreach and provide services to regulation exempt providers

One of the biggest barriers to serving regulation exempt providers, particularly those that are not part of the child care "system", is effective outreach to a dispersed community. Thus, initiatives serving regulation exempt providers must concentrate as much on *how* they will deliver services as what particular services are offered. Here we describe two initiatives that are demonstrating how services to regulation exempt could be delivered in community-based and neighborhood based settings. These include the Sparking Connections initiative and Family Place Libraries.

##### *Sparking Connections:*

The Sparking Connections initiative, coordinated by the Families and Works Institute (FWI) and funded by private and public dollars, is a multi-state effort to identify best practices in outreach and service delivery to regulation exempt providers. Originally begun in 2000 as at the request of the National Retail Federation, Phase I of Sparking Connections was an exploratory investigation examining regulation exempt care from the perspectives of employers, families, and caregivers and recommended that diverse community stakeholders, including businesses, could help regulation exempt caregivers through connections with each other. The primary recommendation from the report detailing the investigation (Stahl, et al., 2003) was that supporting quality and learning in regulation exempt care will take neighborhood and relationship-based strategies designed from a family support perspective that link knowledge and resources and build networks of support.

In Phase II of Sparking Connections, FWI invited sites that emerged as national leaders in addressing needs of regulation exempt caregivers to participate in a variety of peer learning and

technical assistance activities. These included national meetings, conference calls, individualized technical assistance, and brokered linkages with retailers and other community partners that were not part of the traditional ECE community. Three sites also participated in a formal evaluation of their networking and service delivery activities. (The activities of the Cherokee Nation site in Oklahoma are discussed above). The purpose of this phase was to develop a set of lessons learned and recommendations for states, communities, policy makers, and funders interested in promoting child development and learning in regulation exempt care settings through neighborhood-based approaches.

A report describing the lessons learned from the demonstration and evaluation activities of Phase II was published in 2006 (O'Donnell et al.) A theme throughout the report is that effective outreach and service delivery requires forging positive partnerships and relationships. This includes relationships between those providing services and regulation exempt caregivers as well as relationships among diverse community partners – including libraries, parks, child care resource and referral agencies, businesses and trusted intermediary organizations that broker relationships with regulation exempt and/or provide services and resources in local communities. Such networks of community partnerships promote the delivery of support programs and services in home-based and neighborhood-based settings, which are described in the report as the most effective. They also help foster the development of social and learning networks among regulation exempt caregivers and link them to resources and information. Importantly, these relationships and community partnerships must be respectful and supportive of diverse cultures and require time to develop. (More of the lessons learned and recommendations for states, policy makers and funders developed on the basis of the Sparking Connections evaluation are discussed below in the section on recommendations for states and best practices.)

A prime example of a Sparking Connections community that has developed a comprehensive neighborhood-based approach to service delivery for regulation exempt caregivers is Seattle/King County Washington. The Family, Friend, Neighbor Caregiving Project is coordinated by the county R&R agency, which partners with various community organizations including libraries, parent education, family and community centers, faith communities, employment specialists, and public health programs to help them offer or expand services to regulation exempt caregivers. The Project also operates the Play and Learn Network which provides support and technical assistance to community organizations convening over 30 Play & Groups in King County. The Network is also engaged in policy and advocacy work, including efforts to develop and sustain a statewide network of resources and supports for regulation exempt. An evaluation of activities in 2006 (Organizational Research Services, 2006) suggests that the Family, Friend and Neighbor Caregiving Project is having its desired impacts on community organizations, including increase awareness of regulation exempt, collaboration, and levels of resources devoted to regulation exempt, is supporting increased knowledge of how children learn through play among regulation exempt caregivers, and on public policy.

#### *Family Place Libraries*

This is a multi-faceted program that transforms public libraries into spaces that are inviting to young children and their caregivers, and community resource centers for parent education, early childhood information, emergent literacy, socialization, and family support.

A key feature of Family Place libraries is the Parent/Child Workshop which brings together parents and their young children together in a developmentally appropriate and stimulating environment, where they can play with their children, meet other parents or caregivers, and learn about library and other community resources serving families and young children. Workshops meet once per week for five weeks and bring together caregivers and professionals from agencies

such as day care centers, hospitals, schools, and social service agencies in an informal setting where connections can be made. The role of the librarian is get to know each family and promote the resources available at the library and in the community. Family Place Libraries also offer other types of parent education and support programs and offerings vary by library. The Family Place Library in Centereach has started an outreach program to family day care providers, called Kids in Care. In this program, librarians bring thematic story kits to providers and demonstrate how they can be used with children in their care. **Note:** There are currently 52 Family Place Libraries operating in Pennsylvania.

### ***Emerging Principles for Developing State Strategies***

Interventions for regulation exempt caregivers only burgeoned in the last several years (Porter, Rice & Rivera, 2006) so it is premature to expect experimental research-based evidence to support best practices. However, some consensus is emerging among those who provide services to regulation exempt providers about best practices and promising interventions. The following recommendations and best practices are culled from work of the Sparking Connections Project (O'Donnell, et al., 2006), the research of the Institute for a Child Care Continuum at Bank Street College of Education (see Porter and Kearns, 2005), the Human Services Policy Center at the University of Washington (see Brandon, 2005; Brandon et al., 20002), research with regulation exempt caregivers in Illinois (Anderson et al., 2005) and Minnesota (Chase, et al., 2006b; Vang, 2006), reports of meetings of national leaders involved in developing regulation exempt strategies (Kreader & Lawrence, 2006) and literature reviews (Schulman & Blank, 2007; Sussman-Stillman et al., 2004). Continuous exploration and evaluation is needed in order to fully support regulation exempt caregivers. Below are some recommendations on how to gather additional information and raise awareness.

### ***Principles for Creating Community-based programs***

1. Take an assets-based approach – recognize and support the strengths of regulation exempt care while striving to improve quality.
2. Customize professional development opportunities for regulation exempt caregivers. Services for regulation exempt caregivers should be driven by their needs and interests (i.e. strategies for caregivers receiving subsidy payments, strategies for relative caregivers, and strategies for unrelated caregivers.
3. Support and training opportunities should allow regulation exempt caregivers to draw on their own experience, and allow for immediate application of knowledge. Intentionally create a *process* for learning that begins in support and then extend learning past immediate concerns. Take the time to establish and nurture respectful, mutually beneficial relationships with all parties involved. Provide opportunities for meaningful collaboration.
4. Deliver services and information about child development, early learning, health, safety and other support options to regulation exempt caregivers in homes and/or trusted neighborhood settings: where regulation exempt “work, pay, pray and play” (from O'Donnell et al., 2006).
5. Connect regulation exempt caregivers to neighborhood-based resources including libraries, health services, Head Start or Pre-K Programs, local child development workshops, and support group meetings.
6. Delivery of services should be consistent with family support principles including being driven by families' needs and interests, affirm and strengthen cultural, linguistic and cultural identities,

strengthen connections to communities and contribute to community-building, and are voluntary and flexible. Culturally competent staff, who to the extent possible mirror the characteristics of the regulation exempt caregivers being served, should deliver services and resources in participants' home languages or provide effective interpreting. All materials should also be culturally sensitive.

7. Have trusted community intermediaries conduct outreach and/or service delivery activities.

***Principles for Developing and/or Expanding State Strategies***

1. Include parents, regulation exempt caregivers, and trusted advisors and other organizations and initiatives serving families and children in the design of outreach and service delivery strategies.
2. Engage people and organizations in the design, delivery and assessment of services that represent the cultural and linguistic diversity of the regulation exempt community.
3. Base the design of strategies using a thorough needs and resource assessments.
4. Articulate a theory of change with explicit goals to frame program planning, implementation, and assessment.
5. Support the role of community intermediaries and the value of public/private partnerships across sectors and systems by informing organizations about regulation exempt care and how they could help expand services to them, and helping them pool knowledge and resources.
6. Develop strategies that allow for customization at the local level.
7. Evaluate implementation and outcomes.

***Principles for Philanthropic Entities***

1. Create and fund policies for regulation exempt supports as part of comprehensive early systems (see example of Minnesota) and create statewide networks of local resources for regulation exempt that "...understand that regulation exempt care should not be part of the state child care regulatory system". (page 34).
2. Develop and support cross-sector and cross-system sector efforts to support regulation exempt care.
3. In addition to committing funds to support regulation exempt care, philanthropic entities can support research to encourage new funding and financing strategies for regulation exempt care and participate in public/private collaborative regulation exempt support efforts.

## ***Recommendations for the Development of Pennsylvania Strategy to Support Regulation Exempt Care***

Recommendations were developed in context of the assumptions and the theory of change developed by the committee (See Appendices A and C), as well as our review of innovative programs, best practices, and resources currently available in Pennsylvania. Our recommendations look to capitalize on what is currently available and could be made available to regulation exempt providers with relative ease. We also have an eye to future strategies that could be developed once public-private funding partnerships are established.

### **Focus Area 1: Statewide Implementation Recommendations**

#### **1.1 Create Early Learning Standards Guide for Regulation Exempt Providers**

##### *Summary*

The objective of this goal is to create an easy to use guide that addresses the needs of regulated exempt based caregivers. The guide will assist caregivers in identify developmental and educational milestones for children in their care. The guide will also provide a resource list for more training and information.

##### *Implementation Tasks*

- Create version of all standards (Infant and Toddler, Preschool and Kindergarten Learning Standards) for use by regulation exempt caregivers

#### **1.2 Develop Communications Campaign directed towards Regulation Exempt Providers**

##### *Summary*

The objective of this goal is to reach the unidentified caregivers in the commonwealth to increase knowledge of programs and services available. The materials developed will be easy to use and will be found on the internet and high trust locations (hospitals, churches, etc.) In addition, local community organizations and places commonly visited by families with young children will have access to the materials.

##### *Implementation Tasks*

- Pennsylvania's Promise for Children: Develop campaign/materials targeting caregivers with a focus on child development issues
- Develop Home-based Caregiver page on state managed websites
- Health and Safety: Coordinate efforts with OCDEL funded initiatives such as Academy of Pediatrics/ECELS and local Child Care Information Service Centers to distribute Health and Safety materials
- Better Kid Care and Penn State Cooperative Extension: Continue to actively promote access to training and materials for regulation exempt providers

#### **1.3 Expand Professional Development System to support needs of Regulation Exempt Providers**

##### *Summary*

This objective is to make available Professional development opportunities to support the regulation exempt systems. Providers participating in the Child Care Works Subsidy Program will be encouraged to participate in the training system. Starting fiscal year 2009-2010, OCDEL will seek to include mandatory training hours as part of the requirements for participation in the subsidy program.

##### *Implementation Tasks*

- Promote participation in the Pennsylvania Professional Keys to Quality Core Trainings
- Create training package for regulation exempt providers
- Develop tracking system to support and guide providers on the professional development continuum
- Phase in mandatory training hours by fiscal year 2009-2010.

## **Focus Area 2: Local Implementation Recommendations**

### 1.1 Assure efforts to assess regulation exempt provider needs

#### *Summary*

Identifying regulation exempt providers is difficult. It is important that local communities continue to find ways in which to identify and support provider needs.

#### *Implementation Tasks*

- Conduct focus groups to gauge local need

### 1.2 Develop Professional Networks with Regulated Child Care System

#### *Summary*

Isolation is extremely high for regulation exempt providers. Support and access to materials is tantamount to improving and sustaining quality of care.

#### *Implementation Tasks*

- Develop Hub-System: Link regulation exempt providers to high quality child care centers
- Encourage regulation track sessions at local early learning conferences sponsored by groups such as United Ways or local AEYC chapters
- Develop non-traditional opportunities to access early learning system (i.e. meet and greet at the park; Saturday/evening early learning sessions)

### 1.3 Develop Local Leadership Networks

#### *Summary*

Local leadership is needed to identify and advocate for increased programming and support for regulation exempt caregivers.

#### *Implementation Tasks*

- Develop via community based organizations with support from private philanthropic organizations (i.e. United Ways, YMCA's etc.)
  - Play and Learn Groups
  - Mentoring and Support Groups
  - Kindergarten Transitions Activities
- Explore the viability of creating a pool of public funded programs geared towards the needs of regulation exempt caregivers.
  - Education and Library Programs (i.e. Family Place Libraries)
  - Food and Nutrition Programs (Education, Health and Public Welfare)

### **Focus Area 3: Potential Funding Partners**

1.1 Engage, educate and solicit funding community

#### *Summary*

Committee members assembled a list of potential funding partners who might be interested in supporting the development of regulation exempt initiatives in Pennsylvania.

#### *Implementation Tasks*

Private Philanthropic Foundations

United Way: Born Learning Campaign and Success by Six

Children's Trust Fund

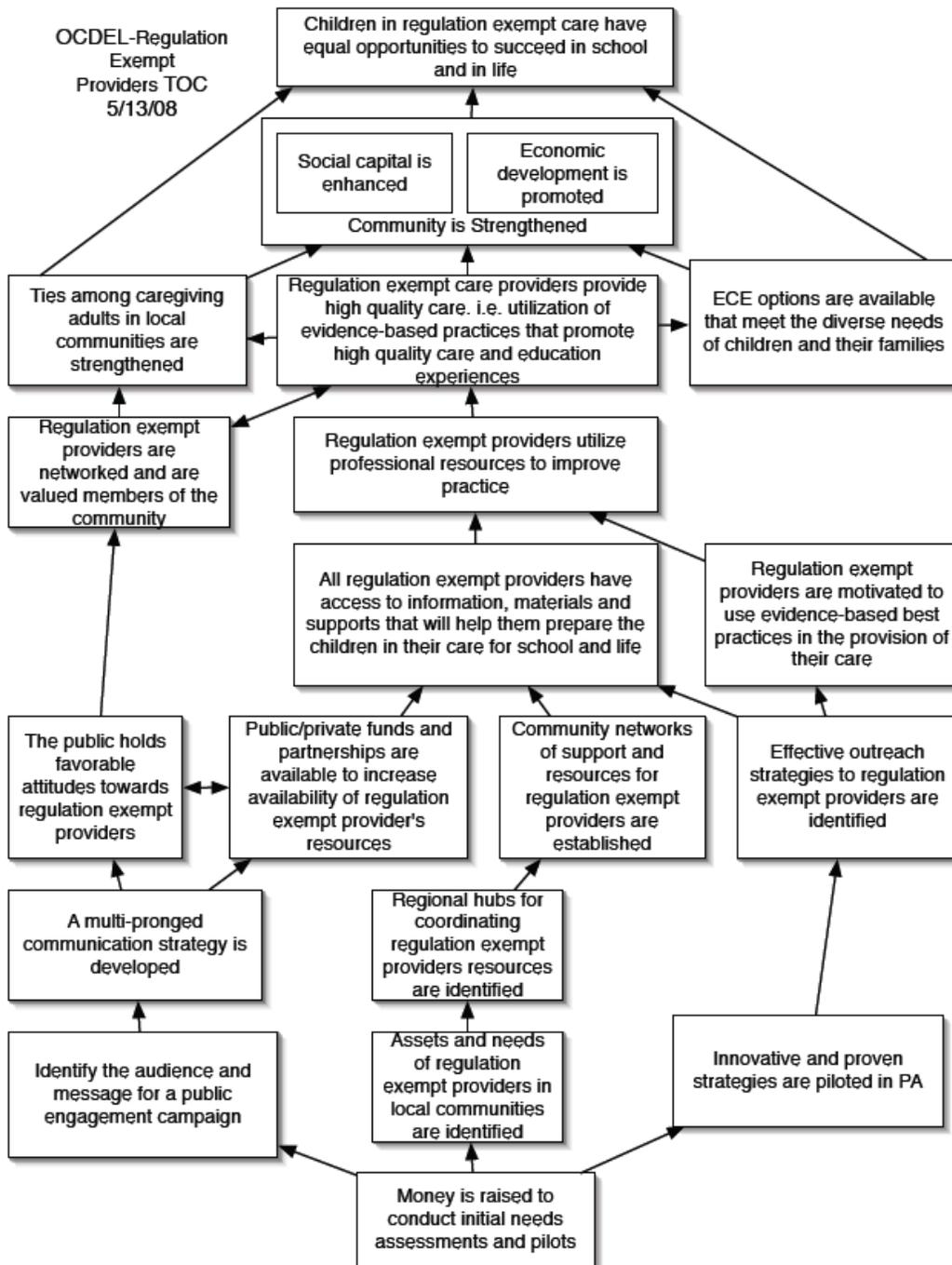
Family Centers

Libraries

Community based organizations

Institutes of Higher Education

Theory of Change



## Appendix B

### **Committee Process for Developing Regulation Exempt Recommendations**

The charge of the committee was to develop a set of recommendations for informal care providers I thought the purpose was to develop recommendations for a strategy for those that participate in subsidy. The committee process consisted of:

#### **Meeting 1**

1. Defining “relative neighbor; informal care; family friend and neighbor care”
2. Reviewing national practices
3. Identifying assumptions as it relates to informal care providers
4. Identifying which populations of caregivers the strategies should serve

#### **Meeting 2**

1. Identifying strategies implemented in Pennsylvania on the local level
2. Developing Theory of Change
3. Identifying interim and long-term goals

#### **Meeting 3**

1. Refining Theory of Change and assumptions
2. Developing list of recommended strategies
3. Discussing Funding Strategy (public-private)

#### **Meeting 4**

1. Review Draft Feedback
2. Finalize List of Recommendations

In addition to the committee meetings, several members of the committee participated in a variety of activities to gather additional information about family, friend and neighbor care. Two members of the committee also attended a meeting in Centereach, NY, sponsored by the BUILD initiative, to learn firsthand about Family Place Libraries as potential resources for regulation exempt caregivers. Meeting participants also engaged in discussions about how community partnerships in general could be effective in supporting families and caregivers and how such partnerships could be integrated into early learning systems.

Members of the committee also participated in webinars hosted by the National Women’s Law Center. The webinar series presented information about specific initiatives being developed for regulation exempt caregivers that could be included in state policies, including participation in the Child and Adult Care Food Program, California’s statewide training effort, Illinois’ Community Connections program linking regulation exempt care to Pre-K programs, and unionization among regulation exempt caregivers.

The committee engaged in several activities to lay a foundation for our specific recommendations. These included:

- Articulating our assumptions about how to approach this work.

An important first task for the committee was to reach consensus on assumptions that would guide our recommendations. The list of assumptions was grounded in a review of the regulation exempt literature and the experience of committee members working in Pennsylvania. Some of these assumptions also reflected decisions that were made about the scope of our work, and

priorities for our recommendations. For example, the committee had to first agree whether the recommendations we were going to make should apply to all regulation exempt caregivers or only those participating in the child care assistance program.

Briefly, the committee believes that efforts to support regulation exempt caregivers should be part of a comprehensive early learning system and designed for all regulation exempt, not just those participating in the child care assistance program. We also believe that there are unique strengths in regulation exempt care that should be supported at the same time efforts are made to improve quality in these settings. We also believe that early learning during the preschool period is best supported by participation in pre-K programs and all children, including those in regulation exempt care should have access to them. We also believe that community-wide networks of diverse partners will be key to outreach and service delivery and that services will have to be customized according to local needs which are likely to vary considerably in PA. A key element of support efforts should be a public engagement campaign that dispels negative images of regulation exempt care that seems common in Pennsylvania.

Please see Appendix C for the complete list of assumptions guiding our recommendations.

- Articulated a theory of change to guide work of committee

Committee members also engaged in discussions about the long-term and interim goals or outcomes that our recommendations should achieve. The long term goals included creating positive early learning experiences for children in regulation exempt care so that could succeed in school and life. Additionally, we believe that the strategies developed to support quality in regulation exempt care simultaneously support the strength and health of communities. An example of an interim goal is the establishment of community networks to do outreach and provide services for regulation exempt caregivers and children in their care. Goals were then ordered into a systematic theory of change depicting the steps that the committee believes will be required to achieve the ultimate goal of supporting the early learning of children in regulation exempt care in Pennsylvania. This theory of change then served as a framework for the specific recommendations of the committee.

Please see Appendix A for a visual depiction of the theory of change.

- Inventoried existing services and resources that are available or could easily be adapted for regulation exempt.

Committee members shared their knowledge of resources that are available to, or have been available to regulation exempt caregivers. We also discussed resources that could with some modification be made available to regulation exempt caregivers and families using regulation exempt care in Pennsylvania. Examples of state-wide resources include professional development through Keystone STARS, the ECELS program, and the on-line training and other resources offered through the Penn State Better Kid Care Program and Cooperative Extension. Pennsylvania also has 52 Family Place Libraries throughout the state.

Please see Appendix D for the list of resources compiled thus far.

The committee also began to identify potential partners for designing and implementing specific strategies. These include:

- policy makers at both the state and local levels;

- all Child Care Information Services centers and Regional Keys;
- various statewide and/or regional child care advocacy groups (although some of these organizations may need to be convinced of the value in regulation exempt care);
- Early Learning facilities (child care programs, preschools, nursery schools, etc.);
- K-12 education programs and/or school districts;
- higher education (colleges, universities, training programs);
- libraries, recreation centers, public health agencies, and other community public institutions;
- civic groups;
- non-governmental, non-profit, and faith-based organizations;
- physicians and/or their professional organizations (family practice, pediatricians, etc.);
- parenting organizations and other organizations with interest in the needs of working families, employed mothers, dual-income families, etc.;
- child advocacy groups;
- media representatives;
- various chambers of commerce statewide;
- representatives from the business sector (both large and small businesses and/or their respective advocacy groups);

### Assumptions Regarding Regulation Exempt Care

1. A substantial portion of Pennsylvania children are in regulation exempt care because of desire and/or necessity. Thus, regulation exempt care needs to be considered a part of the ‘early learning system’ in Pennsylvania.
2. It is likely that some of regulation exempt care that is currently available to Pennsylvania children is not safe and/or conducive to early learning and many caregivers are in search of support to improve their practice.
3. Strategies and resources must be available to support all regulation exempt providers, whether funded through public subsidies or not, as they all contribute to the early learning experiences of Pennsylvania children.
4. Children in high quality regulation exempt care can meet the Pennsylvania standards for early learning. However, all children by the age of 4, including those in regulation exempt care, should have access to regular educational experiences in a structured early learning environment, such as pre-kindergarten, to promote a more positive transition to elementary school.
5. Experience in high quality regulation exempt care can promote school readiness of young children and support the school performance of school-aged children. Moreover, it can also more broadly promote a child’s identity and citizenship as a member of his or her community (defined culturally, linguistically, geographically etc) by teaching the child the values, language, and expectations for social behavior that define members of that community and forging connections with other adult members and children in that community. This historical identity offers “..meaning, belonging, and a place of resistance to cultural assimilation – particularly for children outside of the cultural mainstream.” (Nimmo, 2003).
6. Among the range of child care and early education options available, high quality regulation exempt care has particular assets including, but not limited to, its ability to strengthen ties among caregiving adults in local communities, to fortify social capital in neighborhoods (*e.g. strengthen community organizations*) and to create choices that meet the needs of diverse families including those with children who would be challenged in larger group situations because of temperament or special needs, families, who because of linguistic and/or cultural reasons, are unable or do not want to participate in the formal child care system, who prefer home environments and trusted caregivers for their infants and young toddlers, and those who must work nontraditional hours and/or schedules. Regulation exempt care also strengthens communities by assuring that the healthy development of children in regulation exempt care is promoted in all of the ways described in #5 above.
7. Regulation exempt providers will be most likely to offer higher quality care if they have chosen to provide the care, and have interest in improving their caregiving,
8. A number of barriers exist to improving the practice of regulation exempt caregivers including a lack of knowledge of resources, physical and social isolation, linguistic and cultural barriers, mistrust of government systems, financial barriers, a view of self as merely a “babysitter”, a bias against “experts”, cultural norms and standards of “adequate care” and “quality” that appear inconsistent with professional standards of quality care, and barriers in public policies.

9. Interventions aimed at providing resources and support to regulation exempt providers must go beyond traditional strategies aimed at professional early learning teachers and child care providers to cross-sector approaches that are particularly sensitive to the variety of reasons families choose regulation exempt care, the variety of reasons regulation exempt caregivers provide care, the fluid nature of regulation exempt care arrangements, and the fact that these arrangements, most often unlicensed and not subsidized, are closer to the “family” end of the “child care continuum”. However, because of the limited nature of resources available to improve practices in regulation exempt providers, priorities for deploying these resources need to be determined. Criteria for these priorities may include, but are not limited to, the motivation of the regulation exempt caregiver to provide the care, those providing care to children receiving subsidies, caregivers who provide regular care for 10 or more hours per week.

10. Supporting regulation exempt providers will take the creation of community-wide networks that bring together diverse partners, including those who serve early learning providers, families, seniors, and young children who can reach providers where they “work, play, pray and pay”. Partnerships with trusted community organizations, particularly in neighborhoods with immigrant communities, are vital for successful outreach to regulation exempt providers.

11. Particular interventions for regulation exempt providers will need to be tailored to local community contexts. No one-sized fits all approach will be sufficient to address the diversity of needs.

12. Developing and funding a system of networked resources to adequately support regulation exempt providers will entail a change in the public’s current negative perception of regulation exempt care.

13. Families that include children with special needs and developmental delays utilize regulation exempt care at a higher rate than the general population. This is due to numerous factors including: family comfort levels with leaving their child in the care of an unknown caregiver; fear of rejection of the special needs of the child by unknown adults and other children; parents need to seek flexible, part time care; the necessity for caregivers to be willing to handle special medical or developmental needs.

14. Many families that include a child with a special need believe they have limited options for child care arrangements. This belief often leads them to choose regulation exempt care as a viable option to meet their needs.

15. Regulation exempt caregivers who provide care to children with special needs and/or developmental delays would benefit from consultation from Early Intervention Specialists and other qualified Early Care and Education professionals. However, many of these children are receiving care part time and may not be receiving these support services in the context of the family, friend of neighbor caregiver environment.

16. The model of Early Intervention in Pennsylvania is guided by the principles that children learn from everyday interactions with familiar people, places, experiences, and routines and that Early Intervention supports are individualized for each child and family. Eligible children with special needs and/or developmental delays would benefit from consultation and the support of Early Intervention Specialists and other qualified Early Learning Professionals. However, many of these children may not be receiving these support services in the context of these environments, especially children in part time care. This model of supports can be a powerful

resource for eligible children in regulation exempt care and should be maximized for children who are eligible.

17. For children with special needs and developmental delays, quality regulation exempt caregiver relationships have the potential to provide essential ongoing, long-term natural supports to families. Therefore these relationships should be valued and supported to ensure that children are receiving the maximum benefit of these opportunities.

## Appendix D

### **Pennsylvania Resources Available to Regulation Exempt Care**

State-wide resources (currently serving or open to regulation exempt in some capacity)

- American Academy of Pediatrics [www.aap.org](http://www.aap.org)
- Better Kid Care – <http://betterkidcare.psu.edu/>
- Child Care Works Subsidy Program via Child Care Information Services
- ECELS – [www.ecels-healthychildcarepa.org](http://www.ecels-healthychildcarepa.org)
- Early Intervention – (800) CONNECT
- Pennsylvania Home-based Child Care Provider Association (800) 294-3324
- Pennsylvania Library System – Family Place Libraries  
<http://www.familyplacelibraries.org/locations.php?state=PA>
- Professional Keys to Quality System [www.pakeys.org](http://www.pakeys.org)
- Special Kids Network – (800) 986-4550

Other possibilities (could be expanded to serve regulation exempt providers):

- Department of Health
- Women, Infant and Children Program
- Children’s Museum
- State-funded Family Support Programs: Nurse Family Partnerships, Parent Child Home Program (includes Parents as Teachers at some sites), Family Centers.
- Children’s Trust Fund
- Communities that Care
- Pennsylvania Parent Information and Resource Center
- One Book Every Young Child Initiative
- Parent to Parent of Pennsylvania Program, 1-800-986-4550, [www.parenttoparent.org](http://www.parenttoparent.org),
- PBS’s Ready to Learn Initiative: workshops, website, publications to augment programming and promote media literacy (not sure if offered to regulation exempt providers)

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