Bringing High-Quality Comprehensive Care Home:

Strategies to Build and Sustain Early Head Start in Family Child Care

I. INTRODUCTION

Successful partnerships between Early Head Start (EHS) grantees and family child care homes promote high-quality care for young children and access to comprehensive services and supports to strengthen families, in one nurturing home setting. Many partnerships aim to provide services as seamlessly as possible to children and families by leveraging the resources and strengths of both EHS and family child care and better coordinating the delivery of early childhood services in communities. Building strong EHS–family child care partnerships requires navigating two systems—Head Start and child care. While it may prove challenging, this strategy holds promise for meeting the needs of more of our most vulnerable babies and toddlers, and it is worth the effort.

This Technical Assistance Paper builds on lessons learned about delivering EHS in family child care drawn from reports and interviews with some of the consultants who worked with demonstration sites as a part of the EHS for Family Child Care Project. The paper is intended to be a resource to potential partners and state and local administrators looking to support partnerships between EHS and family child care. The EHS for Family Child Care Project was a joint project of the federal Office of Head Start (OHS) and Office of Child Care (OCC) to develop a framework and guidance for replication of EHS–family child care partnerships. That framework helped guide 22 demonstration sites around the country along a continuum of stages in developing or sustaining EHS–family child care partnerships, ranging from building awareness and knowledge to changing practices and better aligning policies. Demonstration site activities took place over the course of 10 months starting in January 2011. This paper will elaborate on key findings from these activities, which are categorized according to the short-, medium-, and long-term stages of partnership building outlined in the project framework.

SHORT TERM: These strategies are useful to move from raising awareness to building the motivation to partner:

- Raise awareness and understanding of the family child care option.
- Build understanding across EHS and child care partners and their systems.
- Overcome negative attitudes about family child care providers and their capacity to provide high-quality services.
- Cultivate partnerships strategically at the local and state levels.
- Recruit providers and family child care specialists with the skills to provide high-quality services.

MEDIUM TERM: These strategies are useful to change behavior, practice, and policy:

- Consider carefully whether to employ family child care providers or contract with them.
- Formalize partnerships to clarify roles and responsibilities and to establish the partnership for the long term in state and community systems.
- Ensure access to family child care Child Development Associate (CDA) and higher education programs for providers who need to meet the educational requirements within 2 years or advance further.
- Support family child care providers in meeting federal EHS family child care option standards for quality and services.
- Support child development specialists to manage their multiple roles.
- Be aware of and adapt to political and economic contexts in the state and community.

Early Head Start for Family Child Care was a project of the Office of Head Start and the Office of Child Care. The purpose of the project was to design, implement, and evaluate a replicable framework that supports a partnership between Early Head Start and family child care.

More information about this project, the framework, tip sheets, and additional resources to support partnerships may be found at the Early Childhood Learning and Knowledge Center (ECLKC) Web site, http://ohs.headstartinfo.org/eclkc/index.html

What Is the EHS Family Child Care Program Option?

OHS promulgated regulations in 2008 that gave EHS/HS grantees the option to deliver their programs in family child care, in addition to center-based or home-based approaches. "Head Start family child care" means EHS/HS comprehensive services provided to a small group of children through their enrollment in family child care. In 2010, 2% of EHS children were served by this option.

To meet federal requirements, grantees providing EHS in family child care must:

- Deliver child care services in homes licensed by the state.
- Have providers who, at a minimum, enroll in a CDA program or an associate's or bachelor's degree program in child development or early childhood education within 6 months of beginning service provision.
- Meet staff-to-child ratios and group size requirements.
  - A single provider may care for no more than two children under age 2 in a group not to exceed six children under school age.
  - When there is a provider and an assistant, the maximum group size is 12 children with no more than four of the 12 children under 2 years of age.
  - The provider's children under age 6 are included in the count.
- Employ child development specialists with, at a minimum, an associate's degree in child development or early childhood education.
- Provide coaching and monitoring through the child development specialists, who must visit homes at least every two weeks.
- Meet federal Head Start Program Performance Standards (HSPPS) for comprehensive service delivery, including health, mental health, nutrition, and family support services.

Source: Office of Head Start, Administration for Children and Families, U.S. Department of Health and Human Services. (2008). *Family child care option—Final rule.* Retrieved from http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/Family%20and%20Community%20Partnerships/Community%20Partnership/Program%20Options/AdditionofFamil.htm

LONG TERM: These strategies are ideas to secure EHS in family child care partnerships for the long term:

- Promote and share information about the model.
- Increase program and policy alignment between EHS and family child care.
- Support family child care quality and build capacity for technical assistance relevant to developing and sustaining partnerships.

II. LESSONS LEARNED: WHAT IT TAKES TO BUILD AND SUSTAIN EHS IN FAMILY CHILD CARE

At one end of the continuum, partners were just starting to explore and plan, while at the other end formal agreements to deliver EHS in family child care homes had been established for years and site leaders wanted to consider replicating the model statewide. The project framework laid out specific short- and long-term goals of partnership for the local and state levels to help guide the teams' work. The findings that follow are presented in two stages:

1) Short term: Moving from raising awareness to building the motivation to partner.

2) Medium term: Changing behaviors, practice, and policy.

Exploring Partnerships in the Short Term: Getting from Awareness to the Motivation to Partner

The project framework recognizes that the early steps of partnership building would raise awareness and increase the knowledge, skills, positive attitudes, and motivation of potential partners, including EHS grantees, family child care providers, and other key stakeholders in their community and state. (See Table 1, "Short-Term Outcomes for EHS–Family Child Care Partnerships.")

Several challenges to achieving these short-term outcomes and strategies to address them emerged.

Raise awareness and increase understanding of the family child care option. Raising awareness and increasing knowledge about the potential of EHS in family child care is a fundamental first step to building partnerships. Interviewees were sometimes surprised to find that key stakeholders at the community and state levels were not aware that delivering EHS in family child care was a valid option under federal rules.

Table 1. Short-Term Outcomes for EHS–Family Child Care Partnerships

Short-Term Goals	LOCAL	STATE
Awareness of…	The varied experiences of family child care (FCC) providers. State and local resources that support comprehensive, high-quality service delivery. Where low-income infants and toddlers are receiving care.	Shared responsibility for the implementation of EHS in FCC. Challenges to seamless service delivery of EHS and FCC. State quality improvement efforts.
Knowledge of…	Head Start Program Performance Standards (HSPPS) and state child care regulations (CCDF, licensing).	Intersections between HSPPS and state child care regulations (CCDF, licensing). Who is providing FCC to low-income infants and toddlers.
Skills to…	Recruit and support providers. Implement HSPPS. Develop relationships (EHS, local R&R representatives, FCC providers, and families).	Increase awareness among families and providers about EHS FCC. Demonstrate an ability to promote partnership between EHS and FCC.
Attitude that…	FCC is a "good" option for infants and toddlers.	Both systems (EHS and child care) have a role in serving low-income infants and toddlers.
Motivation to…	Provide comprehensive services to more infants and toddlers through EHS in FCC.	Mirror national partnerships between OHS and OCC. Make high-quality, comprehensive services available to low-income infants and toddlers.

Source: Early Head Start for Family Child Care Project. (2010). *EHS FCC outcomes and ultimate goal.*

(See box, "What Is the EHS Family Child Care Program Option?") This was true in both the child care and EHS/HS systems. Even among those who had heard of the option, many thought that the requirements would be the same as those for EHS in a center. For example, there was a misconception that the staff-to-child ratios would be the same as in a center (one to four) rather than altered to fit the family child care setting. Family child care providers sometimes assumed they had to have earned a college degree prior to participating. Even the family child care association in one state had not heard about the family child care option.

Strategies to achieve this first step include:

- *Holding an introductory briefing with local and state officials.* Family Star in Denver, Colorado, conducted a meeting that included the Mayor's Office for Education and Children, the Head Start State Collaboration director from the Lt. Governor's Office, local and state licensing staff, resource and referral staff, and representatives from a state foundation early childhood initiative. Partners involved in the All Our Kin site in New Haven, Connecticut, made a point of meeting with New Haven Public Schools leaders to share information that led to opportunities to explore connections with the school's Head Start and state pre-kindergarten program.
- *Speaking at local and state meetings and conferences.* One interviewee said that as a result of disseminating information about the family child care option around the state they had "raised expectations" among family child care providers that they could develop partnerships with other EHS grantees.
- *Disseminating information and materials in the community.* The Community Action Partnership of Huntsville/Madison & Limestone Counties, Alabama, saturated the media, child care collaborators, and partners with information on family child care and the project.

Build understanding across EHS and child care partners and their systems. Building partnerships requires that the partners understand the rules applying to both systems. At

both the local and state agency levels, interviewees found that family child care providers, licensors, resource and referral agency staff, and state subsidy and quality program administrators were not familiar with the educational and comprehensive service requirements for EHS programs. EHS grantees and technical assistance providers may not have previously interacted with the child care subsidy system if they had not served children in that program. This can become quite a barrier to the creative use of both funding streams to meet HSPPS in family child care. It can also stifle communication and cooperation among front-line staff. For example, one long-established EHS in family child care partnership found through a project focus group that child care eligibility staff had not previously understood that the family child care specialists had different responsibilities to support families and link them to comprehensive services.

Strategies to address a lack of understanding include:

- *Allowing adequate time to grow the partnership and mutual understanding and agreement.* Previous federally funded research on Head Start–child care center efforts to partner identified adequate time to think through and plan as a key factor associated with successful partnerships.[1] This was true for the Leech Lake Band of Ojibwe Tribe. Even though the administrators of EHS and the child care subsidy program had a good relationship, it took several months of meeting and discussing the concept of the family child care option and how it might work before they took the leap to begin providing services.
- *Engaging a third-party facilitator with experience in system and partnership building to guide the process.* The EHS for Family Child Care Project provided a consultant to assist each site team. Site team members were usually busy managing programs and services, so it was helpful to have a person focused on moving the project forward in both the planning and implementation stages.
- *Using planning tools to identify readiness for partnering and policy options.* As part of this project, ZERO TO THREE staff developed a self-assessment tool for teams to think about concrete outcomes and indicators modeled on the project framework. Other tools mentioned by interviewees included a collaboration planning tool provided by the National American Indian and Native Alaskan Head Start Collaboration Office and Tri-TAC to the Ojibwe Tribe as well as the Center for Law and Social Policy's *Tool to Examine State Child Care Subsidy Policies and Promote Stable, Quality Care for Low-Income Babies and Toddlers.*
- *Building intentional relationships with child care subsidy and/or licensing administrations.* Having these stakeholders' support can help a project gain access to information and technical assistance to understand child care rules and regulations. In Arizona, Chicanos Por La Causa identified the state Department of Economic Security as an important potential partner given its role in monitoring family child care homes. In Oregon, licensing specialists have worked closely with EHS in family child care providers to help them meet the requirements to become certified.
- *Connecting with the Head Start State Collaboration directors and federally funded technical assistance.* Grantees can engage the Head Start system of resources for support and information. Some local leaders may not be aware that the federal Head Start Training and Technical Assistance (T&TA) system has designated at least one person in each state to work on infant and toddler issues. One site leader recommended getting in touch with that person to gain access to those supports. In addition, the Early Head Start National Resource Center, funded through OHS, houses and disseminates resources, tools, and information related to the family child care option.

Overcome negative attitudes about family child care and the capacity to provide high quality services. Negative attitudes cannot be ignored. Left unattended, negative attitudes can create problems down the line. For example, one interviewee said that the education specialists on staff at the EHS grantee still doubted the ability of family child care providers to be as high quality as center-based providers. This had to be addressed in order for the site to be supportive and offer reflective practice opportunities to new child care specialists brought on to support family child care partners.

Strategies to overcome negative attitudes include:

- *Meeting with potential supporters early on to explain the value of partnership, describe the family child care option, answer questions, and gain buy-in.* For example, one site said that going to the Head Start and family child care associations as soon as possible was critical to its approach.
- *Surveying EHS staff members to understand how they thought about family child care, in order to design training and materials more effectively.* Several sites conducted pre- and post-training surveys to understand preexisting perceptions and knowledge and to determine how effective their trainings were.
- *Bringing staff and others to a high-quality family child care home to see how it works for children and families.* One site leader said that beliefs among EHS staff members about the capacity of family child care providers ranged from "awe" to "fear." Bringing them to a home helped allay concerns and build faith in provider capacity.

- *Conducting cross-training of EHS, family child care, and other partners* (e.g., child care resource and referral staff, child care subsidy staff, state licensors, technical assistance providers) on such topics as HSPPS and interactions with child care licensing and quality initiatives. In Arizona, Chicanos Por La Causa worked with the Department of Economic Security to hold cross-training sessions with EHS and child care licensing staff.
- *Developing visual presentations and public service announcements (PSAs) to illustrate high-quality, comprehensive care in a licensed family child care setting.* Two sites developed videos for presentation to community agencies including the local planning council, WIC, and maternal and child health programs. One site developed PSAs—in English and Spanish—that can be used on local television and radio. The ideas behind this approach were to build the understanding that child care and Early Head Start both have an important role to play and to reinforce the attitude that family child care is a good, even ideal, option for infants and toddlers.

Cultivate partnerships strategically at the local and state levels. Project teams used their demonstration site to connect with key players in the early childhood systems in their states and amplify the opportunities inherent in EHS–family child care partnerships.

Strategies for cultivating partnerships include:

- *Becoming a presence in state planning meetings, such as those of the Early Childhood Advisory Councils (ECACs).* Project leaders from the New Haven, Connecticut site met with State Department of Education leaders and were invited to be ongoing members of the Early Childhood Advisory's professional development subcommittee to represent family child care interests. When the opportunity came to develop a response to the federal Race to the Top – Early Learning Challenge, site leaders were encouraged to suggest ideas for including family child care.
- *Offering to be a resource to state leaders on improving quality in family child care.* Northeast Kingdom Community Action in Vermont met with state leaders in child care and Head Start early on in their project. They formed a "mini-group" with key state administrative stakeholders that convened twice a month to communicate progress on the local partnership. Since state leaders have been exploring how best to improve family child care quality, the partners in the EHS for FCC Project volunteered to serve as an "incubator" for providing high-quality family child care.
- *Encouraging or informing state efforts to increase alignment of standards among early care and education programs.* Sites in Colorado, Connecticut, Michigan, and Vermont are now closely involved in state-level efforts to review standards and requirements across child care licensing, subsidy, quality rating and improvement systems (QRIS), prekindergarten, and/or EHS/HS. The Fairfax County, Virginia, site commissioned an analysis of both challenges to expanding EHS–family child care partnerships to other regions of the state and opportunities to increase policy alignment.
- *Building relationships with existing family child care associations, networks, or systems.* Existing groups of family child care providers can be well poised to be strong allies in local or state efforts. They may also have familiarity with the accreditation standards of the National Association for Family Child Care (NAFCC) or other resources to aid the partnership.
- *Connecting with other key community leaders.* Several sites reported meeting with state or local foundation staff, early childhood planning councils, local colleges and universities, and other community-based agencies. For example, the All Our Kin team in New Haven, Connecticut reached out to a variety of community agencies and built relationships that are serving them well. These include: the Diaper Bank, which furnishes free diapers; The Children's Museum and Read to Grow, for the provision of high-quality children's books to FCC programs; Yale University and a statewide private family foundation who is now supporting replication of the All Our Kin model. Additionally, All Our Kin is a member of the early childhood community collaborative that has endorsed EHS-FCC.

Recruit providers and family child care specialists with the skills to provide high-quality services. Concerns about identifying family child care providers who were qualified to serve as child care providers for EHS children often came up for site project teams. A survey of EHS/HS directors in Virginia that was conducted by the Fairfax County Office for Children site found that 86% of respondents considered this a potential barrier.[2] A review of federal EHS rules as compared to the state or local child care licensing/regulation requirements applicable in the 17 states in which sites were located showed great variation across states, and state licensing expectations for family child care providers are usually lower than those required by EHS family child care option rules.[3] Interviewees said that the combination of education, skills, and knowledge necessary to be an effective child development specialist for family child care providers is difficult to define and find.

Strategies for recruiting skilled, professional family child care providers and specialists include:

- *Using child care licensing, QRIS, or professional development registry data to identify high-quality providers.* State

licensing can identify those providers who have no record of compliance issues. In cases where licensing staff visit family child care providers often enough to know them well, providers can provide valuable insights. If a state has a QRIS that applies to family child care, that data can be used to find highly rated providers. Professional development registries track the types of training and education providers have completed, and can help identify those who have focused on infant/toddler development.

- *Working with family child care networks/systems.* Formal family child care networks/systems are affiliated groups of providers who all contract with a centralized management system. Centralized management may provide professional development, peer support, fiscal and operational oversight, and efficiencies of scale for family child care providers who would otherwise be more isolated.[4] This arrangement can make it easier for a state subsidy agency or local organization to contract with a set of providers and share management responsibilities. For example, All Our Kin is a family child care network in New Haven, Connecticut, that existed prior to the EHS for Family Child Care Project. The United Way of New Haven, an EHS grantee, partnered with All Our Kin in their EHS in family child care model.
- *Taking the time to find child development specialists who have a mix of skills and are comfortable with visiting homes.* Federal rules specify that child development specialists will: periodically verify compliance with either contract requirements or agency policy, depending on the nature of the relationship; facilitate ongoing communication among grantee or delegate agency staff, family child care providers, and HS/EHS families; provide recommendations for technical assistance; and support the family child care provider in developing collegial or mentoring relationships with other child care professionals. Interviewees said that this role is different from what current education specialists might find familiar, in part due to the home setting. Another issue is ensuring the competence of the specialists to work with the linguistically and culturally diverse family child care provider population. They advised paying careful attention to the job description and selection process and were happy to share what they developed with future partnerships. One site said it was looking for skills in coaching, adult learning styles, child development content, and small business practices—plus a strong belief in family child care as a quality setting. In addition, these specialists must be willing and able to coordinate with other monitors who might be working inside the family child care home and other content area specialists.

Medium-Term Goals: Changing Behavior, Practice, and Policy

Once potential EHS and family child care home partners have the motivation to plan and implement a program, they are poised to take action. The project framework identifies that this next stage of establishing an EHS in family child care model would require teams to work together to change behaviors, practices, and policies at the local and state levels. (See Table 2, "Medium-Term Outcomes for EHS–Family Child Care Partnerships.")

Challenges to achieving these medium-term outcomes and strategies to address them emerged.

Consider carefully whether to employ family child care providers or contract with them. When a program hires family child care providers as employees, it assumes direct management of family child care and is responsible for setting all policies and managing personnel and financing. Employees could have access to current benefits offered by the EHS grantee to staff. On the other hand, when a program chooses to contract with providers, it shares responsibilities with providers in the community who operate as independent business owners. In this model, providers may care for children from families in different situations; they could include EHS, child care subsidy, and private-pay families. Providers may have expertise to work directly with the child care subsidy system as a means to augment the grantee's federal funding.

As contractors, however, organizations must pay careful attention to avoiding the appearance of an employer–employee relationship, to ensure that the IRS does not consider them liable for the employer portion of the contractor's Social Security and other payments based on compensation.[5] A contractor must be judged to be truly independent by the IRS, which may run counter to a grantee's goal of ensuring that HSPPS are met in the delivery of family child care. Contracts must clearly state their expectations, including clarifying activities that should not occur. (See box, "Tips and Tools for Writing a Contractor Contract.")[6]

When developing a model for delivering EHS in family child care settings, the grantee should think through the implications of this choice in terms of its own agency (discussing with the policy council, board, and staff) as well as how the model will be perceived in its community. Several sites shared that this decision raised surprisingly strong feelings, and advised others to explore these issues early on with all those invested in the partnership. One site team had to change its model when board members for the grantee were briefed toward the end of the planning process and were uncomfortable with the idea of contracting with outside providers. Another

Table 2. Medium-Term Outcomes for EHS–Family Child Care Partnerships

Medium-Term Goals	LOCAL	STATE
Behaviors show…	Collaborative relationships and partnerships exist between EHS and FCC providers, state and local child care administrators, and other stakeholders. The community (including families of EHS-eligible infants and toddlers) is aware of the EHS FCC option. FCC providers are connected to state/local resources.	Strategies exist for overcoming obstacles. Acknowledgement of the shared responsibility for the relationship between EHS and child care to promote a successful EHS FCC. A shared vision exists for the implementation of EHS FCC.
Practices demonstrate…	The community of EHS FCC providers has a strong capacity to provide quality, comprehensive services.	A defined process exists for partnerships between EHS and child care. A statewide system exists of FCC providers who provide care to EHS infants and toddlers.
Policies exist on…	(1) Recruiting and enrolling families into EHS FCC, (2) Creating a fiscal infrastructure to support EHS FCC, (3) Articulating the relationship between EHS grantees and FCC providers.	HSPPS and state child care regulations (subsidy, licensing) alignment. Supporting the recruitment and enrollment of families into EHS FCC.

Source: Early Head Start for Family Child Care Project. (2010). *EHS FCC outcomes and ultimate goal.*

chose the contracting approach to avoid the perception that EHS was "taking over" family child care in a community.

Sites used various strategies to decide on these different grantee–provider relationships:

- *Contracting with existing individual family child care providers to care for EHS-eligible children.* Most of the sites have planned or are implementing the model by contracting with family child care providers in their community. These grantees developed highly selective criteria to gauge the professionalism, skills, and qualifications of potential contractors. They often relied on advice or data provided by child care system partners, such as child care resource and referral, licensing, QRIS, and subsidy administrations to recruit candidates. Conducting home visits with candidates provided more information as well.
- *Contracting with a staffed family child care network/system.* Staffed family child care networks/systems already exist in some areas of the country. Some states may even have contracts with family child care networks to care for subsidy-eligible children, and they might be providing higher payments to meet and enhance quality and training for providers in the network.[7] In the case of the site in New Haven, the All Our Kin network had been operating for many years using a variety of public and private funding sources to enhance quality of care and provide supports such as new provider mentoring, training, and help for attaining a CDA. Entering into a contract with the local EHS grantee added the capacity to meet HSPPS and hire higher quality family support workers to provide comprehensive services to children and families.
- *Employing family child care providers in EHS.* A key factor was whether state or community regulations and supports were sufficient to provide a foundational infrastructure upon which to build. In states that don't require licensure/regulation, EHS grantees were concerned that all the liability for the family child care providers' program would fall on the grantee. Employing family child care providers also allows the grantee to extend much-needed health care and other benefits to those providers, which some grantees may see as a way to strengthen services in their community.
- *Developing and supporting a network of family child care providers in a community to help them become more "EHS-ready."* Some sites had not yet moved into full delivery of

the family child care option, but spent significant time building capacity in their community by providing training, technical assistance, and supports to family child care providers. This strategy can build a pool of providers who can later become formal contractors to deliver EHS in their homes. Northwest Michigan Community Action Agency provided coaches, stipends, and other supports to help providers work toward meeting HSPPS.

Formalize partnerships to clarify roles and responsibilities and to establish partnerships for the long term in state and community systems. Previous federally funded research on Head Start–child care center efforts to partner identified adequate use of clear formal contractual agreements as a key factor associated with successful partnerships.[8] Site leaders reported that this lesson learned applied not only to relationships between an EHS grantee and family child care providers, but also to relationships with other community partners (resource and referral agencies, technical assistance providers) and to relationships with and among state agencies. Developing strong formal agreements makes roles and responsibilities clear. It can also help sustain partnerships even when personnel at the state or local level change.

Strategies to formalize partnerships include:

- *Using formal agreements (contracts or memoranda of agreement [MOAs]) that specify that family child care providers will adhere to HSPPS and other health and safety requirements as required by federal rules. These agreements also spell out any stipends or other resources available to family child care providers.* Contracts should be clear about what the specific requirements are or refer to the federal provisions. Documentation is important. One site reported that it needed to show documentation that its family child care provider contractors agreed to meet federal immunization and criminal background check requirements during its federal monitoring review. Formal agreements will also reassure potential family child care provider partners by presenting in writing what they can expect upon signing the contract and what resources will be available to them.
- *Building community-wide intake and referral systems that match children and families with the services they need and want.* Establishing an EHS in family child care model is an opportunity to increase communication and coordination at the local level, as well as expand choices for parents with

Tips and Tools for Writing a Contractor Contract

Use of terminology. When establishing an independent contractor relationship, an agency "contracts for services" or "retains" the contractor. *Hiring* is a term only used in the context of creating an employer–employee relationship. "Customers" or "clients" are the users of the services of the independent contractor. These clients should be "enrolled" in programs rather than "placed." Obviously, the agency should never use the term *employee*.

Training of sponsoring agencies and family child care providers. Agencies should identify local legal counsel familiar with labor and tax law to provide ongoing training to both the agency and the providers about the laws' requirements.

Developing the contract. Although no law allows a statement in a contract alone to conclusively determine employment status, it is critically important that contracts specifically state that the providers are considered to be independent contractors.

Key elements of the contract. Contracts should make clear that they are not exclusive and that independent providers are free to accept other children who are not enrolled by the network/system. Contracts should identify those hours during which the provider must be open to perform the services required under contract but clarify that the provider may be open during other hours he or she may choose to establish. Contracts should identify those outcomes that are essential, but explicitly leave the means and methods of accomplishing those to the provider, as an independent contractor. Contracts should operate for a set period of time with an option to renew and a termination clause. Finally, contracts should include items necessary to ensure compliance with the HSPPS, such as background checks, education requirements, etc.

Materials and equipment. The agency may want to consider having providers purchase equipment at a nominal fee, if extensive materials and equipment are provided, to demonstrate ownership outright, rather than having an extensive loan or grant program. No single provider should receive the bulk of materials or equipment from the sponsoring agency; it may be possible to have equipment and materials donated directly by other entities rather than through the sponsoring agency.

Operations and administration. Agencies should issue 1099 statements, and providers should submit invoices or bills rather than timesheets.

Source: Cohen, A. J. (2005). Legal status of providers: Independent contractors versus employees. In B. Hershfield, *Family child care networks/systems: A model for expanding community resources.* Child Welfare League of America.

low incomes regarding the care of their children. Sites had to examine their current intake processes to make sure that EHS-eligible parents would be informed about the choice of a family child care slot. Who would process parents' applications for EHS, determine eligibility, and explain their choices? Sites also worked with other community organizations—such as child care resource and referral agencies, social service agencies (e.g., teen parent, homeless services), and county child care subsidy administrators—to let them know about this program option and determine how to make sure families who might most benefit from this model would be made aware of it. Family child care providers who are independent contractors might offer slots for older siblings, children receiving subsidy funds, and families with higher incomes than EHS eligibility requirements.

- *Writing partnership activities into EHS grants, state Child Care and Development Fund (CCDF) plans, Head Start State Collaboration plans, and interagency agreements.* An important result of the federal EHS for Family Child Care Project has been that many of the EHS grantees participating in the demonstration sites have now written the family child care option into their annual federal EHS grant. In Vermont, EHS in family child care activities are included in the Child Care and Development Fund (CCDF) biennial state plan and the Head Start State Collaboration director's plan submitted to OHS. Efforts by the Community Action Partnership (CAP) site in North Dakota resulted in part in the state Head Start Collaboration Administrator writing family child care collaborations with local Head Start programs into the Head Start collaboration grant goals. In Connecticut, the All Our Kin partnership has been included in the state CCDF plan.

Ensure access to family child care CDA and higher education programs for providers who need to attain theirs within 2 years or advance further. Providers in the family child care option must have a family child care CDA or earn one within 2 years. Some sites found it difficult to find providers who already had a CDA. According to analysis of state rules in 2008, just one state required family child care providers to have a CDA as a preservice minimum qualification, and most limit their requirements for preservice and ongoing service requirements to clock hours of training. This gap may seem insurmountable in some communities. A Head Start director in Virginia responded to a survey question: "Because of the rural nature of our program, it is difficult to find qualified personnel for our Head Start program. It might be impossible to find staff with a family child care CDA." Supply will depend on the area of the country in which a partnership is being developed; however, a few sites had no trouble finding providers in their community who already had CDAs or were highly motivated to earn them.

Strategies for ensuring provider access to education and training include:

- *Tapping into existing federal, state, or local initiatives to improve family child care quality.* In addition to their professional development budget, EHS grantees may also draw on the EHS/HS federally funded training and technical assistance system to support their child care partners. Site teams reviewed their states' use of CCDF quality set-aside funding (each state must spend at least 4% of its grant on activities to enhance the quality of child care) and how those dollars could be tapped for family child care provider partners. Examples of resources accessed include: scholarships for education, the T.E.A.C.H. Early Childhood© program, infant mental health specialists, child care health specialists, training on becoming licensed, support to become NAFCC accredited, QRIS supports, and infant/toddler training and consulting.
- *Partnering with community colleges and universities to shore up the supply of coursework needed for the community.* Some sites reported a lack of available infant/toddler–focused or CDA training, especially for providers whose first language is not English. The Leech Lake Band of Ojibwe Early Childhood Division, which encompasses both EHS/HS and child care, has a locally designed CDA program to assist providers and caregivers to get their CDAs. They also have an articulation agreement with Leech Lake Tribal College in which any person with a CDA earned through the Leech Lake Early Childhood Division who takes one course at the college may count the CDA toward 10 units of the associate's degree in Early Childhood Education. The Fairfax Office for Children in Virginia partnered with the community college to ensure that providers could access education leading to the state's Infant/Toddler Credential. After Virginia leaders secured approval from OHS, Virginia EHS/HS providers became able to count the established state credential toward meeting federal CDA qualification requirements. One provider said, "That helped a lot of providers who had already earned the certificate and believed it contained much more infant/toddler content than local CDA programs would have."
- *Ensuring articulation of the CDA for family child care so providers can further their education.* Some sites are building the coursework required to be an EHS family child care provider into the state system to ensure a continued lattice of education. In Connecticut, All Our Kin offers CDA training leading to the Family Child Care CDA credential, which includes both infant/toddlers and preschoolers. Through the statewide agency Connecticut Charts-A-Course, providers are then able to convert the

Table 3. Differences in EHS and CCDF Policy That Pose Challenges to Layering Funding

Topic	Federal EHS Policy	CCDF Policy
Provider Credentials	Must have at least a family child care CDA or earn one within 2 years.	CCDF subsidies may be used for any provider that meets health and safety requirements as defined by the state. No requirements for credentials.
Staff-to-Child Ratios and Group Size	A single provider may care for no more than two children under age 2 in a group not to exceed six children under school age. Provider's children are included in the count. When there is a provider and an assistant, the maximum group size may be 12 children with no more than four of the 12 children under 2 years of age.	No requirements for ratios or group size other than meeting state CCDF requirements.
Provider Payment Levels	Grantees negotiate with family child care providers to determine payment levels. A federal EHS grantee may use grant funds to add to subsidy payments available in their county for partners.	Law and regulation require states to establish adequate payment rates for child care services that ensure eligible children equal access to comparable care. Federal guidance suggests that payments should be at least high enough to afford 75% of the private market rate for child care; however, there is not a set requirement for state payment levels.
Parent Fees	Grantees may not charge a copay for EHS.	States must establish a sliding fee scale for participating families, but may exempt families with income below the federal poverty level (FPL) from the copay.
Family Eligibility	To establish eligibility a family's income must be less than the federal poverty level for the size of the family (e.g., $18,530 for a family of three). No requirements related to parental work or education status.	States may set eligibility levels up to 85% of state median income (SMI) for a family of that size. Parents must be working, in education/training, or in protective services meeting the state's definition.
Length of Eligibility	Once enrolled, a family remains eligible until child reaches age 3.	Federal requirements do not place a minimum or maximum on length of eligibility.
Job Loss	Eligibility is not changed by parental job status.	Federal law does not prohibit states from providing child care subsidy during periods of job loss.

CDA into six credits toward their ECE degree at any of the state's community or four-year colleges. In addition, All Our Kin has partnered with Charts-A-Course and Charter Oak College to prepare family child care providers to take Pathways examinations, which can give them an additional six ECE credits for a total of 12.

- *Offering intensive infant/toddler professional development.* Some sites focused on adding to the infant/toddler content available in their communities. Several sites offered a two-day Teaching Strategies Professional Development seminar on "The Creative Curriculum for Family Child Care," with an emphasis on infants, toddlers, and twos. Others offered training in the Program in Infant Toddler Care (PITC) and Resources for Infant Educarers (RIE).
- *Using distance education.* Sometimes EHS grantees in rural areas are working over a large area with little access to CDA coursework unless they travel long distances. In Vermont, the site in the Northeast Kingdom supports 10 family child care providers for online CDA self-study courses through the Child Care Education Institute.

Support family child care providers in meeting federal EHS family child care option standards for quality and services. Planning an EHS in family child care model requires analy-

sis of the differences between state and federal requirements and the cost implications. Several sites found this calculation challenging, and wished for additional federal guidance. Each state has unique conditions to analyze for two key reasons: because differences exist among states in child care regulations, and because differences exist in child care subsidy policies/payment levels for family child care.

Whether or not family child care providers in a state are accustomed to meeting requirements for health, safety, care, and education of young children depends on the state in which they operate. For example, the number of children an adult in the home may care for has a direct impact on provider earnings. Analysis of state rules as of 2008 found that 10 states (AL, CT, DC, DE, KS, MA, MD, MI, OK, WA) require providers to be licensed/regulated if they care for just one unrelated child, whereas most states set that threshold at three or four children. In seven states (AZ, ID, LA, NJ, OH, SD, VA) there is no requirement to become licensed/regulated for smaller family child care homes. The standards that providers must meet have a major impact on the cost of providing care.

Under CCDF rules, states have latitude to determine provider payment levels. Federal guidance suggests that payments should be at least high enough to afford 75% of the going private market rate for child care; however, there is no set requirement for state payment levels. Recent analysis of state policies found that only three states meet that standard as of 2011.[9] According to 2010–2011 CCDF state plans, only 19 states (AL, AR, AZ, CT, DC, DE, GA, KS, KY, MA, MD, MT, NC, NJ, NM, OK, VT, WA, WV) required family child care providers to be licensed under state law in order to receive child care subsidy funding to care for eligible children.[10] Demonstration sites that sought to use both subsidy and EHS funding reported that current payment levels in their states were not adequate to support EHS family child care, and they used their EHS grants creatively to augment those payments. They also identified barriers due to differing policies (see Table 3, "Differences in EHS and CCDF Policy That Pose Challenges to Layering Funding.")

Strategies for fully funding the cost of EHS in family child care standards include:

- *Layering EHS and child care subsidy dollars to pay for different components of high-quality, comprehensive family child care.* Federal law permits using both EHS and CCDF funds to care for the same child; the only caveats are that eligibility conditions must be met and that there is no duplication in payments for the same exact services. EHS and state child care subsidies were the major sources of funding for many sites that chose to layer funding. In Virginia, Fairfax County Office for Children uses state child care subsidies to pay for child care in the family child care homes, following state and county rules for provider payment levels, data reporting, and other policies. EHS grant funds pay for provider quality enhancements, higher reimbursement rates, and staff to work with providers and families. Funds are allocated carefully to ensure adherence to federal requirements for use of funds. In Connecticut, All Our Kin also layers funding to augment the state child care subsidy rate for family child care.
- *Adopting subsidy payment policies that ensure stable, regular payments.* Some EHS grantees may not be willing to deal with the child care subsidy system because they are worried about maintaining stable funding sources. For example, families must meet state requirements to be working or in education/training, and must reestablish eligibility at state-set intervals. An EHS/HS director answering a survey in Virginia wrote: "The child care subsidy (eligibility) is based on so many factors, any one of which could change while the child is in the program." Another reported that reimbursements from the subsidy system in her state were chronically late. Under some conditions, a provider trying to plan a budget would find it difficult to plan when relying on child care subsidy for income.

  Layering child care subsidy and EHS funding means families must qualify for both. Families with very low incomes who qualify for EHS and child care subsidies face numerous challenges to maintaining eligibility. Research has documented how the policies and procedures states use in administering child care subsidies in the form of vouchers are linked to unstable access to child care assistance.[11] States have significant latitude to determine the details of many of these policies, including setting the definitions of "working" or "in education/training," eligibility requirements, length of eligibility, copayment policies, and more (see Table 3). A new Information Memorandum released by the OCC lays out several strategies states can use to promote continuity of care for families receiving child care subsidy, such as lengthening periods of eligibility, including job search in the definition of "working," and making it easier for families to reestablish their eligibility. States may also match family eligibility for child care to that of a partnering program in which the child is enrolled, such as EHS.[12]

Strategies to stabilize funding include:

Another way to stabilize funding for providers is for the state to take advantage of federal CCDF rule flexibility to provide some subsidies in the form of contracts/grants to providers. In this scenario, a state selects providers and can distribute funds prospectively or on a regular payment schedule, rather than on a reimbursement basis, as most do with vouchers/certificates. Federal rules

allow states this option as long as they also offer families a choice of child care vouchers/certificates; at least 19 states use contracts or vouchers (CA, CO, DC, GA, HI, IL, KY, MA, ME, MS, NJ, NV, NY, OR, PA, SD, VA, VT, WI).[13] A state may write into the contract that the provider must assure that slots are filled on average to a certain attendance level to continue to receive payments, and may require higher standards and set payment above the voucher/certificate rate. One EHS in family child care site said it was advocating for this type of arrangement with the state CCDF administration.

- *Using EHS grant funds to ensure continuity of EHS services when families lose child care subsidies under state-determined subsidy rules.* If changes to state policies are not possible, EHS grantees can choose to use their grant funds in a manner that promotes stability and accounts for gaps caused by state policies. Family child care providers may be unwilling to deliver EHS in family child care without incentives and guarantees that their income will not be reduced if families cannot maintain subsidies. Sites in Alabama, Connecticut, and Virginia address this concern. In Virginia, Fairfax County Office for Children uses EHS and local funds to fill in for state child care subsidies if a family loses state eligibility before the child ages out of EHS in family child care.

Support child development specialists to manage their multiple roles. Child development specialists are a critical component of the family child care option. They must work effectively with providers and families and connect with resources available from the EHS grantee or community. Research has shown that regular support from specially trained coordinators who consult with providers in their homes, through meetings, and provide technical assistance via phone calls can improve the quality of licensed family child care.[14] Members of a focus group of experienced specialists in one established local program spoke about the challenges of this role; for example, balancing the needs of providers, families, children, and other official duties, such as entering data about contacts with providers and families in a database. They also reported that parents are often confused by program eligibility rules, especially when they must meet both EHS and child care subsidy requirements.

Strategies to support child development specialists include:

- *Providing opportunities for reflective supervision and peer support.* The work of a child development specialist is demanding. Even experienced specialists in one site said that they needed a chance to reflect and bounce ideas off each other. New programs should attend to this need in the design of their model.
- *Connecting with other infant/toddler and family child care experts in the early care and education community.* Several sites reached out to existing consultants, home visitors, family child care associations, and specialists in the state to build a support network and learning community. These connections can also help specialists draw on existing resources, such as nurse health consultants and infant/toddler specialists, who may be able to provide a portion of the expertise needed to support providers and families. For example, nurse health consultants may assist with improving health and safety in home settings; state-funded infant/toddler specialists may have expertise in accessing supports and advancing on a state QRIS.
- *Reviewing and continually improving processes and practices.* Sites in this study pointed out that they were breaking new ground in some cases and anticipated they would need to make adjustments as the program developed. Measuring quality in family child care settings and assessing effectiveness of specialists is a key issue for sites. Several mentioned relying on established tools to assist with this, but felt more guidance from OHS and possibly new tools were needed. Some recommended that federal and state leaders continue to support a learning community among those implementing the family child care option to share lessons learned.

Be aware of and adapt to political and economic contexts in the state and community. Two sites reported that major reorganizations of early care and education system governance and departments during the time of the demonstration meant they had to be flexible and wait for things to settle in before rebuilding relationships with new or reorganized players. Several mentioned that budget crunches in their states had led to cuts in funding for the child care system that were weakening the infrastructure on which they were trying to build. For example, California's budget crisis meant cuts to the state licensing agency, which was already struggling to visit family child care homes once every 5 years. "The Community Care and Licensing Agency barely has the funds to conduct licensing orientations, to distribute information about regulation updates, or to regulate programs, and this places an additional burden on EHS–family child care partnerships and resource and referral agencies to keep providers apprised of regulations and to report violations. There is no resolution to this barrier in the near future due to California's budget crisis."

Strategies to confront such barriers and keep abreast of changes in state and local political and economic contexts include:

- *Tapping the expertise of established leaders in the early care and education field in the state.* Each demonstration site had a consultant funded through the federal project

to assist them. Many were long established experts in the field, e.g., former state child care subsidy system administrators or other state/county officials, or senior consultants. These leaders were able to get in touch with current administrators and officials much more quickly than the sites would have been able to on their own.

- *Connecting to other funding sources, such as state EHS/HS supplemental dollars, state and local foundations, United Way, etc.* Partners in building EHS in family child care must not limit themselves in seeking out funding sources. Several sites mentioned reaching out to state and local foundations to inform them about their endeavors early on, in the hope that foundations might later be interested in supporting the work. The Leech Lake Band of Ojibwe Tribe was able to use funding from Minnesota's state supplemental funding for EHS/HS to augment its federal EHS grant in the first year of its program. This allowed the Tribe time to get up and running as it considers whether/how to layer in Tribal child care subsidy funding in the future.

III. How Can EHS in Family Child Care Be Expanded and Sustained in the Long Term?

Expanding and sustaining EHS in family child care homes will require coordinated efforts at the federal, regional, state, and local levels to overcome key challenges. Site leaders worry that without growth in federal and state funding for child care subsidies and systems supports it will be difficult to sustain, much less replicate, their EHS–family child care programs. Several suggestions emerged from discussions with the site consultants. These included ideas for promoting and sharing information about the model; increasing program and policy alignment; and supporting family child care quality and building capacity for technical assistance on partnerships.

Promoting and Sharing Information

Stakeholders varied widely in how much they already knew about EHS and child care rules, but very few had hands-on experience with both systems and the specific approach. A key next step is sharing information and answering frequently asked questions about the model. Who conveys the information is also important. Some ideas include:

- **Communicate the importance of EHS and family child care partnerships as part of a systematic effort to build cross-system understanding at all levels of the early care and education system.** Under the leadership of the Office of the Deputy Assistant Secretary for Early Childhood Development, federal leaders in OHS and OCC have convened multiple meetings in which building connections among early childhood system sectors has been on the agenda. Interviewees would like to see this issue prioritized and systematically communicated by both agencies together, not only to state and local grantees but also to the regional offices, federally funded technical assistance providers, and state-based T&TA system. They also see opportunities to sustain interest and support of EHS in family child care through the Early Childhood Advisory Councils created by the Head Start Reauthorization of 2007, and in the new Race to the Top—Early Learning Challenge grantees. Federal leaders can require or encourage state or community leaders to consider the viability of EHS and family child care partnerships.
- **Develop materials that explain partnership models, federal rules, and use of multiple funding sources.** Interviewees found that lack of knowledge about the EHS family child care option, and indeed the basic rules of CCDF and EHS, posed an early barrier to their work. For example, there is general confusion about what can and cannot be done with EHS and CCDF dollars and where there are areas of flexibility. Guidance on developing sound budgeting strategies would be helpful.
- **Make clear what OHS will expect from grantees and partners during the federal review process.** EHS/HS grantees would like up-front, detailed information on how the EHS in family child care option will be monitored during the triennial federal review process. The information would be most useful if disseminated to all those involved in the EHS/HS system from the federal, regional, and grantee levels and to technical assistance providers. This concern is especially pertinent given newly released plans for recompetition processes, which may have an impact on grantees trying the family child care option.
- **Partner with family child care associations and networks/systems.** Family child care providers often work in isolation, but associations and networks/systems provide a means to connect them to information, resources, and their peers. Leaders at all levels may find it useful to seek out existing associations and networks/systems to share information about the EHS family child care option and recruit potential partners. Where none exist, starting a family child care network/system model could be a good first step toward building community capacity to deliver EHS in family child care.

Increasing Program and Policy Alignment

When EHS and child care policies do not align, it impacts the ability to provide seamless services. This analysis found that federal and state leaders could take steps to better align policies. Federal guidance, such as the recent OCC Information Memorandum on choices CCDF administrators may make to support continuity of care, can encourage state actions. Some suggestions to increase alignment include:

- **Convene a national workgroup including OHS and OCC leaders to identify barriers to partnership across the country—including those described in this report—and issue policy clarifications and changes where necessary.** Federal action could help clarify rules that are commonly misunderstood at the state and local levels. Recommendations could inform federal decision making. Interviewees additionally suggested that the federal OHS and CCDF programs develop EHS in family child care pilots, to provide explicit permission and resources to states and grantees to experiment on a small scale.
- **Take advantage of state flexibility under CCDF law to align subsidy policy with EHS/HS partners and promote continuity of care from birth to age 5.** As discussed in this document, states have flexibility under federal CCDF rules to make key changes to eligibility, copayment, and redetermination policies that would make it easier for EHS and CCDF funds to be layered together to support high-quality, comprehensive care in family child care homes.
- **Review quality standards relevant to family child care between the EHS and child care systems.** Many states and communities have or are developing standards to guide program and practitioner quality that address or could address family child care. The HSPPS and EHS family child care option reflect best practices that can inform these processes. HSPPS and other OHS guidance address comprehensive services, cultural and linguistic competence, and family partnerships in ways that state child care licensing, subsidy, and QRIS systems may not. Several interviewees said that they were part of efforts to compare standards across systems to identify the highest standards and increase alignment.
- **Coordinate monitoring processes.** Family child care providers may participate in several systems that monitor them in addition to their EHS partner, including state child care licensing and subsidy systems, the Child and Adult Care Food Program (CACFP), state or community QRIS, and accreditation. Exploring how best to coordinate these processes and share data as appropriate is necessary. It will be important to balance the desire to ensure safety and quality with a goal to minimize disruptions in the family child care day.

Supporting Family Child Care Quality and Building Capacity for Technical Assistance on Partnerships

Maintaining high quality child care and meeting HSPPS is of paramount concern to those pioneering this model. Some suggestions to address this concern include:

- **Strengthen state licensing rules for family child care.** The likelihood that a grantee would want to try the family child care option may be related to its perception of the level of safety and quality already being regulated in family child care homes. It may be a disincentive to partner when a state has not opted to require strong regulation and monitoring of family child care homes.
- **Invest in quality initiatives for family child care providers.** Resources from OCC and OHS can be targeted. States can use their existing CCDF quality set-aside for these purposes, as well as raise subsidy payment levels for family child care providers meeting higher standards. State-developed QRIS strategies can be used to help more child care providers become "partnership ready," especially if the standards attached are designed to promote alignment with federal HSPPS and there are supports in place to help providers achieve higher levels.
- **Build capacity to provide technical assistance to EHS and family child care partnerships and programs.** Grantees might appreciate an opportunity to partner with federal and regional leaders with reassurance that experimentation with such a new model would not leave them vulnerable to losing their federal grants during review processes. Considering how important developing clear contracts between grantees and partners proved to be to the demonstration sites, OHS and OCC federally funded technical assistance providers could develop capacity to provide technical assistance on this point, as well as to offer more guidance on managing the grantee–independent contractor relationship to avoid complications with the IRS. More technical assistance is needed to help this model flourish across the country.

Endnotes

[1]Schilder, D., et al. (2005). *Child care–Head Start partnership study: Final report.* Education Development Center for the Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from http://ccf.edc.org/pdf/PipReport-32406.pdf

[2]Fairfax County Office for Children. (2011). *Promoting partnerships between Early Head Start and family child care homes in Virginia.* Author.

[3]Akers, L., & Del Grosso, P. (2011). *Identifying intersections and inconsistencies among state and federal standards for family child care providers.* Mathematica Policy Research for ZERO TO THREE.

[4]Hershfield, B. (2005). *Family child care networks/systems: A model for expanding community resources.* Child Welfare League of America.

[5]See Hershfield (2005); Cohen, A. J. (2001). *Partnership issues: Employees or independent contractors?* National Child Care Information Center. Retrieved from http://nccic.acf.hhs.gov/files/resources/ind-contractors.pdf.

[6]Cohen, A. J. (2005). Legal status of providers: Independent contractors versus employees. In B. Hershfield, *Family child care networks/systems: A model for expanding community resources.* Child Welfare League of America.

[7]Matthews, H., & Schumacher, R. (2008). *Ensuring quality care for low-income babies: Contracting directly with providers to expand and improve infant and toddler care.* Washington, DC: Center for Law and Social Policy. Retrieved from http://www.clasp.org/admin/site/publications/files/0422.pdf.

[8]Schilder (2005).

[9]Schulman, K., & Blank, H. (2011). *State child care assistance policies 2011: Reduced support for families in challenging times.* Washington, DC: National Women's Law Center. Retrieved from http://www.nwlc.org/sites/default/files/pdfs/state_child_care_assistance_policies_report2011_final.pdf.

[10]National Child Care Information Center. (2010). *Child Care and Development Fund: Report of state and territory plans FY 2010–2011.* Author.

[11]Adams, G., & Rohacek, M. (2010). *Child care instability: Definitions, context, and policy implications.* Washington, DC: Urban Institute.

[12]Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2011). *Information memorandum (CCDF-ACF-IM-2011-06): Policies and practices that promote continuity of child care services and enhance subsidy systems.* Author. Retrieved from http://www.acf.hhs.gov/programs/occ/law/guidance/current/im2011-06/im2011-06.htm#_ftn2.

[13]National Child Care Information Center (2010).

[14]Bromer, J. (2009). *The Family Child Care Network Impact Study: Promising strategies for improving family child care quality.* Erikson Institute. Retrieved from http://www.erikson.edu/hrc/hrcpublications.aspx.