



Families and Home-Based Child Care: Challenges and Opportunities for Educator Development and Postsecondary Pathways



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PROJECT DESCRIPTION & INTRODUCTION

In December 2011, Massachusetts was selected as one of nine states awarded the U.S. Department of Education's *Race to the Top – Early Learning Challenge* (RTT-ELC) grant. The grant is designed to enhance states' efforts to improve access to quality early childhood education, particularly for low income and minority children, strengthen program quality standards, support the professional development of the workforce, and implement comprehensive data systems to measure progress and assess outcomes.

As part of the RTT-ELC grant, the Massachusetts Department of Early Education and Care (EEC) has funded several initiatives to support the professional growth of the early care and education (ECE) workforce and the quality of ECE settings for all children in the Commonwealth. A particular focus of these efforts is Massachusetts's growing numbers of culturally and linguistically diverse educators, many of who work in family and home-based child care settings. According to recent data analyses, over the past 10 years much of the growth in the ECE workforce—both nationally and in Massachusetts—has occurred among new immigrant providers, nearly 60% of who work in some form of home-based care. As a result of this demographic shift, current estimates suggest that between 13% and 16% of ECE educators in the Commonwealth are English language learners (ELLs) (Park, McHugh, Zong, & Batalova, 2015).

Family and home-based child care plays an important role in the nation's diverse mixed-system of early childhood education. Child care in the home by both relatives and nonrelatives account for 60% of the child care arrangements in the U.S., and it is the most common form of childcare for low-income and minority families. Because it offers flexible, affordable, and local options for working families, home-based child care is critical in supporting broader workforce development efforts and is often the first choice of parents looking for a caring, responsive, home-like setting for their young children. Long operating under the radar, home-based providers are gaining increased attention from policymakers, researchers, and practitioners who are exploring strategies to improve the quality of home care and the educational and development supports provided to millions of children in these settings.

Given our limited understanding of home-based providers—their cultural and linguistic characteristics; opportunities for education and training; motivation and professional aspirations; and the structural and social dynamics that shape home-based care—developing approaches to support these educators is difficult. Home-based providers operate under widely varied regulatory standards and there is limited research upon which to build effective policies



and approaches to quality improvement. Home-based care providers respond to different social and market dynamics from center-based and school-based programs, making it difficult to align standards and improvement initiatives across ECE settings. Despite these challenges, state and federal policies are focused on supporting home-based providers to improve developmental outcomes and school readiness for low income and culturally and linguistically diverse children.

To strengthen our understanding of this segment of the workforce, the CAYL Institute has engaged in research to explore the current landscape of family and home-based child care and efforts to improve the quality of home-based settings. The literature on the family and home-based child care workforce is limited and as many researchers have noted, differences in defining this segment of the field and variations in state regulatory systems make empirical analyses difficult (Browne, 2009; Porter, Paulsell, DelGrosso, Avellar, Hass, & Vuong, 2010b). Moreover, our review of the literature did not identify any studies that specifically examined efforts to support home-based providers—particularly immigrants and ELLs—in postsecondary degree programs. Discussions with researchers at the Erikson Institute in Chicago and the Home-Based Care Working Group at Research Connections reinforced this finding.¹

This report focuses primarily on licensed family child care (FCC) that is regulated by state agencies rather than the more informal forms of home-based care and unregulated family, friend and neighbor care (FFN), often referred to as kith and kin care (Paulsell, Porter, & Kirby, 2010). While the larger universe of home-based care serves a similar population and face similar challenges and barriers to providing quality services, licensed FCC providers operate under a specific set of regulatory, funding and policy parameters. Consequently, states have more leverage to address quality improvement in licensed FCC, but also must allocate scarce resources effectively to invest in strategies that have some empirical evidence of success.

This is significant given that according to current estimates of the National Survey of Early Care and Education (2013) just over one quarter (27%) of home providers take the step to be licensed or licensed-exempt through state regulatory systems. By far the largest share home-based settings serving young children and their families are not subjected to even the most basic levels of health and safety compliance. The lack of common definitions and differences in research methodologies across the literature makes generalizable analyses of quality, provider characteristics, and effective strategies to support this segment of the field challenging (Browne,

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2009; Layzer & Goodson, 2007; Porter, Nichols, DelGrosso, Begnoche, Hass, Vuong, & Paulsell, 2010a; Porter et al., 2010b).



THE FAMILY CHILD CARE LANDSCAPE

Early childhood education consists of any program or activity intended to provide a developmental experience for young children from birth-to-five years old before they enter elementary school. Across the country a mixed system of school-based pre-kindergarten (pre-K) programs and both publicly and privately funded center-based and family child care and home-based care programs support the educational and social-emotional development of children and their families. Public funding that supports access and quality improvement comes through a variety of federal and state programs, including Child Care and Development Block Grants, Temporary Assistance for Needy Families (TANF), Head Start, Preschool Development Grants, and Title I of the Elementary and Secondary Education Act (Adams, Spaulding, & Heller, 2015; Adams, Tout, & Zaslow, 2007).

Under federal funding rules, states have few restrictions on how money is spent and the largest funding stream for vouchers and other subsidies serving low income families—the Child Care and Development Block Grants—emphasize parental choice. Families are free to choose child care arrangements that best suit their needs regardless of the program type or quality. Estimates suggest that between 25% and 30% of families who receive child care subsidies enroll their children in the largely unregulated and licensed exempt family, friend, and neighbor (FFN) sector of home-based care (Susman-Stillman & Banghart, 2008). Discretion is given to states and local governments to prioritize who receives funding and the types of support services and technical assistance provided to educators to improve program quality. Other funding mechanisms to support ECE access among low-income families, including federal Head Start, universal preschool, or contracted care, require that programs meet specific quality standards as a condition of funding (Adams et al., 2015; Adams et al., 2007).

Since the 1990s, public investments in early childhood education increased dramatically, spurred by welfare reform², expansion of female labor force participation, and a deeper understanding of child development and the value of early childhood education on young children's social and cognitive development (Bassok, Fitzpatrick, & Loeb, 2011). More recently, the Obama administration launched the Zero-to-Five initiative to invest an additional \$10 billion per year to expand Head Start, universal preschool, and the child and dependent care tax credit. In 2010, moreover, an additional \$8 Billion over eight years was earmarked for the *Race to the Top—Early Learning Challenge* grant program to support a wide range of access, quality,

² The passage of the Personal Responsibility and Work Opportunity Act in 1996 linked welfare benefits to employment. The Act included increases in federal child care spending to support working mothers and created the Child Care and Development Fund to consolidate several federal child care funding streams.

and data systems initiatives in early childhood education (Daugherty, 2010). Current efforts to move low-skilled adults into training and education programs under the Workforce Innovation and Opportunity Act (WIOA) and other workforce initiatives are shining more light on the limited availability of quality child care for working adults (Adams et al., 2015; Kaminer, 2014).

Despite significant investments from the federal government, funding has not kept pace with the growing demand for high quality ECE programs (Kaminer, 2014; Mancilla-Martinez & Lesaux, 2014). Nationwide, about 90% of the total costs of child care and early childhood education is assumed by parents and in many states there are waitlists among low-income families for public subsidies for child care. In Massachusetts alone, there are between 40,000 and 60,000 children who may need child care but cannot access a slot in a center, family, or home-based setting (Child Care Aware of America, 2012). Child care and early childhood education costs in the Commonwealth, moreover, are among the highest in the country and present a significant barrier for low income families (Administration for Children & Families, Office of Child Care, 2015). According to the Organization for Economic Co-Operation and Development family database (www.oecd.org/social/family/database.htm), the U.S. spends considerably less on publicly-funded early childhood education as a percentage of its GDP than much of the industrialized world.

Between 1990 and 2008, enrollment of 3- to 5-year olds in publicly funded ECE programs more than doubled from 1.2 to 2.7 million children, and current estimates suggest that approximately 60% of the country's 24 million children under age six are enrolled in some form of early childhood education (Bassok et al., 2011; Child Trends, 2014). Despite these numbers, the U.S. only ranks 25th in the world in early childhood education enrollment, and according to the National Center for Education Statistics' Early Learning Longitudinal Study, fewer than three in ten 4-year olds are enrolled in high quality early learning settings (Child Trends, 2014; Mulligan, McCarroll, Flanagan, & Potter, 2014). Enrollment in early childhood education has increased across all racial, ethnic and socio-economic groups, but overall young children in the U.S. are becoming more racially and ethnically diverse.

Since 2000, 57% of the total population growth in the U.S. took place among immigrants and their children, and nearly 30% of all young children under age six have at least one parent who speaks a language other than English (Bipartisan Policy Center, 2014). Compared to native-born White families, immigrant families have lower parental education levels, higher child poverty rates, and lower rates of English language proficiency. These factors have a significant negative impact on children's educational, health and social outcomes, and long term negative impacts on the nation as a whole (Bipartisan Policy Center, 2014; Passel, 2011).



National education policy is increasingly focused on improving outcomes for poor and culturally and linguistically diverse children enrolled in publicly-funded early childhood education as a way to address these inequities. New funding mechanisms for ECE are prioritizing access and quality improvement in center-based settings, particularly for low income 3- and 4- year olds who are about to transition to kindergarten and are at risk of falling behind academically. Efforts to strengthen ECE program quality are driven by three realities, including a greater understanding of the role of high quality programs in improving outcomes for children, the role of educators' competencies in fostering program quality through effective classroom practices, and the economic and social value of investing in children and families (U.S. Department of Education, 2015).

As public funding for early childhood education has increased, state and local stakeholders have pushed efforts to improve the quality of ECE settings through various competency-based workforce development and curriculum standards, Quality Rating and Improvement Systems (QRIS), career lattices, accreditation systems, and programs to recruit, reward and retain a professional workforce. Nearly 40 states now require lead teachers to possess a bachelor's degree with specialized training in ECE to work in state funded pre-K programs and the National Association for the Education of Young Children (NAEYC) includes a bachelor's degree requirement in their accreditation standards by 2020. The reauthorization of the federal Head Start program in 2007, moreover, requires 50% of lead or assistant teachers to hold a bachelor's degree or other advanced degree (Bassock, Fitzpatrick, Loeb, & Paglayan, 2013; U.S. Department of Education, 2015; Whitebook & Ryan, 2011).

While there is no single measure of quality, there is wide agreement that quality ECE programs share similar characteristics, including well trained staff, low child-to-teacher ratios, intentional curricula, culturally sensitive and developmentally appropriate activities, and positive teacher/student relationships. A substantial body of research has demonstrated the importance of stimulating early brain development on the long term outcomes for children. Children are born ready to learn and early exposure to creative learning environments that are nurturing and relational-based, rich with language, and highly-interactive have significant positive impact on their social and emotional development and school readiness (Bowman, Donovan, & Burns, 2000; Center on the Developing Child, 2007; Zaslow, Tout, Halle, Whittaker, & Lavelle, 2010).

Positive child outcomes are directly linked to the quality of their classroom teachers and the quality of the programs in which they participate. While there are limitations in the research, studies support the contention that higher levels of training and education have a measurable



impact on program quality and child outcomes (Kelley & Camilli, 2007; Zaslow et al., 2010). A National Research Council study found that teachers' overall education levels and training specific to early care and education was related to positive outcomes for children (Bowman et al., 2000). Despite a general understanding that teacher training matters, research remains inconclusive regarding the relative value of a bachelor's degree vs. an associate's degree or other type of credential or experienced-based competencies. As many researchers have noted, the general consensus among developmental scientists is that the most critical aspect of child care quality is a responsive, stimulating, attentive and supportive relationship between children and their educators (Zaslow et al., 2010).

Most of our understanding of what constitutes quality care and effective educator practices come from research that has focused on center-based programs and narrow measures of school readiness. The scant literature that does exist on FCC is mixed and provides a limited perspective on the key drivers of quality in this sector of the field. As Porter et al. (2010b) observed, "The available studies vary in their sample sizes, characteristics of caregivers observed, and the observation measures used to assess quality. This variation may account, at least in part, for the mixed picture of quality that emerges from this set of studies" (p. 1).

FCC providers operate with a varied set of goals, needs, and professional motivations and must be responsive to social and market dynamics that are different than center-based providers. Due to more intimate relationships with parents, FCC providers often engage in a negotiated approach to education and care that incorporate shared values, beliefs and cultural expectations with the families they serve (Browne, 2009). Applying the same standards and policy assumptions across program types is problematic and presents a real threat to the viability of FCC and a mixed delivery system of early childhood education in the U.S.

FCC & Child Care Arrangements in the U.S.

Over the past 25 years the types of early childhood education and care arrangements chosen by parents have remained relatively stable. The percentage of care provided in-homes by relatives, including parents, grandparents or other relatives, has fluctuated between 42% and 52% of all children, while the percentage of children in some form of non-relative care has fluctuated between 38% and 48% (Child Trends, 2014; Laughlin, 2013). Among non-relative child care arrangements, the predominant trends are an increase in the percentage of children in center-based care and a decrease in the percentage of children in family child care. In fact, between 1997 and 2011, the percentage of children cared for in the home by licensed FCC providers

decreased from nearly 23% of all children to only 14% of all children in care (Child Trends, 2014).

Despite the decline in enrollment in licensed FCC, home-based care remains the most common form of non-parental child care in the U.S., accounting for between 40% and 50% of all child care arrangements for children under 5 depending upon the sample (Laughlin, 2013; Paulsell et al., 2010). By far, the largest share of children in home-based settings takes part in the largely unregulated FFN sector of the field (Susman-Stillman & Banghart, 2008). Home-based care is the most common form of child care for infants and toddlers, low income families, and single parent households when the mother works (Adams et al., 2007; Browne, 2009; Child Trends, 2014; Layzer & Goodson, 2007; Morrissey & Banghart, 2007; Paulsell et al., 2010).

On average, children under 5 spend between 30 and 35 hours per week in some form of care and education outside of their home. According to Census Bureau data, moreover, approximately 20% of these children take part in multiple forms of care each week. These numbers are highest for lower income children, children older than two, and children with working mothers. There is some evidence that changes in setting may have a mitigating effect on positive outcomes for children (Adams et al., 2007; Porter et al., 2010b).

Compared to White, African American and Asian families, Hispanic children and children of immigrants are more likely to attend licensed FCC and other forms of FFN home-based care. Among all Hispanic children in non-parental care in 2012, 52% attended center-based programs compared to 63% of White children, 65% of African American children, and 64% of Asian children (Child Trends, 2014). Both low and moderate income families from rural environments are also less likely to be enrolled in center-based care and more likely to be in both relative and non-relative home-based settings (Collins, 2012; Smith, 2006). Across ethnic, racial and socio-economic groups, enrollment in non-relative FCC and center-based programs increases as children age out of infant and toddler groups and into preschool age groups (Adams et al., 2007; Laughlin, 2013).

Parental choice of the primary child care arrangements for their children is a central issue for the field and state policymakers. While there are clear limitations in the research, studies have consistently found that center-based programs generally rate higher on quality indicators related to environmental standards and academic outcomes for children when compared to licensed FCC and other home-based settings (Adams et al., 2007; Ansari & Winsler, 2011; Bassok et al., 2011; Browne, 2009; Paulsell et al., 2010; Porter et al., 2010b). Given the higher proportion of low income and minority children enrolled in home-based settings, this has been

a primary concern for educators and policymakers working to address gaps in school readiness as children enter kindergarten (Bumgarner, 2013).

The Dynamics of Choice

The existing research on the key drivers of parental choice for the early childhood education settings for their children is mixed. There is clear evidence for the economic impacts of affordability, access to programs, access to relatives, and program proximity on parental choice. While state and federal policies have raised the awareness of program quality as an element of choice, evidence suggests that the economic and social variables of choice are often more important to working families. For many parents, quality care is more about flexible schedules, proximity to home, lower cost, trust, and other parent-centered issues than indicators of quality promoted by states, such as licensing or learning standards. Research has also identified personal beliefs, values, and cultural and linguistic factors as important variables affecting parents' choices for their children. Moreover, there is a strong relationship between the availability of higher quality center-based programs and a community's median income level that limits options for many low income and minority families (Adams et al., 2015; Bassok et al., 2011; Daugherty, 2010; Zucker, Howes, & Garza-Mourino, 2008).

Research suggests that the factors that shape child care needs and decisions among parents generally fall into the following areas: 1.) parental circumstances and characteristics, including financial resources, work schedules, cultural expectations, child rearing beliefs, access to transportation, proximity to relatives, and English proficiency; 2.) the characteristics and needs of individual children; 3.) timing and amount of care needed; 4.) the supply of child care in a community; 5.) the availability of state and federal support for child care; and 6.) parental knowledge of the available options for child care (Adams et al., 2015; Bassok et al., 2011; Daugherty, 2010). State policies have established QRIS mechanisms to help parents make informed decisions for their children based on agreed upon standards of quality, but the reality is that parents often make decisions based on a different and more complex set of criteria (Kelton, Talan, & Bloom, 2013; Norris & Dunn, 2004).

Studies have shown that parents select FCC and other home-based ECE options based on convenience, flexible schedules, greater levels of trust, shared language and culture, common child-rearing beliefs, individualized attention provided to children and families, and the lack of options and higher cost of center-based programs in their communities. Over the past 25 years, home-based providers have responded to market demands for child care services that address parents' needs and values. A 10 year study of child care options for low income families across

17 states found that on average home-based ECE provided services an average of 13 hours per day, and over 50% of providers offered weekend and overnight care and care for children when they were sick. Among parents surveyed for the study, over 60% had other options for child care but only 10% reported they would prefer other arrangements. Most choices were made through referrals from friends and family (Layzer & Goodson, 2007). As Porter et al. (2010b) observed, “home-based caregivers may be able to support families in fulfilling their family and work responsibilities by offering flexible scheduling, information about parenting and other resources, and other supports” (p. 1).

FCC and other forms of home-based care are distinct from Head Start or universal pre-kindergarten programs in that they have developed in response to consumer demand and are generally more sensitive to changes in market than center-based providers (Adams et al., 2007; Browne, 2009; Forry, Iruka, Kainz, Tout, Torquati, Susman-Stillman, Bryant, Starr, & Smith, 2012). Most FCC providers are motivated by a desire to start a home business that allows them to earn money while taking care of their own children. According to some studies, the majority of FCC providers are contributing over 50% of their households’ total income (Marshall, Creps, Burnstein, Cahill, Robeson, Wang, Schimmenti, & Glantz, 2003; Layzer & Goodson, 2007). FCC providers must manage a transactional relationship with parents based on both a market exchange of money for services, and a social exchange grounded on more intimate relationships and social connections in the community. Consequently, FCC providers must balance an understanding of obligations, rules, and social distance required for a market exchange, with the trust, intimacy and shared values central to their social relationships with parents (Browne, 2009).

Studies of Latino families’ preferences for ECE programs in both Chicago and Los Angeles have found that parents valued preschool and education programs offered in center-based programs, particularly for their 3- to 4-year old children, but that access and affordability were key barriers. Most parents felt that lack of information and confusion about eligibility requirements were significant barriers for immigrant and limited English proficient families (Mancilla-Martinez & Lesaux, 2014). Few parents were aware of available child care subsidies for their children to attend center-based programs. Despite these barriers, many parents continued to express the value of intimacy, trust, personalized attention, and strong social connections provided in home-based settings. According to parents surveyed, for centers to be more responsive to family needs, they need to be more affordable, attentive and caring toward children, provide longer and more flexible hours, provide parenting education programs, hire Spanish-speaking staff, and provide safe learning environments (Illinois Facilities Fund, 2003; Zucker et al., 2008).

FCC and Early Childhood Education Quality

In the literature, FCC and home-based care are often used as a proxy for poor quality. Such assumptions are made despite evidence that there is wide variation in quality across both center-based and FCC programs (Adams et al., 2010; Bassok et al., 2011). Assumptions about quality are also influenced by data on educational attainment, wages and turnover rates among FCC providers. Across all program types, FCC providers have the lowest levels of educational attainment, the lowest levels of wages and benefits, and annual turnover rates of more than 30% (National Association of Child Care Resource & Referral, 2012). The ability to make generalized statements about the quality of FCC programs, however, is hampered by varying licensing standards from state to state, the lack of professional status, and the lack of an agreed upon terminology to describe these programs that often lump licensed FCC providers with unregulated and licensed exempt FFN providers (Adams et al., 2010; Smith, Lapin, & Finn-Stevenson, 2008).

A 2010 study found that state licensing standards for FCC providers serving children who received public subsidies are relatively weak. Half of the states did not require annual inspections and few states required extensive background and criminal checks of providers prior to licensing. Twenty-six states had no minimum educational requirement and only 17 states specified that providers had to have a minimum of a high school diploma or GED. Across the nation, 11 states do not require any initial training to be a licensed FCC provider and only 14 states require some intentional educational activities—such as reading to children—linked to statewide learning standards. Greater regulation, including more frequent inspections, controlling for lower concentrations of children on subsidies, and more incentives to enhance provider education and training were identified as critical to FCC quality (National Association of Child Care Resource & Referral Agencies, 2010).

In the literature, there is a mixed picture of FCC program quality depending upon the assessment approach and the assessment tool used.³ Global quality ratings of environment, child-provider interactions, and daily routines have found that home-based settings generally provide “adequate” to “good” care, but on average rate lower than center-based programs (Forry et al., 2012). While studies vary in how they sample home-based care, the quality of

³ Researchers have recently raised concerns about the validity of many of the assessment tools used to measure the quality of FCC and other home-based settings. Of particular concern are the limits of these tools to adequately assess the quality of provider and child relationships and the continuity between a child’s home life and their care setting, both of which have been shown to influence school readiness and school success. Additional research is needed to better assess the validity of these tools. See Bumgarner, 2013.

regulated FCC is consistently found to be higher than non-regulated FFN care. Overall, FCC providers generally rate high on sensitive and caring engagement with children, safe and healthy environments, and positive relationships with parents. However, when compared to center-based programs, FCC programs have been linked to lower levels of cognitive stimulation, less time spend on intentional learning activities, and less use of high-level language and communication (Forry et al., 2012; Layzer & Goodson, 2007; McCormick Center for Early Childhood Leadership, 2014; Paulsell et al., 2010; Porter et al., 2010a & 2010b).

Researchers have identified numerous benefits associated with FCC programs, including a warm and home-like setting and smaller group sizes that have important developmental outcomes, particularly for infants and toddlers who benefit most from individual attention. FCC programs are also more likely than centers to have mixed age groups, allowing younger and older children to interact, socialize and learn together (Smith, 2006). As noted earlier, the consensus among developmental scientists is that the quality of the relationship between providers and children is most predictive of positive development outcomes (Zaslow et al., 2010). Research has also found that positive relationships between providers and parents are often a support for families across a range of issues that have positive impacts on children's development. Further, family providers often serve as social connectors between people of similar social, cultural, linguistic and ethnic background in communities in a way that eases the transition of new immigrants (Browne, 2009). As Porter et al. (2010b) noted:

Less research has been done on quality in regulated family child care than on quality in center-based care. Even less has been done on quality in family, friend, and neighbor child care. Nor have there been many studies that examine the relationship between child care quality and some child outcomes that researchers are beginning to recognize might be relevant for school readiness such as those that relate to self-regulation, social skills, or racial and ethnic identification. (p. 29)

General research on participation in ECE programs has linked enrollment in either center-based or FCC programs to gains in school readiness compared to children who did not attend programs. Gains among low income Latino children are found to be greater than the gains in White or African American children (Ansari & Winsler, 2011; Neuman & Wright, 2010). However, there are significant gaps in the literature to support our understanding of how different types of center-based or home-based arrangements affect outcomes and how those outcomes vary depending upon the age of the child. Low income and minority children generally participate in lower quality ECE programs than their more affluent peers regardless of

type of setting they attend. We also know very little about the effects of dosage, duration, and intensity of participation on child outcomes (Bumgarner, 2013).

While recent studies of Latino children have found greater gains in language and literacy development and fine motor skills among children who take part in center-based programs in the years before kindergarten compared to children enrolled in FCC, differences in math skills and approaches to learning were not significant across program types. There are also no statistically significant differences in socio-emotional development and, in fact, FCC providers often rate the socio-emotional development of their children higher than center-based providers (Ansari & Winsler, 2011; Bumgarner, 2013).

Given the increasing numbers of dual language learners who take part in both center and FCC programs and the high percentage of FCC providers who share the cultural and linguistic backgrounds of the children in their care, more research is needed that focuses on how language use by providers affects children's language development in both their native and second language.⁴ Federal Head Start regulations and most state licensing and QRIS standards call for educators to demonstrate an understanding of children's culture and language and some policies are calling for bilingual educators in ECE classrooms that include a majority of ELLs. However, many researchers are raising concerns about such vague policies that do not provide specific guidance to educators on how language should be used in instructional practices to improve outcomes (Bumgarner, 2013).

When analyses control for quality variables between center and home-based programs, including provider education level, years of experience, and class size, the differences in outcomes between program types decrease in magnitude and significance (Ansari & Winsler, 2011; Bumgarner, 2013; Neuman & Wright, 2010). This suggests that policies to improve the quality of home-based ECE may be a viable pathway toward improved child outcomes. As Bumgarner (2013) argues,

This approach may be more promising than policies aimed at boosting enrollment of Latino children in centers, given research that outlines a host of cultural (e.g. immigrant status, language status) and economic reasons for low enrollment rates among Latino families. (p. 47)

⁴ This literature review did not find any studies that looked specifically at provider language use and child outcomes. Limited findings reported by Ansari & Winsler (2011) suggest that Spanish-speaking providers serving Spanish speaking children improved language development in children's home language but provided no additional improvement in children's English development when compared to providers speaking only English.

Despite the methodological limitations of the research on FCC quality there are a number of quality indicators that can help guide practitioners and policymakers in shaping effective FCC policy. When controlling for other variables, provider education and engagement in training and professional development is most often related to higher quality ratings and positive child outcomes. Affiliation with a formal network that provides technical assistance, coaching, and administrative support has also been linked to higher quality ratings. FCC providers that maintain consistent revenue and experience economic stability are generally rated higher than providers who experience financial stress. Finally, providers' intrinsic motivation to support children's social/emotional and cognitive development and the extent to which they view themselves as professionals rather than caregivers has also been linked to higher quality programming (Browne, 2009; McCormick Center for Early Childhood Leadership, 2014; Norris & Dunn, 2004; Paulsell et al., 2010; Porter et al., 2010a & 2010b; Whitebook, Phillips, & Howes, 2014; Wilcher, Gebhard, & Williamson, 2012). As Freeman and Vakil (2007) observed, "As these programs become more professional, providers begin to see their work as educate and their role as involving both teaching and caregiving" (p. 269).

FCC Landscape in Massachusetts

Compared to other states, Massachusetts has high regulatory standards for FCC licensing and higher levels of support and technical assistance for FCC providers (Collins, Goodson, Luallen, Fountain, & Checkoway, 2010). According to a study by the National Association of Child Care Resource & Referral Agencies (2010), Massachusetts ranked 4th behind Delaware, Oklahoma, and Washington in the rigor of its licensing standards. Under Massachusetts licensing requirements, providers are required to use a developmentally and linguistically appropriate curriculum that supports school readiness and outlines clear goals for student outcomes in language development, math and science (Collins et al., 2010; Commonwealth of Massachusetts, 606 CMR 7.00).

Massachusetts's regulations define family child care as the temporary custody and care of no more than 10 children under 14 years old on a regular basis in a private residence. The EEC recognizes three types of FCC based on enrollment capacity: 1.) FCC – allows for a maximum of 6 children; 2.) FCC Plus – allows for a maximum of 8 children as long as at least two are school aged; and 3.) Large FCC – allows for up to 10 children if the provider has an approved assistant. Providers with different types of FCC designations must meet the minimum qualifications for age, education, years of experience and training that progressively increase depending upon a provider's licensed capacity. Requirements for annual professional

development hours are dependent upon the whether or not a provider works more than 10 hours per week. EEC licensing is considered a first-level standard that provides basic assurances of health and safety, provider certification in first aid and CPR, specialized training in child development and curriculum implementation, appropriate child-to-educator ratios, and criminal background checks (Commonwealth of Massachusetts, 606 CMR 7.00).

Based on the most recent data on Massachusetts from the Administration for Children & Families, Office of Child Care (2015), there are 2,844 child care centers with 171,255 slots and 6,832 FCC home programs with 51,357 slots or 23% of the available slots.⁵ Among children receiving subsidies, 74% are enrolled in center-based care and 26% are enrolled in either licensed group or family home care. According to a 2012 data analysis by Child Care Aware of America (2012), only 2% of FCC homes in Massachusetts are nationally-accredited through the National Association of Family Child Care while 28% of center-based programs are nationally-accredited. Mirroring national trends, between 2010 and 2015 the number of licensed FCC providers declined from 8,600 to 6,832—a 20% decline (Administration for Children & Families, 2015; Child Care Aware of America, 2012; Collins et al., 2010).

State licensing regulations also recognize family child care system as any entity or person who is under contractual agreement to provide a variety of services for FCC programs. These FCC networks provide administrative supports, training and technical assistance, inspection, supervision, monitoring and evaluation of FCC homes, and referral services (Commonwealth of Massachusetts, CMR 606 7.00). According to a 2010 study, Massachusetts had 55 FCC networks funded through the Office of Child Care Services that represented about 32% of all licensed FCC homes in the Commonwealth. A survey of 43 of the 55 networks found that they include an average of 38 homes with the majority (42%) having less than 25 affiliated homes and 26% serving over 50 homes. Most networks had two home visitors with 51% of networks conducting two home visits per year. Home visitors had an average case load of 20 FCC homes with 56% of networks with a home visiting case load of less than 15 homes (Collins et al., 2010).

Our understanding of the quality of FCC homes in Massachusetts is limited to two studies. Similar to findings in other states, overall quality using the Family Day Care Rating Scale and the Global Caregiving Rating Scale, the majority of FCC homes studied were rated between “adequate” and “good.” Similar to national studies, FCC providers in Massachusetts were generally rated higher in the quality of emotional support, responsive caregiving and organization, but lower in instructional practices (Collins et al., 2010; Marshall et al., 2003).

⁵ These numbers do not include available slots through Head Start or universal pre-kindergarten.

CHARACTERISTICS OF THE FCC WORKFORCE

Individually, licensed FCC and other home-based providers are diverse in terms of their age, ethnic and racial background, socio-economic status, motivations, educational attainment and years of experience, but as a group they share similar characteristics across states. Collectively, they comprise 75% of the total ECE workforce (National Association of Child Care Resource & Referral Agencies, 2012). FCC providers are primarily female and in their mid-40s, slightly older than the average center-based educator. Most home-based providers are working parents with lower incomes and fewer benefits relative to those holding similar credentials and skills. Within home-based care, moreover, income and benefits for unregulated FFN providers are less than licensed FCC providers. Home-based providers generally work long hours—over 50 hours per week—and are more likely than center-based providers to share the same ethnicity and cultural and linguistic characteristics of the families they serve. While years of experience varies widely, some studies found that on average home providers had 7 years of experiences with 25% of the samples having more than 10 years of experience (Browne, 2009; Layzer & Goodson, 2007; Morrissey & Banghart, 2007; National Association of Child Care Resource & Referral Agencies, 2012; Pausell et al., 2010).

Similar to changes in the demographics of young children, the ECE workforce is increasingly diverse with the greatest growth nationally and in Massachusetts over the past 25 years comprised of immigrant workers. Immigrant workers now comprise nearly 20% of the ECE workforce (Park et al., 2015). Moreover, over 20% of the workforce speaks a language other than English, with Spanish being the most common language. Significantly, immigrant and linguistically diverse workers are more highly concentrated in the lowest paying sectors of the field—licensed FCC and unregulated FFN care (Park, et al., 2015).

The ECE workforce in Massachusetts has grown by 66% over the past 25 years reaching a total of approximately 45,000 workers. Based on the most recent estimates, 73% of the workforce is White, 16% is Hispanic, 8% are African American, and 3% are Asian. Between 1990 and 2012, the share of immigrants as a percentage of the total workforce grew from less than 9% to 20%. Immigrant workers in Massachusetts tend to be slightly older with an average age of 43 years compared to an average age of about 39 years for the entire workforce. Similar to national trends, immigrant workers are concentrated in home-based settings, with 35% working in licensed FCC and 20% working in private home-based settings. Moreover, while between 13% and 16% of Massachusetts's ECE workforce are limited English proficient, 55% of immigrant ECE workers are limited English proficient (Massachusetts Department of Early Education and Care, 2015; Migration Policy Institute, 2015; Park et al., 2015).

Educational Attainment in the FCC Workforce

Given the research that shows that the educational attainment and specialized training in early childhood education and child development among providers are most predictive of positive child outcomes, low levels of educational attainment among the FCC workforce is a pressing problem facing the field. Low licensing standards for educator qualifications, poor salaries and benefits, poor working conditions, and low professional status provide little incentive for educators to engage in additional education (Boyd, 2013; Washington, 2008; Whitebook et al., 2014).

Research on educational attainment among the FCC workforce is limited due to a lack of national data sets and the sampling methodologies used by researchers, but most studies have found that overall education levels among home-based providers are lower than center-based providers. The overall percentage of workers with more than a high school degree has increased across the entire workforce, with the greatest growth of workers with bachelor's degrees occurring among African-American and Hispanic educators (Bassok et al., 2011). However, among home based providers educational attainment has remained relatively stable. In short, low educational attainment across the entire workforce has shifted toward home-based providers (Bassock et al., 2011; Whitebook et al, 2014).

For the majority of FCC providers, formal education ended with high school (Layzer & Goodson, 2007). According to recent data from the National Association of Child Care Resource & Referral Agencies (2012), 44% of FCC providers have a high school diploma or less, 38% have some college credit but no degree, and 17% have either an associate's degree or higher. The National Survey of Early Education and Care (2013) found that among licensed FCC providers 34% have only a high school diploma or less, 34% have some college credit, 16% have an associate's degree and 16% have bachelor degrees or higher. Among home based providers, licensed FCC providers are more likely to have a high school diploma than unregulated FFN providers. Moreover, some studies have shown that 70% of FFN providers had no specialized training in early childhood education or child development compared to only 10% of licensed FCC providers (Layzer & Goodson, 2007; Porter et al., 2010b). Such findings are not unexpected given the differences in licensing standards and low qualifications requirements for FCC providers.

The available data on the FCC workforce in Massachusetts is limited, but there are similar trends in lower levels of education and training compared to center-based educators that we find in national studies. Migration Policy Institute analyses of census data found that among

the entire ECE workforce in Massachusetts about 52% had a high school degree or less and 48% had an associate's degree or higher. Among immigrant workers nearly 70% had only a high school degree or less with 32% holding an associate's degree or higher (Migration Policy Institute, 2015). Similarly, recent analysis of the EEC's Professional Qualifications Registry (PQR) has found equivalent levels of educational attainment among Massachusetts's ECE workforce compared to national trends, but also found that 23% of educators with only a high school diploma have some college credit. However, only 6% of educators in the registry identified themselves as FCC providers⁶ (Massachusetts Department of Early Education & Care, 2015).

Surveys of FCC providers in Massachusetts conducted by Marshall et al. (2003) and the Applied Policy Analytics and Public Consulting Group (2012) found levels of educational attainment similar to national surveys. Marshall et al (2003) found that about 1/3 of FCC providers had no credential beyond licensing, 15% had the Child Development Associate (CDA), and 10% held Massachusetts public school teaching certificates. The 2012 survey, based on a relatively small sample of less than 900 providers, only 40% of who were FCC providers, found that 30% of FCC providers had a high school diploma or less and about 37% of providers had an associate's degree or higher. Among FCC providers with higher education degrees, moreover, 21% had a specialization in early childhood education. Finally, the 2012 survey found that 30% of respondents had some college credit and 33% had vocational training in early childhood education and child development (Applied Policy Analytics and Public Consulting Group, 2012). These data may not reflect the FCC workforce as a whole due to survey selection bias and the study's small sample size.

Challenges, Personal Motivation, and Views of Professionalization

Providers working in home-based settings experience similar challenges, including feelings of isolation, work-related stress, economic insecurity, physical exhaustion and conflict with parents over issues of child rearing, scheduling, and payments. Because they are more likely to work alone and often report a lack of professional supports and limited opportunities for training, home-based providers are less likely to engage in ongoing professional development beyond what is required under state licensing. Feelings of isolation, conflict with parents and economic stress, moreover, are more pronounced among licensed FCC providers who are motivated more by an ability to earn a living than FFN providers who are motivated more by a desire to help family members (Morrissey & Banghart, 2007; Paulsell et al., 2010; Porter et al., 2010b).

⁶ Among the nearly 40,000 active records in the PQR, 46% of educators did not indicate what type of setting they worked in because the field is not currently required.

Providers caring for unrelated children report added stress due to additional housework, difficulty balancing life and family responsibilities, lack of personal time, and lack of support from family members (Layzer & Goodson, 2007).

Studies of FCC providers in Massachusetts have identified similar motivations for working with children and similar challenges of unpredictable earnings and difficulty balancing work and family responsibilities. Many home providers in Massachusetts are the primary wage earners in their households, and according to one study spend an average of 52 hours per week caring for children and an additional 10 hours per week on business related activities, including laundry, cleaning, food shopping and record keeping. While most home-based providers report a high degree of job satisfaction and motivation to stay in the field, survey respondents reported that they would be more likely to persist in the field with better pay, more benefits, and greater professional recognition (Applied Policy Analytics and Public Consulting Group, 2012; Boyd, 2013; Marshall et al., 2003).

There is some evidence that differences in motivation and professional identity between licensed FCC providers and unregulated FFN providers shapes their views on professionalism and the value of continuing education and training. According to Paulsell et al. (2010), providers in unregulated FFN are more interested in informal approaches to improving care and express little interest in formal training or pathways to credentials or degrees. Licensed FCC providers, however, report a strong interest in professional development opportunities that will increase their income, advance professionally and provide the children in their care high quality educational and developmental activities. FCC providers view their role as unique in the early childhood education field worthy of distinct professional development and respect (Boyd, 2013; Forry et al., 2012; Lanigan, 2011).

Browne (2009) and others have found that home-based providers have generally focused on their role as caregivers and often define their primary responsibilities as responding to children's basic physical and social-emotional needs, and providing a safe and secure environment (Marshall et al., 2003). Home-based providers are also generally more responsive to the needs and values of parents due to the more intimate relationships between home providers and families. Surveys of home providers in Massachusetts, for instance, have found that views of quality between center- and home-based providers are similar, but home providers are more likely to view sharing family values and maintaining close relationships with families as being very important. These providers generally perceive a high level of competence in their ability to understand and support children's development and learning (Applied Policy Analytics and Public Consulting Group, 2012; Marshall et al., 2003).

Many families who choose home-based care, particularly immigrant families, are more interested in the provisions of basic care than specific educational activities (Kruse, 2012). As a result, some researchers have argued that home-based providers are more likely to participate in quality improvement initiatives when they are presented for their ability to strengthen families rather than addressing formal quality ratings or quality standards (Bumgarner, 2013). As Bromer & Henly (2004) observed,

Professionalism in the early childhood field has been characterized by the following tenets: emotional distance from the client, limit-setting on personal involvement and helping, use of formal resources and instruction, and the ability to translate child development theory and research into practice. Proponents of these standards maintain that providers and teachers who adhere to them are more likely to offer high quality care and education. Others challenge these traditional definitions of professionalism claiming that they limit the caregiving capabilities and effectiveness of early care and education workers. (p. 950)

Due to wide variation in the characteristics of home-based caregivers in terms of their personal motivations, schedules, education and training experiences, interest in professionalization, and participation in state ECE systems, there is no single service or intervention that can meet the needs of all providers. The literature consistently supports the contention that any interventions to improve the quality of education and care in home-based settings must be targeted to the characteristics of caregivers, the characteristics of children in programs, and the characteristics of the setting (Porter et al., 2010b). As Forry et al. (2012) observed,

Because home-based providers are a heterogeneous group, targeting professional development efforts to subgroups of home-based providers who have similar characteristics, or similar clusters of characteristics, may be warranted. Analyses that simultaneously consider multiple domains of quality could be used to identify subgroups of home-based providers that would benefit from different content, intensity, or dosage of professional development interventions. (p. 7)

FCC and home based providers' limited engagement in professional development may have more to do with lax licensing requirements, the structure of home-based settings that provides few opportunities and incentives to engage in training, and the fact that most state-sponsored quality improvement initiatives are geared toward the needs of center-based providers (McCabe & Cochran, 2008; Wilcher et al., 2012). Research suggests that changing perspectives of FCC

providers toward professional development is dependent upon building supportive social relationships among providers and with instructors, creating trusting and non-judgmental learning environments, and a collaborative approach to evaluation and assessment of educator practices (Lanigan, 2011). Developing innovative and specialized approaches to engage FCC providers in education and training are critical to improve the overall quality of early childhood education in the U.S.

PROFESSIONAL PATHWAYS FOR FCC WORKFORCE

Current efforts to improve the quality FCC programs and the qualifications of the FCC workforce are hampered by a lack of research on effective strategies to inform policy and program decisions. A recent analysis of nearly 100 distinct initiatives implemented across the country to address FCC quality found that less than half of the initiatives had any evaluation and only 28 included outcomes related to caregiver behavior or practice. Moreover, of all the initiatives documented by the study group, only 4 were designed to help move FCC providers through higher levels of credentialing and none had the explicit goal of moving FCC providers into postsecondary degree tracts. As the authors of the analysis noted, “In sum, because of the lack of rigorous methods to isolate the effects of the initiatives and small sample sizes, the research team could not draw conclusions about the effectiveness of different strategies for improving the quality of home-based care” (Paulsell et al., 2010, p. 7).

State and national initiative to address quality improvement in family and home-based settings vary widely in their intensity and the duration of services provided. A number of different delivery strategies were identified, including on-site technical assistance, formal coursework, workshops, play and learn groups, peer support networks, direct grants to caregivers, materials and mailings, or traveling reading vans. Initiatives were designed to address four primary goals: 1.) general quality improvement; 2.) strengthening educator qualifications; 3.) support for licensing or registration; and 4.) support for attaining accreditation through the National Association of Family Child Care (NAFCC), a national accreditation body. While a variety of recruitment strategies were used to engage providers, including financial and social incentives and public and private recognition, the most effective methods to engage participants were addressing individual needs, recognizing the unique circumstances of home-based care, trusting relationships and building upon providers’ existing skills and their cultural and linguistic competencies (Paulsell et al., 2010; Porter et al., 2010a & 2010b; Porter, Paulsell, Nichols, Begnoche, & DelGrosso, 2010).

Quality Rating and Improvement Systems and NAFCC Accreditation

The majority of states that have Quality Rating and Improvement Systems (QRIS) for ECE programs include specific standards for FCC (Isner, Tout, Zaslow, Soli, Quinn, Rothenberg, & Burkhauser, 2011). Of the 24 states that included FCC standards in its QRIS in 2011, 19 included accreditation status through NAFCC in their system, 21 included the Family Child Care Environment Rating Scale—Revised (FCCERS-R) and 8 included the Business Administration Scale (BAS) for family child care to assess program quality and assign rating levels. Similar to differences in state licensing requirements for FCC, there is no agreed upon

process for measuring the quality of FCC in state QRIS systems and most studies have shown that these measures are often weighted based on feel or best guesses rather than empirical evidence. As a result, little policy guidance exists to help policymakers establish standards to differentiate between levels of program quality (Kelton et al., 2013).

Oklahoma's *Reaching for the Stars* initiative was designed to improve the quality of FCC by moving more programs to higher levels on the state's 4-star rating scale. Monetary incentives in the form of higher reimbursement rates based on a program's star level and geographic location were implemented to engage programs to participate in the initiative. The initiative included 189 FCC homes, the majority of which were designated 1-star programs. Within the Oklahoma system, one of the main differences between level 1 and level 2 programs is the requirement for providers to have specialized training, including a CDA or a postsecondary degree in ECE or related field. An evaluation of the program found that star ratings were a statistically significant predictor of FCC quality, and within the sample specialized education and ongoing professional development were more predictive of quality than teacher-to-child ratios or the density of subsidized children (Norris & Dunn, 2004).

Despite current federal and state initiatives to promote accreditation of FCC programs through the NAFCC accreditation program, nationally only about 1% of FCC homes are accredited and in Massachusetts about 2% of licensed FCC providers are accredited (Collins et al., 2010; Paulsell et al., 2010). NAFCC accreditation includes 289 standards across 5 content areas (relationships, environment, developmental learning activities, safety and health, and professional and business practices) that are measured through a 4-step process: 1.) application; 2.) self-study, 3.) observation; and 4.) decision. The costs are substantial for small home-based businesses operating with a high degree of economic uncertainty, averaging between \$800 and \$1,250 (based on FY 2013 costs; Kelton et al., 2013).

Accreditation has different value to programs depending upon state QRIS standards and whether or not a state ties reimbursement rates for subsidized child care to specific levels of quality. While some states view the accreditation process as a pathway to higher quality, recognizing the self-study process as a distinct quality indicator, other incorporate accreditation as a component of a quality level (Kelton et al., 2013). A recent analysis of Massachusetts's QRIS system indicates that of the 6,814 programs currently granted a QRIS level in the system 719 are nationally accredited, including 117 FCC homes accredited through NAFCC. However, only 203 programs across all program types have been granted a level 3 or 4 rating. This suggests that accreditation may have limited value in moving a program to higher quality ratings in the system (Roux, 2015). Moreover, there is scant research on the relationship

between accreditation standards and quality as measured by various environmental and caregiver quality rating scales (Kelton et al., 2013).

Like all small businesses, FCC providers must engage in a cost-benefit analysis before engaging in quality improvement efforts such as participation in state QRIS programs or the pursuit of national accreditation. A recent study of the financial barriers to high quality ECE in southwestern Pennsylvania found few incentives for providers to pursue higher rating levels in the state QRIS (Alvarez, Epps, & Montoya, 2015). While the barriers to entering the field are low the costs of reaching higher levels of the state QRIS are significant given the higher cost of more qualified staff. This can greatly increase a program's fixed costs that are not supported by common reimbursement models, particularly for low income children. In short, as quality increases the gap between subsidies and the cost of care gets wider resulting in programs that operate with a high degree of economic uncertainty (Alvarez et al., 2015). Marshall et al. (2003) found similar relationship between cost and quality in Massachusetts's FCC programs where labor costs accounted for approximately 60% of total costs. Providers who are highly sensitive to their families' ability to pay may opt to serve more kids in lower quality and lower cost care than engage in the difficult work to improve their education (Marshall et al., 2003).

Staffed FCC Networks

Membership in professional organizations and FCC networks are associated in the literature with higher quality environmental and caregiving ratings (Forry et al., 2012; McCormick Center for Early Childhood Leadership, 2014; McCabe & Cochran, 2008; Morrissey & Banghart, 2007). Networks with dedicated staff trained to provide services, including technical assistance, coaching and mentoring, and administrative help have been found to be particularly effective (Wilcher et al., 2012). These networks, often based in human services agencies, CCR&Rs, and other community-based organizations, are distinct from provider associations that tend to focus more on professional advocacy and peer support. In 2012, 22 states had at least one staffed FCC network operating within a specific geographic area. Networks are often supported through state funding linked to the number of children receiving state subsidies within their affiliated homes. Consequently, networks operating within the same geographic region must compete to attract home providers (Bromer, 2009; Collins et al., 2010; Wilcher et al., 2012).

An emerging body of research on the operation of staffed networks has identified a number of promising practices in working with FCC networks. Practices considered highly or moderately effective include specially-trained home visitation specialists, efforts to build supportive relationships between providers and home visitors, on-site coaching and mentoring, and

visitation frequencies more than once per month. Moreover, home visitation specialists who have experience with early childhood education in home settings and postsecondary degrees have been shown to be more effective. Conversely, studies suggest that the more common practices of monthly or bi-monthly health and safety compliance visits, referrals to external training, materials and other resources, and business services, such as tax preparation, enrollment support and administration of subsidies, are not effective in improving program quality (Bromer, 2009; Bromer, Van Haitsma, Daley, & Modigliani, 2009; Bromer & Korfmacher, 2012; Kruse, 2012; Wilcher et al., 2012).

Many home visitation specialists working in networks also experience challenges related to professional isolation, resistant providers, and navigating culturally and linguistically diverse home environments (Bromer, Weaver, & Korfmacher, 2013). Specific training focusing on reflective practice, communication strategies, conflict resolution, and collaboration, and clear standards for working with home-based providers may help mitigating these challenges. Researchers are also recommending that networks invest additional resources into staff to ensure that home visitation specialists have a maximum of 12 homes within their caseload (Bromer, 2009). Given the need for greater collaboration between networks to share best practices, competition for homes may be a barrier to the development of common standards (Bromer, 2009). As of 2010, only one state—Virginia—had established standards for FCC networks operating in the state (Bromer et al., 2013). As Bromer et al. (2013) observed:

Unlike center-based child care providers who work under the guidance of a director or supervisor, most home-based providers work alone and may be more likely to benefit from support and guidance offered by a skilled agency specialist. Investing resources into developing a highly-qualified and skilled workforce of specialists who work with providers over time has the potential to improve and sustain the quality of care offered to children and families across a wide array of home-based child care programs. (p. 3)

Coaching & Mentoring

Research on the potential for FCC networks to initiate quality improvement efforts in home-based settings is supported by the literature on the value of coaching and mentoring for home-based providers and other adult learners (Isner et al., 2011; Kruse, 2012). As noted earlier, FCC providers are generally found to be less interested in the theoretical aspects of training and are more interested in training that has a direct impact on their everyday practice. Coaching that is provided on site is perceived to have greater practical implications for

educators' daily work, more content specific information, and more targeted to individual learners' needs and language proficiency (Isner et al., 2011). Such coaching programs provide opportunities for developing supportive and trusting relationships between instructor and provider. Further, on-site observations of providers as they work with children create more meaningful opportunities for reflective feedback and the development of action plans for educator development (Lanigan, 2011; McCabe & Cochran, 2008; Neuman & Wright, 2010).

FCC providers who engage in coaching and mentoring as part of broader training programs consistently rate the on-site home visits as the most effective aspects of quality improvement programs (McCabe & Cochran, 2008). Based on their findings, Neuman & Cunningham (2009) argued, "home providers who received coaching, in fact, demonstrated changes in practice so dramatic as to be essentially on par with quality practices in center-based care" (p. 555). Despite promising research, additional inquiry is needed to identify specific coaching strategies that are effective with diverse providers, particularly linguistically diverse learners, and to provide guidance on the necessary duration and intensity of the coaching and mentoring relationship⁷ (Newman & Wright, 2010).

Public Schools and Federal Head Start Partnership Programs

Efforts to connect FCC providers to local school systems are showing some promise in providing supportive networks for home-based educators and improving the quality of home-based ECE settings. Giving the large numbers of children in home-based settings and the challenges providers face in improving their educational services, schools increasingly see that they have a role to play in providing services to FCC in their communities to improve school readiness among enrolled children—particularly 3-4 year olds, who will be transitioning to school. Collaborations have included: 1.) on-site services such as in-home child screenings by developmental specialists, sharing resources aligned with state curriculum standards, home-based learning activities, and mediation services for providers and parents; 2.) opening schools to FCC programs through play groups, provider networking events, school transition activities for older children; 3.) training and professional development opportunities for home-based providers; and 4.) financial supports, such as tuition assistance for continuing education, purchasing educational resources for home-based programs, and incentivizing programs to engage in quality improvement, such as pursuing accreditation or QRIS efforts (Smith et al., 2008).

⁷ Kruse's (2012) study of culturally relevant coaching found that native Spanish speaking participants preferred Spanish during coaching sessions while other non-Spanish speaking immigrants, including Somali and Hmong participants, preferred that English be spoken during sessions.

One such innovative program is the Community Connections Preschool Program in Illinois. The program is designed to support low income, at-risk 3 and 4 year olds enrolled in home-care who would benefit from more educational supports in the immediate years before they enter kindergarten. The model allows these children in participating home-care settings to take part in half-day sessions at a state pre-kindergarten program 4 days per week. On the 5th day, teachers visit the home programs to provide resources and engage in on-site coaching and modeling of instructional practices and curricular activities. Through the program, child payments are maintained for the home providers even when children are in the school settings and transportation is provided. Moreover, while older children are engaged in classroom activities 4 days a week, home-providers are better able to focus on the needs of infants and toddlers in their care (Forry, Anderson, Banghart, Zaslow, Kreader, & Chrisler, 2011).

Preliminary program evaluations have found positive perceptions of the program among educators and parents, improved communication between providers and parents, increased job satisfaction among home-based providers, and perceived positive child outcomes in letter identification, spelling and writing development. Moreover, most parents reported preferring the model to the traditional preschool model because it combines the benefits of the home-based setting—intimacy of care, flexible schedules—with a more intentional academic focus. Program evaluators noted, however, the need for additional efforts to recruit culturally and linguistically diverse FCC providers serving young dual language learners given their low participation numbers (Forry et al., 2011).

Under recent federal policy changes, licensed FCC is now an option for Head Start and Early Head Start provided home-based programs adhere to new standards, including standards of provider qualifications (Bromer & Korfmacher, 2012). In 2010, the Office of Head Start and Office of Child Care within the Administration of Children and Families contracted with Zero-to-Three to implement a partnership model between state Head Start programs and FCC programs to address home-based quality, strengthen the capacity of FCC providers, and support coordinated and comprehensive service delivery for families in low income communities. Funding was provided to implement the model across 22 partnerships, each supported by a Child Care Partnership Coordinator who provided up to 52 hours of consultation services and a partnership stipend of \$20,000 to support projects (Pregibon, Akers, Heinkel, & DelGrosso, 2011).

Each partnership was able to develop their own goals and targeted outcomes designed to strengthen professional development opportunities, information sharing, coordination of services, content, curriculum, and instructional practices, coaching and mentoring, QRIS



participation, health and developmental screenings for children, NAFCC accreditation, and community outreach and education. A number of partnerships focused on providing FCC educators pathways to credentials and degrees through CDA programs based on community colleges and greater access to scholarship money. While most of these efforts focused on CDA-level training, some programs, such as partnerships in Arizona, California and Connecticut provided funding for FCC providers to take beginning college-level courses to support their transition to postsecondary education. Additional research is needed to evaluate the efficacy of these programs to support educators in degree-tract ECE programs (Pregibon et al., 2011).

FCC Unionization

In recent years, licensed FCC and other home-based providers have partnered with service unions to lobby state legislatures for the right to unionize and bargain collectively for improvements in subsidy rates, benefits, training opportunities and regulations governing the provision of home-based care. To gain these rights, providers had to contend with federal labor laws that exclude independent contractors and persons providing domestic services in the home in its definition of “employees.” Moreover, because FCC providers are independent businesses and in competition with each other, they require an exemption from state antitrust laws to agree on matters such as rate payments (Chalfie, Blank, & Entmacher, 2007).

Since 2005, nearly 20 states, including Massachusetts have authorized home-based providers to organize and form unions. While this study has not identified any research on the efficacy of unionization to support quality improvement in home-based settings, unions have successfully negotiated with states to improve compensation levels through rate increases, expand training opportunities for providers, secure state contributions into FCC provider health insurance managed by unions, and link a premium on subsidy payments for providers who meet certain training and quality standards. Under Massachusetts law, signed by Governor Patrick in 2012⁸, subsidized FCC and subsidized FFN providers have the right to organize and bargain collectively with the state on subjects of expanding education and training opportunities, improvements in the recruitment and retention of qualified providers, reimbursement and payment procedures, and rate structures for voucher and contract payments for FCC providers (Blank, Campbell, & Entmacher, 2010; Blank, Campbell, & Entmacher, 2013).

⁸ The state legislature first approved legislation allowing for unionization of FCC providers in 2007, but this law was vetoed by then Governor Romney. The 2013 agreement between FCC providers and the EEC set a step-based increase in reimbursement rates, but these rate increases are tied to increases in funding in the state budget which have not yet been passed by the state legislature.

Local 509 of the Service Employees International Union (SEIU) represents FCC providers across the Commonwealth and successfully reached an agreement with the Commonwealth in 2013 to provide rate increases for workers, expanded professional development opportunities, and new quality standards for workers. While we know very little about how such organizing efforts will impact the home-based sector of the ECE field, having a unified voice and place at the table when states are developing policies for early childhood education is critical to preserving a high quality mixed delivery system. As Browne (2009) has argued:

Thus, home-based providers should be included in the planning and implementation of a state's comprehensive early care and education system in order to (a) ensure that home-based programs are included as viable child care options, (b) participate in an analysis of a state's support of providers, (c) encourage the inclusion of funds in a state's budget to assist providers' efforts to improve the quality of service delivery, and (d) contribute to the development of recommendations of how early childhood systems could more effectively support home-based providers. (p. 62-63)

Educational Pathways for FCC Providers—Challenges and Opportunities

The research is clear that provider education and training are central to high quality early childhood education for young children. Educators with higher levels of education are more likely to engage in ongoing professional development, view themselves as professionals, and create intentional learning and developmental activities for children that have the potential to improve their readiness for success in school and in life (Browne, 2009; Paulsell et al., 2010). The research also shows that there are opportunities to build on existing systems to improve outcomes for providers and for children. National surveys of ECE educators show that among FCC providers, over 30% have some college credit upon which to build toward a degree (National Survey of Early Care and Education, 2013). However, given the demographics of the FCC and home-based workforce and the social and market dynamics of FCC, home-based providers face significant barriers to success and persistence in higher education.

Educators working in home-based settings are the most culturally and linguistically diverse, with the lowest income levels, the greatest constraints on their time, and greater difficulty balancing their family, social, and professional needs (Browne, 2009). As Neuman and Wright (2010) found, FCC workers engaged in formal education programs experienced “difficulty with assignments, literacy demands of the texts, and concepts and names, and were more inclined to

focus on how to perform a particular strategy through concrete hands-on learning techniques” (p. 83).

There are lingering questions regarding the capacity of higher education to support the workforce and the relevance of existing programs to address the competencies and skills needed to prepare educators to be successful serving increasingly diverse young children (Washington, 2008; Whitebook & Ryan, 2011). Moreover, persistent issues of low professional status, low wages, few benefits and high turnover provide few incentives to motivate providers to engage in continuing education (Whitebook et al., 2014).

While the literature on FCC providers, particularly immigrant and ELLs, in higher education is virtually non-existent, the challenges facing these individuals in accessing and persisting in postsecondary studies are well documented (CAYL Institute, 2015; Washington, 2008; Whitebook, Kipnis, Sakai, & Almaraz, 2011; Whitebook & Ryan, 2011). There have been small pockets of innovation to support Latinas and other linguistically diverse FCC providers in higher education that have been dependent upon local champions, but these programs are generally unstudied and often operate without the support of institutional leaders. The limited literature that does exist focuses primarily on a broader demographic of ECE educators and its findings are not necessarily generalizable to the unique characteristics of FCC providers, particularly ELLs and new immigrants.

The most innovative and well-studied initiatives to support the ECE workforce’s transition to postsecondary education have been implemented in California. These initiatives incorporate a two-pronged approach: 1.) address the systemic issues of access and support for ECE educators, and 2.) strengthen, align and expand ECE degree programs at 2- and 4-year institutions of higher education. Evaluations of these initiatives have identified a number of strategies that promote persistence and success in higher education, including targeted service delivery through a cohort model, integrated academic advising and counseling, financial support, college skills-building opportunities, dual language instruction and access-based supports, such as flexible schedules and community-based class locations to accommodate working adults (Whitebook et al., 2011; Whitebook, Sakai, Kipnis, Bellm, & Almaraz, 2010).

These strategies align closely with current research and reforms in higher education to better support what researchers and educators refer to as nontraditional students—i.e., working adults, low income students, immigrants, and ELLs—who have traditionally low educational attainment rates. Institutions of higher education serving at least 25% Hispanic students have been designated as Hispanic-Serving Institutions (HSIs) under Title V of the Higher Education Act



since 1992. Since that time, the number of HSIs has nearly doubled from 189 to 370 in 2013, the vast majority located in California and Texas (Hernandez, 2010; Santiago, 2015). Of these schools, 44% are community colleges, 36% are private colleges, and 20% are public 4-year institutions (Hernandez, 2010). Currently, there are two community colleges in Massachusetts that are HSIs—Urban College Boston and the Lawrence Campus of Northern Essex Community College. HSIs are eligible for federal Title V grants for initiative and programs to serve Hispanic, minority, and low-income students.

The highest performing HSIs lead the nation in both enrollment and degree completion among nontraditional students and see themselves at the forefront of innovations in higher education given the changing demographics of the country. These institutions differ from others in that they view the recruitment and retention of Hispanic students as an asset to the institution and a core part of their mission. Studies of successful HSIs have identified a number of shared practices, including institution-wide data sharing to engage and activate institutional efforts, greater alignment of developmental courses with college-level work, accelerated curricula, immersion programs and first year experience courses, bilingual staff and dual language course offerings, and student engagement programs geared toward returning adults and immigrants (Excelencia in Education, 2008; Hernandez, 2010). These schools are reorienting themselves to the communities they serve, building deeper partnerships with community organizations and businesses. Institutional leadership that embraces their school’s mission to serve this segment of their student population has been identified as a critical competency (Santiago, 2009).

Over the past 10 years, a wide variety of local, state and national initiatives have begun to build off of these reforms to address the needs of adult and nontraditional students in higher education and workforce development in a more systemic way. These initiatives are motivated by broader demographic changes in the U.S. labor force and the need to move more workers to higher levels of education and credentials to ensure future economic competitiveness. National career pathways initiatives are focused on addressing broad systemic alignment between adult basic education, higher education and workforce development and beginning to inform policy debates and resource allocations at the state and federal level. Career pathway models provide manageable and clearly-articulated sequences of education, training and credentials connected to specific employment opportunities. Embedded supports help move students through vocational training or college preparation, and flexible options allow participants to enter, exit and re-enter programs at various points along the steps to a credential or degree. Perhaps more significantly, federal and state policymakers are beginning to align education and workforce development funding streams under the WIOA to prioritize reforms such as career pathways that support nontraditional students in postsecondary education (CLASP, 2014).



Current efforts to support home-based providers and create viable pathways to higher education are drawing from the experiences of career pathways models and current higher education reforms that are changing how schools support nontraditional students (U.S. Department of Education, 2015). Successful implementation of degree-mandate policies that will preserve and build upon the diversity of the current workforce will require attention to the multilevel and interrelated challenges faced by individual ECE educators. Research is clear that educators need access to scholarships and financial aid, flexible course schedules, special advising related to higher education, language-appropriate course materials and instruction, ESL classes, access to “stacked” credentials that provide sequential steps toward a degree, credit for prior learning and degrees from foreign institutions, support from their employers and options for childcare and transportation. Cooperation and coordination among state systems of higher education are critical to address deeply rooted institutional barriers to access and persistence among nontraditional students (CAYL Institute, 2015)⁹.

⁹ A comprehensive discussion of the personal, structural and policy barriers facing nontraditional students and the initiatives and strategies to support these individuals, including immigrants and ELLs, in postsecondary education can be found in the CAYL Institute (2015) report, *Postsecondary pathways for ECE educators: Supporting adult English language learners’ access and success in higher education*.

CONCLUSION: SUPPORTING A HIGH QUALITY MIXED DELIVERY SYSTEM

Both licensed FCC and licensed exempt FFN play an important role in a mixed delivery system of early childhood education that supports working parents and the country's ability to remain economically competitive. Home-based care is the most common form of child care arrangement in the U.S. and in Massachusetts, and is valued by parents for its lower cost, flexibility and responsiveness to their needs. In most low income communities, moreover, it is a more readily available option for the growing numbers of culturally and linguistically diverse immigrant families. Absent any systemic change to support FCC educators, state and federal policy requirements that link funding to new educator qualification levels and quality standards present a threat to the existing mixed system.

Over the past 25 years the share of children in licensed FCC has steadily declined with efforts to move more low income children in center-based programs. In Massachusetts alone there has been a 20% decline in the number of licensed FCC programs in just the past decade. Given the limited slots available for children in center-based programs and increasing demand for quality early childhood education options for families, the declining numbers of licensed FCC providers presents a primary challenge for the field. Despite efforts to get more unregulated providers licensed, new providers entering the field, particularly new immigrants, may decide to operate without basic regulatory oversight rather than adhere to new standards that present significant barriers to entry. With fewer licensed FCC providers, more families may choose unregulated home-based programs that do not ensure even basic levels of health and safety compliance.

Before moving toward highly prescriptive models of educator training and development, policymakers must consider deeply rooted questions regarding FCC and home-based providers. How do we view educators who choose home-based settings because they want to offer something different from other programs that are available? What if some providers want to further their education, but engaging in a degree program would mean they would offer less flexible service to families in order to have the time and energy to devote to any degree program worth their attention? Who are the providers interested in degree attainment and what could they gain in terms of professional growth and economic security through better access to postsecondary education? What kinds of degree programs exist to serve home-based care providers and their specific needs? Finally, how do you support providers in accessing and persisting in postsecondary education given their linguistic diversity, varied educational experiences, low socioeconomic status, and the social and market dynamics that shape their practices?

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