

## **Family Child Care--An Effective Program Option for Children, Families, and Communities**

### **Track E: Home Visiting and Family Child Care**

#### **17<sup>th</sup> Annual Virtual Birth to Three Institute**

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These are the titles of each track:

- A. Inclusive Child Development
- B. Child Health and Prenatal Services
- C. Family and Community Partnerships
- D. Management and Professional Development
- E. Home Visiting and Family Child Care

Operator: Good day, welcome to the Virtual Birth to Three Institute, "Family Child Care: An Effective Program Option for Children, Families, and Communities" conference call. As a reminder, today's call is being recorded. At this time, I'd like to turn the conference over to Mr. Kelly Claire. Please, go ahead.

Kelly Claire: Hello everyone and welcome to today's conference. Before we get started, I want to cover a couple of housekeeping items. For today's session, we will be taking questions via the private chat tab. If you look down towards the lower left of your screen, you will see a tab marked "Public" and "Private." Please choose "Private" and then "Leaders and Assistants." Please type your questions in there to ensure that we get them. You can also use that for any technical assistance. So, if you're having any problems, please, put your questions in there and we will answer those. Again, we will not be taking questions via the phone. We'll be using the private chat tab down on the lower left and using Leaders and Assistants. With that, I would like to turn the session over to Amy. Amy, go ahead.

Amy Dapsauski: Thank you, Kelly. Good afternoon, this is Amy Dapsauski, senior writer and trainer with the Early Head Start National Resource Center. I would like to welcome you and thank you for joining us

today. Early Head Start and Family Child Care partnerships are beneficial to children, families, and communities. You will be hearing about some of those benefits today. Early Head Start Family Child Care Partnerships are positioned to provide family and community centered comprehensive services, as described in the Head Start Program Performance standards. And you will be hearing some ways in which programs are delivering those services. There are models of successful Early Head Start Family Child Care Partnerships that can be replicated across a variety of communities and we will be sharing with you some of those models. Joining me today are Dr. Calvin Moore, deputy director of the Office of Child Care in Washington, DC. He has over 20 years of experience in early care and education. Dr. Moore began his work with Head Start Family Child Care Providers in 2001. And Bill Castellanos, Child, Youth and Family Services, division director of the Community Action Partnership of San Luis Obispo County, California. He oversees Head Start, Early Head Start, Migrant and Seasonal Head Start and State Child Development Programs in 10 counties within California. These programs offer center, home visitor and family child care options and serve over 3,600 children annually. Thank you for being with us today, Calvin and Bill. Calvin, I turn it over to you.

Calvin: Thanks, Amy. I just wanted to take this opportunity to welcome everyone from the Office of Child Care here in Washington, D.C. and, on behalf of my director, Shannon Rudisill. I wanted to also share with you our focus here at the Office of Child Care, in light of the President's focus on early childhood education and his 2014 budget proposal which includes extending and expanding evidence-based voluntary home visiting, Early Head Start Child Care partnerships and providing high quality preschool for all children. Just as a little bit more about the Early Head Start Child Care Partnerships, the President has proposed to invest 1.4 billion dollars in these partnerships through a competitive grant process, through entities that are currently eligible for Early Head Start. These funds would be awarded to Early Head Start on a competitive basis to enhance and support high quality early learning settings and provide new, full day comprehensive services that meet the needs of working families. Also, here at the Office of Child Care, we are focusing on a high priority performance goal that expands the number of states with QRIS that meet high quality benchmarks. At the Office of Child Care, we are hoping to articulate a vision of high quality early childhood and pathways to improve quality. Thanks, Amy.

Amy: Thank you, Calvin. With flexible hours, strong relationships, continuity of care, and home-like environments, family child care homes often best meet the needs of children, families, and communities. This session will discuss the family child care option and the unique opportunities for successfully providing comprehensive services to children and families. Our objectives are that by the end of today's session, you'll be able to explain the benefits of the family child care option, identify strategies for meeting the challenges of implementing the family child care option and identify some strategies for providing comprehensive services within the family child care option. Our first focus will be on some highlights of the Head Start Program Performance Standards for the family child care option. I'd like to draw your attention that in your viewer's guide you have the first handout that covers some of the highlights from that family child care option. The Family Child Care Program Option, the Performance Standard designed the family child care option as Head Start and Early Head Start and Child

Care Services provided to children receiving child care primarily in the home of a family child care provider or other family-like setting, such as a space in a public housing complex, which has been licensed by the state and set aside, specifically, for the provision or purpose of providing family child care. Some of the highlights are that grantee and delegate agencies must implement the program option. And under that they look at the hours of operation, serving children with disabilities, programs-based indoor and outdoor, policy counsel role and in facilities, safety plan, injury prevention, emergency plans, and licensing requirements. Head Start, Early Head Start and Delegate agencies must ensure that children in the Head Start family child care option receive comprehensive services specified in 45 CFR parts 1304 and 1308.

There are many benefits to the family child care model. The majority of infants and toddlers are cared for in home-based settings and children with socioeconomic risk factors are more likely to be in a home-based childcare arrangement. Many parents would like for their infants and toddlers to be in a home setting. Family child care not only offers a home-based setting, but also can offer parents more flexibility to meet their work hours, and sometimes, the opportunity to have siblings cared for together. Family child care providers can face barriers when they want to increase the quality and comprehensiveness of their services. For example, they often lack access to the same resources and professional development, as providers in larger early care and education settings. Successful partnerships support high quality care for all low income infants and toddlers enrolled in participating family child care programs. Comprehensive services including both expanded and additional services for families, enhance quality of services and professional development and coordinated service deliveries built into the community's infrastructure. The National Association for Family Child Care believes that accredited family child care homes are the most natural setting for our nation's youngest children.

The low child-adult ratio, home-like setting and consistent caregiver enabled children to build trusting relationships that open up their curiosity to learning about themselves and their environment. Family child care partnerships with Early Head Start grantees are the perfect fit for children and providers. Through these partnerships, providers continue to develop their knowledge of young children through professional development, mentoring and coaching, and ongoing evaluation and review. Bill, I'm going to turn it over to you, so you can speak to some of the benefits of programs in children.

Bill Castellanos: Great, thank you, Amy. Thank you, and good morning and good afternoon for people throughout the United States. I will be talking about the benefits to the program. I will discuss the unique issues of that concern and how the family child care option serves the needs of the Migrant Seasonal Head Start. And we're going to be...I'm going to be focusing on the Migrant Seasonal Head Start Program that we operate here in California. And so that would be my focus as a uniqueness of this particular program, this model deserve the ongoing need of a migrant or family in California. So, the benefits to children are many. And Amy had mentioned and pointed out several of them. But some of

the things that I would say that the idea of having small group size to us, that's very, very important, and for that the Latino-Hispanic population, the idea of having children in a family setting is also a very conducive to the culture of the family that we are currently working with.

Many of the providers are couples, and so we have male involved and role models in many of our centers; we're seeing more and more of our providers that are going into the business, small business venture as a couple. So, that's a real benefit to our children of having a role model in the center. So, also the other benefit that we see is just the small home-like environment, which is again also something that's very conducive to our families. And also, very consistent, the potential of having long-term relationships, even after we serve them, there continues to be a relationship with the provider and also the members of the family. The benefits to the program, you know, with the... Calvin had talked about this future expansion and I'm hoping that the President's plan would also include, not just center-based that family child care option should have a place in this new expansion. So, it also helps us in making sure that we meet our funded enrollment. You know, we know that it's very difficult to build the facility and the costs involved. Family daycare homes are, sort of, ready-made situations that we can place children at low cost and also, it could be something that we could provide additional services to families.

We have specialists in our particular program, that basically, are responsible to...be responsible for the 25 to 30 children that typically we may...typically means that they're also responsible to make sure that their kids' files are in full compliance. And also means that they would be responsible to oversee approximately between eight and ten providers. The other advantage of this particular model for the Migrant Seasonal Head Start, because we have a lot of programs or a lot of families that live in small little world communities. So, we help future providers to get the license; we train them; but, it's also something that we are able to serve small pockets of children in the rural areas here in California. And also there is...because we're dealing with licensed, experienced providers that really helps also with the low cost startup, because many of them already are established in the community. OK, Calvin, I think you have some other ideas in terms of benefits to the program?

Calvin: Yes, Bill, I want to talk a little bit about the benefits to the community. Family chapter providers are part of the economic stability of the community. Many of these small business owners go unnoticed, because the revenues they generate are considered small. Nonetheless, they are an essential part of the economic engine of the community, offering services to working families that may be a challenge to more traditional child care providers, because a family child care provider is able to offer very defensible child care hours, their location and the continuity of care is also flexible, including the care of siblings in multi-age groups. Family child care providers also maximize their parental choice in their communities which is a hallmark of federal child care subsidy policy. Finally, family child care providers often make good use of community resources like parks, libraries, museums, community colleges, where they are able to build on, build an informal network of ongoing community support.

There are many benefits to implementing this model, perhaps, the most important that I would like to focus on today is the infrastructure, as Bill mentioned: Usually, when there's an expansion of programs, program directors begin to think about building new centers. Well, this program option allows programs to think about using the existing infrastructure as opposed to spending a considerable amount of resources on construction.

Additionally, models...this model feels like home for parents, particularly, infants and toddlers. It is a non-institutional environment, quite simply. Often, these programs are in the parents' neighborhoods or close to work, so that it's convenient for them. Family child care is flexible in that it allows for mixed age groups, as I said earlier where siblings can be enrolled. And finally, these programs are also reflective of the parents' own culture and language which makes it more appealing to low income and minority families. Amy?

Amy: Thank you, Calvin. It sounds like a win-win. There are also many benefits to the family child care providers themselves. If we look at the Head Start Program Performance Standards, it says that in program staffing, the grantee or delegate agency will assign responsibilities to the child development specialist and other agency staff to support and ensure the provision of quality Head Start services, at each family child care home. These responsibilities must include both regular announced and unannounced visits to each home. The duration and timing of such visits will be planned, in accordance with the needs of each home which shall occur not less than once every two weeks.

During visits to family child care homes, the child development specialist will periodically verify compliance with either contract requirements or agency policy depending on the nature of the relationship. Field-facilitate ongoing communication between grantee or delegate agency staff, family child care providers and Head Start and Early Head Start families provide recommendations for technical assistance and support the family child care provider in developing collegial or mentoring relationships with other child care professionals. One of the biggest benefits to family child care providers is the child's development specialist visits done right in the family child care provider's home.

Findings from a study conducted by Juliet Bromer at the Erikson Institute on Staff Family Child Care Network and Family Child Care Quality revealed several networks attributes associated with quality. The study found that services such as monitoring family child care home for health and safety inspections and referring providers to outside community-based professional development opportunities did not result in improved family child care quality. The researchers speculated, this is because these services do not involve relationship-based support of providers. Leadership takes place in the context of relationships and quality relationships are crucial to good outcomes.

Quality relationships are characterized by trust, support and growth, which in turn form the foundation for all of the work that is done. In a study conducted by the Erikson Institute, practices most promising in their ability to impact quality in family child care were direct services to family child care providers by specially trained coordinators that include on-site training, visits to family child care home, low coordinator-to-provider ratio, supportive staff-provider relationships and opportunities for supportive relationship between network staff and providers that include regular meetings, telephone help, feedback opportunities; and most promising practices were the coordinators' prior experience with children, as well as, his or her specialized training, the use of a formal quality assessment tool, high frequency visits such as 10 times in six months to family child care home is focused on working with children, on-site training at the network for providers.

Keeping this in mind, these relationship-based visits, I'm going to ask Calvin and Bill some questions about how they use this in their work. Calvin, could you share with us how you support family child care providers in your program through child development specialist visits?

Calvin: Yes. First of all, all our providers had either an AA degree or higher with the CDA. All of them also had at least 10 years of experience working with children. Each of our child development specialists had a case load of 10 to 12 providers and they visited them for 90 minutes every other week. The focus of these visits was on curriculum implementation support, mentor coaching experiences and providing technical assistance based on the providers' Annual Professional Development Plan. My program used a creative curriculum and providers used the developmental checklist for ongoing assessment. The role of the child development specialist was to help the providers make sense of the assessment data, in order to make better decisions about their work with the children enrolled in the program. Additionally, a family child care visit tool was developed and used to document the visit and any followup for the next visit. In addition to the child development specialist, the other content area specialists, the health and mental health coordinator, the nutrition specialist, the family and community partnership specialist, as well as, the disability specialist also made alternate biweekly visits. So, each week the provider was visited by a program specialist to support their work with their children.

Amy: Thank you, Calvin. That's very deep. Bill, could you share with us about how your program supports providers with the child development specialist visit?

Bill: Yes. No, just listening to Calvin, there's a lot of similarities, but we have many of the things that are currently now in practice. It took many, many years for us to then implement. So, the providers that we currently have, they receive frequent with visits and we actually have an opportunity because we have...

the family child care specialists have a case load of 25 to 30. And usually, the family providers...the providers are very in...within the very close proximity. So, they're able to visit them at least once a week for about an hour and hour and a half. So, that's what I think one of the benefit of having a small case load. You know, during these visits, very similar to what Calvin said, during these visits, a variety of instruments are used to monitor for compliance, such as checklist for health and safety, that's a very important thing, the environmental rating scale that we use. We also have the quality family child care checklist which covers both the indoors and the outdoors environment what is used...and this also instrument is used by our licensing specialist that comes...maybe...

In California, they average about maybe, one or twice a year. In some cases, they come maybe, every five years. So, we're basically using some of their tools to make sure that when they ever have a visit by the licensing that they'll be in full compliance. We also use a positive mental health checklist. The child development specialist does a great deal more than just monitoring and compliance. The specialist observes the provider and children along with the interaction, mentors and provides a base on the observation, participates in the activities. And again, that's very important. They're just...is not there just to...with a clipboard and checking out things that we need to do. With...that's also important, but she also is involved in actually the activities. She also mentors and also demonstrates different implementation and introducing different activities to the specialist. So, many of our...many of our specialists also come from a very long background, in terms of child development in ECE, much required to have also classes in infants and toddlers. OK, Amy.

Amy: Thank you, Bill. It sounds like in both cases that the child development specialist is really a partner with the family child care provider and really builds relationships. Bill and Calvin have been good enough to provide some sample of forms and checklists in your viewer guide, so you can refer to those as you're glancing through and you can have them later, if you want to help them to develop your own. Calvin, what types of tools did you use to assess quality?

Calvin: Well Amy, we used the NAFCC Benchmarks for quality once it was published. Prior to that publication, we used NAFCC's Accreditation self-study material to assess quality. This decision was made because our goal was for all of our providers to be accredited by NAFCC. We didn't use FCCERS which is the environmental rating scale for family child care and that was intentional because in Alabama, there is an NAFCC Accreditation project. Our providers participated in this project which paid for their training and mentoring support to become accredited. The project also paid for their accreditation fee and the renewal fee. Mentors were assigned to our providers and they used a variety of assessment tools to help them meet the accreditation standards which included the FCCERS which is the environmental rating scale. So, while we didn't implement the FCCERS, it was implemented through the accreditation project.

Amy: Wow. That sounds like some really great tools. Bill, could you share with us what types of tools you use to assess quality?

Bill: Yes. One of the things that also is important was the listeners to know that here in California, there's also a tool that the Department of Education uses is called the Desired Result Development Profile which is now called...also called the DRDP. And because we have several of our programs, regular Head Start and Head Start blended and braided with some of the Head Start programs and state programs, we used this instrument and has been accepted by, you know, Head Start as the instrument to... for the assessment of our children. We also, as I mentioned before, the environmental rating scale, the health and safety checklist is also something that's very, very important to all of us, and also the quality family child care checklist and then we also have the positive mental health checklist.

Amy: Thank you, Bill. I'm wondering about what special knowledge and experience your child development specialist had? Calvin, could you tell us?

Calvin: Yes. Our child development specialist had to have a bachelor's degree in early childhood education with the family child care CDA.

Amy: Thank you. Bill, what about your specialist?

Bill: Ours...we have sort of gone through some different changes; when we first started maybe 15, 18 years ago, we basically were requiring a minimum of maybe three or four years' experience in the classroom and also that they have at least an AA degree or an associate degree here from California. But...and so now, the requirements for...in a family child care specialist...because we now see the importance of this particular position, we require that all our family child care specialists have a BA degree in child development and experience in the classroom. And the best employee that we have noted and I have noted that make a good combination of people who provide, I mean, specialists who have experience in the classroom and also people who had also have experience as a home visitor and also as a family advocate. With those type of combinations, they seem to not... they feel more comfortable in visiting homes, being in people's home.

So, that's one of the things that I feel that is just an extra plus when someone has the additional extra experience as a home visitor or a family service advocate, you know. I think that family service... a family child care specialist is someone that really needs to enjoy surprises, because you never know when you

make your visits, what's going to happen, they have to be prepared for anything that's happening there at the center. The family child care specialist works very closely with the provider and also the fact, again, I have to mention, the teacher...the provider and the family child care specialist, their ratio is eight to 10 providers so they have the ability to make those weekly visits for an hour and hour and a half. So, it's a really, really quality time with the provider. We also have many of our specialists that also have been certified as CDA advisers, and I will go into that later on because one of the things that we're also trying to help and assist with our providers is to get their CDA credential. And we also encourage them to be members of the NAEYC. We provide information about that, and also to get them involved at their local chapter, and also to provide and participate with the local ECE councils which we have here in many of our counties.

Amy: Thank you, Bill. Those child development specialists needing to be prepared, thinking on their feet, very much mirror family child care providers themselves. I imagine that having experience with families as well as home visitors or in other ways like that are very helpful to help the family child care involve parents. Calvin, could you share with us how you support family child care providers in networking and training opportunities?

Calvin: Yes, Amy, and this is one of those important areas because from my experience in working with family child care providers, I found it to be very isolating for them, so, these networking opportunities are really important. We have regular provider trainings and meetings throughout the program year, along with a week-long pre-service training prior to them beginning their service for the year. We pay the providers' membership in NAFCC and encourage their participation in their local association where they also get some of that networking and support outside of their family child care setting. Most of them were members of the Alabama CDA Forum or the Jefferson County Family Child Care Association. And we also, one of the unique things we did, we also identified veteran providers who would serve as mentors to providers when we brought a new provider on, and I think that was also a great attribute in terms of networking and support.

Amy: Thank you, Calvin. That networking is so important. Bill, could you share with us about the networking and training opportunities you provide family child care providers?

Bill: Yes. One...well, first of all, you had mentioned at the very beginning, you talked about, it's all about relationships and trust, and that's also important and...but again, the ability to be able to meet with them on a very frequent visit really helped that relationship and trust. So, we have, for the last maybe eight years now, we have an Annual Family Child Care Provider's Conference that we offer at...it's usually about two days, two and a half days, and we basically have an invitation to all of our providers. Last year, we have over 100 providers to come here to San Luis Obispo, California and they had a two-

and-a-half-day conference and we paid for the room; they just had to get, you know, they just had to get here. So, they come from as far as Sacramento, and as far as the Mexican border; that's the area that we cover. And we provide a great deal of training in the areas of the Head Start Performance Standards. We also have areas in terms of other workshop including nutrition and best practice. Again, we focus a lot on the Performance Standards, especially, the responsibility that they have and the things that we have to make sure that they fully understand. We have infant massage; we have cultural awareness and traditions, because we basically, I would say 95 percent of our families are from Mexico and so, we continue being sensitive to the culture and being sensitive to the traditions.

And also, we have a lot of motivational speakers. We have also, that also presented in the last several years, as Calvin had mentioned that they are sort of a group that's sort of isolated, that sometimes they work...in our particular program, they work between an average of 10 to 12 hours, sometimes six days a week, a very demanding work for the providers. And so, this type of an opportunity for them to meet with other providers is just a real benefit. We also have seven, as I mentioned before, we do have... right now, we have seven CDA advisers that have assisted over 35 providers in receiving their CDA credential. And we have now, currently another 45 providers who are in different stages of earning their CDA. And we're hoping by the end of September, by the end of our program year that we would have an additional 45 providers that would have...that receive their CDA. And CDA that they're receiving is a Monolingual Spanish credential for family day care. And again, one of the requirements that we require, that they have to be bilingual, they have to be monolingual in order to communicate with our families. We do have the monthly trainings and meetings in Spanish, and these monthly meetings, there is a potluck where providers enjoy the good food and they support one another, and again, that's, I think, it's so important for the providers to start meeting with other providers, talking about their successes and some of the areas of frustration. But...so, not only is the training beneficial but because the providers are so isolated, as Calvin had mentioned. Often, they only work with children and having other adult companions during...and it's so important for the providers. We encourage them to participate at their local NAEYC chapters and also with the Family Child Care Association. We do have cluster classes from the community college; we have two counties that have been very, very cooperative in setting up classes in Spanish and the classes that they have offered also provide them with units, college units.

The providers are also supported by a team of content areas. As Calvin also mentioned, that we do have our mental health specialists. We do have contract mental health specialists in each county. We do have two, full licensed clinicians here in our office that help and coordinate the mental health people. And we have...if there's issues with nutrition or disabilities, our specialists are more than willing and able to visit these homes and to assist them in their needs, to make sure that the children that we serve receive a full Head Start experience.

Amy: Thank you, Bill. It sounds like it's really rich what you shared as well as Calvin, those networking and professional development activities, not only with the child development specialists but among the providers themselves and giving them that opportunity to network. Bill, would you share with us about your particular model, please?

Bill: Yes. Our model...before we even started with Head Start, we actually was operating this family child care through the Alternative Payment Program that we have here under the State Department of Education. And, we actually been over 25 years begun with state funded programs and using the family child care was an acceptable method of serving children. And then it was...then it was introduced to the...actually was introduced to our region here, Region 9, but they were not open to the idea; it was very foreign to them. It was very foreign to them; they didn't really understand family child care, the concepts; they were basically really more understanding the center base and also the home visitor models, which are good models.

So, we, about 15 years ago, we introduced this idea, this concept to the Migrant Seasonal Head Start branch and they were also a little reluctant, but they also allowed us to have a demonstration project of 20 children. Currently, now, we had a workshop yesterday and in my notes, I have here that currently... we used...we are serving 426; I was led to believe...I was corrected, yesterday, that the last year, we served over 600 children in our...in that particular model in provider homes. And the reason why we have such large number, you have to remember the nature of the Migrating Seasonal Head Start; you might have migrant families that might be here for three or four months and then they move to another state, and then we replace them with other...with other children.

So, that's why we have a very high numbers of children that are being served in this particular model. Our program served children in nine counties in California; we require that our FCC specialists have a BA in child development and experience in the classroom. And as I mentioned before, it was a nice combination of home visitor, family child care, family service advocate, that type of combination and classroom, they just make a good match for a good, positive family child care specialist. We use...in order to...we don't just select providers that have a license; they go through a whole screening process.

We interview them; we have...we check the licensing history of that particular provider to see if there's any violations or there's any similar violations, in terms of children's rights or health and safety. So, we go through a sort of rigorous interview and process, before we make a selection. The contact that we have with the providers are not unlike, you know, do not last forever. We renew their contract twice a year and really is because of our fiscal cycle. And it's also good practice; I think, it's just the fact that we have a better sense of that provider and then there's a...contracts are read in such a way and we do have it in our guide that we submitted some of the examples of our contract and where they can leave it

at any time; they were required as at least give us some type of notice, but we have an opportunity for us to really make sure that the provider is a good match for our families. And sometimes the providers decide that they do not like to have...they decide not to renew their contract, because they just don't like the constant visits, the unannounced visits, the constant visits with a nutritionist or specialist.

So, someone at this type of particular model and the requirements that we require and demand from our provider, it's not for everybody. And then, all the children, the fact that we train the providers, even though there might be a family daycare or a family providers home that maybe, accommodate six children, we're never the sole source of income. We might have maybe two or three children in their provider's home. So, the training that the provider receives, all the children, all of the non-Head Start children really benefit from the experience and also the training that the provider receives.

We do have a 45-day mandates are met, like immunization; we have the checklist. We look at their menu, report; we give them input on the menu; we have our specialist that are available to go into the home for screening; the child development specialist does the DRP, the Desired Result Profile on each child and the heights and weights are done by the providers home and then, we also rely on the child's physician for the vision and the hearing screening. And also our specialists are also responsible to make sure that they have the home visits that are required by Head Start Performance Standards.

Amy: Thank you, Bill. I also want to call the viewers attention to... Bill have also been good enough to provide the quality family child care checklist in your rules guide and you can look at that; they're very choosy in who they select as their family child care providers. Calvin, could you share about your model, please.

Calvin: Yes, the design for the family child care model that I'm associated with focused heavily on recruiting the cream of the crop and so throughout the program year we conduct a quarterly meetings with potential providers, working closely with the licensing entity and the food nutrition sponsor, because all of our providers had to be able to participate in the CACFP program. We used an intake assessment form which I believe is part of your viewer's guide that Amy has been talking about throughout our webinar today. And this particular assessment tool was completed during the onsite visit; you know, we interview providers much in the way that Bill described, but we also went out onsite to visit them utilizing this intake assessment form. Content area specialist coordinated the comprehensive services; many of the services that Bill provided were coordinated by the Head Start and Early Head Start staff. And so, the providers focused on providing the curriculum implementation aspect of the program, along with home visits and other support for families. And so, there was a staggered visit schedule by either the child develop specialist and/or the content area specialist, as I mentioned earlier. Once the contract was signed with the provider, we provided them with the following benefit, a

high quality training to maintain their life insure which is usually 48 hours annually. Month contractual payment that were 10 percent higher than the state reimbursement rate and this helped us retain our cream of the crop. We paid the professional liability insurance for providers and the accident insurance for all of the children enrolled in the program. We also provided membership; we paid for their membership in the National Association for Family Child Care. All of their consumable education materials and curriculum materials were provided free of charge and anything else that the children would consume, you know, cups, health and safety materials, toothpaste, toothbrushes, all of those things were provided by the program as well. We recruited the children and placed the children in the provider's home, so the provider did not have to worry about that because we were actually contracting with them for their slot. We paid tuition assistance for the child development associate credential and the AA degree course work. We provided staff mentoring, monitoring and support to achieve NASCC accreditation; network monitoring staff all had AA degrees or higher, with the CDA and, as I said earlier, our specialists had the bachelor's degree in early childhood, with the family child care CDA and, of course, these 90 minute monitoring visits by the Head Start staff each week.

Amy: Wow, it sounds like there are a lot...there's lots of support in both of your models and what benefit providers actually received. With this family child care option, sometimes there are challenges and opportunities both, and I wondered Bill if you would speak to some of the challenges and opportunities in regards to programs in children.

Bill: The challenges for Head Start, just like any other program, and for the family child care providers it's just like any other Head Start program that...if there is so many, many challenges; I see in the future, because this is a new model, I think the challenges is that as reviewers and the branch and people understand that, it's going to be more of a challenge, because I think people are going to be able to evaluate the program, in terms of the real value and the challenge would be in fact that you're going to have to have more reviewers that really understand this model. And the challenge would be also the fact that you're going to be more...would be more visible, people would understand this particular model more. But some of the challenges that we hear for the Migrant, Seasonal Head Start it has to do with a lot of dealing with funding. We operate here approximately about seven months. We have funding for seven months and we have a need, in this particular community and California is very unique in terms of the agriculture activities. And so, we have areas that really are needing more than just seven months; they average between eight and nine and some areas maybe 10 months of services so that leads many of the families sort of scrambling to make other child care arrangements when they either come here or when they...when we close our centers. So, many...meeting the professional needs of the providers' training in Spanish, is also a real challenge. So, the very idea of identifying... another idea would be identifying bilingual Spanish providers, because again as I mentioned, 95 percent of our population that we work with are monolingual Spanish and I think that's like been the real challenge to find adequate, professional, bilingual providers and the list goes on just for them to meet.

So, as we continue wanting to provide more and more quality provider services, it's going to be more and more of a challenge. So, one of the things that we are dealing with now is that the fact that we now have seven advisers, CDA advisers are really helping the providers obtain their CDA in Spanish and as I mentioned before the numbers have increased a lot a couple of years. The real challenge is how do we prepare our children to get school readiness, getting them ready for school and English is going to be the primary language they're going to be...be introduced at school. So, helping the providers and looking at different curriculums on how we can be able to help providers to start using and introducing English as part of their day to day activities at the center. The other challenges that we have here in California and it's going to be throughout the United States we're seeing more and more. When I have the meetings with directors, we see new population coming from Mexico and they're from the state of Oaxaca; these are new and populations are coming in who only speak their own language and division is population of Oaxaca. They speak a different language, Mixteco, Trique and very few of us, none of us and we have two staff members of the 300 some staff members they're able to communicate in that language, but we're seeing that not only in California.

I know that there are some groups that are going into Nebraska, North Carolina; so, you're going to see this new population of agricultural workers that are coming into the United States. And we are not prepared for that. And that's going to be a real challenge, because the customs are different, the language definitely is different and so, that we're going to have some real challenges for the... for not just Head Start but also for our providers. We ensure that the providers do not lose their license; we are again, because of the type A, what they call Type A violations here. They had made a determine...the office of Head Start, basically had made a determination that if someone and one of the seven areas that our agency can lose their license has to do...lose their contract would be if someone loses their license. And the concern...they also have interpret that if you have a provider whose contract with you, if they lose your license, you could be placed on recompetition. So, there's a lot of discussion going on right now about the fairness of that and uniqueness of that and so, we're hoping that we will be able to continue some type of dialogue. Because, what's happening now is that some programs that were interested in going into the family child care model are now...are a little bit reluctant to go into that, because there's a fear that they might be recompeted.

You know, you can have a program, an excellent provider; you can have an excellent provider and have a topnotch situation in the morning; somebody leaves the gate open in the afternoon, or the husband leaves something in...a razor, and the licensing comes in, they could be violate and they could lose their license. So, it's a real very...it needs a lot of discussion, because it is, as I said, there's a lot of fear about this recompetition. I think it's good, in a way, but at the same time, it's also creating a lot of challenges for providers and also for grantees that are currently using this model and other grantees who are thinking about it. They're sort of...not sort of not wanting to go into it with a real desire; they're really very cautious in this particular area. So, those are the some of the challenges that I have at this point.

Amy?

Amy: Yes, Bill, could you talk to us about some of your opportunities. I know you talked about some of the challenges and even as I listen to them, like, for instance, about the native language being Spanish and the new cultures, I think you already have some things in place that are really great to support providers through that. I know that you're ahead of the game and I wonder if you might talk about those as well as some of the systems that you have in place, when you talk about recompetition, such as your new contract and how you contract with providers twice a year and all the wonderful systems that you have in place. I wonder if you might include those as some of your opportunities that you speak about.

Bill: Thank you. That...again, the child development specialist visits, I think as Calvin also mentioned those had...that's such an enriching, especially when you're able to spend an hour, an hour and a half each week or every other week. Some good quality time and also the fact that we also have encouraging a lot of our providers to receive and receive CDA training and be certified, getting their credential. Because CDA, if you know a little bit about CDA, it's really based on competency. And so having that as a...it just...There's a demonstration that they have gone through this whole system.

Many of the ones that have received their CDA training feel very proud of the fact that they were able to accomplish that. Many of the providers that we have are...in terms of their education, some of them have just a GED, so of them have...But they had many, many, many, years of experience, but the CDA just says you are competent and so that's something that we feel very proud of the fact that we've been able to have many of our providers complete that. We also have lending libraries at each county. We have also a sort of a toy loan library also, that people are able to bring things; but most of the time, the providers... the specialist takes material to the...to their center. We also make sure that we, sort of, pay the time...that we pay them; we pay them on time. We also try to make sure you've competed with the market rate that's going on there at the, you know, at a particular county. As I said, we service nine counties and the rate in each country is different; it's very different. We do have the annual conference that we conduct and I think is very beneficial as well can...is well-attended. We have training in the community for providers; we have monthly training. We have the training that's also in Spanish and many times there's different topics of interest, but, again we...the focus a lot is dealing with the Performance Standards and making sure that they fully understand and making sure that the things that are required of them, in terms of making sure that...they're in full compliance is also very important. I mentioned about the community college training for providers; as I said, we do have two communities who have been very, very cooperative and very active. We provide technical assistance to assist them to maintain their license as well as the family business. We treat them...this is small business venture; we respect that; we want more of that and we want to make sure that they run their business correctly in terms of forms, reports that they have to submit, and also that monthly networking that Calvin has also mentioned.

It's so important; we have monthly training and annual conferences. But just the and...just the networking of the providers from different counties is just amazing just to see. And also the advantages and the opportunities that we use the same home language as family. So, the families feel very comfortable with the providers, in a home environment, small number of children and they just, everybody benefits. The multiple options offering in the past, the Head Start office did not approve of our use of the variety of options for families but now they seem to be more of...it seems to be more accepting; but, as I said before, there's really a challenge for many of us to make sure that we provide the training, we provide and make sure that...in terms of the facilities are safe and they're clean and that the providers are trained but there's always the possibility that they could lose their license. So, those are so many and many, many of the other, you know, opportunities that we...that the providers receive and not...just not the providers but also the... this community also benefits in having a... when you have a well-trained provider. And even if the provider decides to leave, even though we invested time, I think the community is better off with having good, knowledgeable, trained providers that are serving children in the community.

Amy: Thank you, Bill. Those are some wonderful opportunities. I think Migrant, Seasonal Head Start... has really paved the way for the family child care option and kind of set the stage for others who would like to use it. And I know that we talked about the excitement and the accomplishment of when your providers receive their CDA and how awesome that was. Calvin, I was wondering if you would share with us some of the challenges and opportunities in the family child care model.

Calvin: Yes. I think one of the things that I struggled with as the program director implementing this model was respite care. And that was finding alternate means of child care for those times when a provider maybe experiencing an emergency or need to go to a doctor's appointment or make some arrangements and not have a viable substitute. So, respite care was a challenge for us; we have to figure out a way to sort of balance that need throughout our program. And so, I think I would caution programs to figure that out, if they are interested in implementing that model because, inevitably, something will happen that might interrupt care for children at that particular provider's home. Also, CDA and AA degree attainment, you know, providers in my program work long hours, sometimes 10 hours a day based on the family's need. And so, even though they are used to having those flexible hours adding on to their place, going to CDA class or AA degree classes is a challenge. And so working with the community college and other Higher Ed programs to make sure that they offer flexible hours and classes on the weekends or even online classes for family child care providers is important. And so, that's a consideration to be made. Also, outdoor play environment, you know, it's all, it was always a difficult notion to build higher quality, outdoor environments and helping providers do that. I've spent a lot of my time, as program director, writing one-time supplemental requests from the regional office to upgrade these environments.

And so, you have to really look at ways that you can invest through grants, through one time supplemental requests, through foundations. I remember one time, and I know this is a side issue, but I remember one time receiving funding from Walmart as a community organization to build up the outdoor learning environments at providers' homes and it's a difficult notion, because you're investing in a provider's home, and so you want to make sure that you do that in a thoughtful way. Bill mentioned redesignation; I think I would list that as one of my challenges as well. But, in the 10 years, more than 10 years I worked with family child care providers as a program director, not one of my providers lost their license. I mean, my whole notion was to support them and to make sure that that doesn't happen...that doesn't happen. And I think that is a strength-based approach. I do believe it is a real risk but, so is being in the child care business, in general. Even if you're providing center-based care, there's a possibility, even though it's fairly dramatic for this to happen, but it is a possibility even in center-based care for you to lose your license. So, the notion is that finding the cream of the crop and supporting them to maintain their licensure is a key of piece of this model and monitoring family child care providers has to be top on your list, because it is more challenging than center-based programs. Some of the opportunities I would list would be any NAFCC accreditation as a baseline for quality, mentor-coach models, because I know we rely a lot on training and technical assistance, but I think we're learning a lot more about the effectiveness of mentor-coaching; QRIS, I think I mentioned that as a high priority goal for us at the Office of Child Care. But, we also need to make sure that states are building QRIS systems that include family child care and at the baseline as well; new partnerships like partnering with the Department of Labor and other workforce agencies within the states, because family child care providers are business owners and so, we need to look at them as a small business enterprise and find other entities in our communities to support their work. Men in family child care, that's been a key interested of mine, particularly when there's a down turn in the economy. I always introduce the idea of men opening up these kinds of small businesses. Bill mentioned that most times a couple will go into business together and we have those men being involved. I do believe we want to invite men into this field, because it's a female-dominated profession and having men around just raises the game for everybody; it drives wages up and it helps us figure out the benefits question. And also we need to look at provider associations in building family child care networks, so that providers can share cost and some of the cost that they would share would be around these benefits, because it's been a challenge across this country to ensure that family child care providers have access to mental health, health benefits, dental care, and things like that. So, we've got to look at some of these networks and what the possibilities are. And then I also listed redesignation as an opportunity, because I was really proud of the fact that I would have a review with no findings, which meant for me that family child care providers can meet the Head Start Performance Standards. And I think that's what really matters.

Amy: Thank you, Calvin. It was such wonderful opportunities, really, that...of examples that you gave; it was wonderful to hear about the grant that you found through Walmart, because that...you know, other people...who knows what you might be able to find in partners in your community. Also, the men in family child care, I think is huge, as role models to our children, as well, not just a business aspect, but what wonderful role models for young children. And when you talk about redesignation too; I think it's wonderful that there have been like no findings of licensing compliance in so many of our programs; if

something like that did exist, oftentimes, it's really interesting or we might wonder about how when we're supporting quality, how we turn that around to support providers to that higher level. Oftentimes, it might be a minor compliance issue, and as you say, it takes a lot for a provider to have a license revoked. When we talk about other challenges and opportunities of the model in regards to providers, Head Start, and Early Head Start grantee and delegate agencies must ensure that family-child care providers have previous early child care experience and at a minimum, enroll in a child development associate program or an associate's or bachelor's degree program in child development or early childhood education within six months of beginning service provision. In addition, agencies must ensure that family child care providers acquire the CDA credential or associates or bachelor's degree within two years of beginning service provision. Family child care providers who enroll at Head Start children must have the knowledge and skills necessary to develop consistent, stable and supportive relationships with the young children and their families and sufficient knowledge, to implement the Head Start Program Standards and other applicable regulations. We talked a little bit earlier about relationship-based practices that support family child care quality. And we know that how we are with staff strongly influences how they are with families. Calvin, I'd like to ask you what relationship-based practices you use to support family child care providers in their professional development and to meet Head Start Program Performance Standards.

Calvin: Well, I think I would say, you know, it's like what Bill said earlier that it's all about relationships and in establishing a partnership with the family child care provider, it's important to gain as much knowledge about the provider's background and experience before entering into that contractual relationship. That's why we developed that intake assessment form that, I think you have available in your viewer's guide and this tool was this first launching pad to establishing this important relationship to determine that the provider's capacity to implement the Early Head Start model in his or her home. And I think that's key in starting this relationship that we've been talking about during the webinar; the potential provider must be willing to implement the curriculum of the program and to acquire the family child care CDA. And then to continue that in enrolling in an AA degree program; so, this partnership that we're developing in this relationship that we're establishing helps launch them on a career path to higher degree attainment.

Amy: Thank you, Calvin. It sounds almost like marriage. Bill, could you share with us about how, what relationship-based practices you used in supporting family child care providers in both professional development and meeting Head Start Program Performance Standards?

Bill: Yes, Amy. Well, again, the very obvious one would be to have open and clear communication with our providers and the fact that we're able to communicate in Spanish is very helpful and also understanding each other's culture and traditions. Now, we continue educating them, one of the things in terms the height of the Head Start Performance Standards. We have another way of helping them and

building relationships is those frequent, weekly visits, but also when we have our cluster training with providers in that particular area, that also helps the...in terms of the communication and the relationship. You know, we do have handbooks. We provide a handbook. We outline our contract expectations, very clear; we spend a lot of time with them to make sure that they understand, fully understand what they're actually getting into, and we use our child development specialist to visit them on a frequent, on a really frequently basis and that to assist them in any professional development. One of the things that I do want us to mention that we have a number of...we have encouraged our parents because they really have parental choice. We give them some providers that are in their area. And then they have an opportunity to go visit the providers before they...because there also needs to be the relationship between the family or the parent with the providers. So, we have that opportunity. And we have enough providers in the area that they're able to pick and choose.

Amy: Wow, thank you, Bill. So, it sounds almost like not only are you interviewing your providers but your families are as well.

Bill: Yeah, again; again, that's so important because they need to feel comfortable with their provider.

Amy: Yeah, it's all about that trust and relationship.

Bill: Right.

Amy: Calvin, I'm going to ask how you support family child care providers in understanding school readiness goals for infants and toddlers.

Calvin: Well, I think, you know, the key here is to understanding the framework for, you know, this notion of school readiness for infants and toddlers. And I know that that some people are going to be asking, you know: How can we prepare infants and toddlers for school? But I think it's establishing this relationship with parents and understanding what your ultimate goal is for that infant and toddler. And I think in my program, we were very clear that we would have an education manager that understood the conceptual framework that Head Start and Early Head Start put out around school readiness. And then we hired education specialists that supported the provider's understanding of what the program's goals were around school readiness, in collaboration with parents. And also, I think it's understanding how the curriculum plays in and how curriculum implementation. And, as I said earlier, we use the creative curriculum for infants and toddlers. And I think tying all those pieces in and making sure that you have the right support for providers is important.

Amy: Thank you, Calvin. Bill, how are your providers supported in understanding school readiness goals?

Bill: We make sure that the environments are appropriate. And that they have materials that are, in their particular areas that are appropriate to the ages of the children that they work with. So, the children know what materials are available. And they are familiar with the materials. Because of being small groups are also able to, you know, help them individually. Providers are trained in terms of the assessment of children. They are trained to use the assessment tool appropriately for each child. And then the lesson plans and the menus are reviewed and making sure that the developmentally appropriate for the children that we serve. So, the specialist also assists in helping them understand the things and the activities, even though they're ages from birth to three, that they are getting kids ready to...for school by making sure that they can communicate. They describe; they explain, you know, ask open-ended questions, allowing the child to express themselves. These are all things about getting kids ready for school.

Amy: Great, thank you, thank you, Bill and I'm sure that your family child care or your child development specialist have helped families to understand school readiness as well. Calvin, I'm going to ask how family child care providers were supported in curriculum development assessing children and individualizing for children?

Calvin: Well I've talked a lot about the curriculum that we implemented at my program. All of our children were enrolled at the beginning of the program year and were screened by the education staff. The developmental screening was conducted prior to the children being enrolled. And so, while the providers were trained to conduct the developmental screening for those children who enrolled during the year, we took the burden off the providers in that all of our children entered the provider home already screened developmentally. All of the health screenings were done as well. And so the provider could focus on the ongoing assessment and implementation of those goals on the IFSP or the IEP for those children. My program also invested in having family and community partnership managers that supported the providers in terms of their relationship with parents, because it was important for us to have children being assessed and individualized in the program, but also making sure that parents were aware of those goals, so that there was a bridge between the program and what's happening in the home. And that's key for infants and toddlers.

Amy: Thank you, Calvin. No infant or toddler comes without families or parents. It's so important as part of that relationship building. Bill, how are family child care providers supported in the curriculum development assessing children, individualizing for children in your program?

Bill: Yeah, well, we use the annual conference as a way of introducing the different things that we feel that are important for your children. And we also have, as I mentioned several times, that we have constant training to teach providers about the curriculum. We also use a...create a curriculum. You know, we also help them in terms of assisting, assessing children and individualization for children. We make sure that they have an individual plan for each child. And we...the providers are trained on the assessment tool that we use at the DRDP, as well as the creative curriculum for family child care... for family child care. Lesson plans and menus are reviewed weekly by the child development specialist. And the specialist help providers by providing other ideas and materials and activities that can be added to their plans. The child development specialist helps them plan for each individual child. Children are screened in the first 45 days by the specialist and the children also have their and also by the physicians. So, it's really, a really a team effort making sure that they fully understand the seriousness of making sure that we get our children really for school.

Amy: Thank you, Bill. It sounds like such a strong team of support and something that's really valuable to family child care providers. At this time, we're going to open our...our question and answer session; so, if any of you have questions and would like to submit them to the chat box, we would like to address them. I do have one question for starters. And I would open this I think first to Calvin and then, maybe Bill might have some pointers.

The question is: Who would be a point of contact for a state to start utilizing this program in their community? It would be a valuable tool for families, Head Start, Early Head Start grantees and communities.

Calvin: Well, for a state contact, I guess I would...if you're looking at implementing the program in Early Head Start, in the program option in Early Head Start program, I guess my first state contact would be the Head Start State Collab Director in your state. And so, that would be my first thought. The second thought would be to connect with your licensing entity and sometimes, depending on the state, it's a county, a local county agency or it maybe, a statewide agency as it is in Alabama. But they would also have information that would be important for someone interested in implementing this model. And I think that it would be important to understand what the licensing standards are for family child care. And whether or not there's a QRS system in that state as well.

Amy: Thank you, Calvin. Bill, do you have any further response?

Bill: Well, I would, because we work very closely with the resource and referrals here in California, and they probably throughout the nation. Those are the programs that I feel that have assisted...have

assisted us in terms of training, providing the different workshops and hours for our providers to meet the requirements for the CDA hours that are required. Also, the community care licensing would be very, very important to making sure that they go to their meetings, to make sure that they fully understand the requirements in terms of square footage. The requirements to be a provider and the obligation. So, they are, they do have monthly meetings here in California. Then I would really encourage them. Calvin had mentioned that Collab Office. I don't know at this point. I know our Collab Office is a new person. And the former Collab Office might know a little... might have known a little bit about the family day care, because he was housed there in the Department of Education. So, he might have been a good resource. But that's something that I know currently the person that is currently in that position. He's been there for about six months, probably doesn't know too much about the family day care model.

Amy: Thank you, Calvin and Bill. Again, that's where networking really counts. We have another question that's coming from...from Melissa. She's asking: What's the highest achievement or credential a family child care provider can achieve. Calvin, can we start with you first?

Calvin: The highest credential? Well, you know, that just depends. I know in my program, in particular, we had family child care providers with master's degrees, because they had entered the field from having worked in the public schools for some time. And then just decided they wanted to change their field. And even though they had a master's degree in, you know, elementary education, they were committed to getting the family child care CDA. So, I think it's a misnomer to think that family child care providers come into the profession with no education background; oftentimes, that's not the case, even though I do believe that a large majority of the providers that I contracted with started with a high school diploma and then earned their CDA and their AA degree. And many of them now have gone on to earn their bachelor's degree. We had several that came in with master's degree level course work already under their belts. So, there's a diverse pool of providers. And they come from many different backgrounds. But I think a provider can achieve as much as they plan to. And I hope that most states will have a career lattice that would include entry level at high school and all the way up to the PhD level. Because, when I started working with family child care providers I had my PhD. But I went back and earned my family child care CDA. So, I think we come in at different levels. And we gain the experience and background that we need to do the job.

Amy: Calvin, I remember you telling me that you're CDA was the best degree you earned. Bill, I wondered if you would want to address this. I know California has like a teacher's credential. And I didn't know if you wanted to talk about that.

Bill: Yeah, we have here again, because we serve many counties and each county is a little bit different. Some of them are...have providers that been in the business for a long time. So, we do have providers that have AA degrees and BA degrees. For the Migrant Seasonal Head Start, the majority are the ones that have received their CDA. And some of them have actually have their degrees in education from their...from Mexico; so, that, you know, it varies. We do have...we've had several providers who actually had a small license for...for a number of small and a large license for providing services for children who then went on to open up a center. And they continue their education and who have their master's from, you know, from Pacific Coast. So, they have a discipline in being a Montessorian. So, we see that in our... in our system; so, that...it's really the wishes or the expectations of a person. There's no really limitation as to how far you can go with this. It really becomes sort of an individual thing.

Amy: Thank you, Bill. We have a question that came in: How can we access the DRDP checklist that Bill spoke of? Bill, would you like to address that?

Bill: If they e-mail me...are my e-mails there available? As part of the contact person? They can e-mail me at [bcastellanos@capslo.org](mailto:bcastellanos@capslo.org). And I can have our staff member send out to the individual that want that.

Amy: Thank you, for your willingness to share resources, Bill. I open this to Calvin or Bill, whoever would like to speak to it. In your experience, has it been difficult for family child care providers to attend and participate in training activities?

Calvin: Well, you know, because we considered ourselves a network, we provided a lot of the training that they needed to implement the Head Start Performance Standards. And, you know, because it was mandatory training, we never had issues around their attendance. You know, and I think that because we...we have providers that are really engaged in their field. We never really experienced those difficulties. But I do believe this model can offer some challenges, because I've worked with folks starting up this model. And it is difficult because providers work year around. And they work long hours and so you really have to be intentional about how you plan and implement your professional development program. Bill, I don't know, you might want to add to that. I know you have many more providers than I did. Your network was much larger.

Bill: Yeah, you know, there wasn't really any requirement. I mean the requirements that you need to be on a track in terms of your education or CDA. That's a requirement that's part of the Head Start requirement, Performance Standards. But in terms of the cluster meeting, I have attended many of the cluster meetings. And I've always been... not surprised. Maybe, the first few times that I attended, when

you have maybe 50 providers in a particular county and you have 45 of them there at the meeting for an hour and half. And it's all volunteer. And I think it's how...have to do with the networking and they are really hungry for information. And the fact that they are able to share and talk, but maybe it they're not long becomes sort of this potluck environment. And people have...we have our business. And then we have a presenter. We also get information from them in terms of, you know, some surveys. What are some things of interest that you would like to see? So, they know ahead of time who's going to be there. But we know that they...many of the things that we talk about is the Head Start Performance Standards.

Calvin: You know, Bill I would add to that, because what Bill is describing is that there is a difference in the family child care community. And I've worked in both communities. You know, I worked, you know, for... for over 10 years of my career with center-based. And then I made the transition to family child care in Head Start. But, family child care providers are different. I think they are more thirsty for knowledge and...and it's more of a community-type approach. I mean they network different... differently than center-based teachers. And so, when they come together for training, I don't know Bill. I think it's a different atmosphere.

Bill: I agree fully with you. I mean it is very different. And it's very refreshing, because it reminds me, believe or not, it reminds me of the old days in Head Start, where you have this networking and closeness. And people are, they're friends. They understand; they want to be together. And very different, you know; we've become so institutionalized. They're not in that position. And I think that the beauty of it is it's still a fresh... a fresh environment. And they are eager to learn. And that's the thing that I like.

Amy: Thank you, Bill and Calvin. We have another question: How do you plan for training times for family child care providers. Do you use subs to cover them while they attend trainings?

Calvin: Well, that's a key...that's a key element to the program. We did pay for substitutes when we had training. I think...I'm glad you mentioned that because it's something that I failed to... to talk about. We provided a stipend to all of our providers when they... when we had to do training, during the program years, so that they could secure a substitute. And all of our providers, as part of the contract, had to have three approved substitutes available, at all times and we... and that was part of signing the agreement that they had to secure who they were. And make sure they were approved by a licensing agency to be subs.

Amy: Great, thank you, Calvin. And we have one more question: I heard you speak of making sure all your staff is staying within their licensing requirement. What method do you use to ensure and sort of monitor their progress?

Bill: Well, our frequent visits that we have and the checklist in terms of health and safety and the instrument that we used that are used by the licensing specialist. We tend...we are using the same tool. So, there should not be any surprises. They know what to expect. And the fact that they were using the same tool and asking and looking for the same thing that they would be looking for they just feel more confident. So, they will just be...that we have one or two visitors a week there and just now another person licensing is there. So, they should feel very comfortable because they're doing the right thing.

Calvin: Yeah, I would...I would just add to that that we had a very close relationship with our licensing analyst in the county. And we also made sure that because we were the food nutrition sponsor that that we had those staggered compliance visits. So, the Food Nutrition Sponsor had to go out three times a year. Licensing was coming out annually. And so, it was just building those relationships with the licensing analyst to make sure that you're always in compliance with what the requirements are.

Amy: Thank you, Bill and Calvin. It just seems like you're always in the programs and that you're always monitoring and you have such great systems in place already. We have the question in the family child care model. Is it difficult to meet the standard of serving ten percent children with disabilities?

Bill: For us, yes, even in our center-based program, we have for the last four or five years, have requested a waiver; again, the migrant families, because they move sometimes, they do not...they leave their child...if a child has special needs or special needs... so, many times the families keep the child back in Mexico. But we do have like last year, we have up to four percent of our children who had special needs. We do have children in... in family day care homes. And these are instances, that's the type of situations we have. And we do provide additional assistance like in a... not a substitute, but an aide to help the provider with the particular needs of that particular child. So, we have done that in the past and we continue doing that.

Calvin: Well, we didn't have that challenge. And I don't know if it was because our families in the community where I was implementing this model really chose family child care as opposed to a center-based program and so I think that that was key for us that families with special needs, children really sought us out because of the small adult-child ratio. But I do agree with Bill that we had to make sure that our providers...that the home and the provider had the capacity to serve the child, and that we had to work closely with the LEA to make sure that they had the capacity to come to the provider's home to

implement those services when they were needed. So, while we met our ten percent, we did have the challenge of making sure that the capacity of the provider was appropriate. So, it was a little tricky to figure out where to do the placement. But no, I think we always met our ten percent threshold.

Amy: Thank you, Bill and Calvin. This is going to be our final question: When a provider is contracted for one to two slots for Early Head Start, is their enrollment limited to four since Early Head Start ratio is one to four? If not can you explain maximum group size for family child care if only a few slots are funded?

Calvin: Well, I'll go first here, because we contracted with our providers. And they were either licensed for six children or twelve if they were a group home. But for Early Head Start, we contracted all of the slots. So, if they were... they had a six... a family child care of six, we contracted for the six slots. But we only enrolled four infants and toddlers because of the Head Start ratio, the Early Head Start ratio. So, we never went over the ratio; even in a large group home, we contracted for all 12 slots but we only placed eight children, because the ratio is one to four. I hope that makes sense.

Amy: Thank you, Calvin. We would like to conclude by saying the family child care option provides many benefits to children, families, providers and communities. Successful partnerships support high quality care for all low income infants and toddlers enrolled in participating family child care programs. Comprehensive services for families enhance quality of services and professional development and coordinated service delivery built into the community's infrastructure. All children and families benefit from this partnership; with the flexible hours, strong relationships, continuity of care and home-like environment, family child care homes often best meet the needs of children, families and communities. Family child care partnerships with Early Head Start grantees are the perfect fit for children and providers. Through these partnerships, providers to continue to develop their knowledge of young children through professional development, mentoring and coaching and ongoing evaluation and review. Through the examples we've provided for you today, hopefully you've gained strategies that can be replicated across your area by implementing the family child care option and providing comprehensive services. More information on the family child care option can be found on the Office of Head Start website...Head Start website at <http://www.eclkc.ohs.acf.hhs.gov> Also examples of different forms, checklists and contracts discussed today can be found in your viewers guide.

I would like to thank our presenters Dr. Calvin Moore and Bill Castellanos for being with us, as well as all of you in the audience who have joined us today. Thank you. See you soon.

Operator: That does conclude today's conference call. Thank you for your participation.

