

The Field of Early Care and Education



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California Childcare Health Program
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California Childcare Health Program

The mission of the California Childcare Health Program is to improve the quality of child care by initiating and strengthening linkages between the health, safety and child care communities and the families they serve.

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LEARNING OBJECTIVES

To describe the history, development and trends in the field of early care and education (ECE).

To describe the challenges and complexity of the ECE field infrastructure.

To identify partners and resources which contribute to improving and maintaining high quality standards in ECE programs.

To describe the California child care regulations (Title 22) mandated by the Department of Social Services, Community Care Licensing Division, the regulatory licensing agency in California.

WHY IS THE FIELD OF ECE IMPORTANT?

“In these challenging economic times, child care remains a critical support for both working families and the companies they work for. Unfortunately, this is often forgotten as businesses plan for their own futures.” – Jim Wunderman, Immediate Past Chair, San Francisco Chamber of Commerce Board Member, CA Childcare Resource & Referral Network

In order to provide guidance to programs on a range of issues affecting the health and safety of children, Child Care Health Consultants (CCHCs) must be knowledgeable about the state of ECE in their communities. Since CCHCs are from a variety of child health disciplines with varying degrees of professional training and experience with ECE programs, it is helpful to provide a background and overview of the field of ECE, its unique culture, and its community to foster collaborative relationships between these professional groups. The terms “child care” and “early care and education” or “ECE” are used interchangeably in this module.

ECE’s signature approach is to focus on the whole child. The task of the ECE professional is to provide a safe and stimulating environment with a wide variety of learning opportunities that provide the child with tools and materials to discover and grow. ECE professionals facilitate and support learning rather than “teach” or lecture, and use materials to engage multi-sensory active experiences. Other key elements emphasized are developmentally appropriate space, time for self-discovery, and a hands-on approach to learning. To promote children’s development of a positive self-concept, ECE programs provide children with opportunities to experience success with developmentally appropriate activities, interactions and materials. ECE programs should focus on the learning process and excitement about learning, discovering, and manipulating various materials, rather than on *outcomes*, tests, memorized facts, and competitive activities.

Early childhood is a time of vast learning and development. ECE professionals recognize the benefits of providing children time to play; play is children’s work and the most natural way for children to grow and learn. Play gives young children an opportunity to imitate, explore, and test ideas (Perry, 2001). Through play, children learn about the complexities of the social world and expand their attention span. If an ECE program is designed for the maximum opportunity for child mastery, play can also develop self-control, rational choice making and logical decision making. Hurrying children out of child-like behavior and denying them adequate time for play is detrimental to lifelong learning (Perry, 2001).

WHAT THE CCHC NEEDS TO KNOW

Why Young Children Are At Risk

There is an increased demand for child care in the United States due to an increasing number of families where both parents are in the workforce, and a similar increase in one-parent families in which that single parent is employed (Clifford, 2004). In addition, welfare reform and demographic trends are predicted to further increase labor force participation by mothers of young children.

In 1940, 87 percent of children had one non-employed parent who could provide full-time care (Hernandez, 1995). In 1960, less than 33 percent of mothers with children under age 18 were in the work force. In 1999, 64 percent of mothers with children under 6, and 60 percent of mothers with infants were in the workforce (Children's Defense Fund, 2000). The 1999 census data revealed that 71.2 percent of children under 5 years of age were in some form of regular non-parental child care arrangement during a typical work week (U.S. Census Data Table PPL 2B, Spring, 1999).

What Are the Types of Child Care?

There are many different types of non-parental arrangements in the United States. The types of care can be defined by these three dimensions:

- The child's relation to the caregiver. Is this caregiver a relative or non-relative?
- The environment in which the care is provided. Is the care provided in the child's home, provider's home, or in an organized facility?
- The formality of the arrangement. Informal care refers to arrangements not regulated by the state or federal agencies. Formal care refers to care that is regulated and is required to meet certain standards for health and safety.

Relative Care

Relative care refers to non-parental relative care only,

such as care by grandparents, siblings, aunts, uncles, and cousins. It does not include care by parental partners.

Families on welfare and enrolled in California Work Opportunity and Responsibility to Kids (CalWORKs) often choose relative care. California law mandates that CalWORKs provide subsidy funds to help families pay for *informal* child care arrangements if they cannot find a center or family child care program. Information on the characteristics and quality of relative care is minimal.

The use of relative care as a primary care arrangement has declined over the last three decades. In 1965, 33 percent of children were cared for by relatives as their primary arrangement. By 1993, this percentage had decreased to 25 percent (Hofferth, 1996).

In surveys conducted in 1995 and 1997, relative care constituted the primary care arrangement for 21 percent of children under age 5, and 27 percent of infants and toddlers (Ehrle, Adams & Tout, 2001; Hofferth, 1996). During the same period, 50 percent of preschoolers were regularly cared for by relatives, at least some of the time (Smith, 2000). On average, children spend less time in relative care than in non-relative care, suggesting that parents may rely on relatives more often for supplemental rather than primary child care arrangements (Smith, 2000).

Non-Relative Care

Non-relative care is the broadest category of child care. It refers to care by friends and neighbors as well as ECE professionals. It may occur in the child's home, in the provider's home, or in an ECE program, and it may be a formal or informal arrangement.

In-Home Non-Relative Care

Babysitters or nannies are most often the non-relative providers that provide child care in the family's home. Traditionally, babysitter care is part-time and/or occasional, while nannies more often provide full time care and many live with the family. As with relative care, babysitter/nanny care is almost always informal.

In 1965, babysitter and nanny care constituted 15 percent of primary child care arrangements. By the latter part of the 1990s, this percentage had declined

to four percent of children under age 5, and seven percent of infants and toddlers (Ehrle et al. 2001; Hofferth, 1996). See *Handout: 2005 California Child Care Portfolio*.

Out-of-Home Non-Relative Care: Family Child Care

Family child care refers to programs in which providers take care of unrelated children in their own home. The family child care provider may be an acquaintance, a neighbor, the woman down the street or across town who cares for other people's children besides her own, and/or someone who has chosen this as a career and business. In 1995, 14 percent of preschool children overall, and 17 percent of children with working mothers were cared for in family child care programs (Casper, 1996; Ehrle et al., 2001; Hofferth, 1996). Compared to other types of child care which have sometimes shown substantial fluctuation in enrollment over the last three decades, the percentage of enrollment in family child care has remained relatively stable. Hofferth (1996) reports essentially the same percentage of enrollment in 1995 as in 1965.

Family child care can be informal (unregulated/unlicensed) or formal (regulated/licensed). In 1995, only 13 percent of all preschoolers were cared for by officially licensed family child care providers (Smith, 2000). Many states exempt family child care homes serving small numbers of children from any regulation or licensing, resulting in many more unregulated in comparison to regulated programs.

In California, family child care homes are licensed by the Community Care Licensing Division (www.cclcd.ca.gov). A provider in a small family child care home can provide care to no more than eight children; a provider in a large family child care home can care for no more than 14 children with an assistant. Care must be in the licensee's own home. All family child care providers must be finger printed and must take 15 hours of health and safety training that includes CPR, first aid, and the prevention of injury and illness. As of 2005, 36 percent of licensed child care slots in California were in family child care homes (Community Care Licensing Division, 2005; California Child Care Resource and Referral Network, 2003; see *Handout: 2005 California Child Care Portfolio*).

Center-Based Care

Center-based child care refers to organized ECE programs typified by age-segregated classrooms, and a nonresidential setting. Center-based programs include child care centers, nursery schools, preschools, Head Start programs, and public school pre-kindergarten programs. Compared to other types of programs, center-based programs generally place greater emphasis on education, enrichment, and preparation of children for elementary school. In California as of 2003, 64 percent of licensed child care slots in the state were in child care centers (California Child Care Resource and Referral Network, 2003).

Most center-based programs typically fall into two categories by virtue of their schedules and the age of children served. Child care centers often provide care for children ranging in age from infancy to 5 years old, and operate all day, five days per week, all year. These programs are especially suited to working families who work traditional 9 to 5 shifts. Nursery schools, preschools, state pre-kindergarten programs, and Head Start programs typically operate on a part-day, part-year basis, although this is beginning to change to meet the needs of working families.

One of the shortcomings of center-based programs is that they often do not operate during nights and weekends when many parents are working. This is beginning to change, although very slowly. As a result, many parents need a combination of child care arrangements if they work evenings and weekends.

Combination Care

Today, multiple child care arrangements are common. In 1995, 44 percent of children under age 5 *regularly* spent time in two or more child care arrangements per week (Smith, 2000). The most frequently used combination of arrangements (28 percent) was an organized ECE program such as a child care center in combination with another non-relative provider (e.g., friends, babysitters and family care providers). This finding suggests that a single, principal child care source is not sufficient to cover child care needs of working families. And evening and weekend care still remain extremely difficult to access due to limited availability of care during such times.

Issues that Arise in ECE Programs

Low Compensation

ECE providers are notoriously underpaid. “The average salary of a child care worker is only \$14,820 per year, less than yearly salaries for funeral attendants, parking lot attendants, and garbage collectors” (Children’s Defense Fund, 2000, p. 46). Two-thirds of full-time ECE staff have annual salaries below the poverty level. Even ECE providers at the upper end of the pay scale who hold bachelor’s degrees and several years of experience, earn an average of less than \$20,000 a year (Whitebook & Bellm, 1999; Phillips, Mekos, Scarr, McCartney & Abott-Shim, 2001). The Center for Child Care Workforce states that in 2001, ECE staff in Alameda County reported an annual hourly wage for a teacher of \$10.42 - \$14.86, for an Assistant of \$8.31 - \$10.17, and for a Director of \$19.66 - \$24.61. Family child care providers earn significantly lower wages, although their hours are longer; they often work 50 or more hours per week with the children, as well as working additional hours for shopping, cleaning, and preparing activities (Whitebook & Bellm, 1999).

High Turnover

In part due to the low compensation, turnover is high in the ECE field. Seventy-six percent of all teaching staff employed in 1996, and 82 percent of those employed in 1994, were no longer at their jobs in the year 2000. The average annual turnover rate for ECE staff between 1999 and 2000 was 30 percent, indicating that it would not be unusual for some children to have two to three different providers during a single year (Whitebook, Sakai, Gerber & Howes, 2001). Some ECE professionals leave the field because of the financial burden. Others leave to enter the primary school environment. An entry level K-12 teacher earns more than his/her ECE professional counterpart. For this reason, turnover in ECE programs is high once ECE professionals become credentialed to qualify for the K-12 educational system. Teacher retention is a constant challenge for ECE programs in California, particularly since classroom reduction created many more K-3 positions throughout the state. The high turnover also places an additional burden on those who remain in the ECE field and on those who must continuously train new professionals.

In addition to losing ECE professionals to better jobs, directors describe severe difficulties in recruiting qualified staff to replace them. In a 2001 survey, directors reported hiring teachers in 2000 that they would have considered unqualified in 1994 (Whitebook et al., 2001). Nearly half of the teachers who had left since 1994 had completed a bachelor of arts degree, compared to 33 percent of the new teachers who were hired to replace them. The survey showed that ECE programs paying higher wages to both directors and teachers showed less turnover in both groups.

Insufficient Benefits

ECE staff experience higher than normal exposure to infectious disease, yet few programs can afford to offer fully paid health insurance. According to The Center for Child Care Workforce, in 2001, 57 percent of centers in Alameda County offered fully paid health insurance to teachers. Twenty-nine percent of centers offered partially paid health insurance to teachers (Center for the Child Care Workforce, 2002). When ECE programs offer partial health insurance coverage, staff frequently do not utilize it because they cannot afford the premiums. Very few programs offer a retirement plan (Whitebook & Bellm, 1999). Because they operate independently, family child care providers fare even worse than center-based ECE staff in seeking access to health, retirement, and other benefits. In a recent survey of ECE staff, when asked for recommendations on how to reduce turnover among personnel in ECE programs, 75 percent of teachers recommended improving wages and benefits (Whitebook et al., 2001).

Cost of Quality Improvements

There is evidence that poor quality child care can have significant negative consequences for infants and young children (NICHD Early Child Care Research Network, 1998, 1999). ECE professionals are encouraged to improve the quality of their programs. However, while modest increases in quality can be achieved through relatively small increases in cost, major improvements can be expensive. For example, increases in quality that involve higher compensation for employees, or major outdoor play area renovations with ground resurfacing, are very expensive. The cost of quality improvements is a particular issue for family child care providers who often must make costly

renovations to their homes to make them safe and appropriate for group child care.

Affordability for Parents

Securing child care is expensive. In California, a two-parent family, with both parents working full-time for the minimum wage (\$21,424 a year before taxes), would spend 23 percent of their income on center-based child care for one child at the market rate in an urban area (Children's Defense Fund, 2005). Families with lower incomes tend to pay a lower dollar amount than higher income families, but it represents a higher percentage of their earnings (Clifford, 2004). See *Handout: 2005 California Child Care Portfolio*.

There are programs to help offset the expense of child care, but parents must apply early by putting their names on waiting lists. The Child Care Resource and Referral Agency in every county in California can refer parents to subsidized ECE programs in the community. (see Table 1).

Shortage of Care for Infants and Toddlers

In California, in 2003, only 5 percent of licensed child care centers served infants. Most centers do not accept children until they are 2 years of age. Therefore, most children under age 2 are cared for in family child care homes or informal care settings.

A Need for Flexible Hours

The service sector (hotels, restaurants, hospitals, discount stores) employs three out of four American workers and is characterized by nonstandard work hours and rotating shifts. In California, an estimated 20 percent of employed residents work early mornings, evenings, and overnight shifts. But only 4 percent of licensed child care centers offer care during these times (California Child Care Resource and Referral Network, 2003). Hofferth (1996) found only 10 percent of centers and 6 percent of family child care homes provided care during nights and weekends.

TABLE 1: RESOURCES TO HELP PAY FOR CHILD CARE

Child Care Resource & Referral Agencies	Administer Alternatives Payment Programs, Respite Child Care and can help locate other subsidized care in your community.
Alternative Payment Programs	These programs do not provide the actual care. Instead they pay for the care of eligible families in licensed family child care homes centers, or exempt care situations.
Respite Care	These funds are very limited and are meant to provide temporary child care funding for parents who are referred by a licensed social service or health professional. The referral is based on the need for child care to help relieve some family stress and prevent abuse or neglect.
Subsidized Child Care Centers	Administered by Head Start, School Districts, State of California Child Development Division, Community College Centers, Centers for Teen Parents. Some local governments and foundations provide partial assistance. Families receiving Children's Protective Services have the highest priority on the waiting lists.
CalWORKS	These programs serve parents receiving cash aid (welfare) and parents who have worked their way off cash aid.
Earned Income Tax Credit and the Child Tax Credit	These are tax benefit programs for people who work and file tax form 1040 or 1040A.

Child Care Regulations

The intention of licensing in the ECE field is to insure that the care provided is good enough and that the environment is safe and sanitary (Azer, LeMoine, Morgan, Clifford, & Crawford, 2002). Most center-based programs are regulated or licensed in some capacity; center-based programs typically require more education in early childhood for teachers, and undergo more stringent regulations and inspection schedules than family child care homes.

Since Federal Interagency Day Care Regulations were discontinued in 1981, regulation of child care has been increasingly the responsibility of the states. Many state regulatory agencies have been overburdened by the increased demand for child care and cannot provide enough trained staff to inspect ECE programs on a regular basis. Moreover, the welfare reform laws of 1996 have inadvertently encouraged unregulated care. Low-income families leaving welfare cannot afford quality ECE programs and are likely to place their children in less expensive informal and/or unregulated programs. In California, children in immigrant families are more likely to be in unlicensed care compared to children in non-immigrant families (California Report Card, 2004). Unregulated or exempt programs do not usually include support services that can help improve the quality of care.

California Community Care Licensing Division

In order to become more familiar with the issues regarding regulation of ECE programs, the CCHC should become aware of the Community Care Licensing regulations (State of California, Health and Human Services, Department of Social Services, 2002). It is the mission of CCLD to promote the health, safety, and quality of life of each person in community care through the administration of an effective collaborative regulatory enforcement system. The regulations are divided into the following categories: child care centers (ages 2 to 5), infant centers, school age centers, child care centers for mildly ill children, and family child care homes. An evaluator manual provides interpretation about how to apply the regulations. The Community Care Licensing Web site (www.cclld.ca.gov) provides resources, licensing forms, and updates.

CCLD is responsible for:

- promoting strategies to increase voluntary compliance
- providing technical assistance to and consulting with care providers
- working collaboratively with clients, their families, advocates, care providers, placement agencies, related programs and regulatory agencies, and others involved in community care
- training staff in all aspects of the licensing process
- educating the public about CCLD and community care options
- promoting continuous improvement and efficiency throughout the community care licensing system

CCLD also monitors concerns and complaints against ECE programs and unlicensed ECE providers from parents or other concerned community members. Complaints can be directed to the local CCLD office and a licensing evaluator will generally visit the program to substantiate the complaint and offer information to improve the situation. Occasionally, an evaluator may seek consultation from the health department or from a CCHC if there is one. *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (American Academy of Pediatrics [AAP], American Public Health Association, & National Resource Center for Health and Safety in Child Care, 2002), the California Childcare Health Program (CCHP) Healthline and publications are reliable sources of information to pass on to an ECE provider to improve health and safety.

In 1973, the Legislature enacted the Community Care Facilities Act to be administered by the Department of Health. The purpose of the Act was to establish a state-wide system of community care (separate from health care) for persons with mental and developmental disabilities, and socially dependent children and adults. The Act required the Department of Health, together with care providers (Advisory Committee on Community Care Facilities), to jointly establish new

regulations for licensing non-medical out-of-home care facilities.

In 1978, the Legislature established within the Health and Welfare Agency the Departments of Health Services, Mental Health, Developmental Services, Social Services, Alcohol and Drug Programs and the Office of Statewide Health Planning and Development. The Department of Health Services was reorganized and retained licensing responsibility for all Health Care Facilities (medical models/institutional settings) and licensing responsibilities for all Community Care Facilities (social models/residential settings) were transferred to the new California Department of Social Services (CDSS). The Community Care Licensing Program along with several programs from the former Department of Benefit Payments were combined to form the current CDSS.

Community care was originally envisioned as a normalizing and least restrictive environment for persons needing basic care and supervision that would assist them in performance of the activities of daily living. The children and adults placed in such settings were envisioned as requiring little more than a healthful, safe and supportive environment. Today the Community Care Licensing Program remains a division within CDSS.

CFOC

With the specific aim to improve the health and safety of children in out-of-home care, the American Public Health Association (APHA) and the American Academy of Pediatrics (AAP) developed a set of voluntary national health guidelines titled *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition* (CFOC) (2002). These national guidelines support a safe and healthy environment and developmentally appropriate programs for all children, as proposed in the Healthy People 2010 National Health Promotion and Disease Prevention Objectives (2000).

Accreditation

Accredited ECE programs voluntarily commit to high standards of quality that have been established

by national ECE professional organizations. These programs undergo in-depth self-assessments, independent observation and approval by professional experts. Programs that are accredited have gone beyond minimum licensing standards. ECE professionals in many accredited programs take part in ongoing child development training. Trained professionals are more likely to understand children's needs at different ages, plan appropriate activities, and interact with children in warm and stimulating ways.

CCHCs must be knowledgeable about the ECE accreditation standards of various organizations (e.g., National Association of Education for the Young Child and the National Association of Family Child Care (NAEYC, NAFCC)).

National Association for Family Child Care (NAFCC, 2001)

NAFCC accredits family child care homes that offer high-quality child care services.

National Early Childhood Program Accreditation Commission (NECPA)

NECPA is a nonprofit organization that uses an Automated Accreditation Indicator System (AAIS) to ensure that its centers and homes are safe, healthy, and nurturing environments for children.

National Association for the Education of Young Children (NAEYC)

NAEYC is the nation's largest and most influential organization of early childhood educators and others dedicated to improving the quality of programs for children from birth through third grade. It has over 100,000 members and accredits thousands of homes and centers each year and they frequently update the requirements of their accredited programs. The *NAEYC Academy for Early Childhood Program Accreditation* administers a national, voluntary accreditation system to help raise the quality of all types of preschools, kindergartens, and early care centers. Currently there are more than 9,000 NAEYC-accredited programs serving more than 800,000 children and their families. Since the system began in 1985, NAEYC accreditation has provided a powerful tool through which early childhood professionals, families, and others concerned about the quality of early child-

hood education can evaluate programs, compare them with professional standards, strengthen the program and commit to ongoing evaluation and improvement.

NAEYC Early Childhood Program Standards: Indicators of Quality

These standards required for accreditation by NAEYC can serve the CCHC as established indicators of quality (www.naeyc.org/accreditation/performance_criteria/program_standards).

Relationships. The program promotes positive relationships among all children and adults to encourage each child's sense of individual worth and belonging as part of a community, and to foster each child's ability to contribute as a responsible community member.

Curriculum. The program implements a curriculum that is consistent with its goals for children and promotes learning and development in each of the following domains: aesthetic, cognitive, emotional, language, physical, and social.

Teaching. The program uses developmentally, culturally, and linguistically appropriate and effective teaching approaches that enhance each child's learning and development in the context of the program's curriculum goals.

Assessment. The program is informed by ongoing systematic, formal, and informal assessment approaches to provide information on children's learning and development. These assessments occur within the context of reciprocal communications with families and with sensitivity to the cultural contexts in which children develop. Assessment results are used to benefit children by informing sound decisions about children, teaching, and program improvement.

Health. The program promotes the nutrition and health of children, and protects children and staff from illness and injury. The new 2005 standards require accredited programs to have and implement a written agreement with a health consultant who is either a licensed pediatric health professional or health professional with specific training in health consultation for early childhood programs. The performance criteria requirements are as follows:

- The health consultant visits at least two times a year and as needed. Where infants and toddlers/

twos are in care, the health consultant visits the program at least four times a year and as needed.

- The health consultant observes program practices and reviews and makes recommendations about the program's practices and written health policies to ensure health promotion and prevention of infection and injury. The consultation addresses physical, socio-emotional, nutritional, and oral health, including the care and exclusion of ill children.

Teachers. The program employs and supports a teaching staff that has the educational qualifications, knowledge, and professional commitment necessary to promote children's learning and development and to support families' diverse needs and interests.

Families. The program establishes and maintains collaborative relationships with each child's family to foster children's development in all settings. These relationships are sensitive to family composition, language, and culture.

Community Relationships. The program establishes relationships with and uses the resources of the children's communities to support the achievement of program goals.

Physical Environment. The program has a safe and healthful environment that provides appropriate and well-maintained indoor and outdoor physical environments. The environment includes facilities, equipment, and materials, to facilitate child and staff learning and development.

Leadership and Management. The program effectively implements policies, procedures, and systems in support of stable staff and strong personnel, fiscal, and program management so that all children, families and staff have high-quality experiences.

ECE Provider Qualifications

Child Development Permits are available to ECE providers. The California Commission on Teacher Credentialing (CCTC) is the entity that certifies all teachers serving infants/toddlers/preschool and K-12 in California. California offers six levels of Child Development Permits, each with its own set of issuance requirements and each authorizing the holder to perform different levels of service in child devel-

opment programs. Each level of child development permit is issued for a five-year term and must be renewed to be valid. Renewal requires continuation of educational units or documentation of professional growth. The following are the types of Child Development Permits available to ECE staff; for descriptions of these permits, see *Handout: Child Development Permit Matrix*:

1. Child Development Program Director Permit
2. Child Development Site Supervisor Permit
3. Child Development Master Teacher Permit
4. Child Development Teacher Permit
5. Child Development Associate Teacher Permit
6. Child Development Assistant Permit

Resources Available to ECE Professionals and CCHCs

California Resource & Referral Agencies

Resource and referral agencies (R&Rs) address local and statewide child care needs. R&Rs are strategically located in every county in California to address local and other emerging issues, as well as to support parents in identifying quality care and to improve their parenting skills. California's 61 resource and referral agencies, along with the statewide Resource & Referral Network, work together and in collaboration with other community partners and organizations to design and implement programs that effectively train ECE professionals and assist parents. Examples include the Resource & Referral Network's Child Care Initiative Project (CCIP), a training network for providers and the TrustLine project. TrustLine is a registry created by the California Legislature to give parents an important tool to use when selecting an in-home or family child care provider for their children. All ECE staff listed with TrustLine have submitted their fingerprints to the California Department of Justice and have no disqualifying criminal convictions in California. In addition, some but not all ECE staff listed with TrustLine have also received a clearance from an FBI criminal record check.

R&Rs also serve as advocates for ECE staff in their communities, increase public knowledge, and help communities ensure the availability of quality ECE programs for all children. It is important for a CCHC to network with the local R&R for assistance with marketing health consultation. Local R&Rs can also educate CCHCs about the local issues and the local ECE community. To locate local R&Rs, visit www.rnnetwork.org/rnnet/index.htm.

Local Planning Councils (LPCs)

In 1991, California Assembly member Jackie Speier authored AB 2141, which created Local Child Care Planning Councils (LPCs) in every California county (California State Assembly, 2001b). AB 2141 authorized these local councils to determine local child care needs, to develop priorities for the allocation for federal Child Care and Development Block Grant (CCDBG) funds, and to prepare a county-wide child care plan. The advent of federal and state welfare reform in combination with devolution of responsibility to counties to create and administer welfare programs has impacted the role of local child care planning councils. Chapter 270, Statutes of 1997 (AB 1542) created a new welfare program in California: California Work Opportunity and Responsibility to Kids (CalWORKs). This same legislation also strengthened the role of local child care planning councils. Child care is a key component of the CalWORKs welfare program, which attempts to move families to economic self-sufficiency. Although the authorizing legislation for local planning councils is found in the CalWORKs legislation (AB 1542), local planning councils are mandated to work with a variety of local players in addition to those connected with the welfare system to build a comprehensive child care approach for all families (California State Assembly, 2001a). Those encouraged to participate in the local planning process include:

- Subsidized and non-subsidized ECE providers
- County welfare departments
- Head Start/Early Head Start
- Local education agencies
- Job training programs

- Employers
- Integrated child and family service councils
- Parent organizations
- Other interested parties

Additional responsibilities of local child care planning councils include:

- Designing a system to consolidate local child care waiting lists. Currently, CDD is funding nine pilot centralized eligibility list projects and an evaluation of those pilot projects.
- Coordinating part-day programs, including State Preschool and Head Start, with other child care to provide full-day care.
- Providing consultation to the CDE and California Department of Social Services on the development of a single application and intake form.
- Identifying county priorities for expansion of ECE programs in unserved and underserved areas by zip code.
- AB 212 (Chapter 547) established an ECE staff retention program for staff working directly with children in state-subsidized ECE programs.
- SB 1703 includes playground compliance grants, contracts for equipment/materials for Resource and Referral Agencies (R&Rs) for inclusion of children with disabilities; 30 percent of this funding will be allocated for contracts for R&Rs and/or LPCs for training and technical assistance, developing local plans and/or awareness and outreach for children throughout the county.
- LPCs are encouraged to collaborate with the State Children and Families Commission projects and local Children and Families commission projects at the local county level.
- LPCs and R&Rs participate in Regional Resource Center meetings in 10 locations throughout the state.

The Child Care Planning Council is an excellent place for the CCHC to make needed connections, make presentations on best health and safety practices and

potentially become partners and collaborators with the ECE community at large. Often the LPC takes on the role of fiscal agent for collaboratively funded programs.

Head Start and Early Head Start

Launched in 1965, Head Start is the largest federally-funded early childhood care program. Head Start provides comprehensive care for low-income 3 and 4 year-olds and their families. The three major components of the program are early childhood education, nutrition and social services for families, and parent education. Unlike other federally funded ECE programs, which are administered by the states, the federal Head Start Bureau directly funds local agencies. Programs are routinely monitored to ensure that federal performance standards are met. In 1994, Head Start expanded to include children under three in a program called Early Head Start.

WHAT THE CCHC NEEDS TO DO

CCHCs need to become members of the ECE community by assuming an advocate role. They should help ensure quality in ECE programs by promoting safe and healthy indoor and outdoor environments. The CCHC will also affect quality by providing training programs to improve the level of functioning of all ECE staff members. The National Association for the Education of Young Children (NAEYC) recommends annual training in the following areas:

- health and safety
- nutrition
- child growth and development
- planning learning activities
- guidance and discipline techniques
- linkages with community services
- communication and relations with families

- detection of child abuse
- advocacy for ECE programs

When areas of concerns are identified, CCHCs can help design and implement policies and improvement plans. CCHCs also should assist ECE programs with developing policies and procedures to improve health and safety. CCHCs should underscore the importance of a primary health care provider to serve as the “medical home” for each child.

CCHCs should introduce the ECE program to the resources, guidance and performance standards of CFOC (AAP et al., 2002), and demonstrate how a program can exceed minimal licensing standards in the areas of health and safety for the purpose of achieving higher quality. It is critical that CCHCs take on leadership roles with the consulting process as well as keeping up-to-date documentation of progress as a program gradually moves in the desired direction.

A CCHC can educate and collaborate with Community Care Licensing staff and policy makers to improve regulations, inspections, resources, and policies that promote safe and healthy child care.

CCHCs must form partnerships with the families as well as with staff and community agencies. It is through these partnerships that families’ risks are reduced and the likelihood of improving quality of life is increased. Often parents are ambivalent about leaving their young children in the care of another. A CCHC can be helpful to parents by listening and responding to their concerns. Parent education on choosing quality child care can be provided by the CCHC during various interactions with parents expecting a child or considering child care. Or parents can simply be referred to their local Child Care Resource and Referral (CCR&R) service. Various educational materials can be obtained from the CCR&R or downloaded from the Child Care Aware Web site at www.child-careaware.org. CCHCs can also provide some parent education on typical problematic issues specific to using child care. These issues may include: separation, toilet learning, good parent/provider communication, discipline, breastfeeding and working, and balancing work and family life. Good sources for resolving these issues are CFOC, CCHP Healthline and Web site, and CCR&R. Parent Voices is a grassroots advocacy group of parents working to make child care available

and affordable for all families www.parentvoices.org. There are also organizations such as the Labor Project for Working Families www.laborproject.org and the Center for Work and Family www.bc.edu/centers/cwf that are working to increase family-friendly policies.

WAYS TO WORK WITH CCHAs

It may take time for the relationship between the CCHC and the Child Care Health Advocate (CCHA) to develop. CCHAs may or may not embrace the relationship, expertise and services of a CCHC right away. Some are more ready than others to utilize professional contributions and strategies on health and safety, particularly where improvement is needed. It is critical that CCHCs coordinate with and are sensitive to the ECE staff, and include CCHAs at the level for which they are ready. Once this connection is made, the CCHC and CCHA can form a dynamic team that can truly improve the quality of health and safety of the ECE program. With training, CCHAs can facilitate trainings for parents and staff, serve a leadership role in developing and improving health and safety policies and function as true health advocates with the security found in a relationship with a health professional. The CCHA may have easier entry to other ECE programs within a county, and may be able to assist the CCHC in gaining that access as well.

ACTIVITY 1: CHILD CARE AGENCIES AND ORGANIZATIONS

A first step in developing an understanding of ECE infrastructure is to become familiar with the support agencies and organizations already in place.

1. In column 1 of the chart below, list eight key child care agencies or organizations that operate in your county/community. Be sure to consider resource and referral agencies, licensing agencies, training institutions and organizations, and advocacy organizations, as well as funding agencies.
2. In columns 2 and 3, specify the purpose or mission, and the funding source (federal, state, local) of each of the agencies or organizations listed.
3. In columns 4 and 5, list the child care services provided and any restrictions on service (e.g., service exclusive to children with special needs, etc.) for each of the agencies and organizations.
4. Identify areas of overlap among agencies/organizations.
5. As you progress through CTI training, you may find it helpful to keep adding agencies and organizations to this list to establish a comprehensive picture of the child care support network in your county.

Child Care Agencies and Organizations Operating in Your Community	Purpose of Agency	Source of Funding	Services Provided	Restrictions on Services

ACTIVITY 2: CHOOSING AND USING ECE SERVICES

Break up into small groups and discuss one of the scenarios below. Present a summary or role-play to the rest of the group.

1. Discuss the differences between family child care homes and center-based ECE programs. Identify potential strengths and weaknesses for each type of ECE program.
2. Using CFOC as a guide, discuss how you would respond to a parent of a 5 month old who is very ambivalent about leaving her infant in an ECE program for the first time. She will work full time, she has not visited any ECE programs, and she is breastfeeding.
3. You are making a home visit to a new parent. She is single and has few financial resources. What concerns do you anticipate she might have? What resources can you offer?
4. You have been asked to do a presentation to a new parents group on choosing an ECE program. Prepare a 3-minute presentation highlighting the choices, what to look for in quality care, and where to go for more information.

NATIONAL STANDARDS

From *Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs, Second Edition*

- 1.006 Child Care Credential
- 1.007 Staff Recruitment
- 1.009 Pre-Service Ongoing Staff Training
- 1.010 Qualifications caregivers Serving Children 0–35 Months Age
- 1.013 General Qualifications
- 1.014 Qualifications for directors
- 1.015 Mixed Teacher/Director Role
- 1.018 Qualifications Associate/Assistant Teachers, Aides, Volunteers
- 1.019 Qualifications for Family Child Care Providers
- 1.0232 Initial Orientation
- 29.29 Continuing Education
- 2.1 Program of Developmental Activities
- 2.001 Written Daily Activity Plan and Statement of Principles
- 2.004 Helping Families Cope with Separation
- 2.005 Toilet Learning
- 2.007 Diversity in Enrollment and Curriculum
- 2.008 Verbal Interaction
- 2.009 Playing Outdoors
- 2.010 Relationships for Infants and Toddlers
- 2.014 Relationships for 3-5 Year Olds
- 2.024 Relationships for School-Age Children
- 2.2 Supervision
- 2.4 Discipline
- 2.5 Parent Relationships

CALIFORNIA REGULATIONS

From *Manual of Policies and Procedures for Community Care Licensing Division*

- 101215 Administrator Qualifications
- 101215.1 Director Qualifications
- 101216 Personnel Requirements
- 101216.1 Teacher Qualifications
- 101216.2 Teacher Aide Qualifications
- 101216.4 Toddler Component

RESOURCES

Organizations and Resources	
Organization and Contact Information	Description of Resources
<p>COMMUNITY CARE LICENSING DIVISION http://ccl.dss.cahwnet.gov/ OFFICES CHILD CARE PROGRAM OFFICE Melissa Miller, Program Administrator 744 P Street, M.S. 19-48 Sacramento, CA 95814 (916) 229-4500 phone (916) 229-4508 fax</p> <p>BAY AREA REGIONAL OFFICE Regional Manager: Fred Gill 1515 Clay Street, Suite 1102, MS: 29-04 Oakland, CA 94612 (510) 622-2602 phone (510) 622-2641 fax Counties: Alameda and Contra Costa</p> <p>CENTRAL COAST REGIONAL OFFICE Regional Manager: Colleen Young 360 South Hope Avenue, Suite C-105, MS: 29-09 Santa Barbara, CA 93105 (805) 682-7647 phone (805) 682-8361 fax Counties: San Luis Obispo, Santa Barbara and Ventura</p> <p>CHICO REGIONAL OFFICE Regional Manager: Earl Nance 520 Cohasset Road, Suite 6, MS: 29-05 Chico, CA 95926 (530) 895-5033 phone (530) 895-5934 fax Counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Plumas, Shasta, Sierra, Siskiyou, Sonoma, Sutter, Tehama, Trinity and Yuba</p> <p>FRESNO REGIONAL OFFICE Regional Manager: Brian Barnett 770 East Shaw Avenue, Suite 300, MS: 29-02 Fresno, CA 93710 (559) 243-4588 phone (559) 243-8070 fax Counties: Alpine, Fresno, Inyo, Kern, Kings, Madera, Mariposa, Merced, Mono, Stanislaus and Tulare</p>	

Organization and Contact Information	Description of Resources
<p>INLAND EMPIRE REGIONAL OFFICE Regional Manager: Robert Gonzalez 3737 Main Street, Suite 700, MS: 29-12 Riverside, CA 92501 (951) 782-4200 phone (951) 782-4985 fax Counties: Riverside and San Bernardino</p> <p>LOS ANGELES EAST REGIONAL OFFICE Regional Manager: Maria Hendrix 1000 Corporate Center Dr, Suite 200B, MS: 29-15 Monterey Park, CA 91754 (323) 981-3350 phone (323) 981-3355 fax</p> <p>LOS ANGELES NORTHWEST REGIONAL OFFICE Regional Manager: Mary Iroz 6167 Bristol Parkway, Suite 400, MS: 29-13 Culver City, CA 90230 (310) 337-4333 phone (310) 337-4360 fax</p> <p>MISSION VALLEY REGIONAL OFFICE Regional Manager: Tom Hersant 7575 Metropolitan Drive, Suite 110, MS: 29-20 San Diego, CA 92108-4402 (619) 767-2200 phone (619) 767-2203 fax Counties: San Diego and Imperial</p> <p>NORTHERN CHILD CARE AREA OFFICE Valerie Jones, Assistant Program Administrator 8745 Folsom Boulevard, Suite 130, MS: 19-48 Sacramento, CA 95826 (916) 229-4500 phone (916) 229-4508 fax</p> <p>ORANGE COUNTY REGIONAL OFFICE Regional Manager: Mary Kaarmaa 750 The City Drive, Suite 250, MS: 29-10 Orange, CA 92668 (714) 703-2800 phone (714) 703-2831 fax County: Orange</p> <p>PENINSULA REGIONAL OFFICE Regional Manager: Barbara Mordy 801 Traeger Avenue, Suite 100, MS: 29-24 San Bruno, CA 94066 (650) 266-8843 phone (650) 266-8847 fax Counties: Marin, San Francisco, San Mateo, Solano</p>	

Organization and Contact Information	Description of Resources
<p>RIVER CITY REGIONAL OFFICE Regional Manager: Charles Boatman 8745 Folsom Boulevard, Suite 200, MS: 19-29 Sacramento, CA 95826 (916) 229-4530 phone (916) 387-1933 fax Counties: Amador, Calaveras, El Dorado, Nevada, Placer, Sacramento, San Joaquin, Tuolumne and Yolo</p> <p>ROHNERT PARK LOCAL UNIT Local Unit Manager: Myrtle Herin 101 Golf Course Drive, Suite A-230, M.S. 29-11 Rohnert Park, CA 94928 (707) 588-5026 phone (707) 588-5099 fax Counties: Lake, Mendocino, Napa and Sonoma</p> <p>ROHNERT PARK LOCAL UNIT Local Unit Manager: Carl Hockett 101 Golf Course Drive, Suite A-230, M.S. 29-11 Rohnert Park, CA 94928 (707) 588-5026 phone (707) 588-5099 fax Counties: Marin and Solano</p> <p>SAN JOSE REGIONAL OFFICE Regional Manager: Paula Walsh 111 North Market Street, Suite 300, MS: 29-08 San Jose, CA 95113 (408) 277-1286 phone (408) 277-2071 fax Counties: Monterey, San Benito, Santa Clara and Santa Cruz</p> <p>SOUTHERN CHILD CARE AREA OFFICE Cagle Moore, Assistant Program Administrator 6167 Bristol Parkway, #400, MS 29-13 Culver City, CA 90230 (310) 337-4333 phone (310) 342-6849 fax</p>	
<p>California Association for the Education of Young Children 4400 Auburn Blvd, Suite 100 Sacramento, CA 95841 (916) 486-7750 phone (916) 486-7765 fax www.caeyc.org</p>	<p>Promoting excellence in early childhood education from birth to 8 years. CAEYC offers opportunities for professional growth and training for early care professionals around the state.</p>

Organization and Contact Information	Description of Resources
<p>California Child Care Resource and Referral Network 111 New Montgomery Street 7th Floor San Francisco, CA 94105 Trustline (800) 822-8490 www.rrnetwork.org/rrnet/index.htm</p>	<p>Trustline is a database of nannies and baby-sitters that have cleared criminal background checks in California. It's the only authorized screening program of in-home caregivers in the state with access to fingerprint records at the California Department of Justice and the FBI. TrustLine is endorsed by the California Academy of Pediatrics. The TrustLine program is administered by the California Department of Social Services and the California Child Care Resource & Referral Network. To check if a provider is registered with TrustLine, call 1.800.822.8490.</p>
<p>California Commission on Teacher Credentialing 1900 Capitol Avenue Sacramento, CA 95814 (888) 921-2682 www.ctc.ca.gov/default.html</p>	<p>Obtain information related to the programs that prepare teachers, counselors, site administrators, school psychologists, school social workers, school nurses, and child welfare and attendance service personnel.</p>
<p>California Department of Education (CDE) 1430 N Street Sacramento, CA 95814 (916) 319-0800 www.cde.ca.gov Child Development Division: www.cde.ca.gov/cyfsbranch/child_development/</p>	<p>Official site of the California Department of Education. Includes press releases, recent reports, parent and teacher resources, budget and performance data, educational demographics data, etc.</p>
<p>California Department of Social Services www.dss.cahwnet.gov/cdssweb/default.htm</p>	<p>Official site of the California Department of Social Services. CDSS' primary goal is to aid and protect needy and vulnerable children and adults by strengthening and preserving families, encouraging personal responsibility and fostering independence.</p>
<p>Center for the Child Care Workforce A project of the American Federation of Teachers Educational Foundation 555 New Jersey Avenue N.W. Washington, DC 20001 (202) 662-8005 phone (202) 662-8006 fax www.ccw.org</p>	<p>CCW documents the child care workforce; their compensation and working conditions; and the quality of child care settings in the United States. Research, statistics, and data on Child Care Salaries, benefits, and working conditions are available through their Web site.</p>
<p>Center for Work and Family Boston College Center for Work & Family 22 Stone Avenue Chestnut Hill, MA 02467 (617) 552-2844 phone (617) 552-2859 fax www.bc.edu/centers/cwf</p>	<p>Assists organizations to create effective workplaces that support and develop healthy employees.</p>

Organization and Contact Information	Description of Resources
<p>Child Care Aware 1319 F Street, NW Suite 500 Washington, DC 20004 (800) 424-2246 phone (202) 787-5116 fax www.childcareaware.org</p>	<p>A nonprofit initiative committed to helping parents find information on locating quality child care and child care resources in their community.</p>
<p>Children's Defense Fund (CDF) 25 E Street, NW Washington, DC 20001 (202) 628-8787 www.childrensdefense.org</p>	<p>CDF began in 1973 and is a private, nonprofit organization supported by foundation and corporate grants. The mission of the CDF is to Leave No Child Behind and to ensure every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adulthood with the help of caring families and communities.</p>
<p>Child Development Training Consortium 1620 North Carpenter Road, Suite C-16 Modesto, CA 95351 www.childdevelopment.org/intro.html</p>	<p>A Statewide program funded by the California Department of Education, Child Development Division. Provides services, training and technical assistance which promotes high quality programs.</p>
<p>Children Now 1212 Broadway, 5th Floor Oakland, CA 94612 www.childrennow.org www.100percentcampaign.org/</p>	<p>Children Now is a research and action organization dedicated to assuring that children grow up in economically secure families, where parents can go to work confident that their children are supported by quality health coverage, a positive media environment, a good early education, and safe, enriching activities to do after school. Recognized for its expertise in media as a tool for change, Children Now designs its strategies to improve children's lives while at the same time helping America build a sustained commitment to putting children first. Children Now is an independent, nonpartisan organization. Publication: California Report Card 2004 focuses on children in immigrant families. 100% Campaign to ensure health insurance for every child in California.</p>
<p>Clearinghouse on Early Education and Parenting (CEEP) http://ceep.crc.uiuc.edu/</p>	<p>The Clearinghouse on Early Education and Parenting (CEEP) is part of the the Early Childhood and Parenting (ECAP) Collaborative at the University of Illinois at Urbana-Champaign. CEEP provides publications and information to the worldwide early childhood and parenting communities.</p>

Organization and Contact Information	Description of Resources
<p>EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) www.eric.ed.gov/</p>	<p>The Education Resources Information Center (ERIC), sponsored by the Institute of Education Sciences (IES) of the U.S. Department of Education, is a national clearinghouse for U.S. educators, containing child-development, management and training information plus school lists. The early education resource center provides documents and journal articles for elementary and early childhood education.</p>
<p>Frank Porter Graham (FPG) Child Development Institute Campus Box # 8040 The University of North Carolina at Chapel Hill Chapel Hill, NC 27599-8040 (919) 962-7321 phone (919) 962-7328 fax www.fpg.unc.edu</p>	<p>FPG is a multidisciplinary institute at The University of North Carolina at Chapel Hill. The institute's mission is to cultivate and share the knowledge necessary to enhance child development and family well being</p>
<p>The Future of Children www.futureofchildren.org/homepage2824/</p>	<p>The mission of the journal is to translate research into better policy and practice for children. The first issue was released in 1991, and 30 issues have been published to date. Each journal issue examines a single topic of importance to children from a multidisciplinary perspective.</p>
<p>Labor Project for Working Families www.laborproject.org 2521 Channing Way, #5555 Berkeley, CA 94720 (510) 643-7088 phone (510) 642-6432 fax</p>	<p>National nonprofit advocacy and policy organization providing technical assistance, resources, and education to unions and union members on family issues in the workplace.</p>
<p>Local Child Care Planning Council www.cde.ca.gov/sp/cd/re/lpc.asp</p>	<p>The primary mission of the Local Child Care and Development Planning Councils (LPCs) is to plan for child care and development services based on the needs of families in the local community. LPCs are intended to serve as a forum to address the child care needs of all families in the community for all types of child care, both subsidized and non-subsidized.</p>
<p>National Association for Child Care Resource and Referral Agencies (NACCRRA) 1319 F Street, NW, Suite 500 Washington, DC 20004-1106 (202) 393-5501 phone (202) 393-1109 fax www.naccrra.net</p>	<p>NACCRRA is the national network of more than 850 child care resource and referral centers (CCR&Rs) located in every state and most communities across the US. CCR&R centers help families, child care providers, and communities find, provide, and plan for affordable, quality child care.</p>

Organization and Contact Information	Description of Resources
<p>National Association for the Education of Young Children (NAEYC) 1509 16th Street, NW Washington, DC 20036-1426 (202) 232-8777 toll-free (800) 424-2460 phone (202) 328-1846 fax www.naeyc.org</p>	<p>NAEYC is dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8. Licensing and Public Regulation of Early Childhood Programs: A Position Statement. (1997) Washington, D.C.: National Association for the Education of Young Children.</p>
<p>National Association for Family Child Care (NAFCC) 5202 Pinemont Drive Salt Lake City, UT 84123 (801) 369-9338 phone (801) 268-9507 fax www.nafcc.org</p>	<p>The focus of NAFCC is to provide technical assistance to family child care associations. This assistance is provided through developing leadership and professionalism, addressing issues of diversity, and by promoting quality and professionalism through NAFCC's Family Child Care Accreditation.</p>
<p>National Child Care Information Center 10530 Rosehaven St., Suite 400 Fairfax, VA 22030 (800) 616-2242 phone (800) 716-2242 fax www.nccic.org</p>	<p>Sponsored by the Child Care Bureau, Administration for Children and Families, and the Department of Health and Human Services, NCCIC complements, enhances and promotes child care linkages and serves as a mechanism for supporting quality, comprehensive services for children and families.</p>
<p>National Resource Center for Health & Safety in Child Care University of Colorado Health Sciences Center NRCHSCC UCHSC at Fitzsimons Campus Mail Stop F541 P.O. Box 6508 Aurora, CO 80045-0508 (800) 598-KIDS (5437) (303) 724-0960 fax http://nrc.uchsc.edu</p>	<p>NRC's primary mission is to promote health and safety in out-of-home child care settings throughout the nation. The standard resource for information concerning this subject is the Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs, Second Edition published in January 2002. The guidelines were developed through the collaborative efforts of the American Public Health Association, the American Academy of Pediatrics, and the Maternal and Child Health Bureau. The entire text is available on this Web site.</p>
<p>The NECPA Commission The National Early Childhood Program Accreditation 126C Suber Road, Columbia, SC 29210 (800) 505-9878</p>	<p>NECPA has been supporting educational programs strive for excellence since 1993, and was created by the National Child Care Association to encourage the availability of high quality early education programs for America's families. Now, as an independent and nationally recognized program, the NECPA is maintaining its pursuit for excellence by delivering its accreditation philosophy to hundreds of early childhood programs across the country.</p>

Organization and Contact Information	Description of Resources
<p>Parent Voices California Child Care Resource and Referral Network 111 New Montgomery Street, 7th Floor San Francisco, CA 94105 415.882.0234 phone 415.882.6233 fax www.parentvoices.org</p>	<p>A grassroots advocacy organization of parents working to make child care available and affordable for all families.</p>
<p>Welfare Information Network 1401 New York Avenue, NW Suite 800 Washington, DC 20005 (202) 587-1000 phone (202) 628-4205 fax www.welfareinfo.org</p>	<p>A Clearinghouse for information, policy analysis and technical assistance on welfare reform. Contains useful sections on child care and child development/early childhood education, including child care research around the United States.</p>

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HANDOUTS FOR FIELD OF EARLY CARE AND EDUCATION MODULE

Page Handout Title

- 27 *The 2005 California Child Care Portfolio*, California Child Care Resource and Referral Network.
- 33 *Child Development Permit Matrix*, Child Development Training Consortium.

How THE DATA WAS COLLECTED

Over the course of more than two decades, R&Rs have built strong relationships with families, child care providers, and communities. R&Rs are often viewed as one-stop shops for parents, providers, and policymakers. These ties enable R&Rs to collect data about child care supply and demand, and to gain insight into parent concerns and provider issues. The California Child Care Resource & Referral Network, the statewide association of local R&Rs, works with its members to recruit and train providers and to advocate for quality, affordable, and accessible child care throughout the state. The Network collected the data for this *Portfolio* in 2004, from the 61 state-funded California R&Rs.

Information on the supply of child care is based on R&R databases of active licensed providers as of January 2004. The child care request data comes from 2004 documentation of the tens of thousands of calls to the R&Rs. Parents often request specific types of care and provide information about their language needs and work schedules. These calls represent an important sample of information about families. However, not all families who need or use child care call their local R&R. They might get information from family or friends.

Census and other demographic information included in the *Portfolio* complement the R&R data, bringing a more complete picture to each county's and the state's need for child care services.

The 2005 Data

Understanding Child Care Issues in California

THE CALIFORNIA CHILD CARE RESOURCE & REFERRAL NETWORK compiled information about the state and individual counties to provide a resource about child care supply and demand and about the demographic issues that impact child care, both at the state level and in each of California's 58 counties. With information about the demographics of each county and standardized data about the supply and demand of child care, the *Portfolio* helps policymakers, community leaders, businesses, nonprofit organizations, school districts, and other stakeholders address the challenges of providing quality, affordable care and early education for children throughout the state.

Since 1997, this biennial *Portfolio* has provided reliable information about the amount of licensed child care and the estimated demand for care in each county. As with the four prior publications, this 2005 report presents data gathered by the 61 state-funded resource and referral (R&R) programs, along with data from the U.S. Census, California Department of Finance, U.S. Department of Housing and Urban Development, and other public and private sources. The R&R data represents a sampling of calls from thousands of parents over a three month period in 2004.

While the data allows us to gain perspective on the families and children of California, it is important to remember that behind each statistic is a child, a parent, or a provider. Every day, staff at California's R&Rs talk with families who, in spite of challenges, are doing their best to find safe and nurturing learning environments for their children. The R&Rs counsel these parents about child care options and also work with experienced and newly recruited child care providers — helping them to offer the best and highest quality care possible. R&Rs understand local child care issues and concerns, and recognize the trends that can impact families and child care supply. Their collective knowledge and experiences are shared with the Network, which has developed a unique ability to translate local issues into statewide solutions.



The cost of licensed child care is beyond the reach of many families.

The data indicates important trends and needs.

■ **Finding licensed care is a challenge, especially for infants.**

Licensed child care is available for only 26% of children aged birth to 13 years with parents in California's workforce. (This percentage varies greatly by county. For example, licensed care is available for 44% of the children of working parents in Marin County but for only 19% of the children of working parents in Kings County.) More critical, 64% of the licensed child care slots are in centers, but only 6% of center slots are available to children under two.

■ **Licensed child care is unaffordable for many families.**

On average, a family with two working parents earning minimum wage and one preschooler in a licensed center spends 65% of their combined salaries on housing and child care. If the family is in the Bay Area, the combined cost of housing and child care would actually cost more than the family's income.

■ **California's diversity outpaces the U.S.**

California families are far more diverse than their counterparts across the country because the state has the greatest percent of foreign-born residents. (In 2000, 26% of California's residents were foreign born, compared to 11% in the U.S.) New arrivals tend to concentrate in Bay Area and Southern California counties. This is reflected in linguistic diversity: in Imperial County, 66% of households speak Spanish at home (compared to 22% in the state and 10% in the U.S.); in San Francisco,

22% of households speak an Asian language at home (compared to 9% in the state and 3% in the U.S.).

■ **Providers are responding to the linguistic diversity of families.**

Staff at 53% of licensed centers and 34% of licensed family child care homes speak Spanish. Staff at 24% of centers and 12% of homes speak an Asian language.

■ **Families are moving out of communities where the cost of living is most expensive, creating long commutes for parents.**

The top seven counties with the greatest percentage of domestic migration out of the county were all in the Bay Area. (Los Angeles, Imperial, Santa Barbara, and Orange counties ranked next highest.) These moves have impacted the number of California workers traveling an hour or more to work – an increase of 34% between 1990 and 2000. About 1.5 million California workers spend more than two hours each day commuting.

■ **Long commutes and non-traditional work hours create new demands on families and child care providers.**

While the number of people working night and weekend hours increased 13% between 1990 and 2000, only 3% of child care centers offered care during these times. Although 39% of family child care homes offer care during non-traditional hours, these homes make up only 36% of the total licensed slots in the state.

What THE DATA DOESN'T EXPLAIN

Although the county and state pages provide a detailed snapshot of the demographics and the licensed child care situation in California, they do not tell the whole story. Until research efforts focus on the entire child care marketplace (licensed and license-exempt care) and link particular demographic information with child care, some questions remain unanswered.

Availability of licensed slots

The data shows that in most counties, the supply of licensed care does not meet the estimated demand. Because it is based on the assumption that licensed providers keep all of their slots open, it portrays a best-case scenario. In fact, many centers and homes do not operate at full capacity due to reasons such as the shortage of qualified staff, family schedules, and the complexities of caring for young children.

Use of license-exempt care

R&Rs only collect data about licensed care, but they are well aware that thousands of families rely on license-exempt care provided by relatives, friends, neighbors, and nannies. To accurately measure the supply of that care would require additional research.

California

In 2000, 22% of all California households spoke Spanish at home, compared to just 10% of all U.S. households. Nine percent spoke an Asian language at home, compared to just 3% of U.S. households.

Foreign-born residents in California accounted for 26% of the state's population in 2000, compared to 11% of U.S. residents.

The top 10 counties with the greatest percentage increase of workers traveling an hour or more to jobs are in the Central Valley and the outskirts of the Bay Area. (Overall, 10% of California workers have a one way commute that is greater than one hour.)

The top 7 counties with the greatest percentage change in population due to migration out of the county were all in the S.F. Bay Area. Los Angeles, Imperial, Santa Barbara and Orange Counties ranked next highest.

The People	2000 ¹	2004 ²	Change ²
Total number of residents	33,871,648	36,590,814	8%
• Population foreign born residents	26%		
• Population change from natural increase			48%
• Population change from domestic migration			14%
• Population change from foreign immigration			39%

The Children	2000 ¹	2004 ²	Change
Children 0-13	7,289,433	7,374,479	1%
• Under 2	969,730		
• 2 years	489,336		
• 3 years	504,490		
• 4 years	523,425		
• 5 years	531,405		
• 6 to 13 years	4,271,047		
Children 0-13 with parents in the labor force ³	3,803,776	3,848,155 ⁴	1%
• Under 2	444,898		
• 2 years	229,891		
• 3 years	241,018		
• 4 years	256,514		
• 5 years	269,436		
• 6 to 13 years	2,362,019		
Children 0-5 living in poverty	20%		

The Labor Force	1990 ⁵	2000 ¹	Change
• Number of employed residents	13,940,250	14,525,322	4%
• Workers with an hour or more commute	1,059,268	1,416,821	34%
• People working at home	452,867	557,036	23%
• People working non-traditional hours ⁶	2,532,254	2,851,021	13%
• percent working non-traditional hours		20%	
• People working 35 hours or more	12,734,654	13,687,903	7%
• percent working 35 hours or more		79%	
• Men in the labor force	8,640,866	8,765,269	1%
• Women in the labor force	6,622,034	7,212,610	9%
• Women with a child under 6		1,985,354	
• percent in the labor force		55%	

The Households	2000 California ¹	2000 U.S. ¹
• Number of households	11,512,020	105,539,122
• speaking English at home	62%	81%
• speaking Spanish at home	22%	10%
• speaking an Asian language at home	9%	3%
• speaking another language at home	7%	6%
• Number of families with children under 18	4,208,775	35,234,403
• percent of families with children under 18	53%	49%
• percent of single parent families	26%	27%
• Homeowners with children under 6	14%	13%
• Renters with children under 6	20%	17%
• Residents over 24 with BA or higher	27%	24%

The 2005 California Child Care Portfolio

For more information about child care, call California Child Care Resource & Referral Network (800) 543-7793; www.rnnetwork.org

1. U.S. Census Bureau, 2000.
2. California Department of Finance population projections.
3. This number reflects children with either two parents or a single head of household in the labor force.

4. Network estimate based on California Department of Finance (DOF) population projections.
5. U.S. Census Bureau, 1990.
6. Estimate using commute time. Might or might not include weekends.

Child Care in California

		Child Care Centers	Family Child Care Homes ¹
Facilities	Total number of sites	10,143	37,494
	Total number of slots (percent)	639,443 (64%)	362,957 (36%)
	Infant slots in centers	35,973 (6%)	
	Preschool slots in centers	450,529 (70%)	
	School-age slots in centers	152,941 (24%)	
Schedules	Full-time and part-time slots	72%	86%
	Only full-time slots	9%	12%
	Only part-time slots	18%	2%
	Care available during non-traditional hours	3%	39%
Languages	English	100%	93%
	Spanish	53%	34%
	Other	24%	13%

1. A breakdown of slots by age is not available for family child care homes because their licenses are not specific to particular age groups.
2. Full-time (30 or more hours/week) and part-time are a % of total slots. Non-traditional (evenings, weekends, overnight) are a % of total sites.
3. Network estimate based on CA DOF Projections, 2004: either two parents or single head of household in labor force.
4. These types of care are not included in the supply of licensed care available.
5. Some parents find child care without using R&Rs. These requests do not necessarily represent total demand, but they do reflect trends.
6. U.S. HUD. Median rent for a 2-bedroom unit. 2004.
7. Cost estimates 2004/5; 2002 Regional Market Rates with CPI Inflation Factor. Full-time.
8. California Dept. of Education. 2003/4.

Availability of Licensed Child Care

In California, there are an estimated 3,848,155 children ages 0-13 with parents in the labor force³ and 1,002,400 licensed child care slots.

Licensed child care is available for 26% of children with parents in the labor force.*

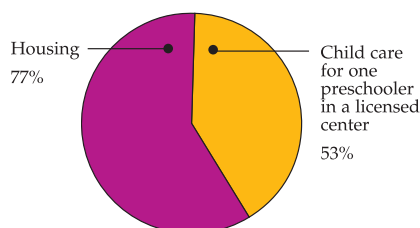
* Some families choose friends and relatives (license-exempt caregivers) to care for their children, and programs for school age children are often not licensed by the state.⁴

Parent Requests to the R&R⁵

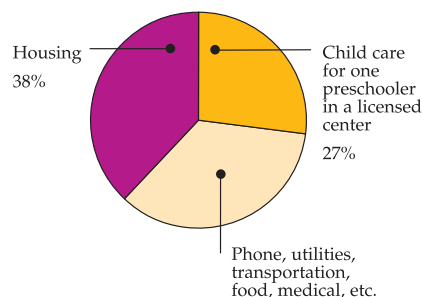
- Type of care requested: 35% infant/toddler; 42% preschool; 23% school-age
- Schedule requested: 82% full-time (0-5 years); 25% part time (0-5 years)
- Reasons for needing care: 81% employment; 10% school/training; 7% looking for work

Child Care and Family Budgets

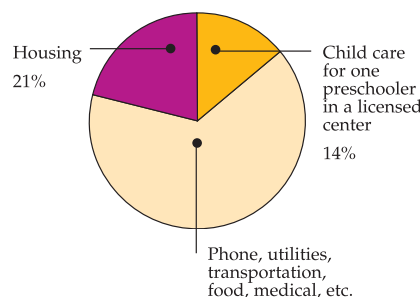
How child care fits into a California family's budget (Housing⁶: \$10,800; Child Care⁷ for a preschooler in a licensed center: \$7,485)



Annual Income: \$14,040
Families with 1 minimum wage earner
 Care for one infant in a licensed family child care home: 54% of income



Annual Income: \$28,080
Families with 2 minimum wage earners
 Care for one infant in a licensed family child care home: 27% of income



Annual Income: \$51,844
Families with 2 entry level public school teachers working in the county⁸
 Care for one infant in a licensed family child care home: 15% of income

Glossary

Terms Frequently Used in Discussions about Child Care



Alternative Payment Program (APP)

A program of child care subsidies for low-income families administered through the CA Dept. of Education (CDE).

Before- and after-school care

Programs that operate at many elementary schools and other sites where school-age children can be in supervised activities before school begins and after school to the end of the work day.

CalWORKs California's welfare-to-work program requires parents receiving welfare to get training and find jobs and provides child care subsidies to enable parents to work. The subsidies can be used for either licensed or license-exempt care (see definition below).

Child Care Initiative Project (CCIP)

Funded by a statewide and local public/private partnership, the program recruits and trains family child care providers to help meet

the demand for child care services. Administered by the California Child Care Resource & Referral Network, CCIP works through nonprofit, community-based R&R programs.

Child care centers Provide care for infants, toddlers, preschoolers, and/or school-age children all or part of the day. These facilities may be large or small and can be operated independently by nonprofit organizations or by churches, school districts, or other organizations. Most are licensed by the California Department of Social Services (DSS).

Child care professional Defined by the Bureau of Labor Statistics as someone who attends to children at child care centers, schools, businesses, and institutions, and performs a variety of tasks such as dressing, feeding, bathing, and overseeing play. An emphasis on professional development and knowledge of early childhood development as well as health and safety issues has

positioned the work as a profession rather than a service occupation. (Also see preschool teacher.)

Domestic migration Movement of residents from one county (or state) to another, impacting the total population of both the county the resident moved from and the county to which the resident moved. (Positive domestic migration: more people moved in than moved out. Negative domestic migration: more people moved out than moved in.)

Family child care home Care offered in the home of the provider, often a parent. Small family child care homes have one adult provider and can accept up to eight children, depending on their ages. Large family child care homes have two adults and can take up to 14 children, depending on their ages. Care is often provided for children of a variety of ages. Family child care homes are licensed by DSS.

First 5 California Created by Proposition 10 (a voter-approved initiative passed in 1998) to fund a comprehensive, integrated system of early childhood development services for all children prenatal to five years of age.

First 5 commissions Local advisory bodies that disburse Prop 10 funds, for health and early care and education programs for children from prenatal to age five in each county.

Full-time care Thirty or more hours per week.

Head Start A federally-funded program for low-income families with children three to five years old. In addition to child care and early learning programs, health care and parent training are also offered. Head Start programs are licensed by DSS. Some Head Start programs are full day and some

coordinate with other providers or funding sources to provide full-day care.

Infant A child under the age of two.

Infant/toddler care Care for children under age two.

In-home care A friend, relative, babysitter, or nanny cares for a child in the child's home, full-time or part-time.

Licensed child care Care in child care centers and family child care homes that meets health, safety, and educational standards. DSS licenses both centers and child care homes.

License-exempt care Child care which does not require a state license (sometimes referred to as "exempt care.") License-exempt care includes home care (providers may care for children from only one other family besides their own), in-home care (a friend, relative, babysitter, or nanny cares for a child in the child's home, full-time or part-time), and certain centers for school-age children or military child care programs regulated by agencies other than the state.

Natural increase Alteration of the total population of an area, based on the difference between total deaths and total births. A positive change means there were more births than deaths. A negative change means there were more deaths than births.

Non-traditional hours Work hours other than 7 a.m. to 6 p.m., including evening, overnight, or weekend shifts.

Part-time care Less than 30 hours per week.

Preschooler Child aged two to five years.

Preschool teacher Defined by the Bureau of Labor Statistics as

someone who instructs children (up to 5 years of age) in activities designed to promote social, physical, and intellectual growth needed to attend school. Settings can be preschools, child care centers, or other child development facilities.

Provider A person who provides child care in any one of a variety of settings, including child care centers and family child care homes.

Resource and referral (R&R) Community-based organizations, agencies, or programs that provide information, training, and support for parents, caregivers, employers, and government. Since 1976, R&Rs have been funded by the California Department of Education, Child Development Division. R&Rs are located in every county in California.

School-age care Care for elementary and middle school students which may be provided in homes or center-based settings, sometimes on school grounds.

Slot Space for one child in a child care center or family child care home.

Subsidy Financial assistance from state or federal funds available to low-income families who meet the state's income eligibility requirements. (Subsidized care is available in licensed child care centers, family child care homes, and by license-exempt providers.)

Universal Pre-Kindergarten (UPK) Sometimes known as *Preschool for All*. A voluntary preschool program for four-year-olds to encourage early learning and to promote school readiness through activities that develop educational, cognitive, socio-emotional, and physical skills.

Child Development Permit Matrix - with Alternative Qualification Options Indicated

Permit Title	Education Requirement (Option 1 for all permits)	Experience Requirement (Applies to Option 1 Only)	Alternative Qualifications (with option numbers indicated)	Authorization	Five Year Renewal
Assistant (Optional)	Option 1: 6 units of Early Childhood Education (ECE) or Child Development (CD)	None	Option 2: Accredited HERO program (including ROP)	Assist in the care, development and instruction of children in a child care and development program under the supervision of an Associate Teacher or above.	105 hours of professional growth*****
Associate Teacher	Option 1: 12 units ECE/CD including core courses**	50 days of 3+ hours per day within 2 years	Option 2: Child Development Associate (CDA) Credential. CDA Credential must be earned in California	May provide service in the care, development and instruction of children in a child care and development program; and supervise an Assistant Permit holder and an Aide.	Must complete 15 additional units toward a Teacher Permit. Must meet Teacher requirements within 10 years.
Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 General Education (GE) units*	175 days of 3+ hours per day within 4 years	Option 2: AA or higher in ECE/CD or related field with 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above.	105 hours of professional growth*****
Master Teacher	Option 1: 24 units ECE/CD including core courses** plus 16 GE units* plus 6 specialization units plus 2 adult supervision units	350 days of 3+ hours per day within 4 years	Option 2: BA or higher with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May provide service in the care, development and instruction of children in a child care and development program, and supervise all above. Also may serve as a coordinator of curriculum and staff development in a child care and development program.	105 hours of professional growth*****
Site Supervisor	Option 1: AA (or 60 units) including: 24 ECE/CD units with core courses** 16 GE units* 6 administration units 2 adult supervision units	350 days of 3+ hours per day within 4 years including at least 100 days of supervising adults	Option 2: BA or higher with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 4: Teaching credential **** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting	May supervise a childcare and development program operating at a single site; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth*****
Program Director	Option 1: BA or higher including: 24 ECE/CD units with core courses** 6 administration units 2 adult supervision units	Site Supervisor status and one program year of Site Supervisor experience	Option 2: Admin. credential *** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting; or Option 3: Teaching credential **** with 12 units of ECE/CD, plus 3 units supervised field experience in ECE/CD setting, plus 6 units administration; or Option 4: Master's Degree in ECE/CD or Child/Human Development	May supervise a child care and development program operated in a single site or multiple-sites; provide service in the care, development and instruction of children in a child care and development program; and serve as coordinator of curriculum and staff development.	105 hours of professional growth*****

NOTE: All unit requirements listed above are semester units. All course work must be completed with a grade of C or better. Spanish & Chinese translations available.

*One course in each of four general education categories, which are degree applicable: English/Language Arts; Math or Science; Social Sciences; Humanities and/or Fine Arts.

**Core courses include child/human growth & development, child/family/community or child and family relations; and programs/curriculum. You must have a minimum of three semester units or four quarter units in the core areas of child/human growth & development and child/family/community.

***Holders of the Administrative Services Credential may serve as a Site Supervisor or Program Director.

****A valid Multiple Subject or a Single Subject in Home Economics.

*****Professional growth hours must be completed under the guidance of a Professional Growth Advisor. Call (209) 572-6085 for assistance in locating an advisor.

This matrix was prepared by the Child Development Training Consortium, www.childdevelopment.org. Call (209) 572-6080 for a permit application.

