

# **Overview of the Field of Child Care: Trainer's Guide**

version 1

(Last updated 2/15/2013)

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## **NOTE TO TRAINER**

This Trainer's Guide is part of a Toolkit intended to accompany the *Overview of the Field of Child Care* Training Module. The Toolkit includes a Trainer's Guide to leading training sessions, a Slide Presentation, and materials for participants' packets.

For more information about using the NTI materials, please read "Guidelines for Using the NTI Curriculum Materials," available in the "Curriculum" section of the NTI Resources Website (accessed by entering your NTI username and password at <http://sakai.unc.edu>).

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## PREPARATION CHECKLIST

### Curriculum Materials:

Download the following from the "Curriculum" section of the NTI Resources Website:

- Overview of the Field of Child Care Training Module*
- Overview of the Field of Child Care Trainer's Guide*
- Overview of the Field of Child Care Slide Presentation*
- Training Checklists*

### Preparation:

- Read the *Overview of the Field of Child Care Training Module*.
- Read the *Overview of the Field of Child Care Trainer's Guide*.
- Review the *Overview of the Field of Child Care Slide Presentation*:
  - Customize slide #2 to include your name, agency, and the date of your training.
  - Print the slides as overheads or load the slide presentation onto your laptop, USB drive, or a CD. Save or print a back-up copy of the presentation as well.
- Create a participant's packet (one per participant) per copyright guidelines:
  - Copy activities, worksheets, and the evaluation form provided in this Trainer's Guide under "Materials for Participant's Packet".
  - Copy the Slide Presentation as a handout.
- On a flip chart sheet, write out the Overview of Training Session to display in the training room (you may prefer to leave off the estimated time and training technique).
- On a flip chart sheet, write out the Training Objectives to display in the training room.
- See "Training Implementation and Logistics Checklist" (located in the document titled *Training Checklists*) for set-up tasks to do the day of the training.
- Make the 4 cards needed for the *Child Care Timeline*
- Other: \_\_\_\_\_

### Equipment and Supplies:

- See "Equipment and Supplies Checklist" (located in the document titled *Training Checklists*) for general supplies
- Laptop, slide presentation, and LCD projector or overhead projector
- Flip chart sheet for posting Overview of Training Session
- Flip chart sheet for posting the Training Objectives
- Index cards for each participant
- Markers
- Other: \_\_\_\_\_

## OVERVIEW OF TRAINING SESSION

Below is an overview of the topics covered in this session.

<b>Estimated Time</b>	<b>Topic</b>	<b>Training Technique</b>
10-15 minutes prior to session <sup>1</sup>	<b>Registration</b>	-----
Optional <sup>2</sup>	<b>Introductions/Icebreaker</b>	
5 minutes	<b>Overview of Training Session and Objectives</b>	slides/overheads
8 minutes	<b>Opening: Child Care Timeline</b>	large group
12 minutes	<b>Presentation: The History of Child Care in the United States</b>	slides/overheads
5 minutes	<b>Activity: Pass the Question</b>	small group
10 minutes	<b>Presentation: Critical Issues in Child Care</b>	slides/overheads
5 minutes	<b>Activity: Stand Up, Sit Down</b>	small group
10 minutes	<b>Presentation: Regulation and State Systems</b>	slides/overheads
5 minutes	<b>Closing: The Role of the Child Care Health Consultant</b>	slides/overheads
10 minutes	<b>Learning Assessment</b>	small group, large group
5 minutes	<b>Evaluation of Trainer</b>	Individual
<b>Estimated Total Time:</b> Approx. 1 hour and 15 minutes <sup>3</sup>		

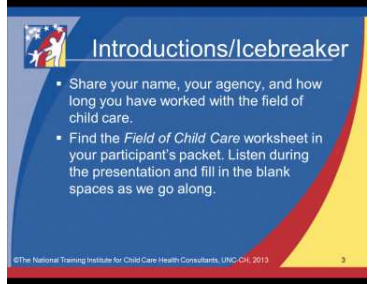
<sup>1</sup> Not included in total time.

<sup>2</sup> Not included in total time. Develop activity based on participants' training needs.

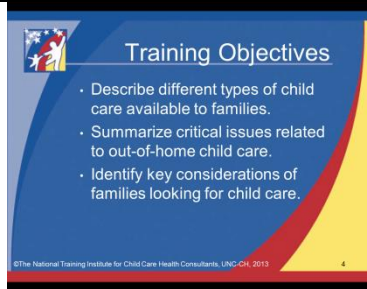
<sup>3</sup> Add additional time if group guidelines and/or group facilitation methods need to be addressed at the beginning of the session, or if you decide to include any additional activities. For more information, see NTI's *Building Curriculum Development and Training Skills* Training Module.

## TRAINER'S OUTLINE

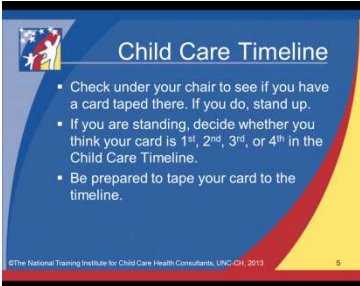
### Introductions/Icebreaker

<b>Time</b>	Optional
<b>Training Technique</b>	Large group
<b>Supplies</b>	One <i>Field of Child Care</i> worksheet for each participant
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 1 as participants enter the room. Show slide 2 and introduce yourself. (Slides 1-2, the title slide and customizable slide, are not printed below.) Show slide 3.</li> <li>• Ask each participant to share their name, agency, and how long they have worked with the field of child care.</li> <li>• Direct participants to find the Field of Child Care worksheet in their participant's packet. Have them find a "learning buddy" to sit and work with during the presentation. Ask them to listen during the presentation and fill in the blank spaces as we go along. Let them know that you will review the correct answers at the end.</li> </ul>
<b>Talking Points</b>	<p><b>Introductions/Icebreaker</b></p> <ul style="list-style-type: none"> <li>• Please share your name and the agency for which you work. Also tell us how long you have worked with the field of child care.</li> <li>• Please find the <i>Field of Child Care</i> worksheet in your participant's packet. Look around and find a "learning buddy" to sit and work with during the presentation. Listen during the presentation and fill in the blank spaces as we go along. We will review the correct answers at the end.</li> </ul> 
<b>For More Information</b>	See NTI's <i>Building Curriculum Development and Training Skills</i> Training Module for ideas about introductions and icebreaker activities.
<b>Notes</b>	

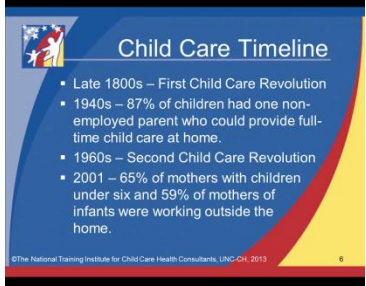
## Overview of Training Session and Objectives

<b>Time</b>	5 minutes	
<b>Training Technique</b>	Slides/overheads	
<b>Supplies</b>	<ul style="list-style-type: none"> <li>• Flip chart sheet with Overview of Training Session written on it</li> <li>• Flip chart sheet with Training Objectives written on it</li> </ul>	
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 4.</li> <li>• Direct participants' attention to the posted Overview of Training Session.</li> <li>• Review the Training Objectives.</li> </ul>	
<b>Talking Points</b>	<p><b>Training Objectives</b></p> <ul style="list-style-type: none"> <li>• Let's take a minute to look at the plan for our time together today.</li> <li>• Let's look at the Training Objectives for this session. By the end of the training, I'd like you to be able to: <ul style="list-style-type: none"> <li>○ Describe different types of child care available to families</li> <li>○ Summarize critical issues related to out-of-home child care</li> <li>○ Identify key considerations of families looking for child care</li> </ul> </li> </ul>	
<b>For More Information</b>	See NTI's <i>Building Curriculum Development and Training Skills</i> Training Module to learn more about training objectives.	
<b>Notes</b>		

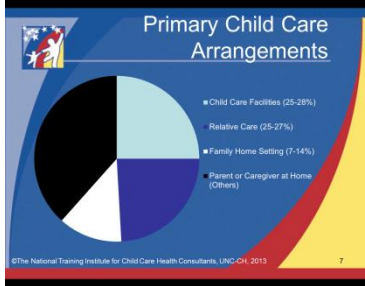
**Opening: Child Care Timeline**

<b>Time</b>	5 minutes
<b>Training Technique</b>	Large group
<b>Supplies</b>	<ul style="list-style-type: none"> <li>• 4 cards for the child care timeline</li> <li>• Tape</li> </ul>
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slides 5 and 6.</li> <li>• Before the training, create cards with each of the 4 important dates in the child care timeline (listed below).</li> <li>• When you arrive at the training site, use tape to stick each one of the four cards to the bottom of a different chair. Use masking tape or string/yarn to create a straight, horizontal line on one wall of the training room. This is the child care timeline.</li> <li>• When this activity begins, ask all training participants to look under their seat to see if they have a card there. When the four participants find their cards, ask them to read their cards and decide which card should go first on the timeline. Ask the participants to use tape to stick their card on the timeline in the appropriate place.</li> <li>• Review the timeline, filling in additional information about the history of child care.</li> </ul> <p>Write each of the bullet points below on a separate index card.</p> <ul style="list-style-type: none"> <li>• Late 1800s – First Child Care Revolution (child labor laws and compulsory public education for children over age six)</li> <li>• 1940s – 87% of children had one non-employed parent providing full-time care at home</li> <li>• 1960 – Second Child Care Revolution (mothers of young children entering the work force)</li> <li>• 2001 – 65% of mothers with children under six and 59% of mothers with infants were working outside the home)</li> </ul>
<b>Talking Points</b>	<p><b>Child Care Timeline</b></p> <ul style="list-style-type: none"> <li>• We're going to create a timeline of the history of child care in the United States. Please check under your seat. Four of you should find cards with important dates in child care. Do we have four cards?</li> </ul> 



	<p><b>Child Care Timeline</b></p> <ul style="list-style-type: none"> <li>• If you think your card goes first in the timeline, please stand. Please tape your card to the timeline. The first child care revolution occurred during the late 1800's, driven by the institution of child labor laws and compulsory public education for children over six (Hernandez, 1995).</li> <li>• If you think your card goes second in the timeline, please stand. Please tape your card to the timeline. In the 1940s, 87% of children had one non-employed parent providing full-time care at home</li> <li>• If you think your card goes third in the timeline, please stand. Please tape your card to the timeline. The second child care revolution began around 1960, when mothers of young children began entering the work force in large numbers. At this time, there was a dramatic shift from parental to nonparental care arrangements resulting from the growing prevalence of families where both parents were in the work force. In 1960, less than 33% of mothers of young children entered the work force (Lande, 1990).</li> <li>• If you think your card goes last in the timeline, please stand. Please tape your card to the timeline. By 2001, 65% of mothers with children under six and 59% of mothers with infants were working outside the home (Children's Defense Fund, 2005). The percentage of working mothers has remained relatively steady over the past decade, although the percentage of women with infants under age one in the workforce has declined a bit in recent years (U.S. Dept. of Labor, 2009).</li> </ul> <p>As more women entered the work force, more families chose out-of-home child care programs. In 1965, fewer than 20% of children ages 0-5 (about 3.8 million children) were in out-of-home child care (Brittain and Low, 1965). In 2005, 61% of children ages 0-6 (about 12 million children) spent time in out-of-home child care (Federal Interagency Forum on Child and Family Statistics, 2009). These children spent an average of 36 hours per week in child care settings (Census Bureau, 2008).</p> 
<p><b>For More Information</b></p>	<p>See <i>Introduction: The History of Child Care in the United States</i> in NTI's Overview of the Field of Child Care Module.</p>
<p><b>Notes</b></p>	

**Presentation: The History of Child Care in the United States**

<b>Time</b>	15 minutes
<b>Training Technique</b>	Slides/overheads
<b>Instructions</b>	Show slides 7 to 25.
<b>Talking Points</b>	<p><b>Primary Child Care Arrangements</b></p> <ul style="list-style-type: none"> <li>National data on the use of different types of child care are not widely available and vary from study to study. In general, child care facilities are the most widely utilized form of out-of-home child care, serving approximately 25-28% of children under age five. Another 25%-27% of children under age five are cared for by relatives, and about 7%-14% are cared for in a family home setting (U.S. Census, 2008; Hamm, Gault, and Jones-DeWeever, 2005). The remaining children are cared for by a parent or caregiver at home.</li> <li>Multiple child care arrangements for individual children are common. In 2005, 25% of children under five with a working mother regularly spent time in two or more child care arrangements per week (Census Bureau, 2008). The most frequently used combination of arrangements (28%) was an organized facility, such as a child care facility, and another non-relative caregiver/teacher, such as friends, babysitters, or family care caregiver/teachers. For a significant number of families, a single child care source is not sufficient to cover the child care needs of working families.</li> <li>In addition to meeting the needs of working families, out-of-home child care is also common for children whose primary caregiver is not employed. In 2005, 16.1% of all children under-five whose principal parent was neither employed nor in school were enrolled in regular non-parental child care (U.S. Census, 2008). This could be because parents believe their children will benefit from the enrichment, education, and social opportunities offered by out-of-home care. (Hofferth, 1996; Smith, 2000; see also Barnett, 1995; Gomby, Larner, Stevenson, Lewit, and Behrman, 1995).</li> </ul> 
<b>For More Information</b>	See <i>Introduction: The History of Child Care in the United States</i> in NTI's Overview of the Field of Child Care Module.
<b>Notes</b>	

<p><b>Talking Points</b></p>	<p><b>Types of Child Care</b> There are two main types of child care – relative and non-relative care.</p> <p><b>Non-Relative Care</b> Non-relative care is care provided by friends and neighbors as well as professionals. It might be at the child's home, in the caregiver/teacher's home, or in a child care facility. It can be a formal or informal arrangement.</p> <ul style="list-style-type: none"> <li>• <i>In-Home Non-Relative Care</i> is care provided by non-relatives in the child's own home. This is commonly referred to as babysitting or nanny care. Traditionally, babysitter care is part-time and/or occasional, while nannies more often provide full time care and may live with the family. This type of care is almost always based on an informal and unregulated arrangement between the family and caregiver. In 2005, less than 4% of children were cared for in their own homes by a non-relative (U.S. Census Bureau, 2008).</li> <li>• <i>Family Child Care</i> refers to a program in which a caregiver/teacher takes care of unrelated children in her/his own home. Approximately 14 % of children with a working parent are in family child care settings, although that percentage drops to 7.3% when a family child care is defined as one in which there are two or more children (Hamm, Gault, and Jones-DeWeever, 2005). Family child care can be informal or formal. Informal care refers to arrangements not regulated by state or federal agencies, such as care provided by an acquaintance, a neighbor, or someone who cares for other people's children besides her own. Formal care refers to care provided by someone who maintains a business that is regulated and therefore required to meet particular standards for health, safety, and general operation. Some states exempt family child care homes serving small numbers of children from any regulation, resulting in many more unregulated than regulated programs. Currently, thirty eight states and the District of Columbia require that all family child care programs be registered or licensed. Most states license some form of family care, and only three states have no licensure for family care (National Child Care Information and Technical Assistance Center (2009a). In addition, the aspects of family child care that are regulated vary across states.</li> </ul>	

- *Facility-Based Care* refers to organized facilities, usually with age-segregated classrooms and many caregivers/teachers, who provide care and education for children in a nonresidential setting. This include child care facilities, nursery or pre-schools, Head Start programs, and public school pre-kindergarten programs. Compared to other types of child care, facility-based programs generally place greater emphasis on education, enrichment, and preparation of children for elementary school.



- Facility-based programs typically fall into two categories by virtue of their schedules and the age of children served. Child care facilities often provide care for infants and children from birth to 5 years of age, and they typically operate all day, five days a week, all year. These programs are especially suited to working families who work traditional 9:00 a.m.-5:00 p.m. shifts. Nursery schools, pre-schools, state pre-kindergarten programs, and Head Start programs typically operate on a part-day, part-year basis and serve only older (3-5-year-old) children.
- Most facility-based programs are regulated or licensed in some way. With the exception of Idaho, all states and the District of Columbia license child care at the state level (National Child Care Information and Technical Assistance Center, 2009a). Even though part-day preschool programs are usually not licensed, they may be subject to some other form of regulation. Also, facility-based programs typically undergo more stringent regulations and inspection schedules than family child care homes. Many churches provide child care to their congregation, and are subject to state licensing requirements dependent upon a variety of factors, such as the number of child care hours provided and the number of children in attendance. Depending on the state, some church programs may be exempt from licensure (National Child Care Information Center, 2006).

**Pre-Kindergarten Programs**

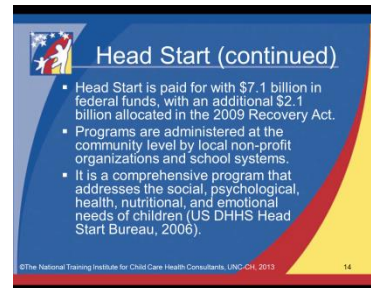
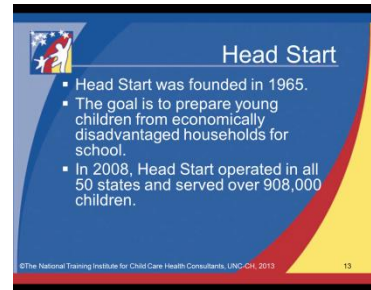
- Public schools and school districts are becoming increasingly involved in providing services to pre-kindergarten children.
- In 2008, over 1.1 million pre-kindergarten-age children were served in public schools and enrollment in state-funded programs rose by 50% from 2002 to 2008 (Pre-K Now, 2009).
- Currently, funding from federal programs is being used to provide services to preschoolers with disabilities, to Head Start grantees and/or Head Start programs housed in public schools, and to Title 1 preschool programs for children at risk of school failure due to socio-economic status.





## Head Start

- The Head Start program was founded in 1965 with the goal of preparing young children from economically disadvantaged households for school. In 2008, Head Start operated in all 50 states and served over 908,000 children. The program accounted for approximately \$7.1 billion in federal spending, with an additional \$2.1 billion allocated in the 2009 Recovery Act.
- Head Start programs are administered at the community level by local non-profit organizations and school systems, which receive federal grants from the Department of Health and Human Services (DHHS). Head Start is a comprehensive program that addresses the social, psychological, health, nutritional, and emotional needs of children (US DHHS Head Start Bureau, 2006).



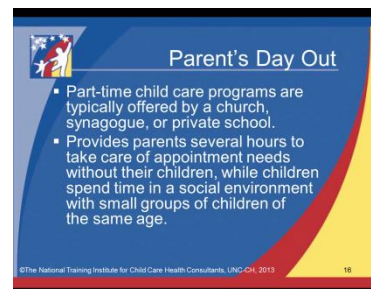
## Early Head Start

In 1994, Early Head Start was established for pregnant women, infants and toddlers from low-income families. It serves over 95,000 children in all 50 states. Early Head Start is founded on evidence that early intervention through high-quality services can help both parents and children reach their goals. Both Head Start and Early Head Start programs meet national performance standards and also serve children with disabilities (US DHHS Head Start Bureau, 2006).



## Parent's Day Out

- Parents' Day Out programs refer to part-time child care programs typically offered by a church, synagogue, or private school that provides parents several hours to take care of shopping and appointment needs without their children, while children spend time in a social environment with small groups of children of the same age. Care workers in this setting are generally child care workers or church or synagogue members. These programs vary widely and are not licensed in most states (Emory University, 2009).



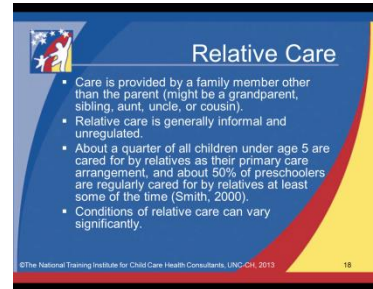
**After-school Programs**

- After-school programs are often available through child care facilities; many facilities provide transportation from schools and provide care after school hours. Some schools have after-school programs and may contract with a local child care program, or the school system itself may organize care. Children have recreational time during these programs and may have an opportunity to complete homework as well (Emory University, 2009).



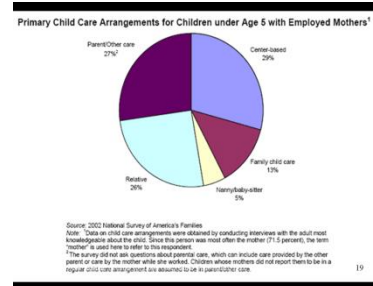
**Relative Care**

- Relative care is care provided by a family member other than the parent. It might be a grandparent, sibling, aunt, uncle, or cousin providing care. This type of care is generally informal and unregulated.
- About a quarter of all children under age 5 are cared for by relatives as their primary care arrangement, and about 50% of preschoolers are 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).
- As you would expect, the conditions of relative care can vary significantly.



**Primary Child Care Arrangements**

This graph shows the primary child care arrangements for children under age 5 with employed mothers.



**For More Information**

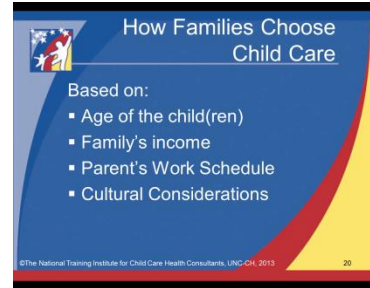
See *What the CCHC Should Know: Types of Child Care* in NTI's Overview of the Field of Child Care Module.

**Notes**

**Talking Points**

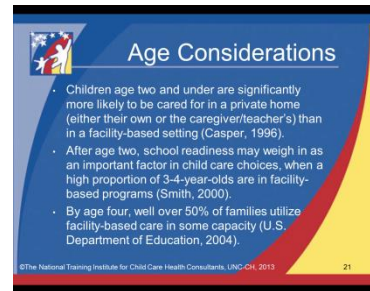
**How Families Choose Child Care**

Families consider many factors when selecting child care for their children, such as location, convenience, religious affiliation, and personal preferences. The most influential factors are the age of the child, the family's income, the parent's work schedule, and cultural considerations.



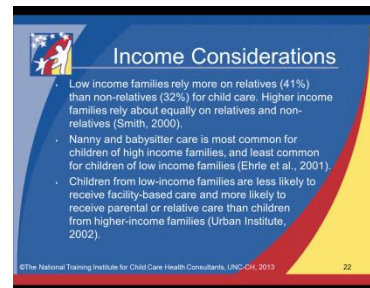
**Age Considerations**

Children change dramatically between infancy and age five, and it is not surprising that parents make different child care choices as their children move through developmental stages. Casper (1996) found that children age two and under with employed mothers are significantly more likely to be cared for in a private home (either their own or the caregiver/teacher's) than in a facility-based setting. However, these numbers do not specify whether parents' choice of a home environment reflects their preference for a home environment or their difficulty in securing care in facility-based programs. Smith (2000) proposes that after age two, school readiness may weigh in as an important factor in child care choices, which would explain the high proportion of 3-4-year-olds in facility-based programs. By age four, well over 50% of families utilize facility-based care in some capacity (U.S. Department of Education, 2004).

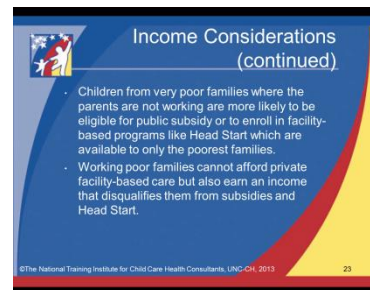


**Income Considerations**

Child care costs can consume a significant portion of a family's budget and family income is a strong influence on the choice of child care arrangements. Subsidies to defray the cost are only available to a small percentage of parents.



- Low-income families rely more on relatives (41%) than non-relatives (32%) to provide child care, while families with higher incomes rely about equally on relatives and non-relatives (Smith, 2000).
- Nanny and babysitter care is most common for children of high income families, and least common for children of low-income families (Ehrle et al., 2001).
- Children from low-income families are less likely to receive facility-based care and more likely to receive parental or relative care than children from higher-income families (Urban Institute, 2002a).
- Children from very low-income families where the parents are not working are more likely to be eligible for public subsidy or to enroll in

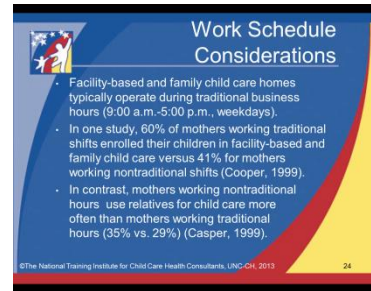


facility-based programs like Head Start which are available to only the poorest families.

- Working poor families cannot afford private facility-based care but also earn an income that disqualifies them from subsidies and from Head Start.
- Working poor families have the highest percentage of children in relative care (Hoffeth, 1996).

#### **Work Schedule Considerations –**

Facility-based programs and family child care homes typically operate during traditional business hours (9:00 a.m.-5:00 p.m., weekdays). Casper (1999) reports that 60% of mothers working traditional shifts enrolled their children in facility-based and family child care versus 41% for mothers working nontraditional shifts. In contrast, mothers working nontraditional hours use relatives for child care more often than mothers working traditional hours (35% versus 29%) (Casper, 1999).



#### **Race/Ethnic Considerations –**

In comparing child care arrangements of white, black, Hispanic, and Asian racial/ethnic groups for children under five, the 2005 Census report reveals:

- Hispanic and Asian families relied on relatives for child care more often than white or black families.
- Facility-based care was much more common for black children than for white or Asian children, and less than half as common for Hispanic children compared with black children.
- Family child care was least common for Asian children and Hispanic children and most common for white children.
- Parental care was most common for white children.
- Another study showed that use of nanny and babysitter care was more prevalent among white families than other ethnic groups (Ehrle et al., 2001).

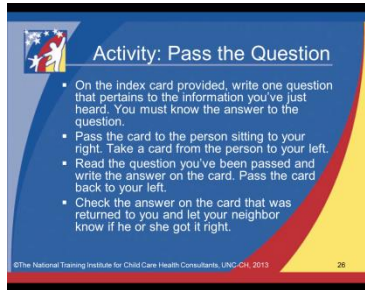


Clearly, choice of child care is a very important and personal decision influenced by many factors.


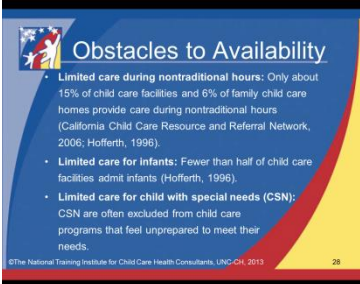


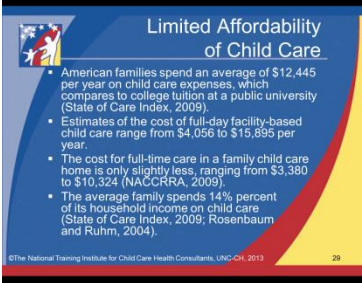
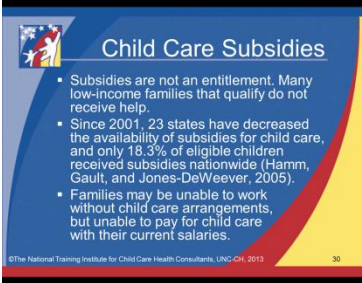
<b>For More Information</b>	See <i>How Families Choose Child Care Arrangements</i> in NTI's Overview of the Field of Child Care Module.
<b>Notes</b>	

**Activity: Pass the Question**

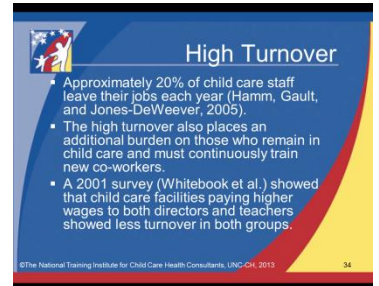
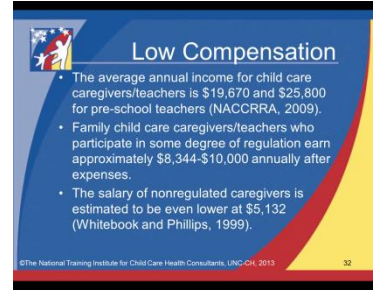
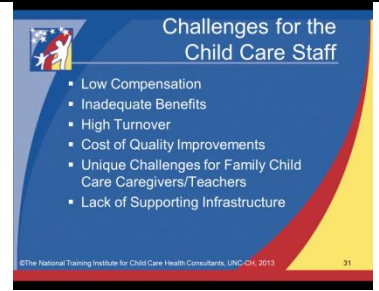
<b>Time</b>	5 minutes
<b>Training Technique</b>	Small group
<b>Supplies</b>	<ul style="list-style-type: none"> <li>• One index card for each participant</li> <li>• A pencil or pen for each participant</li> </ul>
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 26.</li> <li>• Distribute one index card and one pencil or pen to each participant.</li> <li>• Ask the participants to write one question that pertains to the information they just heard. They must know the answer to the question they write.</li> <li>• Ask participants to pass their card to the person sitting to their right and to take a card from the person to their left.</li> <li>• Have participants read the question they've been passed, write the answer on the card, and return the card to the left.</li> <li>• Ask each person to check the answer on the card that was returned to them and let their neighbor know if he or she got it right. If participants disagree about the answer to a question, ask them to let you know so that you can discuss it as a large group.</li> </ul>
<b>Talking Points</b>	<ul style="list-style-type: none"> <li>• On the index card provided, write one question that pertains to the information you've just heard. You must know the answer to the question.</li> <li>• Pass the card to the person sitting to your right. Take a card from the person to your left.</li> <li>• Read the question you've been passed and write the answer on the card. Pass the card back to your left.</li> <li>• Check the answer on the card that was returned to you and let your neighbor know if he or she got it right.</li> </ul> 
<b>Notes</b>	

**Presentation: Critical Issues in Child Care**

<b>Time</b>	15 minutes
<b>Training Technique</b>	Slides/overheads
<b>Instructions</b>	Show slides 27 to 37.
<b>Talking Points</b>	<p><b>Limited Availability of Child Care</b></p> <ul style="list-style-type: none"> <li>• According to the National Association of Child Care Resource and Referral Agencies, there is a dearth of child care spots available for children under age 6 who need care while their parents work (NACCRA, 2009). Even when spaces are available, they are often not within high-quality programs. Less than 10% of child care programs in the U.S. can be described as high quality and up to 86% of all programs are rated mediocre to poor quality (NACCRA, 2009).</li> </ul>  <p><b>Obstacles to Availability</b></p> <p>In addition to the shortage of overall quality care, many working parents are unable to find child care able to accommodate their needs. Some of the biggest obstacles are in child care availability include:</p> <ul style="list-style-type: none"> <li>• <b>Limited care during nontraditional hours:</b> Although 3 out of 4 American workers are employed in the service sector (in hotels, restaurants, hospitals, and retail stores), working nonstandard hours and rotating shifts, child care availability at nonstandard hours is rare. Surveys have shown that only about 15% of child care facilities and 6% of family child care homes provide care during nontraditional hours (California Child Care Resource and Referral Network, 2006; Hofferth, 1996).</li> <li>• <b>Limited care for infants:</b> Sixty percent of mothers with children less than one year of age are in the work force, but child care for infants is very limited, especially facility-based infant care. Research indicates that fewer than half of facilities admit infants (Hofferth, 1996). Furthermore, infant care that is available is often at least 50% more expensive than that for preschoolers, primarily because of the lower staff/child ratios required.</li> <li>• <b>Limited care for child with special needs:</b> Children with special health care concerns are often excluded from child care programs that feel unprepared to meet their needs.</li> </ul> 

	<p><b>Limited Affordability of Child Care</b></p> <ul style="list-style-type: none"> <li>• With child care, affordability is directly linked to quality. Quality programs are usually more expensive due to lower staff/child ratios, higher salaries for well-qualified staff, and the cost of facilities and supplies for children. The high cost of quality care often excludes even average income families.</li> <li>• American families spend an average of \$12,445 per year on child care expenses, which compares to college tuition at a public university.</li> <li>• Families with two children spend \$12,445 per year on child care, whereas, according to the College Board, the average public college price was \$6,585 (State of Care Index, 2009). Estimates of the cost of full-day facility-based child care range from \$4,056 to \$15,895 per year. The cost for full-time care in a family child care home is only slightly less, ranging from \$3,380 to \$10,324 (NACCRRRA, 2011).</li> <li>• The average family that spends 14% percent of its household income on child care, and in low-income and single-parent families the cost of child care takes an even greater share of their income (State of Care Index, 2009; Rosenbaum and Ruhm, 2004). Compounding this burden, low-income families often utilize less expensive sources of child care and often receive lower quality care.</li> </ul>  <p><b>Child Care Subsidies</b></p> <ul style="list-style-type: none"> <li>• Child care subsidies are not an entitlement. As a result, many low-income families that qualify do not receive help.</li> <li>• Since 2001, 23 states have decreased the availability of subsidies for child care, and only 18.3% of eligible children received subsidies nationwide (Hamm, Gault, and Jones-DeWeever, 2005).</li> <li>• Families may be unable to work without child care arrangements but unable to pay for child care with their current salaries.</li> </ul> 
<p><b>For More Information</b></p>	<p>See <i>What the CCHC Should Know: Critical Issues in Child Care</i> in NTI's Overview of the Field of Child Care Module.</p>
<p><b>Notes</b></p>	

<p><b>Talking Points</b></p>	<p><b>Challenges for the Child Care Staff</b>          There are a number of challenges for individuals who choose child care for their profession. They include low compensation, inadequate benefits, high turnover, and more.</p> <p><b>Low Compensation</b></p> <ul style="list-style-type: none"> <li>• Although little has more impact on the quality of child care than the skills and stability of the staff, child care staff are notoriously underpaid.</li> <li>• The average annual income for child care caregiver/teachers is \$21,110. The average for pre-school teachers is \$29,200 (NACCRRRA, 2011).</li> <li>• Family child care providers who participate in some degree of regulation earn approximately \$8,344-\$10,000 annually after expenses.</li> <li>• The salary of non-regulated caregivers is estimated to be even lower at \$5,132 (Whitebook and Phillips, 1999).</li> </ul> <p><b>Inadequate Benefits</b></p> <ul style="list-style-type: none"> <li>• Very few facilities offer fully-paid health insurance. Although some facilities do offer partial coverage, staff frequently don't use it because they can't afford the premiums.</li> <li>• Very few facilities offer a retirement plan.</li> </ul> <p><b>High Turnover</b></p> <ul style="list-style-type: none"> <li>• Because the wages are so low, child care staff tend to leave when higher paying employment becomes available. Approximately 20% of child care staff leave their jobs each year (Hamm, Gault, and Jones-DeWeever, 2005). The high turnover also places an additional burden on those who remain in child care and must continuously train new co-workers.</li> <li>• A 2001 survey (Whitebook et al.) showed that child care facilities paying higher wages to both directors and teachers showed less turnover in both groups.</li> </ul>





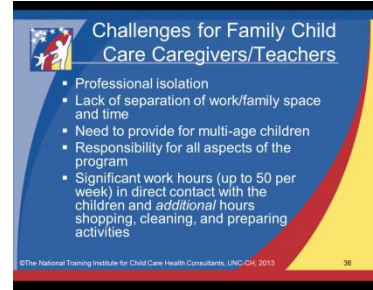
### **Cost of Quality Improvements**

Child care staff are often required and encouraged to make improvements in the quality of their programs. Although some improvements can be made with minimal impact on the budget, major improvements (such as raises for employees or indoor or outdoor renovations) can be expensive. In most child care programs, parent fees are the largest single source of revenue.



### **Challenges for Family Child Care Caregiver/Teachers**

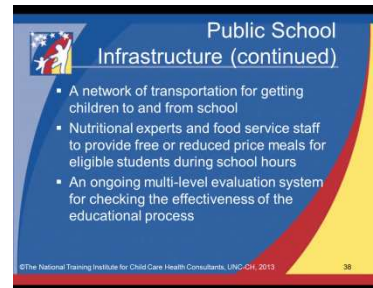
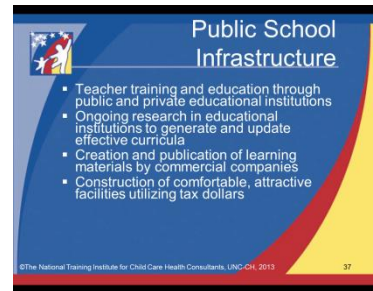
Family child care caregiver/teachers face special challenges, including professional isolation, lack of separation of work/family space and time, the need to provide for multi-age children, and responsibility for all aspects of the program. Family caregiver/teachers may work up to 50 hours per week in direct contact with the children, and then work additional hours shopping, cleaning, etc.



### **Public School Infrastructure**

In contrast to the early childhood system, for the most part the public school system enjoys a vast supporting infrastructure that includes:

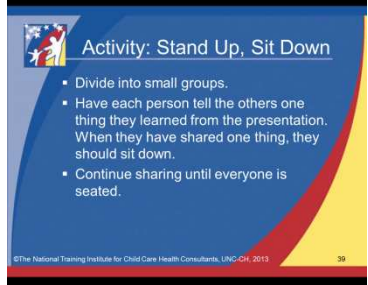
- Teacher training and education through public and private educational institutions
- Ongoing research in educational institutions to generate and update effective curricula
- Creation and publication of learning materials by commercial companies
- Construction of comfortable, attractive facilities utilizing tax dollars
- A network of transportation for getting children to and from school
- Nutritional experts and food service staff to provide free or reduced price meals for eligible students during school hours
- An ongoing multi-level evaluation system for checking the effectiveness of the educational process



The public school infrastructure allows the individual teacher to educate his/her students with guidance and support at many levels. In contrast to the public school system, support mechanisms available to child care caregiver/teachers are scattered and uncertain. There is no standard form of funding for early childhood education, and child care infrastructure is inconsistent and fragmented (Johnson et al., 1999).

<b>For More Information</b>	See <i>What the CCHC Should Know: Critical Issues in Child Care</i> in NTI's Overview of the Field of Child Care Module.
<b>Notes</b>	

**Activity: Stand Up, Sit Down**

<b>Time</b>	5 minutes	
<b>Training Technique</b>	Small group	
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 39.</li> <li>• Divide the group into small groups of 3-5 people. Direct them to move together and stand up with their group.</li> <li>• Ask each person in the standing group to tell the others one thing they remember or have just learned from the presentation. When they have shared one thing, they should sit down. Continue sharing until everyone is seated.</li> <li>• Depending on the time left at this point, you might ask everyone to stand again for another round or you could return to the presentation.</li> </ul>	
<b>Talking Points</b>	<ul style="list-style-type: none"> <li>• Let's take a few minutes to stretch our legs and review the material we just learned. I'm going to divide you into small groups. Please move together and stand up with your group.</li> <li>• I'd like each person in your standing group to tell the others one thing they remember from the presentation. When you have shared one thing, you can sit down. Continue sharing until everyone is seated.</li> </ul>	
<b>For More Information</b>		
<b>Notes</b>		



**Presentation: Regulation and State Systems**

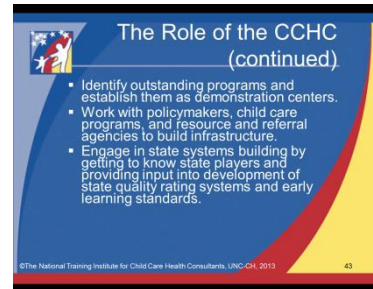
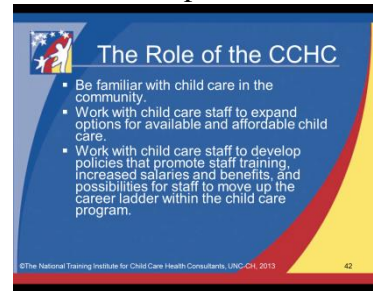
<b>Time</b>	10 minutes
<b>Training Technique</b>	Slides/overheads
<b>Instructions</b>	Show slides 40 and 41.
<b>Talking Points</b>	<p><b>Regulation</b></p> <ul style="list-style-type: none"> <li>Regulation of child care is largely the responsibility of each state and state agencies have struggled to respond to the increased demand for child care. Some states are not able to provide enough trained staff to inspect child care facilities on a regular basis. Other states have insufficient regulations.</li> <li>State regulations generally establish the minimum standards for health and safety in early child care. To improve the quality of child care, various national associations have recommended standards for high quality care. For example, the National Association for the Education of Young Children and the National Association for Family Child Care have established voluntary accreditation programs. In 2007, only 9% of child care facilities and .86% of family child care homes were accredited by any agency.</li> <li>To improve the health and safety of children in out-of-home care, child care experts have developed a set of voluntary national health standards called <i>Caring for Our Children: National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs</i> (3<sup>rd</sup> ed., 2011).</li> </ul> <p><b>State Initiatives</b></p> <p>Many states are trying to create more comprehensive “early learning systems” that coordinate early care and education systems.</p> <ul style="list-style-type: none"> <li>The 2007 Head Start Reauthorization requires all states to have an Early Childhood Advisory Council (ECAC) to advise policymakers on a coordinated care system across Head Start, private child care, and other public pre-kindergarten programs.</li> <li>The Early Childhood Comprehensive Systems (ECCS) initiative is funded by the federal Maternal and Child Health Bureau to coordinate services for young children on a state level. Grants are available to states to collaboratively strengthen systems of support for early childhood efforts.</li> </ul>



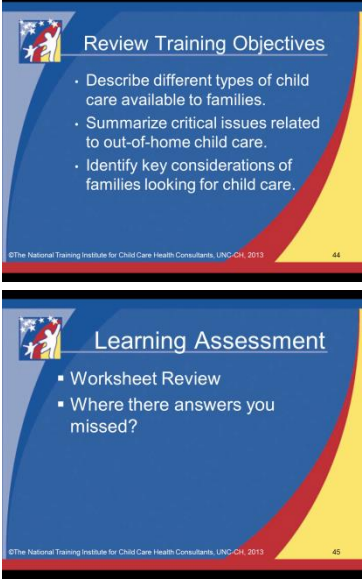
	<ul style="list-style-type: none"><li>• State quality rating and improvement systems assign quality ratings to child care programs in a state based on five criteria areas, including standards, accountability measures, program outreach and support, financing incentives, and parent and consumer education efforts. The rating systems are based on state licensing standards and ratings are assigned based on monitoring by the state. Quality rating and improvement systems provide information about the quality of individual programs, help states monitor and improve the level of care provided to children, create demand among parents for higher quality care, and promote professional development of child care staff.</li><li>• Most states have developed early learning standards that outline what a child should know and be able to do prior to entering kindergarten.</li></ul>
<b>For More Information</b>	See <i>What the CCHC Should Know: Regulations and State Systems</i> in NTI's Overview of the Field of Child Care Module.
<b>Notes</b>	

**Closing: The Role of the CCHC**

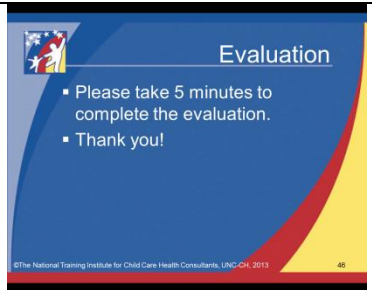
<b>Time</b>	5 minutes
<b>Training Technique</b>	large group
<b>Instructions</b>	Show slides 42 and 43.
<b>Talking Points</b>	<p><b>The Role of the CCHC</b>                  There are several things a child care health consultant should do to promote the field of child care in his or her community. The CCHC should:</p> <ul style="list-style-type: none"> <li>• Be familiar with types of child care in her community and know utilization trends.</li> <li>• Work with child care staff to expand options for available and affordable child care.</li> <li>• Work with child care staff to develop policies that promote staff training, increased salaries and benefits, and possibilities for staff to move up the career ladder within the child care program.</li> <li>• Identify outstanding programs and establish them as demonstration centers for other child care programs.</li> <li>• Work with policymakers, child care programs, and resource and referral agencies to build child care infrastructure.</li> <li>• Engage in state-systems building by getting to know state players and providing input into development of state quality rating systems and early learning standards.</li> </ul>
<b>For More Information</b>	See <i>Action Items for the CCHC</i> in NTI's Overview of the Field of Child Care Module.
<b>Notes</b>	



## Learning Assessment

<b>Time</b>	5 minutes	
<b>Training Technique</b>	large group, worksheet review	
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 44 and 45.</li> <li>• Review the <i>Field of Child Care</i> worksheet with participants. Answer any questions that they have.</li> <li>• Review the Training Objectives.</li> </ul>	
<b>Talking Points</b>	<ul style="list-style-type: none"> <li>• Let's look back at the Training Objectives. Did we meet the objectives for this training session?</li>   <li>• Let's take a look at the answers that you had for the worksheet. Were there any questions you were unsure of?</li> </ul>	
<b>Notes</b>		

## Evaluation

<b>Time</b>	5 minutes
<b>Training Technique</b>	Individual
<b>Supplies</b>	One copy of the evaluation form for each participant
<b>Instructions</b>	<ul style="list-style-type: none"> <li>• Show slide 46.</li> <li>• Ask participants to complete the “Evaluation of Trainer Form” at this time.</li> <li>• Inform participants that the evaluations are anonymous.</li> <li>• Explain that the evaluation results provide you with information about the effectiveness of the training and that information collected from the evaluation will be used to improve the training.</li> <li>• Allow participants 5 minutes to complete the evaluation.</li> <li>• Collect forms.</li> </ul>
<b>Talking Points</b>	<p>Please take a few minutes to complete the evaluation form. I'll use this information to make changes to the training for future sessions.</p> <p>Thanks for your participation today. I hope the information will be useful to you. Have a great day!</p> 
<b>Notes</b>	

## **MATERIALS FOR PARTICIPANT'S PACKET**

### **Activities**

Any of the following may be printed and included in a participant's packet or as handouts to be distributed to the group. You may wish to white out the existing page numbers and write in your own, or you may print each activity on different colors of paper for easy reference by your participants.

### **Evaluation of Trainer**

The "Evaluation of Trainer Form" at the end of this material should be printed and distributed to each participant for feedback on various aspects of your training.

### **Cover Page**

The cover page may be printed and used as a cover page for the activities, slide handout, evaluation form and any additional materials you wish to provide as part of a participant's packet. If your participant's packet contains several activities and handouts, you may want to create a table of contents to guide participants through the materials.

## ACTIVITY: Field of Child Care Worksheet

**Instructions: During the presentation, listen for the information you need to fill in the blanks and complete the sentences below. The correct answers will be revealed at the end of the training**

1. In 2001, \_\_\_\_% of mothers with children under six and \_\_\_\_% of mothers of infants were working outside the home.
2. Fourteen percent of children with a working parent are in \_\_\_\_\_ child care settings.
3. \_\_\_\_\_ was founded in 1965, with the goal of preparing young children from economically disadvantaged households for \_\_\_\_\_.
4. Families consider \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ when choosing child care.
5. By age four, well over \_\_\_\_% of families utilize facility-based care in some capacity.
6. \_\_\_\_\_ and \_\_\_\_\_ care is most common for children of high income families.
7. The average family that spends \_\_\_\_% percent of its household income on child care.
8. Some Challenges for the child care staff include \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
9. Family child care caregiver/teachers have a unique challenge in trying to create separation between their \_\_\_\_\_ / \_\_\_\_\_ space and time.
10. Voluntary national health standards for child care facilities are published in \_\_\_\_\_.

**ACTIVITY: Field of Child Care Worksheet - KEY**

**Instructions: During the presentation, listen for the information you need to fill in the blanks and complete the sentences below. The correct answers will be revealed at the end of the training**

1. In 2001, 65% of mothers with children under six and 59% of mothers of infants were working outside the home.
2. Fourteen percent of children with a working parent are in family child care settings.
3. Head Start was founded in 1965, with the goal of preparing young children from economically disadvantaged households for school.
4. Families consider age, income, work schedule, and cultural considerations when choosing child care.
5. By age four, well over 50% of families utilize facility-based care in some capacity.
6. Nanny and babysitter care is most common for children of high income families.
7. The average family spends 14% percent of its household income on child care.
8. Some challenges for the child care staff include low compensation, inadequate benefits, high turnover, the high cost of quality improvements, and the lack of a supporting infrastructure.
9. Family child care caregiver/teachers have a unique challenge in trying to create separation between their work/family space and time.
10. Voluntary national health standards for child care facilities are published in Caring for Our Children.



Trainer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**National Training Institute for Child Care Health Consultants  
Evaluation of Trainer Form**

**Using the rating scale below, please evaluate the Trainer's presentation skills.**

1= unsatisfactory    2= below average    3=average    4=above average    5=outstanding    NA=non-applicable

<b>Training Content</b>						
Please rate the Trainer on the quality of the following:	1	2	3	4	5	NA
• Introduction and opening						
• Accuracy of information						
• Usefulness of information						
• Clear presentation of training objectives						
• Fulfillment of training objectives						
• Organization of training content						
• Closing						

<b>Training Techniques: Methods, Media, &amp; Materials</b>						
Please rate the effectiveness of the Trainer's use of the following:	1	2	3	4	5	NA
• Flip chart						
• Handouts						
• Overhead transparencies						
• PowerPoint slides						
• Video						
• Other (specify):						

<b>Training Techniques: Activities</b>						
Please rate the Trainer's use of training activities on the following characteristics:	1	2	3	4	5	NA
• Clear instructions						
• Usefulness						
• Opportunities for interaction among participants						

<b>Delivery of Content</b>						
Please rate the Trainer on the following training dynamics:	1	2	3	4	5	NA
• Enthusiasm						
• Voice projection						
• Clarity and professionalism of voice						
• Word choice						
• Pace of presentation						
• Eye contact						

<b>Facilitation Skills</b>						
Please rate the Trainer on the following skills:	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>NA</b>
• Time management						
• Manner of answering questions						
• Manner of handling difficult behaviors of participants						
• Ability to engage all participants						

**Please take a moment to answer the following questions:**

What did you like most about this training?

What can the Trainer do to improve this training?

Was this the most effective way to present this material? Please explain.

Do you have any suggestions for other methods to present the material?

**Thank you.**



# Overview of The Field of Child Care

## *Participant's Packet*