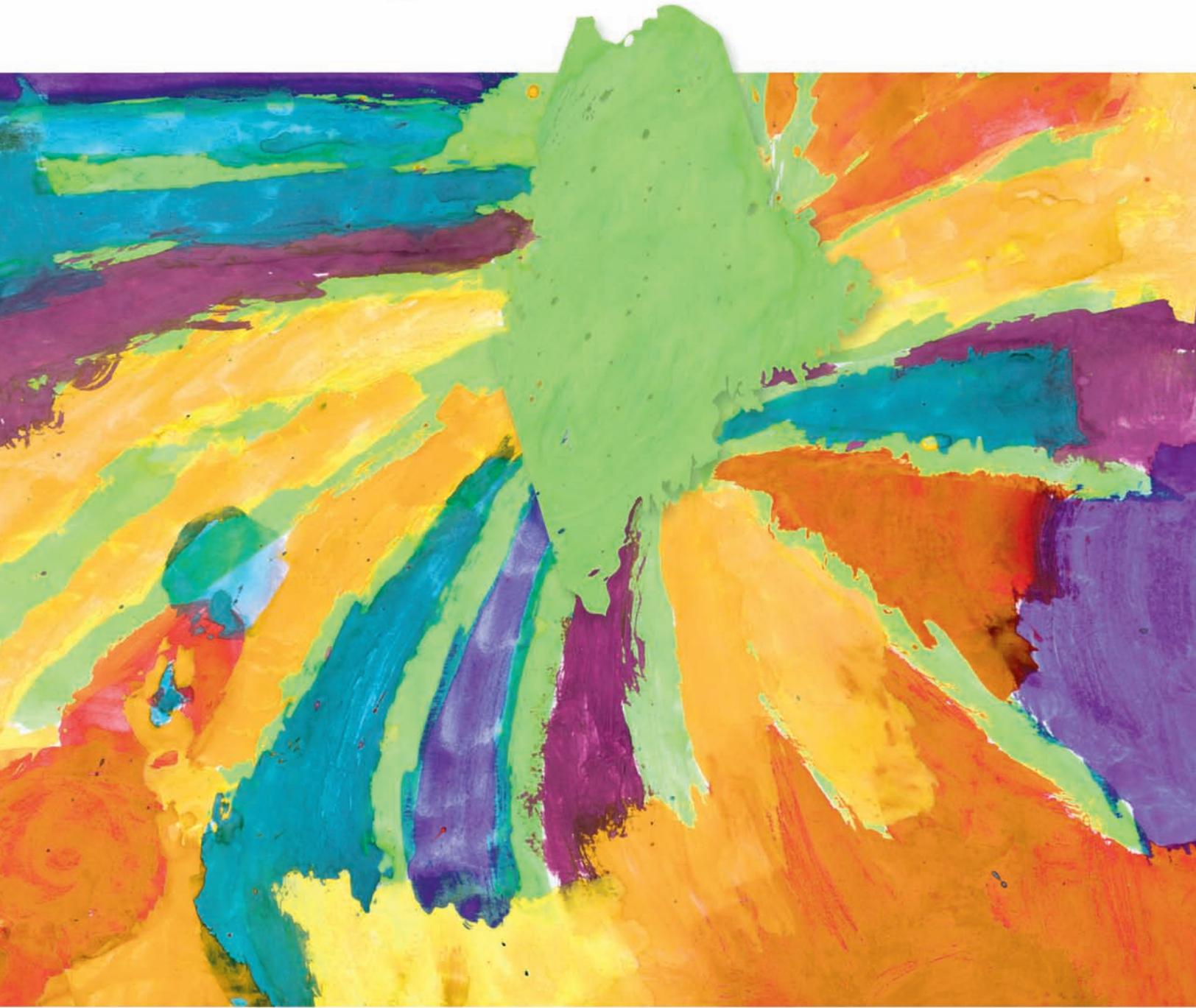


*Supporting Family, Friend, and Neighbor Child Care*



# A Strategic Plan for Maine

Early Childhood Division, Office of Child and Family Services,  
Maine Department of Health and Human Services

July 2009



National  
Infant & Toddler  
Child Care  
Initiative

@  
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# A. Executive Summary

## *Supporting Family, Friend, and Neighbor Child Care:*

### A Strategic Plan for Maine

Early Childhood Division,  
Office of Child and Family Services,  
Maine Department of Health and Human Services

Family, friend, and neighbor (FFN) child care has always been a critical support to families. Many Maine families rely on family, friends, and neighbors to provide care for their children so parents may work and attend school or training. Welfare reform in the 1990s called attention to this important part of the early care and education system when it made available significant public funds to help families pay for FFN care.

For the purposes of this report, the term *FFN* care is defined as any regular, nonparental care other than a licensed center, program, or family child care home. FFN care includes relatives, friends, neighbors, and other adults not required to be licensed by the state of Maine to provide child care.<sup>1</sup> A significant number of infants and toddlers, as well as preschool and school-age children, spend considerable time in this type of care, sometimes referred to as the informal child care system. The Early Childhood Division (ECD) and the Office of Integrated Access and Support (OIAS), Maine Department of Health and Human Services (DHHS), reported that 4,684 children receiving child care subsidies or benefits were served by FFN caregivers in federal fiscal year 2007 (October 1, 2006–September 30, 2007).

Until recently, there have been few organized efforts to understand this critical part of the child care system or to strengthen and reinforce its effectiveness at improving outcomes for children and families.<sup>2</sup> However, there is now increasing national attention on effective methods of supporting FFN caregivers and parents to ensure that children in FFN care thrive and enter school ready to succeed. Foundations, states, and communities are recognizing the importance of understanding FFN care and finding appropriate ways to provide information and support to FFN caregivers so they can contribute to the healthy development of the young children in their care. Effective support of FFN care, a critical resource to Maine families, supports DHHS's mission to provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

In Fall 2007, ECD began the process of developing a strategic plan to support individual FFN caregivers in providing quality care to

Maine's children and families. This initiative supported ECD's mission to ensure that all young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities. ECD requested and received technical assistance for the planning effort from the National Infant & Toddler Child Care Initiative @ ZERO TO THREE, a project of the Child Care Bureau, Office of Family Assistance, U.S. Department of Health and Human Services.

ECD convened a collaborative, comprehensive planning committee that included representatives from health, early care and education, state government, adult education, higher education, child development services, home visiting and parent support, labor, and advocacy groups. The committee was asked to develop recommendations for ECD to consider for better meeting the needs of FFN caregivers, the children in their care, and families that use FFN care. The committee used a comprehensive strategic planning process developed by the National Infant & Toddler Child Care Initiative that included three phases: 1) data collection and analysis; 2) strategic planning meetings; and 3) development of a final report.

The planning committee developed nine recommendations that build on existing elements of Maine's early care and education system and related programs and offer opportunities to support families and caregivers in helping young children become school ready. The recommendations include:

#### **1. Develop opportunities for regular communication with FFN caregivers and families who use FFN care.**

The Maine Department of Health and Human Services (DHHS) should lead an integrated effort across the Office of Integrated Access and Support and the Early Childhood Division child care subsidy systems to develop a system of regular communication with FFN caregivers and parents who use FFN care in order to understand what supports they need and want to help the children in their care. To support this effort, DHHS should establish a database of caregivers, conduct surveys and focus groups, and provide information about child development and health and safety to caregivers and families using FFN care.

#### **2. Improve public knowledge of the role of FFN care in serving Maine's families and children and of the opportunities to support it.**

Public information campaigns that reach families, caregivers, and communities are needed to encourage efforts that support children in FFN care. The Care for Me program and other community-based agencies should work together to develop and deliver effective outreach to Maine communities that informs them of the opportunities for supporting quality care in FFN settings. Existing and future efforts to improve Maine's early care and education system should include a focus on FFN care.

#### **3. Include FFN care in Maine's planning, research, and evaluation efforts.**

Maine needs better information about FFN care in order to

<sup>1</sup> This definition of FFN care is derived from Brandon, R. N., Maher, E. J., Joesch, J. M., & Doyle, S. (2002). Understanding family, friend and neighbor care in Washington State: Developing appropriate training and support. Seattle, WA: Daniel J. Evans School of Public Affairs, University of Washington. Available from [www.hspc.org/publications/early\\_ed/FFN\\_report\\_.pdf](http://www.hspc.org/publications/early_ed/FFN_report_.pdf)

<sup>2</sup> Annie E. Casey Foundation. (2006). Family, friend, and neighbor care: Strengthening a critical resource to help young children succeed 2006 Kids Count essay. Baltimore, MD: Annie E. Casey Foundation. Available from [www.aecf.org/publications](http://www.aecf.org/publications)

offer evidence-based support for families, caregivers, and children. Existing national research and data from other states may help inform support efforts, but it is critical to include parents and caregivers in planning, developing, and evaluating initiatives. DHHS should explore partnerships and cooperative agreements with existing Maine-based research organizations that could provide critical analysis of the role of FFN care in the early care and education system.

**4. Track and provide information about public funds that support or could support FFN care.**

Currently, it is difficult to track the amount of public funds supporting FFN care in Maine because of different data collection practices by the various agencies that provide funding. The Early Childhood Division (ECD) provides payments to FFN caregivers serving children who receive child care subsidies. The Office of Integrated Access and Support (OIAS) provides child care benefits to parents who use FFN care. An integrated information management system would allow DHHS to provide better information for planning, delivering, and evaluating services. In addition, Maine should explore other funding sources to support FFN care.

**5. Develop consistent policy for FFN care that supports safe and healthy care.**

DHHS should adopt consistent policy across ECD and OIAS that 1) protects and enhances the health and safety of children in FFN care, and 2) meets federal requirements, including immunization requirements. DHHS should require background checks for all adults in the FFN caregiver's household and consider higher payment for FFN caregivers who complete training in health and safety and child development. A clear and consistent definition of "relative caregiver" should be added to child care licensing regulations.

**6. Develop or adapt materials to provide information to families and FFN caregivers on supporting children's development and school readiness.**

All Maine children need support to become school ready. There are many state and national resources on supporting the early development of young children that would be helpful to families and FFN caregivers. Maine has established Early Learning Guidelines for infants, toddlers, and preschoolers that should be made available in formats that meet the needs of FFN caregivers. Information should be provided to FFN caregivers on a regular basis through community-based settings as well as electronic media. Families and FFN caregivers should be involved in the selection and adaptation of child development and school readiness materials.

**7. Open information and educational opportunities to FFN caregivers.**

Maine should use existing and potential opportunities for caregiver education to pro-

vide information and support to FFN caregivers. Existing and potential providers include the network of Child Care Resource Development Centers, Maine's infant/toddler and school age specialists, the *Care for Me* program, the University of Maine Cooperative Extension Service, the Child and Adult Care Food Program, home visiting services, and other programs.

**8. Explore how public and private programs can provide supplies and equipment to FFN caregivers to improve health, safety, and educational opportunities for children.**

Maine should explore all possible sources of help for FFN caregivers in providing healthy and safe environments and educational opportunities for the children in their care. Programs such as Child Care Resource Development Centers, the Care for Me program, Maine Safe Kids, community action programs, and literacy programs, as well as libraries and fraternal and charitable organizations, could provide resources to FFN caregivers.

**9. Explore how FFN care can be supported through Maine's early care and education Quality Rating System, Quality for ME.**

DHHS should explore the feasibility of including FFN in the new voluntary Quality Rating System (QRS) for early care and education settings, Quality for ME. Supports for programs and caregivers available through the QRS system may be of interest to FFN caregivers who want to support effectively children's development and school readiness.

Families use FFN care for a number of reasons, including preference, availability, flexibility, and cost. Current data suggest that the use of FFN care, whether subsidized with public funds or paid in part or solely by the family, will continue to be a significant part of the early care and education system, particularly for infants and toddlers. In the current economic climate, the use of FFN care may grow as families experience more economic challenges. It is time for Maine to focus on FFN care to ensure that all young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.



## B. Introduction

This report describes the Family, Friend, and Neighbor (FFN) Child Care Planning Committee strategic planning process conducted at the request of the Early Childhood Division (ECD), Office of Child and Family Services, Maine Department of Health and Human Services, from August 2007 to September 2008. The FFN Child Care Planning Committee was part of the Early Childhood Division's continuing effort to ensure that all young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.

The purpose of the Family, Friend, and Neighbor Child Care Planning Committee strategic planning process was to accomplish two goals:

1. Better understand family, friend, and neighbor child care in Maine; and
2. Develop a strategic plan to effectively support and include FFN caregivers in the early care and education system.

Effective support of FFN care, a critical resource to Maine families, is consistent with the Department of Health and Human Service's (DHHS) mission to provide integrated health and human services to the people of Maine to assist individuals in meeting their needs, while respecting the rights and preferences of the individual and family, within available resources.

The Family, Friend and Neighbor Child Care Planning Committee was supported by ECD, the National Infant & Toddler Child Care Initiative @ ZERO TO THREE ("the Initiative"), and the Anne E. Casey Foundation. The ECD began the planning process with a request for technical assistance to the National Infant & Toddler

Child Care Initiative, a project of the Child Care Bureau, Office of Family Assistance, U.S. Department of Health and Human Services. The Initiative provided facilitation for the planning process and assisted in the preparation of this report. The National Child Care Information Center (NCCIC) also assisted with interviews of planning committee members.

The purpose of this final project report is to:

1. Offer strategic recommendations and next steps for supporting FFN care in Maine;
2. Summarize currently available information on FFN care in Maine; and
3. Provide a model of the strategic planning process for other states undertaking similar initiatives.

Section C defines FFN care and describes the project purpose in more detail. Section D outlines the strategic planning process facilitated by the Initiative. Sections E and F describe the individual steps in the strategic planning process in more detail and summarize the data on FFN care and issues raised by the planning committee. Section G provides the final result of the strategic planning process: nine recommendations and five next steps for Maine's policymakers, communities, and early education community to more effectively recognize and support FFN care in Maine.

We hope this report provides useful information and suggestions to state policymakers and the early care and education field as they address the role of FFN care in Maine's communities, families, and children's development.



# C. Background and Purpose

## CI. Background

Family, friend, and neighbor (FFN) child care has always been a critical but overlooked support to families. Many Maine families rely on family, friends, and neighbors to provide care for their children so parents may work and attend school or training. Welfare reform in the 1990s called attention to this important part of the early care and education system when it made available significant public funds to help families pay for FFN care.

For the purposes of this report, the term FFN care is defined as any regular, nonparental care other than a licensed center, program, or family child care home. FFN care thus includes relatives, friends, neighbors, and other adults not required to be licensed by the state of Maine to provide child care.<sup>3</sup> A significant number of infants and toddlers, as well as preschool and school-age children, spend considerable time in this type of care, sometimes referred to as informal or unregulated child care.

FFN caregivers provide care to a significant portion of children from low-income families. The Early Childhood Division (ECD) and the Office of Integrated Access and Support (OIAS), Maine Department of Health and Human Services (DHHS), reported that 4,707 children who received child care subsidies or benefits were served by FFN caregivers in federal fiscal year (FFY) 2007 (October 1, 2006–September 30, 2007). The Child Care Bureau reported that nationally in FFY 2006 an average of 25% of children per month receiving Child Care and Development Fund (CCDF) child care subsidies were served in settings legally operating without regulation.<sup>4</sup> The Maine Office of Child Care and Head Start reported that an average of 13% of children receiving CCDF subsidies were cared for in unregulated settings during the same time period.

Until recently, there have been few organized efforts to understand this critical part of the child care system or to strengthen and reinforce its effectiveness at improving outcomes for children and families.<sup>5</sup> However, there is now increasing national attention on effective methods of supporting FFN caregivers and parents to ensure that children in FFN care thrive and enter school ready to succeed. Foundations, states, and communities are recognizing the importance of understanding FFN care and finding appropriate ways to provide information and support to FNN caregivers so they can contribute to the healthy development of the young children in their care. Effective support of FFN care, a critical resource to Maine families, is consistent with DHHS's mission to provide integrated health and human services to the people of Maine to assist individuals in meeting their needs,

while respecting the rights and preferences of the individual and family, within available resources.

## C2. Purpose

The purpose of the FFN Child Care Planning Committee strategic planning process was to accomplish two goals:

3. Better understand FFN care in Maine; and
4. Develop a strategic plan to effectively support and include FFN caregivers in the early care and education system.

To better understand FFN care in Maine, the planning committee members identified key questions to answer during the planning process:

- How many children are served by FFN care in Maine?
- What are their ages and characteristics?
- What are the characteristics of the caregivers?
- What is the amount of DHHS child care subsidy that goes to FFN caregivers, either in direct payment or through OIAS child care benefits to parents?
- What supports do FFN caregivers want and need?
- What do parents think of FFN care?
- Why do they select it and what do they expect from it?

To develop a strategic plan to effectively support and include FFN caregivers in the early care and education system, the planning committee members also identified a set of key process goals, including:

- Identify and involve a wide range of stakeholders, including caregivers and parents;
- Use a comprehensive and collaborative process;
- Develop a creative strategic plan that builds on existing strengths;
- Develop a plan that includes both long- and short-term objectives;
- Develop statewide as well as community-based strategies;
- Support the individual needs of FFN caregivers to offer quality care to Maine's children and families;
- Ask parents who select FFN caregivers what they believe quality child care to be; and
- Ask parents what their expectations are of FFN caregivers.

Section D outlines the strategic planning process to achieve these goals conducted by Dianne Stetson, State Technical Assistance Specialist, National Infant & Toddler Child Care Initiative, with assistance from Reeva Murphy, State Technical Assistance Specialist, National Child Care Information Center.

<sup>3</sup> The definition of FNN care is derived from Brandon, R. N., Maher, E. J., Joesch, J. M., & Doyle, S. (2002). Understanding family, friend and neighbor care in Washington State: Developing appropriate training and support. Seattle, WA: Daniel J. Evans School of Public Affairs, University of Washington. Available from [www.hspc.org/publications/early\\_ed/FFN\\_report\\_.pdf](http://www.hspc.org/publications/early_ed/FFN_report_.pdf)

<sup>4</sup> Child Care Bureau, Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. (2008). Child care and development fund average monthly percentages of children served in regulated settings vs. settings legally operating without regulation. Retrieved September 5, 2008, from [www.acf.hhs.gov/programs/ccb/data/ccdf\\_data/06acf800/table4.htm](http://www.acf.hhs.gov/programs/ccb/data/ccdf_data/06acf800/table4.htm)

<sup>5</sup> Annie E. Casey Foundation. (2006). Family, friend, and neighbor care: Strengthening a critical resource to help young children succeed 2006 Kids Count essay. Baltimore, MD: Annie E. Casey Foundation. Available from [www.aecf.org/publications](http://www.aecf.org/publications)

# D. Planning Model and Process

## D1. Model

The FFN Child Care Planning Committee used a comprehensive strategic planning process developed by the National Infant & Toddler Child Care Initiative (“the Initiative”). The process is designed to implement an early care and education system model (ecomodel) that focuses on key elements of the system and how they can support efforts to improve the supply and quality of child care for infants and toddlers.<sup>6</sup> The goal of the model is to maximize quality with available funds through sound decision-making about planned initiatives. The Initiative has developed resources to help states address specific topics, including FFN care, using the system model planning process.

## D2. The Strategic Planning Process<sup>7</sup>

The strategic planning process included four phases:

1. Planning process design;
2. Information collection and review;
3. Strategic planning meetings; and
4. Report development.

### D2.1 Planning Process Design

The Early Childhood Division (ECD) convened a planning process design group in August 2007 to work with the state technical assistance specialist from the National Infant & Toddler Child Care Initiative. The design group included the director of the Early Childhood Division, the state Child Care and Development Fund administrator, and the director and staff members of *Care for Me*.

The planning process design group:

- Identified information that was currently available about FFN care in Maine;
- Developed a suggested list of individuals to be invited to participate in the planning committee (see Appendix B); and
- Participated in decisions regarding planning process design.

In October 2007, with the input of the design group, the ECD Director invited key stakeholders to join the Family, Friend, and Neighbor Child Care Planning Committee. Twenty-four individuals accepted the invitation to participate in a planning process to develop a strategic plan to systematically support FFN child care providers. The members represented community-based early childhood services, including child care, Head Start, home visiting, and child development. Another category of members represented regional and statewide services, including services for children with special needs, health, child care resource development services, and an infant/toddler specialist. Adult education, higher education, and the state’s child

care and early education professional development system were also represented. A representative from a union organizing regulated family child care and FFN providers participated, as well as representatives from an advocacy organization for the low-income population. The remaining members were from state government units with responsibility for TANF administration, child protective services, child care, early childhood services, child care licensing, child development services, and adult education.

### D2.2 Information Collection and Review

To inform the strategic planning process, the design group and the state technical assistance specialist identified and compiled information on FFN care in Maine from ECD, The Office of Integrated Access and Support (OIAS), and the Care for Me program. State technical assistance specialists from NITCCI and NCCIC also conducted telephone interviews with planning committee members to identify their knowledge of and experience with FFN care and their goals for the strategic planning process.

#### Data on FFN Care From State Systems

Although FFN care is a significant part of Maine’s early care and education system, there is limited information about it. The design group identified three primary sources of data:

- **The child care subsidy system administered by the Early Childhood Division (ECD), Maine Department of Health and Human Services (DHHS)**

The ECD system provides child care subsidies or benefits to low-income families who use FFN caregivers. The ECD system provides payment directly to the caregiver.

- **The child care benefits program administered by the Office of Integrated Access and Support (OIAS), Maine DHHS**

The OIAS system provides child care subsidies or benefits to low-income families who use FFN caregivers. The OIAS system pays either the parent or the caregiver. In September 2007, OIAS began including child care benefits in electronic benefit transfer cards unless the parent requests that payment go directly to the caregiver. ECD and OIAS use separate data systems.

- **The *Care for Me* program, funded by DHHS and operated by Southern Kennebec Child Development Corporation**

Since its establishment in October 2000, Care for Me has established a database of home-based caregivers who are legally exempt from regulation and have successfully undergone voluntary background checks. The database includes information such as the caregiver’s name, address, child care services provided, experience, education, hours of operation, fees, and other adults in the household. Parents searching for child care can access the list of caregivers who have passed background checks.

The planning process design group chose to collect information on FFN care in Maine for federal fiscal year 2007 (October 1, 2006–September 30, 2007) to assist in compiling and comparing data across systems and to establish a base year for future evaluation.

<sup>6</sup>For a description of these elements, see [www.nccic.acf.hhs.gov/itcc/publications/earlycareandeducation.htm](http://www.nccic.acf.hhs.gov/itcc/publications/earlycareandeducation.htm) or Appendix C of this report.

<sup>7</sup>This section of the report outlines the strategic planning process as a whole. Sections E and F describe in more detail the findings and decisions made at each step of the process.

(See section EI for a detailed summary of these data.)

The state technical assistance specialist compiled the initial data gathered from these sources into a draft fact sheet for the planning committee members.

### Telephone Interviews

The strategic planning process was designed to maximize involvement of planning committee members while minimizing face-to-face meeting requirements. Consequently, the design group decided to conduct telephone interviews with committee members prior to the first meeting of the full planning committee to identify:

- The scope of their organization's connection with FFN caregivers;
- Whether their organization collected data about FFN care;
- Their personal experience with FFN care; and
- The goals they had for the planning process.

The design group helped the NITCCI state technical assistance specialist develop the interview questions.

The design group also drafted a vision and mission statement for the strategic planning process, as well as a definition of FFN care (see section E2.1). The draft statements and definition were presented to the planning committee members during the telephone interviews for their review, comment, and revision. (See section E2 for a summary of the telephone interview findings.)

Technical assistance specialists from the Initiative and NCCIC conducted the telephone interviews in November 2007. The TA specialists compiled the information from the interviews and the Initiative specialist reviewed the responses to identify interests, concerns, issues, data sources, and themes to address during the planning committee meetings.

### D2.3. Strategic Planning Meetings

The design committee decided that the full planning committee should meet face-to-face for two strategic planning sessions after initial information collection and review had been completed. The first meeting was held in December 2007 and the second in February 2008.

The first face-to-face strategic planning meeting was designed to efficiently use members' time and expertise to reach agreement on the definition of FFN care and on the vision, mission, and goals of the strategic planning process. Committee members received background information on FFN care prior to the meeting, and they were asked to review it and bring the materials with them. At the meeting, the committee discussed and adopted vision and mission statements, reviewed the information collected from the telephone interviews and state programs, identified potential sources of additional information, and developed an initial set of goals for the strategic planning process. Committee members who had indicated that their agencies or programs had connections with FFN caregivers were asked to share that information at the meeting as well. (See section FI.I and Appendix E for a full description and minutes of the first meeting.)

The purpose of the second planning committee meeting was to complete the goal-setting process, discuss the current status of FFN care in Maine, discuss strategies that might help Maine achieve the goals identified by the committee, and develop recommendations for DHHS and others to improve support of FFN care. (See section FI.2 and Appendix E for a full description and minutes of the second meeting.)

### D2.4. Report Development

The report development process was designed to be an integral part of the strategic planning process. The report development process consisted of five stages (see section F2 for a more detailed description of each stage):

1. **Drafting and review of an initial report.** After the second planning committee meeting, the state technical assistance specialist drafted an initial report and circulated it to the committee members for review, comment, edits, and additions. Members were encouraged to refine recommendations and suggest additional ones. They were also asked to indicate how the report's recommendations should be prioritized.
2. **Conference call.** In April 2008, the planning committee members participated in a conference call to discuss the report, recommendations, and recommendation priorities.
3. **Web-based survey.** In July 2008, the planning committee members completed a Web-based survey that presented another opportunity to edit and add recommendations, indicate which recommendations they did or did not support, and rank them in order of priority and ease of implementation.
4. **Development of final recommendations.** Following the survey, the state technical assistance specialist organized the recommendations into nine main categories and circulated them to members for review and comment. Their responses did not establish a clear priority among the recommendations. The state technical assistance specialist then compiled these comments into a final report and a list of nine recommendations for supporting FFN care in Maine (see section G).



# E. Information Collection and Review:

## The State of FFN Care in Maine

To inform the strategic planning process, the planning process design group and the state technical assistance specialist identified and compiled information on FFN care in Maine from state systems such as the Early Childhood Division (ECD), The Office of Integrated Access and Support (OIAS), and the *Care for Me* program. The state technical assistance specialists from the National Infant & Toddler Child Care Initiative @ ZERO TO THREE (“the Initiative”) and the National Child Care Information Center (NCCIC) also conducted telephone interviews with planning committee members to identify their knowledge of and experience with FFN care and their goals for the strategic planning process.

### EI. Data on FFN Care From State Systems

The planning process design group identified sources of data and information about FFN care in Maine and began to gather information from them prior to the first planning committee meeting.

#### EI.1. Data from ECD and OIAS

ECD and OIAS each collect data about unregulated caregivers receiving payment for child care provided to children receiving subsidy. ECD administers the Federal Child Care and Development Fund as well as state general funds for low-income working parents and parents attending training and education programs. OIAS administers TANF funds that also provide child care support for low-income parents preparing for work, working, and transitioning from TANF assistance. Both ECD and OIAS are within the Department of Health and Human Services but use separate data systems. The planning committee chose to use federal fiscal year (FFY) 2007 as the base year to collect data for 2 reasons:

1. It was the latest complete year of data available; and
2. OIAS began including child care funding in the electronic benefits accounts of parents in October 2007 and no longer had direct contact with the caregivers used by parents.

Reports from ECD and OIAS indicated that a total of 4,707 children receiving child care subsidies or benefits were served by FFN caregivers in FFY 2007. This total may be higher than actual because the ECD and OIAS data systems were not integrated at the time of the initial study. Unregulated caregivers can serve both ECD- and OIAS-funded children, and information about them can be stored in both data systems. At the time the design group initially collected information from these data systems, the OIAS and ECD lists had not been compared to identify how many children were served by both

systems. Therefore, data on both children and caregivers in this report may include some duplicate counts. However, during the FFN planning process ECD and OIAS began planning to integrate the separate data systems to eliminate duplication in future data sets.

#### Ages of Children in FFN Care

Data provided by ECD for FFY 2007 indicated that 1,578 children who were receiving child care subsidies were cared for by FFN caregivers (see Figure E-1). The majority of the children were school-age, followed by infants and toddlers. This number included 157 infants (10%), 298 toddlers (19%), 354 preschool (22%) and 769 school-age children (49%).

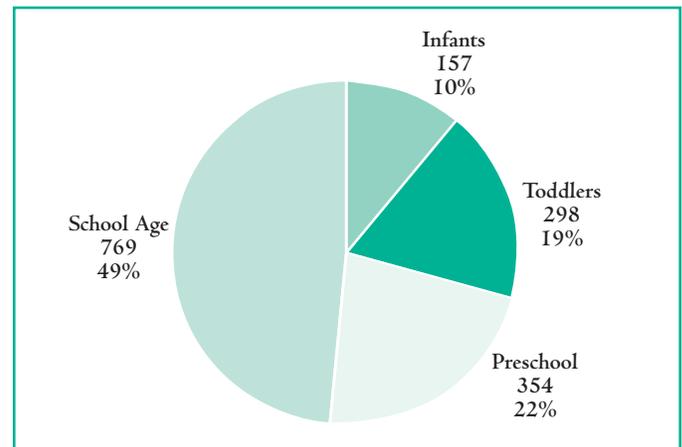


Figure E-1: Children Receiving ECD Child Care Subsidies Who Are in FFN Care by Age (FFY 07). Total = 1,578. Source: Early Childhood Division, Maine DHHS, March 9, 2009

OIAS reported that an unduplicated total of 3,129 children who received child care benefits in FFY 07 were cared for by FFN caregivers (see Figure E-2). Again the majority were school age, followed by infants and toddlers. This number included 169 infants (5%), 858 toddlers (27%), 623 preschoolers (20%), and 1,479 school-age children (48%).

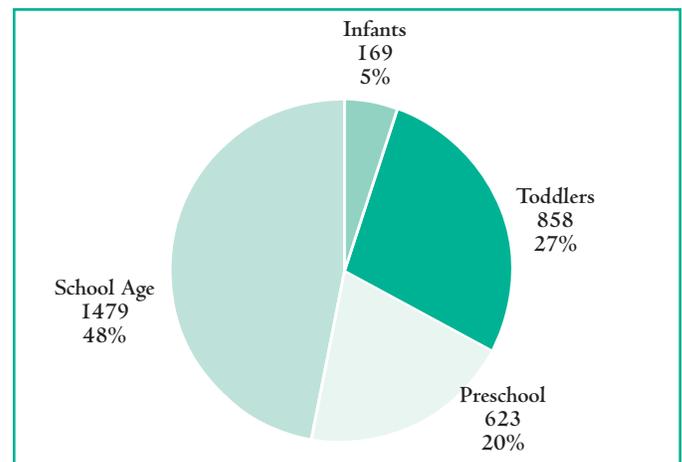
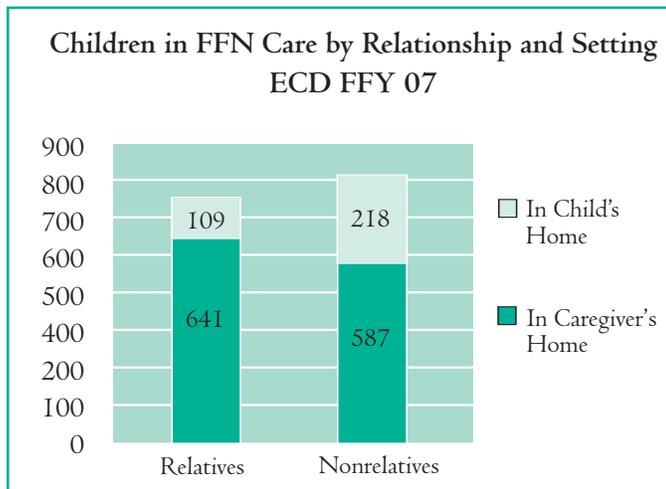


Figure E-2: Children Receiving OIAS Child Care Benefits Who Are in FFN Care by Age (FFY 07). Total=3,129 (unduplicated count). Source: Office of Information Technology, Maine DHHS, September 25, 2007

## Relationship of Children to FFN Caregivers and the Setting of FFN Care

The majority of children receiving ECD child care subsidies were cared for by nonrelatives in the caregiver's home. ECD reported that 750 (48%) of the 1,555 children receiving child care subsidies who were in FFN care in FFY 07 were cared for by relatives (see Figure E-3). The majority of these children were cared for in the relative caregiver's home (641 or 85.5%), and the others (109 or 14.5%) were cared for in their own homes. The remaining 805 children (52%) were cared for by nonrelatives, 587 (73%) in the homes of the nonrelative caregivers and 218 (27%) in their own homes.

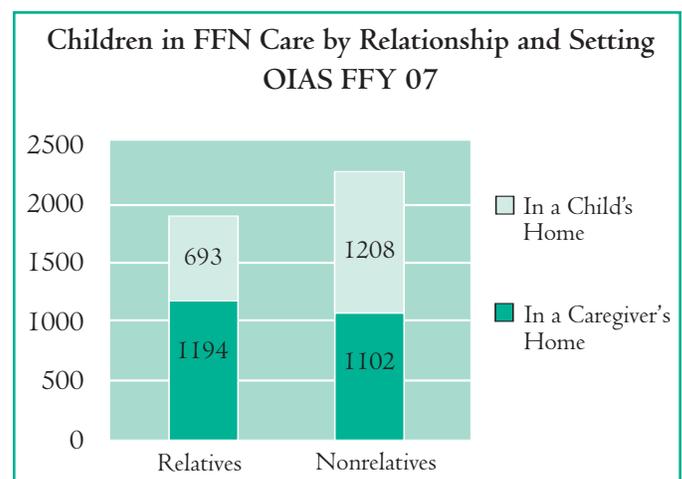


**Figure E-3:** Children Receiving ECD Child Care Subsidies in FFN Care by Relationship and Setting (FFY 07). Total = 1,555. Source: Early Childhood Division, Maine DHHS, November 13, 2007

OIAS provided a report of the relationship and setting for 4,197 children in FFN care receiving child care benefits in FFY 07. OIAS was unable to ensure that the total number reported was unduplicated, which may account for the difference in total children given in the report on ages served and in the report on relationship and setting. The majority of children (55%) were cared for by nonrelatives, with over 52% cared for in the child's home. The report indicated 1,887 children were cared for by relatives (see Figure E-4). The majority of the children were cared for in the relative caregiver's home (1,194 or 63.2%), and the remaining children (693 or 36.8%) were cared for in their own homes. Another 2,310 children were cared for by nonrelatives, 1,102 (47.7%) in the homes of the nonrelative caregivers and 1,208 (52.3%) in their own homes.

### Number and Payment of FFN Caregiver

ECD provided information for the month of September 2007 that included the number of FFN caregivers who had received payment, the number of children served, and the total amount paid to FFN caregivers. The number of children reported was not an unduplicated count because some children may have been served by more than one provider. ECD reported 864 children served by 474 FFN care providers. A total of \$239,415 was paid for their care.<sup>8</sup>



**Figure E-4:** Children Receiving OIAS Child Care Benefits in FFN Care by Relationship and Setting (FFY 07). Total = 4,197 (duplicated count). Source: Source: Office of Information Technology, Maine DHHS, September 25, 2007

OIAS also provided information about the number of FFN caregivers who had received payment from the agency in September 2007. OIAS reported a total of 511 caregivers, 273 of whom were relatives and 238 nonrelatives. (There was a distinct count of 483 individuals receiving payment, because some individuals cared for both related and unrelated children.)

## EI.2. Data From Care for Me

The *Care for Me* program provided information from its voluntary program for FFN caregivers, including level of caregiver education, types of care provided, location by county, average cost of care, and use of child care subsidies (see Tables E-I through E-5).<sup>9</sup> At the time of the report, there were 403 approved caregivers participating in the program. Over 97% had a minimum of a high school diploma, with over 26% reporting some college.

**Table E-I: Education Level of Care for Me Caregivers (November 2007)**

97.02%	High school diploma
26.55%	Some college
11.91%	Associate degree
10.42%	Bachelor's degree
1.74%	Master's degree
1.49%	CDA
3.23%	Did not graduate

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

<sup>8</sup> Source: Early Childhood Division, Maine DHHS

<sup>9</sup> Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

**Table E-2: Types of Care Provided by Care for Me Caregivers (November 2007)**

112	Caregivers offer care after 6:00 p.m.
100	Caregivers offer weekend care
325	Caregivers offer care in the caregiver's home
49	Caregivers offer care in the caregiver's or child's home
29	Caregivers offer care in child's home only

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

**Table E-3: Number of Care for Me Caregivers by County (November 2007)**

Androscoggin	26
Aroostook	10
Cumberland	50
Franklin	5
Hancock	55
Kennebec	65
Knox	4
Lincoln	7
Oxford	13
Penobscot	67
Piscataquis	13
Sagadahoc	8
Somerset	22
Waldo	4
Washington	15
York	39

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

**Table E-5: Average Cost of Care per Week for Care for Me Caregivers by Age of Child and Time of Day (November 2007)**

Child aged 6 weeks to 12 months	\$123.00
Child aged 13 months to 2 years	\$115.00
Child aged 3 to 5 years	\$107.00
Care before and after school	\$64.00
School-age full-time care	\$97.00

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

**Table E-6: Child Care Subsidy Use by Care for Me Caregivers (November 2007)**

60% will accept child care subsidies
24% will not accept child care subsidies
16% did not respond

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

For the period October 1, 2006–September 30, 2007, *Care for Me* made child care referrals for 77 children. The most requested types of care were for infants and school-age children living in rural areas within their local school district and on a school bus route.

**Table E-7: Child Care Referrals Made by Care for Me by Age of Child (FFY 07)**

Age	Number of Children
Under 1 year	16
11–23 months	13
2 years	9
3–4 years	15
5 years	5
6–8 years	8
9 years and older	8
No age given	3

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

**Table E-8: Child Care Referrals Made by Care for Me by Type of Care Requested (FFY 07)**

66.67%	Full-time care
39.24%	Part-time care
8.86%	Need both (e.g., full-time during the week but only every other Saturday)

Source: Care for Me. (2007, November). Care for Me Data/Facts [personal communication from Rita Fullerton].

The planning process design group reviewed all of this data and discussed the need for clarification, analysis, and additional information. The state technical assistance specialist then compiled the initial information into a draft fact sheet for the planning committee members.

## E2. Interviews With Planning Committee Members

The technical assistance specialists conducted telephone interviews with 16 of the 24 planning committee members during November 2007. The state technical assistance specialist reviewed the information gathered during the interviews and organized it into four categories:

- Definition, vision, and mission comments;
- Goals;
- Opinions; and
- Questions and comments.

This summary did not identify which committee members had made individual comments. The state technical assistance specialist shared the summary of responses with the planning committee at its first meeting.

### E2.1 Definition, Vision, and Mission

#### Definition

The planning process design group proposed a definition of FFN care used by the Human Services Policy Center, Evans School of Public Affairs, University of Washington, in its 2002 report for the Washington Department of Social and Health Services, Division of Child Care and Early Learning, Understanding Family, Friend and Neighbor Care in Washington State: Developing Appropriate Training and Support:<sup>10</sup>

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*Family, Friend and Neighbor (FFN) child care for this planning process is any regular, non-parental care other than a licensed center, program, or family child care home. FFN care thus includes relatives, friends, neighbors, and other adults.*

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At the beginning of the telephone interview, committee members were asked:

*Do you have any questions about the definition, and do you have any changes you think should be made to the definition?*

Committee members had two questions about the proposed definition

- Are we maintaining the licensing definition in terms of the number of children (unregulated providers) can care for, no more than 2 unrelated children?
- Are we defining FFN care as a family arrangement or as a family member?
  - Is a nanny caring for children in their own home a FFN provider? Who's in, who's out? Does location matter?

The technical assistance specialists answered these questions during both the interviews and the planning committee meetings.

#### Vision

Members were asked to address the proposed vision and mission statements developed by the planning process design group to jump-start the strategic planning process (see section D2.1). The design group proposed that the planning committee align its efforts with the Early Childhood Division by adopting ECD's vision statement as its own:

*All young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.*

During the interview, the technical assistance specialists asked members:

*Do you have any changes to the ECD's vision that you would like to suggest adopting at this time?*

Members supported aligning their work with the ECD vision and did not suggest any changes during the interviews.

#### Mission

Committee members also commented on the draft mission statement during the interview. The design group proposed the following mission statement:

*The members of the committee will participate in a comprehensive and collaborative process to develop a strategic plan that will support Family, Friend, and Neighbor (FFN) child care providers in their efforts to offer quality care to Maine's children and families.*

One member suggested that the mission statement use the term "care-givers" instead of "child care providers," based on her program's experience with FFN care. Another member suggested that the mission statement was too general and commented:

- We may want to add something about being creative in our approach, about using alternative strategies and supports of a nontraditional nature to really reach this population and meet their very specific and often individual needs.

### E2.2 Goals

Committee members were asked:

**What goals would you like to see emerge from the strategic planning process?**

The responses included:

- I would like to see FFN providers continue providing care and not be put out of business. Include parents and FFN providers from the bottom up, not a top-down process. I would like to see state-directed planning involve all the partners and remember to include FFN care. We need a concrete plan to see what they want.
- I would like FFN care to remain responsive to parents, not change the nature of what FFN care is, not make it licensed family child care.
- Finally have a handle on how many FFN caregivers there are and what care arrangements look like. Have FFN caregivers tell us what they need and want.
- Get a handle on what parents want from FFN caregivers. Have parents tell us what they want for their children in FFN care.
- Ability to look at supports for other languages and cultures, identify natural leaders to work through.

<sup>10</sup> Brandon et al. (2002), p. 1.

- A focus on babies.
- Quality child care available to anyone taking an adult education class. A system for identifying FFN caregivers for adult education classes.
- Training and understanding of what quality child care is, not just putting the child in front of the television.
- I would like to see us being really creative to respond to the very particular needs of this group of providers. They don't come out to the same type of events as other types of providers, so it may be a challenge to find them and reach them. We need to look at the things they do with the children and the places in their communities to which they typically go, like book give-away programs and thrift shops and health appointments and other places they go to as part of their lives. I think we need to come up with an approach with different strategies. I think we need to focus on the child care provider and come from a perspective that makes an assumption that there is quality in this type of care and work to strengthen their efforts.
- My goal is a better understanding of what we can do to support the mission—goals should relate back to the mission, right? My area is particularly health and safety, so I'm wondering what we can do to better assure health and safety for children in all settings.
- I guess that what I hope is that there will be much stronger communication and networking that is inclusive for this population of caregivers, so that they will have an increased level of confidence that they are a part of this system and they can have their needs met. I hope that increased collaboration and communication will support them to increase their capacity to do this work well. I hope we build relationships and break down the stigma sometimes attached to FFN care—that it's somehow substandard. I hope we can break through the stereotypes and really include and value them in the system.
- I would like to see something that is actually doable. Our big focus is training, but we cannot overwhelm them with too many requirements. You cannot request too much, but there are certain things, minimum standards, background checks are important, not just the provider but also who frequents the home—it's not just a matter of the person caring. How do you monitor? How often?
- Policy that would support minimum training requirements.
- Safe and better quality early care and education for families and children accessing this care. Additional resources for odd-hour care and build capacity for odd-hour care.
- Education and resources for FFN caregivers.

### E2.3 Opinions

During the interview, committee members were invited to offer their opinions about FFN care:

#### *What do you think about FFN care?*

Responses included:

- I think it is probably more appropriate for very young kids than

for older kids because of the limited number of children they can care for—older kids begin to need larger groups to socialize with.

- I believe in it. I know it is the most widely used and the most overlooked by the state and the organized system. All the energy is focused on the same programs, so far removed from what people use and need. If we really want to improve quality we need to work with FFN caregivers.
- I would like to see FFN care as an entity be strengthened and continue. I know quality is sporadic, and I have some concern. We need to do some outreach to caregivers who do not know what to do with the child—places where children are not engaged, maybe safe, maybe not safe.
- I think it is a critical part of the early childhood system. I know a lot of parents who do not have the means to pay for it. I know my niece is spending \$200/week on child care in Portland.
- I'm a big fan of this type of care as a researcher and as a parent. There's a certain fabric there—strengths in terms of developing relationships both for the children and for the parents that is very unique, really. There are also particular challenges, given the informality of the relationship
- I think overall it's good. There are pockets that are not good, but you see that everywhere—even in the grocery store, people doing things that aren't good for kids. Kids aren't always in ideal situations. But I think we need to do whatever we can to make things better and to make sure that, wherever they are in care, it's conducive to their development. I think it's good care but it needs support to be as good as it can be.
- I try to think about what I would do if I had kids of my own—what kind of care would I choose? I think FFN care is an extremely important choice for people. If I had kids, I'd much rather have them in a situation with a family member than in a large center. That is, as long as it's a relative who is responsible and can provide good care for them, which I know isn't everybody
- I think it's important that people providing this type of care get information and encouragement from agencies like ours with some expertise, so that they can do a really good job. I think they also need some basic education about child development
- I think it's absolutely wonderful. The providers I used accepted my children as one of their own. My children became friends with their children. They were able to do things with the children that large centers wouldn't be able to do, like plant a garden together and watch things grow and water them, then pick the flowers and bring them to nursing homes. That sort of thing, which isn't learning like the alphabet but is learning by having fun and doing things. We took care of the alphabet at home and when they went to school. At the provider's it was fun and learning at the same time. It was more like creative play than like Head Start or programs like that.
- I think children are starting school too early and by the time they get to kindergarten they are tired of school. Formal education at age 3 is a little too much I think, so I certainly support FFN care.

- Good for provider, family, and children—we need to maintain choices for families. It can be more appropriate for younger kids than a child care center.
- A coworker's daughter used it through Aspire. She was in a domestic violence situation, and she left her children in care of the boyfriend who was causing the domestic violence. We know it happens when the mother has to go to work and the family needs money and usually the boyfriend isn't working. It's not quality care and it can increase the risk of harm to the children.
- Provides additional options for families (e.g., school age, smaller ratios, odd hours, etc.)—it broadens choice.
- I think it's one of the most common child care situations and often it's the most affordable, but I wonder about the knowledge. Do folks know what is best for kids? How can we best support the care that is in these settings? What about issues like TV watching as an example—how much—what kind of snacks? How can we enrich kids and get them ready for school in FFN care? Kin care is fantastic because it keeps us connected—how do we nurture that so it is a positive experience?

## E2.4 Questions and Comments

Members were given an opportunity to ask questions and make comments at the end of the interview. They shared the following thoughts:

- I wonder if this initiative is to professionalize FFN, require a credential. Is this what they want or need—do they want degrees?
- What is the involvement of FFN caregivers in the process? Do they have a seat at the table? We should not impose things on FFN caregivers that they do not want. We need their input. Too many times they have been left out of projects and planning.
- Are we maintaining the licensing definition in terms of number of children being cared for (e.g., no more than two unrelated children—how many related children?)?
- Are we defining this as a family-home arrangement or a family member as caregiver? Is a nanny caring for children in their own home a FFN provider? Who's in, who's out? Does location matter?
- I'm wondering where this strategic planning is going—what's the impetus for coming together?
- These providers are notoriously difficult to bring out. We need to think

carefully about how to reach them. We also need to know more about who they are—make sure we are not leaving people out. Where are families using a lot of FFN care? How do we meet the needs of providers in rural areas?

- I'm not blind to the fact that there are some problems—some cases where the care is not what we would want for children—but I think we can root out the problems and figure out where there are places that we can improve and help people who are doing the best that they can. I want us to be able to recognize and be thankful for those people and give them support.
- I really believe that the people who will be affected by the decisions we're making should be there at the table for the decision-making process.
- I would not like this to be some big push to have all children in centers where every family was expected to do the same thing. I think we would have much longer waiting lists if we did something like that.
- Preserve FFN care as an option. Don't do things to make it more difficult for families.
- We are very evidence-based. Is FFN care providing quality care? Are we missing a resource? Is there a source of FFN care we can trust?
- I wonder about including FFN providers via e-mail or listserv, and looking at results from surveys done by the Child Care Resource Development Centers.
- I would like parents to continue to have the option to hire FFN caregivers for their children. I would like FFN child care to have its own look and not be required to take on the look and feel of licensed child care.



# F. Strategic Planning Meetings & Report Development

## FI. Strategic Planning Meetings

The Family, Friend and Neighbor Child Care Planning Committee met face-to-face twice: on December 14, 2007, and on February 15, 2008. The purpose of the face-to-face meetings was to review and discuss information on FFN care in Maine and develop recommendations for the Early Childhood Division, Office of Child and Family Services, DHHS to consider in its efforts to support quality child care. This section summarizes the main points discussed at these meetings. (See Appendix E for the full minutes of both meetings.)

### FI.1 First Planning Committee Meeting

The first planning committee meeting took place on December 14, 2007. Nineteen members attended.

#### Purpose

The purpose of the meeting was to:

- Complete and adopt vision and mission statements for the planning process;
- Review the information on FFN care in Maine gathered to date;
- Review the information collected during the telephone interviews of committee members; and
- Develop draft goals for the strategic planning process.

#### Vision and Mission Statements

The members present unanimously agreed to adopt the vision statement of the Early Childhood Division (ECD) as the overarching vision for the FFN care planning process:

**Vision:** *All young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.*

The members discussed and adopted a mission statement for the planning process:

**Mission:** *The members of the committee will participate in a comprehensive and collaborative process to develop a creative strategic plan that will support the individual needs of Family, Friend and Neighbor caregivers to offer quality care to Maine's children and families.*

#### Data Review and Needs Assessment

The planning committee members reviewed and discussed information collected by the planning process design group about FFN care in Maine and shared additional information about FFN care from their own experience.

The committee members discussed and identified the need for additional data to inform the planning process, including:

- Who is using FFN care and why;
- How children with special needs are being or may be served by FFN care;
- The diverse populations using and providing FFN care in Maine;
- The total number of children receiving Office of Integrated Access and Support (OIAS) subsidies served by FFN care in FFY 07;
- The number of FFN caregivers receiving funds from ECD and OIAS; and
- The amount of child care subsidies and benefit funds going to FFN caregivers.

The members affirmed the need for participation by FFN caregivers in the strategic planning process. Two members undertook to identify and recruit FFN caregivers to join the committee.

#### Draft Goals

The members concluded the first meeting by developing two draft goals for the strategic planning process:

1. The early childhood system in Maine recognizes the importance of the role of FFN care and finds effective ways to include and support it in quality improvement efforts.
2. Maine establishes evidence-based outreach strategies to FFN caregivers using traditional and new technologies.

### FI.2 Second Planning Committee Meeting

The second planning committee meeting was held on February 15, 2008. Nine members attended.

#### Purpose

The purpose of the second meeting was to:

- Review the two goals drafted at the December 14, 2007, planning committee meeting;
- Identify existing and potential supports for FFN care;
- Identify potential strategies for achieving the goals;
- Discuss the development of recommendations; and
- Discuss next steps.

#### Goals and Objectives

The members present discussed and revised the two goals drafted at the December 14, 2007, meeting. They adopted the following goal for the strategic planning process:

**Goal:** *The early childhood system in Maine and Maine communities recognize the importance of the role of FFN care and will find effective ways to include it and support it in the provision of quality care.*

The members also agreed that the overarching objective would be:

**Objective:** *Maine establishes outreach strategies to FFN caregivers using traditional and new technologies and will evaluate their effectiveness.*

### Identification of Supports and Strategies

The facilitator led the committee through a process to identify existing and potential supports for FFN care in Maine, using a tool developed by the National Infant & Toddler Child Care Initiative. The tool, *The Relationship between Family, Friend and Neighbor Care and Key Elements of State Early Childhood Systems*, provided a visual means of capturing and exploring the ways that key elements of the early childhood system and related systems can support FFN care. (For a copy of the tool, including findings and recommendations developed by the committee, see Appendix D. For an expanded version of the findings and recommendations developed through the tool, see Appendix F.)

The members also participated in a brainstorming session about potential strategies that could be effective in moving toward the goal (see Appendix E for the strategies they identified).

## F2. Report Development

The report development process was designed to be an integral part of the strategic planning process, with extensive review and revision by the planning committee. After the second planning committee meeting, the state technical assistance specialist drafted an initial report and circulated it to the committee members for review, comment, edits, and additions. Members were encouraged to refine the report's final recommendations and suggest additional ones. They were also asked to indicate how the report's recommendations should be prioritized. The state technical assistance specialist collected committee members' comments through a conference call in April 2008, a Web-based survey in July 2008, and written comments.

### F2.1 Conference Call

On April 28, 2008, the state technical assistance specialist held a conference call for the planning committee members to discuss the draft report, recommendations, and recommendation priorities. The definition of FFN care was revisited at a committee member's request to add the phrase "not required to be licensed by the state of Maine to provide child care" to the end of definition. The members supported the change, and it was added to the definition.

The committee members also discussed concerns about the accuracy of the age and referral information provided by the Care for Me program. The Care for Me representative offered to rerun the report (this was done after the conference call, and the information was corrected).

The remainder of the conference call focused on a review of each recommendation and a roll-call vote of whether to keep, edit, or eliminate the recommendation. It was suggested that additional input and priority recommendations (particularly from members who could not be on the call) could be gathered through e-mail or a Web-based survey. The committee agreed that a Web-based survey would be tried.

### F2.2 Web-Based Survey

After the conference call, the state technical assistance specialist designed a Web-based survey to give committee members another opportunity to: a) edit and add recommendations, b) indicate which recommendations they did or did not support, and c) rank the recommendations in order of priority and ease of implementation. Committee members received the survey in July 2008 and had 2 weeks to complete the survey. Seven members completed the survey. The responses generated some edits to the language but did not substantially alter the committee's recommendations.

### F2.3 Development of Final Recommendations

Following the survey, the state technical assistance specialist organized the committee's recommendations into nine main categories and circulated them to members for review and comment. Each member selected the two categories he or she believed to be highest priority, but their responses did not establish a clear priority among the recommendations. The state technical assistance specialist compiled these comments into a final report and a list of nine recommendations for supporting FFN care in Maine (see section G).



# G. Recommendations and Next Steps

The goal of the strategic planning process was to enable the early childhood system in Maine and Maine communities to recognize the importance of the role of family, friend, and neighbor (FFN) care and find effective ways to include it and support it in the provision of quality care. Toward that end, the Family, Friend and Neighbor Child Care Planning Committee offers nine recommendations and five immediate action steps for Maine policymakers, communities, and the early care and education community.

## GI. Recommendations

The planning committee offers nine recommendations to recognize and support FFN care in Maine. These recommendations are the result of a strategic planning process that included extensive data review, two planning committee meetings, a conference call, an online survey of committee members, and several stages of review and comment. They build on existing elements of Maine's early care and education system and related programs and offer opportunities to support families and caregivers in helping young children become school ready.

### 1. Develop opportunities for regular communication with FFN caregivers and families who use FFN care.

The Maine Department of Health and Human Services (DHHS) should lead an integrated effort across the Office of Integrated Access and Support and the Early Childhood Division child care subsidy systems to develop a system of regular communication with FFN caregivers and parents who use FFN care in order to understand what supports they need and want to help the children in their care. To support this effort, DHHS should establish a database of caregivers, conduct surveys and focus groups, and provide information about child development and health and safety to FFN caregivers.

### 2. Improve public knowledge of the role of FFN care in serving Maine's families and children and the opportunities to support it.

Public information campaigns that reach families, caregivers, and communities are needed to encourage efforts that support children in FFN care. The Care for Me program and other community-based agencies should work together to develop and deliver effective outreach to Maine communities that informs them of the opportunities for supporting quality care in FFN settings. Existing and future efforts to improve Maine's early care and education system should include a focus on FFN care.

### 3. Include FFN care in Maine's planning, research, and evaluation efforts.

Maine needs better information about FFN care in order to offer evidence-based support for families, caregivers, and children. Existing national research and data from other states may help inform support efforts, but it is critical to include parents and caregivers in planning, developing, and evaluating initiatives.

DHHS should explore partnerships and cooperative agreements with existing Maine-based research organizations that could provide critical analysis of the role of FFN care in the early care and education system.

### 4. Track and provide information about public funds that support or could support FFN care.

Currently it is difficult to track the amount of public funds supporting FFN care in Maine because of different data collection practices by the various agencies that provide funding. The Early Childhood Division (ECD) provides payments to FFN caregivers serving children who receive child care subsidies. The Office of Integrated Access and Support (OIAS) provides child care benefits to parents who use FFN care. An integrated information management system would allow DHHS to provide better information for planning, delivering, and evaluating services. In addition, Maine should explore other funding sources to support FFN care.

### 5. Develop consistent policy for FFN care that supports safe and healthy care.

DHHS should adopt consistent policy across ECD and OIAS that 1) protects and enhances the health and safety of children in FFN care, and 2) meets federal requirements, including immunization requirements. DHHS should require background checks for all adults in the FFN caregiver's household and consider higher payment for FFN caregivers who complete training in health and safety and child development. A clear and consistent definition of "relative caregiver" should be added to child care licensing regulations.

### 6. Develop or adapt materials to provide information to families and FFN caregivers on supporting children's development and school readiness.

All Maine children need support to become school ready. There are many state and national resources on supporting the early development of young children that would be helpful to families and FFN caregivers. Maine has established Early Learning Guidelines for infants, toddlers, and preschoolers that should be made available in formats that meet the needs of FFN caregivers. Information should be provided to FFN caregivers on a regular basis through community-based settings as well as electronic media. Families and FFN caregivers should be involved in the selection and adaptation of child development and school readiness materials.

### 7. Open information and educational opportunities to FFN caregivers.

Maine should use existing and potential opportunities to provide information and support to FFN caregivers. Existing and potential providers include the network of Child Care Resource Development Centers, Maine's infant/toddler and school age specialists, the Care for Me program, the University of Maine Cooperative Extension Service, the Child and Adult Care Food Program, home visiting services, and other programs.

### 8. Explore how public and private programs can provide supplies and equipment to FFN caregivers to improve health, safety and educational opportunities for children.

Maine should explore all possible sources of help for FFN caregivers in providing healthy and safe environments and educational opportunities for the children in their care. Programs such as Child Care Resource Development Centers, the Care for Me program, Maine Safe Kids, community action programs, and literacy programs, as well as libraries and fraternal and charitable organizations, could provide resources to FFN caregivers.

**9. Explore how FFN care can be supported through Maine's early care and education Quality Rating System, Quality for ME.**

DHHS should explore the feasibility of including FFN in the new voluntary Quality Rating System (QRS) for early care and education settings, Quality for ME. Supports for programs and caregivers available through the QRS system may be of interest to FFN caregivers who want to support effectively children's development and school readiness.

## **G2.** *Next Steps*

Maine can take several immediate steps to begin implementing these recommendations to support the healthy development of young children in FFN care. These next steps will help Maine offer effective, evidence-based methods to provide information and support to FFN caregivers and families who use FFN care.

**I. ECD should survey FFN caregivers in Maine to understand the population that provides FFN care.**

This step is already in process. The Annie E. Casey foundation, through ZERO TO THREE, granted \$5,000 to ECD to support a survey of FFN caregivers in Maine. The survey was conducted for ECD by the Center for Economic Policy in partnership with Maine Equal Justice and advised by ECD, OIAS, the National Infant & Toddler Child Care Initiative, and members of the planning committee. In addition, in November 2008, a translator, joined by an Americorp/VISTA worker, conducted two focus groups with Somali women who are FFN caregivers. Fact sheets summarizing the information collected by the ECD survey and the Somali focus groups are available in Appendix G of this report. They will be used to inform the development of strategies to reach and support FFN caregivers in Maine.

**2. DHHS should focus on reaching families who use FFN care.**

DHHS should develop and conduct surveys and focus groups that provide families with the opportunity to voice what they need and want to enable them to work in partnership with their FFN caregivers to achieve their goals for the development of their children.

**3. DHHS should use opportunities with existing and future early care and education system contractors to effectively support FFN caregivers and families who use FFN care.**

ECD should explore how the Care for Me program may be used to coordinate support for FFN care in partnership with the Child Care Resource Development Centers. DHHS should also use the expertise of Maine Roads To Quality when considering the best approaches to providing information and support to FFN caregivers.

**4. DHHS should continue to seek technical assistance and peer-to-peer learning opportunities to implement the strategic plan to support FFN care.**

DHHS should seek technical assistance on evidence-based methods through the Child Care Technical Assistance Network (CCTAN). It should pursue peer-to-peer learning opportunities with Minnesota and other states that have developed significant FFN support efforts.

**5. DHHS should seek both public and private funding opportunities to continue its efforts to support FFN care.**

A broad range of funding will best support DHHS's efforts to include FFN care in its mission to provide integrated health and human services to the people of Maine and to assist individuals in meeting their needs while respecting the rights and preferences of the individual and family.

Families use FFN care for a number of reasons, including preference, availability, flexibility, and cost. Current data suggest that the use of FFN care, whether subsidized with public funds or paid in part or solely by the family, will continue to be a significant part of the early care and education system, particularly for infants and toddlers. In the current economic climate, the use of FFN care may grow as families experience more economic challenges. It is time for Maine to focus on FFN care to ensure that all young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.



# Appendix A

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# Appendix B

## *Family, Friend, and Neighbor Care*

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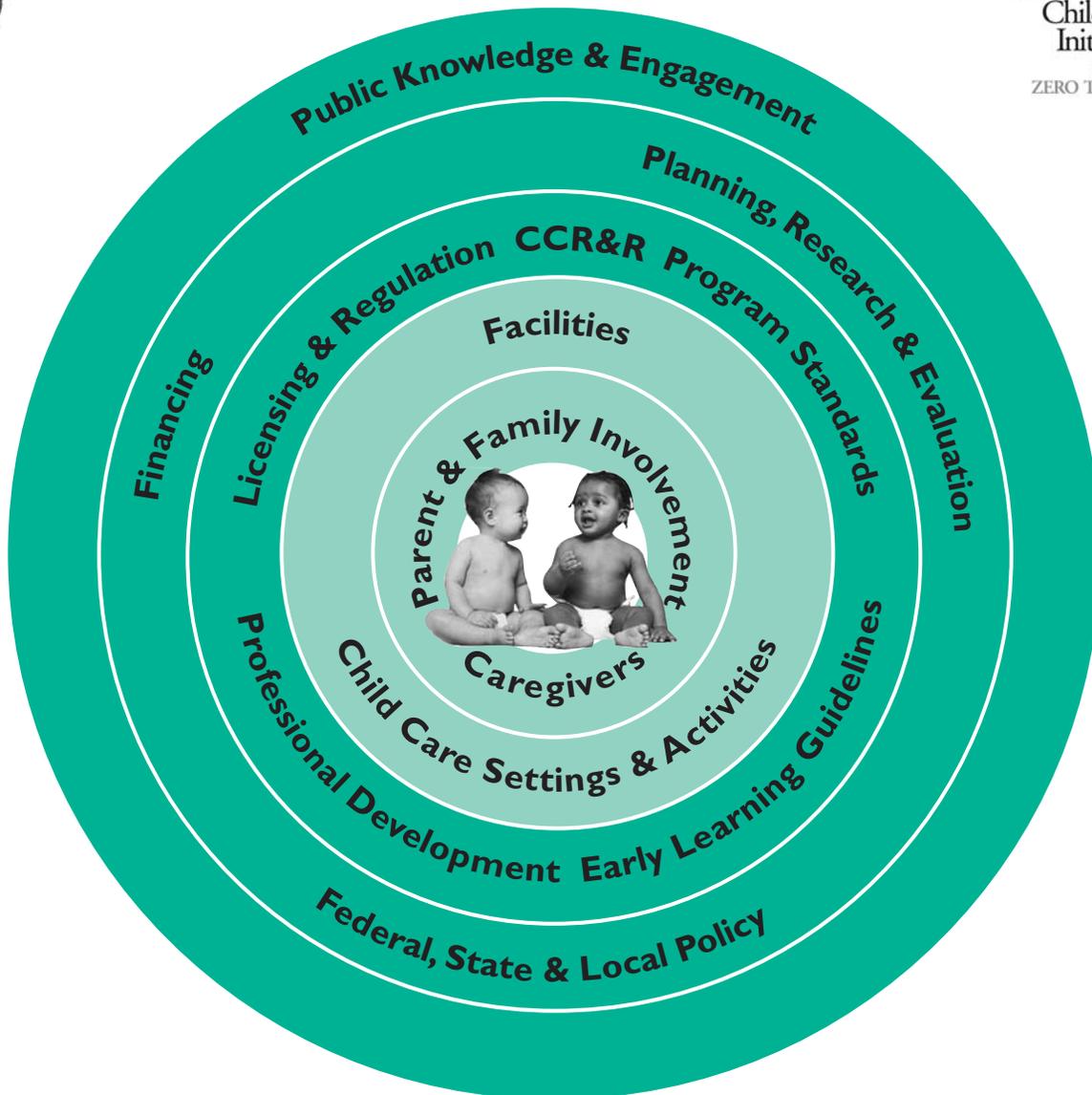
# Appendix C

## Early Care and Education Systems that Support Quality Care for Babies and Toddlers

### Key System Elements and Characteristics



National  
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Child Care  
Initiative  
@  
ZERO TO THREE



Infrastructure

Direct Services

## *Key System Elements and Characteristics*

**The following is an overview of key system elements and their characteristics that reflect how an early care and education system can offer quality child care to infants, toddlers and their families:**

### **Public Knowledge and Engagement**

A public education and engagement strategy exists that informs the public about the importance of high quality care and builds support for improving the quality of infant and toddler child care.

### **Planning, Research and Evaluation**

Planning efforts bring together a broad coalition of participants with interest and knowledge about infants and toddlers to determine what services and supports are most needed. Planning builds upon prior and current system development efforts. Research and evaluation are also used to assess infant and toddler child care demand, supply, quality, and available resources. Results are used to coordinate decisions about program development and the allocation of funds. Benchmarks are established and used to evaluate progress.

### **Financing**

Financing is reexamined to review how existing resources are allocated, investigate how to add flexibility to categorical programs, get the most out of state and federal dollars, and create partnerships to find new funding sources. Funding for high quality infant and toddler child care is supported by public and private sources, including parents, employers, government, civic groups and foundations.

### **Federal, State and Local Policy**

Policies support parental choice and involvement, and higher standards of care. Family leave policies allow parents the choice to be home with their babies and subsidy policies provide incentives for programs and providers that meet higher standards of care. Policies encourage and reward collaboration with related services and infant toddler earmark funds are used strategically and effectively.

### **Licensing and Regulations**

Licensing and Regulations match the unique needs of infants and toddlers. Training requirements begin with health and safety, and incorporate knowledge and skills specific to infant and toddler care. Standards for providers and programs are high, and are supported by a consistent and rigorous monitoring and enforcement program.

### **Program Standards**

Program Standards are research-based indicators of quality care that go beyond standards set forth by licensing and regulations. Examples of existing voluntary standards include state or national accreditation standards, those set forth by state quality rating systems and Early Head Start Performance Standards. The standards are applicable across program areas, including child care, Head Start and Part C services.

### **Early Learning Guidelines**

Early Learning Guidelines are child outcomes for babies and toddlers that are flexible, age-appropriate and applicable across all child care settings. The guidelines provide a framework for continuity between home, child care, preschool and school. Training and education for all caregivers incorporate the guidelines. Materials are available for parents and informal caregivers that explain the guidelines and how they can be implemented in home settings.

### **Professional Development**

Professional Development increases caregivers' knowledge about infant and toddler development, and develops and maintains a cadre of individuals (e.g. infant toddler specialists) that can train providers on the latest developments in infant and toddler care. A core body of knowledge that infant and toddler providers must have is defined and a range of professional development opportunities that incorporate these core competencies is offered to caregivers in all settings. Caregivers' knowledge is recognized with multi-level infant/toddler care credentials and funding is available to assist providers in getting additional education. Increased levels of training are rewarded with greater compensation.

### **Child Care Resource and Referral**

Child Care Resource and Referral (CCR&R) agencies are equipped to address the needs of infants and toddlers, their families, and their caregivers. CCR&Rs provide parents and other consumers of infant and toddler child care with information about the indicators of quality care for children birth to three in all settings. The information is provided in a variety of formats, languages and reading levels that meet consumers' needs. CCR&R services offer infant and toddler providers specialized support and assistance and use outreach to deliver training and support to caregivers in hard-to-reach home settings. A network of qualified infant and toddler specialists in CCR&R agencies works together to achieve quality improvement goals.

### **Child Care Settings and Activities**

There is a range of high quality settings for infants and toddlers, including informal caregivers, family child care homes, and child care centers. All settings are recognized and supported by the early care and education system, and special efforts are made to reach and support informal providers. Comprehensive services, such as Early Head Start, are available in multiple settings to low income and vulnerable families. Activities with infants and toddlers occur in the context of relationships and are embedded in everyday routines. The interactions between the caregiver and the child support the child's development and are informed by early learning guidelines.

## Facilities

Caregivers and programs can expand their services to meet demand for infant and toddler care by making spaces for this age group, and they can improve their services to increase the quality of care available to infants and toddlers. Grant and loan programs exist, and technical assistance is available to help providers finance, design and implement appropriate environments for infants and toddlers.

## Parent and Family Involvement

Information and support about infant and toddler development is available to parents and other family members involved in the child's care. Parents are involved in planning and system development efforts and partner with caregivers to support the development of their children in child care.

## Caregivers

Providers in all infant and toddler child care settings are knowledgeable, connected to resources and have access to training opportunities. This most commonly occurs in the context of the element of professional development.

## Collaboration

Strong links exist between the components of the early care and education system and related systems. Developing partnerships is recognized as a necessity, and is done both informally and formally. Programs and caregivers that serve infants, toddlers, and families partner to share resources and expertise, improve services and make access easier. Collaboration is not represented graphically in the Initiative's system model, but it is an integral component within each element if they are to function together as a system.



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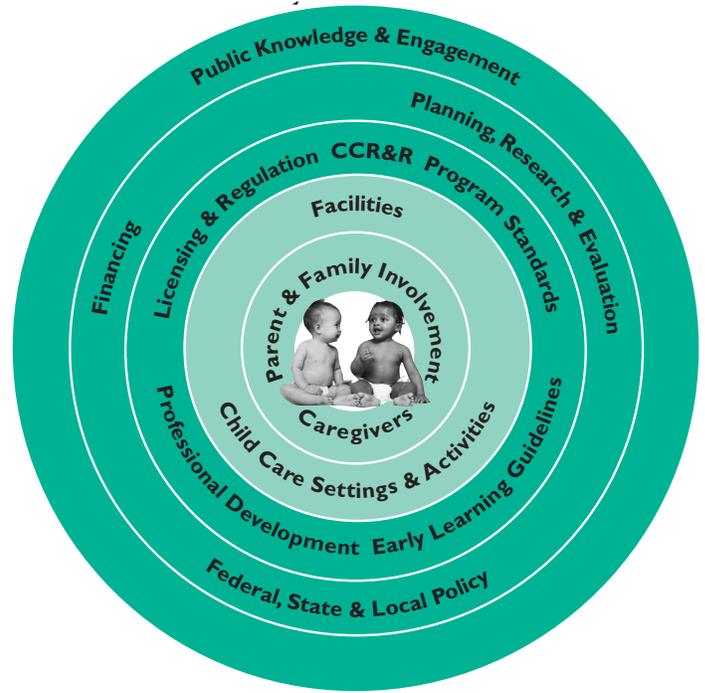
# Appendix D

## Maine Status, Plan and Recommendations

### The Relationship between Family, Friend and Neighbor Care and Key Elements of State Early Childhood Systems

The National Infant & Toddler Child Care Initiative has described key elements of early care and education systems that support quality care for babies and toddlers. Information about these key elements can be found on the publications page of the Initiative’s website.

Research has shown significant numbers of infants and toddlers are being cared for in family, friend and neighbor settings. CCDF funds can be used by States wanting to improve quality for infants and toddlers in family, friend and neighbor settings. This chart is offered to highlight the connection between family, friend and neighbor care and State systems supporting quality.



Key Elements of a State System	Potential Impact or Link with Family, Friend and Neighbor Care	Questions for Consideration	State Status & Plans
CCR&R – Child Care Resource and Referral ELG – Early Learning Guidelines	CKC – Core Knowledge & Competencies FFN – Family, Friend, and Neighbor	ECE – Early Childhood Education I/T – Infant/Toddler	
<b>Public Knowledge and Engagement</b>	<p>This element offers a prime opportunity to both engage Family, Friend, and Neighbor (FFN) providers and to educate the public about FFN care.</p> <p>Through this element, FFN providers can be informed of the importance and value of their work, as well as aspects of quality in child care.</p> <p>Public awareness can also focus on consumer education to parents that recognizes FFN care as a supported choice within existing care options.</p>	<p>Are there current efforts in place to inform the public of the prevalence of FFN for infants and toddlers and the importance of ECE and/or quality I/T care?</p> <p>Is there capacity to develop low cost or no cost outreach efforts through the media?</p> <p>How can current systems (such as Infant/Toddler Specialists, CCR&amp;R’s, community colleges) coordinate to contribute to public awareness of FFN?</p> <p>Who are potential partners in this public knowledge and awareness campaign?</p>	<p>Status: Care for ME program sends mailings to participants. Information is also distributed through the RDC newsletters, cable TV and posters in town offices. Regional DHHS offices have lists of caregivers that have passed background checks as well as licensed providers. Choosing Child Care publication addresses FFN care.</p> <p>Recommendations: Research materials available that specifically address FFN care (NACCRRRA and other sources).</p>



Key Elements of a State System	Potential Impact or Link with Family, Friend and Neighbor Care	Questions for Consideration	State Status & Plans
CCR&R – Child Care Resource and Referral ELG – Early Learning Guidelines	CKC – Core Knowledge & Competencies FFN – Family, Friend, and Neighbor	ECE – Early Childhood Education I/T – Infant/Toddler	
<p><b>Planning, Research, and Evaluation</b></p>	<p>Recent attention to FFN care has opened the field to the elements of planning, research, and evaluation. Much effort is needed in all arenas to understand and establish what is known about quality and outcomes for children in FFN settings.</p> <p>Reliable and consistent data collection of the outcomes is critical to evaluating effectiveness of any system. The diverse nature of FFN care creates challenges in planning effective research and evaluation of this type of care.</p>	<p>What is known about FFN care? What is known about FFN providers? What is known about the number of infants and toddlers in FFN care? What is known about FFN settings? What research and evaluation opportunities exist to examine FFN care? How is quality to be defined in FFN care? Given the diverse nature of FFN settings, how will the quality of FFN care be measured?</p>	<p>Status: Parents receiving child care subsidy use less FFN care than many other states. There is some information about FFN use in an existing parent survey. There is CCDF &amp; TANF data about FFN care. There is a sex offender registry that can be used to check caregivers.</p> <p>Recommendations: Use national research as a resource. Need to consider parents' definition of quality child care. Check University of Washington study. Should ask FFN related questions in annual parent survey (RDC?). Should conduct a survey of FFN caregivers and parents using FFN care to get a better understanding.</p>
<p><b>Financing</b></p>	<p>State CCDF funds can be used to support parental use of FFN providers and regulated FFN providers.</p> <p>CCDF Funds provide for parent choice within the subsidy system</p>	<p>What portion of the State CCDF plan supports FFN care? What is known about the financing of FFN care in the State? What standards of care can be tied to subsidies for FFN providers?</p>	<p>Status: CCDF &amp; TANF have data on \$ going to FFN caregivers. The Care for ME program requires background checks on all adults in the home in order to participate. CCDF &amp; TANF require just the FFN caregiver have a background check</p> <p>Recommendations: Collect and report information on CCDF &amp; TANF funds for FFN care. (FY 07)</p>
<p><b>Federal, State, and Local Policy</b></p>	<p>With increased attention to the number of infants and toddlers in FFN care, States may want to revisit current policy regarding FFN care.</p>	<p>If FFN care is linked with child care subsidies, what policies will need to be in place to support health and safety standards, as well as expectations of quality? What policy-level expectations exist for exempt care?</p>	<p>Status: CCDF requires FFN caregivers sign a health and safety checklist. TANF does not.</p> <p>Recommendations: Need to address federal requirement for immunizations of children. Need to address FFN caregivers, who meet higher standards, receiving higher payment</p>
<p><b>Licensing and Regulations</b></p>	<p>By definition, FFN care is not required to be licensed. However, some States regulate basic requirements such as background checks, smoke alarms and fire extinguishers if the provider receives subsidy funds.</p>	<p>What regulations, if any, currently exist for FFN care? Are there any plans to implement basic regulations in your State when subsidy dollars are used for FFN care?</p>	<p>Status: Current Maine law does not require individuals that care for 2 or fewer children, other than their own, to be licensed</p> <p>Recommendations: Discuss clear regulations for FFN care like water testing and training. Discuss higher standards to get higher rates</p>



Key Elements of a State System	Potential Impact or Link with Family, Friend and Neighbor Care	Questions for Consideration	State Status & Plans
CCR&R – Child Care Resource and Referral ELG – Early Learning Guidelines	CKC – Core Knowledge & Competencies FFN – Family, Friend, and Neighbor	ECE – Early Childhood Education I/T – Infant/Toddler	
<b>Program Standards</b>	As unlicensed providers, FFN care is not formally connected with established program standards, although anecdotally many FFN providers are eager for information regarding the provision of quality care, and in a few States, may be required to take some very basic training classes.	What standards exist for FFN care? How can standards that support quality be encouraged in FFN care? What mechanism will best support the transmission of information regarding program standards to FFN providers?	Status: Background checks are required for FFN caregivers that serve children receiving child care subsidy. Recommendations: Discuss inclusion of FFN caregivers in the QRIS system. Discuss standards of care for unionized FFN caregivers.
<b>Early Learning Guidelines</b>	Where ELG's exist, they can serve as a useful tool in supporting FFN providers' understanding of infant/toddler learning and development. ELG's can serve as a foundation of quality in FFN care settings.	Does the State have ELG's for infants and toddlers? How can ELG information be shared with FFN providers?	Status: Maine has ELGS for infants, toddlers and preschool children. Recommendations: Consider development of ELG materials for parents and FFN caregivers.
<b>Professional Development</b>	Traditional professional development systems may not readily fit the needs of FFN providers. Emerging data suggest that a significant portion of FFN providers are eager for information and ways to learn about child development and care. The challenge is to find the means to deliver such information effectively.	What professional development systems exist? Have recommended Core Knowledge and Competencies (CKC's) been established for I/T providers? What are the CKC's infant/toddler caregivers should possess? Does the current professional development system offer opportunities and access to training for FFN providers that includes these CKC's?	Status: RDC training is open to FFN caregivers. They are also included in the professional development surveys. The MRTQ system could be accessed by FFN caregivers. Care for ME encourages and supports training for FFN caregivers. CKCs have been defined for infant toddler caregivers. There is an infant toddler child care credential that could be open to FFN caregivers. Recommendations: Consider the development, use and promotion of training materials specifically designed for FFN caregivers
<b>Child Care Resource and Referral</b>	Available in all States, Child Care Resource & Referral (CCR&R) agencies are a resource for linking and supporting FFN providers through training and technical assistance.	Does the training and TA provided by the CCR&R system address the training needs of FFN providers? What role does/will the CCR&R system play in supporting quality among FFN care?	Status: RDC training is open to FFN caregivers. They are also included in the professional development surveys Recommendations: Consider how the RDC system can better support FFN caregivers.



Key Elements of a State System	Potential Impact or Link with Family, Friend and Neighbor Care	Questions for Consideration	State Status & Plans
CCR&R – Child Care Resource and Referral ELG – Early Learning Guidelines	CKC – Core Knowledge & Competencies FFN – Family, Friend, and Neighbor	ECE – Early Childhood Education I/T – Infant/Toddler	
<b>Child Care Settings and Activities</b>	<p>FFN settings serve a significant number of infants and toddlers in out-of-home care in some States.</p> <p>As programs seldom linked to State licensing, the potential to enhance health, safety, and child care quality for infants and toddlers is great within these care settings.</p>	<p>How do FFN settings benefit from the larger State systems supporting quality care?</p> <p>How can training and technical assistance on health, safety and quality standards and activities be shared with FFN providers</p>	<p>Status: Consultation/TA systems can work with FFN caregivers but it is very rare. The most intensive consultation will only be available to child care settings participating in the QRIS system</p> <p>Recommendations: Explore how FFN care can be supported through collaborative consultation services.</p>
<b>Facilities</b>	<p>FFN care facilities (provider or child’s home) are typically legally exempt from State regulations for facilities.</p>	<p>How can the State support health, safety and quality in the homes of FFN providers?</p> <p>What resources (e.g., grant and loan programs) can be made available to FFN providers for improving their home?</p> <p>Is technical assistance available to and accessible by FFN providers?</p>	<p>Status: KVCAP HS services has provided equipment to FFN caregivers.</p> <p>Recommendations: Explore how programs like ME Safe Kids, ME Injury Prevention, MCDC and others can provide equipment to FFN caregivers</p>
<b>Parent and Family Involvement</b>	<p>Parents and families are key stakeholders in all aspects of early care and education.</p> <p>A primary aspect of FFN care is the potential for close relationships between FFN providers and parents. In this aspect, FFN may have an advantage over other child care options.</p> <p>Public awareness of the importance of quality must be inclusive of families, as well as FFN providers.</p>	<p>What is known about the connection between families and FFN providers?</p> <p>Does information and education focused on FFN providers include references to the importance of parent and family involvement in child care?</p> <p>What consumer education is provided to parents to support their use of FFN care?</p>	<p>Status: There is some information in an existing parent survey. KVCAP provided training to staff working with FFN caregivers on relationships with parents. There are other resources such as “Children in My Care” by Cornell that address parent/caregiver relationships.</p> <p>Recommendations: Conduct surveys and focus groups of both parents and FFN caregivers to identify the supports they need and want. Identify, review and make available materials that address parent and FFN caregiver relationships.</p>



Key Elements of a State System	Potential Impact or Link with Family, Friend and Neighbor Care	Questions for Consideration	State Status & Plans
CCR&R – Child Care Resource and Referral ELG – Early Learning Guidelines	CKC – Core Knowledge & Competencies FFN – Family, Friend, and Neighbor	ECE – Early Childhood Education I/T – Infant/Toddler	
<p><b>Caregivers</b></p>	<p>FFN caregivers are the key to quality for infants and toddlers in their care.</p> <p>Emergent data indicate that FFN caregivers want information and strategies to support quality care.</p>	<p>What is known about FFN caregivers within the State?</p> <p>What systems exist within the State to support FFN caregivers?</p> <p>How can systems include FFN caregivers?</p>	<p>Status: There is some data available from the CCDF &amp; TANF funded child care systems that could help identify FFN caregivers. SEIU has information that was collected in organizational efforts.</p> <p>Recommendations: Conduct surveys and focus groups of FFN caregivers to identify the supports they need and want. Use the CCDF, TANF and SEIU information to develop a database of FFN caregivers in order to better communicate with them.</p>
<p><b>Collaborative Programs &amp; Systems</b></p>	<p>Collaboration with other systems such as health, public schools, the faith community, and programs such as Head Start, home visiting, and immigrant services offer opportunities to reach and support FFN caregivers.</p>	<p>What other systems and programs in the State interact with FFN caregivers?</p> <p>How can the ECE system work with them to reach and support FFN caregivers?</p>	<p>Status: CDS will provide services to eligible children in a FFN setting.</p> <p>The Cooperative Extension System has resources such as the “Growing Years” and “Better Kid Care” curricula that could be used with FFN caregivers.</p> <p>Parents as Teachers (home visiting services) has a curriculum that can be used with FFN caregivers.</p> <p>Even Start literacy curriculum may be able to be used with FFN caregivers.</p> <p>Born to Read program may be able to be opened to FFN caregivers.</p> <p>The United Way Born to Learn curriculum may be able to be used with FFN caregivers.</p> <p>The Foster Care program offers opportunities for sharing information, training and resources on working with FFN caregivers.</p> <p>Public Health Nursing could have the ability to go into FFN settings.</p>



# Appendix E

## Strategic Planning Committee Meeting Minutes

### First Meeting: December 14, 2007

The strategic planning committee held its first meeting in Augusta, Maine on December 14, 2007, from 9 am to 12 pm.

Eighteen members attended: Angie Bellefleur, Allyson Dean, Carolyn Drugge, Becky Dyer, Fred E. Emerson, M.D, Tracye Fortin, Rita Fullerton, Debra Hannigan (phone), Dean Henderson, Ellen McQuire, Dewey Meter, Dawn Mulcahey, Deb Rainey, Betsy Squibb PhD, Robert Steinberg, Aymie Walshe, Karen White, Patti Woolley

**Patti Woolley**, Director of the Early Childhood Division (ECD), asked committee members to assist ECD with developing a strategic plan to effectively support and include FFN caregivers in the Maine early care and education system. She noted that FFN caregivers provide a significant portion of the subsidized and unsubsidized child care in Maine and that the early care and education community needs to be more intentional about including FFN care in quality improvement efforts. Members were asked to participate actively and share information, opinions, data, ideas, goals, and strategies.

The meeting facilitator, **Dianne Stetson** of the National Infant & Toddler Child Care Initiative @ ZERO TOTHREE, led the committee members through an overview and fact sheet of the vision statement that had been shared prior to the meeting by e-mail and the phone interviews. No revisions to the vision had been suggested by the members interviewed prior to the meeting.

The members present **unanimously agreed** to adopt the ECD's vision statement as the overarching vision for the FFN care planning process:

**Vision:** *All young children in Maine thrive, grow, and learn in safe, nurturing, and healthy families and communities.*

Committee members then discussed the draft mission statement. The facilitator shared two comments received by the members interviewed prior to the meeting:

- Use the term “caregivers” instead of “child care providers.”
- We may want to add something about being creative in our approach, about using alternative strategies and supports of a nontraditional nature to really reach this population and meet their very specific and often individual needs.

The members reworked the mission statement to reflect the comments and **unanimously adopted** the following:

**Mission:** *The members of the committee will participate in a comprehensive and collaborative process to develop a creative strategic plan that will support the individual needs of family, friend, and neighbor (FFN) caregivers to offer quality care to Maine's children and families.*

Members then reviewed information collected to date about FFN

care in Maine. In response to questions, Dianne Stetson clarified during the discussion that the OIAS data was a snapshot from September 2007, whereas the ECD data was for the entire Federal Fiscal Year (FFY) 2007.

Members identified additional data that might be helpful to the strategic planning process, including:

- the total children receiving OIAS subsidies served by FFN care in FFY 07;
- the total number of FFN caregivers receiving funds from ECD and the Office of Integrated Access and Support (OIAS); and
- the amount of child care subsidies and benefit funds going to FFN caregivers. [/list]

There was general discussion of the need to know more about FFN care in Maine, including: [bulleted list]

- Who is using FFN care and why;
- How children with special needs are being or may be served by FFN caregivers;
- The patterns and reasons for use of FFN care; and
- The diverse populations using and providing FFN care.

Members also shared information they already had regarding FFN care. Rita Fullerton, supervisor of the Care for ME program distributed an overview of and fact sheet on the Care for ME program to committee members. Care for ME, funded by the ECD, is a voluntary program that includes a database of unregulated providers who have passed background checks, including criminal, motor vehicle, and child protective. Parents seeking child care can get information about potential caregivers through this database.

Karen White shared copies of a survey for FFN caregivers distributed by Finders/Seekers, a Resource Development Center.

Allison Dean shared that recent research conducted in Maine by Helen Ward and colleagues provides information on FFN care and children with special needs. The report, Child Care and Special Needs, Challenges for Low Income Families, found that 51% of families surveyed reported using FFN care as their primary child care arrangement. Families of children with special needs in Maine were much more likely to rely on family, friends, or neighbors to care for their child in either the child's home or the caregiver's home than were families in the population at large (51% compared to 23%). The committee then discussed what data may exist in the Child Development Services (CDS) system that could be helpful.

Other potential data sources suggested by committee members included: [bulleted list]

- Service Employees International Union (SEIU) effort to organize family child care and unregulated providers;
- A survey of pediatricians on parental use of FFN care
- Information collected by home visiting programs;
- Data collected by Head Start programs, including the program provided by Kennebec Valley Community Action Program (KVCAP) that works directly with FFN caregivers of children enrolled in Head Start; and

- Maine Humanities Council's early literacy programs.

The members then reviewed the opinions, questions, comments, and goals proposed during the interview process. Members noted that there was concern that FFN caregivers were not part of the committee and that the strategic planning process needed to include them. The facilitator and the ECD director shared that the strategic planning design group had discussed how best to obtain input from FFN caregivers, given the diversity of the group. ECD planned to hold one or more focus groups of FFN caregivers in addition to the strategic planning committee meetings. Most committee members agreed that it would be a more inclusive planning process if FFN caregivers were actually committee members. It was suggested that caregivers participating in the Care for ME program and in SEIU outreach efforts might be able to serve on the committee. Two members offered to recruit FFN caregivers to participate.

Additional needs identified during the group discussion included:

- Parent inclusion in the strategic planning process (perhaps through Resource Development Centers, home visiting, or consumer education);
- Information on how parents and caregivers can effectively communicate about a child's needs;
- Information for parents on how to approach difficult conversations when the caregiver is a relative;
- More data on—who is using FFN care and why;
- Understanding how children with special needs are served by FFN care;
- Embracing and using the natural intersection between families, caregivers, and communities (e.g., pediatricians, grocery stores) to reach the populations using and providing FFN care;
- Understanding and working with the diverse populations using and providing FFN care; and
- Engaging all partners (e.g., public schools) in the planning and delivery of services to FFN care.

Dewey Meteer suggested that it would be easy to get sidetracked by too many goals and strategies and that we should focus on reaching parents and FFN caregivers—particularly those with infants and toddlers—with good information on health, safety, and supporting child development. He urged the committee to look into using technology to reach young parents and caregivers. He shared information about innovative interactive approaches using digital technology. Some committee members suggested that we need to gather information about FFN caregivers' and parents' access to technology.

The meeting concluded by drafting two possible goals for the strategic planning process:

1. The early childhood system in Maine recognizes the importance of the role of FFN care and finds effective ways to include and support it in quality improvement efforts.
2. Maine establishes evidence-based outreach strategies to FFN caregivers, using both traditional and new technologies.

## Second Meeting: February 15, 2008

The strategic planning committee held its second meeting in

Augusta, Maine on February 15, 2008, from 1 pm to 4 pm.

Nine members attended.

Members reviewed the work of the first meeting as well as the agenda for the afternoon. Karen White reported that there had been efforts to recruit FFN caregivers to the committee and that one person had agreed to participate. ECD will continue to make efforts to include the perspectives of FFN caregivers in the strategic planning process. Possible methods of obtaining caregiver perspectives now under discussion include focus groups and surveys.

The committee revisited the two goals drafted at the December 14, 2007, committee meeting:

1. The early childhood system in Maine recognizes the importance of the role of FFN care and finds effective ways to include and support it in quality improvement efforts.
2. Maine establishes evidence-based outreach strategies to FFN caregivers, using both traditional and new technologies.

Members discussed the role of Maine communities in efforts to reach FFN caregivers and initially drafted a third goal to address their importance. Members then suggested that, with minor rewording, the three draft goals could be combined.

Some members expressed concern that the phrase “include and support it in quality improvement efforts” in goal 2 implied that FFN care is not quality care. It was suggested that the phrase “include it and support it in the provision of quality care” was a more positive statement.

Members also discussed the appropriateness of using the term “evidence-based strategies” in goal 2 because there is not a lot of research on what outreach strategies are effective with FFN caregivers. It was also suggested that goal 2 was more appropriate as an objective.

The members present agreed to establish one goal for the strategic planning process:

**Goal:** *The early childhood system in Maine and Maine communities recognize the importance of the role of FFN care and will find effective ways to include it and support it in the provision of quality care.*

The members also **agreed** that the overarching objective of the strategic planning process would be:

**Objective:** *Maine establishes outreach strategies to FFN caregivers, using both traditional and new technologies, and evaluates their effectiveness.*

The facilitator then led the committee through a process to identify the current and potential supports for FFN care in Maine using a tool developed by the National Infant & Toddler Child Care Initiative. The tool, The Relationship Between Family, Friend and Neighbor Care and Key Elements of State Early Childhood Systems, provided a visual means of capturing and exploring the ways that key elements of the early childhood system and related systems can support FFN care. (For a copy of the tool with the committee's input, see Appendix D).

The members then participated in a brainstorming session about potential strategies that could be effective in moving toward the goal.

The strategies they identified included:

- Use Community Services Block Grant funds to support FFN care;
- Explore funding sources of support for immigrant FFN caregivers;
- Open Child Welfare (foster care), Resource Development Centers, and Center for Community Inclusion training and technical assistance to FFN caregivers;
- Explore training links with the University of Maine Cooperative Extension;
- Provide training to FFN caregivers through Child & Adult Food Program participation;
- Develop an outreach campaign to caregivers;
- Discuss ways for FFN caregivers to access higher reimbursement if they meet certain standards;
- Require background checks on family members of FFN caregivers;
- Use the Governor's Summit follow-up meetings to include a focus on FFN;
- Include a joint FFN caregiver/parent focus group in the planning process;
- Develop a system of regular communication with FFN caregivers;
- Survey both parents and FFN caregivers to get their perspectives on FFN care;
- Review existing Maine surveys to determine what information already exists;
- Consider outreach strategies to parents and FFN caregivers such as bookmarks, with one side listing resources and the other side contact information
- Ensure that outreach efforts to parents and FFN caregivers go beyond the early care and education system to libraries, grocery stores, physician's offices, schools, regional DHHS offices,

child welfare, etc.

- Test strategies with focus groups before implementing them;
- Ask FFN caregivers if they want connections with other caregivers and community supports;
- Educate child welfare workers about FFN care supports;
- Develop public service announcements about FFN care;
- Develop a version of the Early Learning Guidelines for parents and FFN caregivers;
- Provide tip sheets about child development and care in Child Development Services and TANF regional offices;
- Use physician's offices to reach parents with information about FFN care;
- Use existing resources, such as the Great Kids, Inc. Growing Years and the United Way Born Learning materials. They can be downloaded and could be made available to FFN caregivers
- Do collaborative training across systems on working with FFN caregivers and for FFN caregivers; and
- Explore using Even Start or other literacy programs to support FFN caregivers.

The meeting ended with a discussion of next steps. The ECD director stated that the results of the planning process to date would be included in a draft report that would be circulated to all committee members for comment. ECD and committee members will continue to discuss developing focus groups and a survey to gather additional information from FFN caregivers. There may be another committee meeting after the draft report is circulated if there appears to be interest in and a need for further discussion. The report will then be given to DHHS for consideration. The ECD director thanked the members for their participation and asked them to continue to be involved as the planning process moved forward.

# Appendix F

## Strategic Planning Tool Summary

This document is a summary of the strategic planning committee's findings using a strategic planning tool, The Relationship between Family, Friend and Neighbor Care and Key Elements of State Early Childhood Systems, developed by the National Infant & Toddler Child Care Initiative. The committee conducted this process to identify existing and potential supports for FFN care in Maine at its second meeting on February 15, 2008. The main headings in this summary correspond to 14 key elements of a state system identified by the tool. For each key element, the committee considered several questions, described the current status of that element in Maine, and generated a list of recommendations for future action. (See Appendix D for the completed tool.)

### Public Knowledge and Engagement

#### Questions considered:

*Are there current efforts in place to inform the public of the prevalence of FFN for infants and toddlers and the importance of ECE and/or quality I/T care?*

*Is there capacity to develop low cost or no cost outreach efforts through the media?*

*How can current systems (such as Infant/Toddler Specialists, CCR&R's, community colleges) coordinate to contribute to public awareness of FFN?*

*Who are potential partners in this public knowledge and awareness campaign?*

#### Status:

The Care for ME program sends mailings to participants. Information is also distributed through the RDC newsletters, cable TV, and posters in town offices. Regional DHHS offices have lists of caregivers who have passed background checks as well as licensed providers. ECD's Choosing Child Care publication addresses FFN care.

#### Recommendations:

- Identify available materials, including PSAs, that specifically address FFN care.
- Develop public campaigns that go beyond the ECE system to community-based settings (e.g., libraries, grocery stores, physicians' offices, schools, regional DHHS offices)
- Encourage the Governor's Summit follow-up meetings to include a focus on FFN.

### Planning, Research, and Evaluation

#### Questions considered:

*What is known about FFN care?*

*What is known about FFN providers?*

*What is known about the number of infants and toddlers in FFN care?*

*What is known about FFN settings?*

*Why do parents select FFN care?*

*What research and evaluation opportunities exist to examine FFN care?*

*How is quality to be defined in FFN care? How do parents define quality in FFN care?*

*Given the diverse nature of FFN settings, how will the quality of FFN care be measured?*

#### Status:

Parents receiving child care subsidy use less FFN care than many other states. There is some information about FFN use in an existing parent survey. There is CCDF & TANF data about FFN care. There is a sex offender registry that can be used to check caregivers.

#### Recommendations:

- Use national research as a resource to better understand FFN care.
- Review existing Maine surveys, reports, and data to determine what information already exists.
- Design and conduct surveys of Maine FFN caregivers and parents using FFN care to include them in the strategic planning process.
- Test materials, initiatives, and other strategies with focus groups representing different areas of the state before implementing.
- Include FFN-related questions in the annual RDC and other parent surveys.
- Evaluate any FFN initiatives to determine effectiveness.

### Financing

#### Questions considered:

*What portion of the State CCDF plan supports FFN care?*

*What is known about the financing of FFN care in the State?*

*What standards of care can be tied to subsidies for FFN providers?*

#### Status:

CCDF & TANF have data on funds being paid to FFN caregivers. The Care for ME program requires background checks on all adults in the homes of participants. CCDF & TANF require the FFN caregiver have a background check.

#### Recommendations:

- Collect and report information on CCDF & TANF funds used for FFN care.
- Explore use of the Community Services Block Grant funds to support FFN care.
- Discuss providing graduated higher subsidy rates to FFN caregivers based on defined standards

## Federal, State, and Local Policy

### Questions considered:

*If FFN care is linked with child care subsidies, what policies will need to be in place to support health and safety standards, as well as expectations of quality?*

*What policy-level expectations exist for exempt care?*

### Status:

CCDF requires FFN caregivers sign a health and safety checklist. TANF does not.

### Recommendations:

- DHHS should address the federal mandate for immunizations of children receiving child care subsidies.
- Develop consistent policy and practice on background checks of household members of FFN caregivers who provide care to children receiving DHHS child care subsidies.
- Consider how the state voucher system can better support FFN caregivers.

## Licensing and Regulations

### Questions considered:

*What regulations, if any, currently exist for FFN care?*

*Are there any plans to implement basic regulations when subsidy dollars are used for FFN care?*

### Status:

Current Maine law does not require individuals who care for 2 or fewer children, other than their own, to be licensed. The definition of “relative caregiver” in licensing regulations is unclear.

### Recommendations:

- Consider how the state voucher system can better support FFN caregivers.
- Discuss higher standards for caregivers to meet to get higher pay rates.
- Provide a clear and consistent definition of “relative caregiver.”

## Program Standards

### Questions considered:

*What standards exist for FFN care?*

*How can standards that support quality be encouraged in FFN care?*

*What mechanism will best support the transmission of information regarding program standards to FFN providers?*

### Status:

Background checks are required for FFN caregivers who serve children receiving child care subsidies.

### Recommendations:

- Discuss inclusion of FFN caregivers in the QRS system.

## Early Learning Guidelines

### Questions considered:

*Does the State have ELGs for infants and toddlers?*

*How can ELG information be shared with FFN providers?*

### Status:

Maine has ELGS for infants, toddlers, and preschool children.

### Recommendations:

- Develop and/or adapt ELG materials for parents and FFN caregivers.

## Professional Development

### Questions considered:

*What professional development systems exist?*

*Have recommended Core Knowledge and Competencies (CKC's) been established for infant/toddler providers?*

*What are the CKC's infant/toddler caregivers should possess?*

*Does the current professional development system offer opportunities and access to training for FFN providers that includes these CKC's?*

### Status:

RDC training is open to FFN caregivers. They are also included in the professional development surveys. The MRTQ system could be accessed by FFN caregivers. Care for ME encourages and supports training for FFN caregivers. CKCs have been defined for infant toddler caregivers. There is an infant toddler child care credential that could be open to FFN caregivers.

### Recommendations:

- Consider the development, use, and promotion of support materials specifically designed for FFN caregivers.
- Open foster care, Resource Development Centers, and Center for Community Inclusion training and technical assistance to FFN caregivers.
- Explore support opportunities with the University of Maine Cooperative Extension Service.
- Provide supports to FFN caregivers through Child and Adult Care Food Program participation.
- Provide tip sheets about child development and care in Child Development Services and TANF regional offices.

## Child Care Resource and Referral

### Questions considered:

*Does the training and technical assistance provided by the CCR&R system address the training and support needs of FFN providers?*

*What role does/will the CCR&R system play in supporting quality in FFN care?*

### Status:

RDC training is open to FFN caregivers. They are also included in the professional development surveys.

### Recommendations:

- Consider how the Resource Development Centers can better support FFN caregivers.

## Child Care Settings and Activities

### Questions considered:

*How do FFN settings benefit from the larger State systems supporting quality care?*

*How can training and technical assistance on health, safety, and quality standards and activities be shared with FFN providers?*

### Status:

Consultation/TA systems can work with FFN caregivers, but it is very rare. The most intensive consultation will only be available to child care settings participating in the QRS system.

### Recommendations:

- Explore how FFN care can be supported through services developed to support the Quality Rating System.

## Facilities

### Questions considered:

*How can the State support health, safety, and quality in the homes of FFN providers?*

*What resources (e.g., grant and loan programs) can be made available to FFN providers for improving their homes?*

*Is technical assistance available to and accessible by FFN providers?*

### Status:

KVCAP HS services has provided equipment to FFN caregivers.

### Recommendations:

- Explore how programs such as ME Safe Kids, ME Injury Prevention, MCDC and others can provide equipment to FFN caregivers

## Parent and Family Involvement

### Questions considered:

*What is known about the connection between families and FFN providers?*

*Does information and education focused on FFN providers include references to the importance of parent and family involvement in child care?*

*What consumer education is provided to parents to support their use of FFN care?*

### Status:

There is some information in an existing parent survey. KVCAP provided training to staff working with FFN caregivers on relationships with parents. There are other resources such as “Children in My Care” by Cornell University that address parent/caregiver relationships.

### Recommendations:

- Conduct surveys and focus groups of parents and FFN caregivers to identify the supports they need and want. Include a joint FFN/ parent focus group.
- Identify, review and make available materials that address parent and FFN caregiver relationships such as the Cornell University Caring for Quality project and the training KVCAP provided to staff working with FFN caregivers.
- Focus on reaching parents and FFN caregivers, particularly those with infants and toddlers, with good information on health and safety and on supporting child development. Consider using technology to reach young parents and caregivers.
- Use physicians’ offices to reach parents about FFN care.
- Provide information for parents on communicating with FFN caregivers.

## Caregivers

### Questions considered:

*What is known about FFN caregivers within the state?*

*What systems exist within the state to support FFN caregivers?*

*How can systems include FFN caregivers?*

### Status:

There is some data available from the CCDF- & TANF-funded child care systems that could help identify FFN caregivers. SEIU has information that was collected in organizational efforts.

### Recommendations:

- Develop a system of regular communication with FFN caregivers.
- Conduct surveys and focus groups of FFN caregivers to identify the supports they need and want.
- Use the CCDF, TANF, and SEIU information to develop a database of FFN caregivers in order to better communicate with them.

- Provide information for FFN caregivers on communicating with parents.
- Provide information and support for immigrant FFN caregivers.

## Collaborative Programs & Systems

### Questions considered:

*What other systems and programs in the State interact with FFN caregivers?*

*How can the ECE system work with them to reach and support FFN caregivers?*

### Status:

CDS will provide services to eligible children in a FFN setting. The University of Maine Cooperative Extension System has resources such as the Growing Years and Better Kid Care curricula that could be used with FFN caregivers. Parents as Teachers (home visiting services) has a curriculum that can be used with FFN caregivers. The Even Start literacy curriculum may be able to be used with FFN caregivers. The Born to Read program may be able to be opened to FFN caregivers. The United Way Born to Learn curriculum may be able to be used with FFN caregivers. The Foster Care program offers opportunities for sharing information, training, and resources on working with FFN caregivers. Public Health Nursing could have the ability to go into FFN settings.

### Recommendations:

- Develop, adapt, and offer information and support to FFN caregivers from collaborative programs and systems such as home visiting, foster care, and behavioral health.
- Do collaborative training across systems on working with FFN caregivers and parents using FFN care that supports them in enhancing children's development across caregivers. Use the University of Maine Cooperative Extension System resources such as the Growing Years and Better Kid Care curricula as supports for FFN caregivers.
- Consider how the home visiting system can support FFN caregivers.
- Consider how the Parents as Teachers Family Child Care curriculum can be used with FFN caregivers.
- Explore using the Even Start program or other literacy programs to support FFN caregivers.
- Consider how the Born to Read program may be able to be opened to FFN caregivers.
- Consider how the United Way Born to Learn curriculum may be able to be used with FFN caregivers.
- Consider how the Foster Care program might offer opportunities for sharing information, training, and resources on working with FFN caregivers. Inform child welfare workers about FFN care supports.
- Consider how Public Health Nursing could support FFN care.

# Appendix G

## Fast Sheet:

### Maine's Family, Friend, and Neighbor Caregivers

#### Caregivers Survey (November 2008)

##### Background

In November 2008, the Maine Center for Economic Policy conducted a phone survey of Maine's family, friend, and neighbor child care providers for Maine's Office of Child and Family Services, Department of Health and Human Services. The purpose of the survey was to understand better the demographics of the caregivers and the children in their care, as well as to identify ways in which DHHS could best support the caregivers and their work.

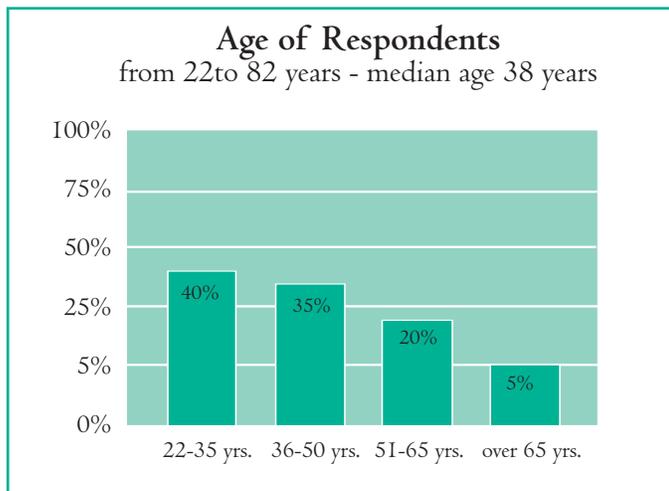
##### Methodology

The survey was given to a randomized sample of caregivers who provide care for families receiving child care subsidies through either the Child Care and Development Fund or Temporary Aid to Needy Families. The survey resulted in 99 complete responses, from which the statistics on this fact sheet are drawn. Survey respondents included caregivers in each of Maine's 16 counties.

##### Caregiver Demographics

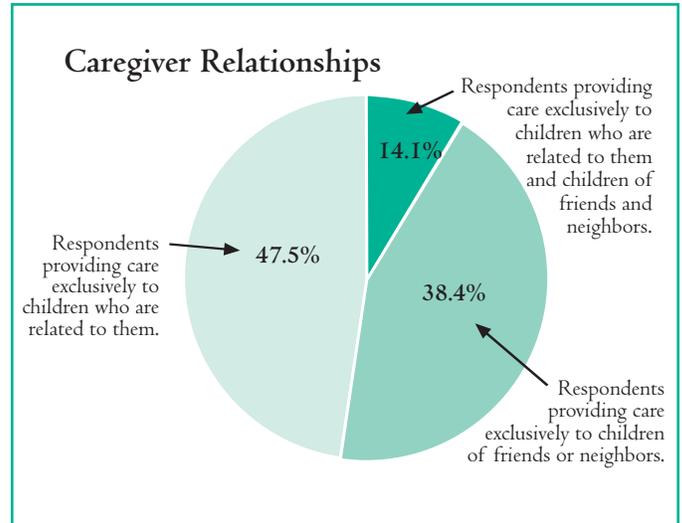
FFN caregivers live in all corners of Maine. They range widely in age and experience, but typically have low household incomes.

- **Experience:** On average, respondents had worked in the child care field for 10 years, with a range of experience from 3 months to 40 years. About one third of respondents had worked in child care for less than 5 years, another 40% for 5–15 years, and about 25% for over 15 years.
- **Income:** Approximately 80% of respondents had household incomes below \$40,000 per year. Close to half of respondents had household incomes of \$20,000 per year or less.



##### Caregiver/Child Relationships

About 60% of respondents were providing care exclusively to children with whom they were related or were providing care to both related children and the children of friends or neighbors.

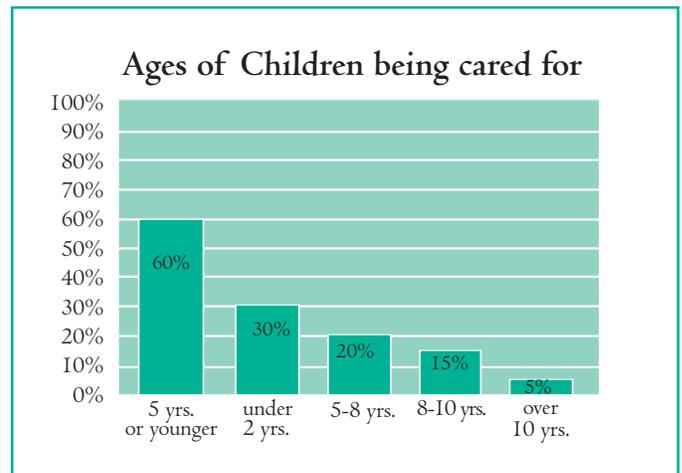


- **Type of Relationship:** Of 56 related caregivers, 29 were grandparents, 16 were aunts or uncles, and 11 described themselves as otherwise related to the children in their care.
- **Number of Families Served:** Over half of the respondents (53) were caring for the children of more than one household or family.

##### Child Data

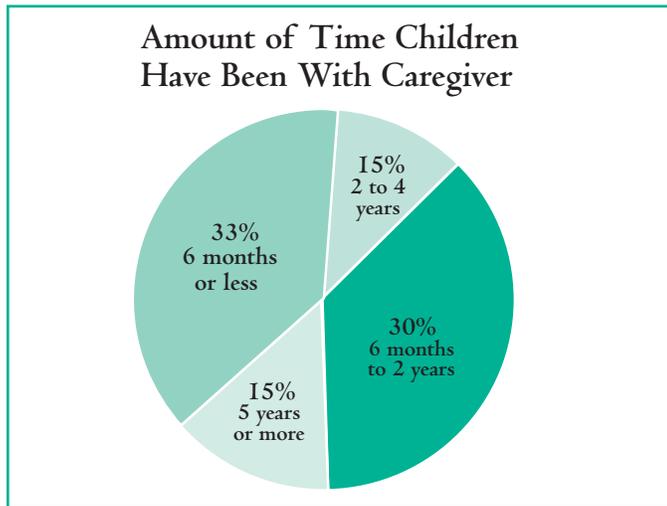
Eighty percent of respondents cared for three or fewer children.

- The 99 caregivers who responded were caring for a total of 242 children.



## Continuity of Care

Over 50% of the respondents were caring for some children who had been with them for less than 1 year.



## Sources of Child Care Information

Caregivers draw information about child care techniques from a wide range of sources.

- 56 % from family
- 50 % from friends
- 49 % from books
- 43 % from the Internet
- 41 % from magazines
- 40 % from local resource development centers
- 26 % from adult education courses or other classes
- 23 % from a teacher
- 22 % from a doctor or nurse
- 21 % from TV or DVDs
- 16 % from their church

## Preferences for Obtaining Supplies and Information

About half of respondents received child care supplies from the families of the children under their care, while 85% of respondents purchased or obtained supplies themselves.

- 25–35% of respondents felt the most convenient sources for supplies and information would include doctors/nurses, teachers, libraries, and local child care programs.
- 45% of respondents felt the children's parents and/or child care resource development centers would be most convenient.
- Other suggestions included meetings with other caregivers, e-mail listservs, and schools.

## Areas of Greatest Caregiver Interest

- **Information on Child Development:** 40–50% of respondents thought it would be very helpful to have more information on

discipline, sleeping, and toilet training, on helping children get ready to read and write, and on dealing with an angry child.

- **Networking:** 17% of caregivers expressed a strong interest in meeting with other child care providers.
- **Information on Social/Emotional Development:** A third of respondents say they are taking care of a child that needs more help than other children, with the large majority identifying behavior and emotions as the principal issues of concern. Of these respondents, almost half said written information or a place to call would be helpful.

## Additional Caregiver Comments

At the end of the survey, caregivers were offered time to share additional thoughts or suggestions. Dozens of caregivers choose to do so. These are some of the ideas they shared:

- Specific government programs have been very helpful, including ASPIRE, food programs, Child and Family Opportunities, Inc., Leapfrog, Care for Me, and DHHS.
- Specific information on children's health issues as they relate to the child care setting would be useful (e.g., information about diabetes, nutrition, autism).
- More awareness that quality child care and licensed child care are not the same thing, and awareness that many parents cannot afford licensed care.
- More information on the connections between budget decisions in Augusta and impacts on communities and children.

## Somali Focus Group (November 2008)

### Background

In November 2008, Maine's Office of Child and Family Services conducted two focus groups with Somali women who are family, friend, and neighbor (FFN) caregivers. The purpose of these focus groups was to determine how the state may be able to support the needs of this population.

### Methodology

The focus groups were attended by 18 caregivers. Prior to the focus group meetings, a translator went to each participant's house individually to ask if she would be willing to participate in the focus groups and to collect profile information. The translator is used by the Trinity Jubilee Center, a community resource center for the Somali population, and is trusted in the Maine Somali community. This translator also facilitated the focus groups. She was joined by an Americorp/VISTA worker who has volunteered at the Trinity Jubilee Center for 4 years and who was part of the statewide team that developed the survey for FFN caregivers.

## Caregiver Demographics

- **Location:** The Somali FFN participants lived in a designated Empowerment Zone in Lewiston, Maine, which has been identified by the federal government as the poorest census tract north of Boston. All focus group participants had household incomes below \$15,000 per year. Most of the women had been in the U.S. for 3–5 years.
- **Age:** Participants ranged in age from 22 years to 58 years, with the median age being 40.5 years. Sixty-five percent of participants were between the ages of 25 and 45 years, and only 5% were above the age of 55.
- **Caregiver's Own Children:** Participants have an average number of 4.75 of their own children, and 36% of the children are under age 5.
- **Child Care Experience:** Most participants had worked looking after children their entire lives. They were unable to specify exactly how long they had been caring for children.

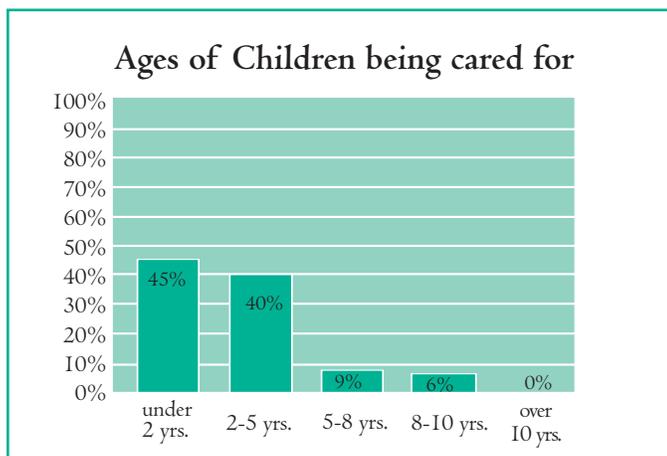
## Caregiver/Child Relationships

About 59 % of participants were providing care exclusively to children with whom they are related or were providing care to both related children and the children of friends or neighbors.

- 8 participants were providing care exclusively to children of friends or neighbors.
- 8 participants were providing care exclusively to children who are related to them.
- 2 participants were providing care to both related children and the children of friends or neighbors.
- About half of the participants (47%) were caring for the children of more than one household or family.

## Child Data

The 18 participants were caring for a total of 63 children. Eight-two percent were caring for 3 or fewer children. Eighty-five percent of children were 5 years old or younger.



## Sources of Child Care Information

The participants share information among themselves about the child care regulatory structure in Maine (e.g., licensing, ASPIRE). In general, they do not seek information about child development or child care techniques or express need for information on discipline. They expressed feelings of isolation in the work that they do but were not familiar with the concept of meeting other providers to talk about child care issues.

- **Perceived as Useful Information Sources:** other Somali caregivers (for information on regulations)
- **Not Perceived as Useful Information Sources:** Internet, doctor's office, networks of other child care providers

## Preferences for Obtaining Supplies and Information

- **Information:** The participants do not want written information, as they recognize that they are visual learners. They suggested that videos or translated demonstrations would be more helpful sources of information.
- **Supplies:** The participants would like to know where they could get more help with buying diapers, books, or toys. Currently they all receive a six-diaper allotment from the Trinity Jubilee Center Food Pantry once a week.

## Areas of Greatest Caregiver Interest

- **Nutrition:** Culturally appropriate nutrition; knowing which formula and the appropriate amount to use for each age
- **Literacy:** Particularly how to provide the children with English-speaking environments
- **Taxes:** Finding out how accurately their taxes were being filed for their specific situation; what they could do to lower their taxes
- **Diapers:** Help with the expense of diapers

## Additional Caregiver Comments

At the end of the focus groups, caregivers were offered time to share additional thoughts or suggestions. These are some of the ideas they shared:

- "We trust Head Start....They do a good job for our kids....They don't give them the food we don't eat. They ask us about what we want for our children." They believe that the one child they know of who now attends a Head Start program "will learn more things so when he goes to school he'll be more ready."
- It would be helpful to break down the process of filing taxes and the process of applying for a child care license into small steps that could easily be orally translated and understood.





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