

The Family Child Care Trilemma and Community Development:  
Seeking a Balancing Strategy

By

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Submitted to the Department of Urban Studies and Planning in Partial Fulfillment of the  
Requirements for the Degree of Master in City Planning

at the

Massachusetts Institute of Technology

June 2004

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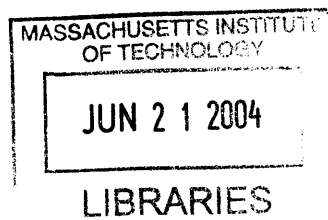
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## Abstract

This thesis examines promotion of licensed family child care businesses as a strategy for community development. Accessing high quality, affordable child care is a vital need in low income communities. Often times, however, the care available is of low educational value, prohibitively expensive, or located far from the neighborhood. The research in this thesis examines how community development corporations have innovated to deal with these three challenges.

The thesis conceptualizes of child care in terms of the three parties most affected by it—children, parents, and child care providers. Given how the child care agenda is commonly conceptualized and executed the interests of the players are often seen to be in conflict. The tripartite model developed in the thesis analyzes the intimate linkages and delicate balance among the three groups, showing that any interventions that focus on one group—such as improving the quality of care that children receive—affects the well-being of the other groups, often with negative impacts, such as raised parent fees or reduced provider income. In order to create initiatives to address the challenges faced by each group, the thesis delineates three categories of interventions that provide a comprehensive framework for action: professionalism to speak to quality, resources to speak to affordability, and space and place to speak to accessibility.

From this research, an emerging best practice for the child care system begins to materialize. The model emanates from the work of a diverse network of organizations and institutions working on child care at various scales from local to regional to national. Through an iterative process based on service needs and organizational capacities, the network and its member organizations constantly adapt their program design and agenda in order to provide services that positively affect children, parents, and providers and create interventions that address professionalism, resources, and space and place.

Finally, the thesis explores the work of the Jamaica Plain Neighborhood Development Corporation (JPNDC), a community development corporation in the Jamaica Plain neighborhood of Boston. Through the organization's eight years of work in child care, it has found ways to navigate through the complexities of the child care system and embed itself within a network of other child care organizations. JPNDC and the other organizations cited in the thesis provide models of how community development corporations can begin to substantially improve the provision and supply of child care of their communities.



## ACKNOWLEDGEMENTS

- Langley Keyes, my incredible advisor, who provided endless insight on this project, made sure I wore my bike helmet, and taught me proper pronoun usage.
- Lizbeth Heyer, my wonderful reader and mentor, who helped me to navigate the complexities of child care, housing development, and interoffice politics.
- The JPNDC Community Development team: Jen Faigel, Lesley Bos, Andy Waxman, Kate Casa, Maria Mulkeen, Larry Swan, Pat Flaherty, Sharon Riley, who showed me the project management ropes.
- The JPNDC Organizing Team: Sylvia Toruño, Harry Smith, Karent Zerby, Kalila Barnett, and Rene Mardones who taught me what I needed to know about community and participation.
- My officemates, teammates and late-night partners in the CRL especially Zoe Weinrobe, Andrew Jakobovitz, and David Ritchay.
- (Jersey) Frank and Justin, the best roommates a girl could have, who put up with my ranting and craziness with grace and style, and showed me the beauty of MTV Hits.
- Mom, who has always supported me in whatever I chose to do, be it medieval history, rock music, or planning.
- Dad, whose memory inspires me to do this work



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## INTRODUCTION

I came to this thesis project through my work with the Jamaica Plain Neighborhood Development Corporation (JPNDC), a community development corporation in the Jamaica Plain neighborhood of Boston. I had been looking for a project that combined my interests in affordable housing development, neighborhood planning, and women's issues. In the fall of 2003, when I heard about JPNDC's emerging campaign for family child care and affordable housing, I arranged to begin an internship with their community development department the following spring in order to work on the project. This position, as an intern and a researcher, gave me a high level of involvement and a unique vantage point and from which to understand both the dilemma and possible methods of resolution.

As first presented the question I was being charged with exploring seemed quite simple: family child care providers who were licensed by the State to care for small groups of children in their homes were having difficulty finding affordable, code-compliant housing in Jamaica Plain and the rest of the City of Boston due to high housing costs and discrimination by landlords against those operating home-based childcare businesses. Providers affiliated with the JPNDC had reported this problem for several years, but little had been done to address it until an activist provider joined the organization's board of directors. She began to push the organization to involve its community development and community organizing departments in finding solutions to the housing difficulties providers faced. Prior to this, the family child care program had been housed exclusively within the JPNDC's economic development department, but the need to effectively craft and implement housing strategies called for the added participation of additional teams and capacities.

The proposed solution appeared to be as simple as the problem: designate some of the affordable housing units that JPNDC was already building specifically for families that operated family child care businesses. Such a program would create affordable housing opportunities for providers, help to both lower and stabilize the operating costs of their businesses, and create a new resource for the community—high quality child care. The organization planned to include

two such units within a new homeownership project it was planning. JPNDC was also in the process of looking for a rental or cooperative project in which to also include provider units. While some of the public agencies that the organization worked with on its development projects had presented a few funding and legal challenges to the project, it seemed as though they could be quickly resolved and the project could move forward.

As I became more involved in the project, however, through my internship work and my thesis research, I began to realize that both the problem and solutions affected multiple players and contained high levels of complexity. While the original solutions were still valid, I began to realize that additional interventions beyond housing production were necessary to fully address the various barriers to opening and operating family child care businesses being experienced by JPNDC providers. If family child care were to be made into a viable enterprise then these housing actions had to be integrated with and surrounded by the other actions the CDC was undertaking to improve the quality, accessibility, and affordability of child care in its target neighborhood. Boring down into the issues I also began to see that even the singular task of housing production was understood differently by players who came to family child care bearing the different frames of community development, social service, and economic development.<sup>1</sup> I found that a home for one was a small child care center or local business site to another, and that each framing carried with it different communities of practice and varying expectations of outcomes.

What had seemed to be an obvious, and easily defined question—how to provide affordable housing to low-income family child care providers—with a logical solution—utilize the real expertise of a CDC to build them affordable housing—revealed itself to be another example of an complex planning problem, where first solutions lead to new problems and a constant search for ever more sophisticated methods of resolution. Such “wicked” planning problems as defined by

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<sup>1</sup> (Schön and Rein) Schon and Rein provide an explication of the concept of framing. They define 'frames' as the "underlying structures of belief, perception, and appreciation." These ways of seeing and understanding an issue drive policy positions, agenda setting, and program implementation. Disputes within these contexts, then, are often the products of conflicts between these differing frames, making them difficult to resolve as "such disputes are resistant to resolution by appeal to facts or reasoned argumentation because the parties' conflicting frames determine what counts as a fact and what arguments are taken to be relevant and compelling." Within the child care debate, a few prominent, and often conflicting, frames emerge, and in order to construct possible interventions or even define the problem being examined, one must first understand how the various players are approaching, understanding, and 'seeing' child care.

Webber and Rittel “are ill-defined; and they rely upon elusive political judgment for resolution.”<sup>2</sup> Defining and locating these problems which include links to a variety of systems becomes difficult because the problem is constantly expanding and shifting. The solutions also emerge from divergent framing of the question, so that a logical outcome for a houser would be different than that of a child care advocate, even when presented with the same problem statement.

The thesis, and at times the project of the JPNDC, therefore, has become about a larger set of issues than simply creating housing for family child care providers. Such a development project would not be possible without a greater understanding of the child care field, the importance of home-based forms within the child care delivery system, how CDCs can use family child care as a strategy for community development, and finally the story of how one particular CDC negotiated the multiple parties and types of interventions into family child care in order to find a balanced strategy. Just as community developers need to be shown how developing family child care programming adds a new strategy to their existing tool box, however, economic developers and social-service oriented child care advocates must also be shown that design and place-based initiatives can add value to their work. While particular initiatives might focus on a strategy, such as housing production, normally carried out by one community of practice, it will not succeed without some incorporation of other understandings, such as how to also make it a successful location for a small business or a space that stimulates the development and education of children. The key to these initiatives, then, is for practitioners to cross boundaries between their individual communities of practice and embed their own projects within the varying activities and alternate frames of other communities, creating necessary partnerships that strengthen the work of both groups.

As a way of explicating this storyline, chapter 1 begins to explore the child care field in general. It starts with a description of the vast need for child care in response to the increasing number of women in the work force, the different forms that child care takes, and the impact of child care on the economy. The chapter then offers a conceptual model for understanding child care based on the parties which it intimately involves—parents, providers, and children. Within the ways that child care is commonly conceived, the interests of these players are often seen to

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<sup>2</sup> (Rittel and Webber) Page 160

be in conflict. The tripartite model describes the intimate linkages between the three groups, while also showing that any intervention that focus on one group—such as improving the quality of care that children receive—by changing the sensitive balance of the system directly affects the well-being of the other groups, often with negative impacts, such as raised parent fees or reduced provider income. Finally, within the context of this model, the chapter examines the dominant frames of human capital development, economic development, and early childhood development that people use to discuss child care and create policy to effect it.

Chapter 2 discusses the predominant form of child care that families utilize—home based child care—and specifically its licensed and regulated component, family child care. While for many this form seems to directly resemble the traditional conception of motherhood, with a women down the street taking care of a few children while their mothers are at work, for others it is a valid profession. The chapter examines the demographics of family child care and how providers conceive of themselves and their work. It looks at perceived conflicts between placing these business uses within residential settings. Finally, it explores the impact of licensing and regulation within an activity that has until recently been understood as an informal venture of relatives and neighbors helping each other to care for their children.

Chapter 3 looks at how community based organizations can begin to formulate balanced strategies to strengthen and improve family child care within their communities. It posits that community development corporations, place-based non-profit organizations looking to build the physical and economic capacities of residents, can reframe the traditional “bricks and mortar” approach to their work to include human capital projects such as family child care. Family child care can, therefore, be seen as a strategy for community development that provides jobs and training opportunities for providers, work support for parents, education for children, and new resources for the community. The chapter introduces a model of possible interventions that wrap around the three parties discussed in chapter 1 to comprehensively address the various facets of the child care debate.

Chapter 4 presents a case study of the work of the Jamaica Plain Neighborhood Development Corporation, a CDC that has been involved in family child care since 1996. While the organization had initiated many programs to address the quality, affordability, and accessibility

problems of child care for their community, there were still gaps within its services. JPNDC like many other organizations had conceived of its child care program as an economic development initiative and had rarely addressed it as an issue with spatial components. The high price of housing within the neighborhood and the inability of providers to find affordable housing from which to operate their businesses forced JPNDC to integrate the program with its physical development and organizing work—a move which ultimately changed and strengthened the original program. It also caused them to link their child care work to a larger network of advocates and organizations interacting with the multitude of pieces of the child care system.

Taken together, these chapters create a story of how family child care can work for providers, parents, children, and communities. The “best practice” that ultimately emerges places itself within a “model of planning [that acts as] an argumentative process in the course of which an image of the problem and the solution emerges gradually among the participants, as a product of incessant judgment, subjected to critical argument.”<sup>3</sup> Applying this model, then, JPNDC, program participants, and beneficiaries, while moving towards best practice are constantly checking the program against the needs and expectations of the various parties that use and rely on it. Such iterations, and openness to them, therefore, allow planners to come to some resolution of these wicked problems, by viewing solutions not as static, individual entities but as parts of larger wholes with multiple partners, always shifting and moving according to the changing local context.

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<sup>3</sup> (Rittel and Webber) Page 162







## **CHAPTER 1 - CHILD CARE IS A BIG DEAL**

## CHAPTER 1 - CHILD CARE IS A BIG DEAL

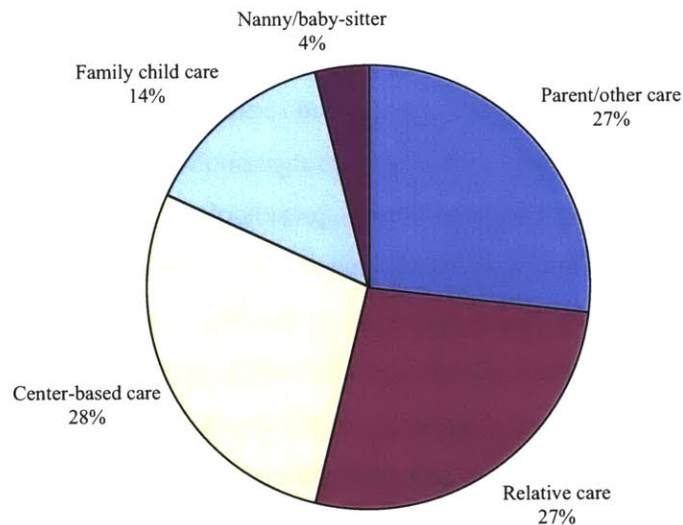
Every day millions of parents across the United States begin their day in a flurry of activity, rushing to get themselves ready for work, and scrambling to prepare their children for a day in the care of another. The various child care arrangements these parents make use of include child care centers, family child care homes, preschools, Head Start, relatives, neighbors, and nannies. While the type of arrangement utilized differs by family type, income, and location, these millions of families all share the common usage of some form of child care service. For the majority of these families the decision is a private one, with few parents or providers receiving substantive help from the public sector or community based organizations. Some parents receive tax credits or vouchers to help defray the high cost of care. Some providers work in public centers such as Head Start or those located in public schools, and some children receive care from community- or faith-based organizations or providers affiliated with them. These interventions, while significant, do not represent comprehensive approaches to address the major problems facing the child care industry—high rates of turnover and low wages among providers, high costs and limited availability for parents, and low quality educational experiences for children.

In recent years as child care has become a permanent feature of our daily lives and economies, these stresses to the system have become more pressing. According to the 1999 National Survey of American Families (NSAF) survey conducted by the US Census, almost 75% of children under 5 with employed parents (approximately 8.7 million children) were cared for by someone other than their parent, including in center-based care, family child care homes, nannies or baby sitters, and relatives (see chart 1 for break down of these primary child care arrangements). A large group of children (27%) had parents who rearranged their work schedules to include time for care or had several arrangements that included some form of non-parental care.<sup>1</sup>

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<sup>1</sup> (Sonenstein et al.)

Chart 1: Primary Child Care Arrangements of Pre-School Age Children with an Employed Parent, 1999  
(Source: Urban Institute)



These numbers represent a significant shift in caring for children. In 1948, less than a quarter of women left the home to enter the labor force, creating a limited need for professional child care services.<sup>2</sup> Of those women who did work, 94% left their children in the care of relatives, neighbors, or friends. Only 4% utilized group settings such as child care centers or family child care homes.<sup>3</sup> As increasing numbers of parents, and especially mothers, continue to enter the workforce, as families spread out geographically, however, this increase in professional child care need and usage will continue. Working to improve how the child care systems works for all the parties many whom rely upon it, is therefore, imperative.

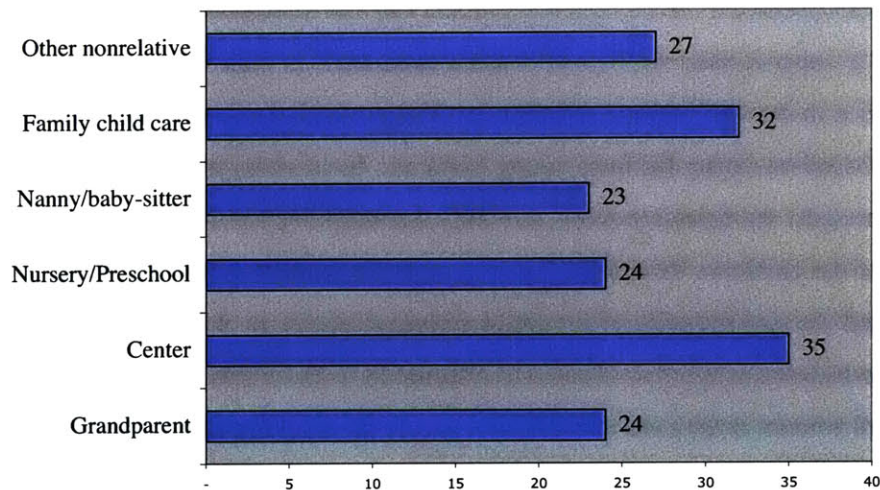
On average, children placed in these arrangements spend 24-35 hours per week in care, depending on the type of provider (see chart 2 for breakdown of amount of time spent in care by type of care). Children in child care centers spent the most time in care (35 hours/week), while those being cared for by a non-relative in their home spent the least amount of time in care of

<sup>2</sup> (Nelson)

<sup>3</sup> (Traill and Wohl, The Economic Impact of the Child Care Industry in Minnesota) Page 7.

any of the arrangements (24 hours/week).<sup>4</sup> Close to 40% of these children have two or more child care arrangements, reflecting the difficult juggling act of parents trying to find the arrangement that best meets their finances, schedules, and lifestyles.<sup>5</sup> These numbers show an ever increasing number of children spending an ever increasing number of hours in child care arrangements.

**Chart 2: Average number of hours spent in child care of preschool age children with employed mothers, spring 1997 (source US Census)**



Given the trends of past fifty years, the need and desire for child care does not appear to be diminishing. According to the Bureau of Labor Statistics the percentage of women in the workforce climbed 32% between 1970 and 2002, from 42% to 65% of all women.<sup>6</sup> In 2002, those figures meant that 67,363,000 women went to work every week. These women represent 47% of the total labor force, and they are an essential component of the growth of the United State's economy.<sup>7</sup> Since 1975, women have constituted two out of three of every new entrants into the labor market with women filling a large majority of new jobs being created.<sup>8</sup> A large number of these women have children or plan to have children. Studies in fact suggest that four out of five of these women will become pregnant during their work lives and close to three out of

<sup>4</sup> (Smith) Page 5

<sup>5</sup> (Sonenstein et al.)

<sup>6</sup> (Bureau of Labor Statistics)

<sup>7</sup> (U.S. Department of Labor)

<sup>8</sup> (Nelson) Page 5

five of them will return to work during their baby's first year.<sup>9</sup> The workforce participation of men has not dropped during this period, suggesting that it is no longer the norm for one parent to stay at home educating and caring for their children while the other parent works. For the 23% of these families that are headed by single women, the choice of staying home with the children is rarely an option, creating an even greater demand and need for child care services.<sup>10</sup>

Like single mothers, for women receiving public assistance, this choice of entering the workforce versus staying at home to raise their children is often moot. The welfare reforms of 1996 were in fact premised on the idea that parents had the responsibility to leave the house to work in order to support their family and instill a work ethic in their children. Mothers receiving public assistance in the vast majority of states no longer receive exemptions from work requirements based on caring for their young children. In 16 states mother with children as young as 3-6 months are forced to work, and only 5 states have age limits higher than 1 year old.<sup>11</sup> Much of the childcare debate has focused on these women—the mothers on public assistance—and the vast majority of funding to increase access to child care services has been tied to welfare-to-work programs. Access to affordable, high quality child care is, however, essential for all women if they are to continue to enter the workforce in the numbers they do.

## **The Child Care Trilemma**

Creating such a system of affordable, high quality child care, however, involves a high level of complexity due to the many parties involved and the limited involvement of public and community-based actors. Conceptually, child care can be thought of as a constant balancing act between the three participating parties—children, parents, and providers. While the parties share similar interests—accessible, affordable, high quality child care—the positions they take to achieve that end are often different based on their individual needs and framing of the program. Oftentimes, interventions to help one party, such as devoting more child care resources to improving quality, create tensions with another party, by raising already high parent fees or

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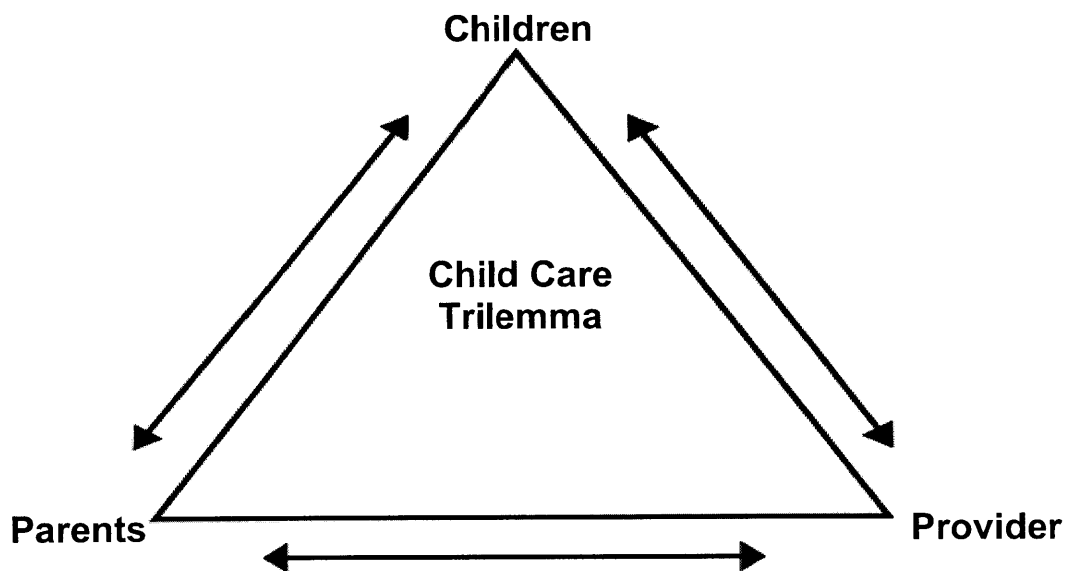
<sup>9</sup> (Fried) Page 17-18

<sup>10</sup> 2000 US Census.

<sup>11</sup> (Committee for Economic Development Research and Policy Committee) Page 17-18.

reducing already low provider incomes. The majority of interventions within the delivery system, however, do focus on only one or two parties, ultimately creating more gaps within the system or offloading of problems from one party to another. This “trilemma” can be seen in Figure 1, which shows that each intervention to one party pulls upon another, creating new sets of problems and challenges for the sector.<sup>12</sup> As we will see, a balanced strategy, therefore, is one that navigates between the often times competing needs and concerns of each of these parties.

**Figure 1: The Child Care Trilemma**



<sup>12</sup> The trilemma concept is a common one used within the child care industry. I heard it first presented at a Mass LEAP (Leadership Empowerment Action Project to increase the leadership and advocacy skills of child care professionals) meeting in October 2003. While the child care industry uses the three parties to explain the trilemma, it is more often posed as a struggle between the issues of affordability, accessibility, and quality. I have chosen to use this conception of it first, as I see the issues transcending the various parties, and second, I see the various frames used to understand child care as being focused on particular parties, not necessarily particular issues.

Child care is a labor intensive businesses where wages make up a high percentage of total expenses. Child care operators cannot cut costs to make care more affordable to families by cutting staff or increasing the number of children they care for due to industry standards of quality and state mandated provider/child ratios. They are also unable to substitute technology for staff to create more spaces for children, therefore, increasing accessibility of families to care without raising costs. These changes, if possible would also disturb children’s bonds with providers, limit the attention they receive, and negatively affect the quality of care children received. Lowering the salaries paid to providers would reduce costs but would most likely result in lowered levels of staff satisfaction and higher levels of staff turnover—changes that would ultimately result in reduced quality. Raising fees would increase revenue and allow providers to pay higher wages and increase quality, but many parents already pay fees that they do not feel they can afford. Hofferth and Wissoker in their study of price and child care choice found that the more parents paid for a particular type of child care (center, family child care home, relative, etc), the less likely they were to choose that arrangement, and even small changes in price in order to improve quality caused parents to choose an alternate, potentially lower quality mode such as a relative or baby sitter.<sup>13</sup>

These examples show some of the many complexities and layers facing planners looking to take action within the child care arena. Before we can begin to propose appropriate solutions or cite best practices that navigate these complexities, however, we must understand the “underlying structures of belief, perception, and appreciation,” ‘the frames’ with which child care is approached and the parties to which they are directed.<sup>14</sup> Without engaging these understandings of child care and their corollary policy positions, planners will be unable to articulate balanced strategies that align the interests of the trilemma instead of placing them at odds.

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<sup>13</sup> (Hofferth and Wissoker)

<sup>14</sup> (Schön and Rein) Page 23

## Child Care as Human Capital and Economic Development

Some of the most often cited set of child care frames revolves around human capital and economic development. The first set of interventions that flow from this conception are aimed at parents, so that child care is viewed primarily as a means for working parents to carry out their jobs. As one child care center director said, “If you can't have child care then you can't work and if you can't work than how are you supposed to feed your children?”<sup>15</sup> Child care is seen to have significant economic impacts not only for its ability to allow individual parents, especially women, to enter the workforce, but also for its effect on employee recruitment, productivity, absenteeism, and turnover.

Advocates cite the increases in productivity for parents who will no longer be absent from work due to unreliable child care arrangements or spend company time worrying about the safety of their children. Senator and former First Lady Hillary Rodham Clinton echoed these thoughts when she stated at the October 23, 1997 White House Conference on Child Care, “if people are going to be good workers, they shouldn't be distracted, worrying about who's taking care of their kids”<sup>16</sup> Many parents do worry about the quality of the care their children receive. In a report that surveyed parents in Minnesota, researchers found that close to a quarter of parents in their sample reported that problems with their child care arrangements prevented them from maintaining or accepting the kind of job they wanted.<sup>17</sup> A survey in Massachusetts found that close to a quarter of parents with children under twelve had quit jobs and 5 percent had lost their jobs due to unstable child care arrangements.<sup>18</sup> Similarly, employees in various surveys reported that they would be more likely to stay with a company that provided a child care benefit, such as on-site childcare or help paying child care expenses.<sup>19</sup> A University of Michigan

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<sup>15</sup> (Medaglia)

<sup>16</sup> (Labor)

<sup>17</sup> (Traill and Wohl, The Economic Impact of the Child Care Industry in Minnesota)

<sup>18</sup> (Traill and Wohl, The Economic Impact of the Child Care and Early Education Industry in Massachusetts) Page 28-29

<sup>19</sup> (Traill and Wohl, The Economic Impact of the Child Care Industry in Minnesota)



study found that mothers were twice as likely to quit their jobs if their employers offered inadequate or no child care.<sup>20</sup> These findings show that access to stable, high quality child care is essential to workforce development and retention, an important factor for economic sustainability and developing a region's human capital.

Exploring child care from a somewhat different economic development standpoint reveals that in addition to allowing individual parents to enter the labor force, the child care industry itself employs a significant number of people, predominantly women, and generates substantial revenue for the economy through its purchase of goods and services—positioning it as an important sector within the regional economy. A study prepared for the National Economic Development and Law Center (NEDLC) estimates that the licensed child care industry – centers and family child care homes—generates between \$4.7 and \$5.4 billion in revenues for the state of California every year and directly employs over 123,000 people, making it one of the largest industries in the state behind livestock and vegetable crops and ahead of advertising, lumber, and business services. Indirectly, the industry allows working parents to earn at least \$13 billion annually. Similar economic impacts were found in NEDLC's study in Minnesota.

NEDLC's study of the child care industry in Massachusetts found that the industry provided close to 30,000 jobs and generated \$1.5 billion in gross receipts for the State. These figures place the industry alongside some of the more traditionally thought of leading sectors of life science research and development (\$1.6 billion), pharmaceutical manufacturing (\$1.5 billion), and data processing (\$1.4 million). The employment figures for child care compare with telecommunications (26,000), security and commodity investments (30,000), and legal services (31,000). The industry also brought \$627 million in state and federal dollars into local communities to help parents pay for child care, to organizations to improve the quality of care, and to providers to increase the number of slots available to children. This need for child care stems from the demographics of the State's workers. 25% of workers in Massachusetts are parents with children under the age of 18, and 10% are parents with children under the age of 6. These working parents earn close to \$32 billion annually, and their income, reliant on child care services, then goes back into supporting the State's economy.

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<sup>20</sup> Warner, Riberio, Smith, 295.

Recent census figures, however, reveal that many of these young families are leaving Massachusetts due in part to the high cost of quality of life items such as housing and child care. The average price of preschool care (ages 3-5) has risen to over \$9000 per year. In response to such trends, many economic development planners have begun to turn away from traditional economic development tools such as tax subsidies for businesses towards a greater focus on “lifestyle items” including affordable housing and high quality affordable child care in order to grow the regional economy.

A study by a group in Tompkins County, New York looking at the child care industry in terms of it as an employer but also a consumer of goods and services, found that every dollar spent in the child care industry had a total impact of \$1.60 in the local economy. They also found an employment multiplier showing that for each child care job created, .27 jobs were generated in the wider economy.<sup>21</sup> These figures in all reports account for the licensed child care industry, and the authors speculate that the figures would be significantly higher if the unlicensed and informal sector, which many parents utilize as a lower cost alternative, were included.<sup>22</sup> These numbers reveal that child care is an industry with significant impact on the local and regional economy. Advocates use such figures to encourage increased investment in the child care industry by the public and private sector, but their focus is almost exclusively on parents, and as we will see in the next section, they often leave out the needs of the two other members of the trilemma—providers and children.

## **Conflicts created by the economic development frame**

According to the US Census, child care was projected to be the nation’s 13<sup>th</sup> fastest growing occupation for the period 1992 – 2005.<sup>23</sup> The Center for the Child Care Workforce in their May 2002 report estimated that 28% of childcare workers worked in family childcare businesses, versus 24% in childcare centers. An additional 35% of providers are paid relatives, and 13% are other paid caregivers such as nannies, for a total of 76% of childcare workers

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<sup>21</sup> (Warner, Ribeiro and Smith) Page 305

<sup>22</sup> (Moss)

<sup>23</sup> (England)

providing childcare outside of childcare centers (see Chart 3).<sup>24</sup> 96% of those who enter this occupation are women, the majority of these women are of child bearing age, and more than half have dependent children of their own.<sup>25</sup> In certain respects, given the industry's growth and the continuing need for it, the child care industry presents a attractive option for women looking to enter the workforce. Family child care, which occurs in the provider's home, especially fills this need by offering women a business opportunity that also allows them to care for their own children. Some in fact estimate that paid childcare work "may exceed the numbers of women involved in all other forms of home-based work."<sup>26</sup> Looking deeper at child care as an employment or business option, however, shows that in many respects it does not represent a financially lucrative or sustainable career path. The industry has a 48% turnover rate, significantly higher than the national average of 18%, suggesting that while many think it is a good career to enter, few think it is a good career for the long term.<sup>27</sup> This churning within the child care workforce undermines the attempts of individual centers or providers to offer good care as employers have to frequently settle for less trained and less experienced workers to fill open positions. Additionally, children's bonds to their adult caregivers are continually disrupted, diminishing the benefit they receive from high quality care.

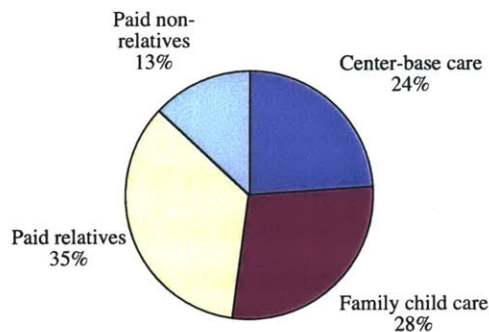
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<sup>24</sup> (Burton et al.) Their findings also reveal that the number of unpaid childcare providers, such as relatives, almost equals the number of individuals working in this sector for pay.

<sup>25</sup> (Tuominen)Page 5

<sup>26</sup> (Uttal and Tuominen)

<sup>27</sup> (England)

**Chart 3: Child Care Workforce** (source Center for Child Care Workforce)

A large part of this turnover rate revolves around the wages that child care workers receive for their services. Child care workers earn on average \$9.27 per hour, almost half of the national average of \$17.18. These providers earned less than auto mechanics (\$17.27/hour), garbage collectors (\$14.54/hour), and animal caretakers (\$10.48/hour).<sup>28</sup> In a 2002 study of 427 professions by the Bureau of Labor Statistics, child care workers ranked 401<sup>st</sup> in their mean hourly earnings, behind elementary school teachers at \$28.86, registered nurses at \$21.69, and social welfare eligibility clerks at \$14.68.<sup>29</sup> These earnings comparisons give an indication of how child care services are valued in the market. They also show how these women suffer from what many label the “care penalty,” where workers such as child care providers or home health aides suffer a penalty through low wages, lack of benefits, and reduction in future earnings for choosing to enter these vital fields. These penalties contribute to the child care industry having one of the highest concentrations of poverty-wage workers.<sup>30</sup> The economic development frame that focuses on increasing parents access to care by increasing slots often overlooks the economic reality that working in child care is often not a good or sustainable job that allows workers to achieve or maintain self sufficiency and ascend career ladders—ultimately not

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<sup>28</sup> (Statistics)

<sup>29</sup> (Buckley)

<sup>30</sup> (Tuominen)

meeting parents needs by creating arrangements that are unstable or do not provide incentives to improve quality.

## **Child care as early childhood education**

The other frame that is commonly cited within the child care debate addresses the educational component of child care and focuses almost exclusively on the children. This frame is often referred to as early childhood education, and it is viewed as essential to generating a future workforce capable of working within the highly skilled, information economy. Arguments for increased investment in early childhood education revolve around two main themes: creating a more productive future workforce, and decreasing spending for social ills such as crime and special education. The arguments stem from recent research on the significant brain development that occurs in the first five years of life and its implications for future academic and economic success. The Committee on Economic Development, a nonprofit policy and research organization comprised of business leaders and educators, elucidates these themes in their recent report “Preschool for All: Investing in a Productive and Just Society”:

Helping all children start school ready to learn is critical to their future success and to the well being of society as a whole... Poorly educated workers are increasingly unable to earn a living wage in a global marketplace where skills matter more than ever before. Society pays in many ways for failing to take full advantage of the learning potential of all its children, from lost economic productivity and tax revenues to higher crime rates to diminished participation in the civic and cultural life of the nation.<sup>31</sup>

Within this child care frame, advocates cite studies of widely touted pre-school programs such as the Perry Preschool Program in Michigan, the Abecedarian Early Childhood Intervention Project in North Carolina, and the Chicago Child Parent Center Program. Each of these programs worked with low-income children from distressed neighborhoods and showed that with significant investment in these early childhood education programs, participants succeeded in school, committed significantly fewer crimes than their peers, had much lower usage of public assistance programs, and had greater accomplishment within the economy. Using these studies,

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<sup>31</sup> (Committee for Economic Development Research and Policy Committee)

advocates suggest that early childhood education investment is capable of generating a significant return, ranging from \$4 to \$15 for every dollar invested.

The form of child care that is considered early childhood education, however, differs markedly from other conceptions of child care. Advocates within this school concentrate their efforts on preschool age children (3-5 years of age), and the programs envisioned are almost exclusively center-based and educationally oriented. In Massachusetts, the State legislature recently passed unanimously a law creating a program to provide free pre-school (as child care for 3-5 year olds is often called) to all low-income 3-4 years olds in the State. Such a victory will bring significant new resources into the State's early childhood education and pre-school sector. The framing of the issue by the Early Education for All campaign, however, as one of the education of pre-school aged children creates policy that provides virtually no benefits for parents who need care for their infants and toddlers and for providers who choose to offer care outside of centers. By defining the problem in terms of one member of the trilemma, as the early childhood education and economic development frames tend to do, proposed solutions have the tendency to privilege one group over the others, often to their detriment, and do not provide a balanced or sustainable strategy to meet the interests that the groups share—creating an affordable, accessible, high quality child care system serving a range of age groups and offering providers living wages, benefits, and access to career ladders.

### **Ambivalence and conflicts around child care usage**

As we have seen these differing framings of the child care “problem” create a range of policies and possibilities for interventions, generating much of the complexity found within the system. Additionally, while the various positions and differing frames within the child care debate seem clear cut and simple within the position papers and reports of advocates, once outside of these well defined statements, the conceptions of childcare start to become muddled, confused, and highly contested. Many of the media accounts of childcare highlight the debates, the fears and ambivalence on our growing reliance on professional services for the care of our young children. From the stories of child abuse by providers, negative effects of care, positive

effects of care, the low wages given to those who choose care as a career, the high costs of care, and the dangerous consequences possible when children are left with no care, one starts to assemble a picture of American parents as conflicted and apprehensive about leaving the home and placing their children in a child care arrangement, despite the many benefits which child care advocates claim. While many mothers use child care services in order to enter the workforce, either by choice or economic necessity, a large number still hold the view that this care should be carried out first by parents (specifically their mothers), second by trusted relatives or friends, and finally by child care professionals, but only as a last possible option or in a crisis situation. Many mothers feel guilty for leaving their children with another, feeling as though they are being a bad parent, abandoning their children when they need them most.

These gendered frames of the traditional family and apprehensions about professional care have always been a significant component of the child care debate. They position providers and parents in opposition, fighting over which group is more capable of caring for and educating children. They have also made it difficult to make significant progress on creating widely accessible child care programs and innovations. Beyond the guilt of individual families, many others see an increase in public involvement in child care as an effort by government to destroy the family unit and strip parents of their agency to raise their children. One of the most significant child care bills, the 1971 Mondale-Brademas Act, would have created a federally subsidized, universally accessible system of child care centers. President Nixon vetoed the measure, stating that it would place, “the vast moral authority of the federal government to the side of communal approaches to childrearing as against a family centered approach.”<sup>32</sup> Conservative critics and lawmakers have used the same set of arguments to defeat or substantially weaken other child care bills such as the 1988 Dodd-Kildee "Act for Better Child Care" to First Lady and now Senator Hillary Clinton's efforts to increase quality and access to early childhood education during the 1990's. Conservatives argue that the feminist ideology that supports national child care policies, “teaches that it is demeaning to women to care for their babies and, therefore, the role of motherhood should be eliminated and daycare should become a government responsibility so that women can fulfill themselves in the paid labor force.”<sup>32</sup> Such

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<sup>32</sup> (Schlafly) Page 127

anti-care sentiments have driven the creation of the child care frames found in the current debate as advocates have attempted to redefine their efforts away from the contested issue of helping women enter the workforce to child care's impact on the regional economic development and education of children, seemingly more benign and better supported positions.

Consistent with these sentiments, the new Massachusetts early childhood education law written by the Early Education for All Campaign supports universal, but voluntary, access to pre-school services with half of all money going to community-based non-public school programs. The law also stipulates that children will have access to care for a minimum of four hours a day five days a week.<sup>33</sup> While such stipulations ensure a consistent and substantial amount of care in accordance with local needs and values, they clearly position these services as an educational and community resource, not a work support as child care has traditionally been conceived. They also show that the idea of child care, who is offering it, where it takes place, and why it is being offered in the first place differ widely depending on who is doing the defining. As such, the policies offered to intervene within the childcare sector also differ, overlap, and often conflict, creating the levels of complexity found within the sector.<sup>34</sup>

## Market failures and the need for public intervention

While advocates and critics continue to generate and attempt to navigate through the complexities contained within the phrase "child care", providers still offer these services every day and families still wake up every morning ready to use them. The conflicts between parties and the failings of the system emerge from the mis-alignment of the trilemma, defined earlier in the chapter, that positions parties in opposition. Such divergence creates the significant gaps between need and provision, the low quality care many children receive, the high costs many families bear to access care, "the care penalty" which providers suffer, and the limited public

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<sup>33</sup> ([An Act Establishing Early Education for All](#))

<sup>34</sup> An example of this overlap and conflict can be found in Massachusetts, where child care funding can be found both with the Department of Transitional Assistance and the Department of Education. Each agency has its own eligibility criteria for which families qualify for the subsidies and the standards that providers must maintain to access these resources.



involvement in ensuring quality and access. Taking all of these issues into account, we can see that the current state of child care in the United States represents in a broad sense a classic example of a market failure, where the price that parents are able to pay does not properly value the public benefits provided or the cost of offering the service. Additionally, it places the burden of funding and improving the system on the parents and providers, while the benefits of their efforts are delivered not only to these actors but also the wider community.

To address these failings, the public sector and non-profit organizations have initiated a variety of interventions. The majority of existing public interventions have focused on increasing parent's ability to pay for care, but the tax credits and vouchers offered either do not provide enough funding to significantly increase parent's ability to pay or are limited to too few families. In 2001, the Federal Government spent approximately \$17.2 billion on these programs.<sup>35</sup> State spending (much of which comes from the above mentioned Federal sources), however, varies markedly by location, where in 1991 Massachusetts spent \$152 per child and Idaho spent \$.24.<sup>36</sup> Many also estimate that a large percentage of families with child care needs are not able to access these supports. The various programs and funding levels, therefore, do not represent a comprehensive policy that guarantees equal access to care or consistent levels of quality across the country. The majority of CDC and other nonprofit organization initiatives have focused on one element of the delivery system, such as giving providers access to training and credentialing programs, helping parents to access child care resources, or creating/rehabbing spaces for child care. These individual and often disconnected approaches, however, do not address the comprehensive problems that providers, parents, children, and institutions face when trying to improve and increase the supply of high quality child care in a given locality.

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<sup>35</sup> (Cohen)

<sup>36</sup> (Gormley) Page 53

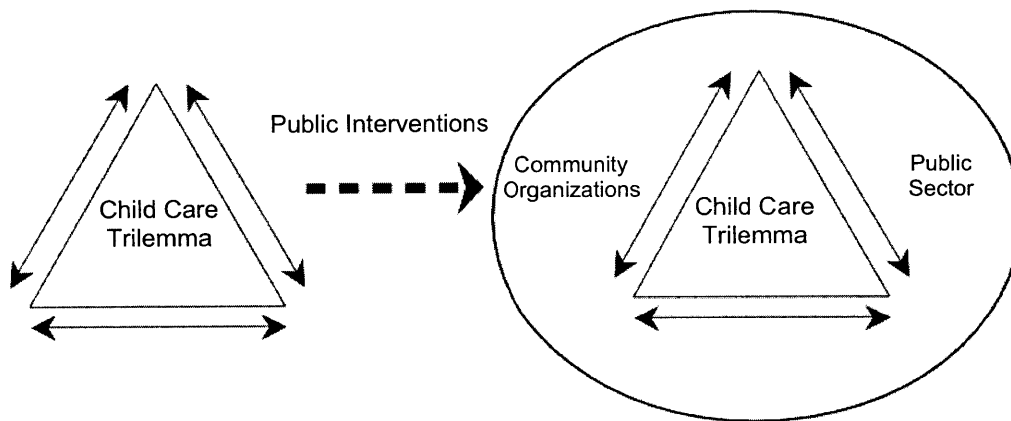


Figure 2: Solving the Child Care Trilemma

These interventions, instead of placing them within the context of wider networks of organizations working within child care or community development, seek to give individual assistance to trilemma members to aid them to solve the trilemma. Our current conception of the trilemma, however, with its three players cannot be solved solely with the resources and capacities of these three groups as their assets are finite and levels of quality have a certain minimum below which they cannot and should not go. Figure 2 posits a possible conceptual solution—the inclusion of community organizations, such as community development corporations, within the delivery system and greater devotion of resources by the public sector. Such interventions will bring additional resources and supports to the system to reduce the market failure and recognize the extensive public benefits which child care businesses. The new positioning of childcare within this extensive network of community-based organizations and public resources recognizes the benefits that a well-functioning child care system bring to both the individual parties within the trilemma and the wider community through better educated children, reduced social spending, more competitive regional economies, and more productive workforces. The following chapters will look deeper into the different forms of childcare,

especially home-based forms, and possible ways for these public and private sector actors to comprehensively intervene.

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## CHAPTER 2: A DISCUSSION OF HOME-BASED CHILD CARE

### The majority of children are cared for in the home

When most people think of childcare they think of child care centers. This setting, however, is not where the majority of children enrolled in non-parental care spend their days. The large majority of child care takes place in the home, whether that be the home of a licensed family child care provider, that of the child's relative, a neighbor, a family friend or in the child's own home with a babysitter. While these forms of childcare are well-known and popular to the families that rely on them, to the larger community, their presence often goes undetected. This condition is due in part to their informal nature, but also to their settings, which are both public in the sense that they invite in the outside world and private, in that they occur in the most intimate of locations—the home. Until recently, these forms attracted little attention from government regulators or researchers attempting to understand and create innovations in the child care sector. With the increasing need for child care services, however, especially among low-income households subject to work requirements under welfare reform, these formally “invisible” forms have begun to figure more prominently in the child care debates.

These home-based forms are popular with parents for a variety of reasons. While centers, with their educational, institutional orientation, are often the choice for pre-school care (ages 3-5), many parents prefer the home-like atmosphere and smaller group settings offered by home care for infants and toddlers.<sup>1</sup> Dwayne Gardner, formerly of the Federal Department of Education and now an educational planner, argues that as child care “is an extension of the home, it should, therefore, ideally be located nearer the child's home than would an elementary school and would reflect the image and the scale of the home.”<sup>2</sup> Locating care in the home places children in a semi-familiar environment and offers parents care resources within their community. Additionally, home care offers the opportunities for mixed-age settings, which

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<sup>1</sup> (Galinsky et al.)

<sup>2</sup> (Association for Childhood Education International. and Sunderlin) Page 3

provide a learning experience different from a center, but also allow for a family to use one facility for all of their children. These demand preferences are mirrored by the supply of child care. Often centers offer few or no infant or toddler slots due in part to these parental preferences but also to the high cost of infant and toddler care—putting this form out of the reach of many families.

Home care, for all age groups, is often times more affordable than center-based care, an important factor for many low- and moderate-income families for whom child care costs often constitute 10-20% of a household's monthly budget.<sup>3</sup> On average, centers cost parents close to 40% more than home-based arrangements (\$52/week compared with \$83/week). Even licensed family child care (\$62/week), the home-based form most like centers, on average costs 20% less than center-based care.<sup>4</sup> Given these economic realities, center-based services are often not available in low-income neighborhoods or places convenient to low-income parents—further pushing families towards home based care.

Finally, home-based arrangements also offer parents many benefits, such as a greater flexibility in their scheduling and usage of care—a feature that especially benefits low-income families. Many low-income workers have jobs with varied and non-traditional schedules. Center based care is usually offered only within standard business hours, therefore, not meeting the needs of those working non-traditional shifts. Additionally, many low-income workers involved in the service industry do not work fixed schedules, but instead a mix of shifts at varied times of the day. A recent article in *The New York Times* suggests that nearly one-thirds of women leaving welfare take jobs with these irregular shifts.<sup>5</sup> The flexibility offered by home-based arrangements better accommodates the needs of these workers. Home-based providers also have the ability to take mildly ill children by separating them from other children in a bedroom or another room; centers often do not have this ability. Studies have shown that parents utilizing home-based care miss fewer days of work for sick children than those in centers. For low-income workers in jobs with strict attendance policies, such provisions are essential. Home-

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<sup>3</sup> (Mitchell, Stoney and Dichter) Page 3

<sup>4</sup> (Smith)

<sup>5</sup> (Kaufman)

based care, due to its size and individual proprietorship has the capacity for greater flexibility, allowing it to better meet the needs and locations of low-income families.

Home based care also offer parents the choice to find arrangements that best meet their backgrounds, values, and child rearing philosophies. This preference is especially prevalent when the family's first language is not English. While many centers offer instruction in a range of languages through providers from varied backgrounds, the availability of these services has not kept pace with the needs from growing immigrant populations. Home-based care is offered by members of these communities, and, therefore, more often than in centers, providers can offer care in the child's native language. Additionally, as these providers speak the same language as the parents, they can more effectively communicate with parents about their child's development and the care and education they are being given. The small scale and wide diversity of these home options offer parents the greatest level of flexibility in their choice of care, in regard to language and culture.

While parents may express preferences for one type of care over another, many also experience significant constraints on their choices due to availability of care and their ability to pay for it. For many, center-based care is priced far outside their budget or not located near their homes or jobs. The choice to use home based care, therefore, represents a complex mix of preferences and constraints. While for many it is the preferred location for young children, for others it is the only option available to them or the only one they can afford. Any interventions to increase the availability and access to care must then consider all of these often competing points of decision making.

## **Family Child Care**

Family child care (FCC) represents the most formal and visible of these home-based arrangements, as these enterprises require some form of licensing from or registration with local governmental authorities. By the last nationwide count in 1999, licensed FCC represented 14% of the child care market.<sup>6</sup> Each state, however, defines and governs FCC businesses differently, making some of this counting difficult. While exact definitions of what constitutes FCC differ

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<sup>6</sup> (Sonenstein et al.) The last nationwide survey was conducted in 1999, during the Clinton administration. The Bush administration has chosen not to continue these surveys.



by state, most define two categories of FCC home—a small FCC home with a single provider and usually no more than six to eight children and a large or group FCC home where a provider and a licensed assistant care for ten to fourteen children. Each state, however, has their own specifications for numbers of children. In Massachusetts, providers are allowed to care for up to six children including their own in a small FCC home, while in California they could care for eight, and in Pennsylvania, they could care for four. The number of children in care also often depends on the ages of the children, so that fewer children are allowed if there are infants present, more if there are school age children in care. These local variations make researching and creating national policy recommendations for FCC difficult, as the entities differ so significantly by locality.

In addition, there is great variation on requirements for licensing/registration, training, and home inspection. In some states with greater levels of regulation, such as Massachusetts, providers must participate in training and have their homes inspected regularly in order to be licensed by the state's Office of Child Care Services. These regulations come into effect if providers plan to care for even one unrelated child. In other states with lower levels of regulation, such as South Dakota, providers volunteer to register their homes, have no training requirements, and affirm that they will comply with the standards set by the State with no home inspection to enforce such statutes. Such registration is required only if providers plan to receive public reimbursement for the care of low-income children.<sup>7</sup> As we can see, no uniform, national standards exist for licensing and training requirements, numbers and ages of children in care, or eligibility for public subsidies for child care services.

In addition to being these governmentally defined entities, FCC homes are also legitimate small businesses that require significant management skills, strategic planning, and financial acumen. Despite these capacities, the field still appears to many as unprofessional with its practitioners seen as lacking specialized knowledge or training. This construction of FCC developed out of the idea that “mothers at home caring for their own young children could always take in a few extra children to help out their neighbors who worked, and at the same time,

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7 (Services)

earn a few extra dollars on the side.”<sup>8</sup> Such an understanding of FCC, while explaining some provider’s motivations to enter the care world and constructions of what their work signifies, belie the efforts of many other providers and advocates to make this form of care into a significant enterprise that directly contributes to community development and the education of young children. It also relies on gendered conceptions of the family that suggest that women, the vast majority of providers, “naturally” possess the personalities necessary for care work, and as such are drawn to this occupation, not out of a sense of enterprise or desire to support their family, but out of their inherent benevolence, love for children, and feelings about women in the workforce.<sup>9</sup> This “traditional” formulation devalues the skills that doing FCC well requires, the significant demand it places on the provider and her family, and the value that these jobs bring to communities.

### **Who are family child care providers?**

Many providers do hold this more “traditional” conception of their work, but many others take a view themselves as professionals, finding in FCC a valid and fulfilling career choice. These women are involved in national FCC organizations, such as the National Association of Family Child Care (NAFCC), participate in peer networks of other providers, take classes in early childhood education, and pursue voluntary training and accreditation programs such as the Child Development Associate (CDA). For them, FCC does meet the characterization of a profession: reliance on a knowledge base not normally possessed by others; standards for entry into profession that are set by members of the profession who have a strong commitment to competence; and, required training that confers authority and status.<sup>10</sup> While the baseline of requirements for opening and operating an FCC business in most states fails this definition of professionalism, many providers and organizations that work with them have taken it upon themselves to promote this conception of the field in order to gain more respect for practitioners and increase the quality of services offered.

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<sup>8</sup> (Kyle) Page 209.

<sup>9</sup> (Uttal and Tuominen)

<sup>10</sup> (Kontos et al.) Page 193

These women enter the field for a variety of reasons. Margaret Nelson in her study of FCC in Vermont found that the providers she interviewed held these more “traditional” conceptions of the family and chose FCC work in order to take care of their own children. One provider who had worked outside the home and utilized child care services she was unhappy with stated that, “I just started saying I should stay home and take care of my own kids and I like children and then I can be home... I always thought that’s why you had kids—to be with them... So then, really I did [day care] selfishly, to be with my own kids.”<sup>11</sup> Another provider told Nelson that she “started when [her] kids didn’t need [her] anymore because [she] needed little ones.”<sup>12</sup> Many of the providers interviewed, however, felt that while FCC was an economic necessity, by introducing work into the home it conflicted with their ideology of being a full-time stay-at-home mother. For these women, FCC offered a workable, though not perfect, way to reconcile their ideological commitment to staying at home with their children with their financial need for paid labor.<sup>13</sup>

Mary Tuominen conducted her study of FCC providers in Washington State and found that the ideology and motivation for entering and staying in the FCC field varied depending on the provider’s class, race, and ethnicity. She found that the Vietnamese, African American, Latina and other women that she interviewed did not pursue FCC out of an affinity to the ideal of the full-time, stay-at-home mother, but rather that the white, ethnic providers studied by Nelson and also Caroline Zinsser in her study *Born and Raised in East Urban* generally held these more traditional views. Instead, Tuominen’s providers “did not separate a mother’s responsibility for providing emotional and physical care from providing for her family economically, nor did they privilege one over the other.”<sup>14</sup> These women, unlike the women in Nelson and Zinsser’s studies who viewed work as coming between them and their familial responsibilities, saw work as an essential part of caring for their families.

One provider in Tuominen’s study who worked outside the home before and after the birth of her child, realized while working at a child care center that she “could do this [herself]. [She]

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<sup>11</sup> (Nelson)

<sup>12</sup> (Nelson)

<sup>13</sup> (Nelson)

<sup>14</sup> (Tuominen)

could be her own boss.” Another provider who held a job that required her to work weekends and holidays chose FCC, because she wanted work where she “could be home with [her] family on Mother’s Day and holidays.”<sup>15</sup> The large majority of the women in the study held jobs outside the home prior to FCC. These included agricultural, factory, secretarial, and service sector—all low wage jobs requiring little skill. FCC presented a more satisfying, though not necessarily more lucrative, option than what was available to these women in the out-of-home labor market. One provider, a Mexican woman who had been in the business for four years after many years working outside the home in a series of restaurants, responded when asked why she stayed in FCC:

I like it. I feel very good about it... When the children were younger, I used to work outside of the home. And I used to come home and I’d be tired, and I couldn’t spend any time with the children. I’d be nervous and had to fix dinner and had to spend time with them. It’s very different [now]. The children tire me out right now, but it’s different. Rather than feeling just exhausted, I feel like I can move. I have a little bit of time to rest and everything.<sup>16</sup>

A former provider, with whom I spoke with, had been a lawyer in her native Columbia, but upon immigrating to the United States, her limited English left her with few job opportunities. After a series of low-wage jobs and a bad experience with the babysitter of her young daughter, FCC presented a more meaningful and viable way of supporting her family. Once she attained fluency in English and additional training, she left FCC to find other work. Upon the birth of her second child, she chose to remain at her job outside of the home, and utilize the services of another FCC provider.<sup>17</sup> For these women, working, whether it be outside the home or doing FCC, does not conflict with their conception of what it means to be a mother and take care for their families. Instead of being a somewhat inconsistent method to meet their “traditional” ideology, as with the provider’s in Nelson and Zinsser’s studies, FCC, for these providers represents a source of work that offers greater fulfillment and control than that which they found outside the home. While providers often feel disrespected by those outside the FCC world for their choice of profession or have conflicts with parents over payment and pick up times that

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<sup>15</sup> (Tuominen)

<sup>16</sup> (Tuominen 94)Page 94

<sup>17</sup> (Pinto)

question their authority, FCC also functions to offer them ways to feel powerful and appreciated.

As one provider recalled:

I found [FCC] powerful because I never realized that I possess some knowledge which can be useful to others and that I can help. And that education is more than book-reading—it's often gathered just by experiencing.<sup>18</sup>

For these women, FCC functions as a vocation, not just another a job. Currently, however, these “professional” providers constitute the minority of FCC providers, with many observers suggesting that the large majority of FCC (and child care in general) providers do not have this level of training and commitment to their work.<sup>19</sup> As FCC has become more prominent, however, increasing efforts have been made to improve provider’s business skills, create networks for peer learning and client referral, and increase the level of training that providers have—all indicators significantly linked to quality improvements.

While no national assessment of FCC training exists, many local studies show that while the majority of providers have low levels of training, a growing number have taken some college level courses, are pursuing accreditation, and are interested in additional training opportunities. In a Boston survey, researchers found that 51% had received training for college credit within the previous 12 months, about 31% were pursuing accreditation, and 11% already had a CDA. In another study, in Oregon, researchers found similar results, that 88% had participated in workshop training on child care or child development, about 33% had attended a conference on a topic related to child care or early childhood education, and 66% had greater than 5 years experience as a provider.<sup>20</sup> These women do not see themselves as “the lady down the street looking after children in order to earn some pin money.” As one provider so eloquently stated:

the names have changed: we have rejected the term “baby-sitter,” have struggled with family day care mother (or father); have gone to the term caregiver, operator, and

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<sup>18</sup> (Rutman) Page 642

<sup>19</sup> (Helburn, Morris and Modigliani)

<sup>20</sup> (Boston EQUIP) and (Rusby)

provider and there is now a push to be called teacher. Of course, we're all teachers—but we operate in different environments and do different things.<sup>21</sup>

The actions of these women begin to make FCC more visible and to break down the public/private divide that has constrained the profession for so long. Additionally, their efforts, combined with that of advocates who work with them, push the profession towards greater formalization and quality improvements.

### **Do professional providers belong in residential housing?**

This push towards professionalization, while improving the quality of care, often creates conflicts with the space in which the care takes place—the home, a place rarely seen as a location for a small business. While these homes are sites of professional care services for both the children and their parents, providers must also arrange their houses to accommodate the needs of their own family. Within the homes of these providers, the divide between the business or public space and the personal, private space of the family is often unclear, with both elements existing side by side. One provider whose small apartment I visited had turned her own bedroom into the playroom for the children. She lamented that she was not only not able to decorate her bedroom as her own space but she was also not able to fully devote it to the children's art and activities due to the room's dual purpose. The same multi-functional use of space occurred in the kitchen where a child's table stood a few feet away from the family dining table, and next to that was the computer station used by the children. In another home, the provider had converted a room into a space exclusively for the business, but the children still played and watched videos in the family's living room, so that while there was dedicated FCC space, the home/FCC boundary was still unclear.

On one level, this blurring between home and care space is the quality that makes FCC attractive to parents, especially those with very young children. Mirroring this preference, many centers have chosen a “residential” model of design. In this style, architects have attempted to move centers away from their usual institutional or school-like look to make them appear more

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<sup>21</sup> (Johnson and McCracken) Page 34

like homes with classrooms laid out like rooms in a house or with classroom entrances decorated with house-like facades.<sup>22</sup> This combination of home and care offers a child a familiar environment and allays the fears of parents who think they might be sending their children to an institutional school setting at too early an age. For these parties, having children play in the provider's bedroom or the family living room offers an experience similar to one the child might find in their own home. However, for the provider, these desires create a tension with her own plans to establish private space for her family. When providers were asked what they would want for their business if they owned their own home, the providers with whom I spoke, immediately requested a space dedicated to the business apart from the space for their family, preferably a basement that could be fully separated from the rest of their home. Other studies of FCC have revealed similar results that "the majority of statements describing 'an ideal [FCC]' mentioned additional space with many providers preferring [FCC] areas separate from family space."<sup>23</sup> For organizations looking to design new FCC space or modify existing units to better accommodate the business, the design challenge is in finding a balance between these two sets of interests.

In addition to the provider's tension between FCC and family space, there is a wider perceived conflict between business and residential uses occurring in the same space. Home's, however, have always been the site of domestic work, and prior to the industrial revolution in the mid-nineteenth century, were also the sites of manufacturing enterprises, so that these sets of interests were not seen to be as far apart as they currently are. The push toward suburbanization in the nineteenth and twentieth centuries, however, promoted a new conception of the home that based itself on a separation between domestic and commercial affairs, between the "women's sphere" in the home and "man's sphere" in the office and factory.<sup>24</sup> Gwendolyn Wright suggests that "home was to be a setting of luxury and comfort, softness and frivolity, at once a place of refinement and exotica. It was to be private, contrasting with the frenzied activity of the

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<sup>22</sup> For information on this residential model of child care center design see, (Olds) and (Sussman)

<sup>23</sup> (Atkinson)

<sup>24</sup> (Hayden) (Sprague)

## Examples of Family Child Care Homes



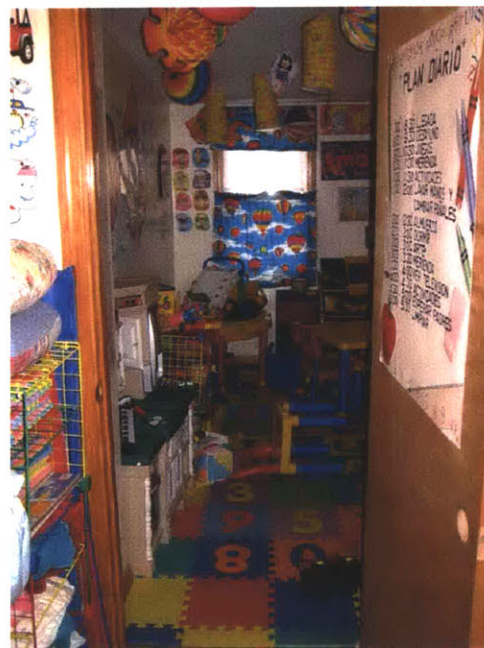
A family child care home, like every other neighborhood



A provider cares for children in a space that doubles as her bedroom



The children's table stands by the side of the family's dining table



A family child care home with a space dedicated exclusively to care



## Examples of Family Child Care Homes



These window guards are an example of safety measures required by licensing agencies



An example of a center designed in the residential style



Daily plan of activities posted in a family child care home



A provider creates space for children's belongings and toys

skyscraper, which now symbolized the business environment.”<sup>25</sup> While FCC can be viewed as an extension of the domestic production and child rearing work that already occurs within the home, many view it as a commercial enterprise intruding into the separate domestic setting described by Wright.

Groups in various states have used the courts to challenge the assumption that the presence of FCC materially affects the character of a residential setting. A case in Michigan where a homeowner’s association sued a family who owned a home within the subdivision for violating a clause in their deed that stipulated residential use within homes found that:

the only observable factor which would indicate to an observer that defendants do not simply have a large family is the vehicular traffic in the morning and afternoon when the children arrive and depart. When focusing on the objective activities involved in this case, we find they are residential in nature.<sup>26</sup>

Courts in New York State have found similar results, based on FCC’s similarity to the childrearing activities normally carried out by tenants and homeowners and the State’s existing public policy to promote FCC through its licensing statutes and financial support of FCC programs.<sup>27</sup> In a 1971 case, the court ruled that it “cannot be said that the use of the demised premises by respondent for the day care of six small children for remuneration has changed or will change the character of the building....”<sup>28</sup> A 1998 case built upon this precedent and others favorable to FCC, ruled that FCC was “consistent with residential use and serves to advance the public policy of this state.”<sup>29</sup> In these states, the courts have found that while FCC is nominally a business, on its face it appears to be primarily residential in character, and, therefore, should be allowed in all homes.

The State of California goes even further in its defense and promotion of FCC. The Health and Safety Code sets out explicit tenant’s rights protections for providers. The code’s preamble declares that the State:

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<sup>25</sup> (Wright)Page 109

<sup>26</sup> (Beverly Island Association, a Michigan Association, Plaintiff-Appellee, V. William Zinger and Jeanette Zinger, His Wife, Defendants-Appellants)

<sup>27</sup> Conversation with Ken Rosenfeld, Director of Legal Services at the Northern Manhattan Improvement Corporation, March 2003.

<sup>28</sup> (Vittorio Properties Inc. V. Alprin 324 N.Y.S. 2d 152)

<sup>29</sup> (Sorkin V. Cross 242 A.D. 2d 52)

has a responsibility to ensure the health and safety of children in family homes that provide day care..., that there are insufficient numbers of regulated family day care homes in California..., and there will be a growing need for child day care facilities due to the increase in working parents.”<sup>30</sup>

The Code goes on to state that that “family day care homes for children should be situated in normal residential surroundings so as to give children the home environment which is conducive to healthy and safe development.” As such, landlords cannot discriminate or evict tenants who operate family childcare businesses in their units. Similar prohibitions exist for homeowners associations. Based on this favorable public policy that unambiguously defines FCC as a residential use, various affordable housing developers across the state have been able construct housing specifically for providers or allow them to operate their businesses in existing units.

This conceiving of FCC as a business use and not a residential one has ramifications not only for these legal constructions but also for funding used to construct and operate affordable housing. Almost all of the subsidy programs used to finance affordable housing contain some stipulation that units will be used exclusively for residential purposes. Many developers and property managers of affordable housing, while nominally supporting FCC as a community development strategy, have expressed significant reservations about allowing FCC in their units for fear that it will jeopardize the subsidies essential for the operation of the development. This concern has been particularly stressed in regard to developments that use Low Income Housing Tax Credits (LIHTC), though many have also expressed worries about developments that utilize HOME, CDBG, Section-8, and other funds.

The enabling legislation for these funds, however, offers limited and vague guidance on whether FCC is allowable in units that receive this funding. Some observers have argued that as the legislation does not explicitly prohibit FCC, then state law should determine whether FCC is an allowable use.<sup>31</sup> In the case of California, where state law explicitly defines FCC as a residential use and forbids prohibition of it by landlords and homeowners associations, groups

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<sup>30</sup> (California Health and Safety Code)

<sup>31</sup> (Cleary and Eng)

have been able to use LIHTC and other sources of funding to construct housing for providers.<sup>32</sup> In Massachusetts, where the public policy does not create as favorable an environment, groups have been much more cautious about allowing FCC in subsidized units, especially those that use LIHTC, where a violation could subject investors to significant financial penalties and loss of tax credit eligibility for the unit in question.<sup>33</sup> The sense in Massachusetts, however, is that while no policy has been issued specifically allowing or prohibiting FCC, the IRS and HUD, the federal agencies that issue and control the funding, have resolved to overlook the presence of FCC in subsidized units—giving developers the opportunity to build affordable housing for providers and to allow them to operate their businesses in existing units.

The issue of professionalism and how much the FCC business appears to act like a conventional business remains one of the pivotal concerns for many funders and property managers, just as it does for their counterparts in the land use debate. One property management expert explained that while informal child care arrangements occurred within many LIHTC developments, it was not until a provider attained licensing and began acting like a professional that problems began to arise with the funding agencies. Once property managers and owners are aware of FCC, as a formal business, occurring within their units, they begin to worry not only about the status of their funding but also the increased liability which the business could subject them too. They are oftentimes unaware that many providers attain specialized FCC liability insurance to which the owner and property manager can be added in order to shield all parties from liability if something were to happen to a child in care and their parents chose to sue.<sup>34</sup> Such concerns over funding and liability have real validity and consequence to their work, creating tensions with their desire to assist residents pursue business opportunities or access services that allow them to leave the house for work.

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<sup>32</sup> It should be noted in the case of LIHTC, that while groups have used this funding source in order to build FCC units, it is unclear whether or not, a developer could use LIHTC if they intend to add extra space to the unit, such as an extra room or a finished basement, for the FCC business. The Child Care Law Center, which has examined this topic, suggests that if this space, which is not included in other units, were to be built, then it is possible that such space may not be included in the eligible basis.

<sup>33</sup> Conversations with Sandra Blackman, Director of Asset Management, Massachusetts Housing Investment Corp., and Jim Lockett, affordable housing development consultant, March 2004.

<sup>34</sup> Providers within the JPNDC system are required to attain such insurance, and the FCC program offers aspiring providers loans and grants to help them afford the premiums.

## Should all providers be licensed?

In addition to the perceived conflicts between FCC and residential space that are raised by the growing professionalization of providers, questions are also raised about how to reconcile this growing formalization with the existing large capacity of informal arrangements of grandmothers, aunts, neighbors, and friends. Many parents consciously do not choose “professional” services but instead rely on these “kith and kin providers,” and many providers resist making the transition to these more formal arrangements, seeing it as unnecessary or conflicting with their ideology of care. In addition, these informal enterprises serve important functions in many communities, and “that although they lack professional expertise they can serve to socialize children to family and community values as well as provide warm and caring surroundings.”<sup>35</sup>

To regulate these forms of childcare in the same manner as licensed FCC homes or child care centers could have profound negative effects on these existing neighborhood institutions, as well as being politically difficult. The Dodd-Kildee child care act proposed during the 1980s faced significant opposition when conservatives realized that for providers to access public funds, then Grandma and Aunt Millie would need to be “trained and licensed by the federal government” –a sign that government was attempting to invade the private world of the family.<sup>36</sup> With limited resources, it also does not seem possible for states to effectively monitor those kith and kin providers who do chose to pursue licensing and professionalization, especially when they have difficulty inspecting those already licensed. This resource issue has motivated many states to move from formal licensing, such as that found in Massachusetts, to voluntary registration, such as that found in South Dakota, in order to make visible the thousands of small FCC homes in their state, even if the change does nothing to ensure that these homes comply with state regulations or provide quality care.

While child care advocates may decry these policies, many who oppose increased regulations, such as the Federal Department of Health and Human Services during the administration of George Bush, argue that increased monitoring and regulation “would increase

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<sup>35</sup> (Zinsser) Page 75

<sup>36</sup> (Schlafly) Page 230-231

the cost of supplying childcare.”<sup>37</sup> Increased costs for providers would lead to increased costs for families, further limiting choices for low and moderate income families—an important issue to consider if one wants to increase access to child care services for these families. Advocates argue, however, that increases in regulation and professionalization initiatives work to significantly improve the quality of childcare in FCC homes.<sup>38</sup> Such quality improvements are essential in light of the research showing how these early care and education experiences, especially for infants and toddlers, has considerable influence on their later development.<sup>39</sup> Any interventions aimed at licensed FCC or informal kith and kin care will undoubtedly have impacts on both types of care, the costs of that care, and the well being of providers and the children they care for. Actions that do not bridge across the licensed and informal sectors, therefore, limit their effects and potentially create negative impacts, such as by pushing the informal sector further underground or raising costs so that many parents can only choose lower quality care.

Regardless of the legal status of the arrangements or their score on quality measures, the fact remains that the majority of children in child care have their early childhood education experiences in a home-based care arrangement—both formal and informal. Policies and programs looking to intervene into the child care market, therefore, cannot overlook the importance of this sector or attempt to direct all families to center-based care. For many families, due to their nontraditional work schedules, use of a language other than English, or preferences for home-like settings, FCC is a first choice. For other families whose choices are constrained by an inability to pay the cost of a child care center or to find one in their neighborhood, FCC presents the only viable option. The legal rationale behind the land use regulations and affordable housing funding programs is based on a desire to separate commercial from residential uses, but, in many localities, precludes the provision of FCC—an activity that effectively exists in both of these spheres. A disconnect, therefore, exists between the child care needs and choices of families and the ability of providers and others to find and create space in which to open and operate FCC businesses. Such challenges might lead organizations interested in intervening into the child care sector to choose center-based models over FCC. By making

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<sup>37</sup> (Segal)

<sup>38</sup> (Bordin, Machida and Varnell)

<sup>39</sup> (Heckman)

that choice, however, they ignore an important component of the child care sector occurring within their communities. With this view in mind, we now begin to look at possible interventions by community based organizations, especially community development corporations.

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## **CHAPTER 3: FAMILY CHILD CARE AS A STRATEGY FOR COMMUNITY DEVELOPMENT**

### **A Framework for Addressing the Family Child Care Trilemma:**

As we have shown in previous chapters, child care is an essential resource that allows thousands of parents to go to work every day, provides children with their first educational experiences, and directly generates economic activity and employment opportunities. Yet we have also seen that unstable child care arrangements cause parents to be absent from work or lose their jobs, that poor quality child care negatively affects children's long term development, and that low wages and inadequate parent fees leave many providers in poverty and without benefits. These competing realities place the child care system in an unsustainable position by situating the needs and concerns of providers, parents, and children constantly in conflict. Without the inclusion of public and private actors to contribute resources and help create an infrastructure of support for family-based care through networks and systems, as put forth in chapter 2, this childcare trilemma will continue to fail those who rely on it and limit the vast public benefits that the child care sector can offer.

The challenge then is how to create a system that works for all three parties and the wider community. Throughout its history, the child care system has rarely focused on comprehensive initiatives that fully address the trilemma or attempted to link the various actors who regularly intervene in the system, instead offering a range of partial solutions. Many programs have generated positive outcomes for a particular group, such as high quality care for the children or better wages for providers, but rarely have groups found programs that could work for all three. Head Start, the well-known early childhood education initiative begun in the 1960s to support families on public assistance, offers very low-income children high quality care at little to no cost to their parents, yet its educational and child development focus leads to a schedule that is significantly shorter than the work day, creating a conflict for parents who need child care in

order to enter or remain in the workforce. The lauded High/Perry Preschool program in Ypsilanti, Michigan offered an intensive program that featured low child-to-teacher ratios and teachers who were all certified as public school teachers trained in childhood development. While offering superior educational opportunities for the children and supportive working environments for teachers, as well as a schedule that fit the needs of working parents, the program in 1996 cost \$12,000 per student per year, making it, without significant public subsidy, an impossible option for the low-income families it was designed to serve.<sup>1</sup> The Economic Opportunity Institute in Washington State proposed a career ladder for child care workers that included salary increases for each time a provider attained greater education, such as a GED, college classes, or a CDA certificate. Using savings from the Federal welfare program that occurred as families left the public assistance system, the State provided funding to implement “The Ladder” in 127 centers across the state. Results showed that staff turnover decreased from 50% to 10%, but the number of families with access to such centers is small compared with the number demanding care across the state.<sup>2</sup> The challenges facing community-based organizations looking to become involved in FCC initiatives are, therefore, how to create programs that are both educational and function as a support during the parent’s work day, affordable but still pay providers a living wage and benefits, and are cost effective for the public and private sector but implemented in enough locations to meet the vast need for services.

Already, community-based organizations in neighborhoods across the country have begun to partner with FCC providers to create such programs. These initiatives have connected providers with training and childhood development classes to improve the quality of education offered. They have offered providers business development training, administrative assistance, and access to capital in order to improve the experience of being a provider. Finally, they have leveraged public and private resources to help parents afford the cost of care, while pursuing an FCC strategy that through a network of small providers locates care throughout the neighborhood, convenient to parent’s home and work destinations. Rarely, however, have

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<sup>1</sup> (Committee for Economic Development Research and Policy Committee) Many estimate that child care costs ought not exceed 10% of a family’s budget. Without assistance, such a program would only be available to those with family incomes of at least \$120,000.

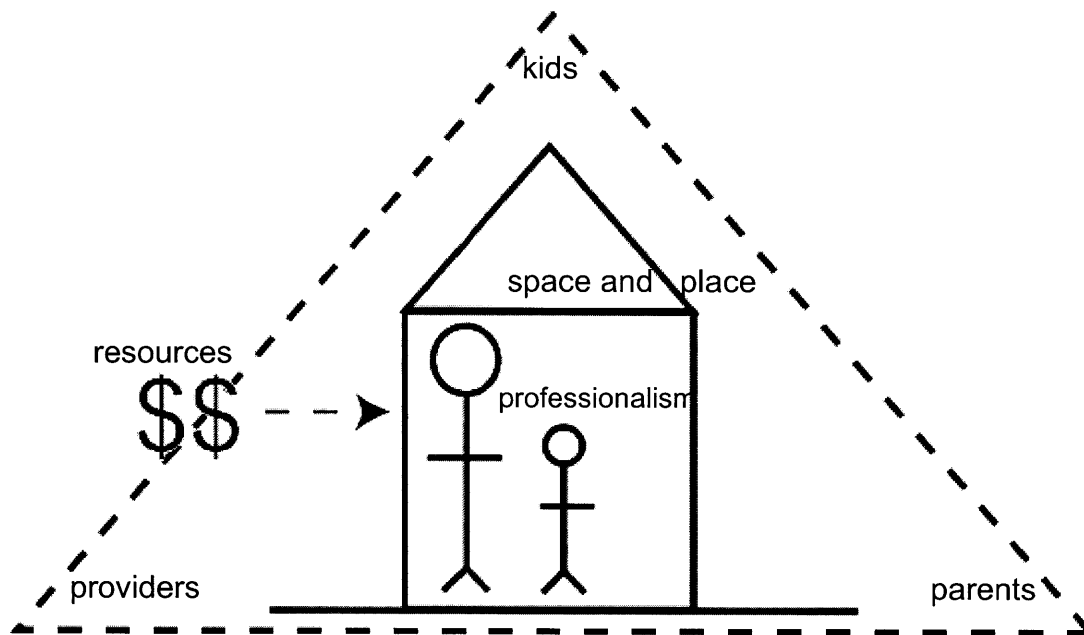
<sup>2</sup> (Economic Opportunity Institute)

organizations found ways, either through their own efforts or through a network of partnerships with other organizations, to use their various programs to solve the trilemma.

While we have conceptually identified the three primary players within the child care arena, it is important to also delineate the three categories of interventions in which organizations can make change within the trilemma in order to create an idea of what “best practice” could look like. These issues to be resolved can be thought of as: space and place; professionalism; and resources. While many of the existing programs have burrowed into one or even two of these categories of improvement, virtually none (again within one organization or through the work of partners) have attempted to address all three, creating gaps in the various efforts and limiting their ability to address the trilemma. Out of these models, a “best practice” does begin to emerge, though it cannot necessarily be limited to the work of one organization or one particular set of programs. Instead, it should be viewed as emanating from the work of a diverse network of organizations and institutions working on various scales from local to regional to national that through an iterative process based on service needs and organizational capacities constantly adapt their program design and agenda in order to provide services that positively affect children, parents, and providers and create interventions that address professionalism, resources, and space and place.

The first category, space and place, refers both to the quality and character of the home where FCC occurs, but also the nature of the home’s location—the supply of FCC in a given neighborhood and its proximity to resources such as parks, transit, job centers, or shopping. Professionalism, the second category of interventions, refers not only to the viability of the business that the provider operates—both in terms of its ability to support the provider financially and emotionally as well as its long term sustainability to provide a support for parental employment—but also to the quality of care the provider offers to the child. assets, the final category of interventions, refers to both those needed for organizations to create support programs and for parents to pay the cost of care. Organizations can help parents access child care subsidies to supplement their ability to pay in order to increase a providers gross revenues from FCC. These categories provide a way to begin thinking about interventions into the trilemma (see Figure 1 for a

diagrammatic explication of this idea). While some organizations will attempt to address all three sets of issues through their own programs, others will choose focus on one and create partnerships with other organizations who will take the lead on the others.



**Figure 1: A framework for CDC interventions into the family child care trilemma**

Additionally, the exact manner by which an organization, or set of organizations, chooses to address the trilemma will vary by place, capacity of the organization and larger community of partners, and the available support of the public sector, both financially and in terms of the legislative environment. I would argue, however, that these program specifics cannot be seen as individual pieces but must be viewed as part of a comprehensive initiative. Each move an organization and its partners may make to affect child care will significantly impact all parties involved, both positively and negatively depending on the action. To choose one program that fits within existing capacities—loan funds, peer networking, etc.—without placing it within a comprehensive framework of activities (carried out solely by the organization or in conjunction with those partners) does not, in the end, provide an adequate solution to the trilemma, but merely addresses one aspect of the system, forcing the problems to migrate to the province of another player.

### **Reframing Community Development beyond “Bricks and Mortar”**

It is almost a given that parents, providers, and children in low-income communities need some form of assistance to make child care a workable venture. High quality care is financially out of reach for these families and often does not exist in their neighborhoods. The marginal revenues that these businesses generate and the low esteem in which providers are held in our culture create a situation where many of the individuals attracted to the field possess limited education and job opportunities. Finally, the children involved are often vulnerable, at-risk children living in highly distressed neighborhoods possessing a great need for high quality care. Community development corporations (CDCs) offer a range of programs and abilities that can begin to address these issues. Through their years working in some of America’s most disadvantaged communities, many have developed extensive capacities and networks inside and outside the neighborhood. They, therefore, have the capability to provide technical assistance to increase both the supply and the quality of care, while also improving the situation of providers by linking them with each other, with vital supports, and with parents looking for care.

While many neighborhoods possess a host of different types of community-based and non-profit organizations, CDCs are particularly suited to addressing child care problems in their target community. These organizations, however, having spent years developing expertise in a particular group of activities, do not often consider themselves to be the most appropriate location for child care initiatives. Since the 1960s, CDCs have worked “to reinforce the economic and social foundation of neighborhoods, towns and villages building their way out of years of disinvestment and decay.”<sup>3</sup> The over 3000 organizations that currently call themselves community development corporations (or neighborhood development corporations or economic development corporations, etc.) have a wide range of missions, organizational styles, and origins. Many have radical, grassroots origins developing as part of the War on Poverty or in response to local circumstances such as highway construction. Others began their works as adjuncts of government programs such as Section-8 construction grants or focused on the “bottom line” when such programs were dramatically cut.<sup>4</sup> While possessing great diversity, however, the movement does possess some unifying themes including a desire for local control of institutions, “efforts to develop housing, jobs, or business opportunities for low-income people,”<sup>5</sup> a focus on geographically-defined locations, and a goal of “linking neighborhood residents and community-based institutions to broader public and private support networks.”<sup>6</sup> These capacities, combined with supportive government policies, have made CDCs some of the most prolific producers of affordable housing in the country, the activity for which they are most often identified.<sup>7</sup> While many CDCs retain this narrower focus as housing producers, others have begun to reframe their work to include a wider range of activities, including FCC, that redevelop and build the capacities of distressed urban neighborhoods in ways beyond the physical.

As child care and neighborhood advocates have begun to work on child care issues, they, too, have begun to reframe their work as not merely a way to help individual families and

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<sup>3</sup> (Local Initiative Support Corporation)

<sup>4</sup> (Vidal; Peirce and Steinbach)

<sup>5</sup> (Simon)Page 3

<sup>6</sup> (Walker)

<sup>7</sup> According to the National Congress for Community Economic Development (NCCED 1995) 90% of the more than 2,000 community-based development organizations they identified were involved in affordable housing production. See also, Keyes, Schwartz, Vidal, and Bratt, “Networks and Nonprofits: Opportunities and Challenges in an Era of Federal Devolution,” *Housing Policy Debate*, Volume 7, Issue 2, 1996.



children, but as a larger public issue with wide-ranging effects from improved economies to lowered crime rates to children with greater capacities to learn and achieve in school.<sup>8</sup> From the neighborhood perspective, this move from private to public posits that a lack of child care infrastructure affects community development in ways as fundamental as the “bricks and mortar” areas such as affordable housing, the presence of trash-strewn vacant lots, or commercial facilities and business districts which CDCs have traditionally worked in.<sup>9</sup> Such efforts build the physical capital of neighborhoods, while child care initiatives, like job training programs or community organizing, help to build human and social capital.

As CDCs have gained success in these physical development activities, governments, foundations, and communities have begun to call upon CDCs to undertake these “broader, nonphysical development activities, often labeled community-building and including such endeavors as public safety, job training, child care, health programs, and community advocacy.”<sup>10</sup> These “community building” initiatives lead CDCs to take a comprehensive view of neighborhood needs and expand CDC activities, while also forcing them to move beyond traditional partners and project types.<sup>11</sup> The majority of “community building” initiatives that CDCs adopt, however, focus on the adult populations in neighborhoods. Child care initiatives, combined with other approaches, allow CDCs to create a multi-generational approach to their work to have a larger impact on their target community.

### **Child Care as a Community Development Strategy**

While not always considered in these terms, child care, especially family child care, is an issue based in place relying on local markets for clients and generating revenue that stays within neighborhoods. These small-scale, localized businesses fit with the preferences already existing within the child care market. When there are programs that fit their budget constraints, cultural backgrounds, and values, most parents opt for child care arrangements that are close to home, in their own neighborhood. Not having these services readily available raises the burdens of

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<sup>8</sup> See Chapter 1 for a discussion of child care as early childhood development and economic development with significant impact for local and regional economies.

<sup>9</sup> (Vidal)

<sup>10</sup> (Walker)

<sup>11</sup> (Kubisch)

transportation and employment for already fragile families and communities. For many, “children of working parents tag along on often lengthy commutes to day-care centers near a parent's workplace. One transportation researcher refers to driving as “mobile day care.”<sup>12</sup> For many children and parents in low-income communities, that “mobile day care” occurs on long trips and multiple transfers on buses and subways. Placing these services within neighborhoods both increases parent’s abilities to work and improves the functioning and social capital of the neighborhood by implementing an infrastructure of care and new institutions.

Such efforts seek to place the need for childcare facilities and protections for providers within a greater conversation about neighborhood development, suggesting that childcare space should not be considered as a luxury for affluent parents, but as an essential neighborhood amenity similar to schools, parks, or libraries. The Child Care Law Center in their guide to child care advocacy and land use argue that:

because parents have diverse jobs that are located in all parts of a city and that require work at all hours of the day and night, it is important to have equally diverse types of child care. This includes child care that is located in residential neighborhoods (e.g. FCC homes) and child care centers that are located near office buildings, retail centers, and factories.<sup>13</sup>

Strategies that directly incorporate child care space within planning and development work directly relate to and enhance CDCs place-based missions by directly connecting the creation of space with the provision of needed services and economic development opportunities. They also build on the existing trends within CDCs to expand the conception of their work beyond physical and economic development to incorporate the social capital and service needs of families living within their communities.

Yolie Aguilar, former Director of Child Care for the City of Los Angeles and current Executive Director of the Los Angeles Children's Planning Council, described FCC, “as a service emanating from the community itself, family child care is a family support service, an economic development opportunity and a child development and educational resource.”<sup>14</sup> While some may characterize FCC as a professional, social service, Aguilar and others have reframed it as a

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<sup>12</sup> (Katherine Shaver)

<sup>13</sup> ([A Child Care Advocacy Guide to Land Use Principles](#))

<sup>14</sup> (Local Initiatives Support Corporation and National Economic Development Law Center)

neighborhood issue and reframed community development as providing a comprehensive and wide-ranging group of supports to residents and families. These businesses “are deeply rooted in the economic and social fabric” of the neighborhoods in which they operate, having developed “as a family response to [the family’s] personal needs and to the neighborhood needs. Few businesses one could envision are so directly linked to both the empowerment and employment of working families.”<sup>15</sup> Many providers also view FCC as “community care work,” through their helping low income families go to work and escape poverty, while also giving children in their community education and support. One provider stated that:

I’m proud of working in my community... [The families she provides care for] know what I do. They know me. They know what I can do with their child. So that’s saying that this women in this community—she’s an asset. She’s good. She knows what she’s doing.<sup>16</sup>

These economic realities and conceptions situate FCC within places and notions of community, directly aligning it with the work that CDCs already do. Supporting residents to navigate the trilemma and bridging between other organizations working within child care, therefore, offers CDCs a significant new arena for expanding their revitalization mission.

Through their place-based focus, successful CDC’s have acquired an extensive knowledge about the stakeholders in their districts, made connections to a wide variety of institutions inside and outside the neighborhood, and built up extensive credibility with the neighborhood residents to whom they are accountable, due to their local governing boards and commitment to remain in the neighborhood through economic fluctuations. These capacities allow CDCs to bring City, State, Federal, and private resources to neighborhoods in a way that is sensitive to the culture and complexities of place, ensuring that more residents will have knowledge and access to these services than if they were left solely to these larger institutions. From the perspective of those larger institutions, CDCs have the ability to “funnel [city or statewide] child care support services into "difficult-to-serve" areas”<sup>17</sup> which they normally would not be able to reach. CDC involvement in this resource distribution model, therefore, helps to mitigate some of the critiques of the consumer demand model of services, “where one must aggressively seek out public goods, persistently demand them after being turned away on

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<sup>15</sup> (Saginaw Family Child Care Network)

<sup>16</sup> (Tuominen)

<sup>17</sup> (Stokley and Lessard)

the first try, and enjoy easy access to information and service providers.”<sup>18</sup> The localized nature of CDC work allows these organizations to act as intermediaries between government services and neighborhood residents.

Yin and Yates in their work on CDCs characterize such work, part of their definition of the mission of CDCs, as directing the “decentralization of resources to neighborhoods so they can increase their own economic situation and thereby solve their own problems.”<sup>19</sup> The case of FCC, where residents bring these centralized resources into the neighborhoods to employ themselves to care and educate local children while allowing their parents to leave the home to pursue their own jobs and businesses, offers a striking example of this definition. Current resources for child care include a wide ranging and confusing set of sources that vary widely by locality, but generally they include: parent fees; the federal Child Care Development Fund (a combination of four other funding sources, streamlined during Welfare Reform of 1996); the federal Head Start Program; state pre-kindergarten programs; employer subsidies; child care tax credits; foundation support; welfare-to-work/Temporary Assistance to Needy Families funding; state and local Community Development Block Grant funds; state and local education funds; and the USDA Child and Adult Care Food Program.<sup>20</sup> Many of these sources require organizational intermediaries while others are difficult to access without the assistance and administrative support of an organization skilled in managing these bureaucracies. If CDCs want their neighborhoods to benefit from a strong child care infrastructure, then actively participating in this resource gathering process is essential.

While all of these funds do not approach the vast need for additional resources, the amount of funding for child care, especially on the federal level, grew significantly after 1996 and the passage of welfare reform.<sup>21</sup> The majority of this money, as mentioned in chapter 2, has funded vouchers to help low income families pay for child care, often in conjunction with welfare-to-work programs, and to community based organizations and Head Start programs to improve child care quality. Many trace the decline in welfare rolls seen in many states to the

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<sup>18</sup> (Klinenberg)page 68.

<sup>19</sup> (Yin, Yates and joint)Page 141

<sup>20</sup> For more information on child care financing, see Alliance for Early Childhood Finance, [www.earlychildhood.org](http://www.earlychildhood.org)

<sup>21</sup> The Center for Law and Social Policy estimated that in fiscal year 2000, only one in seven federally eligible children received child care subsidies. (Greenberg, Mezey and Schumacher)

availability of these supports. Kenneth Miller, an aide to Washington Governor Gary Locke, stated that despite a sluggish economy, Washington has seen a continued decline in families on welfare: "We preserved our child care benefits. Folks who went off welfare and got jobs paying \$8 to \$10 an hour can continue working because they have child care."<sup>22</sup> Rhode Island, and other states that offered generous child care assistance, witnessed similar results, showing the need for child care assistance to support the economies of low income families and communities. For the entrepreneurial CDC, FCC initiatives and their funding streams present a significant opportunity to leverage additional resources for their neighborhoods while also aiding residents in navigating the child care trilemma.

### **How CDCs can begin to intervene into FCC:**

Once a CDC decides that FCC has the ability to enhance its community development mission, it will also see that its existing capacities and programs will bring much to improving the quality and sustainability of FCC. Many suggest that "the quality of care for the children substantially depends on the caregivers and on the quality of their work life."<sup>23</sup> CDC initiatives, therefore, generally begin with providers—their access to housing, management skills, knowledge of childhood development, and linkages to other providers, their neighborhood, and funding sources. Given that CDCs often have little experience and understanding of FCC, however, creating partnerships with child care organizations is essential to a balanced strategy.

These partnerships, both formal and informal, result from CDCs and child care organization's sense that they do not possess all of the expertise to create these initiatives on their own.<sup>24</sup> Each group can bring to the table its own networks, sets of resources, as well as the credibility of being a long-term actor in the field. In the latter sense, "partnerships help parties take more legitimate and widely supported action—help ensure a meaningful mandate—in a world in which operational capacity is often not enough."<sup>25</sup> CDCs, who might be well

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<sup>22</sup> (Pear)

<sup>23</sup> (Pitegoff)Page 1

<sup>24</sup> (de Souza Briggs)An excellent discussion of different types of partnerships, what they entail, and the pros and cons of entering into them.

<sup>25</sup> (de Souza Briggs)Page 6

established in the neighborhood but often have had little prior child care experience, might need the credibility of an established child care organization to gain expertise and get needed support of funders, families, and providers for the new endeavor. They may also possess expertise with a particular party, such as parents who are members of their general constituency, or in one area of intervention such as space and place through their real estate development work or professionalism through their small business component work. Given their existing capacities, they might also want to only address a particular category or party, while relying on partners to carry additional activities. Collaboration, at some level, is, therefore, essential to bring CDCs and child care together, if all aspects of the child care problem are to be meaningfully addressed. Additionally, many problems within the child care system, especially those that require major public policy changes, cannot be solved at the local level, but require regional or national coalitions—a task not necessarily appropriate for a place-based CDC. As suggested in the definition of best practice discussed earlier in the chapter, CDCs must, therefore, enter into larger networks of organizations working at various levels in order to have significant impact on solving the trilemma.

In any type of collaboration, both CDCs and child care organizations are required to learn and adapt their programming and cultures to integrate this new sphere of activities into their own organization. To borrow language from business and organizational theory, each organization type includes its own community of practice where:

members are bound together by their collectively developed understanding of what their community is about and they hold each other accountable to this sense of *joint enterprise*... Members build their community through *mutual engagement*... Communities of practice have produced a *shared repertoire* of communal resources.<sup>26</sup>

Members of each organization have their own language, purpose, and shared understanding of their work that they have developed through repeated interactions and working together on projects. In order for learning and collaboration to occur between the two communities, all members must understand their interests as well as those of their partners, how they differ, and how they overlap. They also must be willing to cross the boundaries between them to learn from

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<sup>26</sup> (Wenger)Page 229.

and share with those of the other community. For both of these organizations, learning entails “the continuous testing of experiences, and the transformation of that experience into knowledge—accessible to the whole organization, and relevant to its core purpose.”<sup>27</sup> Both organizations must enter into this process of learning to understand the need for collaboration and how the other communities expertise and experience will further their own “core purpose.” Without such emphasis on learning and knowledge, then these “cross-disciplinary” projects will not succeed.

Significant differences do exist between CDCs and child care organizations. Before CDCs can consider collaborating with these groups or developing their own child care programs, these differences must be understood and learning shared. Successful programs will find ways to navigate between the various points of conflict. Jan Stokely, Executive Director, Child Care Coordinating Council of San Mateo County and a frequent writer on child care and community development partnerships lays out a number of points that often frustrate collaboration around child care projects (See Table 1):<sup>28</sup>

	CDC interests	Child Care interests
Target population	Directing resources to low-income families in distressed neighborhoods	While working with many low-income families, ultimately ensuring that all families across the City or region have access to high quality child care services
Geographic Focus	Focusing efforts on a specific geographically defined service area in order to build a healthy, sustainable neighborhood	Usually working within some large, geographic region. Interested in creating functional, rational child care systems that works for everyone
Investment Strategy	Valuing capital investments in FCC businesses for long term impacts	Attempting to meet the operating needs of FCC businesses to ensure their viability in the short term
Framing of existing FCC businesses	Looking to build on existing assets in a neighborhood and help generating economic activity without understanding or focusing on early childhood education standards	Focusing on the deficiencies in quality levels of existing FCC businesses to improve early childhood education

<sup>27</sup> (Senge)Page 122

<sup>28</sup> (Stokley and Lessard)Pages 7-8

Mission focus	Looking to build institutions and garner resources that will stay within the neighborhood	Supporting maximum mobility and choice for families even if that means that parents choose different model of care or bring resources to another location
How FCC fits into economic development	Looking to value FCC as a self-employment opportunity for low-income individuals who have few good job options due to language, location, education, family circumstance, or racism	View FCC as “underemployment trap” for women that will not lead to self-sufficiency and work to increase compensation, regulations, and training requirements to improve work

**Table 1: Comparisons of CDCs and Child Care Organizations**

Each point in the table presents a different approach to addressing a particular member of the trilemma or category of intervention. While these divergences can never be completely reconciled (ie. one cannot be exclusively neighborhood oriented while also working to serve a larger region), project sponsors must consider each point, and attempt to find ways to bridge across the different framing of the issues (ex. income targeting) and positions (ex. focusing specifically on low-income families) to find ways to meet the interests that different partners share—increasing the supply of and access to high quality child care. Additionally, for those place-based CDCs thinking of taking on FCC programs they may have a range of questions beyond the logistics of creating new programs: Will FCC present neighborhood residents a viable economic development strategy given the low compensation available to those offering child care services in a low-income neighborhood; Can we establish clear career ladders for FCC providers, given the divides between FCC, center-based, and elementary educational systems; Is it possible to use FCC to build institutions and services that will remain within the neighborhood for the long run without locking providers out of other viable and accessible opportunities? These questions emerge from a CDC’s attempt to incorporate these social services into to their efforts to improve specific places and build the capacities of particular groups of residents. The three categories of intervention—space and place, professionalism, and resources—offer CDCs and their partners places to answer questions and start negotiations on the various interests and positions outlined above. The following section will discuss these interventions in greater depth and provide examples of strategies that fit within them.



*Space and place*

The FCC experience begins with the physical and locational attributes of the home in which it occurs—the workplace of providers, the learning environment of children, and a large component of working parent’s daily commutes. CDCs can utilize their skills as housing producers and real estate developers to create new and improved spaces for providers who often operate their businesses in cramped apartments that fail to meet or meet at a minimum the health and safety codes established for licensing. These space and place skills that the CDC movement has been honing for close to forty years are essential to solving the trilemma. As this perspective has often been lacking from FCC programs, the space in which FCC occurs has, for the most part, taken a subordinate role to a focus on the activity within the house—the business, the interactions between providers and children, and the ability of FCC to serve working parents—and not the house itself. Conceiving of space and place in this way, however, as merely a box to house activities, devalues the way that these sites can significantly enhance or undermine the actions and needs of all parties in the trilemma. Architect Ronald Hasse argues that “the right physical environment can be a catalyst which enables the child to receive the best that people and program can offer.”<sup>29</sup> While his argument focuses on children, it can also be extended to providers and parents. The right physical environment in the right location provides the basis for any balanced FCC strategy, and without work in this arena CDCs do not fully realize the potential of the program or the goals within their mission. Bringing in CDCs, who do possess this expertise in space and place initiatives, as new partners into the child care delivery system helps all organizations working to find balanced strategies better achieve their goals.

When FCC programs, however, are housed within economic development departments, as they often are, and not integrated with the rest of a community development organization, these space and place concerns become secondary as they are rarely front and center within the economic development frame. The same can be said of child care organizations, which often approach FCC with a social service frame. Thelma Harms and Richard Clifford, who’s *Family*

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<sup>29</sup> (Association for Childhood Education International. and Sunderlin) Page 7

*Day Care Rating Scale* is one of the most widely used methods of evaluating FCC homes, argue that:

“a family day care home should not be thought of as simply the private home of a family; it must provide the necessary additional organization, space, materials, activities, and interaction to give developmentally appropriate experiences to the children who are enrolled there for day care.”<sup>30</sup>

This quote suggests a consideration of the physical environment of care, but while the book contains sections discussing the physical environment, the categories focus more on provider’s use of space, and not the actual configuration or location of it.

For example, providers are evaluated on “indoor space arrangement” and “space to be alone.” For the former category, in “good” and “excellent” homes, “space is well arranged, two or more play areas clearly defined... adequate storage and space to play in each activity area... space set up so children of different ages can use it at the same time.”<sup>31</sup> In the latter, a good or excellent home would be one where “space is set aside and made safe for one or two children to play, protected from others (ex. no-interruption rule, space out of sight of other children).”<sup>32</sup>

These criteria examine how the provider arranges the care environment and how she acts within it. Neither the houses themselves—their configuration of rooms or ability of families to create space solely for the business—nor their locations—near to transit, parks, shopping, schools, or other important elements within a parent’s or provider’s commute pattern—are seriously considered within these discussions. *The Scale* offers an example of how the child care field (and one could also argue the economic development field) view space as a given that must be accommodated and not a changeable commodity that can be constantly reshaped to meet the needs of present users.

The condition of the house, the space for care, and the location with its accompanying host of amenities is critical to the FCC experience, and without considering this within a range of interventions, successful trilemma strategies are impossible. By creating partnerships between child care organizations and CDCs or integrating existing CDC FCC programs into the work of

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<sup>30</sup> (Harms and Clifford)Page 1

<sup>31</sup> (Harms and Clifford)Page 13

<sup>32</sup> (Harms and Clifford)Page 15

the entire organization (and not siloing them within economic development or social service wings of the organization as often occurs), space and place interventions can be successfully brought to FCC. FCC businesses have a variety of specific spatial requirements, including those dictated by licensing, those suggested by advocates of increased early childhood education within FCC, and those imposed by the nature of the business—combining both home and work within one space. As discussed in chapter 2, often these competing claims generate space that privileges the business over the provider, and by working with providers on space issues, CDCs can find another way to help to balance the trilemma.

While the provider and the CDC can control the aesthetic and functional aspects of space, licensing agencies in most states, regulate the health and safety facets of space. In Massachusetts, the Office of Child Care Services provides a detailed 30-page document explaining the intricacies of becoming a FCC provider, including many requirements for the provider's home, which must be inspected before the provider can be licensed to care for children in that space. FCC homes must have proper lighting and ventilation, a minimum of 35 square feet of indoor space per child, have access to outdoor space – 75 square feet per child or within 10 minutes walk from a pre-approved park or outdoor facility, and possess various safety measures such as window grates and gates on stairways.<sup>33</sup> While these minimal requirements created by the state ensure a safe, standard environment for children, they do not provide ample amounts of space for children to play and learn or for providers to have a comfortable working environment—the keys to creating high quality FCC.

Gail Sullivan, an architect who specializes in childcare centers, suggests that "negative space is somewhat deterministic—it depletes people."<sup>34</sup> Providing childcare is a difficult job and being 7a young child away from home can often be scary. Adding inadequate space into that scenario has the potential to increase the stress for both parties and decrease the quality of care given, thus affecting parent's ability to use the arrangement and go to work. Authors Kritchevsky and Prescott suggest that:

Clues to the need for spatial improvement can be found primarily in teachers' and children's behavior. Tired or irritable teachers; apathetic hyperactive, or

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<sup>33</sup> (Office of Child Care Services) Space requirements can be found in sections 8.07 and 8.22

<sup>34</sup> (Sussman)

uninterested children; high noise level; large amounts of time spent in routine management; and excessive use of teacher-directed activity all have a high likelihood of being spatially induced.<sup>35</sup>

Poor space and the isolation often found among FCC providers contributes to both the low quality of care often found in FCC homes and the burnout and high turnover within the profession. These space issues are especially complicated given the context of cramped urban apartments, tight housing markets, and uncooperative landlords, creating a situation where many providers cannot allocate more space to the business or make improvements to the spaces they occupy. CDCs and others have the capacity to offer design advice to providers in existing units or can sensitively design new units to best accommodate FCC. Without the stability and flexibility that comes from controlling one's home, either through ownership or a long term commitment from a landlord, however, provider's have extreme difficulty maintaining businesses that are both economically viable and meet space needs.

In addition to these design and development capacities that CDCs can offer providers, the inclusion of FCC units within developments, both new and existing, offers benefits to the CDC. By combining construction of child care facilities with housing construction, CDCs can achieve cost savings over building such facilities alone. Additionally, these combinations of residential and service support each other and potentially make each enterprise more viable as "housing development supports commercial development by establishing and maintaining a stable residential base, thereby creating a reliable market for businesses" that operate within the neighborhood;<sup>36</sup> the on-site support services help residents to maintain and/or achieve economic self-sufficiency. These "bricks and mortar" activities of facility creation offer an entry point for CDCs into the FCC world as it has a direct connection with their existing work. To be part of a balanced strategy, however, CDCs must link their work to networks of other organizations with child care programs in order to create comprehensive efforts.

Many groups across the country, most notably in California, but also in Minnesota, Indiana, Oregon, Texas, and Rhode Island have been successful in these "bricks and mortar"

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<sup>35</sup> (Kritchevsky, Prescott and Walling)

<sup>36</sup> (Vidal)Page 75

projects. The Rich Sorro Commons project built by Mission Bay Housing in San Francisco includes both FCC services and a childcare center. Three units within the 100-unit affordable housing development will be rented to FCC providers to serve up to 6-8 or 12-14 children depending on whether it is a small or large FCC home. The Eastside Community Homes CDC of Indianapolis rehabbed over 20 single-family homes in the distressed Eastside neighborhood and leased them to childcare providers.<sup>37</sup> Development Corporation for Children in Minnesota built a single family home for a first time homebuyer provider and a duplex to be owned by two providers as a leasehold cooperative. The Dallas Public Housing Authority (DHA) worked with a local child care organization to train residents to be providers, and then DHA equipped and modified units for the FCC businesses. Such development work gives providers a much needed resource—affordable housing designed and managed with a mission to promote FCC.

While this development work promises many benefits, there are some tensions between CDCs and providers over the mission of these projects—creation of affordable housing or creation of child care space. The majority of developers have included clauses within their leases stipulating that if providers cease FCC provision they will move from their housing within a specified period of time. For these groups, the goal has been the creation of space that will have a permanent use as child care space, regardless of the tenant. One group, the Women’s Revitalization Project in Philadelphia, that had been planning a FCC housing project, chose not to complete it, because resident leaders did not feel comfortable with evicting a low-income woman who had chosen to pursue another career.<sup>38</sup> This group placed a higher priority on creating affordable housing for low-income families then creating permanent child care space. For organizations such as the Dallas Housing Authority that control a large number of units or in areas with low housing costs, helping to find former providers new housing is a feasible task. For organizations in high cost markets, such a task is much more difficult. Such an example shows one of the tensions between CDCs and child care providers that must be negotiated before undertaking any development project.

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<sup>37</sup> Jan Stokley, “Linking Child Care Development and Housing Development: Tools for Child Care Providers and Advocates,” published by the National Economic Development and Law Center, September, 2002. Eastside Community Homes is no longer in existence.

<sup>38</sup> Conversation with Bill Thomas, Facilities/Resources Director for the Women’s Revitalization Project, March 2003.

Development of affordable housing for family child care providers has the potential to help many providers successfully open and operate their businesses. These efforts, however, will only be able to reach a small percentage of current and potential providers. In order to fully address the housing issues that providers face, efforts must be made to support provider organizing and advocate for the necessary policy and legal changes to create a friendlier environment for family child care. In this vein, CDCs and advocacy groups have pursued a range of strategies around land use and affordable housing policies to enhance quality and the learning environment of child care space while also improving the working conditions and economies of providers. Groups in California worked with State legislators to enact state laws that pre-empt local zoning ordinances that bar childcare businesses, recognizing that these businesses were an essential service that differed from other home-based small businesses and deserved protection.<sup>39</sup> In Oregon, childcare advocacy groups collaborated on state legislation to make explicit that landlords are not liable for negligence of family child providers, a small but essential step towards convincing landlords that allowing family childcare businesses in their units is safe and desirable. In Massachusetts, while the legislature has taken this step to reduce liability for landlords who rent to child care centers, they have not extended such protections to landlords who rent space to FCC businesses.<sup>40</sup> These public policy changes reduce many of the space and place barriers that prevent FCC providers from opening and operating their businesses. With such prohibitions in place (or not in place in the case of liability), even the most professional provider with high levels of resources will be unable to offer FCC services to her community.

In addition to producing space for family childcare or advocating for the rights of providers as tenants or homeowners, various groups have pursued public policy agendas that would include provision of childcare within land use and planning decisions. In Oregon, a childcare network and a statewide association of CDC's, worked with the State Department of

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<sup>39</sup> These laws are in addition to the extensive protections given to tenants and members of homeowners associations discussed earlier in the chapter.

<sup>40</sup> Chapter 231: Section 85Y of the MA General Laws states that any owner of a property "containing premises operated by a person other than such owner as a child care facility [defined as a day care center or a school age child care program] shall not be subject to any claim, liability or penalty" from injury, loss, or damage occurring on the premises caused by the negligence or other actions of the facility owner.

Housing and Community Services to give a competitive advantage to low-income housing tax credit applicants who assessed child care needs and proposed programs and facilities to meet them. In many areas of California including Santa Cruz County and San Francisco, developers are required to either provide childcare facilities on sight or deposit funds into a child care development loan fund to finance development of facilities. Santa Cruz County has actively promoted development of childcare housing units and has been working with interested municipalities to implement these strategies.<sup>41</sup> In San Francisco, Mission Bay Housing included FCC units in the Rich Sorro development as a way of fulfilling its child care linkage obligations.<sup>42</sup> In Boston, developers within the midtown cultural district in the downtown are legally obligated to contribute to a child care linkage fund, but only one developer has actually been required to pay into the fund, and the money has only been used for center-based care within the downtown. These advocacy and organizing campaigns that operate at a regional or statewide level provide an example of a necessary component of balancing the trilemma, but one not necessarily best carried out by a neighborhood-oriented CDC. CDCs, however, can lend support to these campaigns or offer their programs as models on which to base larger-scale change.

### *Professionalism*

Much of the discussion about improving FCC, and child care in general, has revolved not around space and place as discussed in the previous section, but around professionalism issues and increasing provider's abilities to deliver quality care. By placing these businesses within a small business framework, CDCs have significant capacity to address the former aspect. Many estimate that "lack of capital and management expertise often prevent these enterprises from expanding to supply the level and quality of child care needed in a locality."<sup>43</sup> As sole proprietors, providers often have difficulty accessing capital resources, but CDCs have the ability to council providers on loans or create their own FCC loan funds to assist with capital for

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<sup>41</sup> Conversation with David Foster, Santa Cruz County Office of Education. The Office has produced a brochure, "Making Room for Children: Incorporating Family Child Care Homes into Multi-Family Affordable Housing Developments," to promote the initiative and answer questions of potential developers.

<sup>42</sup> Conversation with staff at Mission Bay Housing, October 2003.

<sup>43</sup> (LISC)

operations, equipment, and facility improvements. Often such programs are combined with giving providers specialized business and management knowledge to operate their businesses at full capacity. Loans to providers are often small and require as much staff involvement as larger, more lucrative loans, making them an inefficient venture for conventional banks.<sup>44</sup> CDC or other microlender staff with an understanding of FCC, as well as a willingness to underwrite loans, is essential to providing these businesses with needed capital. The rigorous business training that many of these organizations provide along with the loans ensure that providers can maintain viable businesses for the long term.

The other aspect of professionalism refers to provider's own levels of training and conceptions of their work. CDC organizing and advocacy work can help to bring the many informal "kith and kin" providers into the formal sector, helping them to connect to resources and increase revenues and quality. Informal providers offer a substantial amount of home-based care in low-income communities, and their participation in FCC initiatives is critical if CDCs are to be successful in improving quality. While not all of these providers will be interested in pursuing licensing and formalization, giving them access to training, resources, and networks will have some positive impact on the quality of care they offer. These efforts also aid the CDC in learning about the child care supply in their neighborhood and gain credibility within it. In addition to these recruitment-oriented activities, organizers can also work to empower providers to work with partner organizations to advocate for policies more favorable to their work, increases in compensation rates, and raise awareness of their important community building role. Finally, organizing can also help to disperse information on child care services and supports to neighborhood residents, who as discussed earlier, might not have otherwise have access to them.

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<sup>44</sup> An email exchange with Suzanne Reisman of the Low Income Investment Fund, who finance child care through their Child Care Seed Fund, revealed that even some Community Development Financial Institutions shy away from FCC loans due to their size and time requirements. She stated that the reasons behind the Funds decision to not lend to providers was that "in New York City and San Francisco [where the fund works], family child care tends to be too low margin a business to support debt. We found that grants tend to better serve family child care providers... Another reason that we have not lent to providers is that the amount of the loans are very small, and while LIIF does do some smaller loans, we generally do not do loans under \$75,000. We found that small loans take as much time to underwrite as larger loans and we don't have the ability to support ourselves by doing small loans. In addition, if a family child care provider for some reason needed a loan for a large sum, it is unlikely they could support the debt service." <Personal communication over email, held from 2/26/04-3/2/04>



Once parents do have access to child care resources, if there are no systems in place to monitor the quality of arrangements available, then parents will not have an employment support with which they feel comfortable and children will not be ensured an exemplary education. As part of their work on professionalism, CDCs can take steps to address the lack of accountability and variability that are common with FCC arrangements. Efforts such as connecting with providers through unscheduled home visits or organizing provider peer networks can have a significant effect on improving quality and allaying fears. For many CDCs, these programmatic steps are part of a larger framework of encouraging professionalism among providers, and communicating that quality to parents.

These efforts to reduce the isolation of FCC are an essential component of professionalism. The average provider spends upwards of fifty hours a week caring for children often with little contact with other adults. A report from the Families and Work Institute estimated that 25% of FCC providers know no other provider, 42% have no weekly contact with other providers, and 54% have no contact with organized groups of providers.<sup>45</sup> This isolation has significant effects on quality and how the provider views her work. Many CDCs, therefore, have focused on breaking down that seclusion giving providers access to their peers as well as child care experts and other sources of support. One provider in Somerville commented that she stayed affiliated with a child care organization because “it’s knowing the whole world isn’t on my shoulders, knowing that there’s backup and support, knowing that there is someone I can call... And it’s having an established agency like Catholic Charities saying, ‘you know, you are pretty damn good.’”<sup>46</sup> Providers value these organizations for a variety of reasons, including giving them access to a significant market for their services, but the support received has significant value as well towards reducing turnover and increasing provider satisfaction with the work.

For CDCs with an economic development component to their mission, FCC offers an appealing strategy for building wealth of low-income families as it offers a business opportunity for those with limited education or English facility. This appeal, however, provides a challenge to the organization’s other efforts to improve the quality of care and early childhood education.

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<sup>45</sup>(Galinsky et al.) cited in (Gillman)

<sup>46</sup>(Larner)Page 45

Fewer FCC providers are likely to have had training in child development or child care than their center-based counterparts. One study stated that 64% of regulated FCC providers had received some child-related training versus 90% of center teachers. Additionally, FCC providers have less formal education, with 11% having completed college compared with 47% of teachers in centers.<sup>47</sup> In order for quality to improve, CDCs or their partners must invest significant resources into provider education. CDC's can facilitate provider training by hosting college classes or giving providers financial assistance to attend classes. Providers, however, possess significant time constraints and burdens given their occupation—making the need for classes that fit their schedules and locations essential, something a CDC would be able to do.

Finally, to fully speak to professionalism, CDCs and their partners must also address the significant churning within the FCC industry caused by the stress of the job, the poor compensation, difficulties in finding housing, and the lack of recognition. While in centers it takes an average of nine weeks to replace a teacher, when that teacher leaves, the operation does not shut down as it would in an FCC arrangement.<sup>48</sup> This turnover within FCC creates an insecurity for parents who face having to find an entirely new situation if their provider decides to exit the industry or move their business. It also affects the development of children whose bonds to their adult caregiver will be severed. As one provider stated: “if a child has to leave home-based child care because the provider has housing problems, the mother will lose days of work, looking for another place, which I think is hardly appropriate for children.”<sup>49</sup> As discussed in Chapter 2, many providers do stay with FCC for long periods, considering it to be their career. The more that CDCs and their partners work to create supportive environments and sustainable business practices for FCC, the greater their ability to encourage such professionalism and stability. While many agree that increased provider training and education is key to quality improvements, the industry does not necessarily reward increased levels of education (such as with wage or reimbursement increases). Such efforts, therefore, to link an increase in credentials to an increase in pay will provide significant incentive to providers to stay in FCC, creating a stable, sustainable, and high quality supply for the neighborhood.

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<sup>47</sup> {Galinsky, 1994 #41}

<sup>48</sup> {Cohen, 2001 #43}

<sup>49</sup> (Swenson)

### *Resources*

The issue of parent fees and provider wages/business revenue is one of the most challenging facing the child care sector, especially in low income neighborhoods where parents cannot afford the high fees required to make FCC into viable businesses. CDCs and their partners can intervene in this arena by helping providers to access existing subsidies and working with them through organizing to advocate for increases. In part these actions entail lending individual providers the administrative capacity of a larger organization with experienced bookkeeping staff to assist with the, often times complex, paperwork of the various subsidies available. While many warn against the use of FCC as an employment or self-sufficiency strategy for low-income women, some programs have allowed providers to earn a wage above the minimum and receive benefits. A study of Boston providers revealed that providers earned an average income of \$9.76 per hour, 44% higher than the Massachusetts minimum wage of \$6.75 per hour.<sup>50</sup> Numbers from the child care system operated by the Jamaica Plain Neighborhood Development Corporation reveal that providers can earn gross pre-tax revenues of up to \$47,000 caring for children receiving state subsidies.<sup>51</sup> The State of Rhode Island offers state health insurance to all licensed providers in the state— currently a unique program, but one that could be replicated in other states serious about improving FCC.<sup>52</sup> While these incomes and benefit offers, often times, do not allow a single provider to fully escape poverty, they do offer higher compensation and greater satisfaction than the many other low-wage jobs available to providers who often have limited education and English language skills.<sup>53</sup> Additionally, for providers in two-earner households, the additional revenue from FCC can be a significant help for low-income families.

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<sup>50</sup> (Boston EQUIP)

<sup>51</sup> These numbers reflects a combination of parent fees and state subsidy paid to providers by the JPNDC who administers these payments for the individual businesses that are affiliated with them. These revenues do not reflect the presence of private pay clients, only those who receive some form of subsidy. So if a provider had a combination of private and public pay clients, their income would be higher than indicated by the JPNDC's numbers.

<sup>52</sup> (State of Rhode Island)

<sup>53</sup> (Larner)Larner argues that "economic expectations are influenced by past experiences; the minimum wage income that seems insulting to a women who has held professional or office jobs may look good to one who has been on welfare or can find only part-time work in a restaurant that does not offer fringe benefits. This situation is especially true for groupw with few job opportunities to choose among--women who do not speak English, for example." Page

CDCs and their partners can also create programs to reduce FCC operating budgets by connecting them to USDA food subsidies, creating networks that support bulk purchasing of supplies, and setting up lending libraries for books and equipment. Efforts to increase provider access to affordable housing can also be seen as helping to reduce and stabilize overhead costs. These initiatives can transform what are often marginal businesses into more sustainable ones that will benefit the neighborhood for the long term.

All of these efforts allow CDCs to build upon and enhance their existing activities and capacities. They should not, however, be seen as individual efforts or a list from which CDCs can pick and choose. As Vidal suggests, “successful CDC’s seek to structure and operate their program in ways that make them mutually supportive... entire programs can be operated in a way that makes the products or accomplishments of one program strengthen, or lay the groundwork for, program accomplishments in other areas.”<sup>54</sup> FCC programs emulate this model of mutual support between individual initiatives. Efforts to improve space and place have implications for how a provider sees her work and the quality of care offered, while professionalism ventures attract more providers to FCC increasing the supply for a given location. Professionalism also increases provider’s sense of worth within their work, leading them to call for greater resources, which can be then used to support the first two categories. Whether these programs are housed predominantly within one CDC or spread throughout a partnership between different organizations, FCC initiatives must be viewed as comprehensive, mutually supporting, and focused on all three members of the trilemma if they are to start to approach best practice.

## Models of CDCs and Child Care Collaborations

Many CDCs have already begun to create and support FCC programs in neighborhoods across the country. While Vidal in her 1992 assessment of CDC activities did not mention child care initiatives as one of a CDC’s major programs areas<sup>55</sup>, the National Congress for Community

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<sup>54</sup> (Vidal)Page 73

<sup>55</sup> (Vidal)Vidal surveyed 130 CDCs from across the country. While she did not mention child care as a major program area for CDCs, she did include "business enterprise development" and "social services" which could

Economic Development estimated in 1999 that approximately 21% of CDCs they surveyed were involved in some form of child care related initiative.<sup>56</sup> This shift is due not only to the growing emphasis on non-physical community building endeavors but also the 1996 Welfare Reform Act which placed a greater emphasis on child care as a work support and generated significant new resources for FCC programs. As increasing numbers of CDCs begin to pursue child care initiatives, it is essential that they conceive of them within the frameworks of the trilemma, the different categories of interventions, and the networks of other organizations with child care programs. Without such comprehensive planning, CDCs risk creating new problems and privileging the needs and concerns of one member of the trilemma over another. As discussed earlier, one way to mitigate this offloading is for CDCs to partner with existing child care organizations. Again, Jan Stokely offers three possible scenarios for CDC involvement with FCC initiatives, ranging from supporting the work of other organizations to sponsoring new projects within the CDC. These models offer a conceptual basis for understanding different types of partnerships, though in many of these collaborations the connections occur organically through the networking efforts that intervening within the child care system requires. Additionally, the various child care initiatives which the CDC undertakes may individually conform to different models, depending on the partnership structure chosen.

The first type of collaboration, which Stokely labels as the “FCC friendly” or “Facilitative” model involves CDCs gearing some of their existing programs towards providers or taking steps to include providers in their programs. Xavier de Souza Briggs in his discussion of partnerships characterizes this as the “cooperation model,” where “the parties not only share information but commit to pooling their *activities* somehow so as to have a greater impact on the problem.”<sup>57</sup> These collaborations can include efforts such as conducting outreach to include providers in microenterprise training programs, creating a policy to allow FCC businesses in rental housing units in existing developments, or supporting child care organizations on advocacy efforts for inclusion of child care within housing and planning programs. In these

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include FCC projects. In her survey forms included in the appendix, however, there is no mention of child care as a CDC activity, suggesting that when Vidal wrote this report, few CDCs were seriously engaged in child care programs.

<sup>56</sup> (National Congress for Community Economic Development)cited in (Knitzer and Adely)

<sup>57</sup> (de Souza Briggs)Page 15

scenarios, CDCs do not fundamentally redesign their activities to incorporate all parties within the trilemma or address all categories of interventions, but instead, alter their existing work within one or more of the categories to offer services to some parties of the trilemma.

The Enterprise Foundation's effort in Los Angeles to increase participation by providers in their existing home-buying and housing rehabilitation programs would fall into this category.<sup>58</sup> North Carolina's Center for Community Self Help offers another example. Their Child Care Revolving Loan Fund offers low interest loans to providers for facilities development or working capital as part of their larger small business development mission. They have made almost \$10 million in loans to 150 FCC and center-based businesses, in the process creating 4,000 child care spaces and 450 jobs.<sup>59</sup> Efforts on this level or collaboration can be adopted with some ease by CDCs as they require relatively little new funding or staff time. Their effect on the larger child care problem, however, is rather limited.

While the Enterprise Foundation through its homeownership program did develop a relationship with Crystal Stairs, a child care resources and referral organization in Los Angeles, to help market the program to a large number of providers, Enterprise engaged in no other child care initiatives. Additionally, they did not assist Crystal Stairs in any of its programs beyond providing the organization with a grant to conduct the marketing for the homeownership program. Ultimately, only a few providers, due to their low incomes and the high cost of housing in the area, were able to purchase housing, and the program has since been discontinued. Enterprise's exclusive focus on space and place and the providers prevented them from making substantial change within the child care sector of these communities.

Similarly, Self Help's program also has a limited effect on FCC, though their center-based efforts do seem more effective. While Self Help does have relationships with other groups in North Carolina that provide business assistance for FCC, it has no formal relationships with these organizations. While it requires that providers agree to accept low-income children using state subsidies, its programs are only accessible to established providers who own their homes. An example of one of Self Help's FCC loans was for \$1,400 for fencing. While the provider

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<sup>58</sup> (Meyer et al.)

<sup>59</sup> (LISC)

used the funds in part to start the business, had no collateral, and weak credit history, she did have an educational background in early childhood development and experience as a child care teacher.<sup>60</sup> The loan program assisted the provider in creating a safe and engaging learning environment for her and the children she served, but the program addressed no other aspects of quality or the needs of many other providers in her community who were not so experienced or established. Both of these programs met a particular, and significant, component of the child care problem—lack of decent housing in the case of Enterprise’s and difficulty in accessing capital in the case of Self-Help’s. Neither of these programs, however, by utilizing the “Facilitative” model, addressed the full range of issues within the trilemma, limiting their effect on the child care problem in the target communities.

The second model Stokely suggests is the “FCC Partner” model where a CDC and a local child care organization develop a formal partnership to create a new project that they plan to jointly carry out. Briggs describes this as “the federation model,” and suggests that “here the parties mesh their activities in formal ways, looking for gaps and ‘touch points’ among their services, trying to make of the parts and integrated *system*.”<sup>61</sup> Examples of this model include CDCs providing resources, such as access to loan funds or housing units, to providers who have completed training or joined a network of the partner organization. This model represents an often times more formalized version of the first model, where a CDC might have a relationship with other organizations for outreach, but not for joint program development or a commitment to participants in their programs. These partnerships are effective for CDCs who want to assist providers and formally incorporate them into their programs, but do not possess the relationships with the provider community or an understanding of child care systems that would allow them to do such a project on their own. Ideally, such partnerships would utilize the expertise and networks of many organizations to address the needs of all players and create programs in all categories of interventions without having to create a new organization or replicate the work of existing organizations. These models, however, are often fraught with the difficulties of partnership, especially between groups with differing missions and frames of operation, the lack

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<sup>60</sup> (Center for Community Self Help)

<sup>61</sup> (de Souza Briggs)Page 15

of commitment to the long term involvement that these child care programs require, and the danger that the program does not become integrated into the wider organization, but stays solely within the individual program. If organizations within the network are committed to making the collaboration effective, however, this model can be successful in creating comprehensive initiatives.

One example of this model can be found with South County Housing, a CDC in Gilroy, California, who wanted to incorporate a large-FCC unit into a 12-unit co-housing project it was developing. They partnered with Go Kids Inc. (formerly Growth and Opportunity), an organization that trained providers, assisted them to start FCC businesses, and acted as a resource and referral network that helped families find childcare. The partnership ensured South County a large pool of eligible providers from which to find qualified tenants, assistance with managing FCC units, and way to outreach to parents about the FCC services available in the development.<sup>62</sup> It also allowed South County to create a formal linkage between their housing development projects and their desire to provide child care services to the single-parent families living in their housing without creating their own child care network or training program. This model, therefore, allows both organization to utilize their strengths—housing development or small business technical assistance for CDCs and FCC training and networks for child care organizations—to create new projects that would have required significantly greater resources and learning if pursued independently.

Such a partnership, while successful for the particular development, however, does not necessarily ensure long-term collaboration that will permeate through all of the work of both organizations. In this particular case, South County has only a limited involvement in child care, while Go Kids can offer their providers limited help with housing problems. If both groups (and possible other partners) were to make a greater commitment of time and resources to the project, it could work to address the trilemma in all its facets. However, in this “Partnership” model, the co-sponsored project, due to its being housed in more than one organization, often times becomes the province of none, limiting its ultimate impact on the child care problem. This model, while allowing a CDC to focus on its existing strengths and capacities, does create a

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<sup>62</sup> (Local Initiatives Support Corporation and National Economic Development Law Center)



formal partnership and a new program that requires significant time and resources, without which the program will have limited success for all partners involved.

The third model offers the most extensive arrangement for CDC involvement in child care. In the “FCC Project Sponsor” model, the CDC develops a program to increase the supply and/or quality of FCC in their neighborhood through a new program, which they run independently and staff. Briggs describes such a partnership as “the merger model,” where “the players remove the organizational boundary that separates them, becoming a single organization or project, often legally recognized.”<sup>63</sup> Essentially, instead of collaborating with an existing child care organization within their own neighborhood, CDCs establish one within themselves. While they may still partner with other organizations for issues that exist at the regional, State, or national level, in this model they choose to undertake the majority of interventions relevant to local level. They may still have collaborations with other local groups, such as with local transportation companies to bring children to and from the FCC homes, but these partnerships will not constitute a large proportion of the work to be done, as it does in the other models.

The Jamaica Plain Neighborhood Development Corporation (JPNDC) in Boston has created a program which fits within this third category. The organization operates an FCC network as part of its economic development department. JPNDP offers potential providers a 14-week training program, assistance with licensing and insurance, opportunities for continuing education, a peer network to help providers learn from each other, monthly home visits to ensure quality of homes and care, small business technical assistance, leadership development and assistance in advocacy around wage and housing issues particular to FCC, and access and administration of state child care subsidies. Recently, JPNDP has begun to develop programs to create space for FCC within its housing developments and work with providers to organize around housing issues, in order to address a gap within its program—the difficulty of starting and operating an FCC business in a neighborhood with both high housing prices and landlords unwilling to rent to providers. Many other CDCs, including ROSE CDC in Portland Oregon and Fordham Bedford Housing Corporation/University Neighborhood Housing Program in New York, run similar FCC programs. Each of these programs, while sharing many elements, also

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<sup>63</sup> (de Souza Briggs)Page 15

possess various unique elements, including child care consumer education for parents, creating individual development accounts to help providers improve their business or purchase a home, “emergency” child care subsidies for parents who are clients of network providers, and housing rehabilitation and development programs.<sup>64</sup>

These programs, and those discussed within the context of the other models, offer a range of possibilities for CDCs interested in incorporating FCC programming into their community development mission. Many of these programs are relatively new, and, as such, best practices are still evolving and emerging. This chapter has attempted to outline a conceptual basis and possible models with which to understand and pursue these initiatives in a way that will ultimately move an organization towards that best practice. For many organizations, while they may see the need for child care interventions but feel pulled in several directions both by the enormous needs of their neighborhoods combined with decreasing public and private resources. For them, taking on a project for which they feel they have limited expertise or that diverges from their mission does not appear to be a strategic move. Additionally, few states, such as Massachusetts offer CDCs and other community based organizations the resources to create administrative systems or other programs to work within the FCC trilemma. Models two and three, the federation and merger models, offer CDCs varying ways in which to participate in comprehensive child care initiatives, so that a CDC may still be able to participate in a successful effort without creating significant programs or moving beyond their existing expertise. The chapter offers a range of models and possible initiatives, showing that in order to be successful and truly address the trilemma, CDCs cannot rely solely on their existing capacities and relationships, but must expand to include new partners and modes of operation. In the next chapter, we will discuss further the work of the Jamaica Plain NDC in Boston who has begun to approach a “best practice” of FCC programming that addresses each of the parties of the trilemma, the three the categories of intervention, and nests itself within a network of other organizations working on improving the child care system.

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<sup>64</sup> (Knitzer and Adely)Pages 11-12

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## **CHAPTER 4: JPNDC AND ITS EFFORTS TO FIND A BALANCED STRATEGY**

As discussed in chapter 3, few CDCs have found ways to comprehensively address the child care trilemma. In the large majority of these efforts, programs have taken an individual approach, focusing on a particular party or only concentrating efforts in one category of intervention without nesting their efforts within a greater network of actors working within the child care system. These methodologies ultimately create gaps in service provision, offload problems to other parties, and leave out the needs of various constituents in target communities. The Jamaica Plain Neighborhood Development Corporation (JPNDC) in Boston, however, discussed briefly in chapter 3, offers an example of a CDC moving towards an emerging “best practice”—defined as emanating from the work of a diverse network of organizations and institutions working on various scales from local to regional to national that through an iterative process based on service needs and organizational capacities constantly adapt their program design and agenda in order to provide services that positively affect children, parents, and providers and create interventions that address professionalism, resources, and space and place.

### **JPNDC Mission and History**

The JPNDC has been working in the Jamaica Plain (JP) neighborhood of Boston since 1977. According to the organization’s mission statement, it is “dedicated to revitalizing Jamaica Plain as a healthy, diverse, and sustainable neighborhood through a comprehensive strategy of community empowerment, economic development, and affordable housing development.”<sup>1</sup> Like many CDCs who formed in the 1970s, the incorporation of the JPNDC was a response by neighborhood residents to the disinvestment in and disregard of their neighborhood by developers, financial institutions, and local governments.<sup>2</sup> In this case, residents joined groups from other neighborhoods in Boston and surrounding cities to organize in opposition to the extension of I-95, a large interstate highway that would have cut directly through their

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<sup>1</sup> For more information on JPNDC mission, history, and programs see [www.jpndc.org](http://www.jpndc.org).

<sup>2</sup> See Vidal for a discussion of why CDCs in different eras chose to incorporate. (Vidal)

neighborhood. While successful in stopping the highway, hundreds of homes and businesses were destroyed before construction ceased. After an 18-month planning process, where residents came together to discuss ways to control development in their neighborhood and rebuild the scar left by the highway plans, they chose to incorporate the JPNDC.<sup>3</sup>

The JPNDC's target area includes those parts of JP that are low- or moderate-income, as well as sub-neighborhoods that border JP, including the Back of the Hill (in Mission Hill, Roxbury) and Egleston Square (which is split between JP and Roxbury). According to the 2000 census, the target area was home to a diverse population of over 40,000 people--40% of whom were White, 31% Latino, 21% African American, 5% Asian and 3% multiracial.<sup>4</sup> The heart of JPNDC's target area, Hyde/Jackson Square, traditionally the more industrial and working class section of the neighborhood, and once home to thriving manufacturing businesses, breweries, and close-knit residential communities is a majority Latino community, though since 1990, it has seen an increase in White residents.<sup>5</sup> The neighborhood has undergone significant changes in recent years, the most striking being rising home prices, improvements to local business districts, and increases in neighborhood safety and image. These changes, which have attracted new, higher income residents to the neighborhood, have caused significant increases in housing costs and subsequent displacement of many low-income residents. Between 1995 and 2000 rents in Jamaica Plain doubled, with the median rent for a two-bedroom apartment being listing at \$1517 per month. In that same period, home sales rose even more dramatically, increasing on average over 130%, with the median price for a three-family home listing at \$337,664 in 2001.<sup>6</sup> Such housing costs are substantially above what many low-income residents can afford to pay, causing them to leave the neighborhood.

These shifts, while bringing some benefits to the community through increased safety or improved retail offerings, have also increased economic stresses on a population already living

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<sup>3</sup> (Romero)

<sup>4</sup> Census information taken from 10/03 grant application to the Poloroid Foundation, written by Sally Swenson, JPNDC Director of Development.

<sup>5</sup> (Swenson, Census Summary)

<sup>6</sup> Information taken from research conducted by the Jamaica Plain NDC using advertised rents and sales prices in the *Boston Globe* and *Boston Herald*. According to the National Association of Realtors, in 2002, the median home price in the City of Boston was \$345,000, and the median home price of a single family home in 2004 was \$359,437.



with great need. Almost half of residents within the JPNDC target area possess household incomes of less than \$35,000 (42% of area median income (AMI) for households of 4, and nearly 20% live under the poverty line. Close to a quarter of persons twenty-five and over have never completed high school; another 20% have completed high school as their highest educational attainment; 30% live in households where Spanish is the principal language spoken.<sup>7</sup> The rising housing costs in the neighborhood and the continued loss of manufacturing jobs from the region, combined with the economic and human capital needs of the neighborhood, therefore, erect significant challenges to self-sufficiency and create great need for programs such as the JPNDC's FCC initiative.

Throughout the organization's history, it has worked with residents to face these challenges by creating initiatives that promote resident control and stress organizing as an essential part of community and economic development strategies. In its twenty-seven years, its accomplishments have included developing over 500 units of housing, creating over 600 jobs, rehabilitating an abandoned 16-building brewery complex into a small business park that houses over 30 businesses and 150 jobs, partnering with a local developer and a public housing tenant management association to build a long-needed supermarket and health center, and organizing major campaigns to control neighborhood development and increase voter turnout. These achievements and the organization's long-term commitment to the neighborhood provide JPNDC with the capacity to create and carry out comprehensive and innovative initiatives, such as addressing the FCC trilemma.

## **Creating a Plan for Economic Development**

The JPNDC began its FCC program in 1996. In accordance with the spirit of the organization, the initiative emerged from a neighborhood planning process held in 1995 to decide priorities for future economic development initiatives. The organization was completing its first two major economic development projects—the supermarket/health center and the brewery. In order to move on to new programs, JPNDC and its neighborhood partners organized a series of forums on economic development within the neighborhood. Over 150 residents came

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<sup>7</sup> Ibid.

out to 11 focus groups and numerous individual meetings in order to discuss neighborhood needs, outline issues affecting the economic life of residents, and create a set of economic priorities. Out of this process emerged a series of prerogatives including: jobs for neighborhood residents, business district improvements, technical assistance for existing businesses, attracting new businesses/services, and neighborhood safety.<sup>8</sup>

Using these criteria, the Steering Committee, composed of Board members and representatives from the focus groups, evaluated various economic development projects. Ultimately, the Committee chose a two-pronged strategy of small business development and job creation to generate economic opportunity in the target neighborhood of Hyde/Jackson Square—a strategy that the organization has continued to build upon. The particular objectives were: establishing 1-2 cooperatively owned businesses such as cleaning or security services; creating formal linkages between local employers such as those in the nearby Longwood Medical Center and unemployed residents; evaluating the feasibility of assisting Latina women open and operate FCC businesses; organizing local Latino merchants in order to stabilize and improve the local business district; and providing technical assistance to small businesses in the neighborhood, especially those in Hyde/Jackson Square.<sup>9</sup> Residents also placed a priority on education. The Steering Committee, however, felt that the organization was not equipped to take on such an enterprise, as education was “not its province.”<sup>10</sup> In this initiating phase, the Steering Committee viewed possible initiatives solely within an economic development frame and chose projects that fit within it.

The decision to pursue an FCC strategy was a response to the economic needs of Latina women in the neighborhood and the recent changes in the welfare system that were put in place in 1996 that required many women to enter the workforce, thereby creating an increased need for child care. FCC was seen as a way to provide necessary jobs while also addressing the need within the community for affordable child care services. Such businesses would “enable women to bridge the worlds of home and work, as they will be able to take care of their own children

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<sup>8</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

<sup>9</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

<sup>10</sup> (Griffen, Personal Interview)

while increasing their income by caring for other children.”<sup>11</sup> As part of the feasibility studies, JPNDC trained a handful of women from the neighborhood to conduct surveys in order to gauge the need for child care and the interest in starting a childcare business. The surveys found a sufficient pool of interest both in families with a demand for child care and women interested in offering the supply through FCC businesses.

The surveys also found that few of the resources or support services needed to implement an FCC system were located in the neighborhood or offered in Spanish.<sup>12</sup> To fill this gap, the JPNDC decided to create such a set of programs within the organization.<sup>13</sup> The program designers also chose to orient the program and training to Latina women, not only a large community within the neighborhood but also one who had few other employment options and Spanish-language training opportunities and supports to help them enter FCC.<sup>14</sup> While they realized that the low revenue generation and hard work required of providers would not be appealing to many, given the narrow opportunities that women in the neighborhood possessed due to some combination of poor English language skills, immigration status, and limited education, FCC and the possibility of starting their own business was an attractive option in this neighborhood, especially for those within two-earner families.

In researching possible methods of intervention, JPNDC found the highly successful FCC model created by Acre Family Day Care in Lowell, Massachusetts, a small City about 45 miles north of Boston. Acre had developed a curriculum that trained “the women in the technical aspects of family day care and on empowering the women to become more economically stable.”<sup>15</sup> They also, given the demographics of their neighborhood, worked almost exclusively with Latina and Cambodian providers, and, therefore, had the skills and capacity to offer culturally sensitive training. As JPNDC has little experience in FCC or connections to the provider (and potential provider) community in the neighborhood, they sought the assistance of a

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<sup>11</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

<sup>12</sup> (Local Initiatives Support Corporation and National Economic Development Law Center)

<sup>13</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

<sup>14</sup> (Griffen, Personal Interview)

<sup>15</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

partner experienced in the FCC world in order to increase their own knowledge and build on other's success—"learning what worked and what didn't work, and we decided not to reinvent the wheel."<sup>16</sup> JPNDC, therefore, became the first replication site for the Acre model.

The Acre program has been recognized as a national model for economic development among low-income women. Similar to the JPNDC, their program was started within the CDC Coalition for a Better Acre in 1988 to provide jobs and child care to the low-income Latina and Cambodian women living in their target area. The FCC program, however, split to form Acre Family Day Care in 1992 in order to apply their FCC program to the wider Lowell community. Acre initially decided to pursue FCC over a center-based model, because it realized that it would be more beneficial to the community to fill the need for jobs and child care by training and empowering women to start their own businesses rather than opening a center and hiring neighborhood women as employees. The Acre program focuses intensely on professionalism and resources, so that extensive levels of training are offered—240 hours of training versus the state requirement of 15 hours every three years. Acre provided access to and administration of state child care vouchers so providers had a ready market of clients and parents were able to afford the cost of care. Providers also earn on average over \$35,000 in pre-tax revenue, making it possible for Acre providers to achieve and/or maintain economic self-sufficiency. Through one-on-one staff support and peer networking, the organization worked to reduce the isolation among providers. Finally, Acre worked to build the leadership of the women in the program to advocate for changes within their communities, the child care system, and Acre's own program.<sup>17</sup> Sann Thach, former training director stated of Acre's education and economic development FCC model, "We expect our providers to climb higher on the ladder... We tell them, 'Get your degree. Take ESL classes. Do something for yourself.' We don't just teach them child care and that's that. We try to find funding to support them above and beyond us."<sup>18</sup> This mission combined with the grass-roots, holistic style of the program fit with JPNDC's own conception of and goals for its own FCC program.

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<sup>16</sup> (Local Initiatives Support Corporation and National Economic Development Law Center) Sarah Griffin presenting

<sup>17</sup> Information on Acre found on Acre website, [www.acrefamily.org](http://www.acrefamily.org).

<sup>18</sup> (Golden)

The initial anticipated benefits of the JPNDC program were the creation of 15-20 new jobs with an average income of \$16,000-20,000 (1995 dollars), an increase in the skill level of the women in training, an increase in affordable child care in the neighborhood, and a decreased isolation among the women through the increase of networks and supports.<sup>19</sup> At this stage of the program, the economic development orientation of the program designers led to a focus on the providers and parents, resources and professionalism. The education of children, not explicitly discussed in the Plan, was viewed as an indirect outcome of the professionalism work but not a primary goal. Sarah Griffin, director of Economic Development for the JPNDC at the time, recalled that quality child care was an explicit goal, but that the program never “drilled down to education itself. [She thought] the difference was that [JPNDC] came from an economic development viewpoint, not as much a social services perspective.”<sup>20</sup> The program also addressed Space and Place only within the context of using the strategy to provide services for local families and bolster the local economy. Issues such as housing were not seen to be major concerns facing the program at this point.<sup>21</sup> As the organization began implementing the program, it would expand to include elements with a specific early childhood education intent and a greater focus on space and place, but in the initial stage, these were not the principal foci of the efforts.

## Launching an FCC Program

With the help of Acre, JPNDC launched its program in 1996. At first, the Board was hesitant about creating a full “day care system” within the organization. A “system” is an organizational form particular to Massachusetts and a few other states. The system handles the financial and administrative component of the subsidies that are essential to FCC in a low-income neighborhood. The vouchers issued by the State include a fee for the system’s work on top of the reimbursement rate set for the providers, so that the provider would receive \$21-\$31 per child per day depending on the voucher (there are four types of vouchers in Massachusetts), while the system would receive \$12-\$16. The State contracts with systems to administer a

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<sup>19</sup> (Jamaica Plain NDC, Implementation of the New Economic Development Strategic Plan for Hyde/Jackson Square in Jamaica Plain)

<sup>20</sup> (Griffen)

<sup>21</sup> (Griffen, Personal Interview)

certain number of vouchers. The system then distributes these slots to the providers in its network, and only providers who are members of systems have access to these vouchers. The State also gives mobile vouchers to parents, who may use them with any provider, regardless of their participation in a system.<sup>22</sup> Massachusetts has one of the highest system payment rates in the country<sup>23</sup>, allowing the creation of both an infrastructure of provider support organizations and quality improvement initiatives. Without such support or favorable public policy environment, the work of Acre, JPNDC, and the other systems would most likely not be possible due to lack of dedicated State funding for these programs. When the JPNDC entered the FCC world, the State was not accepting new system applications. Due to this situation, and the hesitations of the Board, and the organization's lack of experience, JPNDC chose to designate Acre as its system. Eventually, however, as JPNDC gained more experience in FCC and its program grew, it chose to create its own system.

JPNDC began with 20 women in its first training course, 12 of whom graduated, and 6 of whom chose to start businesses. Since that initial training, JPNDC has offered training to numerous women in the neighborhood, helped to start over thirty businesses, and currently operates a network of twenty-five providers with a total capacity of close to 150 children ages 0-13 (though they currently serve approximately 82 children, 64 with some form of subsidy and 18 private pay).<sup>24</sup> The mission of the program is to:

1. Provide quality, culturally sensitive, and affordable child care services to local families
2. Create business/employment opportunities for the women of Jamaica Plain (especially low income women)

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<sup>22</sup> For those within the housing world, this system has parallels with the Section-8 housing program, and the distinction between project-based and mobile vouchers. Project-based vouchers are similar to the system contracts, in that the vouchers stay with a particular project or system regardless of the turnover in units or child care slots. The mobile vouchers are similar to the vouchers given to families to take to any provider they choose, regardless of system or location. As in the Section-8 case, while the project-based/system vouchers provide more security to providers (housing owners or child care systems) through a guaranteed cash flow, the mobile vouchers offer families more choice by not constraining their options to particular providers/developments or neighborhoods.

<sup>23</sup> (Gillman) Page 25

<sup>24</sup> While most FCC providers care primarily for preschool-age children, many also care for school-age children during after-school hours. Such staggering of times and ages allows providers to increase the number of clients they serve and the revenue they are capable of bringing in.

3. Train women in as many aspects of child care as possible in order to ensure quality of care and empower participants to develop skills that will help improve their economic stability<sup>25</sup>

These goals and values do work to advance the needs and concerns of the three players by offering local families affordable and appropriate child care services, creating economic opportunities to help providers, and training providers so as to give children high quality education. Such work, which have come through constant adaptation of the program to better meet the needs of parents, providers, and children, moves the organization closer to “best practice.”

## The Current Program and Outcomes

JPNDC’s interventions also span the three categories of intervention, though they are only starting to address Space and Place through a housing development program and developing partnerships to increase advocacy around discrimination by landlords toward provider households. The program begins with professionalism by focusing on business development and provider training. While Massachusetts regulations require providers to participate in a 3-hour orientation, CPR and First Aid instruction, and 15 hours of training every three years to attain a FCC license, JPNDC requires higher levels of training of its providers, as a way of not only improving the quality of care they provide but also their ability to operate a business and ascend career ladders. The 14-week course covers everything from the basics of FCC to business technical assistance to help with attaining the license. Additional training includes basic and advanced requirements for a Child Development Associate Degree, college level classes in child growth and curriculum planning for infants and toddlers, and offering care in nontraditional hours. Nelvis Masa, a JPNDC provider and member of the Board of Directors, who had been a nurse in her native Venezuela, commented in an interview for the JPNDC newsletter that she “liked the training because they prepare you not only to take care of children, but how to educate

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<sup>25</sup> (Jamaica Plain NDC, [Parent's Manual](#)) Manuel is given to parents who enroll their children with a provider in the JPNDC system. It explains the history and mission of the program, parent's rights and responsibilities, provider responsibilities, and answers common questions.

them.”<sup>26</sup> While education was not an explicit goal of the original program, it has become a larger focus due to the interests of providers and the increased emphasis on early childhood education within the child care debate, as discussed in chapter 1.

In addition to the training, the program has several components that work to reduce isolation and bring providers into wider networks. The first element is the monthly provider meetings which providers are required to attend. These bring providers together with program staff to discuss various administrative aspects of the program and issues in child care. The meetings also have social and networking functions. Nelvis Masa told the JPNDC interviewer that she loved the “meetings. We share our experiences and activities, and make suggestions to improve the program.”<sup>27</sup> Participating in the meetings also provided a starting place for her involvement in the organization, first through the Board’s Organizing and Outreach Committee and later the Board of Directors and a committee to improve housing conditions and options for providers. Such peer meetings are also replicated at the management level, where staff from the JPNDC program meet with staff from other FCC systems in the area to discuss child care issues at the regional level.

The JPNDC program also links providers with program staff and FCC equipment, such as toys, children’s furniture, and computers with educational software. Program staff offer providers a person to which they can address questions and concerns about their business. Staff also conduct unannounced monthly home visits of every provider in the system where they evaluate the state of the business, bring provider’s supplies, assist providers with paperwork, and spend close to an hour in the home socializing with the provider and the children.<sup>28</sup> Such visits give support to provider’s work, but also give parents a measure of accountability as visits are unannounced and program staff are trained in evaluating the quality and safety of FCC homes.

This attempt to reduce isolation and seclusion of providers has also extended beyond helping them to improve their FCC business, but also to empower them to become politically active. Staff from the JPNDC’s community organizing team work with providers to help them to

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<sup>26</sup> (Swenson, Ndc Developments, a Publication of the Neighborhood Development Corporation of Jamaica Plain) Interview with Nelvis Masa

<sup>27</sup> (Swenson, Ndc Developments, a Publication of the Neighborhood Development Corporation of Jamaica Plain)

<sup>28</sup> Information gathered from both conversations with JPNDC FCC program staff and participation in home visits.



advocate for themselves and their work. JPNDC providers have presented at national FCC conferences, participated in CDC lobbying events at the Massachusetts State House, and joined campaigns created by ACORN and Parents United for Child Care to fight for improved compensation rates from the state. Providers have also organized a campaign around housing that has pushed the organization to include a greater emphasis on space and place in the FCC program. These organizing and the other professionalism efforts, therefore, serve to further incorporate FCC into the community development mission of empowering residents and neighborhoods economically and socially. They also help providers to access and create linkages to the wider network of child care organizations working outside of the local level.

JPNDC has also been successful in bringing outside resources into FCC. In 2003, the JPNDC distributed almost \$500,000 in state child care subsidies to the 25 providers in its system. Individual providers earned from \$3,525 to \$47,434 from these subsidies. These revenue figures, however, do not include fees paid for children whose parents do not receive subsidies, and, therefore, the revenue generated by these FCC businesses could be even higher.<sup>29</sup> A provider survey conducted by Acre and Wellesley College found that providers who are not part of systems, and thus less likely to accept children whose families use vouchers, earn more than providers within systems who are more likely to accept subsidized children. The survey also found, however, that non-system providers had higher levels of education and were less likely to be low-income, serve low-income families, not be fluent in English, or be part of a minority community than their counter parts who served all subsidized children referred through the system.<sup>30</sup> These findings confirm JPNDC's own findings, that while revenue available to Latina providers in low-income neighborhoods may seem low to others, the subsidies grant the providers more revenue than they would be able to garner from the fees that parents in their community could afford to pay or from the other low-paying jobs available to them. In addition to subsidies for care, JPNDC also brings in state subsidies to pay for transportation of children to and from care and federal subsidies through the USDA Child and Adult Care Food Program to

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<sup>29</sup> Revenue information obtained from JPNDC tax information given to Jenifer Kaminsky. For those at the upper end of the revenue stream, one suspects that they are serving entirely subsidized children as, in a low-income neighborhood like JP, these vouchers offer more than can be paid by private pay clients.

<sup>30</sup> (Robeson and Roberts) Page 9-10.

reimburse providers for food served to low income children, resources which not only reduce provider operating costs but also make care more accessible to parents.

These numbers also represent gross revenue figures. With start up costs that can run over \$700, annual expenses that can be close to \$9,000 (though if a provider participates in the Food program, some of this is reimbursable), and rent, which in Boston can run between \$15,000-\$20,000 (some of which is tax deductible as it is a business expense), even the most entrepreneurial provider is left with a limited net after-tax income.<sup>31</sup> The average provider earns, after taxes, an income of \$20,000-\$25,000 per year. While such an income might not allow a single-parent household to fully escape poverty, especially in an expensive city like Boston, the businesses do offer greater financial and emotional rewards than many of the other options available to the Latina women who are members of the system, many of whom have limited English skills and young children of their own to care for. Additionally, for those in two-earner households, these incomes, can be a significant boost to total household income. The FCC strategy, therefore, does conform to JPNDC's original economic development mission of using FCC as a strategy to create jobs, strengthen businesses, and empower residents to achieve economic stability.

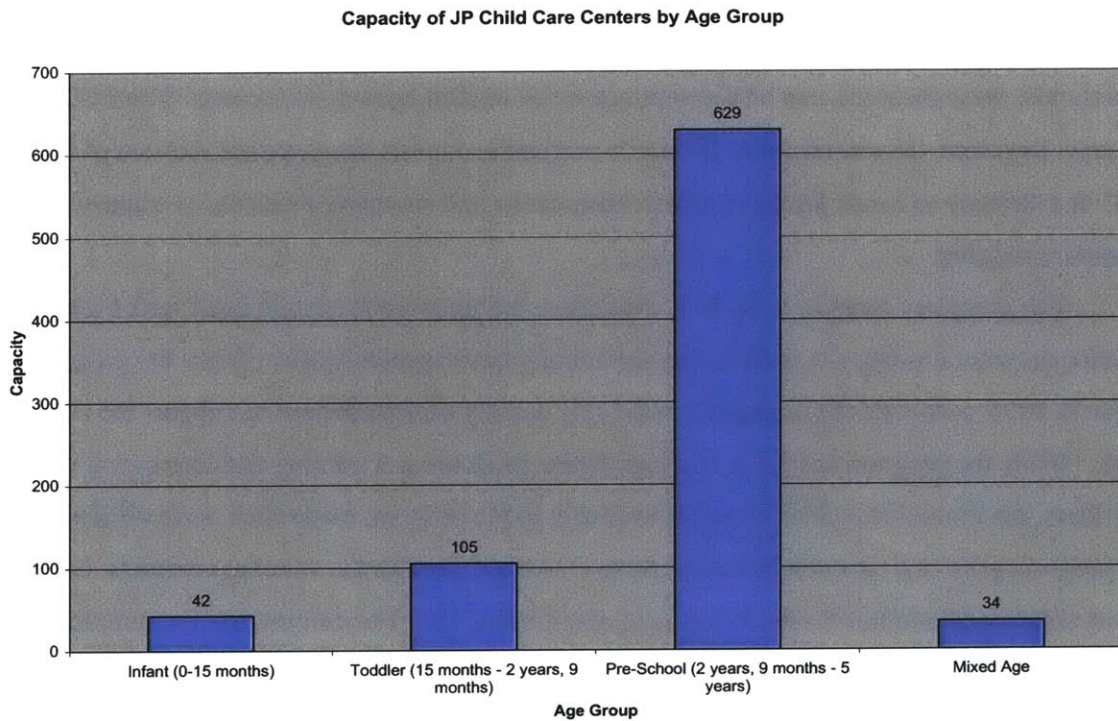
The resources brought in by FCC also allow the program to sustain itself with little reliance on grant funding—a rarity in the community development world. When the program began in 1996, however, the organization did rely heavily on foundations to support the FCC work. While the program designers had significant goals around training and interacting with providers, the limited resources and staff available to the program made such tasks difficult. As the program grew and was able to access State resources through the voucher contracts, however, it was able to add additional educational and other initiatives. The current program employs three full-time staff, including an overall program manager, a voucher administrator, and a child care specialist to work with providers. Such capacity allows them to better meet the goals of the program and provide necessary services to parents, providers, and children.

From a space and place perspective, the JPNDC program has had some success in helping to meet the child care needs of the neighborhood, especially those not being met by the

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<sup>31</sup> Budget information compiled by JPNDC FCC program and given to Jenifer Kaminsky

local centers. While the overall capacity of the sixteen centers in the neighborhood exceeds the capacity of the eighty-four licensed FCC homes by close to 300 children (816 slots for centers, 516 for FCC homes), the capacity for centers to care for infant and toddlers is severely limited.<sup>32</sup> As shown in Table 1, the vast majority of slots at child care centers in JP are reserved for preschool age children (78%), with very limited capacity for toddlers (13%), and even less for infants (5%). There are also few opportunities for mixed-age settings outside of FCC homes (4% of slots at centers). According to the 2000 Census, there were 1325 children under three years old living in JP.<sup>33</sup> While some number of those children’s parents will stay at home until the child reaches school or preschool age, many will not stay home, creating a significant need for infant and toddler care, a need that is currently met only by FCC homes.



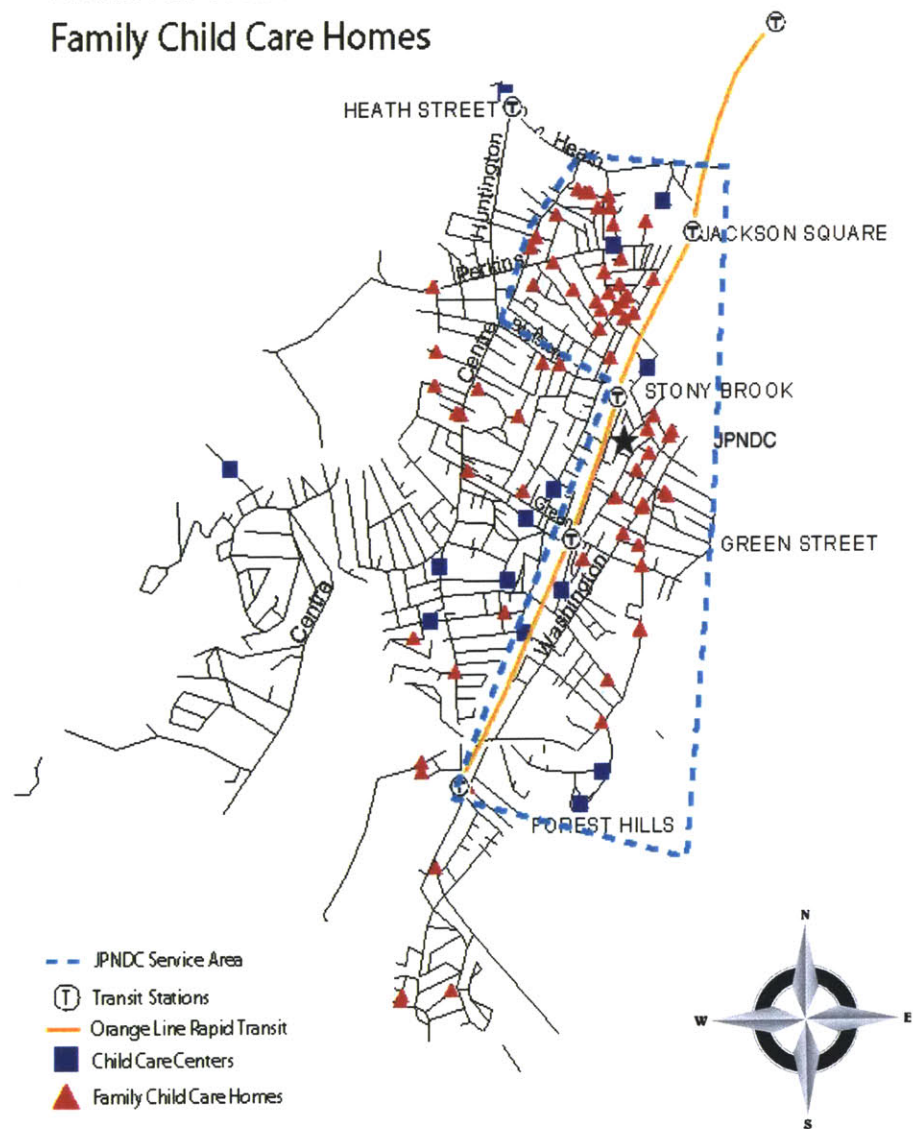
**Table 1: Capacity of JP child care centers, broken down by age group (source: MA Office of Child Care Services)**

<sup>32</sup> Licensing information found at [http://www.qualitychildcare.org/childcare\\_region\\_list.asp](http://www.qualitychildcare.org/childcare_region_list.asp). The numbers refer to licensed capacity, and they do not reflect the actual numbers of children in care.

<sup>33</sup> 2000 Census, numbers compiled by Will Bradshaw for the JPNDC.

The locations of FCC homes, which are dispersed throughout the neighborhood, also better meet the needs of parents within JPNDC's target area than the local centers do. Figure 1 shows the locations in JP of both centers (shown by the blue squares) and FCC homes (shown by the red triangles). The majority of centers concentrate in the central part of the neighborhood, while the FCC homes are dispersed throughout. There is, however, a particularly strong spatial concentration of FCC homes within the JPNDC's target area of Hyde/Jackson Square and lower income areas along Washington Street, showing the effect of the outreach and training efforts that JPNDC has concentrated in those areas, the preference of low-income and non-English speaking households for FCC, and the emergence of strong concentrations of FCC in areas

### Locations of Jamaica Plain Child Care Centers and Family Child Care Homes



where centers do not locate. It also serves to affirm JPNDC's original survey work showing a desire within the neighborhood to both utilize FCC services and start FCC businesses.

While not all the FCC homes in Hyde/Jackson are part of JPNDC's system or participated in its training, it seems plausible to suggest that the presence of so many licensed providers is in part related to the organizing and outreach work they, and other child care organizations in the neighborhood, have done around licensing and formalization. Given the demographics of the neighborhood, one might presume that many providers would choose to keep their services informal or be unaware of the regulations. The presence of organizations promoting formalization and the incentives it offers, such as eligibility for certain subsidies and business support, however, has clearly had some success in increasing formalization, and potentially also the quality of care. Without the strong range of supports to providers, parents, and children, such as those offered by JPNDC, however, the large numbers of these businesses will not work to balance the trilemma, as the care may still be of low quality and the provider may still operate a marginal business, not sustainable in the long run.

### **An iterative and adaptive process**

JPNDC and its providers are also constantly adapting the program in order to better balance the trilemma and create a better functioning program. These iterations are also matched by those of other child care organizations in Boston and Massachusetts which form the greater child care network into which JPNDC has situated itself and its program. One important Space and Place intervention, which was not part of the original JPNDC program, was transportation. While FCC houses were located throughout the neighborhood, many parents still had difficulty in finding providers who fit within their commuting patterns. The providers worked with the JPNDC to create a transportation program that would bring the children from their home to the provider's houses. Nelvis Masa characterized the effort as a success for the providers as "many of us live too far from a subway or bus stop, making it hard for parents. It's definitely a success

because now all of us are taking care of more children than before.”<sup>34</sup> The initiative provided benefits for both parents who had an easier time getting their children to child care and providers who were able to increase their business. JPNDC was also able to access funding for transportation from the state, bringing in further resources, and creating a new business opportunity for an entrepreneurial resident—operating a transportation company for FCC businesses.

Along similar lines, JPNDC was the one of the first organizations in the state to offer training and certification for “non-traditional hours” so that providers could offer care at nights and on weekends and holidays. The decision to initiate such a program was spurred by the organization’s other jobs training program which helped many women find jobs in local hospitals and hotels. These jobs, while offering good pay and career ladders, placed many workers in non-traditional schedules, and showed the organization the significant need for after-hours care. Such a program again helps both parents and providers through creating more flexible child care arrangements for parents and helping providers increase their income by giving them access to non-traditional vouchers with higher reimbursement rates.

Another addition that addressed both early childhood education and provider’s need for training and career ladders was the offering of both basic and advanced CDA training in Spanish. While only one JPNDC provider had received this national certification of their skills as a professional FCC provider before JPNDC offered the course, three are currently finishing up the course, and 6-7 more plan on taking the last step of the certification this spring.<sup>35</sup> This credential empowers providers in their own conceptions of themselves as professionals, improves the quality of care they offer, and allows them to access vouchers with higher reimbursement rates. As Ivana Rezende, a JPNDC provider who wrote about her experience at the National Association of Family Child Care conference held in Buffalo, New York in June 2003, stated of those she met at the conference:

“one thing that impressed me the most was their level of professionalism. The majority are nationally accredited, or they have their CDA or another Associate’s degree... Now I feel inspired by all those providers and I want to obtain my

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<sup>34</sup> (Swenson, Ndc Developments, a Publication of the Neighborhood Development Corporation of Jamaica Plain)Quote excerpted from an interview with Nelvis Masa on her work with the organization and the FCC program.

<sup>35</sup> (Rayza Lacruz)

national accreditation... I want to be part of this group of providers that offers high quality care to every child, every day.”<sup>36</sup>

While operating this educational program, the organization and the providers also realized that many providers not only lacked English speaking skills but writing in Spanish skills. In addition to the CDA training, the FCC program now offers writing and grammar in Spanish and ESL for providers. Such training and skill sets will help providers to further develop as professional providers, but they will also give providers the capacity to ascend career ladders to other careers in child care and education in general.

These iterations, and the organization’s openness to them, are key to the programs success as parents, providers, and staff have the capacity to make changes to allow the program better meets its stated goals. They also show the organic manner by which many of the program changes develop through the evolution of the program. The particular path that the program undertook could not have been predicted when the program began, as the specific issues to be addressed were not seen as paramount or addressable by staff or providers when the program was first designed. As the organization gained experience with FCC through their work with the providers and larger networks of child care organizations, however, they discovered additional needs and new possibilities for the program. Some of these, such as the addition of CDA training, emerged from larger changes within the child care movement. Others had more local origins, developing in response JPNDC programs as in the case of the non-traditional hours program, the availability of resources in the case of the transportation program, and the discovery of new needs among the providers in the case of the addition of Spanish writing courses. These adaptations, both the local and the national, respond to the particular context of the JPNDC, and for organizations in other circumstances a different set of programmatic elements and structure may better achieve program goals.

### **Addressing space and place**

While JPNDC has been successful in increasing professionalism and resources within FCC in its neighborhood, it has been less successful in addressing space and place concerns.

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<sup>36</sup> (Rezende)



Through its work, it has found that providers' inability to secure an affordable, code-compliant home in which they are allowed to operate an FCC business has been one of the greatest barriers faced by individuals looking to become providers. When JPNDC began its FCC program, housing prices in the neighborhood were much lower than they currently are, but after years of gentrification and rising home values, securing an affordable apartment where one can survive on a provider's income has become significantly more difficult, if not close to impossible.<sup>37</sup> Additionally, many landlords do not allow FCC in their units due to their concerns, often based on misinformation or lack of knowledge about FCC, regarding liability, the business' wear and tear on the unit, and incompatibility of the business with the residential character of the housing. Anecdotal information, confirmed by JPNDC Family Child Care Program Manager Rayza Lacruz, suggests that the high cost of housing and rampant discrimination by landlords has prevented upwards of 60% of potential providers from opening their businesses.<sup>38</sup> JPNDC's choice to not address this space and place component, therefore, has created a significant gap within their system, and made it difficult to realize the maximum benefits of the program.

The majority of providers within the JPNDC system, and across the City, rent their apartments (80% of those surveyed), and they are, therefore, subject to lack of control over their space as well as the high rents found in Boston and the vagaries of landlords and property managers hostile to or unfamiliar with FCC. Many providers in Boston report paying rents of up to \$1700 per month for small apartments full of code violations and other hazards, including rats and roaches. JPNDC surveys of providers from across the City found that those surveyed paid an average of \$1,135 in rent per month, with rents ranging from \$199 to \$1700. They also found that more than half paid in excess of 30% of their income in housing costs, limiting the ability of FCC to help families achieve or maintain economic self-sufficiency.<sup>39</sup> Some of the providers surveyed already receive subsidized rents or rented apartments within buildings owned by family

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<sup>37</sup> To afford the median rent in JP of \$1517 per month, a household must make, if they are to pay no more than 30% of their income towards rent, an annual income of \$60,680, significantly higher than the average annual income of JP providers of \$20-\$25,000.

<sup>38</sup> (Rayza Lacruz)

<sup>39</sup> Information gathered from survey conducted by JPNDC. 34 providers were surveyed, and 10 zip codes from JP to East Boston were represented among the respondents. Surveys were filled out by two groups (though these two were not mutually exclusive): participants in a homebuyer education seminar for providers and attendants at a JPNDC provider monthly meeting.

members, but the majority of providers are not in such an advantageous position. This lack of affordable housing combined with the low revenues available makes FCC an untenable venture for many providers in JP, and limits the ability of JPNDC to use FCC as a community development strategy.

Aside from the high cost of code compliant housing, the largest housing issue that JPNDC providers face is rampant landlord discrimination. Under the current regulations providers have very few rights as tenants. In the City of Boston, FCC is classified as a mix of business and residential uses. Landlords have the right to deny providers a housing unit or prohibit a renter from running childcare out of their unit on the grounds that:

- FCC is a business, and the lease prohibits businesses from being operated in residential units
- They do not want FCC to being operated on their premises

This lack of protections places providers in a difficult situation. While they receive training and licensing from the State to offer child care services within a particular space, the zoning and land use regulations of local communities often prevent them from operating the businesses. Additionally, by operating their businesses within spaces they do not own, they have severely limited control over those spaces. This precariousness affects both the longevity of the provider's tenure within the space, which affects the stability of the arrangement, and the ability of the provider to modify the space to create a superior educational environment, which affects children's ability to learn and develop.

Many providers within the JPNDC system who have become involved in the larger organizing efforts carried out by the organization have increasingly pushed the organization to recognize the need for space and place initiatives within the FCC program in order to help address these serious problems. Part of this effort has included a new campaign to organize providers around housing issues. As it became apparent how widespread and significant these problems were JPNDC providers, in coalition with providers from across the City, formed an organizing group to specifically address provider housing issues. Their group, Comité de Providoras de Massachusetts, and the JPNDC have successfully organized forums on provider housing issues, workshops on home buying for providers, recruitment events with providers and

staff from other FCC systems, and meetings with elected officials to raise awareness to the benefits FCC brings the City and provider's desperate housing needs.

One of the initial events of the campaign was a meeting held in March of 2003, attended by over fifty providers from across the City, to discuss both housing problems faced by providers and possible solutions. Catalina Bones, a JPNDC provider, a current member of the JPNDC Board, and one of the leaders of this new provider movement, stated that "We're meeting because we're experiencing a housing problem that is very serious. Most of us providers are being discriminated against because landlords don't want to rent to people who take care of children, or they are charging really high rents."<sup>40</sup> Another provider at the meeting spoke about the beautiful apartment she had found, but once the landlord realized her FCC plans, he refused to rent the apartment to her. Another women spoke of the landlord who required her to pay him an extra \$25 per week per child to cover supposed increases in water usage stemming from her business—an action that violated several tenant's rights laws. Other providers recounted the exorbitant rents they paid for code compliant spaces where they could offer childcare services.<sup>41</sup> These situations are common among FCC providers and have created significant problems for providers and JPNDC in their efforts to build viable FCC strategies.

As a follow-up to this first meeting, the Comité and JPNDC hosted a one-day homebuyer workshop specifically for providers. Members of JPNDC's community development department and a staff person from the City of Boston's HOME center spoke with more than twenty-five providers to explain the home buying process and answer questions specific to provider's financial situation. The Comité, with support from the JPNDC, also carried out a successful petition drive in support of improved housing conditions for providers, collecting over 500 signatures from providers, parents, and other supporters. Ideas for future endeavors include continued provider recruitment, meetings with others FCC systems and representatives, additional homebuyer counseling, and a tenant's rights workshops. While this organizing work of the providers is fundamental to raising awareness of provider housing issues, it is also essential to any housing and planning initiatives to be carried out by the JPNDC as providers can most powerfully speak to the importance of these issues and the efficacy of proposed solutions.

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<sup>40</sup> (Swenson, "'I'm Going to Keep Fighting, Because This Is the Work I Like,' an Interview with Catalina Bones")

<sup>41</sup> (Jamaica Plain NDC)

Many times, however, the scope of these housing problems cannot be solved at the local, neighborhood level, instead requiring City or Statewide changes. Tensions have, therefore, developed between the Comité who have looked to bring their efforts not only to other neighborhoods in Boston but also to communities across the State and JPNDC whose mission and program goals place their focus primarily in JP. Many of the organizing initiatives have not been as successful as originally hoped due to this divide, which shows the importance of embedding these local efforts within a network of other actors. Such a system would allow JPNDC to focus on neighborhood issues while helping providers to access organizations that could better assist them to advocate on a State-wide level.

One concrete, local strategy that JPNDC has begun to pursue in order is to develop and market affordable housing specifically for providers. In the past, the organization designed houses with providers in mind and with the hope that a qualified provider would win the homebuyer lottery set up by the City of Boston to sell the house. Only recently has it initiated a program to designate units specifically for providers in order to guarantee them affordable housing opportunities. Currently, JPNDC plans to build two FCC housing units within a 13-unit scattered site first-time home buyer project they are in the process of building. While home ownership offers providers the highest level of control over their space and stability for their business, many providers cannot afford homeownership on the incomes offered by FCC. JPNDC is, therefore, also looking for a site on which to develop a cooperative or rental property that will include 2-3 FCC units that will allow providers to both reduce their isolation by having other providers in the building and to share resources by operating their business in a cooperative manner. By creating spaces for FCC providers and their businesses, JPNDC has realized that its efforts not only help a low-income family achieve safe, affordable housing, but also work to balance the FCC trilemma through increasing a family's economic self-sufficiency by improving the viability of their FCC business, creating space that better meets children's educational and developmental needs, and stabilizing that FCC arrangement for families.

While creating housing for FCC businesses and the families that operate them may seem like a logical and straightforward extension of JPNDC's existing housing and FCC work, the organization has encountered a range of problems that question the legality and feasibility of

such a program that places a small business within a residential setting. While other states have public policy environments more favorable to including FCC within development and planning projects (such as California, discussed in chapter 2), Massachusetts' legal system and politics create many barriers. The enabling statute within the State's zoning code defining FCC creates limited protections for the enterprise, and gives localities extensive authority to limit the abilities of FCC business to operate in their jurisdiction. The law states that, "Family day care home and large family day care home... shall be an allowable use unless a city or town prohibits or specifically regulates such use in its zoning ordinances or by-laws."<sup>42</sup> The language in the statute allows cities and towns to erect barriers to FCC operations, creating some of the housing problems which providers currently face.

An example of this local determination of FCC status is the City of Boston, which is the only city in the State that does not make a distinction between childcare centers and FCC homes—a designation that restricts FCC uses in the City. Compounding this problem, the neighborhood of Jamaica Plain is one of the few neighborhoods where FCC is classified as a conditional, and not an as-of-right use, requiring a zoning variance for legal operation. City zoning specialists state that variances for FCC businesses are approved as an allowable accessory use 99% of the time.<sup>43</sup> This situation, however, creates another barrier to opening a FCC business and another opportunity for landlords to discriminate against families choosing to run a FCC business in their unit.

The Massachusetts courts have also upheld this view of FCC as a commercial use not appropriate for residential settings. In a case of a condo association seeking to uphold a clause that stipulated that units were to be used "solely for residential dwelling purposes" and prevent an FCC business operated by the unit's owner, the court stated that FCC was in fact different from normal residential activity, based in large part on it being a regulated activity requiring a license. The court ruled that:

These elements of licensure and supervision differentiate the operation of a family day care home from activity which is so home-like as not to be distinguishable from residence, e.g., writing a novel. Indeed, by regulation, a family day care

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<sup>42</sup> ("Chapter 40a Zoning")

<sup>43</sup> From conversations with staff at the Boston Redevelopment Authority conducted by Mee Heh Risdon and then communicated to Jenifer Kaminsky.

home is distinguished from “a private residence used for an informal cooperative arrangement among neighbors or relatives . . .” 102 Code Mass. Regs. § 8.02(11) (1986).<sup>44</sup>

For Massachusetts, the professionalism elements of FCC, the business development, regulation, and training, set it apart from residential activity, and, therefore, one component of CDC strategy to improve FCC contradicts another, the creation of facilities in which to house FCC.

While the majority of barriers to the creation of FCC housing have revolved around the perceived conflict between a business and a residential unit, the other major barrier that JPNDC and others have faced in their attempts to build FCC housing has been around the targeted marketing to renters and buyers used to ensure that units will be occupied by qualified providers. Officials at the City of Boston’s Fair Housing Commission have indicated that they believe that marketing units exclusively to FCC providers would violate Fair Housing regulations by discriminating against non-provider households. Legal opinions from groups across the country and conversations with practitioners involved in Fair Housing work suggest, however, that as anyone can be a provider, marketing exclusively to providers does not represent a violation of Fair Housing laws.<sup>45</sup>

Some who have examined the scenario, while agreeing that it would not constitute intentional discrimination, suggest that it could result in effective discrimination, where a facially neutral policy unintentionally gives an advantage to a particular group. If the population of providers were significantly different than the population of applicants for affordable housing, then the targeted marketing to providers could be construed as creating effective discrimination against those not in the provider group. While little data exists showing the racial makeup of providers in Boston, it is known that the vast majority of providers are women, so that the marketing could effectively discriminate against men who, though not barred from becoming providers, rarely choose to do so. While there is a small chance that an aggrieved male would

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<sup>44</sup> (Woodvale Condominium Trust V. James Scheff & Lois Horan-Scheff)

<sup>45</sup> Legal opinions and Fair Housing material received from Woonsocket Neighborhood Development Corporation in Woonsocket, Rhode Island, ROSE CDC in Portland, Oregon, and Mission Bay Housing Corporation in San Francisco, California. I have also had conversations with staff at the Fair Housing Center of Greater Boston and other Fair Housing organizations that agree with the legal opinions and the assertion that the Fair Housing is more of a political obstacle than a legal issue.

sue over the effective discrimination of the marketing, just as there is a small chance that a child would have an accident while being in care and the family would sue the CDC who owned the development, these negligible eventualities become political positions used to delay or derail a project that differs from traditional ideas of parenting or the separation of commercial and residential uses.

The other barrier related to targeted marketing that has emerged is the aversion by State funding officials to projects that contain explicit resident preferences. For example, the City of Boston has supported the creation of affordable artist housing, but many projects have failed to receive necessary subsidies from the State's Department of Housing and Community Development due to the project's preference for residents who are certified artists.<sup>46</sup> These officials fear that allowing preferences, first for artists, and now for FCC providers, would create a slippery slope where soon all occupational groups would request specialized housing. Few other occupational groups, however, provide significant public benefit, have specific space needs not always met by conventional housing, and often experience poverty due to the limited revenue available to their profession. This combination creates an argument for specialized affordable housing that few other groups would be able to make, and, therefore, the fear that allowing preferences for providers will generate a landslide of requests for preferences by other groups has little merit.

These barriers present significant obstacles to groups attempting to develop housing for providers or allow providers to operate their businesses in existing units. As we have seen in chapter 3, however, many groups have been able to build FCC housing. All of these projects also included some measure of tenant preferences, and they were not ruled to violate fair housing rules. All of these projects received some level of public funding including Low Income Housing Tax Credits, HOPE VI funding, HOME funds, CDBG funds, and other federal, state, and local subsidies. All of these projects also added much needed high quality early childhood space within neighborhoods that is affordable to providers and convenient and stable for parents. These precedents, however, have little authority over Massachusetts State law or political

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<sup>46</sup> Conversation with Jeff Goodman from Watermark Development and Construction, March 2003.

culture. JPNDC, as an organization based in one neighborhood, has struggled with how to intervene in these State-level issues that directly impact their local work.

As one way of mitigating these tensions and starting to find ways to act on these larger questions, JPNDC has begun to work with the Boston office of nationwide CDC intermediary organization the Local Initiative Support Corporation (LISC). LISC, which already works on child care issues on a national level, was interested in the JPNDC project as a possible model for other CDCs in the City and State. The initial steps of partnership were the convening of a series of meetings with affordable housing developers, other CDCs, family childcare systems, childcare advocates, elected officials, and others. The original intention was to form a wide-ranging coalition to address housing issues and support possible space and place solutions that more fully addressed the trilemma. As these problems did exist on many levels, any solutions would require significant coalition building work in order to build the necessary base of support for program and public policy changes, as well as ensuring that the programs would benefit providers and families in a large number of communities. The meetings, which were originally designed to build support for the housing production project, revealed a whole host of issues, around space and place facing practitioners and providers working in the child care sector, including landlord discrimination, fears about allowing FCC in subsidized housing units, and the financial ability of providers to purchase homes.

As more parties entered the conversation, the possible list of efforts for the coalition began to grow significantly, turning a simple issue of housing production into a very large-scale project. Just as the Comité of providers wanted to leave JP to bring its campaign to Springfield and Lawrence, some in the organization wanted to organize providers from across the City to mount a City-wide campaign on the Fair Housing issue. Others, including Executive Director Richard Thal, saw the project moving outside the realm of JPNDC's work (both in terms of geography and goals). In a recent meeting with LISC, the decision was made to return to the original goals and scale down the project to focus on the housing production piece in JP, ultimately using JPNDC as a model for other groups to replicate. This process again shows the importance of situating these child care efforts within a network of actors who can operate on different levels. While JPNDC can act as the local developer, LISC or other groups who possess



a larger focus can initiate the campaigns to make those statewide changes necessary to carry out the project in the neighborhood.

Despite many of the difficulties faced, JPNDC continues to pursue various space and place measures, now seen as critical to the organization's FCC program. As we have seen, these space and place strategies work to balance the trilemma by filling gaps within existing FCC efforts and enhance the place-based strategies of CDCs. They can also be viewed, however, as a catalyst for integrating the work of the FCC program into all the programs of the CDC, thus moving towards a best practice with which to address the trilemma. For the JPNDC, virtually no other initiative has seriously involved all three of the program teams—community development, community organizing, and economic development—in the way that the FCC program currently does. This internal bonding of these teams who often possess disparate frames and agendas helps to move the CDC to a more comprehensive community development strategy to better serve the residents of JP.

Such bonding, however, has not always been a smooth process. While the community development and organizing teams in the organization have a history of working closely together on projects, the economic development team had already been more separate. The majority of practitioners within the economic development team approach their work from a client-based social service frame, and as such, ideas about community organizing, leadership development, and individual empowerment held by the other teams at times were not perceived to fit or conflicted with their work. For example, efforts to have providers attend a CDC lobbying day at the State house were seen by the organizing team as an important part of the provider advocacy work but was viewed by the FCC program manager as an event that distracted providers from their primary focus of caring for children. Conflicts also emerged around the multi-year time frame of the development project, seen as a normal part of the process by the community development team, but perceived as unresponsive and slow by the providers and organizers. These tensions, which the organization is still in the process of working through, have slowed the project, as initiatives, arguments, or requests for information by one group have not always been fully supported or seen as crucial by the others.

An example of successful integration, however, can be found in how JPNDC responded to the discovery of FCC providers within one of the cooperative housing developments that they had built and continue to advise. While JPNDC had been focusing the majority of its community development energy on building new housing for providers, this realization forced the organization to address its policies for FCC in existing developments. JPNDC had always suspected that FCC providers had been living and operating businesses within its developments, but it had never formerly addressed the issue. When one of the providers in its system moved into a unit in the JP Scattered Coop, however, the organization and the property managers it worked with had to create new policies to accommodate FCC while also protecting the developments and meeting the needs of other residents and neighbors. Prior to the start of the FCC housing initiative, the asset management and organizing staff would not have been equipped to advise the coop board on how to change its by-laws. Through the work of the initiative, however, the staff now possessed various new capacities and understandings of the issue.

At the first meeting between the providers (it was found that two other providers already lived and worked in the coop), the coop board, who owns and operates the development, the property management company they employ to manage the property, and asset management and organizing staff of the JPNDC who advise the coop on issues relating to its development, many of the liability and compatibility issues we have seen were raised. Board members had many questions about FCC, including issues of licensing, hours of care, numbers of children, and the ages of those in care. They were fearful that an aggrieved parent could include them in a suit against a provider, and they wanted to understand liability and insurance issues. While the coop is still working out the particulars of the by-law changes they will adopt to address the FCC issue, the situation has caused JPNDC to begin to think about policies and recommendations in order to allow and promote FCC in its existing developments, not only within the new units which it plans to build for providers.

Through the housing initiative, the community development staff now has an understanding of FCC, its importance and benefits, the regulations involved, and the various elements of combining this business with residential uses. JPNDC now possesses the capacity to

create policies to allow FCC in its existing developments and help its coops to change their by-laws to also permit FCC. The program has, therefore, not only given a space and place benefit to the parties of the trilemma through the affordable housing opportunities, but also helped JPNDC to better address a major issue within its affordable housing work—the need among residents for economic opportunities and child care.

JPNDC's adaptive and iterative process, shown through the inclusion of additional educational programs and the housing production initiative among other examples, allow the organization to meet the shifting needs of the parties within the trilemma, be it changing neighborhood demographics or rising housing costs, in order to better pursue a balanced strategy. The process has also connected the FCC program and the organization to wider networks of child care actors whose work strengthens the mission of the program and the organization. Through these partnerships the program will continue to evolve, adding new initiatives, eliminating ineffectual ones, and continually attempting to align the interests of the parties of the trilemma. In JP and among the providers, parents, and children associated with JPNDC, these issues have still not been fully resolved. The organization, however, has made significant steps to embed itself within an emerging best practice that has created a series of workable solutions and processes to move towards further solutions.

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## CONCLUSION

In the previous chapters we outlined the needs for and impacts of the child care system in the United States, the importance of home-based child care forms, the ways in which community development corporations can integrate child care programming into their work and use it as a community development strategy, and finally an example of an organization that has managed to navigate the complexities of child care to create a workable system within its local community. The lessons learned from this research help to shape an emerging best practice where networks of organizations working in partnership, both formal and informal, utilize their expertise at various levels of intervention—local, regional, national—to create strategies that balance the interests of children, parents, and providers through initiatives that resolve issues of professionalism, resources, and space and place. While the needs for child care, capacities of organizations, and opportunities to act within the system vary significantly depending on local context, the conceptual models and frameworks presented can be applied to community development corporations and their partners across the country.

The specific case of the Jamaica Plain Neighborhood Development Corporation working in the Jamaica Plain neighborhood of the City of Boston offers an example of a particularly sophisticated and entrepreneurial CDC attempting to act within this arena. While this model with its high degree of involvement and resource commitment to child care programming within an environment favorable to such work may not be appropriate or possible for all CDCs, JPNDC's work does begin to show ways by which CDCs can create successful child care programming. Over the eight years that the organization's FCC program has been in existence the organization has embedded itself within a multi-level child care network to create a set of initiatives that have addressed parent's needs for accessible and affordable child care, provider's needs for training and the resources to operate a viable business, and children's needs for high quality educational environments. In order to achieve this balanced strategy the program, the organization, its partners and its constituency have continually adapted the program using efforts such as the initial neighborhood planning process, the monthly meetings of JPNDC providers and regional system managers, and the neighborhood forums in which the organization regularly

engages. Such iterations allow the network to assess the shifting nature of the “wicked” problem and constantly change program design to meet it.

On the face of it, however, the child care problem does not seem as though it should be a significant challenge. Instead, it seems like it should be a tame problem with simple solutions. Parents leave the house during the day to pursue employment. Traditionally, it was predominantly the fathers who went to work while the mothers stayed home to care for the children, though low-income mothers rarely had that choice. With both parents at work, and, therefore, no one at home, these families require help to care for and educate their children. While once relatives, neighbors, and friends would have offered this care, in recent years, parents have increasingly relied on professional caregivers for these services. The surveys and the studies of this growing facet of daily life, however, show not only this increasing need for care, but also the oftentimes competing realities of low incomes for providers, and the importance of high quality education during a child’s earliest years. Yet, as we have seen, the many players within the child care debate and the frames they utilize in order to define problems, make any solutions difficult and complex, no matter how straightforward the problem appears to be. As you bore down into the problem, any sense of a clear definition begins to dissolve, and such explications become not an objective designation of “the problem with child care” but instead remain the province of individual definers. The solutions that seem appropriate for one party can oftentimes offload problems to another or appear to be in conflict with their interests, and, therefore, limited moves have been made to address the very significant child care problem in the country.

While child care is a national problem, the solutions are often met at the most local of levels—the home, the block, and the neighborhood. For in each of these locations the need and appropriate model of care differs, and creating programs that meet these particular contexts is essential for balanced strategies. In the face of these different landscapes for each of these different places, however, there are few consistent sets of national policies or national solutions. The housing solutions that work in California are almost inoperable in Massachusetts given the differences in their local land use and tenant’s rights laws. The State funding commitments in Oregon make it possible to create child care programs and networks that are impossible to erect in North Dakota due to lack of resources. While these programs can act as precedents for those

other places, the autonomy of individual states and localities makes it difficult to use these lessons learned to create similar solutions in other parts of the country.

As we have seen, however, the key to best practice is not a particular set of programmatic features, but a process of iteration and reflection that can be applied in a variety of contexts. While in many locations it would not be possible to replicate the work of the JPNDC due to the specific supports available through Massachusetts' favorable public policy environment and sophisticated infrastructure of community development organizations, CDCs in other states can still at some level participate in balanced strategies. For those CDCs in states without such supportive funding structures, however, creating a program along the lines of the JPNDC's will be a significantly more difficult (or impossible) task. Given those circumstances, CDCs often choose to more extensively partner with organizations inside and outside their local community to create such a program then attempt, as JPNDC has, to focus its work more internally.

While local contexts make each situation different, it is still important to define certain optimum conditions that allow CDCs to create highly successful programs. The research presented here suggests that the public policy that best facilitates workable programs includes substantial funding for child care systems and programs, land use regulations and tenant's rights policies that allow the operation of an FCC business in a residential setting, and the will of local public officials to champion (or at least tolerate) child care programs. JPNDC's housing production program has encountered difficulties due to the particularities of Massachusetts zoning and land use laws as well as political opposition in the form of the Fair Housing Commission of the City of Boston. In order to fully balance its strategy, it must alter these land use policies and frame its programs in such a way as to create the needed political momentum to push them through. CDCs in other communities, however, may find that pushing on public officials to allocate funding to creating FCC systems or other programs will better serve their particular needs. The majority of CDCs plan their child care programs based on assessment of local needs and available capacities, but it is also important for them to analyze this larger public policy environment to see what barriers exist and which program might have the most success.

We have also seen that optimal conditions also include a sophisticated social service network and a high level of job development expertise. For JPNDC, its program started as a small effort to provide child care services and business opportunities to local families. As the program developed, however, it has evolved into a highly functioning system that achieves those

goals and more. The program is now a significant component of the CDC's mission that in addition to its original targets, employs three full-time staff people, commands a substantial budget, and offers neighborhood residents business training, educational opportunities from childhood development to ESL to writing and grammar in Spanish, and the ability to ascend career ladders. The program creates linkages between these neighborhood FCC providers and their peers, State and Federal child care resources, and national FCC associations. The organization also uses the FCC program for internal bonding and to strengthen the efforts of its other programs such as by creating FCC units in new and existing housing developments to provide child care resources to other residents or developing after-hours child care training so that providers could meet the schedules of women in the organization's hospital and hotel job training programs. This work is then bolstered by similar networks and programs in the area, a strong statewide CDC advocacy and capacity building organization, and a State and City that in many arenas, especially financially, support and understand both their efforts and the similar efforts of groups throughout Boston and Massachusetts. Again, such conditions are not prerequisites for success, but they significantly strengthen the activities of individual CDCs, making it more likely that these organizations and the networks in which they exist will better be able to create balanced strategies.

The presence of all these groups within the child care delivery system and the need for these varying capacities add significant layers to the child care problem, growing it from the women down the street taking care of some neighborhood children to a large public and private enterprise. Even with all of these institutions in place and optimal conditions found, the child care industry in general still suffers from a significant lack of resources and undervaluing of its benefits. As discussed in chapter 1, the current system represents a classic case of a market failure, where the price parents pay for child care neither covers the true cost required to pay the provider living wages and benefits, adequately assesses the value high-quality child care has for their family, nor allows for the maximum level of benefits to be offered to communities. Without adequate resources, the good strategies examined in chapter 3 and the comprehensive work done by the JPNDC discussed in chapter 4, are increasingly difficult to implement or be made accessible to large numbers of people. The primary instrument of public intervention, however, has been to a limited amount of subsidy and tax credits that reduce the cost of care for parents without decreasing the revenue going to child care providers.



Given the economics of child care and low income neighborhoods, providers and families need these subsidies to make FCC businesses viable. For many families a child's years in child care will most likely cost more than that same child's four-year education at a public university. Without some form of assistance with these costs, child care would, therefore, be out of reach for most low income families.<sup>1</sup> As high quality early childhood education has been "transformed from an optional stopover for little kids to a 'prerequisite' for elementary school,"<sup>2</sup> parents increasingly need help to pay the high cost of care, which for residents of Massachusetts is estimated at over \$9,000 per year.<sup>3</sup> The majority of families cannot afford such fees, nor can providers afford to continue to subsidize the cost of care by accepting parent fees below the level that will allow them to command living wages, benefits, and the levels of education needed to provide high quality care. Securing additional resources not only those currently available but also advocating for new sources, especially those that benefit low-income families and allow for the creation of the programs and networks we have seen to be successful, is then fundamental for the continued finding of balanced strategies.

This dance between finding resources, improving quality, and increasing accessibility in a way that positively benefits parents, providers, and children creates the trilemmas of child care and places it within the "wicked" problems that planners face every day. Navigating the layers of the different agencies and players who interact with the child care system and making decisions in regard to the tensions inherent in FCC—professionalism versus conceptions of residential uses, creating affordable housing versus child care space, etc—takes skilled practitioners willing to wade into these shifting waters and cross the boundaries of competing frames. To create a truly balanced strategy to the family child care trilemma, therefore, is more than assembling the requisite group of initiatives in a locality with the optimum set of public policy and social service conditions in order to attend to the needs of all parties. It is developing a community of practice that includes members from across the spectrum of child care involvement working at varying levels from local to national to incorporate a learning machine to truly develop an adaptive and iterative child care delivery system.

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<sup>1</sup> (Schulman)Page 8

<sup>2</sup> (Warren and Tyagi) Page 37

<sup>3</sup> (Traill and Wohl) Page 8

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