

The Department of Human Services

FIRST THREE YEARS

**ADDRESSING THE SHORTAGE OF INFANT AND CHILD CARE
PROVIDERS, FACILITIES, AND SERVICES IN THE STATE OF
HAWAI'I**

2006 House of Representative Concurrent Resolution Number 008

**Prepared by
Good Beginnings
Alliance**

*In partnership with
PATCH*

December 2006

CONCURRENT RESOLUTION BACKGROUND

During the 2006 Legislative Session, a resolution was adopted by the House of Representative with the Senate concurring to conduct a study, based upon available information, about the shortage of infant and toddler child care providers, facilities, and services in the State of Hawai'i.

The House Concurrent Resolution Number 008 directed the Hawai'i State Department of Human Services, in this study, to identify and examine the following areas relating to infant and toddler child care:

1. Available data and rationale regarding the shortage of infant and child care providers in the State.
2. Existing regulatory and licensing requirements for infant and toddler child care providers, facilities, and services and how these may affect the problem; and
3. Methods by which more infant and toddler child care providers can be recruited and retained to supply facilities and services for infants and toddlers in the state.

With the three areas, the House Concurrent Resolution requests that the Department provide recommendations for addressing the shortage of infant and toddler child care providers, facilities, and services in the State. This includes any proposed legislation for increasing the supply of infant and child care providers, facilities, and services.

The Department will transmit its findings, recommendations and proposed legislation twenty days prior to the convening of the Regular Session of 2007.

IMPORTANCE OF FIRST THREE YEARS

The first three years of life is a period of rapid growth and development. We are more aware of the importance of the first three years due to technological advances in neuroscience. It is a basic human instinct to love and respond to babies. We know that loving, responsive caregiving offers infants and toddlers a safe place to explore and develop language that is fundamental to cognitive development. Babies prefer looking at people's faces, and naturally develop vocabulary and learn a language when adults interact and talk or sing to them.¹

Infants and toddlers are continuously absorbing enormous amounts of stimulation that develop neural pathways – “in a matter of seconds, thousands of cells in these children's growing brains respond.”² This “wiring” of a developing brain is greatly influenced by our nature, and by our environment. Unfortunately, not all children are nurtured in a positive manner.

We know that a strong, secure attachment can support a child to be resilient to the ordinary stresses of life. Additionally, family and community culture influences the development of infants and toddlers in every aspect of early development especially through relationships.

“Infants and toddlers develop expectations about people's behavior and about themselves based on how parents and others treat them. Through daily interactions with responsive, affectionate adults, babies experience their first positive love relationships. Trust and emotional security develop when infants learn that their needs will be met predictably and consistently. Self-confidence develops as babies and toddlers learn to communicate their needs and master challenges in their world.”³

Because of this relationship-based foundation, high quality care becomes paramount for our youngest children especially when

“...an estimated seven million children under the age of three spend some or all of their day being cared for by someone other than their parents (Zero to Three Policy Center, 2001).”⁴

¹ Brain Wonders, 2001. Retrieved on December 1, 2006 from <http://www.zerotothree.org/brainwonders/FAQ.html>

² Shore, R. 1997. *Rethinking the Brain: New Insights into Early Development*. Families and Work Institute: New York, NY.

³ Bredekamp, S. and Copple, C. (Eds.). 1997. *Developmentally Appropriate Practice in Early Childhood Programs, Revised Edition*. NAEYC: Washington DC.

⁴ Zero to Three Policy Center. Retrieved on November 30, 2006 from <http://www.zerotothree.org/policy/pdf/Infant%20Toddler%20data%202002-06.pdf>

In addition, the National Research Council (2000) highlights the extreme importance of nurturing relationships and positive environments in making a difference for all children.⁵

Therefore, relationship-based practices do make a difference. What does this look like? Quality infant and toddler care⁶ includes:

- small groups
- high staff-to-child ratios
- primary caregiver assignments
- health and safety practices
- cultural and linguistic continuity
- stable positive relationships

We know that families want the best for their babies. And, that their future and our island society are tied to how we care and educate the youngest of our keiki.

BRAIN FACTS⁷:

Newborns Distinguish Speech

Children as young as four days old can distinguish the vowel sounds of the language in their natural environment from those of a foreign language.

Baby Talk Increases Vocabulary

A study showed that when mothers frequently spoke to their infants, their children learned about 300 more words by age two than did children whose mothers rarely spoke to them.

Child Brain Development

Measures of brain activity show that during the second half of a child's first year, the prefrontal cortex, the seat of forethought and logic, forms synapses at such a rate that it consumes twice as much energy as an adult brain. That furious pace continues for the child's first decade of life.

Reading Aloud Stimulates Child Development

Reading aloud to children helps stimulate brain development, yet only 50% of infants and toddlers are routinely read to by their parents.

Stimulating Environment Affects Learning

A child's ability to learn can increase or decrease by 25 percent or more, depending on whether he or she grows up in a stimulating environment

⁵ Shonkoof, J. and Phillips, D (Eds.) and National Research Council. 2000. *From Neurons and Neighborhoods: The Science of Early Childhood Development*. National Academy Press: Washington DC.

⁶ National Network of Child Care Resources & Referral. Public Policy-Background Issues. Retrieved on November 30, 2006 at <http://www.naccrra.org/policy/issuesdetails.php?Area=itnqc>

⁷ Brain Facts from BrainConnections.com. Retrieved on December 4, 2006 at <http://www.brainconnection.com/library/?main=explorehome/brain-facts>

AVAILABLE DATA AND RATIONALE REGARDING THE SHORTAGE OF INFANT AND CHILD CARE PROVIDERS IN THE STATE

It is difficult to assess the shortage of care as data on unmet need or “demand” is almost impossible to gather. However, reviewing data for infants and toddlers in care before examining the infant and child care providers’ shortage is helpful.

Data for Infants and Toddlers in Care

The number of infants and toddlers in Hawai’i is approximately 31,035⁸ to 34,134⁹ children of which 6,279¹⁰ are enrolled in licensed full-time care. However, it is suspected that there are many more infants and toddlers cared for by families, friends, and neighbors who are not part of the licensed system. The data on these providers are not available. But, data is available for families receiving DHS financial assistance who use officially designated licensed-exempt providers.

In 2005, children ages 0-3 with child care subsidies and cared for by relatives or licensed-exempt providers numbered 3,586 (65% of 5,231 0-3 children receiving child care subsidies).¹¹

It is also difficult to know how many parents choose to stay home with their infants and/or toddlers or choose to arrange their work schedule in such a way so the child is cared for by the other parent.

Relationship between Capacity and Enrollment

It is necessary to understand the relationship between the licensed capacity for infants and toddlers, and the actual enrollment of infants and toddlers. The following graph¹² identifies the DHS licensed capacity to be 947 infants and toddlers with a desired capacity to care for our youngest children at 903 slots. However, only 844 infants and toddlers are enrolled in programs throughout the State.

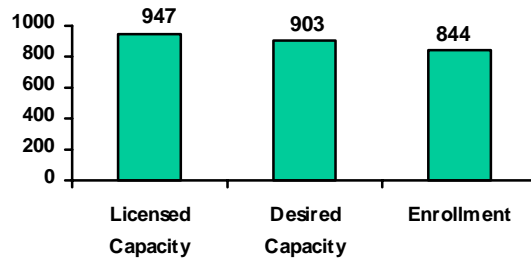
⁸ U.S. Census, 2000

⁹ National Economic Development and Law Center & Good Beginnings Alliance. 2005. *The Economic Impact of the Early Care and Education Industry in Hawai’i*. NEDLC: Oakland, CA.

¹⁰ Ibid.

¹¹ Data sheet from Kathie Reinhardt, December 2005.

¹² Provider Statistic Data Sheet from PATCH, September 2006.



Infant Toddler Center Capacity & Enrollment (PATCH, Sep06)

We cannot be certain as to the reasons for this gap in enrollment when we know families are searching for infant and toddler care. However, some possible reasons may be:

- Vacancy locations are not convenient for the parents seeking child care;
- Cost of infant/toddler center care is not affordable for parents;
- Parents seeking care prefer a home-based site instead of center-based for their infant.

Early Care and Education System Components

There are multiple components in the early care and education system that affect the shortage of infant and child care providers in the State of Hawai'i. Currently, in Hawai'i, infants and toddlers are cared for in four different types of settings, three of which are regulated by the Department of Human Services:

- Licensed family child care homes
- Licensed group homes
- Licensed infant-toddler centers
- Licensed-exempt providers (usually family and/or friends)

State Licensing Requirements

First, State licensing requirements for infant/toddler care are established to protect the health and safety of our youngest citizens. However, to some, these requirements appear to be stringent and cause for providers to hesitate serving this population. These State licensing requirements define the scope of what child care options are available; what structural qualities such as child-staff ratios, group size, classroom space, etc. are needed for differing age groups; and who can provide care and education within those child care options. These requirements can impact a provider's decision as to whether or not they enroll infants and toddlers or if they choose to become part of the formal licensed early care and education industry.

Provider Decisions

Another way to examine the shortage of infant and toddler care is to understand the significance of providers choosing not to serve this age group.

Family Child Care Perspective

PATCH reports in its September 2006 Provider Statistics that the total capacity for licensed family child care homes was 2,712 and the enrollment was 2,083; it appears that space was available for the children. However, parents were reporting that they could not find care for their infants and/or toddlers. It is common to find providers choosing to enroll children from ages two and older instead of creating programs for infants and toddlers. This may be because licensing allows one home provider to care for only two children under the age of 18 months; while one provider may care for up to six children if the children are over two years of age.

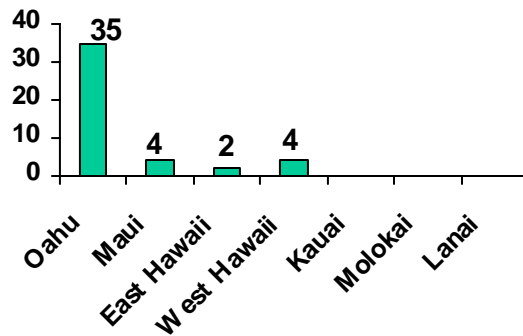
Licensed Group Home Perspective

Some providers would like to qualify as a “licensed group home,” so that they could take up to 12 children, 2 years old and up, and work with another adult. Many providers say they would like to work with another provider (rather than just by themselves). Having another adult at hand helps relieve some of the stress and logistics of caregiving routines. They can cover for one another for brief moments of using the bathroom, preparing lunches, toileting of children, etc. In addition to helping with the physical management of the children, co-providers are able to consult one another about problems and issues they inevitably confront.

There are a handful of providers who are interested in becoming licensed for this type of “Licensed Group Home” and who would be willing to take toddlers. They want to set up a program, yet are hindered by County requirements for the facilities. Group homes are required by the County to meet the same requirements that licensed preschools do, pertaining to fire codes, sanitation, safety, etc., which often make it difficult for their homes to qualify for licensing. Yet, often these providers are retired DOE teachers and others with extensive experience in caring for and educating young children. The potential they offer to addressing the needs of our population is great but are unfortunately not realized due to cumbersome and perhaps unnecessary County policies.

Center-Based Perspective

The graph¹³ below shows the total number of infant-toddler centers in operation.



Number of Infant Toddler Centers in Hawai'i (PATCH, Sept06)

The number of infant-toddler centers in Hawai'i from the September 2006 PATCH Provider Statistics total 45. Thirty-five of those centers are located on O'ahu, four on Maui, two on East Hawai'i, and four on West Hawai'i. There are no State-licensed infant-toddler centers on Kaua'i, Lana'i and Moloka'i.

Relative to the population of infants and toddlers in Hawai'i, the number of infant-toddler centers is significantly limited and insufficient to meet the demand in caring for our youngest children. Underscoring factors may be lack of facilities in communities or barriers in developing facilities; providers choosing to serve and care for older children; or high operating costs due to lower staff-child ratios, smaller class size and specific licensing requirements for developmentally appropriate programming.

Family Perspective

We also know that families may choose to participate in a variety of family child interactive learning programs such as Keiki Steps, Keiki O Ka 'Aina, Na Kamalei, or Tutu and Me. It is possible that families and licensed-exempt providers participate in these programs. With 65% of children under age three being cared for by a relative or licensed-exempt provider receiving DHS financial assistance or subsidies, the child and family interactive programs can serve as a place for infants and toddlers to socialize with others, participate in developmentally-appropriate activities and experiences, and satisfy a family's choice and cultural preference.

Staff Qualifications/Compensation

Lastly, staff qualifications for working with infants and toddlers may be a barrier. This component will be discussed in the next section regarding existing regulatory and

¹³ Provider Statistic Data Sheet from PATCH, September 2006.

licensing requirements for infant and toddler child care providers, facilities and services that affect the shortage dilemma.

However, one somewhat related aspect of staff qualification is compensation. This may contribute to a shortage of infant and toddler providers and, in general, to the early care and education industry.

According to the National Economic Development and Law Center report, *The Economic Impact of the Early Care and Education Industry in Hawai'i*, the average annual earnings of an early care and education worker is \$18,015 with a teacher attrition rate of 25% from center-based settings. Many times, the average stay was one-year.

“Turnover of teaching staff hurts program quality. It increases recruitment costs and lowers experience levels. Perhaps even more important, it weakens the relationship between caregivers and children, which is important to a child’s social and emotional relationships and cognitive development.”¹⁴

Parent Choice

This report’s introduction on “Data for Infant and Toddler in Care” points to an area that may significantly influence our understanding of unmet needs or demand for infant and toddler care. There may be many more infants and toddlers cared for by families, friends, or neighbors who are not part of the licensed system. The data on these providers are not available except those receiving DHS financial assistance.

From previous data, we know that there are 6,279 infants and toddlers in full-time, licensed care and 3,586 children under the age of three cared for by relatives and/or licensed-exempt providers. When the data is contrasted to the population of infants and toddlers (31,035 to 34,134 infants and toddlers) in Hawai'i, 29% to 32% are cared for by licensed providers or licensed-exempt providers receiving DHS financial assistance, leaving between 68% to 71% of infants and toddlers unaccounted.

It is known that quality, access, and affordable care are concerns that parents have expressed. But, it is uncertain what parental decisions are based on. It is possible that families may not choose licensed care based on convenience of locations, affordable costs, and/or preferences based on culture or personal beliefs (i.e., home-like settings). Some parents may choose to stay home with their babies or arrange work schedules so the child is cared for by one parent.

We continue to be unsure about just what the demand for licensed infant and toddler care actually is. How many parents of children under age 2 or 3 will choose family, friends, or neighbors as caregivers for this age group despite other alternatives? Would they actually use additional licensed care if it were available?

¹⁴ National Economic Development and Law Center & Good Beginnings Alliance. 2005. *The Economic Impact of the Early Care and Education Industry in Hawai'i*. NEDLC: Oakland, CA.

Therefore, when addressing the shortage of infant and toddler care and its infrastructure – providers, facilities, and services – it is important to know the reasons for families choosing or not choosing the three DHS-regulated types of settings – licensed family child care homes, licensed group homes, and licensed infant-toddler centers - as well as choosing licensed-exempt providers. This information can guide policy development and decision-making in funding, capacity building, and program development.

Summary

The shortage of infant and child care providers in the State has multiple considerations. These considerations include:

- State licensing requirements
- Provider decisions
- Staff qualifications
- Provider compensation
- Parent choice

EXISTING REGULATORY AND LICENSING REQUIREMENTS FOR INFANT AND TODDLER CHILD CARE PROVIDERS, FACILITIES AND SERVICES AND HOW THESE MAY AFFECT THE PROBLEM.

The Governor's Office for Children and Youth 1994 Report reviewing regulatory and licensing requirements for early care and education pointed out the barriers that existed to the start-up, continuation and expansion of early care and education programs. It found that State and County rules and regulations were at times very cumbersome and at odds in application and process. For instance, zoning codes allow center-based facilities and group child care homes, but the permit procedures in Counties included a public hearing or a decision by an appointed body to grant permits.

This same report articulated the role regulatory standards play in setting

“...the baseline for ECEC services, delineating the minimum standards of care considered necessary to protect children's safety, health, and potential development. The level at which standards are set impacts the availability and quality of programs (pg. i).”¹⁵

The author goes on to state,

“Efforts to improve protection of children and quality of programs are likely to raise costs, and therefore may decrease availability. Efforts to increase availability may involve reducing or removing requirements, and this may result in reduced protection of children and additional health and safety risks (pg. ii).”¹⁶

As we examine different components of existing regulatory and licensing requirements, we encounter a dilemma of balance between our desire for quality elements of safety, health and readiness considerations and our need to provide affordable cost in caring for our youngest children.

Therefore, it is paramount that “the community” be involved to help determine what “competing demands for services and protection, availability and quality” will provide the best for Hawai'i's families and their babies (pg. ii).¹⁷

¹⁵ Vast, T. and Governor's Office of Children and Youth. 1994. *Review of Hawaii's Regulations Affecting Early Childhood Education and Care Programs*.

¹⁶ Ibid.

¹⁷ Ibid.

Another perspective is a recognition for the unique developmental needs of infants and toddlers which is clearly defined by having separate licensing requirements for this age group.

Impact of Existing Regulatory and Licensing Requirements on Family Child Care Providers

Trying to understand and comply with State and County regulations, especially for family child care homes, can be daunting for a person starting out in the child care field. However, assistance is given to prospective caregivers from the Department of Human Services and PATCH.

For family child care homes that can care for up to six children, rules and regulations vary from County to County but, in general, the issues are manageable. However, it has been reported that some requirements do act as deterrents for providers throughout the State. Those requirements include:

- **Cost and assessment to ensure the safety and health of children in care.** Safety and health requirements can add to start-up costs for potential providers such as renovating to meet building safety and sanitation requirements, meeting playground equipment safety standards, having appropriate fencing to protect children from harm, installing safety locks on cabinets, or building a pet containment structure.
- **Fingerprinting, physical examinations, and tuberculosis testing.** On the Neighboring Islands, especially in rural and distant locations, potential providers experience difficulties in traveling to DHS Offices for fingerprinting because of distance and office hours.
- **Facility development limitations.** Landlords may not trust liability coverage for family child care providers; or, planned communities do not allow any forms of businesses to be conducted in private homes.
- **Staff qualifications.** Potential providers may not meet or are not able to meet State licensing requirements for child care providers. Factors affecting this may include availability of higher education courses or distance education options, or the provider's lack of commitment to professional development.

Ratio and Group Size Discussion

Infant and toddler care began in the mid-1960s. Before that period, most regions of the United States (except Southern and some Western states) prohibited infant and toddler care from childcare centers.¹⁸ Over time, as mothers entered the workforce, states began to permit infant and toddler care and establish stringent requirements. Some

¹⁸ LeMoine, Sarah and Morgan, Gwen. February, 2004. *Do States Require Child Care program to Educate Children? Report #3: Infant/Toddler Rules to Assure Early Education and Strong Relationships, A Discussion Draft* by Sarah LeMoine and Gwen Morgan. Retrieve on November 30, 2006 at <http://ceep.crc.uiuc.edu/docs/cc-educate/report3.pdf>

states, concerned about the potential high cost of infant and toddler care, allowed high child and staff ratios and large group sizes in order to keep cost down for parents.

Eventually, all states were able to develop infant and toddler care licensing requirements. Some states chose to keep infant and toddler licensing rules separate from preschool settings so that programs have to apply for dual licensure if they care for and educate both age groups. This has been Hawai'i's route.

In a 2004 discussion report, Sarah LeMoine and Gwen Morgan, noted child care advocates and early childhood educators, described the status of states as arriving

“...at a fairly consistent ratio for infants and for children under the age two. As the ratios have become more consistently low, licensed programs' per child expenditures has risen higher than the cost of child care for four-year-olds because of higher labor costs (Discussion Draft, 2004).”¹⁹

LeMoine and Morgan identified the predominant ratio for states at 4 infants to 1 caregiver (4:1) for 6 weeks to 9 months-old infants. The small group size for infants across 19 states is eight children under the age of nine-months. However, thirteen states do not regulate group sizes, therefore allowing group sizes at twenty or more. For toddlers at 18 months, the common ratio for states is 6:1; however, there are many states that have set ratios at 4:1 or 5:1. Small groups are appropriate practice for 18-month-old toddlers in most states. Again, states that do not limit group size for infants tend to have no limits for toddlers.

As toddlers become two-year-olds, there is a likelihood of group size increasing with fewer staff but

“research indicates that small groups have more positive effects on children's learning (Coelen, Glantz & Calore, 1978; NICHD Early Child Care Research Network, 2000a, 2000b), the states' permission for large groups of two-year-olds in licensed care may undermine the educational intentions in some states, or may indicate a lack of public support for educational goals for this age group (pg. 5).”²⁰

Where does Hawai'i stand in this national survey? The Hawai'i Department of Human Services licensing requirements allow care for children from 6 weeks and up in infant-toddler centers. The chart below shows the number and ratios as well as group size and ratios of staff to children specific to each age group.

¹⁹ LeMoine, Sarah and Morgan, Gwen. February, 2004. *Do States Require Child Care program to Educate Children? Report #3: Infant/Toddler Rules to Assure Early Education and Strong Relationships, A Discussion Draft by Sarah LeMoine and Gwen Morgan*. Retrieve on November 30, 2006 at <http://ceep.crc.uiuc.edu/docs/cc-educate/report3.pdf>

²⁰ Ibid.

INFANT-TODDLER CENTER	Maximum group size permitted			
	6	8	10	12
<i>Infant and/or Toddler Ages</i>				
<i>06 weeks -12 months</i>	1:3	1:4		
<i>12 months - 24 months</i>	1:3	1:4	1:5	1:4
<i>18 months – 36 months</i>			1:5	1:6

Hawai'i's licensing requirements do not allow children below two-years of age in mixed centers; and infant-toddler care has its own requirements. However, ratios and group size requirements are at the nationally recommended levels for infant-toddler programs. From a national to a state perspective, it appears that the staff to child ratio and group size which we have desired to promote contributes to the child care cost.

It was stated in the beginning of this section that states allowing higher child to staff ratio and larger group size are focused on the concern of affordable costs to families. But, there is also a concern when research highlights the necessity of high quality for infants and toddlers and that low child to staff ratios and small group sizes are principles for quality.

Staff Qualifications for Infant and Toddler Care

Licensing requires that infant/toddler center staff meet specific requirements which resembling preschool staffing (which family child care homes are not required to meet). For every group, at least one staff member must meet lead caregiver qualifications. In addition, staff assignments are made to specific children. Therefore, staff cannot readily move or station themselves between preschool and infants and toddlers areas. Infant and toddler programs are required to have specific, designated spaces available for separate age groups and separate areas for infants and toddlers from older children, i.e., three- and four-year olds.

The structural requirements of designated spaces and permanent walls recognize the unique developmental needs of infants and toddlers as well as the need for providers to have specialized knowledge and skills in order to work effectively with very young children in center-based settings.

A review of licensing requirements of two key positions for an infant-toddler center - the director and the lead caregiver - reflects the specialized knowledge and skills required.

There are two qualification alternatives for a director²¹ of an infant-toddler program. He/she must have either:

²¹ DHS Chapter 895 Licensing of Infant and Toddler Child Care Centers (12-19-02), Subchapter 4 Staffing Requirements, 17-895-16 Staff training, experience, and personal qualifications

1. A bachelor's degree in early childhood education or child development including 30 hours of course work in infant/toddler development, and 12 months of experience working with children under age three; or
2. Two years of college in early childhood education, child development, or a related field that includes 30 hours of course work in infant/toddler development, and two years of experience working with children under age three.

For an infant-toddler lead caregiver²², he/she shall have one of three types of qualifications:

1. A bachelor's degree in early childhood education and child development or related fields (nursing, maternal-child health, or human development), and 12 months full-time experience working with children under 3 years of age in a licensed group care setting, and 12 credits of approved early child education and child development training courses (may be part of the bachelor's degree) including 30 hours course work in infant and toddler development from an accredited teacher training institute or program;
2. A high school diploma, or its equivalent, and credential in child development associate program, and 24 months full-time experience working with children under 5 years of age in a licensed group care setting of which 12 months shall have been with children under 3 years of age, and 12 credits approved early childhood education and child development training courses, including 30 hours of course work in infant toddler development from an accredited teacher training institute or program; or
3. Two years of college, preferably in early childhood education or child development or related fields, and 24 months full-time experience working with children under 5 years of age in a licensed group care setting of which 12 months shall have been with children under 3 years of age, and 12 credits of approved early childhood education and child development training courses including 30 hour course work in infant and toddler development from an accredited teacher training institute or program.

These two key positions clearly show that in-depth knowledge and applicable skills based on work experiences are required to work with infant and toddlers. The specialized training is reflected in the 30-hour course work in infant and toddler development from reputable educational entities.

However, this can also serve as a barrier for early care and education programs when there are high-staff turnovers, lack of qualified candidates or a labor pool shortage due to severe low-unemployment rates, low wages, or when education or trainings are unavailable or difficult to access.

²² DHS Chapter 895 Licensing of Infant and Toddler Child Care Centers (12-19-02), Subchapter 4 Staffing Requirements, 17-895-16 Staff training, experience, and personal qualifications

METHODS BY WHICH MORE INFANT AND TODDLER CHILD CARE PROVIDERS CAN BE RECRUITED AND RETAINED TO SUPPLY FACILITIES AND SERVICES FOR INFANTS AND TODDLERS IN THE STATE OF HAWAI'I

Hawai'i's State **Department of Health's Early Childhood Comprehensive System (ECCS) Plan** sees family child care development as a method to expand infant and toddler care for our State. One of the ECCS goals is to have a

“greater understanding of infant and toddler years where ECCS partners will work to offer family child care providers training, materials, equipment and stable compensation to enhance the quality of the care environment.”²³

In an electronic publication published recently by the Good Beginnings Alliance, contributors wrote about their journey to recruit and retain providers, facilities and services for infant and toddler care. Each contributor provided their perspective and direction in how they are addressing or shaping their issues to resolve this critical need and dilemma. Their focus on recruitment and retention of providers can serve as models for methods to increase facilities and services for infants and toddlers.

Described below are three methods by which more infant and toddler child care providers can be recruited and retained to supply facilities and services for infants and toddlers.

- Utilize public awareness to encourage potential providers and support these new family child care providers with materials and training
- Increase center-based infant-toddler programs and training for new providers
- Engage businesses in efforts to assist employees and child care providers

Utilize public awareness

The County of Hawai'i like other Counties, has a severe shortage of infant care. According to PATCH, Hawai'i's resource and referral agency, there are

“no infant care available from Pa'auilo to Honokaa, occasionally one space available in Waimea, and nothing in Kohala and Waikoloa. So, where are the

²³ Hawai'i State Department of Health. 2005. *Hawaii's Early Childhood Comprehensive System Plan 2005-2008*.

890 babies born in North Hawaii since last December (2004) being cared for?”²⁴

Infant-toddler centers on the Big Island numbers two in East Hawai'i and four in West Hawai'i serving a total of 72 infants and toddlers. The preferred strategy on the Big Island is to concentrate on increasing the number of family child care especially in rural, isolated or distant communities.

The Big Island partners have taken a strong stance in the media to increase awareness as to the need for family child care providers, and have PATCH training expanded - the County of Hawai'i is working to create a pathway to meet their infant care crisis.

The Maui Family Child Care Recruitment Program is actively concentrating on alleviating the shortage of licensed child care in the County. PATCH staff and their partners are actively working to get “potential providers” trained in the Basic Series Trainings and licensed by the State of Hawai'i. PATCH utilizes public service announcements, pull-tabs on community bulletin boards, posters, the Training Tracks newsletter and incentive programs to encourage new providers.

In their last quarter of 2006, through these creative recruitment efforts, 16 family child care homes opened on Maui, allowing 86 more children to be served.

Statewide PATCH serves as the primary recruiting agency for family child care providers. PATCH services vary somewhat from County to County. Efforts include offices in each County, as well as recruitment posters and brochures, a quarterly newsletter, and a website.

The PATCH Family Child Care Recruitment Program has had a great deal of success statewide. The recruiter helps the potential providers navigate through the somewhat difficult process of attaining a license. The recruiter encourages the potential provider's attendance of the PATCH Basic Series classes as a first step in the process of becoming a licensed provider. Then, the recruiter schedules home visits ahead of the DHS visit to be sure they are in compliance and understand all they need to know.

The recruitment effort statewide includes the use of radio spots (Public Service Announcements) and posters in the community. They also provide pull tabs with phone numbers in various bulletin boards. Their “advertising” message consistently promotes family child care as an opportunity to stay home while you're raising your own children. While they promote professionalism in the field, they do not overemphasize the idea of it being a lifelong commitment.

PATCH offers over 100 classes for child care providers. The Basic Series, which is comprised of ten classes on a range of topics from “Health and Safety” to “Starting a Business” to “Working with Parents,” is offered four times a year. These classes, while

²⁴ Thomas, A. 2005. *Big island: newborn basket program expands to East Hawaii; Infant care crisis still exists in North Hawaii*. Baby Steps, North Hawaii News.

not required for licensing, are recommended for every child care provider as a way of ensuring some baseline of quality in their work with children. The Basic Series classes are attended by those just getting started as well as by others who may have missed them earlier. There were 525 unduplicated participants that attended the Basic Series training in State Fiscal Year (SFY) 2006.

Advanced classes are offered on a variety of topics that include child development and curriculum information. It is hoped that the availability of these advanced classes help providers continue to grow in their knowledge base, and maintain interest and expertise in the field.

PATCH also provides the infant-toddler training classes (based on the California-based WestEd Program's training institute) that are required for every staff member who works in an Infant Toddler Center. Soon those classes will be linked to the university system, providing credit for those who complete them.

On Maui, PATCH provides incentives for completion of the PATCH Basic Series. Those who complete the Basic Series, and actually get licensed, receive a free "organizer bin" (plastic set of containers for toys, etc.; the value is \$75). In the last 4 months, there have been 16 new providers; 9 of whom got these bins.

"Program Enhancement Grants" of \$150 are available two times per year (on a reimbursement basis through DHS contracts) to licensed providers who take PATCH classes. In SFY 2006, 28 Program Enhancement Grants were awarded statewide. Recipients of the grant may use the money for program materials, professional development opportunities, or other needed equipment.

Increase center-based infant-toddler programs and training.

On Kaua'i, there are only 34 family child care providers, many not choosing to enroll infants and toddlers. Currently, there are no infant centers on Kaua'i except one site for toddlers open only to Federal employees and their families.

To address their shortage, the Kaua'i Community College (KCC) Early Childhood Education (ECE) Program is developing a dual strategy. First, in Fall 2007, the Kaua'i Community College ECE Program will be introducing ED 170 Introduction to Working with Infants and Toddlers for the first time. Second, Kaua'i ECE Program is advocating for the location of an infant-toddler center on the KCC Campus. This center will be able to serve as a site for KCC ECE students to observe and work with infants and toddlers, and for parents to access infant-toddler care.

In an effort to expand access to infant and toddler care, in 2006 the Department of Human Services implemented two initiatives that allowed more families to qualify for and utilize infant and toddler care. The first initiative was to update the income eligibility guidelines to allow more families to qualify for child care subsidies in all licensed and exempt settings, including infant and toddler care. The second initiative involved raising

the child care tiered reimbursement rates for all types of care, as well as including a specific enhanced reimbursement rate for infant and toddler center-based programs. These initiatives increased the number of slots available and the utilization of subsidized child care.

Engage businesses in efforts to assist employees and child care providers.

The solution for expansion of spaces on O’ahu, where center-based care for infants and toddlers seems to be chosen more frequently by parents, may be a different one. It might be possible that on O’ahu, potential caregivers may be more attracted to working in such centers than they are to providing services at home. In centers, they can enjoy the company of other caregivers; stress is lessened by the distribution of tasks among various staff members; and their job satisfaction may be greater as a result. Therefore, the expansion of center-based programs may need to be given consideration.

Within the City and County of Honolulu, finding infant and toddler care has been especially problematic for working parents in the Downtown Honolulu and Chinatown areas. Affordable leasing space for programs is difficult to secure. We encourage ongoing dialogue to address the issues and keep existing infant-toddler centers within urban settings.

We know that:

- The cost of rent in Downtown Honolulu is very high and results in high fees for parents;
- Available spaces in Downtown or nearby businesses are often on the second floor of a building, but licensing prohibits such sites;
- Spaces Downtown often lack outdoor areas for play;
- Landlords seeking high returns for their space and in a tight market for Downtown space are not willing to support the location of a center that potentially would bring in less revenue than another tenant;
- Many parents who work Downtown want their children in programs nearby.

Employers and businesses can begin to identify new benefits and credits for their employees to address their child care issues. For example:

- **First Hawaiian Bank** provides employees with an early care and education subsidy plan that reimburses employees for early care and education costs by matching employees dollar-for-dollar for up to a certain amount per child per year.²⁵

²⁵ National Economic Development and Law Center & Good Beginnings Alliance. 2005. *The Economic Impact of the Early Care and Education Industry in Hawai’i*. NEDLC: Oakland, CA.

- **Kapi'olani Jobs**, a health care industry employer based in Honolulu, offers employees a pre-tax flexible spending account, which enables them to set aside tax-free dollars for early care and education costs.²⁶
- **Crazy Shirts**, based in Aiea, offers flexible spending accounts and job modification options so that parent-employees can adjust their work schedules to balance work with personal needs, including caring for their children.²⁷

These examples are utilized by large employers, however, small businesses can participate by joining together to pool and use resources for early care and education programs or by offering pre-tax flexible spending accounts for early care and education costs.

Another possible, more expansive role that businesses can play to increase capacity of infant-toddler care is to support an on-site facility or one nearby. For example:

“Mauna Lani Resort located in the remote Kohala Coast of the Big Island also provides near-site early care and education for its employees. The preschool was originally entirely for employees, but a softening economy in the 1990’s led the resort to lease the space to Seagull Schools and open the center up to the community which desperately needed an early care and education program. Currently, enrollment for the preschool is predominantly community-based but a significant number of children whose parents are employed by the resort still attend the preschool (pg. 30).”²⁸

²⁶ Ibid.

²⁷ Ibid.

²⁸ Ibid.

RECOMMENDATIONS TO INCREASE THE SUPPLY OF INFANT AND CHILD CARE PROVIDERS, FACILITIES AND SERVICES IN THE STATE

The 2006 Legislative Act 259 Early Learning Educational Task Force is developing a plan to address Hawai'i's early childhood system beginning with 4-year-olds but also including children from birth to five. The recommendations stated here are supported by the ongoing dialogue of the Act 259 Task Force.

We encourage Legislators to view solutions to the infant toddler care crisis as a critical component to the overall design for an early childhood system. Rather than suggesting legislation at this time, we encourage viewing the following recommendations as potential strategies for possible inclusion to the Act 259 five-year plan.

For Hawai'i like other states, the struggle to build capacity, quality, and access of early care and education has been ongoing. A 1994 report prepared for the Governor's Office of Children and Youth (OCY) offered how best to assist, promote and regulate early care and education providers, facilities, and services.

A March 2005 report prepared by the National Economic Development and Law Center (NEDLC) in partnership with Good Beginnings Alliance (GBA) analyzed the "significance of the early care and education industry to the economy" while offering suggestions to support early care and education.

This NEDLC report underscores the importance of early care and education (ECE), especially infant and toddler care, to the Hawai'i economic infrastructure because "it enables people to work and enhances the productivity of all industries (pg.37)."

The following recommendations, some of which are from these two reports, are still relevant. They are:

- State agencies such as DHS and DOH establish memorandums of agreement to streamline licensing and regulatory rules that ensure health and safety practices and procedures. This includes cross-departmental training for staff charged with enforcing rules and requirements.
- Increase the compensation of practitioners serving infant and toddlers so that they are commensurate to the expected level of education and experience required of these individuals.

- Expand community college and university educational offerings and methods of delivery so as to increase the number of qualified practitioners for infant/toddler centers.
- Develop and initiate focus groups and survey tools to obtain qualitative data from parents of infants and toddlers, especially parents choosing care outside of the formal licensed early care and education system.
- Dedicate a percentage of State funding to expand the availability and affordability of infant and toddler care in Hawaii.
- Increase support for family child interactive learning programs and continue to support families who care for their own infants and toddlers in their neighborhoods.
- Continue to support public awareness and recruitment/training initiatives to increase the number of providers offering infant toddler care.
- Economic development agencies and business and industry associations should include early care and education in community needs assessments, workers surveys, and other studies that are the basis of economic development planning and funding decisions.
- Large employers should create on-site ECE programs or make employer contributions to cover part of workers' ECE costs. Such programs can help attract and retain quality workforce and booster productivity.
- Small-business owners should find ways to offer benefits such as pre-tax, flexible spending accounts or joint programs that serve employees from more than one company.
- State and County planning offices should explore an exaction or linkage fee requiring developers to build on-site ECE facilities or contribute to an ECE fund for new development projects exceeding a certain size.
- Banks, credit unions, and other commercial financial institutions should market their financial products and services to ECE providers. Micro-loan programs or other alternative financial programs can promote business and financial practices with infant-toddler family child care, licensed-exempt, and group child care providers.
- Private developers are encouraged through tax-credits to include space for child care services, especially infant and toddler care in new transit, housing, and commercial developments, particularly in low-income areas.
- ECE providers and advocates should sponsor the creation of a new nonprofit specializing in ECE facility financing and development. Function can range from building new facilities to leasing to selling, working with economic development

entities, property management companies, real estate firms, etc., to promote tenancy and amenity for a community.

- Early childhood programs commanding a dedicated pool of capital through collective management strategies can address economies of scale in purchasing, health insurance, and administrative functions such as payroll, audits, etc.

Most listed recommendations are system changes that can serve as lynchpins to increasing the supply of infant and child care providers, offering more options in facility development, and out-of-the box thinking for early childhood leaders for efficiency and effectiveness. Other recommendations are short-term or intermediate goals that can be accomplished through program development and community involvement.