

# “Everybody Benefits”

## Family Child Care Providers’ Perspectives on Partnering With Early Head Start

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### Abstract

This article explores the following questions: What are licensed family child care providers’ perspectives on the benefits and challenges of partnering with an agency to deliver Early Head Start (EHS) services? And, what recommendations do they have regarding establishing and maintaining a successful partnership? The authors share qualitative data about the benefits and challenges of family child care partnerships with EHS. The authors provide additional recommendations regarding successfully delivering EHS services through a family child care model.

All Our Kin opened its doors in New Haven, Connecticut, in 1999 as a response to the ramifications of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act on low-income families, especially single mothers of very young children who struggled to find both decent work and affordable high-quality child care in their neighborhoods. The mission of the organization is to train and support community child care providers to ensure that (a) children and families have access to high-quality care and (b) child care providers succeed as business owners.

All Our Kin has expanded from its original location to also serve the communities of Bridgeport, Stamford, Norwalk, and most recently, the Bronx, New York. All Our Kin’s programming includes assisting family child care (FCC) providers to meet state licensing requirements, organizing FCC networks which offer opportunities for further professional growth and foster community amongst providers, helping navigate the accreditation process set forth by the National Association for Family Child Care (NAFCC), offering free workshops and educational opportunities, and coordinating an annual

conference (ZERO TO THREE, 2012). Currently, All Our Kin reaches more than 900 FCC educators (including providers, assistants, and substitutes) in Connecticut and New York each year with the capacity to educate almost 4,000 children and their families.

### Early Head Start

Since 2011, All Our Kin has partnered with United Way of Greater New Haven and contracted with licensed FCC providers to offer Early Head Start (EHS) services to the greater New Haven community. EHS is a federally funded program that provides free or low-cost child care and wraparound services to eligible families with infants and toddlers. EHS was established in 1994 as an expansion of Head Start, which has been serving low-income 4- and 5-year-olds since President Lyndon Johnson signed it into law in 1965. Qualification criteria include: a household income that is at or below the federal poverty guideline, families experiencing homelessness, and children who are in the foster system (Head Start, 2016b). In addition, at least 10% of enrolled children must be eligible for services under the Individuals With Disabilities Education Act (Head Start, 2016c). EHS serves 154,352 children across the United States, Puerto Rico, and the Virgin Islands. The state of Connecticut has 1,172 funded EHS slots across 17 EHS programs (National Head Start Association, 2017).

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All Our Kin's EHS program currently serves 48 children and their families in New Haven, West Haven, and Hamden, Connecticut. Their staff of eight partners with 11 FCC providers to deliver comprehensive EHS services and ensure all aspects of the Head Start Program Performance Standards (HSPPS, 2016a) are met. Children enrolled in EHS receive ongoing support for their health and well-being as well as their social, behavioral, physical, emotional, and cognitive development. In addition to high-quality, full-time child care services, families receive assistance in obtaining physical, mental, and oral health services for their children as well as referrals for assistance with housing, food, and income. FCC providers receive regular supportive visits from health and educational coaches, have access to quality enhancement funds and materials for their child care environment, and are able to participate in professional development opportunities.

## Partnering With FCC Providers

FCC—defined as paid child care that takes place in the home of a regulated or licensed provider—is one of the most common child care arrangements nationwide, particularly for infants and toddlers, children of color, and children from low-income families. According to a recent report by Child Trends, of the approximately 3,896,000 child care settings in the United States, 3,767,000 (96.7%) are homes (Paschall & Tout, 2018). According to Porter and Reiman (2015), families choose FCC for a variety of reasons.

### Culture and Language

Many families want to use a child care provider who shares their language and culture. FCC providers live and work in the same communities as the families they serve, so parents and caregivers may trust their provider and be able to communicate with them more effectively about their needs and their child's development.

### Geographic Accessibility

Transportation is a key barrier to accessing child care, particularly when parents and caregivers rely on public transportation, and/or when a child care arrangement is not close to either the family's home or place of work. When families can find FCC options within their neighborhood, dropping off multiple young children is less stressful and less time-consuming.

### Flexibility

Unpredictable job schedules, evening and night shifts, and employer demands to be on-call at a moment's notice can make it nearly impossible for working parents to coordinate child care. FCC providers may be more likely to accommodate non-traditional child care needs by having extended or even overnight hours.



Photo: All Our Kin

Children enrolled in Early Head Start receive ongoing support for their health and well-being as well as their social, behavioral, physical, emotional, and cognitive development.

## Family-Like Environment

Many parents feel more comfortable placing their young children in FCC programs because they believe that their children will thrive within a small group in a warm, familial, home setting.

In spite of all they have to offer, FCC providers encounter few opportunities to provide EHS services within their home-based programs. Very few EHS-Child Care Partnership grantees choose to partner with FCC educators in providing EHS services. As of 2016, only 4% of grantees throughout the country were implementing Head Start services within an FCC model (Head Start, 2016c). This is a surprising fact given that FCC providers make up 97% of the child care market (Paschall & Tout, 2018).

## Alignment Between FCC Quality and EHS

Studies have shown that several provider characteristics are associated with high FCC quality (Porter & Reiman, 2015).

These include:

- educational levels
- specialized training in early childhood
- Child Development Associate (CDA) credential
- identification of FCC as providers' chosen occupation
- intention to remain in the field
- participation in professional organizations
- contacts with other FCC providers
- beliefs about child rearing
- mental health

Many of these qualities are built into the HSPPS (Head Start, 2016a), the federally mandated guidelines which all grantees must meet to stay in compliance with program requirements. Educational levels in EHS are ensured through FCC provider qualification requirements, which state that the provider must have previous early child care experience, and be enrolled in (or have a degree from) an FCC CDA program (or state equivalent) or an associate or baccalaureate degree program in child development or early childhood education. The credential must be acquired within 18 months of the time they begin contracting with EHS (Head Start, 2016e). In addition, specialized training in early childhood is offered by educational coaches who support FCC providers on an ongoing basis and through biweekly program visits as well as a minimum of 15 clock hours of professional development per year (Head Start, 2016f). One of the educational coach's additional responsibilities is supporting the FCC provider in developing relationships with other child care professionals. Lastly, mental health supports mandated by the HSPPS include making mental health and wellness information available to staff and providing regularly scheduled opportunities to learn about mental health, wellness, and health education.

The regulations set forth by the HSPPS support FCC providers in meeting many of the characteristics associated with high FCC quality identified by Porter and Reiman (2015). FCC providers believe that their success as an EHS partner is bolstered by:

- previous experience as a teacher, caregiver, or child care provider
- personal characteristics of being very organized, self-directed, motivated to learn, and having a love for children
- positive relationship with agency staff based on mutual trust, shared goals for children and families, open and clear communication
- ongoing help and support of EHS team creating a sense of "family" within program, providers and staff working together as a community and team, and confidence that support will be provided where it is needed

## The Benefits of EHS-FCC Partnerships

All Our Kin staff members conducted semi-structured interviews to gather qualitative information from the FCC providers who participated in the EHS partnership. All participants stated that partnership with EHS had positively impacted their professional practice as FCC providers (see Box 1). The following sections describe some of the specific benefits mentioned by participants.

### Offering an Improved Quality of Care to Children and Families

The professional development opportunities built into EHS partnership—including team-wide full-day learning

engagements, support obtaining the CDA credential, the opportunity to enroll in child development-related community college classes, and assistance pursuing the NAFCC accreditation—all contribute to increasing providers' sense of knowledge, efficacy, and professionalism in their careers.

The HSPPS require that health and safety standards be regularly monitored by licensed or certified health services staff who regularly visit the FCC programs. Participants stated that their nurse consultant is a great resource for questions regarding children's health and plays an integral role in improving the safety of the physical environment. In addition, through

### Box 1. Family Child Care Provider Perspectives

The following are statements made by interview participants which reflect the benefits and challenges of Early Head Start (EHS).

"One of my EHS families faced a challenging situation and I reached out to the family advocate. She took care of the situation. She helps me with a lot of things—attendance, a stable and safe family environment. They do a lot to make sure these kids...have what they need, and are connected to services in the community."

"You're a professional—not just a provider anymore—a professional, a teacher."

"When I [joined EHS] I wasn't making any money and had a hard time finding people who could pay. Knowing that the pay check comes in and you don't have to run after the parents, it takes that pressure off. When things come up that you need in your program, you're able to buy them."

"[Connecticut's child care subsidy program] does not require anything—not even one tenth of what is required by EHS—no [child] observations, paperwork. EHS [is] way more work, so intensive. More [financial] support would encourage more providers to stay with EHS."

"I see the benefits in the paperwork, it's just not enough time for everything. In a center-based program you have prep time, a cafeteria for meals, a lot of other things that family day cares don't have—outside of that, what we offer the children can't be beat."

"My day care can overflow into my home life, health—not taking care of myself, not eating properly."

"EHS is very present, very there—in your day care, in your business. For some people that can be very overwhelming. It's true, you have to be ready and willing to open up yourself and your business because it's a partnership. [EHS] becomes a part of your business."

"[Providers should] ask questions—leave no stone unturned. Take your time in understanding what's expected. When I came in, I didn't ask any questions. I was just overwhelmed that they even chose me, I signed on the line."

"The extra work, having somebody partner with you—it's worth it. The benefits outweigh the extra work. It brings everybody together to get everyone on the same page for the kids...there's no comparing running the day care on my own versus with EHS. There's no comparison."



EHS, providers are able to refer children and families to the supportive services of an EHS-contracted nutrition consultant, mental health consultant, and disabilities consultant.

Providers stated that their family engagement practices greatly improved through partnership with EHS. Bi-yearly home visits and family–teacher conferences give providers the opportunity to learn more about the child and family’s context, culture, and needs. In addition, providers use the support of the family advocate to improve attendance, navigate family crises, and help connect families with community resources.

Providers also felt that high-quality learning opportunities for children were greatly increased through partnership with EHS. Quality enhancement funds offered by EHS increase the quality and quantity of materials available to children. In addition, the HSPPS require that providers observe children’s growth and development, collect child assessment data, and create individualized lesson plans based on children’s areas of strength and growth. All study participants use the Teaching Strategies GOLD assessment system (Teaching Strategies, 2019) to document child observations and record development throughout the year. Participants stated that this platform assists them in creating improved individualized and group planning and in coming up with new ideas for learning experiences. In addition, using Teaching Strategies GOLD increases a sense of professional efficacy because providers reflect upon children’s development and growth throughout their time in EHS.

Lastly, partnership with EHS played a significant role in increasing providers’ sense of self-respect and professionalism. Increase in quality of care through material improvements to their physical learning environment, strengthened knowledge and expertise related to child development and family services, and support ensuring the health and safety of children in their care all contributed to this important shift. Within their communities, being known to partner with a nationally known and respected federal program—EHS—helped shed inaccurate perceptions of FCC as simply “babysitting.”

### Stabilized Income and Improved Business Viability

Providers stated that the consistency of payment for child care obtained through partnership with EHS resulted in a decrease of financial strain and stress about whether families would be able to pay, and an increase in quality of foods, environment, and materials available to children. Through EHS, providers are paid monthly at a rate that is higher than that paid by Connecticut’s child care subsidy, Care 4 Kids.

Providers also shared that the consistency of enrollment through the EHS waitlist contributes to stabilizing their income. Many participants stated that partnership with EHS allowed them to hire a licensed substitute and/or assistant for their program, which increases the number of children for whom they can care while still meeting ratio regulations.

Furthermore, at All Our Kin providers have the support of family services staff who are responsible for recruiting families,



Photo: All Our Kin

Family child care—defined as paid child care that takes place in the home of a regulated or licensed provider—is one of the most common child care arrangements nationwide, particularly for infants and toddlers, children of color, and children from low-income families.

ensuring their eligibility for EHS, and enrolling children in child care homes that make sense based on their location, language preferences, and other factors. All Our Kin providers identified these services as a benefit to participation.

### Ongoing Coaching and Support

Providers identified the support of their educational coaches as a benefit to partnership with EHS, emphasizing how their technical assistance, feedback, and ongoing support make it more possible to meet the rigorous requirements set forth by the HSPPS. They also emphasized how they appreciate having someone with whom they can brainstorm new teaching strategies, discuss child-specific situations, and keep informed of best practices in early childhood education. While program visits are officially conducted on a bi-weekly basis, educational coaches and providers communicate regularly—often including before and after the agency’s office hours.

Providers also stated that partnership with EHS has allowed them to access emotional and material support regarding



Photo: All Our Kin

Many families want to use a child care provider who shares their language and culture.

their own wellness and practicing self-care. In addition to staff providing reminders and suggestions regarding mental health, the EHS contract allows providers to take paid personal and vacation days throughout the year. A mental health consultant is available to meet with providers and provide recommendations regarding stress management and well-being.

## Challenges of EHS-FCC Partnerships

When FCC providers are considering implementing EHS services within their program, it is important to consider more than just the benefits. The expectations set forth by the HSPPS are rigorous. And most opportunities for FCC providers to serve EHS children and families require a partnership or contract with an outside agency, which also comes with its own unique benefits and challenges. All FCC participants interviewed by All Our Kin shared that involvement in EHS creates additional demands on their time, space, and energy. The next sections describe some of the challenges most frequently identified by participants.

### Tension Between Autonomy and Partnership

One great strength of contracting with FCC providers is the financial and technical support that the partnership includes, helping small businesses to thrive. However, this strength can also be a challenge. Interviewees shared that the transition from running one's own business with full autonomy to running a business with new contractual obligations can be very difficult. Some stated that it can feel like EHS is taking over their business due to the extra requirements and the accountability from an outside agency. Having EHS team members—educational coaches, nurses, and others—conduct regular visits within the FCC program requires an adjustment to the normal daily flow. Space limitations can make hosting

visitors even more stressful for FCC providers who are used to running their businesses alone or with one assistant present.

### Compliance With the HSPPS

The regulations outlined in the HSPPS are typically more numerous and rigorous than those of state licensing divisions. It takes a huge amount of effort for FCC providers to be able to meet them all, even with outside support from program staff. Many of the more than 1,000 HSPPS fall directly on the shoulders of the FCC providers. Participants stated that documenting, submitting, and organizing EHS-related paperwork is particularly challenging and requires significant time and energy, as well as office space within their homes. Given the amount of extra work required, providers stated that compensation should be at a higher rate to incentivize FCC providers to participate and to make hiring assistants and substitutes more financially feasible.

The education and professional development requirements in the HSPPS are significant. Providers who need to complete a CDA after contracting with EHS must find time outside of their work schedule to prioritize this HSPPS, often doing so after working 50 or more hours in an average week. Providers with limited computer skills or non-English language preferences often face additional barriers in documenting observations, navigating online assessment and curriculum tools, finding CDA classes that meet their language preferences, and more. In addition, providers expressed frustration that assistants and substitutes—who in many cases are working in the programs full-time—do not have access to the same amount of funding for additional professional development as the providers themselves receive through EHS.

### Navigating Multiple Sets of Regulations

Providers who implement EHS services within an FCC program must become savvy in understanding the differences between state licensing regulations and HSPPS. The expectations for each of these are not often aligned, and FCC providers must learn the regulations, identify which ones are stricter, and then implement those. Interviewees mentioned that it can be difficult to collaborate with two different sets of regulatory agencies, especially when it comes to hosting many monitoring visits. In addition, other assessments of quality, including each state's Quality Rating and Improvement System and accreditation from NAFCC, involve additional standards, observations, and activities that providers must comply with to show quality.

Providers also expressed frustration at how Connecticut's child care regulations and HSPPS conflict in regard to number and ages of children a provider may care for, with and without an assistant. Specific to Connecticut, EHS FCC providers find that it is difficult to use both the Connecticut Early Learning and Development Standards (CT ELDS, 2014) and the Head Start Early Learning Outcomes Framework (Head Start, 2016g).

## Maintaining a Healthy Work/Life Balance

FCC providers face the distinct challenge of having the locations of their home and their business in the same physical space, which creates an urgent need for clearly delineated work/life boundaries. Leaving work behind for the day is more difficult than for educators whose classrooms are located outside of their living space. EHS—with its demanding requirements related to paperwork, hours of availability, days of program opening, home visits, professional development and more—creates a large burden of work for FCC providers, and, therefore, an even bigger challenge around maintaining a sustainable work/life balance.

## Recommendations for Successful Partnership

Successful partnerships between agencies and FCC providers can take a variety of forms, each with their own unique benefits and challenges. On the basis of their experiences with EHS, FCC providers had several additional insights into what makes a strong, mutually beneficial partnership, as well as what both FCC providers and agencies should consider before delivering EHS services.

### Foster a Partnership of Equals

Before and throughout partnership, providers should ask questions of the contracting agency about expectations, requirements, and benefits of partnership. They should evaluate how their ideas and perspectives will be valued within program decision making.

The agency should be aware of power dynamics at play and seek to implement practices and policies that promote equity and true partnership with FCC providers. The agency should be intentional about using language that contributes to the sense of partnership and being a team.

### Thoroughly Understand What EHS in FCC Involves

Before contracting, providers should assess whether the contracting agency is familiar with FCC as a model, respects the work of FCC providers, and understands the unique benefits of FCC settings. If possible, a provider should set up time to discuss the program with FCC providers who are currently delivering EHS services within their programs. Providers should gather as much information about the contracting agency and EHS as possible before signing a contract.

The agency should reach out to and learn from other agencies that are already implementing EHS through a FCC model. The agency should establish a transparent recruitment, on-boarding, and orientation process that outlines what EHS is and what it involves as well as the myriad requirements of the HSPPS. The agency should ensure expectations and due dates regarding requirements such as home visit reports, curriculum reviews, and individualized developmental assessments are clear and realistic. It is also helpful to collaborate on an



Quality enhancement funds offered by Early Head Start increase the quality and quantity of materials available to children.

individualized support plan for providers who are new to EHS partnership. With so much for both partners to learn, a clear but flexible timeline for introducing and implementing the HSPPS will keep the agency and the FCC provider from getting too overwhelmed.

### Prioritize Partnership Opportunities

It is much easier to build an EHS-FCC program from an agency already offering providers opportunities for professional development. A strong, existing network of FCC providers is one important step in setting up a successful EHS-FCC partnership. When All Our Kin established its EHS program, the agency recruited many providers who had already earned CDAs and were experienced at engaging in learning opportunities and accessing supports through the agency. While not impossible, it would be even more difficult to create this type of partnership program from scratch in the absence of existing relationships and supports.

### Clarify All Sources of Funding for the Entirety of the Grant Period

The 4- to 5-year federal funding commitment for EHS-CC partnerships is essential to building a successful and sustainable EHS program. It is challenging to recruit providers into this high-demand program unless they see a long-term pay-off for their businesses. If possible, a similar long-term commitment from the state related to their child care subsidy program is critical for budget planning. In Connecticut, the unexpected closure of the state's child care subsidy program, Care 4 Kids, in 2016–2017 was detrimental to families as well as to the financial sustainability of All Our Kin's EHS program. In addition, the eligibility requirements for recipients of Care 4 Kids further complicate consistent funding for EHS-CC partnerships with FCC providers. Not all families who are eligible for EHS are eligible for Care 4 Kids subsidies, which results in either limiting partnering agencies' access to supplemental subsidy funding



or limiting the number of qualifying families able to enroll. For this type of program to be financially viable long-term, a clear and consistent financial commitment from the state's subsidy system is critical. It is difficult to plan a financially sustainable program when funding is uncertain.

## Use EHS as a Model for State Agencies

Almost every provider interviewed mentioned wishing that Connecticut's Office of Early Childhood more closely emulated the programs and policies outlined by the Office of Head Start. Using the HSPPS as a roadmap for state licensing requirements and for Quality Rating and Improvement System programs would eliminate confusion and frustration for current EHS providers, elevate certain state FCC regulations, and prepare even more FCC providers to successfully implement EHS services within their programs. The myriad of supportive services offered by EHS programs could serve as a helpful plan for state agencies seeking to better engage, support, and partner with FCC providers as well as the families they serve.

## Conclusion

Throughout the 11 interviews, providers repeatedly expressed that partnering with an agency to provide EHS services is a demanding commitment, but one in which the benefits outweigh the challenges. They highlighted the increase in the quality of caregiving and developmental experiences that they can offer children because of quality enhancement funds for child care materials, educational coaching, and professional development experiences afforded by EHS. Providers emphasized the benefits of the wraparound services offered to families enrolled in EHS and the differences this support makes in children and families' health and well-being. They were also

honest about the organizational and interpersonal challenges of partnering with an outside agency to deliver EHS services and to meet the numerous regulations set forth by the HSPPS. Their recommendations to both FCC providers and agencies considering delivering EHS services through this model provide valuable insight into what makes a partnership successful.

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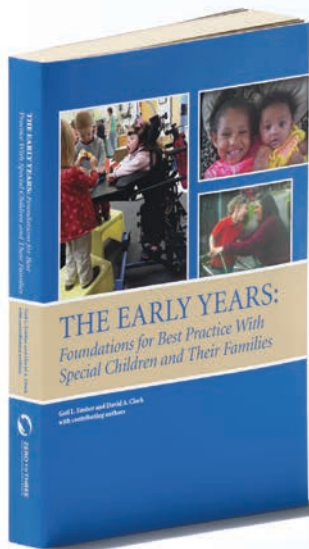
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