



# Toward a National Strategy to Improve Family, Friend, and Neighbor Child Care

REPORT OF A SYMPOSIUM

Hosted by the National Center for Children in Poverty

J. Lee Kreader ■ Sharmila Lawrence | September 2006

**The National Center for Children in Poverty (NCCP) is the nation's leading public policy center dedicated to promoting the economic security, health, and well-being of America's low-income families and children. Founded in 1989 as a division of the Mailman School of Public Health at Columbia University, NCCP is a nonpartisan, public interest research organization.**

Toward a National Strategy to Improve Family, Friend,  
and Neighbor Child Care

Report of a Symposium

Hosted by the National Center for Children in Poverty

by J. Lee Kreader and Sharmila Lawrence

#### AUTHORS

J. Lee Kreader, Ph.D., is Director of Outreach and Partnerships at NCCP, with a primary focus on collaborative projects involving child care policy. He directs NCCP's Child Care and Early Education *Research Connections*—a web-based hub for the field to improve research quality and enhance policymaking and practice that is operated by NCCP in partnership with the Inter-university Consortium for Political and Social Research through a cooperative agreement with the Child Care Bureau of the U.S. Department of Health and Human Services.

Sharmila Lawrence, M.I.A., is a Research Associate on NCCP's Child Care and Early Education *Research Connections* project where she coordinates the project's collaboration and outreach efforts and helps in the development of research and policy briefs on key issues related to early care and education.

#### ACKNOWLEDGMENTS

NCCP would like to thank the Annie E. Casey Foundation, the A. L. Mailman Family Foundation, and the Rauch Foundation, for their generous support of this symposium.

## INTRODUCTION

Family, friend, and neighbor (FFN) child care is a widely used form of care for young children in the United States, particularly for children birth through age 2. It accounts for 46 percent of the hours these youngest children spend in nonparental care. Thirty-three experts from a range of research, policy, and practice organizations came together for a symposium on FFN care on November 2, 2005 entitled: *Improving Family, Friend, and Neighbor Care: Toward a National Strategy*. (See Appendix B for a participant list.) This symposium report outlines the picture of current FFN research, practice, and policy that emerged and identifies next steps to strengthen all three areas. A major step that would support practice, policy, and research alike is to increase public awareness of the widespread use of FFN care by families of all economic levels and ethnicities.

The goals of the symposium were to:

- Review research, policy, and program issues related to improving the quality of family, friend, and neighbor care for children from infancy through school-age.
- Develop a set of recommendations for state and federal action, and foundation and other private sector initiatives to improve policies, expand research, and improve programming for young children and their families using FFN care.

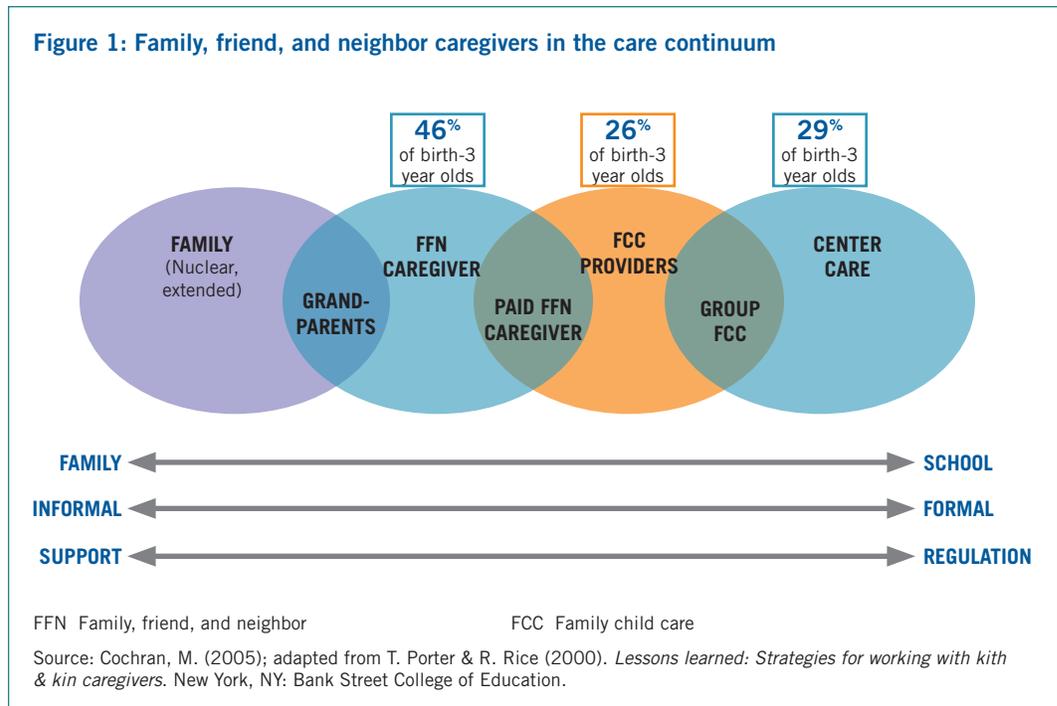
Supported by the Annie E. Casey Foundation, the A. L. Mailman Family Foundation, and the Rauch Foundation, the symposium was organized by the National Center for Children in Poverty (NCCP) of the Mailman School of Public Health, Columbia University and held in Baltimore, Maryland. Welcomes were extended by Ruth Mayden (Casey Foundation), Luba Lynch (Mailman Foundation), Daphny Leveille (Rauch Foundation), and Lee Kreader (NCCP).

### Policy Importance of Family, Friend, and Neighbor Child Care

In opening remarks, Shannon Christian, Associate Commissioner of the Child Care Bureau, Administration for Children and Families of the U.S. Department of Health and Human Services, emphasized the importance of reaching informal caregivers and of exploring ways to use the Child Care and Development Fund to support families and children using FFN care. She added that while states primarily focus on training activities and distribution of information and educational materials to these caregivers, little is known about the effectiveness of these quality-enhancing measures.

### Defining Family, Friend, and Neighbor Care

Family, friend, and neighbor care can be characterized as part of a continuum of care, from informal care in the family at one end of the spectrum to formal center-based care



at the other. (See Figure 1.) FFN care includes a range of caregiver types that can include both relatives and nonrelatives (such as, grandparents, nannies/babysitters, and neighbors), can be provided in the caregiver’s or the child’s home, and can be paid, unpaid, or based on an exchange of services. Given the variety of caregiver types, settings, and situations, it is hard to create a comprehensive definition of FFN care. This adds to the complexity of identifying and reaching out to FFN caregivers.

## Summary of Key Themes

Despite the challenge of characterizing FFN care, past research has been informative. Knowledge of FFN care is in a much different place than it was just a few years ago. We now know that:

- A substantial amount of care for children from all kinds of families takes place in FFN settings.
- The picture of FFN care is complex, with strengths and weaknesses, for example, stability and continuity of care, but relatively low caregiver education.
- FFN care is often a valuable transmitter of culture for families.
- Providers do want support, and our terminology and models of support matter.
- Policy levers need to be examined for their impacts on FFN care.
- We need to take care neither to stigmatize nor romanticize FFN care; like all forms of care, FFN care still has potential problems—such as health and safety issues—that need attention.

# STATE OF RESEARCH, PRACTICE, AND POLICY

## Demographic Research

A growing body of demographic data—with important policy implications—is deepening our understanding of and challenging stereotypes about family, friend, and neighbor care.

### Families and Children Using FFN Care

According to data from the National Household Education Survey (NHES), FFN care is the most widely used form of child care for children birth through age 2 in the United States, accounting for 46 percent of the hours infants and toddlers spend in nonparental care. Of these hours, 29 percent are spent with unpaid FFN caregivers, 17 percent with paid caregivers.<sup>1</sup>

For 3-5 year olds, a much lower proportion of care is from family, friends, and neighbors—27 percent of the overall hours in care—compared with 59 percent in center-based settings. The percentage of hours in FFN care breaks down into 16 percent in unpaid and 11 percent in paid care.

Children birth to age 5 for whom FFN is the primary form of care average 25 hours a week in care if it is unpaid, 32 hours if it is paid. Children with special needs make up an estimated 12.7 percent of the children birth to age 5 in FFN care, comparable to the percentages in more formal settings.

While comparable data for school-age children are not available from NHES, data from the National Survey of American Families (NSAF) documents major use of relative care by school-age children, with 23 percent of children ages 6-12 cared for by relatives. NSAF data do not identify unregulated neighbor care as a separate category.

FFN care is a widely used form of care among families from all economic and ethnic groups, with relatively minor variations. Single mothers and younger mothers are more likely to use FFN care. Lower- and higher-income families make somewhat greater use of FFN care than those with middle incomes. Hispanic mothers of 3-5-year-old children are more likely to use FFN care, while African-American mothers of toddlers are more likely to use FFN care.

High among reasons parents cite for choosing FFN care is the desire for a known and trusted caregiver. Underlying this motive, participants saw a desire for cultural congruity, calling FFN care a major transmitter of culture, including highly nuanced social skills. As one participant put it, “parenting is the most intimate expression of cultural practice.” Another emphasized that, for many parents, choosing a family member as a caregiver is a conscious decision in order to transmit language and culture.

Other reasons parents give for selecting FFN care are its low child-adult ratios and availability during evening and weekend hours.

### Characteristics of FFN Caregivers

Few surveys have been conducted to date on the characteristics of family, friend, and neighbor caregivers. One in Washington State, conducted by the Human Services Policy Center (HSPC) at the University of Washington, found that:

- Two-thirds of FFN caregivers are relatives, one-third friends and neighbors.
- The majority are married and have a child of their own.
- For many, FFN is the equivalent of a full-time job; 25 percent provide more than 30 hours a week of care.
- The majority of FFN caregivers are unpaid.
- They have a wide range of ages and incomes.
- They reflect the racial/ethnic distribution of the state's adult population.
- Three-quarters are caring for one or two children.
- They provide stable care; 69 percent have provided care for 1-4 years, 51 percent for 2-4 years.
- They have little training or education in early childhood education.
- Many have concerns and would like help with them.<sup>2</sup>

## Research on Quality

Studies of quality in FFN care<sup>3</sup> have generally found quality ratings ranging from inadequate to minimal when using standardized observation measures from early childhood education research, measures typically first developed for use with regulated care, often for center-based care. Studies using other observational measures have found both strengths and weaknesses, for example, lower child-adult ratios than regulated care but less fostering of social skills.<sup>4</sup> Future studies will also be able to use the newly developed Child Care Assessment Tool for Relatives, created specifically for use with FFN caregivers.<sup>5</sup>

While the early childhood frame is entrenched in thinking about FFN care, participants suggested that the family support frame may perhaps be equally—or more—relevant for the following reasons:

- Relationships are key to quality; in FFN care, they are typically triangular, involving the child, grandparent/caregiver, and parent.
- Measuring quality when caregivers live with parents makes it important to use a family support lens/family systems framework, rather than focusing solely on quality/regulation.
- It is important to identify parents' expectations about quality.
- There is discomfort applying traditional early childhood observation measures to FFN care.

- Measures developed for evaluation of family support, but never fully implemented, may be useful for evaluating FFN quality.

Symposium participants emphasized that researchers need to learn from communities, using community brokers/intermediaries and a participatory research model. They need to involve people of color—academicians, researchers, practitioners, and parents—at every stage from concept development, data collection and interpretation, policy formulation, to implementation.

Participants also noted that we need more information on FFN providers' well-being and its relationship to the quality of care they provide. We know little about:

- Economic well-being and career trajectories of FFN caregivers
- Effects of providing care on FFN caregivers' physical and emotional health

## Supports for FFN Care

### Models of Support

A range of community-based activities has grown up to support FFN care. These include information sharing, training, mutual support groups, home visiting, linking with more formal child care settings, and various combinations of these activities.<sup>6</sup>

A model for respectful dialogue between cultural groups and the major culture to identify best practices in early learning has been developed by the Best Practices Project in Minnesota—led by Betty Emarita and supported by the Minnesota Bush Foundation. The project identifies strong FFN care practices among four ethnic communities: Hmong, Hispanics of Mexican heritage, African American, and Mille Lacs Band of the Ojibwe American Indian Tribes. Embracing an asset model and focusing on children holistically, the project also works to align identified practices with the Minnesota Early Childhood Indicators of Progress Kindergarten Standards. Identified practices are shared with parents, caregivers, parent educators, and kindergarten teachers.

Another support project is the Community Connections project through which Illinois Action for Children is forging links between FFN (as well as regulated family child care) providers and center-based, prekindergarten programs in Cook County, Illinois. Through Community Connections, children ages 3–5 who participate in the state's child care subsidy program spend 12 ½ hours each week in prekindergarten classrooms in community-based child care centers and the balance of the week in home-based care. In this initiative:

- Caregivers participate in monthly group information and training sessions (including training on Creative Curriculum and Raising a Reader), led by the prekindergarten teachers and other appropriate trainers.
- Caregivers receive twice-monthly home visits from teachers and assistants that focus both on the infants and toddlers and the preschool-age children in their care.
- The home-based caregivers and the prekindergarten classrooms have access to signifi-

cant early learning materials and program supplies.

- Parents, caregivers, and children together take monthly field trips.
- Parents and caregivers jointly participate in semi-annual conferences with the classroom teachers.

This comprehensive project is supported by funds from the Joyce Foundation and other philanthropic organizations, the Chicago Public Schools, the Illinois State Board of Education (including its infant-toddler set aside), the Illinois Department of Human Services, and Action for Children's federal Early Learning Opportunities Act grant.

Symposium participants emphasized that goals for programs and policies targeting FFN care must include reducing racial and ethnic disparities in early learning—as both the Minnesota and Illinois models aim to do.

Support models in two states are currently being evaluated. In Washington, Promoting First Relationships uses two approaches to improve the caregiving skills of low-income grandmothers from different racial and ethnic backgrounds caring for infants and toddlers—either a group-based program or home visiting. HSPC is comparing the changes in skills achieved through the two approaches.<sup>7</sup> In New York, FFN providers in Caring for Quality participate in group programs and receive home visits. Cornell University is comparing quality of care and other provider characteristics, as well as child cognitive and social development, between participating providers and a randomly assigned control group.<sup>8</sup>

### Community Institutions

Local infrastructure is needed to support FFN caregivers and those working directly with them. Some institutions that historically have not supported FFN care—family support programs, Child Care Resource and Referral (CCR&R) agencies, and others—are starting to adapt to this new role. Implementation research is being conducted on this process with several different types of organizations in communities where it has begun.<sup>9</sup>

## Public Policy

Policymakers are paying increasing attention to the policy levers with impacts on FFN care. Broad policy connections presently exist between FFN care and the Child Care and Development Fund, Head Start and Early Head Start, state prekindergarten programs, and the Child and Adult Care Food Program. Symposium participants considered a list of over two dozen policy questions affecting FFN care that relate to these and other programs.<sup>10</sup> (See *State Policy Questions Regarding Family, Friend, and Neighbor Child Care*, in Appendix A.)

The range and complexity of policy choices for FFN care can be illustrated by examining three important areas of FFN policy: legal boundaries of FFN care, subsidy rates for FFN caregivers, and initiatives to improve quality of FFN care. Comparing these choices in only two states, California and Kansas, also reveals the varying levels of state financial support for this form of care.<sup>11</sup>

## Legal Boundaries

Kansas requires anyone working in their home and caring for a nonrelated child more than 20 hours a month to be regulated; providers may choose either registration based on self-certifications or licensing based on annual site visits. Kansas makes no subsidy payments to nonrelative caregivers who work in their homes unless they are regulated; the state does pay nonrelatives who care for a child in the child's home, as well as relative caregivers. Kansas checks the background of all adults in families of paid relative and nonrelative FFN providers for reports of child abuse and neglect, but not for criminal records. (Backgrounds of regulated providers and their families are checked for both.)

In California, legally license-exempt, home-based caregivers—those who care for children from one other family—and relatives may participate in the subsidy system. Nonrelative FFN caregivers and their families must have criminal and child abuse background checks through the state's Trustline system, administered by CCR&R agencies; Trustline checks are not required for certain subsidized relatives: grandparents, aunts, and uncles.

Background-check policies also illustrate the importance of culturally sensitive policies that avoid unintended consequences. For example, background checks should not disqualify FFN providers from the subsidy program if a family member has a record of a minor crime unrelated to the welfare of children.<sup>12</sup> California's Trustline distinguishes between minor and serious offenses.

## Subsidy Rates

Kansas has four tiers of subsidy rates for home-based providers. Licensed providers receive the most; registered providers receive less; unregulated providers in the child's home receive even less—65 percent of the registered rate;<sup>13</sup> and relatives still less. FFN providers caring for special needs children may receive an additional \$.15 an hour.<sup>14</sup> In California, FFN caregivers may receive up to 90 percent of the maximum rate for licensed family child care. Although most receive a somewhat lower percentage, their rates are competitive with those paid to regulated providers in the local community. In California, FFN providers may also receive higher rates for special needs and off-hour care.

The fact that so many unsubsidized FFN providers are unpaid is an important issue for public policymakers to consider: lack of fees limits the reach of payment-based strategies to strengthen FFN caregiving overall.

## Quality Initiatives

An initial Kansas effort to mandate training for relative caregivers did not work; relative providers did not come. A revised program of supports, to which relative providers and parents are invited and at which incentives are given out has been much more successful. State budget limitations, however, keep this program from expanding. With special federal funds, one Kansas Early Head Start program is offering the same home visiting and other supports to FFN providers as licensed providers serving enrolled children receive.

The California CCR&R network is in the process of designing and launching a major new effort, supported with \$9.8 million in state funds over two years, to engage, connect with, and support FFN care. This initiative, which will also involve communities and parents, builds on earlier work with FFN caregivers by the California Network. The earlier efforts are described in two publications, *Supporting and Training License-Exempt Child Care Providers: Recommendations and Strategies for Child Care Resource and Referral Programs* (2004) and *Linking Child Care and Family Support: Three Successful Collaborations* (2005).<sup>15</sup>

## STRATEGIC NEXT STEPS FOR FAMILY, FRIEND, AND NEIGHBOR CHILD CARE

A number of important and doable next steps to strengthen family, friend, and neighbor child care emerged from the symposium and subsequent discussions. A major step, which would support practice, policy, and research alike, is to increase public awareness of the widespread use of FFN care by all kinds of families—particularly those with infants and toddlers.

### Next Steps in Practice

- In the next round of discussions, involve groups that can help identify avenues to get information. Although these efforts will require some funding, the FFN community can be engaged through educational venues, such as public television, children’s museums, libraries, and other public institutions.
- Create brief descriptions of the major models of support for FFN care—including support groups, home visiting, links to formal settings—and disseminate them within the practice and policy communities.
- In designing and refining models, seek input from those participating in FFN care on content and strategies.

### Next Steps in Policy

- Conduct future discussions that reach beyond the child care policymakers already involved with this issue and include:
  - Representatives of public funders in education, Early Head Start, Head Start, Early Intervention, health, mental health, and other areas
  - Those in child care and early education who have misgivings about FFN
  - Individuals from diverse communities both culturally and geographically, for example, rural residents
- Recognize that subsidy policies affecting FFN care for low-income families are likely to have the greatest impacts on families and caregivers of color.
- Create a succinct typology of policy levers that affect FFN care and disseminate it within the policy community.

## Next Steps in Research

- Encourage survey researchers to develop more consistent definitions and categories for describing the demographics of FFN care.
- Conduct state surveys on the characteristics of FFN caregivers and care, as well as the children and families who use them, making sure to include diverse populations.
- Include more researchers of color in future discussions, and take a multidisciplinary approach.
- Make sure models and policies are well established before beginning to evaluate them.

Research on quality in FFN child care in the future should take the following directions:

- Develop new models and measures—as well as adapt them from other areas—so that studies can capture the unique aspects of FFN care. There are, for example, no measures to show what FFN care is doing to help a child feel anchored in her culture.
- Expand measures of family outcomes associated with this care.
- Conduct studies that include families learning English and other diverse populations.
- Recognize the importance of building neighborhood capacity to support FFN care, and include it in evaluations.
- Conduct implementation studies, as well as evaluation studies, of the emerging models.
- Evaluate tailored interventions, such as those targeting infants and toddlers or children with special needs.
- Evaluate the operation of policy levers affecting FFN care.

## ENDNOTES

1. Summarized at the symposium by Richard Brandon of the Human Services Policy Center (HSPC) at the University of Washington, these figures are based on analyses of data from the National Household Education Survey (NHES).
2. Brandon, R. N. (2005). *Enhancing family, friend, and neighbor caregiving quality: The research case for public engagement*. Seattle, WA: Human Services Policy Center, University of Washington <hspc.org/publications/pdf/APHSApaper05.RRF.pdf>.
3. Quality studies have been summarized for Child Care & Early Education *Research Connections* by Amy Susman-Stillman of the University of Minnesota. See <www.childcareresearch.org>.
4. Susman-Stillman, A. (2005). *Current research directions in family, friend, and neighbor care: An interim report*. Prepared for Improving Family, Friend, and Neighbor Care: Toward a National Strategy symposium. Full report to be posted on Child Care & Early Education Research Connections <www.childcareresearch.org>.
5. Porter, T.; with Rice R.; & Rivera, E. (2006). *Assessing quality in family, friend, and neighbor care: The Child Care Assessment Tool for Relatives*. New York, NY: Bank Street College of Education, Institute for a Child Care Continuum <www.bankstreet.edu/gems/ICCC/CCATRfinal5.8.06.pdf>. For information about training in the Child Care Assessment Tool for Relatives and the actual instrument, see <www.bankstreet.edu/ICCC/>.
6. Porter, T. & Rice, R. (2000). *Lessons learned: Strategies for working with kith & kin caregivers*. New York, NY: Bank Street College of Education.
7. Human Services Policy Center. (2005). *Implementing and evaluating a program to strengthen the quality of family, friend, and neighbor caregiving* [fact sheet]. Seattle, WA: Human Services Policy Center, University of Washington.
8. Cornell Early Childhood Program. (2005). *The Caring for Quality project: Supporting and connecting home-based child care providers* [fact sheet]. Ithaca, NY: Cornell Early Childhood Program, Cornell University.
9. Moncrieff Cochran of Cornell University is conducting this research.
10. Helen Blank of the National Women's Law Center sketched out the public policies with impacts on FFN care.
11. Participants Helen Blank, Alice Womack, State Child Care Administrator from Kansas, and Patty Siegel, Director of the California CCR&R Network, discussed these policy choices at the symposium.
12. Participant Betty Emarita elaborated on the importance of cultural sensitivity when formatting public policies.
13. The hourly rate for in-home providers is \$1.72. A provider serving an average of three children would receive \$5.16 an hour, a penny over the minimum wage.
14. Providers serving children for designated "special purposes," e.g., use of a feeding tube, receive even higher hourly rates.
15. See California Child Care Resource and Referral Network. Task Force on License-Exempt Child Care. (2004). *Supporting and training license-exempt child care providers: Recommendations and strategies for child care resource and referral programs*. San Francisco, CA: California Child Care Resource and Referral Network, and also California Child Care Resource and Referral Network. (2005). *Linking child care and family support: Three successful collaborations*. San Francisco, CA: California Child Care Resource and Referral Network <www.familyresourcecenters.net/pdf/linkingccfs.pdf/>.

## APPENDIX A

### State Policy Questions Regarding Family, Friend, and Neighbor Child Care

Note: This survey was developed by Helen Blank of the National Women's Law Center. For further information, phone 202-319-3036, or e-mail: HBlank@nwlc.org.

- What is your state's threshold for regulated family child care? For example: How many children is a provider allowed to care for before being required to be regulated (and does this count related children and how is related defined)?
- What is the process for becoming a regulated provider? (What types of barriers may providers encounter in trying to become regulated? What policies does the state have to facilitate the process?) Does your state actively work to recruit FFN caregivers to regulated care?
- What types of care are funded by the Child Care and Development Block Grant (CCDBG)?
- What is your state's policy towards reimbursing in-home child care (care provided in a child's home) used by families receiving assistance?
- What are the standards for FFN providers who receive public funds?
- Is there a backlog for getting a criminal background check (if required)?
- What are your state's policies for informing parents who receive assistance of their options for child care?
- Is information on the child care subsidy system available for parents and providers in multiple languages?
- What are the reimbursement rates for FFN providers receiving CCDBG funds? How are rates set (e.g., does the state rely on survey data, or do they base the rate on the regulated family home rate or something else)? How do they compare to rates for regulated providers?
- Is your rate structure flexible enough to reflect the needs of FFN providers whether providing part-time care, before and after-school care, care for infants and children with special needs, or care for an extended period of time?
- Can FFN providers qualify for higher reimbursement rates if they meet additional requirements (short of being licensed)? What are the requirements?
- Do states offer higher rates for odd-hour care and are these higher reimbursement rates available to FFN providers?
- Does your state base parent copayments on family income and family size?
- Does your state invest CCDBG quality funds (or state dollars) in initiatives to support FFN care and is information available in multiple languages? How do you reach out to FFN providers?
- Does your state support a network of resource and referral agencies? Are FFN providers able to participate in provider trainings, CPR classes, lending/resource libraries?
- Do the resource and referral agencies support or list unregulated providers?
- Does your state have a parent education, Early Head Start, or home visiting program that is available to FFN providers?
- Does your state allow FFN providers who receive CCDBG funds to participate in the Child and Adult Care Food Program without requiring that they be licensed?
- What are your state's prekindergarten program's transportation policies? Does your state pay for transportation and if so, can children be dropped off at locations other than their own homes (i.e. FFN providers)?
- What are your state's policies for reimbursing FFN providers who provide wraparound care for children in part-day prekindergarten programs?
- Does your state have an initiative to address infant and toddler care (either as a separate initiative or a set-aside component of a prekindergarten program) that is used to support FFN care?
- Does your state have data on the number of children cared for by unregulated providers? Does your state collect and analyze any demographic information of unregulated providers?
- Does your state have a family child care zoning preemption for all small family child care homes regardless of their regulatory status?

## APPENDIX B

### Meeting Participants

Mergitu Argo  
Refugee Women's Alliance

Lynson M. Beaulieu  
National Black Child Development Institute

Helen Blank  
National Women's Law Center

Richard Brandon  
Evans School of Public Affairs  
University of Washington

Charles Bruner  
Child and Family Policy Center

Nga Chiem  
Service Employees International Union

Shannon Christian  
U.S. Child Care Bureau

Stephanie Clothier  
National Conference of State Legislatures

Moncrieff Cochran  
The Cornell Early Childhood Program

Betty Emarita  
IACED-Development and Training Resources

Danielle Ewen  
Center for Law and Social Policy

Barbara Gault  
Institute for Women's Policy Research

Ann Goldstein  
Zero to Three

Lee Kreader  
National Center for Children in Poverty

Sharmila Lawrence  
National Center for Children in Poverty

Daphny Leveille  
Rauch Foundation

Joan Lombardi  
The Children's Project

Anna Lovejoy  
NGA Center for Best Practices

Luba Lynch  
A. L. Mailman Family Foundation

Ivelisse Martinez-Beck  
U.S. Child Care Bureau

Ruth Mayden  
Annie E. Casey Foundation

Toni Porter  
Bank Street College of Education

Douglas Powell  
Bush Foundation, Purdue University

Dawn Ramsburg  
Society for Research in Child Development Fellow

Barbara Reisman  
The Schumann Fund for New Jersey

Karen Schulman  
National Women's Law Center

Patty Siegel  
California CCR&R Network

Amy Susman-Stillman  
Center for Early Education and Development  
University of Minnesota

Pilar Torres  
Centro Familia  
The Institute for Family Development

Maria Whelan  
Illinois Action for Children

Alice Womack  
Kansas Department of Social & Rehabilitation Services

Marty Zaslow  
Child Trends

