A Shared Vision for Professional Development and Quality Enhancement in Massachusetts Family Child Care

A Discussion Document from Service Employees International Union (SEIU) Kids First, Local 888
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In Massachusetts, as around the nation, family child care providers play a central role in the early care and education that young children receive every day. They provide 35 percent of the full-time child care in Massachusetts, and nearly 70 percent of infants and toddlers in nonparental care in Massachusetts are in family child care settings. More than 100,000 Massachusetts children under age 6 attend family child care on a regular basis. With so many children and families depending on family child care, it is crucial that we pay attention to enhancing the care and education services they receive.

In 2000, the National Research Council and the Institute of Medicine released a comprehensive analysis of research and scientific knowledge about young children’s development. Titled *From Neurons to Neighborhoods: The Science of Early Childhood Development*, its findings included that “the positive relation between child care quality and virtually every facet of children’s development that has been studied is one of the most consistent findings in developmental science.” It also concluded that, whether care is provided in centers, by licensed family child care providers, or by family, friend, and neighbor (FFN) providers, caregiver characteristics are central: “Young children whose caregivers provide ample verbal and cognitive stimulation, who are sensitive and responsive, and who give them generous amounts of attention and support are more advanced in all realms of development compared with children who fail to receive these important inputs.”

And reliable, quality early care and education is vital to parents’ ability to work. A national poll found that 43 percent of parents using child care said they or their partner had been prevented from taking a job due to the absence of acceptable child care, and 52 percent said it had reduced their ability to do their job well. (74 percent of these parents said it was extremely, very, or somewhat difficult for them to find high quality child care.) In Massachusetts, where child care is more expensive than anywhere else in the country, it is especially important to focus on ensuring access to quality for all children and families, not only those who can afford the most costly programs.

Yet despite the thousands of infants and toddlers spending their earliest and most impressionable years in home-based child care—despite the ambitious goals of parents, advocates, and policy-makers to provide access to high-quality Universal Pre-Kindergarten for all 3- and 4-year-olds in Massachusetts—our commonwealth has no comprehensive plan to enhance quality for children in family child care. While there are many valuable efforts currently underway, most are not consistent statewide nor coordinated with each other into a framework that meets providers where they are and presents a pathway to move forward. And the most comprehensive efforts to address quality enhancement and professional development in Massachusetts are heavily weighted toward the needs and strengths of child care centers and their staff.
This document provides an assessment of where we stand in Massachusetts, identifies best practices that are succeeding in other states, and sets forth how we can move forward to improve the quality of care for Massachusetts children of all ages, of all incomes, and in all settings. By building on the strengths of family child care providers and the existing system, providing greater coordination and consistency statewide, supporting and rewarding quality improvement, ensuring a stable foundation, and empowering family child care providers to speak for the children and parents they serve, Massachusetts can offer all its young children what they need to succeed and thrive.

**Recommendations**

**Build on our strengths by:**
- Bringing together stakeholders, including family child care providers, to develop a comprehensive career lattice and articulation approach;
- Offering college coursework in innovative ways that are accessible for and meet the unique needs of family child care providers;
- Expanding funding for and access to quality enhancement initiatives other than formal education, including but not limited to community-based trainings, peer mentorship programs, and accreditation support; and
- Creating a quality rating system for all family child care providers that recognizes many aspects of quality early care and education.

**Support and reward quality by:**
- Offering scholarship assistance modeled on successful programs in other states;
- Creating a wage supplement program to encourage and reward providers who pursue higher education; and
- Providing tiered subsidy reimbursement rates that recognize and encourage quality.

**Give family child care providers a voice by:**
- Allowing family child care providers a collective voice to negotiate with the state in order to improve the quality of care they provide;
- Ensuring significant representation for family child care providers on early care and education decision-making and advisory bodies; and
- Involving family child care providers in planning for Universal Pre-Kindergarten.

**Stabilize the foundation by:**
- Increasing base subsidy rates for family child care providers;
- Ensuring that all family child care providers can access affordable, comprehensive health insurance; and
- Exploring other benefits for family child care providers.
For Infants and Toddlers

At the most crucial time in children’s development—their very first years—almost 70 percent of Massachusetts infants and toddlers in nonparental care spend their days in home-based child care. Parents often prefer the small group sizes, home-based settings, individual attention, language and cultural consistency with their own families, and warm, consistent relationships they find from family child care providers.

These early years are vital to children’s future success. Infants and toddlers thrive when they can depend on stable, nurturing relationships. “Infants and toddlers who develop secure attachments either to their mothers or their child care providers are observed to be more mature and positive in their interactions with adults and peers than are children who lack a secure attachment. However, the most socially skilled children are those who have established secure attachments with both their mothers and care providers.”

Family child care providers excel at these warm, supportive interactions with young children; the National Study of Child Care of Low-Income Families found that “family child care providers supervised children closely, were involved in their activities and were warm and responsive to the children’s needs. There was little stress or conflict in the homes, either between children and adults or children themselves, and little evidence of distress or anti-social behavior by children.” The Massachusetts Family Child Care Today study of licensed providers found that almost three-fourths (73 percent) of providers consistently or usually met the standards of the Arnett Global Caregiving Rating Scale, the most valid and accepted measure for rating child care providers on their nurturing relationships. Yet turnover in family child care disrupts these relationships and threatens infants’ and toddlers’ security and development.

And experiences in the earliest years also have a lasting impact on children’s cognitive development. “The evidence associating quality of care [for infants and toddlers] and early cognitive and language outcomes is striking in its consistency... child care providers who are both supportive and provide more verbal stimulation have children in their care who show advanced cognitive and language development.” Training, education, and other successful methods help family child care providers understand the importance of children’s first three years and offer strategies for improving the language environment and cognitive stimulation in their family child care homes.

For Preschoolers

Massachusetts parents, advocacy groups, and politicians have set forth a bold and visionary goal for our children. The aim of Universal Pre-Kindergarten (UPK) is to make
high-quality early care and education an available and affordable possibility for every 3- and 4-year-old in the commonwealth. But if UPK is to be truly universal, it must offer a mixed delivery system that is inclusive of the many Massachusetts children in family child care, allowing parents to keep their children in the family child care settings that they prefer, have chosen, and depend on.

Well-trained, well-supported family child care providers will be vital to the success of UPK in Massachusetts, not only because of the unmet need for enough qualified professionals to serve all eligible children, but also in order to allow parents to choose UPK settings that work best for their children and their families. Many parents are committed to home-based child care for a wide variety of reasons—preference for home-based settings and small group sizes; desire for a provider who speaks their language and shares their culture; need for a convenient location and/or flexibility for parents who work nontraditional schedules; and their knowledge of what type of setting works best for their particular child—and are not interested in center or school-based services for their pre-schoolers. Creating a broad base of family child care providers offering UPK services across the state enables these children and families to access high-quality early care and education.
The Landscape in Massachusetts

Far from starting from scratch, the good news is that most Massachusetts family child care providers are already working to enhance the quality of care and education they offer in their homes. A small but significant number of family child care providers have earned or are working toward degrees in early childhood education or child development, while other providers are taking advantage of a wide range of other methods of professional development and quality enhancement, including accreditation, community-based trainings, mentoring, and coaching.

For most family child care providers, the entry point—and often the ending point—for professional development is through community-based training and quality initiatives. Whether delivered through family child care systems, Community Partnerships for Children (CPCs), child care resource and referral agencies, family child care associations, or other community organizations, these classes are usually the most accessible, affordable, and relevant for family child care providers.

According to one study of licensed family child care providers, 59 percent of Massachusetts providers had participated in 20 hours or more of child care training in the past 12 months. These trainings can be extremely valuable to providers. But providers may attend hundreds of hours of training over many years, gaining important skills and improving the care they provide, and yet receive no recognition for their efforts.

Some family child care providers go on to translate what they have learned from trainings into a Child Development Associate (CDA) credential, which requires 120 hours of training covering specific areas of instruction, and includes testing and an in-person assessment. This is a recognized indicator of quality; for example, the federal government considers a teacher with a CDA qualified to be a Head Start teacher.

The Research on Quality

“Both formal education levels and recent, specialized training in child development have been found quite consistently to be associated with high-quality interactions and children’s development in center-based, family day care and even in in-home sitter arrangements.”

—Neurons to Neighborhoods

Yet despite the time providers must invest and the standards they must meet to earn a CDA, Massachusetts colleges are inconsistent about granting college credit to providers for their CDA work. And providers without any credentials or coursework, but who have gathered a wealth of knowledge from community-based trainings and from their
years of experience working with children, have an even harder time getting their expertise recognized in the higher education system. When these providers are instead required to spend their valuable time and money on introductory classes covering topics they have already mastered, it is little wonder that many decide a college degree is not right for them.

Many family child care providers will never get college degrees in early childhood education, or take any college coursework at all, yet nevertheless are committed and intentional in offering high-quality early care and education to the children in their homes. Other providers work to enhance quality through a combination of formal education and other approaches. It benefits children, parents, and our state as a whole to recognize and reward quality in ways that include and encourage, but are not limited to, attainment of formal education. While in 2000 Massachusetts did implement a four-tier subsidy reimbursement system connected to quality initiatives, the tiers are not comprehensive and leave out many important indicators of quality. And a new quality rating system currently under discussion is intended for Universal Pre-Kindergarten programs only, rather than the field as a whole.

Lessons From Other States

Articulation agreements:

In a number of states, stakeholders have come together to develop statewide agreements that standardize pathways in early childhood higher education. In Connecticut, for example, providers may use the knowledge they have gained from experience and/or training to take the state’s Early Childhood Pathways Exams in Introduction to Early Childhood Education and/or Child Developmental Psychology; those who pass receive three college credits for each course, accepted at all of the state’s community colleges. In California, all community colleges accept the CDA as nine credits toward an associate degree. As a result, providers in these states can take convenient, community-based trainings and work toward CDAs secure in the knowledge that those efforts will serve them well if/when they choose to work toward a degree. And providers beginning the degree process find that their prior learning and expertise is respected, and are able to move forward immediately instead of taking redundant courses.

Statewide articulation between associate and bachelor’s degrees is also extremely important for providers who are further along in their career development. Community colleges represent a key link between community-based trainings and the educational system, but for providers to earn higher degrees, four-year colleges must respect and recognize the value of credits and degrees earned at community colleges. Stakeholders in states such as Connecticut, Maine, Maryland, North Carolina, and others are doing important work to ensure that students can transition smoothly between two- and four-year degree programs.

The Research on Quality

The Massachusetts Cost and Quality Study (2003) found that family child care providers with CDAs scored higher on the Family Day Care Rating Scale (FDCRS), a tool used to measure quality in family child care homes.

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Partnerships between community-based agencies and colleges:

Family child care providers choose community-based trainings for many important reasons, including their convenience and accessibility. When colleges recognize these strengths and partner with community agencies, everyone benefits. In Hawaii, child care providers can take four introductory core college classes in early childhood—earning up to 12 college credits—through the PACE (Professional and Career Education) program. Each of the four classes is broken into 16 individual workshops, offered in various community settings across the islands, which providers can participate in at their convenience and in any order. Providers can take the workshops without pursuing college credit, or may convert them to credit after attending all 16. These credits qualify providers for the CDA credential, and also serve as a starting point for two-year and four-year degrees in early childhood education.

Programs such as these are not only more convenient logistically for providers, but they also can offer information tailored to family child care rather than center-based care, and may recruit more diverse participants than traditional college classes because of the local agencies’ knowledge of and reach into their communities.

Quality rating systems:

Quality rating systems are designed to assess and recognize quality in child care centers and family child care homes. Such systems have many benefits, including educating parents about quality in child care, creating coordination and consistency of measures, providing a pathway to quality enhancement with manageable and achievable steps, and setting up a framework that can be used to reward and incentivize quality enhancement (see Chapter 2).

Quality rating systems usually incorporate a wide range of factors which are associated with quality, often including clock hours of training, credit hours of formal education, college degrees, credentials such as the CDA, years of experience, scores on the Family Child Care Rating Scale (FCCRS; formerly the Family Day Care Rating Scale or FDCRS), and accreditation by the National Association of Family Child Care (NAFCC), among others. These systems recognize that some factors, such as relevant higher education coursework and degrees, are more strongly linked to quality outcomes for children than others, but rather than offering a black-and-white approach to defining high-quality providers, the scales provide a spectrum of increasing standards of quality.

Because all of these measures have their strengths and weakness, and they each fit some providers better than others, the best quality rating systems are flexible. In Iowa’s quality rating system, family child care providers can earn points in a number of different areas, including professional development, health and safety, environment, and family and community partnerships. The levels of the Iowa QRS are defined by total point score; after providers have earned at least one point in each area, they have the flexibility to climb the QRS levels in the ways that work best for them.

Quality rating systems are most successful when they are linked to tiered subsidy reimbursements and other incentives, as discussed
in Chapter 2. In Illinois and Washington, family child care providers with SEIU won collective bargaining agreements that included quality rating systems and funding for financial incentives for participating providers.

**Recommendations for Massachusetts**

1. Bring together stakeholders in higher education and early care and education, with strong participation from family child care providers, to develop a comprehensive career lattice and a statewide articulation and assessment approach that recognizes providers’ prior learning, experience, and credentials, as well as ensuring consistency between two- and four-year degrees.

2. Develop and support partnerships between colleges, community-based agencies, and family child care providers to offer college-level coursework in ways that maximize convenience, relevance, diversity, and participation for family child care providers.

3. Expand funding for and access to quality enhancement initiatives other than formal education, including but not limited to community-based trainings, peer mentorship programs, and accreditation support.

4. Create and support a quality rating system in which all family child care providers are eligible to participate and that recognizes the many dimensions of quality in family child care homes.
Chapter 2:
Supporting and Rewarding Quality

The Landscape in Massachusetts

Massachusetts family child care providers work long hours—more than 60 per week, on average—for low pay and no benefits. For these providers, the time and money required to participate in quality enhancement and professional development is a major sacrifice.

Yet family child care providers who invest in offering high-quality care generally see no financial return from their efforts. Most private-paying parents are already struggling with the high cost of child care, and can afford little if any differential to secure high-quality care and education. And the subsidy rates the state pays to providers caring for low-income children take little notice of quality, and do not recognize educational attainment at all; as a result, high-quality providers often opt out of caring for subsidized children.

When quality in family child care is not recognized or rewarded, the results are predictable. Providers are less likely to spend serious time and money on quality improvement efforts that result in little or no change to their financial status quo. And providers who do undertake professional development and earn degrees must choose between staying in the field they love or leaving for one of the much more highly paid jobs they’ve become qualified for, including positions in public schools in early childhood or early elementary education. The average Massachusetts worker with a college degree earns nearly $54,000. In contrast, according to IRS data from more than 10,000 Massachusetts family child care providers who filed business taxes in 2004, average revenue for family child care providers is less than $20,000—and that total is further decreased by expenses that often total more than one-third of income.

The Research on Quality

“For the past two years [we have] examined the characteristics of participants in the Child Care WAGE$® Project who left their programs to see if those who had degrees were leaving at rates that were faster than those who did not leave. Not only was there no difference, but also when supplement amounts were increased the results were even better. Participants actually took more courses to progress on the salary supplement scale and turnover was at significantly lower rates. What we’ve learned is that money does make the difference.”


If higher education remains a high-cost, low-reward endeavor for family child care providers, it will be most often pursued by individuals who can shoulder the costs with less concern for the rewards, ensuring that the demographics of highly-educated providers do not reflect the economic, racial, cultural and geographic diversity of the field as a whole—or of the children and families served.
Lessons from Other States

Scholarships:

The T.E.A.C.H. Early Childhood® program was developed in North Carolina and has since spread to 21 other states. It supports and encourages providers to pursue higher education by easing the financial sacrifices involved for providers. T.E.A.C.H. provides scholarships for tuition, fees, and books; in return, providers commit to remaining in their current position for a set period of time after they complete their education. T.E.A.C.H. policies vary within North Carolina counties and among the states; the programs that serve family child care providers best are the ones that cover a high percentage of providers’ costs, and apply not only to students pursuing degrees, but also cover CDA assessment fees and college coursework for nonenrolled students.

Wage supplements:

North Carolina also created the Child Care WAGE$® Project, which has spread to Florida, Kansas, and South Carolina; similar programs have been instituted in other states, such as Great START in Illinois. WAGE$ provides a bonus every six months to child care providers who have achieved certain levels of education, supplementing their low wages. The amount of the supplement increases as providers move upward through the education levels. The higher stipends that these programs offer, the more successful they are. They also serve providers best when they reward providers who have a CDA and/or have taken college coursework but have not earned a degree, recognizing the importance of these beginning levels to a career lattice that works for providers.

Tiered reimbursement:

Tiered reimbursement systems are often linked to quality rating systems, and provide recognition and encouragement for providers to reach higher levels of quality. In Illinois, family child care providers with SEIU won a tiered reimbursement system in their collective bargaining agreement, which went into effect in summer 2007 and will provide 5 percent to 20 percent increases above base subsidy rates for licensed providers and 10 percent to 20 percent increases for license-exempt providers. Some states, such as Iowa, also provide one-time bonuses to providers who newly qualify for a QRS level, whether or not they participate in the subsidy system.

The strongest tiered reimbursement systems encourage not only licensed but also license-exempt providers to attend training and enhance the quality of care they provide. States such as Illinois, Oregon, and Michigan invest in quality improvement for all children by incentivizing training for these family, friend, and neighbor providers—some of whom care for few children and will never pursue licensing yet want to improve the quality of care they provide; and some of whom take the first step in a career path to licensing and beyond by participating in the trainings.
Recommendations for Massachusetts

1. Institute T.E.A.C.H. and/or modify the Early Educators Scholarship Program to better serve family child care providers in Massachusetts by incorporating the characteristics of other successful scholarship programs: support for small steps and for providers working toward CDAs or other nondegree paths; broad and consistent eligibility statewide; careful tracking of data providing accountability for and analysis of results; and a strong link to increased compensation.

2. Create a wage supplement program to encourage and reward providers who receive higher education in early care and education fields.

3. Create a tiered reimbursement program linked to a comprehensive and flexible quality rating system (see Chapter 1) to recognize and encourage quality among family child care providers (both licensed and license-exempt) caring for low-income state-subsidized children.
Chapter 3: A Voice for Family Child Care Providers

The Landscape in Massachusetts

Although more than 10,000 family child care providers care for more than 100,000 children in Massachusetts on a regular basis, their experience and perspective is underrepresented and often absent in decision-making about early care and education policy. Efforts to improve the quality of early care and education in Massachusetts will fall far short of serving the needs of all children unless family child care providers are included in discussions and decision-making.

No family child care provider sits on the Board of Early Education and Care, the most powerful body overseeing early childhood policy in Massachusetts, and family child care providers are generally absent or underrepresented in both formal and informal advisory bodies and coalitions. While usually well-meaning and supportive of family child care in principle, these groups are often subject to the long-standing tendency of the field to slip into thinking about early education and care—especially high-quality early education and care—primarily or entirely from the perspective of large-group, center-based settings. Those patterns have developed and persisted largely because of the lack of a strong, unified voice among family child care providers—and until the balance is remedied, discussions and decisions will continue to overlook the interests and needs of family child care providers and the children in their care.

“The early signs of what unions can deliver for FCC and FFN providers look promising … Equally important, the bargaining process appears to be achieving results not only for the home-based child care workforce, but the child care system as a whole … Union activity is increasing public investment in the entire subsidized workforce, not just the home-based segment … And all of the funds thus far allocated or proposed have represented increased investments in the child care system, not a reallocation of existing resources.

These are precisely the types of increased public investments that child care providers and advocates have long urged to reduce provider turnover, improve the quality of care, and make child care more accessible and—in some instances—more affordable. Unionizing the home-based child care workforce could turn out to be a significant advance for the entire child care system.”

— Deborah Chalfie, Helen Blank, and Joan Entmacher (National Women’s Law Center) Getting Organized: Unionizing Home-Based Child Care Providers
Lessons from Other States

In states where family child care providers have come together for a strong, united voice, providers play a key role in ensuring that quality improvement efforts reflect the interests of children in family child care and the unique needs and strengths of family child care.

- SEIU family child care providers in Washington and Illinois sit on legislatively-mandated advisory councils for early care and education in their states.

- Providers with SEIU in Illinois and California have worked to develop and support Universal Pre-Kindergarten programs that are inclusive of family child care providers and the children in their care.

- In Washington, SEIU Kids First members have played a key role in designing a quality rating system for family child care providers.

- SEIU Kids First providers have joined with child care advocates in many states to lobby in support of legislation that helps support quality and professional development, such as the Great START wage supplement program in Illinois.

- And providers in Illinois, Washington, and Oregon have won a collective voice to bring the interests, experience, and dedication of thousands of family child care providers into the state’s child care policy process; the result in each state has been increased funding for quality initiatives that work for family child care providers and the children in their care.

Recommendations for Massachusetts

1. Allow family child care providers a collective voice to negotiate with the state in order to improve the quality of care they provide.

2. Ensure that family child care providers have significant representation on all major boards, committees, and councils working on early care and education in Massachusetts.

3. Involve family child care providers in developing plans for Universal Pre-Kindergarten in Massachusetts that are inclusive of family child care providers and the children in their care.
The Landscape in Massachusetts

Low pay, lack of benefits, and high turnover would be a challenge in any profession to creating a high-quality workforce with a commitment to professional development. In family child care, the implications for quality are even higher. Strong and stable relationships with caregivers are extremely important to young children’s development, and the high turnover in family child care nationally and in Massachusetts strikes at the very core of efforts to improve the quality of care and education that young children receive.

In Massachusetts, licensed family child care providers earn $7.65 an hour, on average—less than dishwashers and parking lot attendants.xiv 28 percent of family child care providers are low-income (below 200 percent of FPL)—compared to 14 percent of all Massachusetts workers.xv And for family child care providers, who are self-employed, health insurance is a serious concern. A 1999 survey found that Massachusetts family child care providers were twice as likely as other adults to lack health insurance.xvi

Providers who care for children receiving child care subsidies are even worse off. Even in the context of a child care market severely limited by parents’ ability to pay, state subsidy rates fall far below market levels. In some areas, subsidy rates can only pay for the lowest-cost 25 percent of child care slots available, or even fewer.xvii As a result, working parents and their children have unequal access to quality child care, and providers who accept subsidized children face even greater obstacles to providing quality care and education.

The Research on Quality

- “Providers who are committed to their jobs, satisfied, and compensated adequately are more sensitive to the children, more responsively involved, and more nurturant ... turnover is an important indicator of poor quality care because children who lose their regular caregivers tend to experience negative outcomes such as poor language and social development.”
  —Child Care Cost and Quality

- “Stability and skill appear to go together. More stable providers have been found to engage in more appropriate, attentive, and engaged interactions with the children in their care ... The stability of child care providers appears to be particularly important for young children's social development, an association that is attributable to the attachments that are established between young children and more stable providers.”
  —Neurons to Neighborhoods

- “[R]esearch has revealed strong relationships, comparable to those found for training and ratios, between staff wages and child care quality in both center-based and family day care arrangements.”
  —Neurons to Neighborhoods
When family child care providers must struggle to get by, quality is undermined in a number of ways. Insufficient wages and benefits drive many high-quality providers out of family child care; low compensation makes it harder to commit to family child care as a long-term career, decreasing the likelihood of participating in career development; financial difficulties can cause major hardships for providers that interfere with their day-to-day interactions with the children and stand in the way of quality enhancement efforts; and low-earning providers cannot afford the kinds of materials, supplies, books, toys, and activities that best support children’s development.

**Lessons from Other States**

**Reasonable subsidy rates:**

Some states follow the federal recommendation to set subsidy rates at the 75th percentile of the child care market—so that child care subsidies cover the cost of three-fourths of the available child care options—or above. When subsidy rates are set at the 75th percentile or above and are updated consistently, providers need not make heavy financial sacrifices to accept low-income children receiving state subsidies into their homes.

**Health insurance:**

In Illinois and Washington, family child care providers with SEIU have won commitments from their states in collective bargaining to fund affordable, comprehensive health insurance for thousands of providers beginning in 2008.

**Recommendations for Massachusetts**

1. Increase base subsidy rates for family child care providers—both licensed and license-exempt—so providers can afford to care for subsidized children and to offer the quality of care these children deserve.

2. Ensure that all family child care providers can access affordable, comprehensive health insurance coverage.

3. Explore other benefits that can increase the financial stability of family child care providers and decrease turnover.
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II The Annie E. Casey Foundation, KIDS COUNT State Level Data Online, www.kidscount.org


V Shonkoff and Phillips, p. 235


VIII Shonkoff and Phillips, p. 311.

IX Layzer and Goodson, 2006


