Addressing the Decreasing Number of Family Child Care Providers in the United States

Early Childhood National Centers

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Early Childhood Quality Assurance

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Purpose

More than **97,000 licensed family child care homes closed** in the United States between 2005 and 2017.[1] Many families depend on family child care providers to care for their children so parents can work and go to school. With fewer family child care homes, it is harder for families to find and afford child care. In communities without enough child care options, business and economic growth can suffer.[2]

Action is needed to ensure that family child care remains a strong, healthy component of the early childhood education system. This brief examines the reasons family child care homes close and offers information that your state, territory, or tribe can use to solve this problem.

Family child care (FCC) is child care that is offered in a provider's home. FCC providers offer small mixed-age group settings in nurturing and familiar home environments. These providers often serve as children's primary caregivers for multiple years and develop close, trusting relationships with children and families.

The decrease in the number of FCC providers reduces access to a key part of a diverse early childhood education (ECE) system that includes settings such as Head Start, child care centers, state prekindergarten, and faith-based programs that meets families' varied needs. Federal Child Care and Development Fund (CCDF) regulations require states, territories, and tribes to describe how they will "increase the supply and improve the quality of child care services" for eligible families who are most likely to depend on FCC: "children in underserved areas, infants and toddlers, children with disabilities … and children who receive care during nontraditional hours."[3]

This brief aims to help you identify and adopt strategies for recruiting, supporting, and retaining FCC providers. It is intended to support the work of state, territory, tribal, and local policymakers, child care resource and referral agencies, FCC networks, shared services alliances, and others who care about supporting families' access to a full range of quality child care.

A Bird's-Eye View of Family Child Care

The National Survey of Early Care and Education estimates that 1 million paid providers care for more than 3 million children between birth and 5 years of age in their homes. This number includes regulated and registered care, as well as family, friend, and neighbor care.*

Among this group of paid providers, a little more than 10 percent are licensed or registered with their state or receive public funding. Providers come from all kinds of personal backgrounds and have different reasons for choosing to become child care providers. They also have varied experiences and training in ECE.

For more information on this study of home-based providers, see *Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*.

Source: National Survey of Early Care and Education Project Team (2016).

* "Family, friend, and neighbor care" refers to license-exempt care arrangements and is used in this document to distinguish between licensed and unlicensed care in a provider's home.

[1] Information from an unpublished analysis by the National Center on Early Childhood Quality Assurance of data collected from the 2005 and 2017 National Association for Regulatory Administration Child Care Licensing Programs and Policies Surveys conducted in October 2019.
[2] Sankar (2018).
[3] Child Care and Development Fund, 45 C.F.R. § 98.16(x) (2016).

Fewer Family Child Care Homes, Fewer Options for Families

Many families struggle to find child care. The number of FCC homes, both licensed and license-exempt,[4] has steadily fallen over the last 10 years. Similarly, the number of FCC providers receiving CCDF subsidy payments has decreased. The drop in the number of FCC providers can be a hardship for families, especially parents who work nontraditional hours, live in rural communities, have infants and toddlers, or who do not speak English as their primary language.[5]

Low-income families and vulnerable populations may be most affected by the lack of available family child care. Families may choose FCC because it better fits their cultures, backgrounds, and values.[6] Families with lower incomes, families needing care for infants and toddlers, and families who are Hispanic or African American are more likely to use FCC than center-based care.[7]

A 2018 report found that "low-income Hispanic parents were significantly less likely than their white and black peers to consider center-based care for their infant or toddler (ages 0 to 2), and significantly more likely than their black peers to consider a familiar home-based provider."[8] Approximately one-quarter of all children age 5 and younger in the United States are Hispanic or Latino, and these families are an important factor in the demand for family child care.[9]

Licensing Studies Show Decrease in Child Care Facilities

Data from the surveys that helped inform the 2005, 2008, 2011, 2014, and 2017 Child Care Licensing Studies show changes in the number of licensed child care facilities.[10] Information is reported on two categories of FCC homes: small FCC homes with one sole caregiver and large FCC homes with two or more caregivers. An analysis of the data shows a significant drop in the number of licensed small FCC homes.[11]

- **Overall, the number of licensed small FCC homes fell by 48 percent from 2005 to 2017.**
  - Between 2005 and 2008, the number of licensed small FCC homes fell by 13 percent.
  - Between 2008 and 2011, the number fell by 8 percent
  - Between 2011 and 2014, the number fell by 19 percent.
    - "Many states report that the economy has been a factor in the decrease in licensed facilities. Other factors they report

Small and Large FCC Homes

Most states have different requirements for small and large family child care homes. This brief uses these definitions:

Small FCC home: A home (other than the child's home) where **one person** provides child care services as the sole caregiver.

Large FCC home: A home (other than the child's home) where **two or more people** provide child care services.

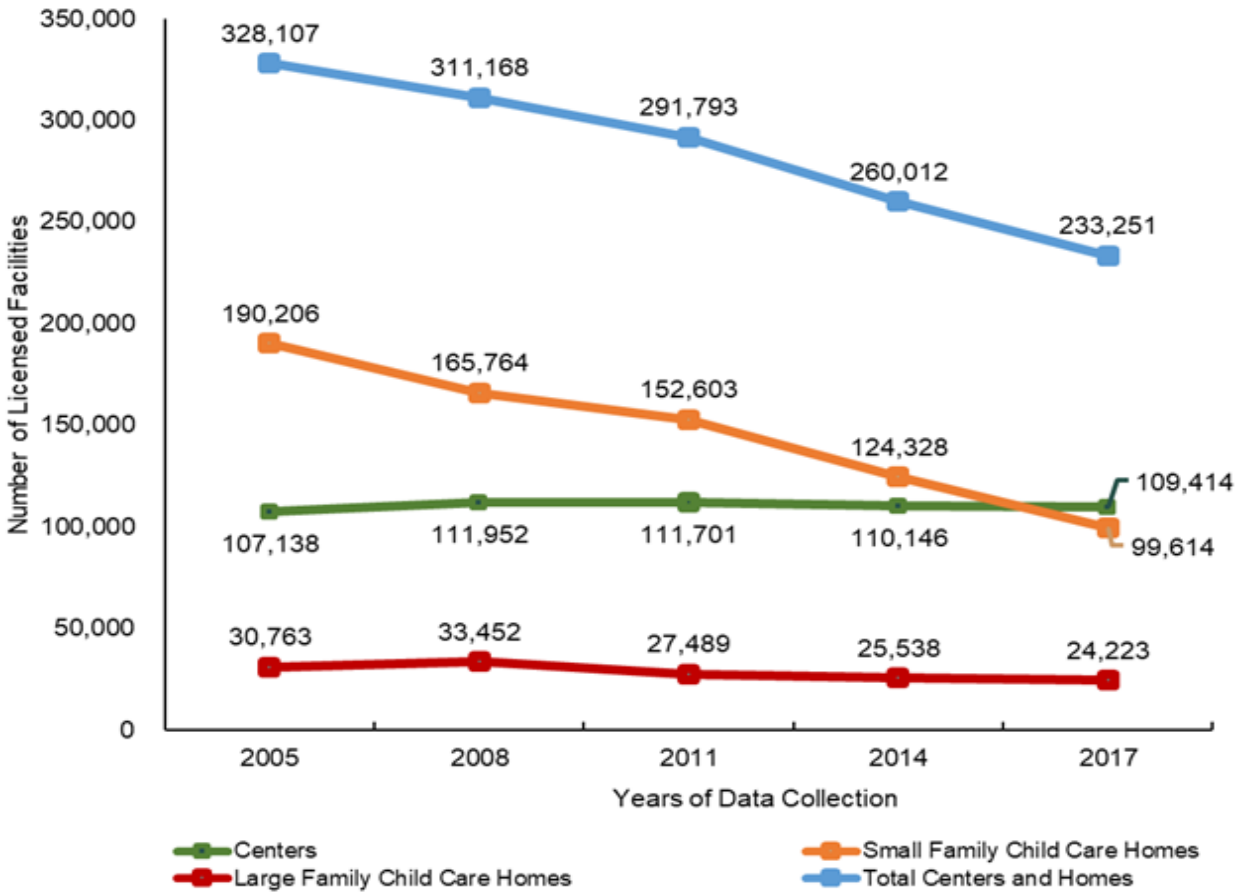
[4] States and territories decide how many children providers can care for before they are required to obtain a license. Providers who care for fewer children are considered exempt from licensing.
[5] National Center on Early Childhood Quality Assurance (2017f).
[6] Porter, Paulsell, Del Grosso, Avellar, Hass, & Vuong (2010).
[7] Porter, Paulsell, Del Grosso, Avellar, Hass, & Vuong (2010).
[8] Crosby & Mendez (2018, p. 2).
[9] Wildsmith, Alvira-Hammond, & Guzman (2016).
[10] The Child Care Licensing Studies are large-scale studies of child care licensing policies, programs, and regulations. Data reported here about the number of licensing facilities and licensed capacity were collected in the National Association for Regulatory Administration Child Care Licensing Programs and Policies Surveys for 2005, 2008, 2011, 2014, and 2017. The analysis was conducted by the National Center on Early Childhood Quality Assurance in October 2019.
[11] The information in this section is from an unpublished analysis of data from the 2005, 2008, 2011, 2014, and 2017 Child Care Licensing Studies by the National Center on Early Childhood Quality Assurance in October 2019. Data sets for 2005, 2008, 2011, and 2014 are available at https://www.researchconnections.org/childcare/series/231.

include low enrollment, changing demographics, and increased provider requirements."[12]

- Between 2014 and 2017, the number of licensed small FCC homes fell by 20 percent.
  - In their survey responses, state respondents said that increased regulations and the economy were reasons for the decrease. They also mentioned that many providers were aging and retiring.[13,14]

- Overall, between 2005 and 2017 the number of licensed large FCC homes dropped by 21 percent; however, the number of licensed child care centers increased by 2 percent. Figure 1 shows the decline in the two types of home-based providers and the increase in centers.

Figure 1. Number of Licensed Child Care Facilities, 2005–2017

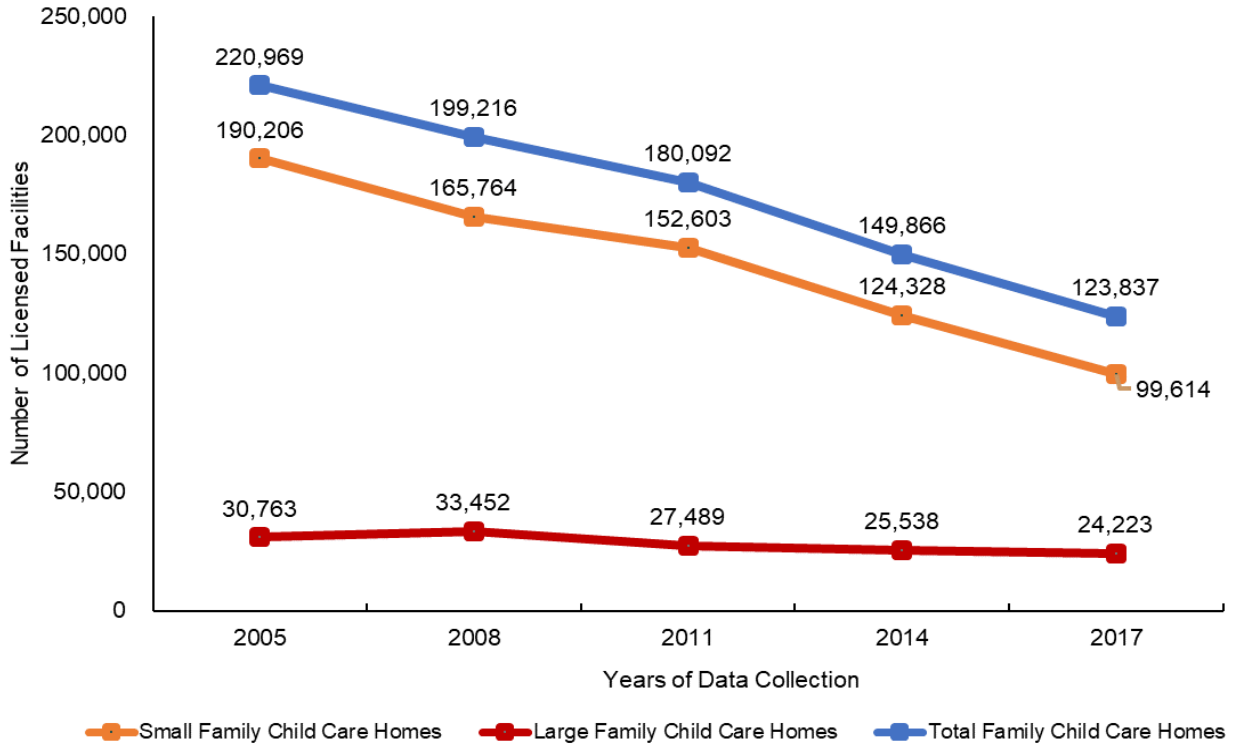


Source: National Center on Early Childhood Quality Assurance. (2019). Analysis of responses to the National Association for Regulatory Administration (NARA) Child Care Licensing Programs and Policies Surveys from the 2005, 2008, 2011, 2014, and 2017 Child Care Licensing Studies. Unpublished data.

[12] National Center on Early Childhood Quality Assurance (2015b, p. 18).
[13] National Center on Early Childhood Quality Assurance (2019).
[14] Data from the 2017 Child Care Licensing Study are based on a preliminary analysis of responses from 50 states and the District of Columbia to the NARA Child Care Licensing Programs and Policies Survey. Final results will be published in 2019.

- Figure 2 shows only the number of licensed FCC homes from 2005 to 2017. It illustrates that the overall decrease is due primarily to the steep decrease of small FCC homes. During that time period, 90,592 small FCC homes closed compared to 6,540 large FCC homes that closed.

Figure 2: Number of Licensed Small FCC Homes and Large FCC Homes, 2005–2017



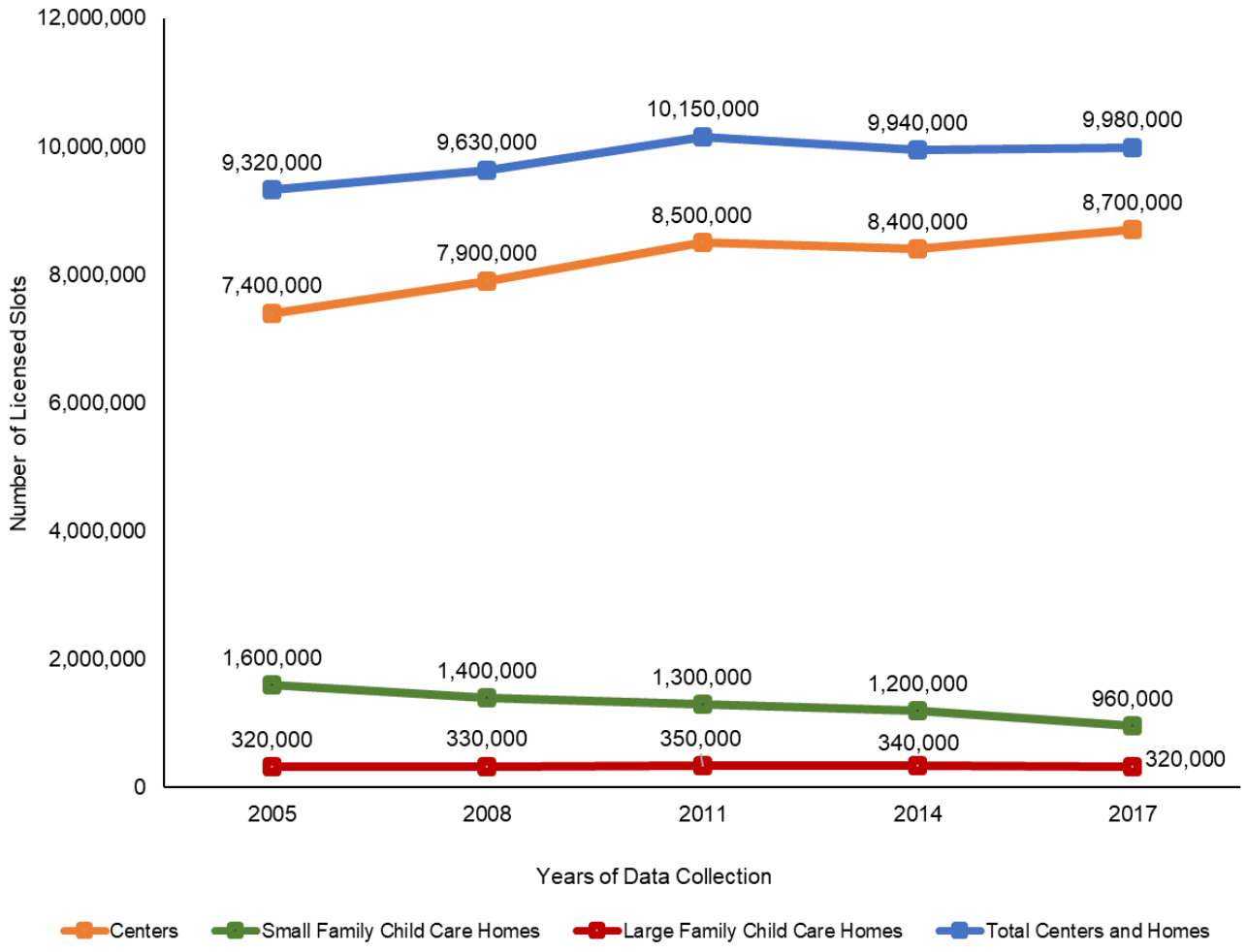
Source: National Center on Early Childhood Quality Assurance. (2019). Analysis of responses to the NARA Child Care Licensing Programs and Policies Surveys from the 2005, 2008, 2011, 2014, and 2017 Child Care Licensing Studies. Unpublished data.

More Licensed Slots in Centers, Fewer in Homes

In addition, as presented in Figure 3, analysis of the Child Care Licensing Study data from 2005 to 2017 shows an estimated increase of 7 percent in overall **licensed capacity** (number of slots for children) across all types of licensed facilities—from 9.3 million to nearly 10 million.[15] The largest increase was 1.3 million (17 percent) slots in the licensed capacity of centers. Across the years of data collection, more than 80 percent of all licensed slots were in child care centers. For small FCC homes, there was a decrease in capacity of 39 percent, but small homes made up only 13 percent of all slots.[16] The fact that licensed capacity grew even though the total number of licensed facilities dropped needs to be studied further to understand the reasons this happened. For example, it could mean that existing child care centers are adding more classrooms to make up for the loss of providers in communities that care for a small number of children. Or it could mean that caring for small numbers of children is a difficult business venture.

[15] Due to inconsistencies in how states reported the number of licensed child care slots, data are presented as rounded estimates instead of exact numbers.
[16] National Center on Early Childhood Quality Assurance (2019).

Figure 3. Estimated Number of Licensed Slots in Child Care Facilities, 2005–2017



Source: National Center on Early Childhood Quality Assurance. (2019). Analysis of responses to the NARA Child Care Licensing Programs and Policies Surveys from the 2005, 2008, 2011, 2014, and 2017 Child Care Licensing Studies. Unpublished data.

Note: Due to inconsistencies in how states reported the number of licensed child care slots, data are presented as rounded estimates instead of exact numbers.

Even with slightly more slots, if there are fewer providers it is likely that some communities are underserved and that families will have to travel further to find child care. The decrease in the number of FCC providers may make it more difficult for families to access child care that meets their needs and for states, territories, and tribes to fulfill the CCDF requirement to "permit parents to choose from a variety of child care categories, including… (ii) Family child care; and (iii) In-home child care."[17]

[17] Child Care and Development Fund, 45 C.F.R. § 98.30 (2016).

Fewer Providers Receiving CCDF Subsidy Payments

From 2005 to 2017, the total number of **child care providers** receiving CCDF payments decreased by 59 percent. Table 1 shows the number of providers receiving CCDF subsidy payments in federal fiscal years (FYs) 2005, 2011, and 2017. **The number of providers receiving subsidy payments fell by nearly 336,000 between 2005 and 2017.** More than half of the decrease occurred between 2011 and 2017.

This drop has been particularly steep for small and large FCC providers. From 2005–2017, the number of license-exempt FCC providers receiving subsidies declined by 75 percent, the largest percentage decline. Licensed or regulated small and large FCC providers receiving subsidies declined by 51 percent, the second-largest percentage decline.

Table 1. Decrease in Providers Receiving Subsidy Payments, Fiscal Years (FY) 2005–2017

Type of Provider Receiving Subsidy	FY 2005	FY 2011	FY 2017	Difference (2005–2017)	Percentage Change (2005–2017)
All child care providers	572,370	420,723	236,413	-335,957	-59%
Small and large FCC providers legally operating without regulation (license exempt)	322,000	208,840	79,775	-242,225	-75%
Licensed or regulated small and large FCC providers	157,236	120,754	77,163	-80,073	-51%
Center providers legally operating without regulation (license exempt)	7,785	7,795	6,290	-1,495	-19%
Licensed or regulated center providers	85,349	83,334	73,185	-12,164	-14%

Sources: Administration for Children and Families, U.S. Department of Health and Human Services. (2019). Preliminary FY 2017 data from ACF-800. Unpublished data.
Administration for Children and Families, U.S. Department of Health and Human Services. (2013). Final FY 2011 data from ACF-800. Unpublished data.
Administration for Children and Families, U.S. Department of Health and Human Services. (2007). Final FY 2005 data from ACF-800. Unpublished data.

During the same time period, the total number of **children** receiving child care funded by the federal CCDF had decreased by approximately 25 percent.[18] This decline may be adding to FCC providers' financial challenges.

The overall loss of **322,298 small and large FCC** providers (both exempt and licensed) receiving CCDF funding during this 12-year period means that families receiving CCDF support have fewer options for child care.[19] This paper does not discuss the decline of licensed, regulated, or exempt centers accepting children receiving subsidies. It is important to note that a decline in centers may not coincide with a decline in child care slots. Centers can choose to increase the number of children receiving subsidies.

[18] ACF (2007); ACF (2019).
[19] ACF (2007); ACF (2017).

The Impact on Children and Families

Helping families achieve financial stability often begins with providing access to affordable, high-quality child care so parents can work or attend school. Head Start, state prekindergarten programs, and child care centers are important options but may not be available to some families because of their location, hours of operation, ages accepted, and capacity.

In a review of state reports exploring child care supply, demand, and inequities, Child Care Aware noted that child care deserts "are especially prevalent in low-income communities, rural communities, among families of color, families with infants, and families with irregular or nontraditional work schedules. It is imperative that family child care is considered and supported as a viable option in every community to address child care deserts."[20]

When the number of FCC providers in a community drops, families and children lose access to important benefits such as those we outline below. Without these benefits, families lose opportunities to support their self-sufficiency and children miss out on important school-readiness skills.

In **American Indian and Alaska Native** (AI/AN) communities, many families receive child care through FCC options offered by AI/AN CCDF grantees.

AI/AN communities are often located in rural areas where there are fewer child care centers and more FCC homes. In addition, some families must travel long distances to work or school. FCC is a more convenient and easily accessible option for families.

AI/AN CCDF grantees provide FCC options in several ways:

- Tribally licensed FCC homes
- State-licensed FCC homes
- Tribally approved relative care providers
- In-home care providers
- Tribally licensed family, friend, and neighbor child care networks

Flexibility to Meet Families' Work Schedules

FCC homes may have more flexibility than child care centers in responding to families' needs. In some communities, families' child care needs may not be a good fit for center-based programs, or there may not be enough families to support child care centers. For example, a recent report from the Urban Institute highlights the need for child care during nontraditional business hours:

> Children with parents who work at *least some hours* during early morning, evening, weekend, or overnight hours represent 58 percent of the 4.77 million low-income children under 6 with working parents; a smaller yet significant share have parents who work *the majority of their hours* during these nonstandard times … Parents with nontraditional work schedules disproportionately use home-based providers, especially family, friend, and neighbor caregivers, or rely on multiple arrangements to cover the combination of their daytime and nonstandard hour care needs.[21]

The Urban Institute report, *Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization*, focuses on four populations who may have a hard time accessing child care centers. These four groups make up a large share of working families with children younger than 6, and are CCDF priority populations:

- Children who need care during nontraditional and variable hours
- Infants and toddlers
- Children living in rural areas
- Children with disabilities

[20] Child Care Aware of America (2016).
[21] Henly & Adams (2018, p. viii).

The report highlights some of the strengths of FCC in meeting the needs of these populations, including the following:[22]

- Flexibility in scheduling and hours
- Sensitive and engaging relationships and interactions in a family-like setting
- Care for children of mixed ages

The report notes that there is a trend toward more use of center-based care within the child care subsidy system, and that this shift is likely to create additional challenges for some families. For example, families may not be able to access center-based care because of their geographic locations or work hours. In addition, centers may not have slots that meet families' specific needs, or they may have more limited hours of operation.[23]

FCC providers may offer more flexible hours and tuition policies. The Urban Institute report notes that "centers often require families to enroll their children for a regular schedule and pay for full-time attendance, which can be challenging for parents with limited resources and variable schedules."[24]

Relationships

Children benefit from familiar settings and relationships with trusted providers, and they are affected when their FCC providers leave the workforce. For example, disruptions in services may delay children's social-emotional and cognitive development.[25] The report *Attracting, Supporting and Retaining a Qualified Workforce* raises concerns about the effect of provider turnover on young children:

> The loss of experienced providers is troublesome, but more devastating is the negative effect turnover has on young children. Forming secure attachments with caregivers is an important part of an infant or toddler's social-emotional development. This type of attachment is created when a caregiver remains stable over time. Too many changes in caregivers can result in a child being hesitant to form attachments in other relationships in the future. Additionally, if a child loses a caregiver with whom he or she has already formed a trusting relationship, the child may feel less secure and the loss may negatively impact the child's social and cognitive skill development.[26]

In summary, parents select FCC for many reasons, including accessibility, affordability, trust in the provider, and flexible services that meet parents' variable work schedules. The falling number of FCC homes results in fewer child care options for families in communities across the country.

Why Are FCC Providers Leaving the Field?

The number of FCC homes has decreased nationally, and recent studies describe the reasons these homes close. However, the reasons for the falling numbers are not the same in all communities. Community factors, such as demographics and economic conditions, affect the supply of child care. Therefore, it is important for your state, territory, and tribe to study its conditions to identify the most common reasons for the declining numbers of FCC homes. Examples of the state studies from Arizona, California, Oklahoma, Massachusetts, Minnesota, and Wisconsin are provided in Appendix A.

[22] Henly & Adams (2018).
[23] Henly & Adams (2018).
[24] Henly & Adams (2018, p. viii).
[25] Reidt-Parker & Chainski (2015, p. 3).
[26] Gernetzke, Wolfe, Edie, & Paulson (2010, p. 2).

Though this section does not list every factor that may affect the supply of FCC, it does provide the contributing factors most commonly identified by recent research. These factors can be broadly categorized as compensation and benefits, business operations, demographic factors, and regulations.

Compensation and Benefits

Low or unpredictable income and no benefits may cause FCC providers to leave the field to seek jobs with higher pay or with benefits. Since FCC providers care for a small group of children, their income is significantly impacted when there are vacancies. In addition, the rates for children in FCC homes are typically less than the rates for the children in centers. Child Care Aware of America reports that the national average annual cost of care for a center-based program is $10,408, compared with $8,889 for FCC. For infants, the difference is even bigger: the national average annual cost for a center-based program is $11,959, compared with $9,321 for FCC.[27)]

Hours of operation for a family child care home can often exceed center-based programs. FCC providers may spend 50–60 hours per week caring for children. When FCC providers are not directly caring for children, they spend additional hours on business related tasks, such as banking, grocery shopping, and cleaning the family child care environment. [27)] Low rates, coupled with long hours, often result in FCC providers being unable to maintain a livable wage.

Business Operations

- **FCC providers' lack of business expertise** that can result in low wages,[27] uncollected revenue, and vacancies.[28]
- **Declining enrollment, increased competition, and availability of other options for families**; for example, Head Start, prekindergarten, and center-based care.[29]
- **Rising costs** of housing[30] and insurance.[31]
- **Local challenges**,[32] such as zoning restrictions and high fees for licensing applications.
- **Technology** challenges.[33]

Demographic Factors

- **Demands of the job** (working long hours,[34] feeling isolated, meeting physical requirements,[35] balancing work and family,[36] caring for mixed ages).
- **Providers retiring** and not being replaced by new providers.[37]
- **Lack of respect** or recognition for FCC or the role of the provider as teacher, director, and business owner.[38]

[27] Minnesota Department of Human Services (2016).
[28] Oklahoma Department of Human Services, Office of Child Care, personal communication, March 28, 2018.
[29] California Child Care Resource Center (2017b).
[30] Minnesota Department of Human Services (2016).
[31] California Child Care Resource Center (2017a).
[32] Center for Rural Policy and Development (2016).
[33] National Center on Early Childhood Quality Assurance. (2017c).
[34] Minnesota Department of Human Services (2016).
[35] Minnesota Department of Human Services (2016).
[36] Oklahoma Department of Human Services, Office of Child Care, personal communication, March 28, 2018.
[37] Oklahoma Department of Human Services, Office of Child Care, personal communication, March 28, 2018.
[38] National Center on Early Childhood Quality Assurance. (2017c).

New Requirements and Regulations

In addition, **new or increased requirements and regulations** were identified as factors contributing to the decrease in FCC:

- **Difficulty navigating multiple and changing requirements**[39], such as the comprehensive background check requirements.
- **Difficulty navigating** or successfully participating in **quality improvement systems that may have been designed for centers** (participation in these systems may be required for providers to access public funding or subsidy reimbursements).[40]
- **Difficulty accessing advancement opportunities**, including state quality improvement initiatives[41] and relevant, affordable professional development opportunities.[42]

When considering the factors that contribute to the decline in the number of FCC providers, it is also important to consider the reasons FCC providers may not participate in some programs, even those aimed at supporting them. For example, many providers may face language barriers or simply may not know about programs available to them.[43]

A deeper understanding of the challenges and realities FCC providers experience is key to developing and improving strategies for supporting and strengthening FCC programs serving young children and their families. The next section offers guiding questions, potential data sources, and resources to inform this work.

Guiding Questions

The questions in this section provide a framework to help you assess the condition of FCC in your state, territory, or tribe. The first set of questions will help you determine if child care is available to families in the community. The second set of questions will help you determine if the number of FCC providers has changed and to better understand why the changes occurred.

Do Families Have Access to Child Care Services That Meet Their Needs?

The data from your state, territory, or tribe may provide the best insights on the demand for and supply of child care. Community census data, CCDF subsidy data, the market rate survey, and child care licensing data may support your analysis.

- What do families in different communities need? Do they need specific types of care, such as care during nontraditional hours, care for infants and toddlers, or care for children with special needs?
- Are there FCC homes and child care centers in these communities that offer the types of care families need? Is the care located in places families can get to easily? Is the cost affordable? What is the level of quality? What do families do when they cannot access the care they need?
- How many families receive CCDF subsidies? Do child care providers limit the number of subsidy slots they offer? Do these limits restrict access for children receiving subsidies? What do families participating in the subsidy system do if they cannot find care?

[39] Center for Rural Policy and Development (2016).
[40] National Center on Early Childhood Quality Assurance. (2017c).
[41] National Center on Early Childhood Quality Assurance. (2017c).
[42] Gernetzke, Wolfe, Edie, & Paulson (2010).
[43] National Center on Early Childhood Quality Assurance. (2017c).

- What are the consequences of limited access to child care? For example, are families more likely to use illegally operating providers? Does tuition for licensed programs go up when the supply of licensed care is reduced? Have there been more complaints about illegal care operations in areas with declining numbers of legally operating FCC providers?

Has the Number of Child Care Providers Changed? Why?

To assess the change in the number of child care providers and determine the reasons for the change, your state, territory, or tribe will need to collect information from existing data sources and from providers themselves. Existing data sources include licensing data, CCDF subsidy data, quality rating and improvement system (QRIS) data, and unemployment data. You can use the following questions to explore the issues.

- How many family child care providers are operating? How many are licensed? How many are license-exempt providers or family, friend, and neighbor caregivers receiving CCDF payments?
- Has the number of licensed family child care providers changed over the last five years? Has the average number of children each provider cares for changed? What types of providers are caring for infants and toddlers?
- Is the change in the number of providers larger in some geographic areas than others? It may be helpful to take a closer look at specific regions or communities to understand the provider, family, and community experiences that may be factors in the decline.
- Are changes in the number of providers connected to any policy changes? For example, the start of a new publicly funded prekindergarten program that pulls preschool children away from FCC providers, negatively affecting a business model that relies on mixed-age enrollment; changes in federal, state, or local regulations; improved subsidy rates or policies; or expanded subsidy eligibility?
- What causes providers to stop operating? For those who have stopped, were their licensing statuses and quality levels like those of providers still operating? Are there any differences?
- What are providers' reasons for leaving the field? For providers who have difficulty staying open, what are their biggest challenges? If regulation is a concern, it is important to identify the specific parts of the regulations that are challenges, such as fire codes, zoning, or background checks.
- Are the challenges different for licensed FCC providers, license-exempt FCC providers, and family, friend, and neighbor caregivers? What specific information needs to be collected and tracked for each of these groups?
- Do state, county, or local unemployment rates affect provider turnover?
- If family child care providers in low-income neighborhoods are closing or leaving the licensed system, what supports would help them stay in the licensed system?
- What educational or professional development supports are available for FCC providers? How many providers are participating? Are higher levels of education or credentialing tied to better pay or reimbursement rates?
- What supports do FCC providers need to meet regulations or quality system requirements, such as those tied to a QRIS? What role do these supports play in keeping providers in the field?

Data collection may appear to be a challenging and time-consuming process; however, better information is invaluable to planning successful responses. Once you understand FCC providers' challenges, you can develop responses to support stable, financially practical FCC services that meet the needs of children and families.

Help and Resources Are Available

Technical assistance to help you understand FCC in your state, territory, or tribe is available from the National Center on Early Childhood Quality Assurance. Resources are available from the Office of Child Care's Family Child Care Resources List, and the Early Childhood Training and Technical Assistance System's National Resources about Family Child Care web page. In addition, resources from several national organizations are on the BUILD Initiative's web page, CCDBG Resources: Family Child Care Resources.

State, Territory, and Tribal Strategies for Supporting FCC Providers

We've discussed some of the many reasons for the decrease in FCC providers. Because this issue has so many causes, there is no single solution. You should consider various responses that your state, territory, tribe, or community can use to reverse this trend.

FCC providers often feel overlooked or misunderstood, so it is important to hear from them directly. For example, you can get a better understanding of the challenges FCC providers face by including them in focus groups, listening sessions, and planning or advisory committees.

These opportunities must be planned in a way that enables providers to give meaningful input. In addition, it's important to plan around FCC providers' time constraints and make it as easy as possible for them to participate.

Engaging Family Child Care Providers in Quality Improvement Systems, from the National Center on Early Childhood Quality Assurance, describes several ways to reach out to FCC providers.

This section describes strategies that you may consider using to help retain FCC providers. These strategies have all been identified by national experts or used by states, territories, tribes, and communities.

1. Increase Families' Awareness of Family Child Care

State and territory consumer education efforts are designed to help families access the information needed to make informed child care choices. States and territories are required by CCDF regulations to offer consumer-friendly websites that help families understand their child care options. For example, the websites should consider the languages that families speak, their literacy levels, and their ability to use technology. Resources about building informative, family-friendly websites for the child care consumers in your state or territory are available from the Early Childhood Training and Technical Assistance System's website, on the Consumer Education Webinar Series page. Media and outreach campaigns can also be used to teach families about the tools to search for and evaluate child care options that best meet their needs.

ChildCare.gov helps families access safe and quality child care services in their community that best suits their needs, and provides links to state or territory child care websites that they can use to search for child care and consumer education information.

Your state, territory, or tribe, including partners, can consider strategies that help FCC providers recruit families and enroll children. For example, you can ensure that consumer education resources and child care referral specialists highlight the value of FCC, the types of services FCC providers offer, and FCC provider participation in quality initiatives.

- **Georgia** has a peer support network that recognizes peer support for state-approved training hours for all providers, including FCC providers. FCC providers who are Quality Rated serve as peer mentors called "ambassadors" who help other FCC providers going through the rating process. The ambassadors are part of the professional development community and receive training and technical assistance. Ambassadors host quarterly peer support network meetings and receive stipends to help cover the cost of their travel. Each ambassador also receives an acknowledgment letter from the governor, which many providers post in their homes.
- **Kansas's** Child Care Aware website provides definitions for child care settings and a flow chart that helps parents decide what type of setting is right for their family. Kansas families can search for child care online or

call a child care resource and referral (CCR&R) counselor. There is also a checklist, a list of questions to ask, and a publication that provides tips for using care provided by relatives.

- **Oregon's** Early Learning Division website has a chart that explains the four categories of license-exempt and licensed family child care providers. It also shows whether each type of provider is regulated or licensed and whether they are eligible to accept subsidy payments and be quality rated.

2. Address Housing Barriers

Family child care providers can face challenges with operating small businesses in their homes. For example, there may be restrictions set by city or county zoning, homeowner associations, or landlords. Community-based FCC networks and associations can work with local FCC providers to address housing barriers. These groups can gather information about local challenges and advocate for solutions.

Although many housing issues must be addressed at the community level, there are ways for your state, territory, or tribe to support providers and recognize their contribution to a strong economy. For example, state statutes may be able to address zoning laws and restrictions on the use of residential properties for child care.

- **California** law prohibits cities from regulating small family child care homes that are licensed for eight or fewer children. However, the California Health and Safety Code (HSC) 1597.46 says that cities may require large family child care homes to obtain a zoning permit. According to the Child Care Law Center's *Know the Law about Business Licenses and Zoning Permits for Family Child Care Homes in California*, there are three options for cities that want to require large family child care homes to get zoning permits:[44]

  1. Make large family child care a *permitted use* of residential property. This means that large family child care providers do not have to pay for a zoning permit.
  2. Issue a *nondiscretionary permit*. The child care provider must purchase a zoning permit. The city may make reasonable rules that apply to large family child care homes in four areas: spacing and concentration, traffic control, parking, and noise control. If the home follows reasonable rules in these four areas, the city must grant the permit. Neighbors and others do not have a chance to argue that the permit should not be granted.
  3. Issue a *conditional use permit*. Like a nondiscretionary permit, this option allows the city to regulate large family child care homes in the four areas listed above. Additionally, the zoning administrator must give notice of the permit application to property owners within 100 feet of the large family child care home property line. These neighbors may ask for a hearing to discuss whether the city should grant the permit.

  Cities cannot charge fees that exceed the cities' costs of the review and permit process, and providers are entitled to a breakdown of the fees charged. The law also prevents the use of restrictive covenants or deed restrictions to prevent the operation of family child care.

  The Child Care Law Center provides additional fact sheets to support California child care providers, including *Know the Law about Family Child Care in California Rental Property* and a video, "Tenants' Rights for Family Child Care Providers in California." For more information about California law and child care, visit the Child Care Law Center.

3. Seek Providers' Input on Regulatory Changes

Many FCC providers participate in the regulatory system (for example, they are licensed by the state or monitored so they can access CCDF funds). This can come with great benefits for providers, such as access to technical

[44] Child Care Law Center (2014).

assistance, resources, and professional development opportunities. These benefits can help FCC providers offer higher-quality care and may increase their professional recognition.

Changes to regulation typically aim to better protect children in child care. For example, improved licensing regulations, more frequent monitoring, and stronger enforcement all serve to safeguard children's well-being. However, strengthened oversight can have unintended consequences, especially for providers with the fewest resources. For example, lower-income providers are more likely to live in rental properties where it may be difficult to make home improvements.

Your state, territory, or tribe can avoid creating significant challenges for FCC providers by gathering meaningful feedback from them about the impact of proposed regulatory changes. It is important to understand providers' perspectives on how new rules will affect their ability to maintain compliance and operate successful programs.

Be sure to gather providers' input early in the process, while there is still time to make changes. Use multiple methods to collect feedback, and tailor the process to providers' needs. For example, consider the languages they speak, their ability to access the Internet or transportation, and the time required to provide input.

Gathering feedback directly from FCC providers may uncover regulations that have a negative or unintended impact on day-to-day FCC operations. Additional approaches for understanding the impact of regulatory changes and helping providers adapt include the following:

- Conducting fiscal impact analyses to determine how much it will cost FCC providers to meet new requirements.
- Training staff who monitor licensed and license-exempt providers to be sensitive to the diversity and unique characteristics of FCC providers. Staff who monitor FCC providers can share information about training and resources available to help them adapt to the changes.
- Reducing the burden of new requirements by providing training, consultation, and a generous amount of time to come into compliance.
- Coordinating with entities that monitor FCC providers, including child care licensing, state and local fire departments, health departments, QRISs, and the Child and Adult Care Food Program to develop common language for similar requirements and address inconsistencies among standards.[45]

Consider the following examples of this strategy:

- **New Mexico** gained a better understanding of its family child care landscape by analyzing 10 years of provider and child-level data by location. The state examined the number and capacity of licensed FCC homes, license-exempt homes, and licensed centers, and the number of children receiving child care assistance in rural and nonrural areas. Next, it overlaid demographic and policy changes that occurred during the same 10-year period. This analysis painted a picture of the changes in child care supply and demand and potential impacting factors. The National Center on Early Childhood Quality Assurance and Child Trends supported this analysis.

  The decrease in license-exempt homes coincided with changes to health and safety requirements, including background check requirements. However, it also coincided with a decline in the population of children in some areas of the state. A more refined county-level analysis may shed additional light on the potential impacts.

[45] Maxwell, Sosinsky, Tout, & Hegseth (2016).

- **Vermont** used a bottom-up process for writing new licensing requirements. The process involved initial informational meetings in all 12 districts, 9 workgroups that met monthly across the state, and a small decision-making group that included an FCC provider. The workgroups met one Saturday morning a month for 2–3 hours, ensuring that FCC providers could attend and share their perspective on the impact of proposed requirements.[46]
- First Children's Finance provides financing tools and resources for making business plans for child care centers and FCC providers. Loans and technical assistance are available to support compliance with new regulations, expansion, quality improvements, and the operation of new and existing programs. First Children's Finance offers loans to child care centers and FCC providers in Iowa, Kansas, Michigan, Minnesota, Missouri, North Dakota, South Dakota, Texas, Washington, and Wisconsin.

The Moving toward More Effective Monitoring Strategies across ECE Settings web page on the Administration for Children and Families website provides guidance on coordinating monitoring efforts across different agencies and departments. It has information about aligning standards, cross-training monitoring staff, sharing data between agencies, and more.

Coordinated monitoring can reduce the burden on providers, and can also improve consistency across programs, increase efficiencies, and support continuous quality improvement.[*]

[*] Maxwell, Sosinsky, Tout, & Hegseth (2016).

4. Adopt Supportive Subsidy Policies and Payment Rates

When FCC providers participate in subsidy programs, it is important for them to benefit from these programs and feel well supported. Research has found that delayed subsidy payments may create financial hardships for providers who may already be less willing or able to serve families receiving assistance.[47] Providers may not be able to cover their expenses if their payments are delayed. If FCC providers face financial hardship related to accepting subsidies, they may be unable to serve these families.

As we discussed earlier in this document, fewer providers are receiving CCDF subsidy payments. A recent report by the Center for Law and Social Policy encourages states to address the decrease in the numbers of licensed family child care homes and the declining number of providers participating in the CCDF program. The report notes that "states will want to consider the role of subsidies in expanding the supply of home-based care so this setting remains an option for CCDBG families."[48]

A responsive subsidy system offers varied child care choices for families and provides fair, prompt payment to child care providers. Payment practices that are predictable, reliable, and timely can encourage FCC providers to provide services to families benefiting from the subsidy program.

Your state, territory, or tribe can consider using policies and payment practices that better meet providers' needs. These practices should be like those required by providers that do not accept subsidy payments.

Consider the following examples of supportive policies and payment practices:

- Paying for reasonable or justifiable child absences to the extent possible or contracting for slots (where payment is made regardless of a child's attendance).

[46] National Center on Early Childhood Quality Assurance (2017a).
[47] Adams, Rohacek, & Snyder (2008).
[48] Mohan (2017).

- Paying providers in a timely fashion, either before service delivery or within 21 calendar days of receipt of a complete invoice.
- Paying at either part-time or full-time increments and not by the hour.
- Subsidizing full-time care rather than strictly limiting the amount of care to families' specific work and school schedules. Families are allowed to choose providers who only offer full-time slots; children benefit from predictable schedules.
- Notifying providers promptly when changes in families' situations may affect payments.
- Creating timely appeals and resolution processes regarding payment concerns.
- Establishing payment rates that reflect the true cost of care.
- Paying enrollment, registration, and other reasonable provider fees.

Consider whether the **technology** used for invoicing and payments is user-friendly for FCC providers. For example, some providers may only have smart phones for Internet access, so the subsidy invoicing system needs to be phone friendly. (For more information about this topic, see the National Center on Subsidy Innovation and Accountability's document *Attendance Policies and Systems*.)

Payment rates should be as close as possible to what providers in your state charge private-paying clients. Competitive payment rates encourage more providers to participate in the subsidy program, which improves families' access to child care. They also help make it possible for providers to meet quality standards and operate stable businesses.

Your state, territory, or tribe can also use payment rates and policies to improve access for certain families who may have difficulty finding care. For example, you may be able to offer **grants or contracts** or **higher reimbursement rates** to providers who offer care during nontraditional hours (nights or weekends) or who care for children with special needs.

In addition, **contracted slots** for full-time care support FCC providers by giving them guaranteed sources of income. Contracts or grants may pay based on enrollment, not attendance, and may be paid in advance of care being provided.

In their 2016–2018 CCDF Plans, states and territories reported using the following approaches to support FCC providers:

- Thirty states and territories were either already using contracts or grants directly with providers or were exploring ways to use them.
- Thirteen states paid a higher rate for care provided during nontraditional hours.
- Forty-two states paid higher rates to providers who achieved higher levels of quality. Higher levels of quality were based on nationally recognized accreditation, QRIS participation, or other quality criteria.[49]

Consider the following examples of payment strategies:

- The **Massachusetts** Department of Early Education and Care contracts directly with family child care systems (similar to staffed family child care networks) who contract with FCC providers in the community. This helps ensure stable access to high-quality early education and out-of-school-time programs for children from families with low incomes. The contracts are designed to make policies and practices fairer, ensure consistent and stable placements, support the stability of the early education and out-of-school-time system, focus on the areas of highest need, and increase the quality of care for families receiving financial assistance.

[49] National Center on Subsidy Innovation and Accountability & Child Care State Capacity Building Center (2016).

- In fall 2018, the **Zuni Pueblo** CCDF program launched a tribal language immersion initiative with FCC providers. The initiative involves paying higher rates to providers who have been certified by the tribe as being fluent in their tribal language and who agree to use their tribal language in immersion settings with the children in their care.

5. Create Family Child Care Networks

CCDF regulations recommend "improving the supply and quality of child care programs and services for infants and toddlers through activities, which may include establishing or expanding the operation of community or neighborhood-based family child care networks."[50] Family child care networks have paid staff who deliver a range of services and supports to FCC homes. The services typically include some combination of visits to FCC homes, consultation, and professional development, along with business and administrative supports for providers.[51]

Staffed FCC networks can provide many quality supports. They can be especially valuable because they are based in local communities, with trainers and coaches who specialize in FCC, understand the local culture, and, ideally, speak the same languages as the providers they serve.[52] Networks can be housed in CCR&R agencies, Head Start programs, social service agencies, or free-standing agencies that only offer network services.[53]

Your state, territory, or tribe can consider increasing support for staffed FCC networks to support providers. Providers get many benefits from participating in these networks, including training and mentoring opportunities, peer support, access to substitutes, and fiscal and operational oversight.

The Family Child Care Network Impact Study found that certain supports provided by FCC networks had the biggest effect on quality.[54] The most effective supports were specially trained network staff, the use of a formal quality assessment tool, and direct service offerings, such as training for providers, visits to FCC homes, and supportive interactions.

This list of national resources about family child care includes publications about FCC networks, such as two resources by the National Center on Early Childhood Quality Assurance: *Developing a Staffed Family Child Care Network: A Technical Assistance Manual* and *Staffed Family Child Care Network Cost Estimation Tool and User's Guide*.

The Bipartisan Policy Center article "Are Networks the Key to the Future of Family Child Care?" explores networks as a key strategy to support FCC providers with their unique needs and challenges.[55] Networks can help states improve the efficiency of their efforts to support FCC providers, because they reach many FCC providers at one time—potentially all FCC providers across the state. Also, the network approach can be modified based on community needs while still focusing on key priorities such as business practices and program support.[56]

- All Our Kin, a **Connecticut**-based network, helps providers connect with each other and access various shared services, including professional development through coaching and training, no-interest loans and grants, financial management training, and advocacy and leadership opportunities. All Our Kin also demonstrates the role of a network as a recruitment source for new providers, with a pipeline of supports beginning with resources to achieve licensing.

[50] Child Care and Development Fund, 45 C.F.R. § 98.53(a)(4)(i) (2016).
[51] National Center on Early Childhood Quality Assurance (2017b, p.1)
[52] National Center on Early Childhood Quality Assurance (2017e, p. 1).
[53] Bromer & Porter (2019).
[54] Bromer, Van Haitsma, Daley, & Modigliani (2008).
[55] Smith (2018).
[56] Smith (2018).

An evaluation of All Our Kin found that affiliated network providers, more than 82 percent of whom were women of color, offered higher quality care than a comparison group of unaffiliated providers, of whom two-thirds were women of color. The All Our Kin approach offers a combination of intensive visits to provider programs as well as group supports, training, and materials.[57]

- Acre Family Child Care, a **Massachusetts**-based network, aims to increase the supply and quality of family child care by providing several core services: extensive classroom training, visits to providers' homes to provide technical assistance, and monthly peer-support meetings. All its services are offered in Khmer and Spanish, the languages spoken by the Cambodian and Latina providers it serves. Acre collects private pay or subsidy fees from families. It also provides transportation to family child care homes, a benefit for families, many of whom do not have cars.

American Indian and Alaska Native child care programs frequently provide support services to their family child care providers and create opportunities for peer interaction. This example demonstrates how similar services can be provided without a formal FCC network:

- **Turtle Mountain Band of Chippewa** CCDF program currently licenses their FCC providers who serve four or more children and provides an array of supportive services. It has partnerships with various tribal and community agencies to support providers in meeting the needs of their community including struggles with opioid misuse, increased children in protective services, and the increased need for infant and toddler care.

Staffed Support Networks and Quality in Family Child Care: Findings from the Family Child Care Network Impact Study examines the relationship between network affiliation and quality caregiving. The study looks at a sample of mostly Black and Hispanic licensed family child care providers participating in 35 different networks in the city of Chicago. It finds that providers are more likely to offer higher-quality care if they participate in staffed networks that deliver a combination of ongoing support services.

Source: Bromer, Van Haitsma, Daley, & Modigliani (2008).

6. Ensure Meaningful Inclusion in QRISs and Financial Incentives

Of the 41 QRISs in the United States, 40 (98 percent) include FCC providers. However, FCC providers do not participate in QRISs as often as child care centers, and most states do not include license-exempt FCC providers in their QRISs.[58]

To improve quality, some states require all child care providers to participate in the QRIS to receive subsidy payments. Requiring QRIS participation may improve some aspects of quality, but it is important to keep in mind that it may also create burdens for FCC providers. If the burdens are significant, providers may decide to stop accepting subsidies or close their businesses.

Your state, territory, or tribe should work with FCC providers to ensure that quality rating criteria are appropriate and attainable for FCC providers and meaningful for the children in care and their families.

For example, **minimum teacher qualifications** are often designed with centers in mind (which often have many lead teachers). These

The *QRIS Resource Guide*, by the National Center on Early Childhood Quality Assurance, discusses including FCC providers in QRISs. It describes the types of incentives that can encourage them to participate. In addition, *A Conceptual Model for Quality in Home-Based Child Care* discusses the trend toward engaging home-based child care providers in quality improvement initiatives.

[57] Nelson, Porter, & Reiman (2015).
[58] National Center on Early Childhood Quality Assurance (2017d).

qualifications may be more difficult for FCC providers working alone to achieve.

In addition, it may be more difficult for FCC providers to take part in **professional development opportunities** required to attain higher QRIS levels. When designing these opportunities, it is important to consider the characteristics of FCC providers in your state or community to address their needs. For example, is professional development available for FCC providers who speak languages other than English? For those whose operating hours prevent them from attending professional development on weekdays or evenings? If professional development is available online, is there reliable Internet access in the community?

Your state should also consider whether other supports offered through the QRIS are easy for FCC providers to access. For example, QRISs often provide **consultation and technical assistance** to participants. Keep in mind that licensed, registered, and license-exempt home-based providers work an average of 56 hours a week, so it may be difficult for them to find time for these types of opportunities.[59]

Most QRISs also offer financial help to assist with quality improvement and provide funding to support implementation of quality standards. If you develop these types of supports in partnership with FCC providers and stakeholders, you are more likely to meet their needs. The Virginia example in the *QRIS Resource Guide* states the following:

> Importantly, some providers who choose not to participate in state quality initiatives are unaware of the benefits or incentives associated with participation. In implementing the Virginia QRIS pilot for FCC providers, Bradburn and Dunkenberger (2011) found that 25 percent of their sample spoke a language other than English, and the participation of this group in QRIS was hindered by the lack of available supports tailored to meet their needs (for example, bilingual family child care mentors and translation services). Limited access to technology and digital literacy may also serve as a challenge for some providers. As state professional development and quality improvement initiatives evolve to employ more technological innovations in their services (for example, online applications and web- or computer-based professional development), accommodations for FCC providers who may not have access to technology or who may lack the skills to effectively access these services must be considered.[60]

Consider the following examples of this strategy in action:

- Programs participating in **Delaware's** Stars for Early Success are eligible to apply for a Capacity Grant. These grants are designed to increase the supply of child care in areas where it is limited, with a focus on the following areas: programs that serve children with special needs, programs that offer care during nontraditional hours, care for children who are English-language learners, and care for infants and toddlers.
- Strong Minds, in **Palm Beach County, Florida,** is a voluntary QRIS that promotes quality in early care and education programs, including FCC homes. Strong Minds supports programs in their quality improvement efforts through a variety of resources and supports. These supports include professional development scholarships for credit and noncredit coursework, salary supplement awards encouraging continued professional development, career advising, onsite technical assistance, and financial incentives to programs.
- In **Georgia's** Quality Rated, technical assistance specialists help FCC providers order up to $500 of materials to support quality improvement when they begin pursuing a star rating. Providers select the materials they want from a menu of options provided by Quality Rated. Other QRIS financial incentives for FCC providers include salary enhancements, bonus packages of supplies and materials, training vouchers and scholarships, and tiered subsidy payments.
- **Indiana** invests in recruiting FCC and center-based care providers into its QRIS by staffing each CCR&R agency with an outreach specialist. One of the roles of the outreach specialists is to increase the number of child care programs that voluntarily participate in Paths to QUALITY, the state's QRIS. The CCR&R agencies offer mentoring, training, monetary and nonmonetary incentives, and recognition to participating programs.

[59] National Survey of Early Care and Education Project Team (2016).
[60] National Center on Early Childhood Quality Assurance (2017c, p. 3).

In addition, Indiana provides funding to the United Way of Central Indiana to work with FCC providers to increase their level of quality. Through this project, providers in Marion County (Indianapolis) receive intensive coaching. Each participant agrees to mentor a new provider in the next cohort.

- **Washington** provides a set of incentives to participants both before and after they receive their QRIS ratings. Before rating, FCC participants who serve children receiving subsidy can apply for a need-based grant to purchase gross-motor equipment; science, technology, engineering, and mathematics (STEM) materials; books, and more. The grants can also pay for substitute time, curriculum materials, and developmental screening kits.

  In addition, FCC participants may be eligible for scholarships to attend college to attain certificates and degrees in early childhood education. All FCC participants receive free technical assistance with rating-readiness consultants to help prepare for their onsite assessments.

  Once rated, programs receive continuous additional incentives to maintain and increase quality, including onsite coaching, annual quality improvement awards, and tiered reimbursement. More information can be found in the Washington State Department of Children, Youth, and Families (formerly Department of Early Learning) document, *Early Achievers Participant Resources and Supports*.

7. Encourage Participation in the Child and Adult Care Food Program

Your state, territory, or tribe can encourage FCC providers to learn about and participate in the Child and Adult Care Food Program (CACFP). CACFP reimburses child care providers for meals and snacks served to eligible children. In addition to this financial support, the program provides resources and technical assistance on serving healthy and nutritious foods. CACFP supported about 104,000 FCC providers serving 767,000 children in 2017.[61]

Your state, territory, or tribe can explore opportunities for collaboration between the agencies or divisions that administer CCDF and CACFP, and the local agencies that sponsor FCC providers for CACFP. Cooperation on issues such as training, monitoring, and outreach can benefit both the agencies and providers.

Collaborating in this way may help you identify barriers to provider participation in federally funded programs that help support their business. It can also show you whether programs that don't participate have certain things in common (for example, language, location, type of program). This kind of information about provider participation in CACFP will help you understand any barriers to participation and develop strategies to address them.

- **Arizona** recognizes the value of family child care participation in CACFP. The CCDF Lead Agency strongly encourages participation in CACFP by sharing information about program benefits with providers through licensing and subsidy staff and CCR&R agencies. CACFP information is included in a resource packet given to all new providers, and it is further explained during provider orientation.

  In addition, CACFP sponsors are notified of new providers and contact them to explain CACFP benefits. CACFP sponsors are local agencies that provide training and support to help FCC providers serve nutritious meals and snacks. As a result of these efforts, approximately 90 percent of certified FCC providers participate in CACFP. Additional information is available on the Arizona Department of Education's Health and Nutrition Services web page.

- **New York**, through the Early Care and Learning Council and the statewide Infant and Toddler Resource Network, has developed partnerships with Hunger Solutions NY, the New York State Network for Youth Success, statewide agencies, and regional CCR&R agencies. These partnerships help increase provider participation in CACFP, which is seen as key to building the supply of quality programming. The partners'

[61] Food and Nutrition Service (2018).

efforts include sharing CACFP outreach materials with providers to make sure they know about the benefits of enrolling in the CACFP program.

One outreach tool is Provider Information Bags. The bags include resources to educate and inform providers about the nutritional and financial benefits of enrolling in CACFP and include several small kitchen items for providers to use in preparing healthy snacks or meals for children in their care.

8. Support Partnerships with Other Programs

For many years, partnerships between child care, Head Start, and prekindergarten programs have been an important tool in early childhood education. These partnerships have helped improve access to high-quality services for children and their families. Your state, territory, or tribe has likely experienced the benefits of these kinds of partnerships.

More recently, Early Head Start–Child Care Partnerships have been a model for building partnerships and quality improvement efforts in licensed FCC settings. Licensed FCC programs may receive additional funding in partnership with an Early Head Start grantee to provide comprehensive services and high-quality learning environments. Participating providers receive more than just funding: they gain access to health and safety materials, curricula, professional development and coaching, and sensory and developmental screenings (see the Safety Practices page on the Head Start Early Childhood Learning & Knowledge Center website).

In December 2015, around 600 FCC providers were serving about 2,600 infants and toddlers through Early Head Start–Child Care Partnerships.[62]

Early Head Start–Child Care Partnerships are an innovative partnership model. Through these partnerships, your state, territory, or tribe can create new ways to strengthen family child care and provide comprehensive services and supports to low-income families.

Visit the Early Childhood Learning & Knowledge Center's Local Early Childhood Partnerships web page for more information about family child care partnerships.

A recent article from the Bipartisan Policy Center provides these examples of how FCC can be successfully included in Early Head Start–Child Care Partnerships:[63]

> **Colorado's** Early Head Start-Child Care Partnership takes a shared services approach. Child care partners receive access to two important technologies: 1) a resource platform that enables them to access a variety of training and informational resources, and 2) a records management system, which enables them to centralize and streamline all their recordkeeping. Providers have access to financial services assistance. The recordkeeping system helps providers track child enrollment and attendance, immunization records, subsidy information, and child eligibility for a variety of programs, among other variables. In addition, it enables programs to track continuous improvement efforts, coaching schedules, and teacher credentials.[64]
>
> In **Alabama**, Auburn University manages 50 FCC homes that are a part of the state's Early Head Start-Child Care Partnership grant and as part of their family child care network program, Family Child Care Partnerships. The university manages professional development opportunities, which include a cadre of coaches who provide mentoring and guidance to providers; connects providers to state agencies and other community-based organizations to ensure the children they serve receive comprehensive services such as health care, dental care, and early intervention; coordinates family engagement opportunities; and supports providers in pursuing higher levels of training and education by helping them access online

[62] Office of Child Care (n.d.).
[63] Smith (2018).
[64] Smith (2018, para. 8).

coursework and ensuring that they have the technology and internet access they need to enroll in and be successful in their schooling.[65]

Your state can also consider the possibility of creating FCC partnerships with your state prekindergarten program. Prekindergarten programs can be encouraged to consider family child care as a delivery option.

The State of Preschool 2017 annual report shows that FCC providers can receive funds to operate a prekindergarten program.[66] There are already 15 state-funded preschool programs[67] where FCC providers receive funds directly from the state, and 21 preschool programs that allow FCC providers to subcontract with the local school district or an entity that is able to receive state funds directly.[68]

Not all FCC providers will meet the educational requirements that come with state prekindergarten funding. However, there are providers who will be able to meet prekindergarten standards and would welcome this opportunity.

- In 2006, **Arizona** voters established a dedicated funding source, using tobacco taxes, for early childhood health and education programs. These public funds can be used for various early childhood programs, including the Quality First Scholarships program, which is the state-funded preschool program that serves children from birth to kindergarten who are living at or below 200 percent of the federal poverty level. In addition to serving children in center-based care, an additional 161 preschool children and 167 children younger than 3 years were served in regulated FCC homes in 2016–2017 using Quality First Scholarships. FCC providers are eligible to receive scholarships if they participate in Quality First, the state's QRIS, and have at least a 3-star rating.
- In **Indiana**, FCC homes may participate in the state-funded preschool program. On My Way Pre-K was signed into law in 2014 to provide grants for qualified early education services to eligible 4-year-old children from families with low incomes. Eligible providers do not need to accept CCDF vouchers to participate in the program, but they must meet the CCDF program standards (for example, be licensed providers in good standing). Providers must also be at a level 3 or 4 in Paths to QUALITY, the state's QRIS. Families complete an application and, once verified, work with a state-contracted county intake agent to help them identify which programs are available, including FCC homes.

Finally, your state or territory may have already received a Preschool Development Grant Birth through Five (PDG B-5) or may be applying for such a grant in the fall of 2019. This grant requires states to develop, update and implement a strategic plan that facilitates collaboration and coordination among all existing birth through five early childhood care and education programs and providers including the Child Care and Development Fund and state child care, which includes center-based, family child care and informal care providers. The state focus on system building includes health and wellness supports that strengthen, engage, and stabilize FCC providers, as a vital part of the mixed delivery system, leading to more effective coordination of the delivery models and funding streams to create greater efficiencies. States receiving this grant have articulated a plan on how to share best practices among all providers, including FCC providers, so that parents and families are given timely accurate information and involved in meaningful engagement and decision-making related to their child's development, education and transition from setting to setting.

[65] Smith (2018, para. 9).
[66] Friedman-Krauss, Barnett, Weisenfeld, Kasmin, DiCrecchio, & Horowitz (2018).
[67] There is sometimes more than one preschool program in a state, so the number of state-funded preschool programs is counted, not the number of states. *The State of Preschool 2017* uses the term "state-funded preschool," which is interchangeable with "state-funded prekindergarten."
[68] Data about family child care providers receiving funds from state-funded preschool programs is from pages 268–269 in the appendix of *The State of Preschool 2017* (Friedman-Krauss, Barnett, Weisenfeld, Kasmin, DiCrecchio, & Horowitz, 2018) at http://nieer.org/state-preschool-yearbooks/yearbook2017.

9. Encourage Family Child Care Associations and Peer Support

FCC providers may feel isolated and lack peer support. Your state, territory, or tribe can support and promote provider-led associations that can help address these issues.

Associations are volunteer, membership-based groups of FCC providers that provide support and education, and promote communication, advocacy, and access to resources. Family child care associations can also function as staffed family child care networks if they have paid staff.[69]

The National Association for Family Child Care (NAFCC) Federal Agenda notes that "state and local family child care associations are also providing crucial services and opportunities to the family child care community. NAFCC affiliates offer peer networking among family child care providers, facilitate training, and play leadership roles as stakeholders in state policy development and connecting policy to practice."[70]

NAFCC offers information on family child care associations and provides support and resources to state and local family child care associations.

Associations can offer mentoring and peer learning specifically geared to FCC providers. For example, they can help providers address challenges related to caring for mixed-age groups. They can go in-depth on topics like arranging the environment to meet the needs of infants, toddlers, preschoolers, and school-age children; protecting infants during active play; and meeting an infant's physical needs while supervising the whole group. They can also provide training and technical assistance that support activities and curricula for mixed ages, including for school-age children.

- The **Florida** Family Child Care Home Association has received funding from the state Department of Children and Families since 1994. The first contract funded a statewide conference. In FY 2017, a 3-year contract supported even more robust professional development, including the facilitation of 16 trainings across 5 counties, a statewide professional development conference, and dissemination of professional development resources. The investment also supported 345 full or partial scholarships, including support for credentials, NAFCC accreditation, training, and conference registration.

  Florida has the highest number of state association members among all state family child care associations. In addition, it is the only one of NAFCC's affiliates with a paid executive director who can represent the field in state decision making and host opportunities for providers to connect and engage.

- The **Maryland** State Family Child Care Association (MSFCCA) is a nonprofit professional membership association that has been in existence for almost 35 years. Its volunteers work on behalf of thousands of registered providers who offer child care in their homes to advance the profession and ensure that registered family child care remains a visible and respected part of the early childhood community in Maryland.

  MSFCCA has built and maintained partnerships with child advocacy groups, state agencies, and legislators, giving members a voice in all facets of issues relating to family child care, including regulatory review and changes. Members can belong to local, county, and statewide associations that offer provider training, conferences, and opportunities to network with experienced child care providers. Committees include the Public Policy Committee, the Education Committee, and the Public Relations Committee. These committees work on Provider Appreciation Day activities, information packets for new directors, a quarterly newsletter, a website, ways to increase public awareness, recruiting volunteers, and National Association for the Education of Young Children's Week of the Young Child activities.

[69] Bromer & Porter (2019).
[70] National Association for Family Child Care (2017).

> "As trusted messengers with experience in the field, peers can provide crucial support to others. State family child care associations can bridge relationships between providers and state and local agencies, including licensing, subsidy, and the Child and Adult Care Food Program. State family child care associations can also connect providers to a quality improvement process and may host professional development conferences, regional mini conferences, and local opportunities for peer support. With additional capacity, state associations could reach more diverse populations of providers in multiple languages and be a culturally relevant support system. State family child care associations can also play a role in on-boarding license-exempt providers into the licensed system."
>
> Mary Beth Testa, NAFCC policy consultant (personal communication, June 24, 2018)

10. Expand Professional Development Opportunities

Training that is designed to meet family child care providers' specific needs is more likely to succeed. For example, these providers usually care for mixed-age groups requiring specialized training that addresses child development from birth to school-age, or additional training on business management and marketing. In addition, training for FCC providers may need to be offered on a special schedule since they are often unable to attend training during the day while providing care to children.[71]

Review your state, territory, or tribe's professional development opportunities to make sure they meet providers' needs and are easy for them to access. Family child care providers need professional development opportunities in their home languages at locations and times that are convenient.

- The **California** Child Care Initiative Project (CCIP), a public-private partnership, builds and improves the supply and quality of licensed child care by recruiting, training, and retaining family child care providers through CCR&R networks that are funded throughout the state. Located at each CCR&R agency, CCIP also provides support for existing family child care providers interested in increasing their capacity from a small FCC home to a large FCC home, offering infant and toddler care, changing their hours of service, or reopening after a period of inactivity. Across the state, training is delivered in locations geographically convenient to providers, at times responsive to their hours of operation, and in languages reflective of the provider community. Provider training is also documented and tracked.
- **Muscogee Creek Nation** CCDF program provides training to all providers and coordinates closely with the state CCDF Lead Agency on provision of trainings to state-licensed FCC providers.
- **Oklahoma** developed a 24-hour Family Child Care Home Leadership Academy designed to improve the quality of business practices through program management, legal knowledge, program planning, policies and procedures, and staff development. An annual statewide Hispanic Child Care Conference is offered in Spanish during which potential providers can start obtaining their required training hours and have the chance to network with other professionals. Professional development classes to meet Child Development Associate requirements are available to Spanish-speaking providers. The CCR&R website is bilingual, so providers and parents who prefer to read in Spanish can access child development information and links to relevant information.
- Several states have started expanding their home-visiting programs using the Parent-Child Plus model to serve FCC settings. This program helps providers support children's school readiness through a home-visiting approach that focuses on building FCC providers' professional and instructional capacity. The home visitors work one-on-one with FCC providers to support early literacy and family engagement for all the children in their care. Information on the home-visiting family child care model and states that have implemented the model can be found on the Parent-Child Plus website.

[71] Office of Child Care (n.d.).

11. Develop Shared Services Alliances

Shared services alliances are networks of small early care and education centers and FCC homes within a community. They share costs and some administrative and program services, such as recordkeeping, payroll, billing, fee collection, and purchasing.

Your state, territory, or tribe can consider using shared services alliances to support a strong, diverse FCC provider population. These alliances allow providers to reduce costs and improve efficiency for many of their basic business functions. They can free up providers' money, time, and attention to focus on providing high-quality child care services.[72]

Shared services models often also focus on professional development supports, including coaching, mentoring, and training. Shared services might be managed through a family child care network or other entity. Opportunities Exchange, a consulting group focused on furthering the development of shared service alliances in the ECE sector, provides resources and tools that you may find useful if you are interested in developing or enhancing an alliance.

- The **Connecticut** Office of Early Childhood is funding seven organizations that currently support family child care providers that are interested in expanding technical assistance and shared services alliances. Alliance activities must focus on and prioritize family child care providers and may be extended to other sectors of the early childhood field.
- In **Virginia**, Infant Toddler Family Day Care of Northern Virginia is a nonprofit educational organization of family child care providers that serves more than 290 children. Incorporated in 1983, the staffed family child care network offers an array of services, including CACFP management, billing and fee collection, substitutes, overnight and weekend care, and liability insurance. Each participating provider is assigned to a child care specialist who visits monthly and provides technical assistance and other supports, including informal child observations and training opportunities. Turnover is very low in the provider network, and it is currently serving 100 providers, 90 of whom speak a language other than English. Parents also have access to support groups and education opportunities.

12. Develop Accreditation Support Projects

Many states use accreditation as an important marker of quality. In some cases, accreditation is the standard that leads to higher payment rates for higher levels of quality. For example, states, territories, and tribes may use NAFCC accreditation as the highest QRIS rating, as an alternative QRIS pathway, or to count toward meeting certain standards.

"Accreditation is not just a mark of quality; it is a demonstration of commitment to continuous quality improvement in the areas of relationships, program environment, developmental learning activities, safety and health, and business practices."[73]

You can look at how your state, territory, or tribe supports FCC providers who are seeking accreditation. You can also make sure that when providers do achieve accreditation, this accomplishment is recognized and acknowledged in other quality initiatives.

The process and cost of accreditation can be a challenge, especially for FCC providers without the support of colleagues. Several states have projects that provide technical assistance, mentoring, and financial support for providers seeking accreditation. These projects can be set up in a way that gives providers a chance to meet with and support each other as they go through the accreditation process.

[72] Stoney (2009).
[73] Mary Beth Testa, personal communication, June 24, 2018.

- The **Indiana** Accreditation Project provides online resources, coaching, and financial resources to early care and education facilities that are enrolled in its QRIS, Paths to QUALITY. The top level of Paths to QUALITY includes achieving and maintaining national accreditation, including NAFCC accreditation. The project supports include a specialized coach and the opportunity to apply for scholarship funds for all steps of the national accreditation process, including ongoing maintenance costs. Programs and providers at the top level of the QRIS become mentors to their peers.
- Funded by the city of Madison, **Wisconsin**, Satellite Family Child Care, a family child care network, administers the City of Madison Accreditation program for Madison family child care providers. Because City of Madison Accreditation standards exceed state licensing requirements, the network provides consultation, support groups, equipment loans, and free continuing education to providers seeking or holding the accreditation. Services are offered in English and Spanish.

13. Support License-Exempt Providers

If your state, territory, or tribe makes payments to license-exempt family child care providers, it is important to find the right approaches to monitor and support them. It is essential to consider these providers' unique needs and the fact that they may not be familiar with the licensing and regulatory system. States are using varying approaches with success, including the following:

- Engaging community partners to share information with providers and link providers to one another.[74]
- Partnering with medical homes, early intervention services, and child care health consultants.
- Training license-exempt monitors to support providers' success in the regulatory system.

The National Women's Law Center's report entitled *Strategies for Supporting Family, Friend, and Neighbor Care Providers* offers several approaches to supporting license-exempt providers.[75]

Your state, territory, or tribe should consider the role of license-exempt FCC providers and possibilities for strengthening the quality of these providers. These providers may help meet families' child care needs and address the decline in providers.

Highlighted below are state initiatives aimed at strengthening and maintaining the quality of license-exempt family child care.

- The **Arizona** Kith and Kin Project, a staffed family child care network, provides training and support to family, friend, and neighbor (FFN) providers. An evaluation of the project found that it was successful in large part because it acknowledges the languages and cultures of Arizona's FFN providers. "The project's hiring strategies include an explicit and serious attempt to hire bilingual and bicultural specialists and staff that share the same cultural heritage as most participants. In addition, FFN caregivers were not expected to come to project offices; instead, outreach was built on natural connections, and going where FFN caregivers already congregate—schools, faith-based organizations, libraries, and community centers. Increasing accessibility by providing transportation and high-quality on-site child care during trainings also contributed to the success of the project."[76]
- In **California**, since 2016, a network of CCR&R agencies has coordinated weekly playgroups for family, friend, and neighbor caregivers. Using the *Kaleidoscope Play & Learn* curriculum, facilitator guidance and modeling, conversation with other participants, and hands-on experiences, caregivers discover ways they can promote children's early learning and healthy development at home. They can also build relationships with

[74] National Center on Early Childhood Quality Assurance (2015a).
[75] National Women's Law Center (2016).
[76] Shivers, Yang, & Farago (2016, p. 19).

other people in their community who can act as a network of support. The network is also designing a video-based health and safety training to meet the new CCDF requirements.

- **Michigan** piloted a program to support cohorts of 20 license-exempt, subsidized providers in eight designated Pathways to Potential counties with access to a specialized quality improvement consultant. There were three phases in the pilot: recruitment, training, and quality improvement plan implementation to assist providers in attaining one of the three levels for license-exempt providers. The most common goal in a quality improvement plan was to become a licensed home provider. Resources included training, coaching, group meetings, and a range of incentives. The most popular and the most important reported incentive for both recruitment and ongoing engagement events was the provision of a gas card to help cover the cost to get to events.
- **Nevada** has acknowledged the critical period when a license-exempt home begins participating in the subsidy system. CCR&R agencies call providers regularly to discuss progress and barriers. They provide technical assistance every 30 days for the first 90 days to support providers with the training requirements. Thereafter, they provide technical assistance every 6 months. License-exempt home providers are often family, friend, and neighbor caregivers. This makes license-exempt monitors well-positioned to reach both the provider and the family and presents an opportunity to use a relationship-based approach, be empathetic, and understand the needs of low-income families. Nevada's CCR&R agencies provide support for both providers and the families they serve, sharing referrals to utility assistance, food banks, and other resources as needed.
- The **South Carolina** CCR&R Network is a single statewide CCR&R system that carries out both state-level and community-based CCR&R services. It offers providers training and technical assistance on how to become licensed, while also providing specialized support to license-exempt child care programs. It coordinates a program called the Born Learning Resource Center, which is embedded within a low-income housing area and attracts family, friend, and neighbor caregivers. It offers special topic discussion groups, and frequently has licensed family child care providers come speak about the business of licensed family child care.

14. Identify and Support "Unlisted Paid" Providers

Many children are in home-based child care that is not licensed or required to meet health and safety standards. The National Survey of Early Care and Education (NSECE) defines this group as "**unlisted paid**" providers who "do not appear on state or national lists, but were found in households directly when the provider survey respondent reported regularly caring for children not their own at least five hours per week in a home-based setting. Individuals in this category receive payment for at least one child that they care for."[77]

- More than 2.3 million children ages birth through five are cared for in unlisted-paid home-based settings that are not licensed, regulated, or listed.[78]
- Nearly a million (919,000) providers are paid to regularly care for at least one child who is not their own. On average, they care for about four children in a week in either the provider's or child's home.[79]

States, territories, and tribes should consider strategies to identify and support unlisted paid providers to help them meet standards, improve the quality of care for children, and expand quality choices for their families. Including unlisted paid providers in the early education system's quality improvement initiatives, such as training and technical assistance, offers a pathway for them to become licensed.

States and jurisdictions use multiple strategies to encourage providers to enter in the system. Organizations recruit providers to participate in their programs through a range of activities, including word of mouth, mailings,

[77] National Survey of Early Care and Education Project Team (2016).
[78] National Survey of Early Care and Education Project Team (2016).
[79] National Survey of Early Care and Education Project Team (2016).

text messages, emails, social media, phone calls, newsletters, newspaper advertising, or flyers distributed at libraries, laundromats, and other community locations.[80]

Highlighted below are state initiatives that include and support unlisted paid providers in quality improvement initiatives.

- Child Care Aware® of **North Dakota** offers the Let's Explore mini consultation program for license-exempt homes and in-home providers. A child care consultant visits the program at least three times to "share tips, provide free materials and demonstrate ways to incorporate new ideas into [the] program." Providers have access to free online training and start-up grants if they wish to move toward licensing.[81]
- **New Mexico** developed an 18-hour course, called "Platicas" ("Conversations," in Spanish), that brings small groups of providers together to learn about ways to support the children's development and learning.[82]
- The **Illinois** Quality Counts Quality Rating System (QRS) includes standards and incentives for license-exempt FCC, which is defined as care provided by relatives, friends, or neighbors for a small number or family of children (typically three children or fewer). For these providers, there are three tiers of training to achieve for the Illinois Quality Counts QRS. Providers completing Training Tiers receive a QRS Training Tier certificate. Providers caring for children receiving subsidies from the Child Care Assistance Program receive a quality bonus of 10 percent, 15 percent, or 20 percent to the standard subsidy payment.[83]

New Research on Family Child Care

The Administration for Children and Families' (ACF), Office of Planning, Research & Evaluation (OPRE) is overseeing new research on FCC funded with the research set aside in the CCDBG Act of 2014. These new efforts are addressing gaps in our understanding of the factors related to the decreases in supply, providers' willingness to participate in QRISs and other quality improvement initiatives, and to barriers in their participation. This work is also identifying and testing dimensions of quality of care unique to family child care that are not currently represented in our measures of quality used in research, policy and practice.

- The National Survey of Early Care and Education of 2019 (NSECE: 2019) is conducting analyses comparing the supply of FCC providers in 2019 to the supply documented in the NSECE: 2012 which will illustrate differences in the characteristics of providers that leave the ECE field from those who stay in the field. These data will describe the reasons providers report for leaving the field. In addition, the NSECE: 2019 will provide a wealth of data on FCC providers serving families and children in 2019 and will repeat the analyses conducted with the NSECE: 2012 provider data. See the NSECE: 2012 report at https://www.acf.hhs.gov/sites/default/files/opre/characteristics_of_home_based_early_care_and_education_toopre_032416.pdf
- In FY2019, a new federal contract entitled *Home-Based Child Care Supply and Quality* will be launched with a focus on identifying key components or dimensions of quality in FCC and other home-based child settings. The study will articulate how these features may be linked to outcomes for children and families and the relationships between quality and the characteristics of providers and the communities where they provide care. New analyses will determine the extent to which existing ECE quality measures and QRIS indicators capture key features of quality in home-based child care and will result in the development of a new tool to assess the quality of FCC for research, policy, and practice.[84] Across multiple activities under the contract, the project will develop a research agenda and conduct primary data collection. These new data will assist ACF, state and local agencies, and other stakeholders in understanding the unique characteristics of home-based

[80] Early Learning Challenge Technical Assistance Program (2017).
[81] National Center on Early Childhood Quality Assurance (2015a).
[82] National Center on Early Childhood Quality Assurance (2015a).
[83] National Center on Early Childhood Quality Assurance (2015a).
[84] Blasberg, A., Bromer, J., Nugent, C., Porter, T., Shivers, E.M., Tonyan, H., Tout, K., & Weber, B. (2019

providers and the significance of the policy and practice contexts in which they operate. The data will help us better understand how to support providers in participating and progressing in quality improvement initiatives (e.g., QRIS, licensing, professional development), the subsidy program, and to prosper as a critical part of the ECE landscape.

- The research and evaluation grant program, *The CCDBG Implementation Grants,* started in FY2017, includes projects led by State Lead Agencies and their partners to answer key policy and practice questions in their states, territories, and tribes. **Oregon** is looking at factors that explain home-based providers' response to changes related to the CCDBG Act 2014 and Final Rule and at the effects of professional development related to implementation of the Act on the quality of home based child care. **Georgia** is looking at policy and practice questions related to care for infants and toddlers, including challenges to providing infant-toddler care; the effect of professional development models and supports in improving and sustaining quality of infant-toddler care; barriers teachers encounter in obtaining infant-toddler credentials and/or professional development, and barriers faced by families in accessing high quality infant-toddler care for their children. Other projects under this grant program are addressing policy and administrative barriers to participation of home-based providers in the subsidy system.

  Across these and other recently funded projects, ACF continues to support research and evaluation to increase our understanding of policies and practices that affect the supply and quality of home-based care for the children and families served.

Next Steps

Family child care is an important option for families. It is a core part of an ECE system that embraces offering choices to families. It is vital for stakeholders and leaders to pay close attention to the falling numbers of FCC providers, and to work on strategies to address the problem.

FCC providers have smaller overall group sizes, offering the potential for lower child-to-adult ratios. This increased attention means providers can tailor care to the needs of individual children and offer culturally responsive caregiving.

Here are some suggested action steps you can consider if your state, territory, or tribe has had a decrease in FCC providers or has families who are struggling to access care:

- **Data collection and analysis.** To fix the problem, you must understand the root causes of the decrease in the number of providers. One way to gather information is to hold focus groups and perform exit interviews directly with providers. It is important to recognize the diversity of providers in the data analysis and conduct analyses for different subgroups if possible to make sure that all FCC providers are equally supported (for example, examining differences by provider age, ethnicity, geographical location, language spoken, and whether the provider has accessed certain supports).
- **Self-assessment.** Feedback from focus groups of providers, CCR&R agencies, licensing agencies, and training organizations can help you assess the strengths and challenges of policies and resources. Existing self-assessment tools, such as *Supporting Access to High-Quality Family Child Care: A Policy Assessment and Planning Tool for States, Territories, and Tribes*, can also add insights.[85]
- **Action planning.** Involving FCC providers when you develop strategic plans can improve your awareness of providers' needs and preferred solutions and help you decide which approaches should be the top priority. This step will also help you identify and assess resources and determine which strategies are most realistic.

[85] National Center on Early Childhood Quality Assurance (2017f).

- **Technical assistance.** You can take advantage of technical assistance that can provide information and access to other state models. The National Center on Early Childhood Quality Assurance can offer guidance on the appropriate national technical assistance center to provide this support.

This brief explores a critical concern: the decreasing FCC provider population. Fully responding to this problem will require your state, territory, tribe, or community to work closely with FCC providers to explore the issue, understand its root causes, and develop FCC-driven strategies to successfully address the decline.

The Office of Child Care encourages you to share your challenges and strategies to help ensure an accessible, quality ECE system for all families. The National Center on Early Childhood Quality Assurance will collect examples, ideas, and comments on this paper at QualityAssuranceCenter@ecetta.info and use them in technical assistance efforts.

Appendix A. Examples of State Data

Arizona

Arizona used Mapping the Gap and geographic information system mapping technology to create a child care cost and subsidy map that shows the cost of child care by county, as well as the number of low-income families with access to child care subsidy through the Child Care and Development Fund. This map shows a decrease in availability of providers accepting CCDF from 2016 to 2017. Over the past year, approximately 389 home-based programs (including both FCC and FCC group homes) and 59 centers that were accepting CCDF subsidies have closed, leaving families with limited options for child care.[86]

California

California's Child Care Resource Center published *The Decline in the Number of Family Child Care Homes*, showing a 30 percent decline in FCC between 2008 and 2016. The following reasons are cited for the closings:[87]

- Declines in enrollment, especially due to the increased availability of prekindergarten programs
- Cuts to child care subsidies
- Higher costs of insurance
- No increase in pay with increase in education or experience
- No health insurance or other benefits

The California Child Care Resource Center also has a short summary of these data, *Declines in Small Businesses That Support Working Families*.[88]

Oklahoma

The number of licensed family child care homes in Oklahoma declined from 2,485 in 2012 to 1,837 in 2017, a decline of 648 homes or 26 percent. Oklahoma licensing specialists document when a reason is given for a family child care closure to better understand the root causes of the decline. Of the 185 homes that closed in 2017 and provided a reason, the most common reasons were as follows:

- Other (health or family responsibilities were cited): 81 homes (43 percent)
- Took another job outside of child care: 37 homes (20 percent)
- License revoked or denied: 22 homes (12 percent)
- No children in care: 21 homes (11 percent)
- Took another job in child care: 17 homes (9 percent)
- Retired: 9 homes (5 percent)[89]

[86] Child Care Aware of America (2018).
[87] California Child Care Resource Center (2017b).
[88] California Child Care Resource Center (2017a).
[89] Oklahoma Department of Human Services, Office of Child Care, personal communication, March 28, 2018.

Massachusetts

Members of the Massachusetts Association of Early Education and Care (MADCA) FCC affiliates surveyed FCC providers, FCC systems, and FCC support groups to learn more about the decline in the number of FCC providers in Massachusetts. A review of the results from 75 respondents showed that more than 60 percent indicated that they have considered leaving or are planning to leave the field of early care and education. Seventy-three percent of the respondents cited changes in state regulations or difficulty in meeting regulations as the number one reason for leaving the profession. This was followed by increased workload or paperwork (68 percent), burn-out or long hours (41 percent), and retirement (40 percent).

The following are quotes from respondents about why there is a decline in FCC:

- "All the regulations make it [home-based care] feel too much like a center."
- "Long hours, immense amount of paperwork, unrealistic regulations, [and] unannounced visits by different agencies."
- "[It is] difficult to balance work and family life, specifically keeping up with paperwork and other things required to stay in compliance with all child care regulations while still finding time for my family."

Respondents also cited low pay, inconsistent interpretation of the requirements, and lack of benefits as reasons for leaving. The full survey results are available at https://www.surveymonkey.com/results/SM-YN2VQHMDL/.

Minnesota

Minnesota saw an 18 percent net decrease of family child care programs between 2012 and 2016. Analysis of its data shows that, while programs are most likely to close during their first 4 years of licensure, many are licensed for more than 15 years. If these trends continue, the concern is there will not be enough new providers to replace those leaving the profession.

> Considerations for why family child care programs are in decline include: many providers are reaching retirement age or are seeking less demanding, more profitable and family-friendly positions (i.e., the ability to take flex-time or telecommute); general workforce shortage in the "caring" professions; and young families are slow to home ownership and, therefore, living in settings not as conducive to starting a family child care business, such as apartments, condos, and townhouses.[90]

Some providers cite frustration with increased requirements for training and paperwork, inconsistencies among counties, and other regulations.[91] Following provider meetings held across the state, new inspection protocols have been implemented and technical assistance is being provided.

A Legislative Task Force on Access to Affordable Child Care in 2016–2017 reported that Minnesota lost more than 3,000 FCC providers, or nearly 30 percent, between 2005 and 2014. It also reported an estimated loss of 36,500 child care spaces.[92]

An article in the Fedgazette from July 18, 2018, by Ashwini Sankar entitled *Child Care Availability Raises Concerns: Movement Is Away from Home-Based Programs and Toward Child Care Centers* explores the decrease in FCC in Minnesota, Wisconsin, and North Dakota and the impact on affordability for parents.

[90] Minnesota Department of Human Services (2016, p. 5).
[91] Center for Rural Policy and Development (2016).
[92] Legislative Task Force on Access to Affordable Child Care (2017).

Wisconsin

A 2017 brief entitled *Steep Decline in Regulated Family Child Care* by the Wisconsin Council on Children and Families reported a drop in Wisconsin regulated family child care programs in the last 10 years. There were 6,801 programs in 2007 and 2,807 programs in 2016—a 59 percent decline. The number of licensed family child care providers that can serve up to 8 children dropped by 42 percent, and the number of certified family child care providers serving no more than 3 unrelated children dropped by 75 percent. An earlier brief, *Attracting, Supporting and Retaining a Qualified Workforce*, identifies low compensation and inadequate support for professional development as two major causes of turnover and suggests strategies to attract and retain early childhood teachers.[93]

[93] Gernetzke, Wolfe, Edie, & Paulson (2010).

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