



## High-Quality Family Child Care as a Supply-Building Strategy for Infants and Toddlers

The reauthorization of the Child Care and Development Block Grant Act of 2014 and the publication of the Child Care and Development Fund (CCDF) Final Rule provide both incentive and opportunity for States and Territories to use high-quality family child care (FCC) as a supply-building strategy for infants and toddlers. The CCDF Final Rule sets forth key changes for improving infant and toddler child care services, including a new 3 percent quality set-aside (45 C.F.R. § 98.50(b)(2), 2016), as well as priority for improving quality and increasing supply (45 C.F.R. § 98.53(a)(4), 2016).

### Why Focus on Family Child Care?

Through recent research, we learned that approximately half of children younger than 5 years old who received nonparental child care in 2011 were cared for in a home-based child care environment (Laughlin, 2013; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015).<sup>1</sup> Approximately 25 percent of infants and toddlers receiving CCDF subsidies are cared for by FCC providers. For nearly a decade, there has been a steady national decrease in regulated or licensed FCC providers (Office of Child Care, 2016). Between 2008 and 2011, the number of regulated or licensed FCC providers decreased by 13 percent (Office of Child Care, 2016; Office of Child Care's National Center on Child Care Quality Improvement, 2013; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015), followed by a decline of 15 percent between 2011 and 2014 (Office of Child Care's National Center on Child Care Quality Improvement, 2015).

When FCC is of high quality, it has tremendous value as a setting for providing individualized care to infants and toddlers. Responsive and individualized care is necessary to support infants' and toddlers' unique developmental stages, learning styles, temperament, interests, and development of a first sense of self (Child Care State Capacity Building Center, 2016c; Lally & Mangione, 2006; Lieberman, 1995; Raikes & Edwards, 2009). Although FCC provider training and adult-child ratios vary across the country, FCC embodies, by its very nature, the qualities that are essential for supporting infant and toddler development—reliable one-on-one relationships and nurturing and responsive care, delivered in a family setting (Office of Child Care, 2016).

Continuity of care, a feature available in the FCC setting, provides a stable and consistent relational context for development (Child Care State Capacity Building Center, 2017a). Having the same caregiver over time provides an opportunity for a responsive relationship between the infant or toddler and the adult caregiver to develop (Child Care State Capacity Building Center, 2017a; Ruprecht, Elicker, & Choi, 2016). Consistent and reliable caregiving supports early neurological development (Center on the Developing Child, 2012; Child Care State Capacity Building Center, 2016a).

Families who choose FCC as a child care option are often making this decision for the FCC programs' affordability, opportunity for flexible scheduling and having siblings together, and possibility of sharing language and culture with the provider (Office of Child Care, 2016). Primary caregiving in FCC offers a unique opportunity for the provider, infants and toddlers, and their families to build relationships that are rooted in shared beliefs,

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<sup>1</sup> This approximation combines care from relatives and nonrelatives and occurred in either the child's or provider's home in the spring of 2011.



rituals, and routines that reflect the home culture (Child Care State Capacity Building Center, 2016b; Gilford, Lally, Butterfield, Mangione, & Signer, 1993).

## What Strategies Are Effective in Providing Support for High-Quality FCC Providers Who Serve Infants and Toddlers?

Despite the many benefits of FCC for infants and toddlers, some FCC settings have been found to be of lower quality, many of those serve low-income families and families who receive subsidies (Forry, Daneri, Howarth, 2013; Raikes et al., 2013; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015). Quality caregiving in FCC settings can be decreased by provider isolation and challenges with accessing resources and information (Porter et al., 2010; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015), as well as the complexity of serving mixed ages (Kryzer, Kovan, Phillips, Domagall, & Gunnar, 2007; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015). In a summary of recent research, Ramsburg, Bromer, Saterfield, McMannis, and Hallam (2015) identified different FCC quality predictors, including the receipt of support in personal, professional, and social aspects; regulatory or licensing status; receipt of training; and motivation and intentionality. Offering higher-subsidy reimbursement rates to FCC providers of high-quality infant and toddler care and contracting infant and toddler slots in FCC homes complement the quality support strategies identified in this article

Currently, staffed FCC networks, child care resource and referral services, state and territory infant and toddler networks, and early childhood agencies (through Early Head Start–Child Care Partnerships) are implementing the following research-based strategies:

- ◆ Providing support services, such as direct provider education and training, visits to providers' homes that emphasize supporting providers' engagement with children and parents, telephone helplines, provider feedback opportunities, formal quality assessments, and social and peer supports (Bromer & Korfmacher, 2012; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015).
- ◆ Offering training for FCC providers that includes content oversight, dosage intensity, and consistency of support; a relationship-based engagement approach; reflective practice; goal setting; and integrating motivation and incentives for providers to attain those goals (Bromer & Korfmacher, 2012; Ramsburg, Bromer, Saterfield, McMannis, & Hallam, 2015).
- ◆ Implementing subsidy policies and practices that drive FCC expansion and quality for infants and toddlers, due to the recognized higher cost of providing such care.



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