Supporting Access to High-Quality Family Child Care

A Policy Assessment and Planning Tool for States, Territories, and Tribes

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Acknowledgments

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Contents

Introduction

Family child care (FCC), or child care offered in a provider's home, is used by many families.[1] It is often preferred by parents with nonstandard work hours, parents of infants and toddlers, and those living in rural communities. It is also often preferred by families who have emigrated from other countries and those who do not speak English as their primary language (Office of Child Care, n.d.).

High-quality FCC offers many benefits, such as individualized and responsive care in small group settings and a warm, nurturing, and familiar environment for children. In fact, high-quality family child care has been linked to improvements in children's cognitive, social-emotional, and physical development (Office of Child Care, n.d.).

FCC plays a big role in meeting families' early care and education needs, and it is important for states, territories, and tribes to promote access to high-quality FCC options. This document is designed to support you as you assess your state's efforts in this area.[2]

Research shows that high-quality FCC programs tend to share some key traits: they are licensed, they have access to professional support, training, and financial resources, and they have experienced providers (Raikes et al., 2013). Your state's efforts to promote access to high-quality FCC may involve policy solutions that encourage these aspects of quality.

In addition, your state may consider whether improving access requires boosting the supply of FCC in high-need communities, known as "child care deserts." Child Care Aware of America (2016) has defined child care deserts as areas or communities with limited or no access to high-quality child care. Unfortunately, child care access challenges may be getting worse. According to data from Child Care Aware, there was a 13 percent decline in FCC programs nationally between 2008 and 2011, and an 11 percent decline from 2014 to 2015. The reasons for this decline are not fully understood (Office of Child Care, n.d.).

Briefs and Tools about Supports and Systems for Improving the Quality of Family Child Care

https://childcareta.acf.hhs.gov/resource/resources-about-family-child-care-quality

- Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care

- Developing a Staffed Family Child Care Network: A Technical Assistance Manual

- Estimating the Cost of Staffed Family Child Care Networks

- Engaging Family Child Care Providers in Quality Improvement Systems

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Finally, it is important to make sure that efforts to improve access include all types of families. Your state can examine whether FCC policies meet the needs of a range of populations, including English-language learners, low-income families, infants and toddlers, and children with special needs. To approach this question effectively, you must understand the needs of these populations and consider outreach strategies and policies that are right for them. For example, to best reach all young children, evaluate your state's practices to ensure that they support FCC providers with various cultural backgrounds and those who speak languages other than English.

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[1] In this document, the term "family child care" refers to all care offered in a provider's home. The term can also be used to refer specifically to licensed home-based care. "License-exempt" refers to unlicensed care arrangements and is used in this document to distinguish differences between licensed and unlicensed home-based care.
[2] States, territories, and tribes are referred to as "states" for the remainder of this document.

Federal Policy Context

Family child care has been an increasing priority at the federal level, and the Office of Child Care has stressed the importance of high-quality FCC in meeting families' child care needs (Office of Child Care, n.d.). In this section, we will explore two federal policy developments that have led to new requirements and opportunities to support the supply and quality of FCC: the 2014 reauthorization of the Child Care and Development Fund (CCDF) and the Early Head Start–Child Care Partnership Initiative.

CCDF Reauthorization

In 2014, Congress reauthorized the CCDF through the Child Care and Development Block Grant Act of 2014. The new law included a greater emphasis on ensuring health and safety, improving program quality, and building supply in underserved areas. The changes have several implications for FCC providers.

One important change is that the law expanded states' role in monitoring FCC. It required states to conduct annual inspections for health, safety, and fire standards for all licensed programs and for license-exempt providers that accept CCDF subsidies. The law also required criminal background checks for all FCC providers and staff, with an exception only for relative caregivers.

Other provisions of the law build states' capacity to improve the quality and supply of FCC providers. For example, states must develop strategies for increasing the quality and supply of services for four groups of children who may benefit the most from FCC settings:

♦ Children in underserved areas

♦ Infants and toddlers

♦ Children with disabilities

♦ Children in nontraditional-hour care

Finally, the law requires states to set aside 3 percent of their CCDF funds for initiatives that support the quality and supply of child care for infants and toddlers.[3]

Early Head Start–Child Care Partnerships

The Early Head Start–Child Care Partnerships program, funded since 2014, provides resources to support partnerships that improve the quality of child care and make comprehensive services and supports available to low-income families.

Through this funding model, many FCC programs now have access to resources from Early Head Start, including new materials, curriculum, professional development and coaching, and health and development screening. As of January 2017, approximately 1,000 FCC providers nationwide were serving thousands of infants and toddlers through Early Head Start–Child Care Partnerships (National Center on Early Head Start–Child Care Partnerships, n.d.).

Partnership sites may serve as learning laboratories where FCC providers can learn new information that will help them provide higher-quality child development services. For example, to support this strategy, some states are changing their subsidy policies to make it easier for families receiving CCDF funds to participate in Early Head Start–Child Care Partnership programs (Office of Child Care, 2016).

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[3] For more information on CCDF reauthorization, see: http://www.acf.hhs.gov/occ/ccdf-reauthorization.

Policy Assessment Tool

This tool includes the following sections:

I. Assessing Current Systems and Data to Inform Policy Change

Section I will help you explore whether your state has the infrastructure needed to pursue FCC quality and supply strategies. This section will also help you determine whether you have the data needed to fully understand your state's FCC framework.

II. Policy Strategies to Support Access to High-Quality Family Child Care

Section II will enable you to examine policies that various state systems can use to promote high-quality family child care. It allows you to track policies in four major systems: licensing and monitoring, quality rating and improvement systems, professional development systems, and the child care subsidy system.

III. Initiatives to Support Supply and Quality of Family Child Care

Section III provides a place for you to take a look at existing efforts to support FCC in your state. For example, you can examine existing FCC networks, hubs, home visiting programs, and partnerships with early learning programs.

IV. Outreach to the Full Range of Providers

Section IV will help you assess whether your state has the outreach strategies needed to support a diverse group of FCC providers.

V. Action Planning Tool

Finally, section V—the Action Planning Tool—is where you will identify priorities, goals, and next steps, based on your findings from earlier portions of the tool.

How to Use This Tool

This tool is intended to help you better understand your state's strengths, challenges, and opportunities. It can also help you prioritize next steps for policy and systems change. This tool will be most useful to you if you are a CCDF Administrator or one of the following state partners:

♦ Child care quality improvement leader

♦ Early Head Start–Child Care Partnership stakeholder

♦ Subsidy specialist

♦ Child care licensing specialist

♦ Professional development system partner

♦ Quality rating and improvement system stakeholder

♦ Child care resource and referral agency representative

♦ Family child care provider association or network representative

We recommend that your state's CCDF Administrator or his or her designee lead the process of completing the policy assessment. As part of this process, this person should convene other partners to gather feedback, share results, and prioritize next steps.

I. Assessing Current Systems and Data to Inform Policy Change

Before exploring specific policies that promote family child care, we can start by assessing whether your state has the basic systems in place to support access to high-quality FCC. We'll also look at whether your state has the data needed to inform policy decisions.

Assessing Current FCC Systems

This step looks broadly at your state's early childhood systems. This exercise will help you assess your state's capacity to support access to high-quality FCC to meet families' needs. In the following table, indicate whether each policy benchmark or indicator is fully met, requires implementation, or is not met and needs further exploration. Use the Comments column to note progress or source information.

Table 1. Assessing Current FCC Systems

Policy Benchmark or Indicator	Measure	Comments
1. FCC is incorporated in state-level plans to promote high-quality child care and build strong early childhood education (ECE) systems. Considerations: ♦ Do your strategic plans include FCC? ♦ Is FCC included in the ongoing work of ECE advisory councils? ♦ Is FCC a priority for your state agency partners?	☐ Benchmark is fully met ☐ Benchmark requires implementation ☐ Benchmark is not met	
2. Data are available to inform policy decisions. Considerations: ♦ Does your state have data on the demand, supply, and quality of FCC? ♦ Are the data available for use by the Lead Agency? (See table 2, Data Collection on Family Child Care.)	☐ Benchmark is fully met ☐ Benchmark requires implementation ☐ Benchmark is not met	

Policy Benchmark or Indicator	Measure	Comments
3. The Lead Agency has a process for seeking input from a range of FCC providers on policy and programmatic changes. Considerations: ♦ Do you make it easy for providers to participate? For example, it is difficult for FCC providers to meet during standard business hours. ♦ Do you have a plan to incorporate a range of diverse providers?	☐ Benchmark is fully met ☐ Benchmark requires implementation ☐ Benchmark is not met	
4. Resources are available to meet the state's goals for increasing the supply and improving the quality of FCC. Considerations: ♦ Do you have adequate funding to meet your objectives? ♦ Do the people working at your agency reflect your state's demographics? ♦ Do your staff members have the knowledge and skills needed to address FCC provider needs?	☐ Benchmark is fully met ☐ Benchmark requires implementation ☐ Benchmark is not met	

Policy Benchmark or Indicator	Measure	Comments
5. Methods for improving FCC are based on research and evidence, and are evaluated regularly. Considerations: ♦ Do you regularly gather input from families as well as providers? ♦ Do you have a strategy for regularly reviewing methods, policies, communication, and implementation plans? ♦ Are your partner agencies involved in the planning, implementation, and review processes? ♦ Are there people who can help you with research or analysis during the planning, implementation and review phases?	☐ Benchmark is fully met ☐ Benchmark requires implementation ☐ Benchmark is not met	

Assessing Data Collection on Family Child Care

Since the FCC landscape is different in every state, it is important to have data on your state's specific situation. Good data can help you develop policies that are appropriate for your state.

Use the following table to determine whether your state has all the data needed for FCC policy work. Key sources for the data listed in the table include licensing, subsidy, and quality rating and improvement system (QRIS) databases, as well as recent family and workforce surveys. Indicate if each type of data is available or not available for licensed FCC and license-exempt FCC. If available, indicate the source. In the last column, you can make notes about areas where your state may need to collect more or better data.

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Table 2. Data Collection on Family Child Care

Data	Licensed FCC	License-Exempt FCC	Comments
1. The number of FCC providers currently operating in the state	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
2. Demographic data on FCC providers: a. Language preference ☐ Yes ☐ No b. Age of provider ☐ Yes ☐ No c. Level of education ☐ Yes ☐ No d. Number of years' experience ☐ Yes ☐ No e. Race ☐ Yes ☐ No f. Ethnicity ☐ Yes ☐ No g. Relationship to child ☐ Yes ☐ No h. Other demographic data ☐ Yes ☐ No	☐ Available ☐ Some but not all data is available ☐ No data is available Source(s):	☐ Available ☐ Some but not all data is available ☐ No data is available Source(s):	

Data	Licensed FCC	License-Exempt FCC	Comments
3. The number of FCC providers who speak languages other than English	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
4. Languages that are most commonly spoken or preferred by FCC providers	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
5. The number of FCC providers who are bilingual	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
6. The number of FCC providers who need materials and support in languages other than English	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
7. The total number of children cared for in FCC settings	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	

Data	Licensed FCC	License-Exempt FCC	Comments
8. The number of children cared for in center-based settings	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
9. The percentage of children receiving child care subsidies and cared for in FCC settings	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
10. Demographics on children served in FCC: a. Child's home language ☐ Yes ☐ No b. Child's age ☐ Yes ☐ No c. Child's race ☐ Yes ☐ No d. Child's ethnicity ☐ Yes ☐ No e. Child's relationship to provider ☐ Yes ☐ No f. Other demographic data on children in care ☐ Yes ☐ No	☐ Available ☐ Some but not all data is available ☐ No data is available Source(s):	☐ Available ☐ Some but not all data is available ☐ No data is available Source(s):	

Data	Licensed FCC	License-Exempt FCC	Comments
11. Data on family requests/preference for FCC (by county and/or zip code)	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
12. Distribution of FCC providers across geographic areas (by county and/or zip code)	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
13. Identification of child care deserts	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
14. Number of FCC providers participating in the state QRIS (if applicable)	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
15. Number of FCC providers eligible for QRIS participation	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	

Data	Licensed FCC	License-Exempt FCC	Comments
16. The supply of FCC providers by quality levels	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
17. Data comparing FCC QRIS participation rate to participation rate for center-based programs	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
18. Number of FCC providers affiliated with an FCC network or other quality support system	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
19. Number of FCC providers participating in an Early Head Start–Child Care Partnership	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
20. The average cost of tuition for FCC programs by age group (infants, toddlers, prekindergarten, and school age)	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	

Data	Licensed FCC	License-Exempt FCC	Comments
21. Difference between average tuition costs for FCC programs and center-based programs by age group	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
22. Information on professional development and technical assistance needs for FCC providers	☐ Available ☐ Not available Source:	☐ Available ☐ Not available Source:	
23. Other relevant data available	Data: Sources:	Data: Sources:	
24. Other relevant data needed	Data: Sources:	Data: Sources:	

II. Policy Strategies to Support Access to High-Quality Family Child Care

States have several ways to influence the quality and supply of FCC to better support children and families, notably through policies within four systems:

♦ Licensing and monitoring

♦ Quality rating and improvement systems and quality frameworks

♦ Professional development systems

♦ Child care subsidy

For each of these systems, this section provides a list of policy benchmarks and indicators that align with CCDF priorities and are recognized in the field as best practices. You can rank each item according to the following scale: fully implemented, partially implemented, not implemented, or not applicable.

If multiple partners are filling out the tool, the lead may assign different sections to some individuals or ask all participants to fill out the entire tool. When your group meets, you may need to examine variations in ranking and discuss why your perceptions differ. The comments section can be used to describe differences of opinion or policy nuances that are unique to your state.

By reviewing current policy choices and comparing them with the benchmarks, you can assess your state's strengths and challenges and make better decisions about new strategies to support FCC providers.

Licensing and Monitoring

State licensing and monitoring policies ensure that FCC providers meet basic health and safety requirements. Most states require that FCC programs serving a minimum number of nonrelative children (typically three or four children) become licensed (National Center on Early Childhood Quality Assurance, 2015). States conduct health and safety inspections of licensed programs and may have requirements for staff-child ratios, group size, and staff qualifications that are associated with higher-quality care.[4] For license-exempt programs, states often have other monitoring or registration systems that focus on basic health and safety measures.

State policies on licensing and monitoring FCC programs vary widely and are shifting to address requirements in the 2014 CCDF reauthorization.

The benchmarks in the following table indicate best-practice recommendations beyond federal requirements. Indicate whether each policy benchmark or indicator is fully implemented, partially implemented, not implemented, or not applicable. Use the Comments column to note strengths, challenges, progress, or source information.

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[4] For information on state-specific licensing regulations, see: https://childcareta.acf.hhs.gov/licensing.

Table 3. Licensing and Monitoring

Policy Benchmark or Indicator	Implementation Status	Comments
1. FCC providers serving a minimal number of children who are not their relatives are required to be licensed. (States typically require licensing for providers serving three or four children who are not relatives.)	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
2. License-exempt FCC providers are required to be listed with or otherwise monitored by a public agency.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
3. The state has a strategy to promote a pathway to licensing for unlicensed and license-exempt providers in underserved communities, including providers from varied language and cultural backgrounds.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
4. Licensing requirements for FCC providers meet *Caring for Our Children Basics* recommendations for group size, staff-child ratios, and staff qualifications.[a] (An alignment tool is available to help assess this indicator.[b])	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
5. The state agency is staffed appropriately so that licensing and monitoring staff have the following: ♦ Language skills that match the languages spoken by providers ♦ Manageable caseloads to effectively monitor all FCC providers[c] ♦ Professional development to understand and respond to the unique characteristics of FCC programs ♦ There are mechanisms in place to ensure consistency across inspectors	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
6. The state has ensured that the cost of becoming licensed or otherwise monitored is reasonable for typical FCC providers.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
7. The state provides financial support for FCC providers, as needed, to meet requirements, such as background checks, CPR certification, and safety upgrades.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
8. Licensing and monitoring information, regulations, applications, preparatory materials, orientation classes, and checklists are easy for providers to access. That is, the state has addressed common barriers to access, such as limited flexibility in working hours, transportation, limited Internet access, and multiple languages spoken by providers.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
9. The state conducts regular monitoring visits (scheduled and unscheduled) to all licensed FCC settings at least once a year.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
10. The state conducts periodic unscheduled monitoring visits to license-exempt FCC providers who accept CCDF subsidy and care for children who are not their relatives.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
11. Technical assistance is available to support FCC programs in complying with requirements for state licensing and monitoring systems. This assistance is available in languages other than English, as needed.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

[a] Administration for Children and Families, U.S. Department of Health and Human Services. (2015). *Caring for our children basics: Health and safety foundations for early care and education*. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/health/docs/caring-for-our-children-basics.pdf

[b] National Center on Early Childhood Quality Assurance. (2016). *Caring for our children basics health and safety standards alignment tool for child care centers and family child care homes*. Washington, DC: Office of Child Care and Office of Head Start. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/cfocb_alignment_tool.pdf

[c] For more information on appropriate caseload size, see Office of Child Care resources available online at https://childcareta.acf.hhs.gov/topics/caseloadsstaffing-patternsquality-assurance-monitoring and the following report:
Lapp Payne, A. (2011). *Strong licensing: The foundation for a quality early care and education system: Research-based preliminary principles and suggestions to strengthen requirements and enforcement for licensed child care*. Retrieved from http://www.naralicensing.drivehq.com/publications/Strong_CC_Licensing_2011.pdf

Quality Rating and Improvement Systems and Quality Frameworks

A quality rating and improvement system defines tiers of ECE program quality. It is intended to support ECE providers in improving quality, provide incentives for quality improvements, and share quality rating information with families. As of 2015, 41 states had implemented a QRIS statewide, and all other states and territories had local systems or were in the process of piloting or planning a QRIS (BUILD Initiative & Child Trends, 2015). While most states allow license-exempt providers to receive CCDF funding, many do not include license-exempt home based care in the rating part of their QRIS. This is because licensing requirements are frequently the foundation of QRIS standards.

States that have not fully adopted a QRIS may still have quality frameworks or other strategies in place to assess and promote child care quality. The following table includes recommended strategies for using a QRIS or quality framework to support FCC providers. Indicate whether each policy benchmark or indicator is fully implemented, partially implemented, not implemented, or not applicable. Use the Comments column to note strengths, challenges, progress, or source information.

Table 4. Quality Rating and Improvement Systems and Quality Frameworks

Policy Benchmark or Indicator	Implementation Status	Comments
1. The QRIS or quality framework includes research-based quality indicators that are appropriate for a range of FCC providers and realistic for FCC providers to achieve.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
2. The state has reviewed QRIS participation requirements to make sure they are realistic for FCC providers, given their time and staff constraints (for example, paperwork required; attendance at in-person trainings).	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
3. The state has a strategy in place to recruit FCC providers to participate in the QRIS. This strategy includes FCC providers with varied cultural and language backgrounds, and providers from areas with limited child care options.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
4. FCC providers can access financial incentives and technical assistance if they participate in the QRIS.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
5. The state QRIS or quality framework is aligned with national family child care accreditation.[a]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
6. The state uses funding to support research-based quality improvement initiatives for FCC providers participating in the QRIS, including coaching, mentoring, or staffed networks or hubs.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

[a] For more information, see https://www.nafcc.org/Accreditation.

Professional Development Systems

State professional development systems support ECE providers by helping them build their skills so they can provide quality care and education. In addition to improving the quality of care, these systems are intended to help providers advance their careers. They also help develop and stabilize the ECE field more broadly.

FCC providers typically have less professional training than other ECE professionals and may face significant time and cost barriers to pursuing professional development. Though not all FCC providers will seek degrees and credentials, many can still benefit from hands-on professional support. Research shows that a relationship-based mentoring and coaching model can be more effective than a traditional training model and may be well suited for FCC providers.[5]

In the following table, indicate whether each policy benchmark or indicator is fully implemented, partially implemented, not implemented, or not applicable. Use the Comments column to note strengths, challenges, progress, or source information.

Table 5. Professional Development Systems

Policy Benchmark or Indicator	Implementation Status	Comments
1. FCC providers are fully included in the state child care professional development system, which may include core knowledge and competencies, career pathways, and credentials that recognize and reward different levels of training and professional experience.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
2. State professional development offerings for FCC providers align with QRIS quality indicators.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
3. Regular professional development needs assessments are done to inform professional development offerings for FCC providers.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

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[5] See, for example, Bromer & Bibbs (2011).

Policy Benchmark or Indicator	Implementation Status	Comments
4. The state makes investments to support FCC providers in high-need areas, including: recruitment, outreach with a variety of culturally relevant approaches, and retention initiatives.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
5. The state operates a scholarship or professional bonus program—such as Teacher Education and Compensation Helps (T.E.A.C.H.)—for FCC providers seeking higher education.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
6. Training opportunities are accessible to FCC providers. The state is addressing FCC-specific barriers to access, such as limited flexibility in working hours, transportation, limited computer proficiency, and multiple languages spoken by providers.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
7. The state supports research-based professional development models tailored to the needs of FCC providers, such as coaching and mentoring, home visits, and Play and Learn models that offer programming for both providers and children.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
8. FCC providers are included in any child care workforce data set used to analyze the workforce across settings, roles, and sectors of the ECE profession. The data are tracked over time to help policy leaders understand the changing demographics of the FCC workforce.[a]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
9. Professional development on the following topics is widely available and accessible to FCC providers: ♦ Health and safety ♦ Child development ♦ Instructional practices to promote early literacy and math ♦ Using screening and assessment tools ♦ Behavior support and social-emotional development ♦ Parent engagement ♦ Nutrition and physical activity ♦ Business practices ♦ Making connections to community supports ♦ Supporting young children who are dual-language learners ♦ Supporting young children with special needs	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
10. FCC professionals have access to trained early childhood and school-age mental health consultants to address children's challenging behaviors and social-emotional development.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
11. FCC professionals have access to nurses or health consultants who can provide information and support improving health practices.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

[a] For more information, see Park, M., McHugh, M., Batalova, J., & Zong, J. (2015). *Immigrant and refugee workers in the early childhood field: Taking a closer look*. Retrieved from http://www.migrationpolicy.org/research/immigrant-and-refugee-workers-early-childhood-field-taking-closer-look

Consideration should also be given to professional development opportunities for those who are providing support, coaching, and mentoring to FCC providers. Since FCC settings are different from center-based programs, network staff or consultants may require training in how to work with family child care providers. They may also need training on topics especially relevant to FCC providers, such as infant/toddler care within mixed-age groups, family child care quality, business practices, home child care environments, relationship-based approaches, and cultural sensitivity and competence in working with providers with backgrounds that differ from their own (Bromer & Weaver, 2016; Bromer, Van Haitsma, Daley, & Modigliani, 2008).

Child Care Subsidy

Federal and state CCDF subsidies support the use of vouchers and contracts to help low-income families pay for child care. Families receiving this support can choose from child care centers and FCC providers in their community, as long as the providers meet basic health and safety requirements.

States make policy choices that shape the accessibility and level of support offered through subsidies, and these choices influence the supply of child care for low-income families. For example, there are a range of state policies on family and program eligibility, subsidy rates, and the use of contracts to support hard-to-find care.

A recent study from the Center on Law and Social Policy shows that access to subsidy varies among racial and ethnic groups, with Latino families less likely to receive subsidy than low-income families from other backgrounds. While there may be multiple reasons for this gap, state policymakers can review potential barriers to subsidy access and consider strategies to better serve families of varied backgrounds, including immigrant families and English-language learners.

The indicators in the following table reflect recommended subsidy policies to support FCC quality and access. Indicate whether each policy benchmark or indicator is fully implemented, partially implemented, not implemented, or not applicable. Use the Comments column to note strengths, challenges, progress, or source information.

Table 6. Child Care Subsidy Policy

Policy Benchmark or Indicator	Implementation Status	Comments
1. Child care subsidy rates reflect the market cost of FCC programs by paying 75 percent or more of the market rate, and a market rate survey is conducted at least every 2 years.[a]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
2. To promote access, the family income eligibility threshold for child care subsidies is at or above 200 percent of the federal poverty level.[b]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
3. Tiered reimbursement is provided as an incentive for FCC providers participating in the QRIS, those reaching hard-to-serve populations, or those offering nontraditional hour care.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
4. The state uses contracts to support FCC and Early Head Start–Child Care Partnership providers offering the most hard-to-find child care. This care includes infant/toddler care, nontraditional-hour care, care for children with disabilities or special needs, and care in rural areas or other child care deserts.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
5. FCC providers can easily access information about the subsidy program, and participate in the program. Easy access includes manageable paperwork for providers, ease of access and communication with the subsidy office, clear and easy-to-understand subsidy procedures and rules, availability of support outside working hours, and access in languages other than English.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
6. State subsidy policy promotes steady wages for FCC providers (who often rely on payments from just a few families) through policies that promote timely payment, simple subsidy recertification, and paying on the basis of enrollment rather than attendance.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
7. Subsidy policy provides the flexibility required for families to take full advantage of Early Head Start–Child Care Partnerships, such as longer CCDF eligibility, contracted slots for participating families, and allowing layering of funds.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
8. State agency staff are aware of and comply with federal guidance that immigration and citizenship status is not a condition of eligibility for federal child care subsidies.[c]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

[a] This recommendation comes from Shulman, K., & Blank, H. (2014). *Turning the corner: State child care assistance policies 2014*. Retrieved from http://www.nwlc.org/sites/default/files/pdfs/nwlc_2014statechildcareassistancereport-final.pdf

[b] This recommendation is included in National Center for Children in Poverty. (n.d.). *United States early childhood profile*, updated 2016. Retrieved from http://www.nccp.org/profiles/US_profile_16

[c] For more information, see Matthews, H. (2010). *Immigrant families and child care subsidies*. Retrieved from www.clasp.org/resources-and-publications/files/immigranteligibilitycc.pdf

III. Initiatives to Support Supply and Quality of Family Child Care

Your state may already have initiatives to support FCC supply and quality. For example, many states have FCC networks, hubs, home visiting programs, and partnerships with early learning programs. These initiatives may offer supports such as coaching, home visits, mentoring, training, financial support, materials and equipment, business support, and accreditation support. However, some of these initiatives are local and are not connected to a broader state strategy.

Use the following table to catalog existing efforts and to determine how they are linked to broader state systems. In the Provider Participation column, consider indicating which types of providers (licensed or license-exempt) are served.

Table 7. Initiatives to Support Supply and Quality of Family Child Care

Type of Initiative	Name of Initiative(s)	Supports Offered to Providers	Geographic Area Covered	Provider Participation	Funding Source	Is Initiative Connected to State Systems to Improve FCC Supply and Quality?
1. Staffed FCC network that provides a range of support to participating providers						
2. Unstaffed FCC peer support network or family child care provider association						
3. Shared-services model to share costs and deliver services in a more streamlined way to support FCC business operations[a]						
4. Early Head Start–Child Care Partnership initiatives supporting FCC programs						

Type of Initiative	Name of Initiative(s)	Supports Offered to Providers	Geographic Area Covered	Provider Participation	Funding Source	Is Initiative Connected to State Systems to Improve FCC Supply and Quality?
5. Partnerships between FCC providers and early education initiatives such as prekindergarten						
6. Other initiatives that provide support to FCC programs						

a For more information on shared-services models, see http://www.earlychildhoodfinance.org/shared-services.

IV. Outreach to the Full Range of Providers

It is critical to reach out to a full range of FCC providers, including license-exempt providers, providers serving diverse and high-need communities, and providers serving children with special needs or those learning English as a second language. Without outreach, efforts to boost FCC supply and quality may miss important segments of child care providers.

Use the following table to track whether your state has outreach policies and practices that support all FCC providers. Indicate whether each policy benchmark or indicator is fully implemented, partially implemented, not implemented, or not applicable. Use the Comments column to note strengths, challenges, progress, or source information.

Table 8. Outreach to the Full Range of Providers

Policy Benchmark or Indicator	Implementation Status	Comments
1. License-exempt providers, including those caring for relatives, can easily access quality supports and resources.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
2. The state has a plan in place to ensure that materials and supports related to regulation, subsidy, and quality initiatives are offered in languages other than English, as needed.[a, b]	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
3. FCC providers can access state systems online or during off-hours, since it is difficult for them to leave the home during typical business hours. These systems include licensing, regulation, subsidy, QRIS, and professional development.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
4. Quality supports and recruitment efforts are targeted to high-need communities.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

Policy Benchmark or Indicator	Implementation Status	Comments
5. FCC providers providing care to children with special needs have access to support and resources about referral. Providers are recognized as active participants in the child's treatment team, along with Individuals with Disabilities Education Act agencies, health care workers, and social workers.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
6. State leadership and outreach specialists reflect the demographics of the state or the area they represent.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	
7. The state partners with community organizations, including those serving recent immigrants, who can provide outreach to FCC providers from a trusted source.	☐ Fully implemented ☐ Partially implemented ☐ Not implemented ☐ Not applicable	

[a] For additional information and examples, see Firgens, E., & Matthews, H. (2012). *State child care policies for limited English proficient families*. Retrieved from http://www.clasp.org/resources-and-publications/files/CCDBG-LEP-Policies.pdf

[b] When making a determination about which languages a document should be translated into, consider the Department of Justice's four-factor analysis as a standard to determine an appropriate translation plan:

(1) The number or proportion of LEP [limited-English-proficient] persons eligible to be served or likely to be encountered by the program or grantee; (2) the frequency with which LEP individuals come in contact with the program; (3) the nature and importance of the program, activity, or service provided by the program to people's lives; and (4) the resources available to the grantee/recipient and costs.

Department of Justice Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons, 67 Fed. Reg. 41,455, http://www.gpo.gov/fdsys/pkg/FR-2002-06-18/pdf/02-15207.pdf

V. Action Planning Tool

After completing the other sections of this tool, you can review all the responses and use this section to determine key action steps to improve access to quality FCC programs.

The following table includes space for each section of this tool. Use the first column of the table to record your action steps. In the remaining columns, note next steps for accomplishing each action step, who will take the lead, the timeline for completion, and priority level. As you complete this table, be sure to consider whether specific action steps are needed to support special populations such as English-language learners, children with disabilities, infants and toddlers, and so forth.

It is not necessary to complete action steps for each category. Your responses should be based on data and the strengths and areas for improvement you identified in previous sections. A group discussion led by a facilitator may be helpful as you assess which of these action steps should be prioritized in the short, medium, and long term.

We encourage you to revisit this document to assess your state's progress at least once a year. These reviews should consider input from stakeholders (including parents and providers) on how successful the efforts have been.

Table 9. Action Planning Tool

Action Steps	Next Steps	Who Will Take the Lead?	When Will It Be Done?	Priority (high, medium, low)
I. Current systems and data				
Current FCC systems				
Data collection				

Action Steps	Next Steps	Who Will Take the Lead?	When Will It Be Done?	Priority (high, medium, low)
II. Policy strategies				
Licensing and monitoring				
QRISs and quality frameworks				
Professional development systems				
Child care subsidy				

Action Steps	Next Steps	Who Will Take the Lead?	When Will It Be Done?	Priority (high, medium, low)
III. Initiatives to support supply and quality of FCC				
IV. Outreach to providers				

Resources

As you develop strategies to improve FCC access and quality, you may wish to draw on recent research and resources from other states and communities. A few key resources are provided below.

♦ Child Care and Early Education Research Connections. (2016). *Quality improvement in home-based child care settings: Research resources to inform policy*. Retrieved from http://www.researchconnections.org/childcare/resources/30913/pdf

♦ Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Family child care fact sheet. Retrieved from https://www.acf.hhs.gov/sites/default/files/occ/occ_fcc_brief.pdf

♦ Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Early Childhood Training and Technical Assistance System [website]. Retrieved from https://www.acf.hhs.gov/occ/ta

♦ National Center on Early Childhood Quality Assurance. (2017). *Staffed family child care networks: A research-informed strategy for supporting high-quality family child care*. Retrieved from https://childcareta.acf.hhs.gov/resource/staffed-family-child-care-networks-research-informed-strategy-supporting-high-quality

♦ National Center on Early Childhood Quality Assurance. (2017). *Developing a staffed family child care network: A technical assistance manual*. Retrieved from https://childcareta.acf.hhs.gov/resource/developing-staffed-family-child-care-network-technical-assistance-manual

♦ National Center on Early Childhood Quality Assurance. (2017). *Staffed family child care network cost estimation tool.* Retrieved from https://childcareta.acf.hhs.gov/resource/staffed-family-child-care-network-cost-estimation-tool.

♦ Tout, K. (2016). *A national portrait of family child care providers*. Presented at the 2016 State and Territory Administrator's Meeting. Retrieved from http://www.occ-cmc.org/stam2016/SessionMaterials/STAM_2016_FCC_PPT_SIAC.pdf

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Bromer, J., & Weaver, C. (2016). Supporting family child care and quality improvement: Findings from an exploratory survey of Illinois child care resource and referral agency staff. *International Journal of Child Care and Education Policy, 10*(4). Retrieved from https://ijccep.springeropen.com/articles/10.1186/s40723-016-0020-8

Bromer, J., Van Haitsma, M., Daley, K., & Modigliani, K. (2008). *Staffed support networks and quality in family child care: Findings from the Family Child Care Network Impact Study, executive summary*. Retrieved from http://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf

BUILD Initiative & Child Trends. (2015). QRISCompendium.org master data file (2015) [Excel file]. Retrieved from http://qriscompendium.org/resources

Child Care Aware of America. (2016). *Child care deserts: Developing solutions to child care supply and demand*. Retrieved from http://usa.childcareaware.org/wp-content/uploads/2016/09/Child-Care-Deserts-report-FINAL2.pdf

National Center on Early Childhood Quality Assurance. (2015). *Threshold of licensed family child care in 2014.* Washington, DC: Office of Child Care and Office of Head Start. Retrieved from https://childcareta.acf.hhs.gov/sites/default/files/public/threshold_fcch_2014.pdf

National Center on Early Head Start–Child Care Partnerships. (n.d.). Early Head Start–Child Care Partnerships: Growing the supply of early learning opportunities for more infants and toddlers. Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehs-ccp/docs/ehs-ccp-brochure.pdf

Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (2016). State lead agency policies supportive of Early Head Start-Child Care Partnerships [Web page]. Retrieved from https://www.acf.hhs.gov/occ/resource/state-lead-agency-policies-supportive-of-early-head-start-child-care-partnerships

Office of Child Care, Administration for Children and Families, U.S. Department of Health and Human Services. (n.d.). Family child care fact sheet. Retrieved from https://www.acf.hhs.gov/sites/default/files/occ/occ_fcc_brief.pdf

Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., & Messner, L. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy participation. *Early Childhood Research Quarterly, 28*(4), 879–892.