**Strengthening Family Child Care Is Important to the Success of Children and Families and to the Implementation of the New Child Care Law**

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Every day, parents across the country rely on family child care (FCC) so that they can go to work or school. Parents choose these home-based child care settings for different reasons; the provider might be in their neighborhood, speak their language, or offer flexible hours that accommodate the parents’ work schedule. FCC providers also have different motivations to open their homes to children and families. Some providers start just to help out a parent they know, whereas others launch their child care business because they are professional early educators and want to work out of their homes.

No matter the reasons, all children in home-based settings need and deserve nurturing, enriching, early learning experiences that help them develop and thrive. New research shows just how many children are cared for in homes around the country and how important it is that Federal, State, and local leaders pay attention to family child care. The Administration for Children and Families’ (ACF) Office of Planning, Research and Evaluation recently released a new report, [*Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*](http://www.acf.hhs.gov/programs/opre/resource/characteristics-home-based-early-care-education-findings-national-survey-early-care-and-education), that is based on an analysis of the ACF-funded National Survey of Early Care and Education. Some of the key findings are noted below.

* The vast majority of providers who care for others’ children in a home are “unlisted,” meaning that they are not licensed, regulated, or registered with a State or local government. There were more than 3.6 million such providers in 2012 caring for about 6.3 million children. Almost 1 million of those providers accepted pay for their work.
* By comparison, just 118,000 FCC providers are “listed,” which means that they are licensed, regulated, or registered with a State or local government. They care for 750,000 children from birth to age 5 on a regular basis, and most of them are paid for their work.

A key purpose of the new child care law, Child Care and Development Block Grant (CCDBG) Act of 2014, is to ensure that a larger number and percentage of low-income children have access to high-quality child care. New health, safety, quality, and monitoring requirements included in the CCDBG Act will apply to any providers serving children in low-income families who receive child care assistance through the Child Care and Development Fund (CCDF) program. In some States, these requirements will be a big change because the current practice exempts many providers in homes from licensure, monitoring, or training and education requirements.

The Office of Child Care (OCC) has identified strengthening family child care as an important aspect of implementing the CCDBG Act of 2014. Some reasons are provided below.

* About 24 percent of low-income children whose care is paid for through the CCDF program are in 222,100 FCC homes (small or large homes) across the country, but the number has been declining steadily in recent years.
* Many States rely on family child care to serve low-income children, ranging from more than 60 percent in some States to less than 10 percent in eight States and the District of Columbia.
* Family child care can and should be a high-quality option for families who rely on child care assistance.
* The lack of supply in quality child care makes it impossible for low-income parents to exercise full parental choice even if they have assistance to pay for child care.

We can meet this challenge, but to do so, we have to listen to FCC providers and learn from promising approaches. When I meet with FCC providers across the country, their commitment to the children and parents is clear, and they want to be recognized for their role in helping young children learn and develop to their full potential. One provider who was part of an FCC association in Virginia told me, “Don’t forget about us.” Another provider in Kansas shared how much it meant to be a part of a cohort of FCC providers. That provider; her mother, who is her teaching assistant; and that larger cohort of providers are earning their Child Development Associate certifications together. An FCC provider in Connecticut who had just joined into an Early Head Start – Child Care Partnership (EHS-CCP) shared how much it meant to have a health consultant to call for advice on handling a sick child in care that very day.

What do all these providers have in common? They are part of a promising approach that includes staffed FCC networks that shore them up. Those networks cut down on their isolation in caring for children in their homes; give them a “warm line” to call when they need advice; and offer training, education, and specialized coaching. [Research](http://www.erikson.edu/wp-content/uploads/fccnetwork_execsummary1.pdf) has shown that staffed networks result in higher quality care. A staffed network can offer a core support hub, which can offer assistance in becoming licensed and support in improving the quality of care and the setting in which care is provided.

**Promising Models To Support and Expand High-Quality Family Child Care**

[All Our Kin](http://www.allourkin.org/), in New Haven, Connecticut, is a staffed FCC network that started in 1996. All Our Kin helps child care home providers become licensed so that they can run a better business and raise quality. Some providers, like the one I met, also offer services that meet Early Head Start (EHS) standards.

In a [2015 study of All Our Kin’s project impact](http://allourkin.org/sites/default/files/UserFriendly1-rev7%20%281%29.pdf), the difference between providers participating in All Our Kin and those that did not was stark. Not only was the quality of care significantly improved, but half the providers intended to stay in the field “as long as possible,” as compared with 7 percent of a comparison group not part of the project. Participating providers are also more stable. Although FCC homes throughout Connecticut declined by 34 percent over a 10-year period, in New Haven (through the All Our Kin project), licensed FCC homes increased by 74 percent.

EHS-CCPs between Federal EHS grantees and FCC programs are also promoting high-quality child care and access to comprehensive services in licensed home settings. Across the country, 275 grantees will serve as many as 30,000 children in this innovative approach to building the supply of infant and toddler child care that meets the needs of low-income working families and offers high-quality comprehensive child care. As of March 2016, about 700 child care home providers are part of EHS-CCPs, and OCC and the Office of Head Start are collaborating to support and learn from this model. For more information on the EHS-FCC model, visit the Early Childhood Learning and Knowledge Center [Web page on family child care in Early Head Start](http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/poi/family-child-care).

FCC home programs play an important role within communities and for children and families; indeed, they represent a viable option for women-owned businesses. Staffed child care home networks can make a difference in the stability and quality of family child care in this country. For more resources about improving the quality of FCC homes, check out OCC’s [latest resource page](http://www.acf.hhs.gov/programs/occ/resource/family-child-care-resources-list).