

National Association for Family Child Care Federal Agenda

The mission of the National Association for Family Child Care is to support and leverage a nationwide network of providers and partners in expanding and promoting the power of family child care.

Our priority is to build the supply of high-quality family child care to meet the needs of infants and toddlers, preschoolers, and school-age children; to support working families with reliable, affordable choices for child care arrangements that meet their needs; and to create crucial early learning opportunities right in our own neighborhoods.

We face a child care crisis across the country: parents need reliable child care options in order to go to work in the round-the-clock economy; but limited funding for child care assistance means only 1 out of 6 children who qualify for benefits receive them while the child care workforce makes poverty wages and often relies on public assistance themselves; the supply of licensed child care does not meet the demand for child care; and the high price of care makes headlines from coast to coast, forcing families to make difficult decisions while program leaders committed to quality face challenging operational costs.

This crisis persists even though across the country, families working all kinds of jobs are counting on child care; there is widespread bipartisan agreement that early learning is a smart investment; and there is strong evidence that the early childhood workforce and their relationships and interactions with children are crucial for healthy early childhood development.

It is time for action. It is time for the power of family child care.

Family child care is part of the solution

Family child care is the business of child care and the practice of early care and education in the program provider's home. The National Survey of Early Care and Education (NSECE)* identified one million paid providers caring for children in a home, caring for three million children from birth to age five in these settings. Professional family child care is just one part of the much larger community of home-based child care arrangements that families count on. NSECE identified about 118,000 listed¹, paid providers caring for over 750,000 children ages birth through age five.

Positive experiences, interactions, and opportunities in a child's time in child care – regardless of the type of child care arrangement – are essential for healthy child development and essential for working families to be reliable employees. We can do more to ensure the three million children in home-based child care are ready for school and ready for life, and we can do more to support a diverse, respected, compensated, professional early childhood workforce.

Family child care is the preferred arrangement of many families, and a necessity across the country as well. Family child care is uniquely well-positioned to meet the needs of families often challenged to identify reliable child care options. This includes families with infants and toddlers, families needing care during nontraditional hours, military families, communities of color and immigrant families, families of children with special needs, and families in rural communities.

NAFCC urges Congress to take action for child care. Let's work together to recognize the role of family child care for families, in the early childhood field, and in policy decisions.

"Approximately 118,000 listed providers care for over 750,000 children ages birth through age five, not yet in kindergarten. The vast majority of listed home-based providers care for at least one child with whom they did not have a relationship prior to giving care. On average, these providers care for about eight children a week in their own home. Almost half consider this work a career and perceive their primary responsibility as meeting children's needs. Almost two-thirds have some education above high school, often in ECE or a related field, although less than a fifth have a bachelor's degree or higher. Three-quarters have recent training and about one-third participate in college courses or coaching. Over three-quarters provide more than 40 hours of care a week. Half spend an additional 10 hours or more per week on related work. For about half of listed providers, child care income constitutes the majority of their household income." *Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Study of Early Care and Education OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.*

* Among the one million home-based programs with paid providers, approximately 118,000 are licensed, regulated, exempt from licensure, or registered - the states use different terms with different definitions. As a group, these 118,000 paid providers can be referred to as "listed". The NSECE identified 919,000 unlisted, paid home-based providers.

NAFCC offers these recommendations to the 115th Congress:

Invest in the Child Care and Development Block Grant (CCDBG)

- for all eligible families to receive assistance/subsidy to afford the child care arrangement of their choice, and a choice among high-quality options including family child care
- for payment rates to child care programs that are sufficient for the cost of quality, including basic standards, compensation, and environments that foster quality early childhood and school-age experiences
- for successful implementation of health and safety reforms and quality improvement strategies that include and recognize family child care as the early childhood workforce; recognize the unique opportunities of family child care settings; and recognize family child care accreditation

Invest in Head Start and Early Head Start, including Early Head Start-Child Care Partnerships and Migrant-Seasonal Head Start

- to reach more eligible children and pregnant women

Strengthen the Child and Adult Care Food Program

- offer reimbursement for an additional meal for children in child care
- increase reimbursement rates and eliminate the two-tier approach to rates
- reduce paperwork and ensure fair and impartial reviews and accountability approaches

Improve the Dependent Care Tax Credit (DCTC)

- make the DCTC fully refundable
- increase the allowable expense limits and increase the sliding scale to reach more families

Safeguard policies and investments that support the well-being of children, families, and the early childhood workforce

- reject structural changes to core safety net programs that would reduce access to health benefits or nutrition assistance
- invest in labor, health, human services, and education programs that support children, families, early childhood providers, and the child care and early education system

1,000 family child care programs are partners in an Early Head Start-Child Care Partnership grant.²



The Child Care and Development Block Grant

The Child Care and Development Block Grant (CCDBG) is the federal law that sets the course for child care in each state. CCDBG is what drives the child care subsidy program, and each state decides eligibility, payment rates, and the details of the experience of the program. CCDBG also calls for states to set the foundation of health and safety, training and professional development, and to make decisions, such as who must be licensed and who is exempt; how to conduct inspections and monitoring; and the opportunities for quality improvements.

CCDBG is the gateway of family child care supply-building, advancing quality from a strong foundation, and to connecting family child care to early childhood systems and initiatives.

The 2014 bipartisan reauthorization of CCDBG made improvements in four main areas:

1. Protect the health and safety of children in child care
2. Help parents make informed consumer choices and access information to support child development
3. Provide equal access to stable, high quality child care for low-income children
4. Enhance the quality of child care and the early childhood workforce

Congress can fulfill the promise of this law, and the promise of opportunities of access to quality child care by investing robustly to implement the ideas in states, communities, and programs.

24 percent of children in CCDF-funded child care are in family child care settings.³

CCDF supports 27 percent of the school-aged children who are enrolled in family child care.⁴

61% of “listed” home-based providers have more than ten years of experience caring for children other than their own children.⁵

Family child care networks and associations

The Child Care and Development Block Grant (CCDBG) calls for “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.” Staffed, funded family child care networks reach providers enrolling children from infants through school age, and their work at the local, regional, or state level can include many approaches:

- Supporting a pathway for license-exempt programs to become licensed
- Managing subsidy contracts
- Sponsoring CACFP
- Head Start/Early Head Start grantee or partner
- Managing shared services
- Training, coaching, and mentoring to improve practice
- Accreditation supports
- Licensing compliance assistance and pre-licensing orientations
- Connecting families to their options in the family child care community

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 policy development and connecting policy to practice.

Commitment to Quality: Family Child Care Accreditation

NAFCC has led the family child care accreditation program for over 25 years. The standards are research-based and demonstrate principles of child growth and development as well as current best practices in the early childhood field. NAFCC’s accreditation is based on the idea that high quality early care and education is dependent on strong, positive relationships between the provider and individual child and among the children themselves and must include relationships between the provider and the families of the children in care. Accreditation is not just a mark of quality but a demonstration of commitment to continuous quality improvement in the areas of relationships, program environment, developmental learning activities, safety and health, and business practices.

NAFCC accreditation should be recognized as a tool to account for quality in state systems and in federal policy. Congress can signal this direction and provide resources to states and to providers that will boost quality in family child care settings.

115,000 family child care providers participate in the Child and Adult Care Food Program.⁶

Child nutrition, health and wellness in family child care

Research and real-life experiences in family child care homes show links between child health, nutrition, obesity, and the devastating impacts of child hunger. The Child and Adult Care Food Program (CACFP), created in 1968, serves more than 800,000 children in family child care settings each day.

Mealtime in child care programs is a time for learning. Meal service is a major part of program budgets and families are relying on meals served to their children in child care. For many children, the child care program they attend is their primary source of food – and CACFP is a lifeline for them.

CACFP provides reimbursement to participating child care providers for up to two meals and one snack (or one meal and two snacks) each day. Meals and snacks, the ingredients and the food preparation must follow the CACFP Meal Pattern standards to qualify for reimbursement. In addition, through in-home visits, group classes, and ongoing assistance and support, CACFP-sponsoring organizations and state agencies work with child care providers on the importance of good nutrition and offer training and guidance on serving healthy and nutritious food.

Good nutrition in the first years of life is essential for early brain development, and research indicates that meals and snacks served in CACFP-participating child care programs are of higher quality than in non-CACFP programs.

In the 2010 reauthorization of the Child Nutrition Act, Congress acknowledged the role of CACFP for wellness, healthy growth, and development of young children in child care, Head Start and preK programs. The United States Department of Agriculture is building on the success of CACFP with the October 2017 implementation of new Meal Pattern Standards for health and nutrition.

Building the supply of high-quality family child care is crucial for families and communities

NAFCC promotes these strategies for building the supply of high-quality family child care:

- Invest in child care subsidy so that high-quality providers can enroll low-income working families
- Invest in approaches to increase the quality of providers enrolling subsidy-paying families
- Build the pipeline and recruit new professional family child care providers

Only ten states⁷ require a license for family child care programs starting at the enrollment of one child. States set a threshold – most allow three or four children to enroll before requiring a license and welcoming that program provider into the system of child care and recognizing the profession.

What does it mean for families if we build the supply of high-quality family child care?

- Meeting the needs of rural families
- Meeting the needs of families seeking infant care
- Meeting the needs of families seeking out-of-school time care
- Meeting the needs of families that work nontraditional hours or ever-changing shifts
- Meeting the needs of military families
- Cultural and linguistic competence
- Increasing parent choice among high-quality, affordable options for children from infants through school-age

The supply of licensed family child care is down 15% since 2011.⁸

More than one-third of “listed” home-based providers have a degree in Early Childhood Education or an ECE-related major.⁹

Endnotes

1. National Survey of Early Care and Education Project Team (2016). Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
2. U.S. Department of Health and Human Services, Administration for Children and Families, Early Head Start-Child Care Partnerships: Growing the Supply of Early Learning Opportunities for More Infants and Toddlers, 2017, available at https://www.acf.hhs.gov/sites/default/files/eecd/ehs_ccp_brochure.pdf.
3. U.S. Department of Health and Human Services, Administration for Children and Families, Characteristics of Families Served by the Child Care and Development Fund (CCDF) Based on Preliminary FY 2014 Data, 2015, available at <https://www.acf.hhs.gov/occ/resource/characteristics-of-families-served-by-child-care-and-development-fund-ccdf>
4. U.S. Department of Health and Human Services, Administration for Children and Families, National Snapshot of Federal Supports for Afterschool and Summer Care, 2017, available at https://childcareta.acf.hhs.gov/sites/default/files/public/national_snapshot_federal_supports_afterschool_summer_mar2017_508c.pdf
5. National Survey of Early Care and Education Project Team (2016). Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
6. Food Research and Action Center, Child and Adult Care Food Program, available at <http://www.frac.org/programs/child-adult-care-food-program>
7. Those states are Alabama, Connecticut, Delaware, Kansas, Massachusetts, Maryland, Michigan, Oklahoma, Washington, and the District of Columbia.
8. U.S. Department of Health and Human Services, Administration for Children and Families, Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014, available at <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>
9. National Survey of Early Care and Education Project Team (2016). Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services