

Places for All Babies: Home-Based Child Care is an Essential Part of the Solution

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The Infant-Toddler Child Care Crisis

The decision to leave one's child in the care of another adult is one of the most challenging and deeply personal actions a family may have to make in the early years. In 2021, there were over 11 million infants and toddlers in the United States—equaling 3.5% of the country's population. Almost 63% of these children had mothers who were active in the workforce. (Keating, 2021). For many young families in the United States, there are very few authentic child care options that meet child and family needs, are affordable and are local.

Approximately half of families who want to access child care find it excessively difficult or impossible to secure licensed child care (Schochet, 2019). Access to high-quality infant-toddler child care is out of reach for the 40% of babies born to households with low-income (Keating, 2021), a disproportionate number of whom are babies of color (Pizarek, 2021).

The COVID-19 epidemic has only exacerbated the challenges that families face in finding care for their babies. An unprecedented number of child care programs closed at some point during the pandemic, many permanently. An August 2021 survey by the National Association for the Education of Young Children showed that across the nation, more than one in three providers said they were considering leaving their child care program or closing their family child home within the next year. This percentage rises to 55% when looking at child care programs owned by people of color (National Association for the Education of Young Children, 2021). As the nation continues to face this crisis and state leaders make choices about how to spend new state and federal dollars, it is essential that policymakers consider the full array of program and provider options available to families and include all types of care, including both family child care (FCC) and family, friend and neighbor care (FFN).

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While Family Child Care (FCC) and Family, Friend and Neighbor care (FFN) are both home-based and share many valuable characteristics, it's also important to note the differences:

- **FCC is a small home-based child care program, often and preferably engaged in a state registration and licensing system.**
- **FFN providers are often unregulated and not required to meet the stricter health, safety and child development guidelines enforced in regulated FCC programs.**

Both FCC programs and FFN providers can offer high-quality, responsive environments where infants and toddlers can thrive.

Historically, FCC and FFN have often been left out of important conversations and initiatives as state early learning systems grew and evolved. As a result of this omission, in several states the unique needs of each have not been considered in quality improvement initiatives and incentives. However, home-based child care is often the first choice of families. FCC and FFN often offer families cultural or language continuity, non-traditional work hours or the convenience of being located within their immediate community. This policy brief highlights the value of increasing and strengthening both these conversations and these child care options. We also include examples of strategies and

recommendations that policymakers can explore in building a truly robust mixed delivery system that embraces both FCC and FFN as essential components in an array of high-quality options for all families of infants and toddlers.

Quality Care for Infants and Toddlers

Quality care for infants and toddlers includes nurturing relationships with responsive caregivers, continuity of care, and an environment that is safe for young children to explore and learn. Babies and toddlers in high-quality settings have opportunities for cognitive, social-emotional, and language and literacy development. With the right caregiver and environment, healthy brain development can occur in any setting a family chooses

Family Child Care and Family Friend and Neighbor Providers Nurture Cognitive and Social-Emotional Development in a Home-Based Setting

Together, FCC (care that is regulated by the state) and FFN (care that may or may not be regulated) serve over 7 million children from birth to 5 years old in the United States. Home-based child care is the most prevalent child care placement for infants and toddlers: 30% of infants and toddlers attend home-based child care as their primary care arrangement (Home Grown, 2020). These programs are provided in a home setting and often allow for young children and their siblings to be cared for by the same caregiver for several years. This continuity of care establishes an environment in which meaningful and lasting relationships develop between caregivers and children and between caregivers and families (Theilheimer, 2010). Children in home-based programs can stay with the same primary provider until they enter school and sometimes even longer as families often opt for wrap-around school-age care in these same mixed-age group settings.

Home-based programs support what is well-documented by research; that cognitive development occurs in the context of close relationships, and these relationships are the building blocks for successful social-emotional development and language and literacy development, skills that are critical to later success in school and life (National Research Council & Institutes of Health, 2000).

Home-Based Providers Meet Important Needs in Communities

Home-based programs provide an important option to families of infants and toddlers who have needs beyond traditional child care center settings. Families who need non-traditional care hours, such as evening or weekend care, often find a solution in home-based programs. Recent research has shown that in some states, between one quarter and one half of young children under the age of 6 have parents who work non-traditional hours (Schilder, 2021). These numbers become more concerning when they are disaggregated, showing that for Black children, 51% have a parent who works non-traditional hours and for Hispanic children, the number is 41%—this compares to 29% of White children.



Additionally, as FCC and FFN are operated out of homes, in the communities in which providers reside, they often share the culture and language of the children and families they serve (Hill, 2021). This means many children also benefit from a learning environment that supports their home language. Research shows that Dual Language Learners who have a strong base in their home language and then become proficient in English are likely to experience future cognitive, linguistic and social benefits of bilingualism, as well as the benefits of maintaining strong cultural and social ties to their communities and families (National Academies of Sciences, Engineering, and Medicine, 2017). This similarity makes a difference, not only in communicating with the children in the program, but equally important in communicating with the families who use these home-based options. Relationships are at the heart of high-quality early care for infants and toddlers, and providers who serve the communities that they live in are well equipped to communicate with and understand the needs of the families of babies in their care.

State Strategies at a Glance

To ensure that both forms of home-based child care continue to be viable options for families, state leaders and policymakers should consider the following recommendations as the country emerges from the COVID pandemic and families once again examine their early care and education needs. Approaches to recruitment and retention will differ for FCC and for FFN providers, however there are some common strategies that will support both types of home-based care.

- Include home-based care providers in all efforts to recruit and retain child care programs, particularly in child care deserts and communities where families are most overburdened and under-resourced.
- Safeguard existing and new home-based programs by allowing them to fully participate in preschool expansion opportunities. Provide intentional supports to allow these programs to be successful partners in these efforts.
- Where possible, encourage FCC participation in Early Head Start Child Care Partnerships, allowing families to opt in to this home-based option.
- Ensure that supports such as the [Child and Adult Care Food Program](#), quality initiatives and financial incentives like contracted slots are truly tailored to and accessible by all home-based providers and the families they serve.
- Fund support networks that provide access to business, administrative and marketing assistance; child development support; and shared service alliances.
- Increase access to culturally competent professional learning opportunities designed specifically for this group and create career pathways and equitable compensation strategies designed to improve quality and longevity of home-based infant and toddler child care options.
- In all cases, ensure that both FCC and FFN providers and the families they serve are invited to decision-making tables, accommodating the unique needs of these caregivers to ensure active participation and ongoing communication.

State Approaches to Recruiting and Retaining Home-Based Child Care Providers

As the United States recovers from the pandemic and as we embrace new funding, we must continue to facilitate expansion and retention of both FCC programs and FFN providers to ensure that families are able to choose the type of early care that is best for them. Home-based providers respond well to quality improvement strategies tailored to their program types and that acknowledge the unique benefits and challenges of serving mixed age groups in the home setting. Below are some promising practices occurring in states and communities across the country. This is not an exhaustive list, nor should these strategies be held in higher regard than others that have been highlighted in other publications. It is simply a glimpse into innovative and recent attempts to bolster FCC and FFN options across the nation.

Recruiting and Retaining Family Child Care Providers

Kentucky

The Kentucky Department of Child Care has funded Western Kentucky University (WKU) to operate a [statewide Family Child Care Network](#) that will expand and support retention of the FCC workforce across the state. Through five regional centers, the state will focus efforts on recruiting license-exempt care providers into and up through the state's home-based care system with the ultimate goal of increasing the number of regulated home-based providers and improving quality of care provided for children and families. This project involves scaling up a successful 2-year pilot funded by W.K. Kellogg Foundation targeting infant/toddler FCC providers in child care deserts across the state. The Network model involves recruiting leaders from within communities to create relationships with and provide supports to new and rising home-based providers. Initial supports will focus on business, paperwork, and marketing and include plans to engage local employers in embracing and supporting FCC programs in their own communities over time.

Maryland

GO FCC, an FCC recruitment and retention pilot in Montgomery County, MD, recently received attention from the state legislature, prompting the introduction and passage of the Growing Family Child Care Opportunities Pilot Program in the Maryland State Department of Education. Building on the promising Montgomery County program, this bill established three pilot sites to increase FCC supply in underserved communities across the state. The multilingual program will include support for prospective providers as they navigate the regulatory process and work with organizations that support women- and minority-owned businesses to help implement best business practices and achieve financial sustainability.

Another program, [Maryland Child Care Boost](#) is a free, 18-month pilot program designed to help FCC programs across the state increase revenue, reduce administrative burden, and relieve some of the stresses of running a small business, while expanding their professional network through a cohort-based model. Providers receive free child care management software that eliminates paperwork, aids in collection of parent fees and attendance information, and facilitates communication with families. Providers also receive business training and small group coaching in recordkeeping, tax management, debt reduction and the on the state's quality rating system.

Massachusetts

In Massachusetts, child care programs that enroll children served by the subsidy child care system, must be enrolled in the federal Child and Adult Care Food Program (CACFP). [Clarendon Early Education Services, Inc.](#), an FCC network in Massachusetts, contracts with the state Department of Early Education and Care as a statewide sponsor of the CACFP. The group's mission is to support the small business model of FCC while offering high-quality nutritional and educational services to children and families. Clarendon supports all FCC programs who enroll in CACFP through their organization. The organization also provides dedicated staff and network services to FCC providers who serve children in the child welfare system. For programs serving these children, Clarendon manages subsidy paperwork, enrollment and more. Providers can depend on twice monthly direct deposits, an added stability measure for both families and providers. The organization reported that this stability allowed FCC programs they work with to stay open during the pandemic when many others were forced to shut their doors.

Supporting FFN Providers

Arizona, Colorado, Michigan and San Francisco

A 2018 study by The Center for Child and Human Development at Georgetown University on the impact of providing early childhood mental health consultant services to FFN providers showed positive outcomes for providers, children and families. FFN participants attended culturally mediated peer support groups, professional development, and connected one-on-one with early childhood network providers and mental health consultants. The project showed that these interactions increased provider knowledge; changed attitudes and perceptions; improved provider skills, quality of care and caregiver well-being; and ultimately delivered positive child and family outcomes (Le, 2018)

Minnesota

A strong public-private partnership and focus on racial and health equity in Minnesota has allowed for expansion of an innovative approach to supporting FFN providers across the state. Since 2018, the Blue Cross and Blue Shield of Minnesota Foundation (Blue Cross Foundation) has provided philanthropic funding to establish and maintain FFN networks in underserved communities. These FFN networks are housed in established organizations (such as immigrant resettlement agencies, community collaboration programs, and charter schools) that have historic and cultural roots in the communities they serve and where they are able to sustain trusting relationships with providers and families.

Historically, network members have provided an assortment of resources and supports such as culturally appropriate and easy-to-access trainings on various topics around early childhood, lending library kits for families at home, safety equipment such as cupboard latches and outlet protectors, a trusted website where FFN providers can access early childhood and COVID-19 information, resources and tools, support to FFN providers seeking to start FCC businesses through training assistance, business planning, connection to financial resources, paperwork completion, and early childhood best practices consultation. The networks have also worked to build relationships to support understanding and support for FFNs with local institutions, such as superintendents, local school boards, city mayors and councils.



In the past several years, Minnesota's early childhood advocates and stakeholders, including the Blue Cross Foundation, have been increasingly vocal about the need for the state to re-prioritize FFN providers. As a result, when MN received its 2020 CARES Act appropriation, \$1 million was directed to provide support for FFN providers. The financial support was granted out to agencies to provide

direct outreach, training and materials supports to FFN providers, prioritizing organizations serving the Somali, Latinx, Hmong, African American, American Indian and immigrant communities.

Finally, the Department of Health Services was able to use information gathered from the FFN Learning Community to direct an additional \$4.5M from Coronavirus Response and Relief Supplemental Appropriations Act and American Rescue Plan Act funds to further development of FFN networks. In addition to expanding networks and support, this funding will allow for a new state project manager who will be dedicated to the orchestration of these supports. The state will also be conducting an FFN provider marketing and outreach campaign and a statewide FFN evaluation and landscape analysis.

Detroit

Detroit's [Hope Starts Here](#), a community-focused citywide initiative to put children and families first, recognized that the number of children who needed care in the city vastly exceeded the number of available child care slots. Specifically, they recognized this problem in communities where there were many young Hispanic, Spanish-speaking residents whose income often fell below the poverty line. Understanding this inequity, the group set out to enhance the quality of care in FFN homes that families most often accessed. The program, designed as a learning collaborative, set out to provide these informal providers supports and resources to deliver developmentally appropriate care and education in the home setting. The effort showed many positive outcomes including enhanced knowledge of child development and behaviors, improvements in communication with children and families, and increased understanding of the value of relationships in young children's lives. This culturally responsive project took time and relationships within the community to be successful. Leaders of the effort reported a better understanding of the provider community, their needs and what community resources needed to be developed to help children thrive (Hague Angus, 2021).

Home-Based Provider Voices

A growing movement has elevated the importance of including the voices of those most impacted by state policies and programs in their development and implementation. One state that has embedded an ongoing two-way communication cycle in their work with FCC providers for many years is Pennsylvania. The Pennsylvania Office of Child Development and Early Learning (OCDEL) Family Child Care Workgroup engages FCC providers across the state in five regularly scheduled meetings per year. The OCDEL team shares new initiatives, encourages feedback and regularly vets decision making with this group in an ongoing and respectful process. FCC providers who regularly attend the meetings take messages to and solicit feedback from their peers who are unable to attend so that information reaches a large cross-region group of providers. This feedback loop has helped to shape the state's Quality Rated and Improvement Systems changes, technical assistance delivery methods and COVID Relief Fund spending, among other things. For instance, the state learned that providers really needed basic technology skill building to access supports, so technical assistance consultants changed their approach and included technology skill building as part of their regular visits with providers. The open line of communication allows state early learning leaders to ensure that clear information is reaching providers and helps to dispel misinformation that may make its way to providers via other channels.

In Colorado, the nonprofit Early Milestones Colorado recently engaged in a project to better understand the unique experiences of FFN providers in the state, as well as how early childhood systems can engage and support them. The [report](#) released in August 2022 summarizes what was learned through interviews with 20 FFN providers and 20 support organizations and offers recommendations for strengthening systems that promote equitable outcomes for providers and families they serve.

Achieving a Robust Mixed Delivery Child Care System That Meets the Needs of All Families

The vision of a robust mixed delivery child care system can be reached by building on the many years of systems building that have occurred in states. Early learning leaders have invested decades understanding both the unique needs of families and of home-based providers. While changes have occurred that impacted supply of all types of early learning programs, policymakers and systems leaders can use learnings to rebuild a structurally strong system that will support the needs of young families and their babies now and in the future. Families with infants and toddlers deserve choices in where their babies will grow and learn. FCC and FFN care are a vital piece of the nation's early learning systems that will meet the needs of many families in states across the nation in coming years.

Additional Resources from ZERO TO THREE

- [State Strategies to Strengthen Infant-Toddler Care as Public Pre-k Expands](#): This brief outlines strategies to protect and even expand access to a full continuum of high-quality care and education in the context of pre-k expansion.
- [Addressing Bias and Advancing Equity in State Policy](#): This ZERO TO THREE Journal article explores the many ways in which states can and are addressing racial equity in problem solving and policymaking.
- [The State of Child Care for Babies: The Need to Do Better for Our Youngest Children](#): An examination of current child care policies and where they fall short in supporting access to high-quality care.

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