



Ratios and Group Sizes Matter for Babies: Spotlight on Family Child Care



ZERO TO THREE
Early connections last a lifetime



NAFCC
National Association for Family Child Care

Over a quarter of a million children under age three regularly use licensed family child care.

INTRODUCTION

Family child care is a type of home-based setting where an educator is licensed, registered, or certified by the state to care for children in their own home or a home-like setting, often alongside their own children. Family child care programs typically include small groups of children ranging from infants through school aged. Nearly 9 in 10 family child care educators care for at least one child under age 3.¹

Despite its widespread use and importance, the family child care sector is declining. The number of programs decreased 25% from 2012 to 2019,² with many educators leaving the field due to low compensation and limited support.³ **Changing ratio and group size requirements compromises quality and does not address the underlying challenges family child care educators and families face.**⁴ In any setting, low adult-to-child ratios and small group sizes are essential for supporting babies' and toddlers' health, safety, and development. In home-based settings like family child care, loosening regulations also undermines many families' preferences for intimate, responsive care.⁵

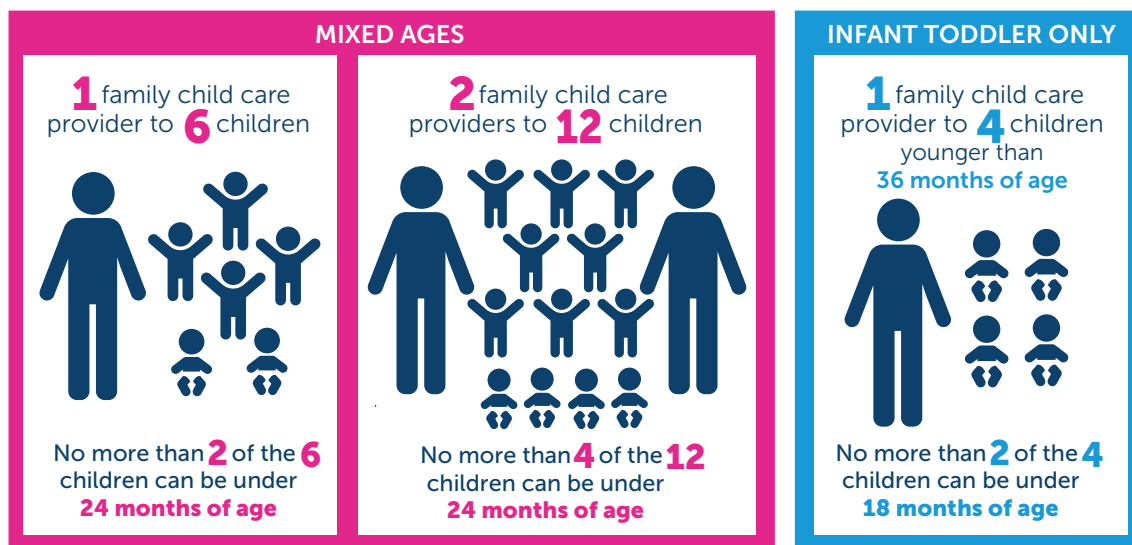
"The smaller group size of an in-home setting allows for more individual attention and personalized care. My son's caregiver is able to tailor activities and interactions to meet the unique learning style and developmental needs of each child, something that can be more challenging in larger classroom settings."

— Kamber C., Parent, Nebraska

RECOMMENDED RATIOS AND GROUP SIZES FOR MIXED-AGE SETTINGS AND FAMILY CHILD CARE

In recognition of the unique needs of infants and toddlers in mixed-age settings like family child care, ZERO TO THREE and the National Association of Family Child Care (NAFCC) recommend the following:

- For mixed-age groups, a ratio of one qualified adult for every six children including no more than two children under age two, and a maximum group size of 12 children. When there are 7 or more children present, the educator ensures there are at least two qualified adults and no more than 4 are under the age of 2 years (Source: [NAFCC Quality Standards for Accreditation](#)).
- For groups with infants and toddlers only (i.e., all children are under 36 months) with a single educator, the maximum group size is four children, with no more than two under 18 months of age (Source: [Head Start Program Performance Standards](#), 2024).
- When the educator's own children under age six are present full-time (i.e., not enrolled in school), they must be included in the total group size (Source: [Head Start Program Performance Standards](#), 2024).



State regulations for ratios and group sizes vary widely, and most fall short of this recommendation. Although more than a quarter of states have similar overall group size and ratio requirements (e.g., six children with one educator or twelve children with two educators),⁶ few limit the number of children under two that can be present in a family child care setting.

Visit the [Administration for Children and Families' National Database of Child Care Licensing Regulations](#) to view your state's regulations and cross-state comparisons.

LOW RATIOS AND SMALL GROUP SIZES ARE UNIQUELY IMPORTANT IN FAMILY CHILD CARE

In the first brief in this series, [Ratios and Group Sizes in Child Care Matter for Babies, ZERO TO THREE](#) made the case for why low ratios and small group sizes are critical in any child care setting. In addition to **health and safety, strong relationships and infant/toddler care practices** that low ratios and group size promote, family child care settings have some nuances that make small groups and ratios especially important.

- **Small, family-like environments**⁷ mean that educators have more opportunity for one-on-one interactions, provide consistent care for multiple years, and form strong bonds with families. These relationships support long-term gains for children's language, social-emotional and academic skill development.⁸
- In **home settings**, where children may spend time in living spaces like kitchens, family bathrooms and yards, educators must take extra care in supervising infants and toddlers around furniture and equipment not specifically designed for them. Educators working alone or in homes with stairs must be able to safely evacuate all children, underscoring the need to limit the number of very young children.
- In **mixed-age groups with older children present**, educators carefully tailor activities to different age groups to ensure they enrich each child's development and support safe peer interactions.

These practices are harder to implement when group size increases or the number of adults decreases.

ALTERNATIVES TO INCREASING RATIOS AND GROUP SIZES TO INCREASE FAMILY CHILD CARE SUPPLY

Increasing ratios and groups sizes in family child care may seem like a solution to the child care crisis, but there are better ways to [increase child care supply for infants and toddlers](#) that both protect children and [support the family child care educators](#) who care for them:⁹

- Increasing overall [investment, compensation and benefits](#) for family child care educators.
- Integrating family child care programs in all early care and education systems and design efforts, [including mixed-delivery Birth-to-Five and Pre-K systems](#) that can help balance the impact on infant and toddler child care slots.
- Implementing [policies that promote licensing and retention](#), such as ensuring clear information and communication about the process, providing information in multiple languages and building trust between licensing staff and educators.

- [Exploring and removing red tape and administrative burdens](#), such as reducing duplicative paperwork and ensuring that licensing and quality requirements are sensitive to home settings.
- Advocating for [housing regulations](#) that support educators in providing care in their communities, such as limiting unnecessary zoning restrictions, promoting landlord and homeowner's association cooperation, increasing funding for home ownership and [facility improvements](#) and reducing financial burdens through tax relief.
- Building infrastructure, including via [family child care networks](#) and business partnerships, to comprehensively support family child care educators with start-up costs, peer support programs and business and professional development resources.

"I understand the financial pressure providers and families face in securing child care, but deregulation isn't the way to solve the problem since that's not putting the health and safety of children first. We need to treat child care more as a public good, allowing providers to make a livable wage, families to have affordable care and children to be cared for in smaller and safer settings."

— Sasha Shunk, FCC Owner & Educator, Maine

CONCLUSION

Family child care plays a critical role in supporting infants and toddlers, but the sector is shrinking. The challenges facing family child care providers - from running a complex business alone, to being able to charge enough to make ends meet, to facing administrative barriers with regulatory and subsidy systems - will not be solved by loosening ratio and group size regulations. **Educators are asking for better compensation, benefits, not to do even more with less.**¹⁰

Low ratios and small groups are key to responsive, developmentally appropriate care, especially in home-based settings. Policymakers should prioritize sustainable solutions like increased compensation, business supports, and policies that reflect the realities of family child care, while preserving standards that protect children's health and development.



ZERO TO THREE
Early connections last a lifetime



NAFCC
National Association for Family Child Care

ADDITIONAL RESOURCES

To learn more about state opportunities to increase access to safe, affordable child care that supports infants' and toddlers' health development, visit the [ZERO TO THREE 2025 Baby Book Extra: Infant and Toddler Child Care Supply Building Strategies](#).

To get support from the ZERO TO THREE state policy team, contact kcoburn@zerotothree.org.

To learn more about opportunities to bolster support for family child care check out [NAFCC's Policy Priorities](#) and the [National Family Child Care Accreditation Quality Standards](#).

To get support from the National Association for Family Child Care's policy team, contact policy@nafcc.org.

ENDNOTES

- 1 Data come from listed home-based providers, most of whom are family child care educators; [Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics](#).
- 2 Decrease in the number of listed home-based providers; [NSECE chartbook: Home-based early care and education providers in 2012 and 2019: Counts and characteristics | Research Connections](#).
- 3 The Literature Review, Conceptual Framework, and Findings from Erikson Institute's [Multi-Site Study of Family Child Care Decline and Supply](#) reinforce the intersecting contributions of economic challenges, working conditions, system burdens, and personal factors that contribute to decreases in licensed family child care supply.
- 4 Findings from [NAFCC's 2024 Annual Survey](#), which surveyed 699 respondents across the country.
- 5 Chaudry, A., Pedroza, J. M., Sandstrom, H., Danziger, A., Grosz, M., Scott, M., & Ting, S. (2011). [Child Care Choices of Low-Income Working Families](#). Urban Institute.
- 6 Visit the [Administration for Children and Families' National Database of Child Care Licensing Regulations](#) to view your state's regulations. Cross-state data are based on regulations in effect as of December 31, 2023. This database provides a snapshot but does not account for additional variations in state licensing policies (e.g., regulation type, group size and ratio variation by children's ages or numbers of caregivers, specifications related to maximum numbers of infants and young toddlers, inclusion of school-age or caregiver's own children).
- 7 Bromer, J., Porter, T., Jones, C., Ragonese-Barnes, M., & Orland, J. (2021). [Quality in Home-Based Child Care: A Review of Selected Literature](#). OPRE Report # 2021-136. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 8 Bromer, Juliet, Toni Porter, Christopher Jones, Marina Ragonese-Barnes, and Jaimie Orland (2021). [Quality in Home-Based Child Care: A Review of Selected Literature](#), OPRE Report # 2021-136, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
- 9 For more information on these and other strategies, visit [NAFCC's Policy Priorities](#) or ZERO TO THREE's [State Options to Expand Infant and Toddler Child Care Supply](#).
- 10 Findings from [NAFCC's 2024 Annual Survey](#), which surveyed 699 respondents across the country.