AFTERSCHOOL
INVESTMENTS

School-Age Children in Regulated Family Child Care Settings

SCHOOL-AGE CHILDREN IN REGULATED

FAMILY CHILD CARE SETTINGS

September 2007

The Afterschool Investments Project

The Child Care and Development Fund (CCDF) provides federal resources for child care that support both direct services and quality enhancements. The U.S. Department of Health and Human Services' Child Care Bureau awards CCDF grants to states, territories, and tribes. With nearly half of the children receiving services being of school or kindergarten age, CCDF provides significant funding for afterschool care in a variety of settings. The majority of CCDF dollars are used to provide subsidies to eligible low-income children under age 13. A portion of CCDF funding is also used for quality improvement initiatives, such as professional development and technical assistance, with the goal of building the capacity of states to deliver quality services including programs before and after-school, during summers, and on school holidays.

To support state efforts to provide quality afterschool opportunities, the Child Care Bureau awarded a technical assistance contract on out-of-school time to The Finance Project and its partner, The National Governors Association Center for Best Practices. The Afterschool Investments project provides technical assistance to Child Care and Development Fund grantees and other state and local leaders who support afterschool efforts. The goals of the project include:

- Identifying ways that states and communities are using Child Care and Development Fund (CCDF) subsidy and quality dollars to support out-of-school time programs, and sharing these practices and approaches with other states;

- Identifying administrative and implementation issues related to CCDF investments in out-of-school time programs, and providing information and context (about barriers, problems, opportunities) as well as practical tools that will help CCDF administrators make decisions; and

- Identifying other major programs and sectors that are potential partners for CCDF in supporting out-of-school time programs, and providing models, strategies, and tools for coordination with other programs and sectors.

To meet these goals, the Afterschool Investments project is:

- Regularly updating and maintaining State profiles of afterschool resources, policies and issues;

- Creating tools and materials to support the development and sustainability of afterschool efforts; and

- Providing targeted technical assistance to state child care administrators and other state leaders around building partnerships and developing state policies that promote investments in high-quality afterschool programs.

For more information about the project or to submit a request for technical assistance or information, contact The Finance Project at (202) 587-1000 or by email at afterschool@financeproject.org. All project tools and resources can be found online on the Afterschool Investments Project website: http://nccic.acf.hhs.gov/afterschool/.

U.S. Department of Health and Human Services
Administration for Children and Families
Child Care Bureau

Introduction

Demand for school-age child care has risen during the past several decades, as more parents are working outside the home and need safe and supervised settings for their children to spend their nonschool hours.[1] In recent years, attention has focused on how children's activities during out-of-school time can contribute to other positive outcomes, such as improved academic performance and avoidance of risky behaviors. Common school-age child care settings include school-based programs, extracurricular sports programs, and relative care. Less frequently discussed as an out-of-school time setting is family child care.

Family child care is generally defined as care by a paid provider who cares for a small number of children in his or her home.[2] *Regulated* family child care providers are licensed or registered with the state in which they operate. These providers fall into two categories: small family child care homes, defined as having one provider and a small number of children cared for in that provider's home; and large family child care homes (or group homes), defined as having a provider and an assistant and a larger number of children cared for in the provider's home.[3] For more information on state regulatory requirements for family child care providers, see Appendix A.

Individuals who provide care in their homes are sometimes exempt from state regulation. Although state laws vary widely in this regard, the three major factors separating legally exempt home-based care from home-based care that is subject to being regulated by the state are: (1) the number of children in care; (2) the number of families that rely on the caregiver; and (3) the amount of time children spend with the caregiver. Wide variation exists among the states in the threshold for the number of children allowed in license-exempt home-based care. However, the most common threshold for licensing is three children who are unrelated to the provider.[4]

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[1] In 2001, for example, nearly 70 percent of children had one or both resident parents in the workforce, compared with fewer than 60 percent of children in 1985. See Office of Planning and Evaluation, U.S. Department of Health and Human Services, *Trends in the Wellbeing of Children and Youth* (Washington, D.C., 2003).

[2] Katie Hamm and Avis Jones-DeWeever, *Family Child Care: Recent Trends and New Directions* (Washington, D.C.: Institute for Women's Policy Research, October 2004).

[3] National Child Care Information Center, *Definition of Licensed Family Child Care Homes* (Fairfax, Va.: National Child Care Information Center, April 2006).

[4] Toni Porter and Shannon M Kearns, *Supporting Family, Friend and Neighbor Caregivers: Findings from a Survey of State Policies* (New York, N.Y.: Institute for a Child Care Continuum, Division of Continuing Education, Bank Street College of Education, January 2005).

License-exempt home-based care is commonly referred to as family, friend, and neighbor care; it also is called "informal child care" and "kith-and-kin care." Family, friend, and neighbor care can be distinguished from other types of care by the self-perception of the caregiver, who may not be interested in a child care career, and by the relationship between the caregiver and the parent of the child in care (see "Understanding and Supporting Family, Friend, and Neighbor Care for School-Age Children" below). As the name implies, family, friend, and neighbor caregivers are usually relatives or close friends of the parents and may not be providers of child care were it not for these relationships.[5]

> ## Understanding and Supporting Family, Friend, and Neighbor Care for School-Age Children
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> For many of the same reasons that families choose regulated family child care, many families rely on license-exempt providers, such as family, friends, and neighbors, to care for their children. Federal and state policymakers want to identify strategies to support the quality of care in these settings.* In addition, the Sparking Connections initiative, a national learning consortium, is now demonstrating and evaluating strategies to support family, friend, and neighbor providers. For more information, see www.familiesandwork.org/sparking/home.htm.
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> Note: *For more information, see Toni Rice et al., *Doting on Kids: Understanding Quality in Kith and Kin Care* (New York, N.Y.: Institute for a Child Care Continuum, Division of Continuing Education, Bank Street College of Education, December 2003); and Toni Porter and Shannon Kearns, *Supporting Family, Friend and Neighbor Caregivers: Findings from a Survey of State Policies* (New York, N.Y.: Institute for a Child Care Continuum, Division of Continuing Education, Bank Street College of Education, January 2005).

To understand better the benefits and challenges of providing quality family child care for school-age children, Afterschool Investments project staff interviewed several experienced family child care providers who serve or have served school-age children as well as national experts on family child care and school-age care. Staff also reviewed the literature to summarize what is known and where further research or data collection may be needed. In addition to reporting these findings, this issue brief examines the unique characteristics of family child care with respect to school-age children and suggests ways that states and communities can better support family child care providers in order to improve quality within this setting. The brief focuses on regulated family child care, though many of the issues and strategies discussed may also apply to license-exempt family, friend, and neighbor providers.

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[5] Bank Street College of Education, *Frequently Asked Questions about Kith and Kin Child Care* (New York, N.Y.: Bank Street College of Education, n.d.).

What Do the National Data Reveal?

In 2005, nearly 214,000 child care facilities were licensed in the United States, generating the capacity to serve more than 1.9 million children each year.[6] Of these licensed facilities, 64 percent were family child care providers, 5 percent child care centers, and 5 percent other settings (see "214,000 Licensed Child Care Facilities by Setting Type, 2005" below). Of the 1.9 million children these facilities had the capacity to serve, 74 percent of that capacity came from child care centers, 21 percent from family child care, and 5 percent from other settings (see "1.9 Million Licensed Child Care Capacity by Setting Type, 2005" below). Although family child care homes comprised 64 percent of licensed child care facilities, they represented just 21 percent of licensed capacity. For state-by-state information on the number of licensed family child care homes and the licensed capacity in those homes, see Appendix B.

214,000 Licensed Child Care Facilities by Setting Type, 2005
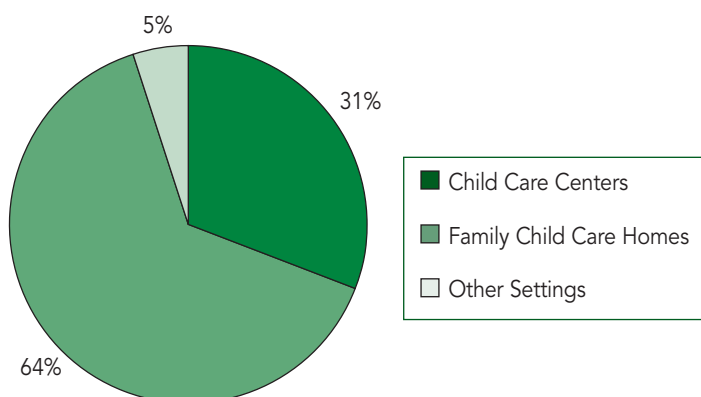
5%

31%

64%

1.9 Million Licensed Child Care Capacity by Setting Type, 2005

5%

21%

74%

■ Child Care Centers

■ Family Child Care Homes

☐ Other Settings
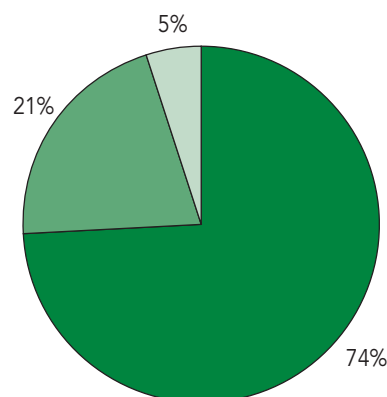
Source: National Association for Regulatory Administration and National Child Care Information Center, *2005 Child Care Licensing Study* (Conyers, Ga.: National Association for Regulatory Administration and Fairfax, Va.: National Child Care Information Center, December 2006).

Data about how many family child care providers serve school-age children, however, are harder to find. One recent study of child care for low-income families found that a school-age child was cared for in 74 percent of the family child care homes included in the study. In 45 percent of the homes in the study, the provider cared for children of all ages—infants and toddlers, preschool-age, and school-age. In 12 percent of these homes, infants and toddlers and school-age children were cared for together. In approximately 9 percent of the homes, the provider cared exclusively for school-age children. In approximately 8 percent of the homes, preschool-age and school-age children were cared for together.[7] (See "Three Family Child Care Providers Who Serve School-Age Children" on page 10 for likely scenarios of this care setting.)

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[6] National Association for Regulatory Administration and National Child Care Information Center, *2005 Child Care Licensing Study* (Conyers, Ga.: National Association for Regulatory Administration and Fairfax, Va.: National Child Care Information Center, December 2006).

[7] Jean Layzer and Barbara D. Goodson, *Care in the Home: A Description of Family Child Care and the Experiences of Families and Children Who Use It (Wave 1 Report)* (Cambridge, Mass.: Abt Associates, Inc., April 2006). This study is a component of the National Study of Child Care for Low-Income Families—a seven year research effort being conducted in 25 communities in 17 States. The family child care report focused on five of these communities. Available online at: www.acf.hhs.gov/programs/opre/cc/nsc_low_income/reports/care_in_home/care_in_home.pdf_in_home.p

Several national data sources describe the settings in which school-age children spend their nonschool time. However, painting an accurate picture of family child care for school-age children is difficult. This is because definitions—for example, for "school-age" and "family" child care—vary widely among these sources.[8]

How Many School-Age Children Are in Family Child Care?

A recent review of the literature on family child care estimates that approximately 25 percent of all children at some point spend time (averaging about 30 hours per week) in family child care homes.[9] In general, between 6 percent and 8 percent of all school-age children use family child care or other nonrelative care as a regular afterschool arrangement, with families that receive federal child care subsidies more likely to use family child care. Several reports provide further insight on school-age family child care.

- The National Center for Education Statistics analyzed data from the 2005 National Household Education Surveys. Six percent of children in kindergarten through grade 8 had at least one weekly afterschool arrangement with nonrelative, home-based providers (e.g., family child care, babysitters, or nannies).[10]

- The Urban Institute examined the primary child care arrangements of employed parents using data from the 1999 National Survey of America's Families. Of the school-age children (ages 6–12) with any regular child care arrangement, 7 percent used family child care as a primary child care arrangement.[11]

- An analysis of data from the 2002 Survey on Income and Program Participation found that approximately 5 percent of grade-schoolers (ages 5–14) were cared for in family child care settings, defined as non-relative care in the provider's home, while nearly 3 percent were in the care of a "non-relative in child's home."[12]

- Forty-five percent of children who receive federal child care subsidies are of school age (ages 5–12). Among families that receive child care subsidies, the percentage of school-age children in family child care settings appears to be higher than among the general population.

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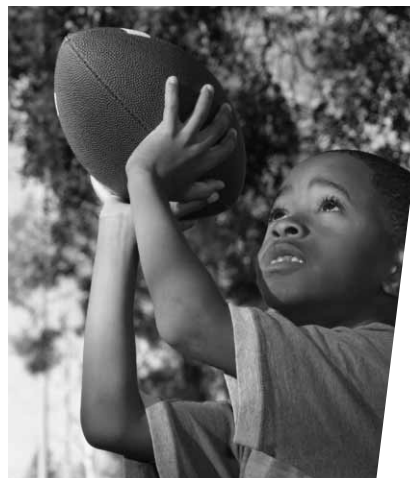
[8] For example, family child care is neither defined nor referred to in a consistent way. Fully understanding the role that family child care plays during children's out-of-school time is difficult, because some studies look at children's primary care arrangement but they may spend time in multiple care settings. Family child care may be one of the care arrangements used by a school-age child who, for example, also spends time after school in a school-based afterschool program, engages in extra-curricular activities, etc.

[9] Taryn Morrissey, *Family Child Care in the United States* (New York, N.Y.: Child Care and Early Education Research Connections, March 2007).

[10] National Center for Education Statistics, U.S. Department of Education, *National Household Education Surveys of 2005: Afterschool Programs and Activities, 2005* (Washington, D.C., May 2006).

[11] Sonenstein et al., *Primary Child Care Arrangements of Employed Parents: Findings from the 1999 National Survey of America's Families* (Washington, D.C.: The Urban Institute, 2002).

[12] Julia Overturf Johnson, *Who's Minding the Kids?—Child Care Arrangements: Winter 2002* (Washington, D.C.: U.S. Census Bureau, October 2005).

According to data collected by the U.S. Department of Health and Human Services for fiscal 2004, just under 35 percent of children between the ages of 5 and 12 who receive subsidies spend their out-of-school time in family child care settings (see "Settings for School-Age Children Receiving Child Care Subsidies, Fiscal 2004" below).[13] However, considerable variation exists among states, from a low of 2 percent of school-age children in Oklahoma in family child care to a high of 85 percent of school-age children in Oregon in family child care (see Appendix C for state-by-state information).

Settings for School-Age Children Receiving Child Care Subsidies, Fiscal 2004

10.7%

54.5%

34.8%

- ■ Child Care Centers
- ■ Family Child Care Homes
- □ In-Home Settings
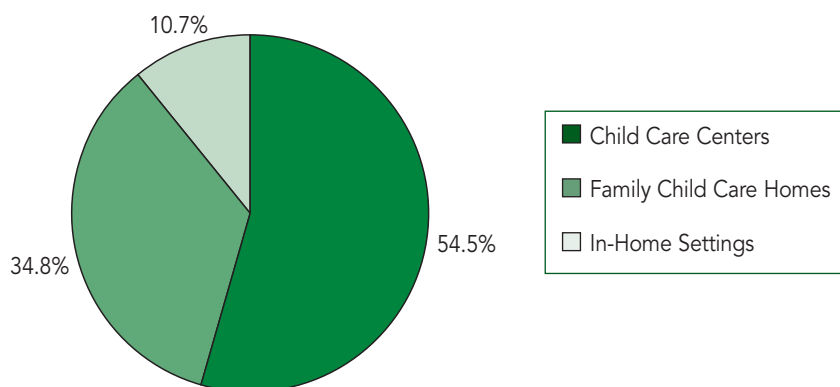
Source: Child Care Bureau, Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services, as reported by states and the District of Columbia for fiscal 2004.

What Constitutes Quality in Family Child Care?
As is true for child care provided in all settings, the quality of family child care can vary widely among providers. Improving the overall quality of care requires an understanding of the factors associated with high-quality care. National family child care standards and national and local studies provide insight on these factors. Note, however, that these quality indicators apply to family child care broadly; specific quality indicators for school-age family child care have not been studied.

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[13] This statistic reflects the national average (for the 50 states and District of Columbia) of school-age children served in "family homes" and "group homes" and includes regulated and nonregulated settings. Regulations define a family child care home provider as "one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work." A group child care home provider is defined as "two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work."

The National Association for Family Child Care (NAFCC) has developed standards of quality care that inform its national accreditation process. To develop these standards, NAFCC analyzed what quality family child care looks like and sought input from diverse voices in the field. NAFCC accreditation stresses age-appropriate activities and is applicable to school-age or mixed-age providers as well as those serving only younger children. According to NAFCC standards, the most important aspect of a high-quality family child care program is warm, responsive human relationships with children and with parents and families. Other key aspects of quality include[14]:

- a welcoming and comfortable environment with materials and equipment to support children's activities and domains of development;

- developmentally appropriate learning activities that build different competencies;

- adherence to safety and health standards; and

- professional and business practices that are both ethical and legal and demonstrate continual efforts to improve quality.

In addition to the work done by NAFCC, several studies have looked at characteristics that are correlated with higher quality care and that lead to a measurable difference in quality, including provider training and education and access to professional support networks.[15] Similarly, a 1994 study of family child care providers found that "intentionality," or a commitment to caring for children, is associated with high-quality care. Some examples of intentionality include pursuing training and professional development opportunities, planning activities and learning experiences for children, and seeking the support of other providers. Providers who exhibit intentionality are more likely to view their work as a career and to seek out professional development opportunities.[16]

A more recent study of child care for low-income families found that, across all age groups served, family child care homes demonstrated good health and safety practices. However, learning activities and opportunities were scarce in most of the homes observed. Homes in which school-age children were cared for were more likely to provide learning activities; these homes were also more likely to have television watching than other homes. Fewer homes were found to have developmentally appropriate materials for indoor and outdoor play for school-age children than for pre-school-age and younger children. Furthermore, school-age children were observed to engage in little high-level object play, which the study's authors deemed consistent with more television watching.[17]

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[14] National Association for Family Child Care, *Quality Standards for NAFCC Accreditation*, 4th ed. (Salt Lake City, Utah: National Association for Family Child Care, 2005).

[15] Morrissey. Also see, for example, Jan L. Fischer and Brenda K. Eheart, "Family Day Care: A Theoretical Basis for Improving Quality," *Early Childhood Research Quarterly 6* (1991); and Karen Debord and Janet Sawyers,"The Effects of Training on the Quality of Child Care for Those Associated with and Not Associated with Professional Child Care Organizations," *Child and Youth Care Forum*, vol. 25, no. 1 (1996).

[16] Ellen Galinksy et al., *The Study of Children in Family Child Care and Relative Care: Highlights of Findings* (New York, N.Y.: Families and Work Institute, 1994).

[17] Layzer and Goodson.

Three Family Child Care Providers Who Serve School-Age Children

Family child care providers may choose to serve school-age children for different reasons. For example, these providers may choose to serve the peers of their own school-age children, or they may respond to a need for school-age care in their community. Often, providers who initially cared exclusively for younger children will subsequently serve their older siblings or continue to serve the same group of children as they enter school. These experiences of three high-quality family child care providers caring for school-age children are illustrative.

Nikki Darling-Kuria became a family child care provider in her Maryland community nine years ago, serving children approximately the same ages as her young children. She continues to serve the same group of children, even as they have entered school and now require part-time care. Although Ms. Darling-Kuria recognizes that a shift to part-time care may be a financial hardship for other providers, she explains that she has earned the respect of the families that she serves and did not need to lower her fees significantly. She is committed to professionalizing the field of family child care and, as a result, has become an accredited family child care provider. By furthering her own professional development, she hopes to counter the perception in her community that family child care is simply babysitting.

Renee Wehrend came to operate a family child care home in Oregon after several years' experience caring for children in a child care center. She has been a certified family child care provider in Oregon for 16 years and serves mixed-age groups that include school-age children. Typically, she begins caring for children when they are infants or toddlers and continues to care for them when they enter school. Ms. Wehrend has faced several barriers serving school-age children, but she finds that time spent in mixed-age groups affords children of all ages several benefits. The challenges she has faced include arranging transportation from school, having sufficient space for older children to play, and managing varied schedules and activities for children of different ages. She finds, however, that the younger children enjoy the presence of school-age children and that school-age children have a unique opportunity to serve as mentors to younger children and to take a leadership role in planning activities for younger children.

Sandy Governor, a former physical education teacher in Tennessee, began operating a family child care business while staying at home with her own school-age children. Ms. Governor chose to serve school-age children exclusively, particularly after hearing news reports about "latch-key children" in her community. After years of experience and with a master's degree in school-age care, Ms. Governor has developed afterschool activities that meet the unique needs of this age group. Her afterschool program of "eating snacks, taking naps, and running laps" gives children the chance to unwind after spending the day in school. (Although school-age children do not take naps, some time is allotted to help them rest and relax.) Ms. Governor educates other family child care providers on best practices to promote professionalism in the field and improve the public perception of school-age care. She urges family child care providers to join parent-teacher associations and otherwise forge connections with local schools.

Why Do Families Choose Family Child Care?

Maximizing parental choice is a hallmark of federal child care subsidy policy. The factors that influence parents' choice of care for their children are varied and complex, including the location, cost, and setting of the care; the hours during which care is available; a relationship or connection with a particular provider; and the activities or curriculum used. In the recent study of child care for low-income families, parents' reasons for choosing family child care included the perceived safety and accessibility of the arrangement; hours that matched parents' (often nontraditional) work schedules; and the parents' relationship with and trust in the provider.[18] These findings did not vary by age of the child and echo the comments of providers and experts in the field of family child care as to why parents choose to place their children, including school-age children, with family child care providers.

- **Home-Like Setting.** Quite simply, parents may choose family child care for their children because it "feels like home." Some parents of school-age children believe their children's out-of-school time is best spent in a noninstitutional environment—more like what they would experience were they to return to their own homes after the school day ends. Parents may also select family child care providers in their own neighborhoods, so their children, particularly those who are older, can walk or travel by bus to the provider's home.

- **Mixed-Age Groupings.** For parents who desire one setting where their older and younger children can be cared for together, family child care can be the solution. In addition to the logistical advantage (i.e., one drop-off and pick-up location) and ability to keep siblings together, providers note that children in mixed-age settings frequently have opportunities to learn from and teach one another across age groups, whether they are engaged in academic or recreational activities.

- **Trust in Caregivers.** A major concern guiding parents' child care choices is trust in caregivers. Minority and low-income mothers, in particular, are more likely to trust relatives, friends, or home-based providers.[19] Similarly, some mothers prefer family child care providers, who are likely to share their cultural values and ideas about childrearing over center-based child care, where children are exposed to multiple caregivers who may or may not share their values.[20]

A review of the family child care literature finds that most parents generally are satisfied with their family child care arrangement.[21]

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[18] Layzer and Goodson.

[19] See, for example, James Mensing et al., "Child Care Selection Under Welfare Reform: How Mothers Balance Work Requirements and Parenting," *Early Education & Development*, vol. 11, no. 5 (2000); and Bruce Fuller et al., "Welfare Reform and Child Care Options for Low-Income Families," *Children and Welfare Reform*, vol. 12, no. 1 (2002).

[20] Kontos et al., *Quality in Family Child Care and Relative Care* (New York, N.Y.: Teachers College Press, 1995).

[21] Morrissey.

What Are the Challenges Associated with Providing School-Age Family Child Care?

Family child care providers who serve school-age children may face several challenges in providing high-quality child care services for this age group, according to family child care experts and providers.

- **Financial Considerations.** Family child care providers serving exclusively school-age children may not be able to make sufficient income because of the part-time nature of the care. Providing care for mixed age-groups is a strategy to address this problem, but caregivers must be mindful of their maximum capacity during school holidays and summer vacations when school-age children require full-time care. To some extent, states that allow family child care providers to participate in prekindergarten initiatives may create an incentive for these providers to serve three- and four-year-olds rather than school-age children.[22]

- **Transportation.** Some family child care providers report difficulties in transporting school-age children between their schools and the provider's home. Many school districts will not allow school buses to pick up or drop off children anywhere but their own neighborhood or their own home, so providers may be responsible for arranging transportation to and from school. Transporting school-age children can be particularly challenging for providers who care for mixed-age groups, because they cannot leave the younger children unsupervised. Bringing younger children along to pick up and drop off the older children can raise safety concerns and disrupt the younger children's schedules and activities. Finally, in some states, laws designed to protect children's safety require that certain individuals picking up children from school drive specific types of vehicles, which, in some cases, require commercial car insurance and/or a special driver's license. Furthermore, providers may need supplemental coverage to be adequately insured in case of an accident while they are transporting the children in their care. For many providers operating small home-based child care programs, meeting these regulations and requirements may not be feasible.

- **Programming.** Notwithstanding the many potential benefits of mixed-age care, providers may face challenges when developing materials and an environment for a wide range of ages. Providers who care for mixed-age groups need to think strategically about developing programming that is stimulating for every age group. They also need to maintain a multipurpose space appropriate for the safety and programming needs of all children served. Challenges may arise, for example, when older children are engaged in an activity using materials that might be hazardous to toddlers,

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[22] Thirteen states—Arkansas, Delaware, Illinois, Massachusetts, Missouri, Nevada, New York, Ohio, Oregon, Virginia, Washington, West Virginia, and Wisconsin—include family child care providers as eligible providers of pre-kindergarten services, though such providers generally are not participating in pre-kindergarten programs in large numbers. See Schumacher et al., *All Together Now: State Experiences in Using Community-Based Child Care to Provide Pre-Kindergarten*, rev. (Washington, D.C.: Center for Law and Social Policy and The Children's Project, February 2005).

such as glue or clay. Providers also note that finding age-appropriate activities for a mixed-age group is more difficult during summers or holidays when children of all ages are in care throughout the day. All providers serving school-age children need to find the right balance of programming, including helping with homework, providing unstructured play time, and offering enriching activities. Providers also need to consider how to make connections with the school-day curriculum.

- Ability to Attract a School-Age Clientele. Some family child care providers find it difficult to attract school-age clients. In some communities, they must compete with multiple school-based or other afterschool programs that provide free or low-cost school-age care. In addition, some family child care providers report that it is challenging to market their services to families of school-age children, because many families have a negative perception of family child care for school-age children. Parents who seek a learning environment for children outside the school day may not consider family child care as academically enriching as school- or community-based afterschool programs.

- Professional Development. Professional development can be another challenge for family child care providers. Many of these providers work alone, which can make it difficult to dedicate time for professional development. Another barrier to professional development is that not all providers think of themselves as "professionals." For example, a provider may only care for neighborhood children temporarily in order to stay home with his or her own child and may not be interested in receiving training or certification. Furthermore, very few professional development opportunities are available for child care providers who serve school-age or mixed-age children. For information on resources that have been developed in Oregon to support mixed-age family child care providers, see "Practices and Tips to Support Mixed-Age Family Care Providers" on page 19.

How Can Family Care Providers Who Serve School-Age Children Be Supported?

Some family child care providers who care for children of any age express frustration with the lack of professional supports they are able to access. A recent study by the Institute for Women's Policy Research identified low wages, job isolation, and a lack of professional development and training opportunities as the main problems associated with providing quality care in family child care homes.[23] The report also suggests ways to promote better care in family child care homes (see "State and Local Strategies to Improve the Quality of Family Child Care" below).

State and Local Strategies to Improve the Quality of Family Child Care

A recent study by the Institute for Women's Policy Research highlights promising state and local programs that promote quality in family child care homes. Although focused largely on child care homes that serve younger children, this publication highlights strategies that can be adapted to support family child care homes serving school-age children.

- **Home visits.** A mentor or consultant visits the family child care provider in the home to provide one-on-one training, information, model teaching, and moral support.

- **Accreditation programs.** National accreditation through the National Association for Family Child Care requires providers to meet standards beyond licensing requirements.

- **Family child care networks.** Networks may provide opportunities for training, supply equipment and materials, or administer scholarship programs. Networks also offer providers opportunities for peer-to-peer learning.

- **Links to community resources.** Connecting providers to community resources, such as parks, libraries, and community colleges, can promote ongoing support for providers.

- **Tiered reimbursement systems.** State and local tiered reimbursement systems provide higher reimbursement rates to programs or providers that meet quality standards, including accreditation.

- **Training scholarships.** Scholarships for training and degree credentials enable providers to pursue higher education and may offer cash bonuses upon completion.

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[23] For more information, see Katie Hamm, Barbara Gault, and Avis Jones-DeWeever, *In Our Own Backyards: Reviewing Local and State Strategies to Increase the Quality of Family Child Care* (Washington, D.C.: Institute for Women's Policy Research, June 2005), available at: www.iwpr.org/pdf/G717.pdf.

> ■ **Career ladders.** Career ladders provide a professional development "map" for providers and typically link levels of training and accreditation with increases in compensation.
>
> For more information and examples of promising programs, see Katie Hamm, Barbara Gault, and Avis Jones-Deweever, *In Our Own Backyards: Reviewing Local and State Strategies to Increase the Quality of Family Child Care* (Washington, D.C.: Institute for Women's Policy Research, June 2005), available at: www.iwpr.org/pdf/G717.pdf.

Besides the limited availability of professional supports for family child care providers generally, even fewer resources are targeted to the unique needs of providers serving school-age children or mixed-age groups. States and communities can pursue several strategies to support this subset of family child care providers, including:

- licensing;
- accreditation;
- program standards;
- professional development; and
- coordination.

Licensing

Licensing aims to promote children's health and safety by setting baseline requirements that programs must meet. Licensing requirements in many states calculate maximum group sizes and provider-to-child ratios based on the ages of the children being served. (For specific information on state licensing regulations for family child care providers, see Appendix A.) Program monitoring, associated with licensing, can enable states to help providers identify areas they may need to improve and help states better understand providers' training needs. In addition, many licensed providers enjoy a natural network for information sharing. Licensed child care providers are often supported and introduced to families through child care resource and referral agencies in states and communities. These agencies help link families with child care options, sometimes help administer child care subsidies, and often provide training and technical assistance to child care providers that are licensed or seeking licensure. They can also help providers share resources, experiences, and lessons learned.

Accreditation

Family child care accreditation, through the National Association for Family Child Care, recognizes a higher level of program quality. A separate accreditation for providers serving school-age children does not exist, because many providers serve mixed-age groups. The NAFCC accreditation process takes into account whether activities and materials are appropriate for age groups served and focuses on building strong relationships between children and adults. NAFCC accreditation was implemented nationally in 1999, and nearly 2,500 providers are now accredited. (For more information on the National Association for Family Child Care, visit www.nafcc.org/.)

In addition, the National AfterSchool Association (NAA), formerly the National School-Age Care Alliance, awards national accreditation to school-age programs that work with children ages 5 to 14. Accreditation is based on the NAA standards for school-age quality, which address indicators such as "meeting the developmentally different needs of youth, involving children and youth in program planning, providing positive interactions between children and youth and adults, and ensuring a safe and challenging environment for children and youth in out of school time."[24] Although NAA does not have separate accreditation for family child care, the NAA standards provide all caregivers of school-age children, including family child care providers, with guidance on how best to serve this age group. Many state agencies that have developed tiered reimbursement for quality programs have used the NAA standards for school-age quality to develop standards for school-age care programs.

Program Standards

Developing clear guidelines or standards by which to measure quality in family child care settings that serve school-age children is one way to promote and recognize good practices. Currently, the family child care field lacks models of best practices specifically in school-age or mixed-age family child care. Developing best practices or case studies that illustrate what a quality program looks like could help trainers and technical assistance providers who work directly with providers. Several models of quality care are likely, including those that complement the children's activities during the school day. While some students may benefit from academic enrichment, others may need relaxing environments in which to unwind from school. Best practices models should also respect children's cultural backgrounds.

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[24] National AfterSchool Association, *The Benefits of NAA Accreditation* (Charlestown, Mass.: National AfterSchool Association, 2006).

Professional Development

Training programs focused on supporting school-age or mixed-age children in family child care settings are another means to improve the quality of care. States and communities may consider targeting training opportunities for family child care providers who operate exclusively school-age programs and mixed-age group programs.

Training programs for family child care providers should consider the attendance barriers that family child care providers face. For example, individuals may not be able to attend training during the hours they are caring for children and may benefit from training materials available by video or via the Internet. Distance learning opportunities may also meet the needs of providers who may otherwise need to travel long distances to attend training. Furthermore, given the low wages associated with family child care, providers may require scholarships to take part in training activities.

Coordination

Operating out of their own homes, family child care providers who serve school-age children are likely to feel disconnected from other providers as well as other community institutions, including the schools attended by the children they serve.[25] In addition, family child care providers serving school-age children may not be a part of state or local system-building efforts related to school-age care. By incorporating family child care providers into larger conversations about the well-being of school-age children, it may be possible to learn more about these providers and to improve outcomes for all children. Several types of coordination can support these providers.

Provider Associations and Networks. State family child care associations and networks provide support systems for family child care providers, potentially easing provider isolation and expanding access to professional development opportunities. Resource and referral agencies, community-based organizations, or local employers often coordinate such networks. According to the Child Welfare League of America, three types of these entities exist: (1) membership associations that work together to enhance professionalism and impact policy; (2) community-support networks, open to all providers, that offer peer support and resources to providers; and (3) family child care networks and systems that help a group of parents (e.g., employees of the same company) access child care. Providers involved in these networks may have expanded opportunities for peer support.[26]

Some provider networks also administer the U.S. Department of Agriculture's Child and Adult Care Food Program, which offers subsidies to cover the cost of snacks and meals for income-eligible children. In fiscal 2006, family child care homes served nearly 240 million meals under the program; this number accounts for approximately 35 percent of the total meals served.[27]

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[25] Hamm et al. June 2005; and Kontos et al.

[26] Bruce Hershfield et al., *Family Child Care Networks/Systems: A Model for Expanding Community Resources* (Washington, D.C.: Child Welfare League of America, 2005).

[27] Food and Nutrition Service, U.S. Department of Agriculture, *National Level Annual Summary Tables: Child and Adult Care Food Program (Participation, Meals Served, and Costs)* (Washington, D.C., data as of December 22, 2006).

Sponsoring organizations enroll providers and manage this program while also, in many cases, offering additional support services.[28] These various networks and associations may also play a role in assessing and meeting the unique needs of providers serving school-age children as well as in advocating for policy changes that positively influence providers' ability to serve school-age children.

Connections with Schools. When children spend their days in school and their afternoons in a family child care home, communication between the teacher and family child care provider can help both teacher and provider to better meet the child's needs. Particularly in cases where a child has an individual education plan to meet his or her special needs, it is beneficial for child care providers to understand and support those unique learning needs. Building connections with schools often requires effort on the part of the provider as well as on the part of parents, who may need to facilitate these connections. Schools can also reach out to family child care providers by inviting providers to in-service training programs and offering their space for family child care training. Finally, local resource and referral agencies and family child care networks may play a role in facilitating providers' communication with schools.

State and Local Afterschool System-Building. In recent years, states and localities have developed state and local afterschool networks. These networks bring together diverse public, private, and community stakeholders to improve the quality and availability of afterschool programs and after-school program supports. They offer a means for planning jointly; sharing resources and best practices; building bridges to and among federal, state, and local initiatives; and forging partnerships to develop comprehensive afterschool policies.[29] Family child care providers who care for school-age children may not always be involved in these state and local system-building efforts; as a result, these initiatives miss an important perspective. Family child care associations may be able to represent family child care providers in broader state or local policy discussions.

[28] Mary Larner, *In the Neighborhood: Programs that Strengthen Family Day Care for Low-Income Families* (New York, N.Y.: National Center for Children in Poverty, 1994).

[29] The Charles Stewart Mott Foundation supports states interested in establishing strong statewide afterschool networks, recognizing the value of this model in promoting partnerships and policies that encourage the development, sustainability, and replication of quality afterschool programs. Currently, 32 states receive funding from the Mott Foundation to build the capacity of their networks. Several other states and localities are developing similar networks.

Practices and Tips to Support Mixed-Age Family Care Providers

The Oregon Center for Career Development in Childhood Care and Education (OCCD) has developed suggested quality practices and provider tips to better support family child care providers who care for school-age children in settings that include younger children. Family child care providers frequently care for children of various ages, including older children, once the school day ends. Yet discussions of mixed-age groups and practices for such groups are often focused on caring for preschool-age children alongside younger infants and toddlers.

With support from the Oregon Child Care Division, OCCD staff interviewed experts in the field experienced with working with school-age children in family child care settings that include younger children. Best practices emerged and were informed by quality standards from the National Association for Family Child Care, the National AfterSchool Association, and the Thelma Harms Environmental Rating Scales for both family day care and school-age care. The suggested quality practices and provider tips are organized by these categories: relationships, the environment, developmental learning activities, safety and health, and professional and business practices. For example:

Developmental Learning Activities Quality Practice:
Planning times for separate activities that are appropriate for each age group.
School-age children are developmentally capable of—and need opportunities to practice—skills that are unsafe for small children.

Provider Tips:
- Schedule more challenging activities for older children when the younger ones are napping.

- Provide time, space, and safety assurances for the large motor activities that school-age children need.

For the complete set of quality practices and provider tips, see Oregon Center for Career Development in Childhood Care and Education, *In The Mix: Including Schoolagers with Younger Children in Your Family Child Care: Suggested Quality Practices & Provider Tips* (Portland, Ore.: Oregon Center for Career Development in Childhood Care and Education, October 2006), available at: www.centerline.pdx.edu/forms/3%20School%20Age/SA-In The Mix.pdf.

What Are the Information Gaps, Unanswered Questions, and Next Steps?

This review revealed several areas where information on family child care providers is limited and further research is needed. Additional research could inform state and local efforts to better support family child care providers.

- **Family Child Care Providers Serving School-Age Children.** Basic descriptive information on family child care for school-age children is needed. Researchers could determine how many family child care providers are providing school-age care, compared with care for children in other age groups. In addition, further research can shed light on whether providers who serve school-age children more commonly serve mixed-age groups or exclusively serve school-age children.

- **Families That Choose Family Child Care for School-Age Children.** Research could also shed light on what selection factors influence families to choose family child care for their school-age children. A better understanding of why families receiving child care subsidies are more likely than nonsubsidy families to use family child care settings for school-age care would help improve policies targeted to this group.

- **The Strengths of Family Child Care.** More information on the strengths of family child care, as well as on the fit between family child care and school-age groups, mixed-age groups, and low-income children and families, is needed. Although no one setting is best for all school-age children, family child care may provide a valuable alternative for some families.

- **Promising Practices.** Research on promising practices of family child care providers effectively serving school-age care could inform both professional development and program assessment. For example, information is needed on what constitutes high-quality school-age care in a family child care setting and what types of program activities in this setting best complement student experiences during the school day. (See, for example, "Lessons Learned from the U.S. Military on Promoting Quality Family Child Care" on page 21.)

- **Family, Friend, and Neighbor Care.** Relatively little is known about these license-exempt providers. Although there is a growing body of state-level research in this area, a better understanding of the scope of school-age children served in these settings and of how to promote quality in these settings for school-age children is necessary.

Lessons Learned from the U.S. Military on Promoting Quality Family Child Care

In response to reports of poor, unregulated child care for military families, Congress passed the Military Child Care Act in 1989. Since this act's passage, the Military Child Development Program has been cited as a model for systematic quality improvement efforts nationwide. The military's model for quality improvement, which includes pay increases, mandatory training, and standards enforced with unannounced site visits, applies to both child care centers and family child care homes; one third of children in the military child care system are served in family child care settings.

Family child care providers certified by the military system participate in local family child care networks and benefit from pay increases and training opportunities. Training addresses the unique skill set of family child care providers, including managing a business and creating a child development environment. While the military family child care system serves children from birth to age 12, the Army has developed a separate handbook and training course on how to serve school-age children in family child care settings. A RAND study of the military system found that quality improvement efforts have been effective and have also helped professionalize the family child care field and boost the reputation of family child care providers among military families.

Source: Gail L. Zellman and Anne S. Johansen, *Examining the Implementation and Outcomes of the Military Child Care Act of 1989* (Santa Monica, Calif.: RAND Corporation, 1998).

Conclusion

Family child care homes are part of the diverse landscape of out-of-school time settings. Although this type of child care is often overlooked in the national dialogue about out-of-school time programs and activities, a significant number of children, including more than one third of school-age children receiving federal child care subsidies, are cared for during out-of-school time in a family child care home.

This issue brief examined what is known about why parents choose family child care settings for their school-age children, the challenges that family child care providers often face, and the strategies that states and communities can use to support these providers. More research is needed in the field to understand better how different types of policies can most effectively affect the quality of this care.

Acknowledgements

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Organizations

Child Welfare League of America, Family Child Care Clearinghouse Project
www.cwla.org/programs/daycare/clearinghouse.htm

Families and Work Institute
www.familiesandwork.org

Institute for Women's Policy Research
www.iwpr.org

National Association for Family Child Care
www.nafcc.org

National Child Care Information Center
http://nccic.acf.hhs.gov/

Appendix A:
Definitions of Licensed Family Child Care Homes by State

State	Small Family Child Care Homes			Large Family Child Care Homes		
	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted
Alabama	1–6	6	Yes, if below age 12	7–12	6:1, with no more than 2 below age 1	Yes, if below age 12
Alaska*	5–8	8	Yes	9–12	12:1	Yes
Arizona*	NL (Voluntary Certification)			6–10 (unrelated)	5:1	No (total not to exceed 15)
Arkansas*	6–16	10:1, if none below age 3; 9:1, if none below age 2 and no more than 3 between age 2 and age 3; 8:1, if no more than 1 below age 2; 7:1, if no more than 2 below age 2; 6:1, if no more than 3 below age 2	Yes, if preschool-age or younger	NC		
California*	2–6 (plus 2 SAC)	8	Yes, if below age 10	Up to 12 (plus 2 SAC)	8:1	Yes, if below age 10
Colorado*	2–6 (plus 2 SAC)	8	Yes, if below age 12	7–12	7:1	NA
Connecticut	1–6 (plus 3 SAC)	9	Yes, if below age 12	7–12	4:1 for below age 3; 10:1 for age 3 or older	NA
Delaware*	1–4 (plus 2 SAC)	6	Yes, if preschool-age or younger	7–12 (plus 2 SAC during school closings)	6:1, with max 4 below age 2, with max 2 below age 1	Yes, if preschool-age or younger
District of Columbia	1–5	5	Yes, if below age 6	NC		
Florida	2–10	10, if no more than 5 are preschool-age, with no more than 2 below age 1; 6 preschool-age if none below age 1; 6, with 3 below age 1; 4, if all below age 1	Yes, if below age 13	Up to 12	8:2, if all are birth to 24 mos.; 12:2, if no more than 4 are below 24 mos.	Yes, if below age 13
Georgia*	3–6 (up to 12 below age 13, with 6 related to provider, residents, or children for whom no compensation is received)	3 below age 1; 6 below age 3; 8 below age 5	Yes	7–18	6:1 for below age 1 and below age 18 mos. and not walking; 8:1 for 1-yr.-olds who walk; 10:1 for 2-yr.-olds; 15:1 for 3-yr.-olds; 18:1 for ages 4 or older	NA

Definitions of Licensed Family Child Care Homes by State (continued)

State	Small Family Child Care Homes			Large Family Child Care Homes		
	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted
Hawaii	3–6	6	Yes, if below age 6	Up to 12	8:1 for ages 2–3; 12:1 for ages 3–5 or older	NA
Idaho *	NL (Voluntary license)			NL (Voluntary license)		
Illinois*	4–8 (plus 4 SAC)	8	Yes, if below age 12	4–16	8:1; 12:1, if SAC	Yes, if below age 12
Indiana	6–12 (plus 3 SAC during vacations)	12	Yes, if below age 8	13–16	4:1 for infants; 6:1 for birth to age 2, with 2 or more 16 mos. or older and walking; 10:1 for birth to age 6, with no more than 3 below 16 mos.; 12:1 for age 3	Yes, if below age 8
Iowa*	6 (plus 2 SAC)	6	Yes, if below school-age	6–12 (plus 2 SAC and 2 part time)	3:1 for below 18 mos.; 8:1, with no more than 4 below age 2 and no more than 3 below 18 mos.	Yes, if below school-age
Kansas*	1–6 (must be registered)	6	Yes, if below age 12	7–12 (plus 4 SAC)	See notes	Yes, if below age 11
	7–10 (6 preschool 4 SAC)	See notes	Yes, if below age 11			
Kentucky	4–6 (plus 4 children related to provider)	6	Yes, if below age 6	7–12	5:1 for below age 1; 6:1 for ages 1–2-; 10:1 for ages 2–3; 12:1 for ages 3–4; 14:1 for ages 4–5; 15:1 for ages 5–7	Yes, if care is provided to them
Louisiana	NL (Voluntary registration)			NL		
Maine	3–12 (up to 8 preschool-age and 2 SAC, unless all SAC)	4 below 30 mos.; 8 above age 2.5 plus 2 SAC; 6, with no more than 3 below age 2.5 plus 2 SAC; 12 SAC	No	NC		
Maryland	1–8	8	Yes, if below age 6	NC		
Massachusetts*	1–6	6	Yes, if below age 10 and present more than 3 hrs	7–10	6:1, with no more than 3 below age 2, no more than 2 below 15 mos.	Yes, if below age 10 and present more than 3 hrs

State	Small Family Child Care Homes			Large Family Child Care Homes		
	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted
Michigan	1–6	6	Yes, if below age 7	7–12	6:1	Yes, if below age 7
Minnesota	2–6 (plus 4 SAC)	10, if 6 below kindergarten-age, with no more than 3 below 24 mos. and no more than 2 below age 1	Yes, if below age 11	up to 14	10:1, with 8 below kindergarten-age, no more than 3 below 24 mos., and no more than 2 below age 1; 12:1, with 10 below kindergarten-age, no more than 2 below 24 mos., and no more than 1 below age 1	Yes, if below age 11
Mississippi	NL (Voluntary registration)			6–12	4:1 for below age 1; 8:1 for age 1; 12:1 for age 2; 14:1 for age 3; 16:1 for age 4; 20:1 for ages 5–9; 25:1 for ages 10–12	No
Missouri	5–10	10, if 2 below age 2; 6, if 3 below age 2; 4, if all below age 2	No	11–20	4:1 for birth to age 2; 8:1 for age 2; 10:1 for ages 3–4; 16:1 for ages 5 or older 10:1 for mixed ages above age 2; 8:1, with more than 4 2-yr.-olds	No
Montana*	3–6	6	Yes, if below age 6	7–12	6:1; 4:1 for infants	Yes, if below age 6
Nebraska*	4–8 (plus 2 SAC)	10, if 2 SAC during non-school hours	Yes, if below age 8	Up to 12	10:1, if no young preschoolers; 12:1, if all SAC	Yes, if below age 8
Nevada	5–6 (plus 3 SAC)	9, if 3 SAC	No, but additional SAC includes provider's own children, if below age 10	7–12 (plus 3 SAC)	6:1, with no more than 4 below age 2 and no more than 2 below age 1	No, but additional SAC includes provider's own children, if below age 10
New Hampshire	4–6 (plus 3 SAC)	6 preschool-age and 3 SAC, with no more than 4 below age 3 and no more than 2 below 24 mos.; 5 preschool-age and 3 SAC, with no more than 4 below age 3 and no more than 2 below age 2; 4 below age 3	Yes, if below age 10	7–12 (plus 5 SAC)	17:2 (includes 5 SAC), with no more than 4 below age 3	Yes, if below age 10

Definitions of Licensed Family Child Care Homes by State (continued)

State	Small Family Child Care Homes			Large Family Child Care Homes		
	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted
New Jersey	NL (Voluntary certification)			NL		
New Mexico	5–6	6	Yes, if below age 6	7–12	6:1, with no more than 2 below age 2	Yes, if below age 6
New York*	3–6 (plus 2 SAC)	6, if none is below age 2; 5, if one or more are below age 2	Yes, if not yet enrolled in kindergarten or higher grade	7–12 (plus 2 SAC)	6:1; 2:1 below age 2	Yes, if not yet enrolled in kindergarten or higher grade
North Carolina	3–5 (plus 3 SAC)	8, with no more than 5 preschool-age or younger	Yes, if preschool-age or younger	NC		
North Dakota*	4–7 (plus 2 SAC 2 hrs before and after school and during school vacations)	9, if 2 are limited SAC; 4, if all are below age 2	Yes, if below age 12	8–18	4:1 for below age 2; 5:1 for ages 2–3; 7:1 for ages 3–4; 10:1 for ages 4–5; 12:1 for ages 5–6; 18:1 for ages 6–12	NA
Ohio	NL			7–12; or 4–12, if 4 or more are below age 2	6:1	Yes, if below age 6
Oklahoma	1–7	5 for any age; 6, with no more than 3 below age 2; 7, with no more than 2 below age 2	Yes, if below age 5	8–12	5:1 for any age; 6:1, with no more than 3 below age 2; 7:1, with no more than 2 below age 2; 7:1, if all are age 2 or older; 8:1, if all are age 3 or older; 10:1, if all are age 4 or older; 12:1, if all are age 5 or older	Yes, if below age 5
Oregon	4–10 (plus 4 SAC)	10	Yes, if below age 13	7–10; or up to 12, if all are age 5 or older	8:1, with 1 below 24 mos.; 7:1, with 2 below 24 mos.; 6:1, with 3 below age 24 mos.; 4:1, with all below 24 mos.	Yes, if below age 13
Pennsylvania*	4–6	6	Yes, if infant or toddler	7–12 (plus 3 SAC)	See notes	Yes
Rhode Island	4–8	6 below age 6, with no child below 18 mos.; 4 below age 6, with no more than 2 below 18 mos.	Yes, if below age 6, or if more than 2 are below age 12 and present more than 3 hrs	9–12	4:1 for below age 2; 6:1 for age 2 or older	Yes, if below age 6, or if more than 2 are below age 12 and are present more than 3 hrs

State	Small Family Child Care Homes			Large Family Child Care Homes		
	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted	Number of Children Allowed	Maximum Number of Children to One Provider	Provider's Own Children Counted
South Carolina	2–6	6	Yes, if below age 12	7–12	8:1, with no more than 3 below age 2	Yes, if below age 10
South Dakota	NL (Voluntary registration)			13–20 (plus 3 SAC)	5:1 for birth to age 3; 10:1 for ages 3–6; 15:1 f or age 6 or older	Yes
Tennessee	5–7 (plus 5 children related to the provider)	7	Yes, if below age 9	8–12 (plus 3 SAC)	12:1 for age 3 or older; 15:1 for age 3 or older, with at least 3 SAC	Yes, if below age 9
Texas*	4–6 (plus 6 SAC)	12	Yes, if below age 14	Up to 12	See notes	Yes, if below age 14
Utah*	5–8	8	Yes, if below age 4	9–16	8:1, with no more than 2 below age 2; 12:1 for SAC	Yes, if below age 12
Vermont*	3–6 (plus 4 SAC)	10, with 4 SAC	Yes, if below age 2	NC		
	3–12	3:1 for below age 3; 6:1, with no more than 2 below age 2	Yes, if preschool-age or younger, or if homebound	NC		
Virginia*	NL (Voluntary registration)			6–12	See notes	Yes, if below age 8
Washington*	1–12	See notes	Yes, if below age 12	NC		
West Virginia	4–6	6	Yes, if below age 6	7–12	6:1, with no more than 2 infants	Yes, if below age 6
Wisconsin*	4–8	8	Yes, if below age 7	NC		
Wyoming	3–10	10	Yes, if preschool-age or younger	Up to 15	2:1 for birth to age 1; 8:1 for age 2 or older	Yes, if preschool-age or younger

Note: *For more information, see http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.html (HTML) or http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.pdf (PDF).

Source: National Child Care Information Center, *Definition of Licensed Family Child Care Homes* (Fairfax, Va.: National Child Care Information Center, April 2006), available at: http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.html and at: http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.pdf. The National Child Care Information Center is a service of the U.S. Child Care Bureau.

Key:

NA = Not Addressed in Regulations   **NC** = No Category

NL = Not Licensed/License Not Required   **SAC** = School-Age Children

Licensed Family Child Care Homes and Licensed Family Child Care Capacity by State, 2005†

State	Small Family Child Care Homes		Large Family Child Care Homes		Total Number of Licensed Family Child Care Homes	Total Family Child Care Capacity
	Number	Capacity	Number	Capacity		
Alabama	1,272	7,632	450	5,400	1,722	13,032
Alaska*	239	1,818	85	926	324	2,744
Arizona*	15	73	356	4,726	371	4,799
Arkansas*	987	11,043	NC	NC	987	11,043
California*	37,820	302,560	6,674	93,436	44,494	395,996
Colorado*	4,072	30,833	209	2,029	4,281	32,862
Connecticut	3,023	26,895	55	648	3,078	27,543
Delaware*	1,556	12,201	58	704	1,614	12,905
District of Columbia	237	1,139	NC	NC	237	1,139
Florida	2,224	20,961	185	2,205	2,409	23,166
Georgia*	6,736	40,260	See notes	8,646	6,736	48,906
Hawaii	456	2,508	6	72	462	2,580
Idaho *	NL	NL	NL	NL	NL	NL
Illinois*	10,286	72,733	357	4,079	10,643	76,812
Indiana	2,803	37,344	308	See notes	3,111	37,344
Iowa*	2,754	22,002	3,439	156,292	6,193	178,294
Kansas*	2,735	15,932	4,581	45,288	7,316	61,220
Kentucky	1,029	NR	NC	NC	1,029	NR
Louisiana	NL	NL	NL	NL	NL	NL
Maine	1,789	See notes	NC	NC	1,789	See notes
Maryland	9,775	70,789	NC	NC	9,775	70,789
Massachusetts*	6,081	33,241	3,322	27,467	9,403	60,708
Michigan	9,979	59,247	3,736	44,606	13,715	103,853
Minnesota	3,070	30,080	10,015	118,618	13,085	148,698
Mississippi	35	392	91	2,047	126	2,439
Missouri	1,853	18,212	216	4,224	2,069	22,436
Montana*	663	3,795	478	5,571	1,141	9,366
Nebraska*	2,470	24,227	596	7,093	3,066	31,320
Nevada	500	NR	24	NR	524	NR
New Hampshire	230	1,809	129	1,865	359	3,674

State	Small Family Child Care Homes		Large Family Child Care Homes		Total Number of Licensed Family Child Care Homes	Total Family Child Care Capacity
	Number	Capacity	Number	Capacity		
New Jersey	NL	NL	NL	NL	NL	NL
New Mexico	206	1,255	214	2,471	420	3,726
New York*	8,321	71,814	3,772	60,414	12,093	132,228
North Carolina	4,671	33,348	NC	NC	4,671	33,348
North Dakota*	480	3,418	835	11,238	1,315	14,656
Ohio	NL	NL	154	NR	154	NR
Oklahoma	3,172	22,122	1,153	13,740	4,325	35,862
Oregon	4,425	44,250	267	3,143	4,692	47,393
Pennsylvania*	4,377	26,262	820	9,840	5,197	36,102
Rhode Island	1,303	8,304	11	127	1,314	8,431
South Carolina	19	114	284	3,377	303	3,491
South Dakota	NL	NL	92	1,795	92	1,795
Tennessee	805	5,633	663	8,853	1,468	14,486
Texas*	8,422	50,532	1,732	20,667	10,154	71,199
Utah*	2,102	14,592	240	3,547	2,342	18,139
Vermont*	1,244	NR	NC	NR	1,244	NR
Virginia*	NL	NL	1,678	18,470	1,678	18,470
Washington*	6,280	57,044	NC	NC	6,280	57,044
West Virginia	2,341	9,364	86	1,032	2,427	10,396
Wisconsin*	3,192	25,460	NC	NC	3,192	25,460
Wyoming	465	4,620	81	1,125	546	5,745
TOTAL	**166,514**	**1,225,858**	**47,452**	**695,781**	**213,966**	**1,921,639**

Notes: † Capacity is defined as the maximum number of children a licensed program is allowed to have in care at one time. The data reported in this table is the total capacity for all licensed facilities in each state.
* For more information, see
www.nara.affiniscape.com/associations/4734/files/Number%20of%20Licensed%20Programs%202005.pdf0Programs%202005.pdf and www.nara.affiniscape.com/associations/4734/files/Licensed%20Capacity_2005.pdf.pdf.

Source: National Association for Regulatory Administration and National Child Care Information Center, *2005 Child Care Licensing Study* (Conyers, Ga.: National Association for Regulatory Administration and Fairfax, Va.: National Child Care Information Center, December 2006), available at:
www.nara.affiniscape.com/associations/4734/files/Number%20of%20Licensed%20Programs%202005.pdf0Programs%202005.pdf and at: www.nara.affiniscape.com/associations/4734/files/Licensed%20Capacity_2005.pdf.pdf.

Key:

NC = No Category of Facility   **NL** = Facility Not Licensed   **NR** = No Response

Appendix C:
School-Age Children Who Are Receiving Federal Child Care Subsidies and Being Served in Family Child Care Settings by State, Fiscal 2004[1]

State[2]	Family Child Care Home*	Group Family Child Care Home**	Total Percentage in Family Child Care	Percentage in Child Care Center	Percentage in Care in Own Home
Alabama	7%	5%	12%	88%	0%
Alaska	30%	5%	35%	61%	3%
Arizona	20%	7%	27%	69%	4%
Arkansas	21%	0%	21%	77%	1%
California	37%	10%	47%	46%	7%
Colorado	34%	0%	34%	59%	7%
Connecticut	31%	0%	31%	25%	44%
Delaware	36%	2%	38%	59%	4%
District of Columbia	3%	0%	3%	97%	0%
Florida	9%	0%	9%	88%	3%
Georgia	15%	2%	16%	83%	1%
Hawaii	64%	0%	64%	20%	15%
Idaho	39%	14%	53%	44%	2%
Illinois	42%	1%	42%	22%	36%
Indiana	45%	0%	45%	54%	1%
Iowa	59%	8%	67%	32%	1%
Kansas	21%	38%	59%	30%	12%
Kentucky	30%	2%	32%	68%	0%
Louisiana	11%	0%	11%	62%	26%
Maine	51%	0%	51%	47%	3%
Maryland	45%	0%	45%	39%	16%
Massachusetts	8%	12%	20%	73%	7%
Michigan	47%	7%	54%	11%	35%
Minnesota	56%	0%	56%	32%	12%
Mississippi	21%	2%	23%	73%	4%
Missouri	50%	2%	52%	45%	3%
Montana	26%	31%	57%	40%	3%
Nebraska	41%	8%	49%	51%	0%
Nevada	5%	0%	6%	84%	10%
New Hampshire	31%	0%	31%	60%	10%

State	Family Child Care Home*	Group Family Child Care Home**	Total Percentage in Family Child Care	Percentage in Child Care Center	Percentage in Care in Own Home
New Jersey	25%	0%	25%	71%	4%
New Mexico	54%	5%	59%	39%	2%
New York	42%	6%	48%	30%	22%
North Carolina	19%	0%	19%	80%	0%
North Dakota	44%	29%	73%	27%	0%
Ohio	45%	1%	46%	54%	0%
Oklahoma	2%	0%	2%	98%	0%
Oregon	83%	2%	85%	15%	0%
Pennsylvania	35%	3%	38%	44%	18%
Rhode Island	29%	0%	29%	70%	1%
South Carolina	19%	3%	21%	71%	7%
South Dakota					
Tennessee	14%	4%	17%	78%	5%
Texas	14%	3%	17%	73%	11%
Utah	46%	6%	52%	38%	10%
Vermont	52%	1%	53%	41%	6%
Virginia	36%	0%	36%	60%	4%
Washington	35%	0%	35%	44%	21%
West Virginia	48%	3%	51%	49%	0%
Wisconsin	38%	0%	38%	61%	0%
Wyoming[3]	50%	12%	62%	24%	14%
NATIONAL	31%	4%	35%	55%	11%

Notes: *Child Care and Development Fund (CCDF) regulations define a **family child care home provider** as "one individual who provides child care services for fewer than 24 hours per day per child, as the sole caregiver, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work."

CCDF regulations define a **group child care home provider as "two or more individuals who provide child care services for fewer than 24 hours per day per child, in a private residence other than the child's residence, unless care in excess of 24 hours is due to the nature of the parent(s)' work."

[1] Children served in more than one setting were scored or counted in proportion to the number of monthly hours in each setting. Therefore, a child who received 30 hours of care in one setting and 70 hours of care in another setting was scored as 0.3-children in one setting and 0.7-children in the other setting. Results were based on the full population data where available. (The Child Care Bureau Information System database was utilized as of January 31, 2006). Percentages are based only on school-age children with valid data.

[2] This table reflects only the 50 states and the District of Columbia.

[3] Wyoming did not accurately report the setting data for a high percentage of its children served.

Source: Administration for Children and Families, U.S. Department of Health and Human Services, "ACF-801 for FFY 2004" (Washington, D.C.).

U.S. Department of Health and Human Services

Administration for Children and Families

Child Care Bureau