

Child Care Bulletin

Issue 34

Fall 2007

Home Is Where the Heart Is: FFN Care Across the Nation

Family, friend, and neighbor (FFN) care is important to a key goal of the Child Care and Development Fund (CCDF)—to support parental choice for low-income families. The Child Care Bureau recognizes that FFN care is preferred by many families, and by a significant proportion of families being served in the child care subsidy system. The Child Care Bureau backs State, Territory, and Tribal efforts to make FFN care accessible to families and of sufficient quality to promote child safety and children's healthy learning and development.

CCDF administrators have found it challenging to identify successful approaches to recruiting FFN providers and present training and information to this component of the child care workforce. The Child Care Bureau applauds CCDF administrators' efforts to be purposeful in setting policies to ensure families in the subsidy system have choices from a range of providers and settings to meet their families' needs. The Child Care Bureau also applauds CCDF

administrators' work to advance quality initiatives that address the unique needs of FFN providers.

The Child Care Bureau's mission is to support low-income working families. Research has shown that low-income families, as well as families from various cultures, often prefer FFN care settings. While recognizing the challenges for setting policies for FFN providers, who are outside the regulatory system in many States, the Child Care Bureau is committed to working with CCDF administrators to secure for families access to the care they prefer, which meets their needs, is safe, and supports children's healthy development. The Child Care Bureau will continue to encourage research and technical assistance to help CCDF administrators in these areas.

In this issue of the *Child Care Bulletin*, research, successful strategies, and resources are shared to inform your efforts. For example, you will read about a framework for defining FFN care, strategies for reducing parent and provider barriers to the subsidy system, and policies related to licensing and other health and safety requirements.

FFN providers are a vital sector of the child care workforce and play a critical role in supporting low-income families' need to work and care for their children. The Child Care Bureau is ready to assist CCDF administrators in confirming the value of FFN providers in the child care workforce while ensuring a safe, appropriate learning environment for every child.

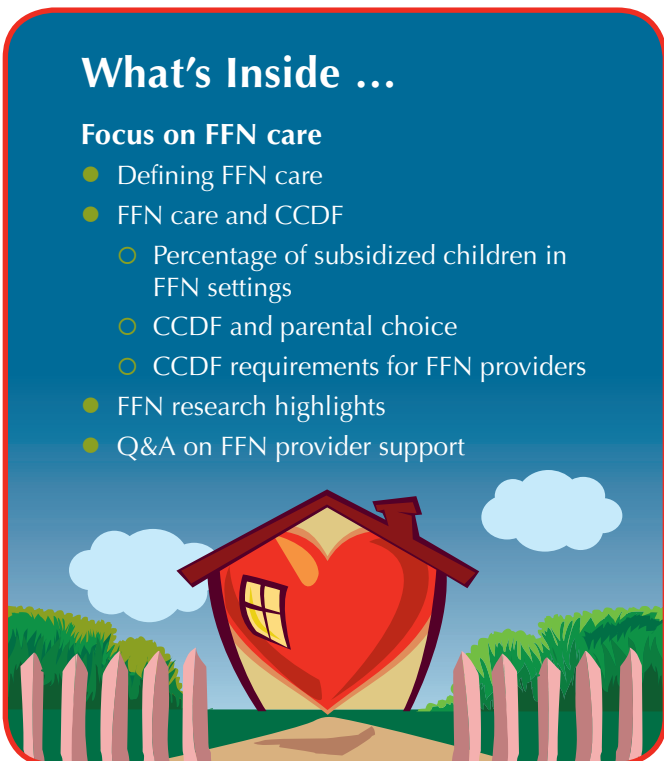
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U.S. Department of Health
and Human Services
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Children and Families
Office of Family Assistance
Child Care Bureau

Toward a Definition of FFN Care

The term *FFN care* often is used in the early care and education field to describe several types of nonparental child care that is provided in home settings for small numbers of children and is not licensed* by States.¹ FFN care also may be called *kith and kin care*, *license-exempt care*, or *informal care*.

Given this broad definition and the many types of care and providers it includes, what is considered FFN care varies from State to State. This variation makes it difficult to compare FFN care across the country, prompting questions about who the providers are, the quality of care children receive, and how best to support FFN caregivers.

The Who and Where of FFN Care

FFN care can include the following types of providers:

- **Relatives (kin):** Care provided either in the child's or the caregiver's home by someone who is related to the child by blood, marriage, or adoption;
- **Kith:** Care provided by members of an extended family or close-knit community;
- **Friends:** Care provided by friends of the family (not necessarily indicating there is a long-term or lifetime commitment in the same way that care by *kith* often does);
- **Neighbors:** Care provided by people who may or may not be well-known to the family and typically live in close physical proximity;
- **In-home:** Care in the child's own home, by relatives or nonrelatives, such as babysitters, nannies, housekeepers, or maids; and
- **Unlicensed family child care:** Care in the provider's home that is not required to be licensed because of the small number of children in care.

FFN is not a term used within the CCDF regulations. However, three categories of care defined in the CCDF regulations fall within the FFN category: *family child care homes*, *in-home providers*, and *relatives who provide care in the child's home or in their own home*.



Characterizing Providers to Inform Policy

Learning more about the population of FFN providers and the families they serve can help policy-makers, particularly CCDF administrators, continue to develop and implement effective child care policies. To enhance understanding, FFN providers can be categorized into two groups.

One group of FFN providers includes those **who have close relationships with the family**, such as relatives, kith, friends, and some neighbors. Families tend to choose these caregivers because they are trusted, often share similar cultural backgrounds, and have a special connection with the children in care, especially when they are relatives. This group may view their care as a family support, or even a family obligation, rather than a professional service. These providers may therefore require customized resources and outreach to ensure they provide quality care environments.

The second group includes providers who are **not required to be licensed by States** (although some States require them to be licensed or meet health and safety requirements to receive CCDF subsidies). The largest segment of this group is family child care homes that are not licensed (or certified/registered). Ten States require a family child care home to be licensed when one or more children are not related to the caregiver. In these States, the types of care considered to be FFN care do not include family child care providers, since none are exempt from licensing. In nine States, settings where care is provided to children from only one family are not required to be licensed, regardless of the number of children in the family.² (See “Child Care Policies and FFN Care” on page 12 for additional information about family child care thresholds and licensing requirements.) In addition, there is often no regulation of relative care providers and in-home care providers, which can be relatives or nonrelatives, such as nannies or babysitters.

Since a large portion of families are using these types of care, policy-makers and researchers should continue to learn more about these providers and the needs of parents who choose them. Clear definitions of FFN care can help CCDF administrators identify strategies to promote quality and enable researchers to compare quality across settings more accurately.

* For the purposes of this issue, a *licensed* child care provider is defined as being required to have permission from the State to operate and must meet specified standards. Some States may call their regulatory processes *certification* or *registration*; the term *licensed* is used to represent all regulatory processes. Note that CCDF regulations and data reporting use the terms *regulated*, and *unregulated* and *legally operating without a license*, to describe licensed and unlicensed, respectively.

¹ Schulman, K., & Blank, H. (2007). *Close to home: State strategies to strengthen and support family, friend, and neighbor care*. Retrieved May 17, 2007, from www.nwlc.org/pdf/CloseToHome2007.pdf



² National Child Care Information and Technical Assistance Center. (2006). *Threshold of licensed family child care*. Retrieved May 17, 2007, from <http://nccic.acf.hhs.gov/pubs/cclicensingreq/threshold.html>

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Kids in the Neighborhood

Children in FFN Care

The Child Care Bureau recognizes that FFN care is preferred by many families, including some families served by CCDF. Researchers have worked to estimate the frequency of FFN use. The following information is an overview of FFN utilization across the country.

Challenges in Estimating FFN Use

Determining the use of FFN care can be challenging because many FFN providers are not licensed, and are therefore not part of child care databases of licensed providers, making them difficult to count and track. In addition, researchers have various definitions of FFN care, which makes it difficult to compare data across studies and calculate national averages. For example, some researchers include family child care home providers who are not required to be licensed in the FFN group, while others do not distinguish between licensed and unlicensed providers. However, approximations can be made based on sources that provide national estimates: the Survey of Income and Program Participation (SIPP), the National Survey of America's Families (NSAF), and the National Household Education Survey (NHES).

Data Approximations

- The 2002 SIPP used data collected from the U.S. Census Bureau to study the child care arrangements for all children younger than age 5. Data are available for relative caregivers, nonrelative caregivers providing care in the child's home, and other care arrangements. According to these data, approximately 48 percent of all children younger than 5 years are in FFN care.¹



National estimates of the use of FFN care range from approximately one-quarter to one-half of children younger than age 6.

- The 2002 NSAF examined the primary child care arrangements for children younger than age 5 from low-income families with employed mothers. Data are available on the use of nannies, babysitters, and relatives. According to these data, 31 percent of children younger than age 5 are in FFN care.²
- The 2005 NHES investigated child care arrangements for those children who are cared for at least once a week by people other than their parents. The survey defined FFN care as nonparental relative care, nonrelative unpaid care outside the child's home, and nonrelative care inside the child's home. It did not include unlicensed family home providers. Survey results indicated that:
 - Approximately 25 percent of all children younger than age 6 are regularly in at least one type of FFN care.
 - Among children younger than age 3, approximately 41 percent of the hours spent in nonparental care were spent in FFN settings.
 - Among children 3 to 5 years of age, approximately 31 percent of the hours spent in nonparental care were spent in FFN settings.³

FFN Providers in the Subsidy System

FFN caregivers also make up an important part of the CCDF subsidy system. Across States, approximately 23 percent of children in the CCDF subsidy system receive care from FFN providers, with a few States having 50 percent to 75 percent of children in subsidized FFN care settings.

Who Chooses FFN Care

The frequency of FFN use depends on a number of family factors. Some families cite costs, lower staff-child ratios, and flexible hours. However, the most common reason families select FFN care is familiarity with and trust of caregivers. Researchers also have found that families may choose to use FFN care because they work nontraditional hours, live in rural areas, have fewer formal care options, or because of cultural continuity issues. Minority families are also more likely to use this type of care.⁴

A clear picture of the number of children in these settings, including how many FFN providers receive subsidy payments, gives CCDF administrators important information about the scale and scope needed to reach these providers and the children and families they serve. Exploring the characteristics of families who use this type of care also helps administrators meet the needs of families and providers.

Additional information about the number of FFN providers in the subsidy system is available in the Program Statistics section of the Child Care Bureau's Web site at www.acf.hhs.gov/programs/ccb/data/ccdf_data/05acf800/list.htm.

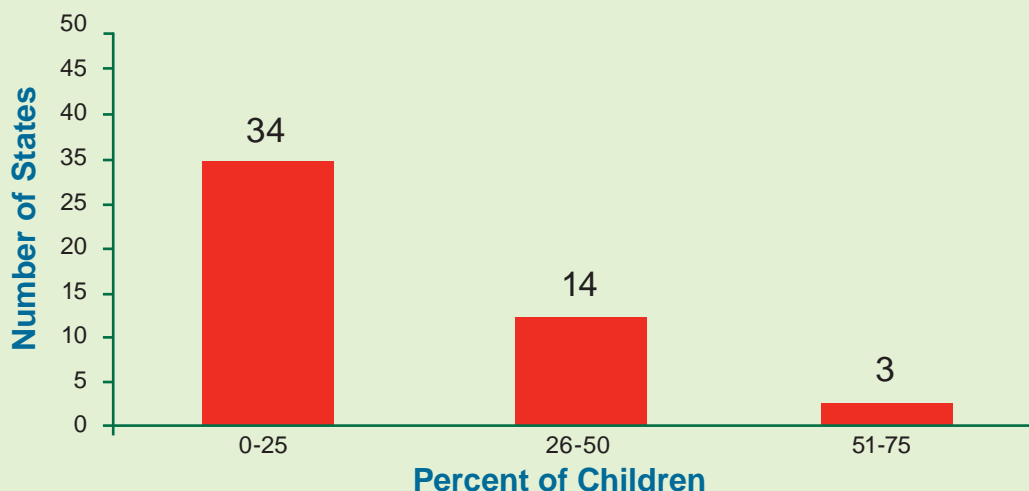
¹ Overturf Johnson, J. (2005). *Who's minding the kids? Child care arrangements: Winter 2002*. Current Population Reports, P70-101. Retrieved July 6, 2007, from www.sipp.census.gov/sipp/p70s/p70-101.pdf

² The Urban Institute. (2004). Nearly 3 out of 4 young children with employed mothers are regularly in child care. *Fast Facts on Welfare Policy*. Retrieved July 6, 2007, from www.urban.org/UploadedPDF/900706.pdf

³ Human Services Policy Center. (2007). Percent of all non-parental care hours in each type of care. *Human Services Policy Center Fact Sheet*. Seattle, WA: Evans School of Public Affairs, University of Washington; Schulman, K., & Blank, H. (2007). *Close to home: State strategies to strengthen and support family, friend, and neighbor care*. Retrieved July 6, 2007, from www.nwlc.org/pdf/CloseToHome2007.pdf

⁴ Schulman, K., & Blank, H. (2007).

Percentages of Children in Subsidized FFN Care



Source: Child Care Bureau, Office of Family Assistance, Administration for Children and Families, U.S. Department of Health and Human Services. (2007). Table 6: Average monthly percentages of children served in all types of care. In *FFY 2005 CCDF Data Tables*. Retrieved June 11, 2007, from www.acf.hhs.gov/programs/ccb/data/ccdf_data/05acf800/table6.htm

Note: Data in this table include percentages of children in unlicensed relative and nonrelative in-home settings, and unlicensed relative and nonrelative family home settings.

Subsidy System Backs Parents' FFN Choice

Stakeholders, especially CCDF administrators, must recognize that families entering the CCDF subsidy system seeking help to pay for child care may or may not need assistance finding high-quality care. For those families who need assistance finding care, local child care resource and referral agencies can play a critical role in helping families explore child care options and select the care that is best for them. However, many parents applying for subsidies do not need help finding care because they already have chosen the provider they wish to use. This is often true for families who prefer FFN care, especially care by relatives or care in children's homes.

CCDF regulations state that families can choose from a variety of child care settings, including FFN care, that meet all applicable health and safety standards. Families may select a popular center or a family child care home that is well known in their community. Or, families may choose the child's grandmother, a close friend of the family, or a neighbor who cares for a small number of children in her home. When parents have chosen an FFN provider, the CCDF Lead Agency must support this choice in the same way it does when parents select other, more formal care settings.

Resources and More for Parents and Providers

The field still has much to learn about ways CCDF Lead Agencies support parents who choose FFN providers. CCDF administrators can consider several key questions when examining parental choice:

- Does the CCDF Lead Agency have available for parents and FFN providers materials about the CCDF subsidy program and requirements? How are these materials distributed?
- Do CCDF subsidy system processes help FFN providers participate? For example, the agency can consider streamlining processes by limiting paperwork, providing assistance with completing the provider eligibility process, and ensuring FFN providers receive timely payments.
- What requirements must FFN providers meet to participate in the subsidy system? Does requiring providers to meet them create a significant barrier for FFN provider participation?
- Is there support (i.e., training, written materials, and/or funding) to help FFN providers meet the requirements for subsidy participation? Is this support easy for providers to access?



- Are rate setting policies for FFN providers similar to those for other types of care? Are FFN providers receiving a fair reimbursement rate compared to other providers?
- How are child care quality initiatives reaching out to FFN providers to help them meet CCDF requirements?

These questions can help CCDF administrators and their stakeholders think critically about their policies and procedures and assess how well they support the parents they serve. Low-income, working parents have many decisions to make about their children's care, and those who choose FFN care need resources and support just like parents who send their children to formal care settings.

For more information about CCDF, visit the Child Care Bureau's Web site at www.acf.hhs.gov/programs/ccb/ccdf/index.htm.

Off to a Good Start

Early Head Start Reaches Out to FFN Providers

Early Head Start (EHS) is a federally funded, community-based initiative offered throughout the country to low-income families with infants and toddlers and pregnant women. EHS is designed to enhance young children's development while strengthening families through programs that provide a wide range of family support services. In 2004, the Office of Head Start (formerly the Head Start Bureau) within the Administration for Children and Families initiated the Enhanced Home Visiting Pilot Project to EHS programs nationwide. The overall purpose was to support the quality of care FFN providers offer infants and toddlers enrolled in EHS. The evaluation focused on assessing quality in these settings, identifying program models and promising practices, and documenting strategies and challenges.



Visits Bring Expanded Services to Home-Based Caregivers

All EHS programs must offer families services according to the Head Start Program Performance Standards, which outline what programs have to do and the standards they must meet. However, the standards do allow for some flexibility in service delivery. In the Enhanced Home Visiting Pilot Project, FFN providers cared for enrolled children. More than 20 EHS programs participated in the pilot project.

EHS program staff conducted weekly visits to these providers' homes and organized at least two group socializations per month, which helped strengthen parent-child relationships. Project staff visited FFN providers to identify their needs, enhance the services EHS-enrolled

children receive, increase children's school readiness, and encourage relationships and communication among programs, parents, and providers. Staff met these goals by delivering training workshops to providers, organizing provider support groups, and delivering materials and equipment.

Project Evaluation Produces New Insights

The Office of Head Start contracted with Mathematica Policy Research, Inc., and its partner the Urban Institute, to conduct a 2-year evaluation of the pilot project to identify support models, document implementation strategies and challenges, and learn more about promising practices for reaching out to FFN providers. Data were collected through interviews and focus groups, program records maintained by pilot sites, and observations of environmental quality and caregiving practices in FFN settings.

The pilot project evaluation revealed several notable findings across participating programs:

- FFN providers responded positively to the outreach.
- Programs were able to build on the success of their EHS home-visiting framework.
- FFN caregivers were very diverse across programs.
- There were barriers to providers taking part in training, including transportation and time constraints.

Next Steps

The pilot project evaluation yielded important details for devising effective methods to reach FFN providers. Understanding the diversity of this provider population in particular States and communities, and some of their unique needs and challenges, is among the first steps CCDF administrators can take for developing quality initiatives that have impact. Administrators also can consider the benefits of direct, one-on-one support services for FFN providers.

Strategies for Supporting Quality in Kith and Kin Child Care: Findings from the Early Head Start Enhanced Home Visiting Pilot Evaluation is available at www.mathematica-mpr.com/publications/PDFs/kithkinquality.pdf.

Attention on FFN Care Sparks Research

Given the significant number of families who rely on FFN care, interest has grown for learning more about this child care option. Several important statewide and national research studies have been conducted, including investigations funded by the Child Care Bureau. Major areas of inquiry have focused on the overall FFN caregiver population, families served, FFN care quality, and methods for supporting FFN providers, and have delivered key findings that shed new light on the status of FFN care.

Who Chooses FFN Care

Overall, researchers have found that parents of all economic levels and ethnic backgrounds place their children in FFN settings. However, some studies funded by the Child Care Bureau, such as the National Study of Child Care for Low-Income Families and the Illinois Study of License-Exempt Care, have examined low-income parents' selection of FFN care, especially low-income families who receive child care subsidies.

Key Findings

- Parents cited trust, close relationships with providers, shared values, health and safety issues, and convenience as the reasons for choosing FFN care.
- Many low-income parents indicated that the flexibility of FFN care is important because they work nontraditional and unpredictable hours.¹

Provider Motivations

Studies found that different types of FFN care providers report various reasons for offering care. The clearest distinction is between relative and nonrelative providers.

Key Finding

- According to data collected through the National Study of Child Care for Low-Income Families, relative providers cited their desire to help family members as the reason for providing care. Nonrelative providers stated that the opportunity to have a job while staying home with their own children was a main reason.

Tools for Provider Development

Many FFN caregivers indicate that they want resources and support. However, delivery of these resources and support needs to be tailored to specific caregivers.



Key Findings

- Many FFN providers do not consider themselves to be professional child care providers. However, surveys and focus groups reveal that caregivers want to learn more about caring for children, keeping children safe and healthy, and engaging children in various activities.
- FFN providers are interested in obtaining information in different ways, such as through workshops, videos, and newsletters.²

Models of Support

Current research about FFN models of support is mostly descriptive. These models can be grouped into two categories: those that approach caregivers through the child care system and help improve quality, and those that approach caregivers through a parent education or family support focus and help strengthen families. (See “Q & A: Supporting FFN Providers” on page 10 for more information.)

Key Findings

- Child care system models primarily include training, distribution of materials and equipment, and home visits. All these approaches focus mainly on subsidized caregivers, and much of the funding for training initiatives comes from CCDF dollars.
- Family support or parent education centered models most commonly use either family interaction, such as play and learn groups, or home visiting, often adopting the Parents as Teachers Curriculum.³

The majority of initiatives supporting FFN caregivers are relatively new, and there is limited evidence about their results. However, anecdotal data suggest that caregivers are more responsive to recruitment efforts that come from within their community and are more personalized. Aside from self-reports, few data exist about the effects of these initiatives on caregiver knowledge.

Quality of Care

While findings demonstrate that overall, there are some inherent strengths of FFN care for children and families, studies also point to areas for quality improvement.

Key Findings

- Research indicates that in terms of environment, FFN homes are generally adequate for play and learning; however, areas to target for improvement include the availability of books and materials and health and safety practices.
- Research also has found that there are generally low staff-child ratios in these settings, as well as positive interactions between providers and children. While FFN caregivers tend to have less formal education than licensed providers, they demonstrate acceptable levels of sensitivity, affection, and supportiveness to children in care. Research also indicates that many FFN providers miss opportunities to engage children in activities that support learning.⁴

Measuring Quality

Measuring quality in FFN settings remains a challenge. Although several instruments exist for assessing quality in licensed family child care settings, they are not always relevant to FFN settings and can fail to capture the unique aspects of this care, such as the shared culture and values of parents and providers. The Family Day Care Rating Scale, the FFN care measure most commonly used in the past, may unfairly penalize FFN providers who do not have the resources to meet space or material standards required of regulated settings.⁵ However, a few recently



developed tools adequately capture quality in FFN settings, including the Child Care Assessment Tool for Relatives developed by staff at the Bank Street College of Education. Overall, efforts to measure quality in this field still are evolving, and more research is needed to establish and adapt appropriate definitions and instruments.⁶

Research to Practice

Policy-makers, including CCDF administrators, can refer to research findings when planning and implementing initiatives that respond to the needs of the FFN care community. A thorough understanding of who uses FFN care, its strengths, and areas for quality improvement can contribute significantly to crafting effective FFN professional development programs and quality improvement strategies.

¹ Maxwell, K. (2006, April). *Longitudinal study of legal unlicensed family child care providers who participate in the child care subsidy program*. Presented at the Annual Meeting of the Child Care Policy Research Consortium, Springfield, MD; Layzer, J. I., & Goodson, B. (2006). *National Study of Child Care for Low-Income Families, Care in the home: A description of family child care and the experiences of the families and children who use it, Wave 1 report*. Retrieved May, 29, 2007, from www.acf.hhs.gov/programs/opre/cc/nsc_low_income/reports/care_in_home/care_in_home_title.html

² Porter, T. (2007). *Assessing initiatives for family, friend, and neighbor child care: An overview of models and evaluations*. (Research-to-Policy Connections Brief No. 5). Retrieved September 24, 2007, from www.childcareresearch.org/SendPdf?resourceId=11787

³ Ibid.

⁴ Tout, K., & Zaslow, M. (2006). *Observations of child care provided by family, friends and neighbors in Minnesota: A report of the Minnesota Child Care Research Partnership*. Retrieved September 24, 2007, from www.childtrends.org/Files/Child_Trends-2006_02_01_FR_MinnesotaCare.pdf; Maxwell, K. (2006, April); Susman-Stillman, A. (in press). *Quality of care in family, friend, and neighbor caregiving settings*. New York: Child Care & Early Education Research Connections.

⁵ Harms, T., & Clifford R. M. (1989). *Family day care rating scale*. New York: Teachers College Press.

⁶ Maher, E. J. (2007). *Measuring quality in family, friend, and neighbor child care: Conceptual and practical issues*. Retrieved September 24, 2007, from www.childcareresearch.org/SendPdf?resourceId=12033

Q&A: Supporting FFN Providers

Like other child care providers, FFN providers need skills, knowledge, materials, equipment, peer interaction, and additional supports.

Q. What kinds of support do FFN providers want?

A. Research shows that FFN providers would like to participate in training and gain support that enhances their caregiving capacity and addresses caring for children, health and safety, nutrition, child development, activities to do with children, and working with parents. However, they typically want the support to include connecting with peers, rather than formal classes. Providers also indicate that newsletters, materials and equipment, peers they can call when facing challenges, and caregivers who can substitute are particularly helpful.¹

Q. What models support FFN providers?

A. Several models offer strategies for supporting FFN providers, and researchers place them into two categories: initiatives that regard providers as part of the child care workforce and aim to improve the quality of care they provide to children; and those that consider providers to be an extension of the family and focus on strengthening this type of care through approaches drawn from parent education or family support.² The following are some examples of FFN outreach models:

Child Care Models

Training: These initiatives provide training opportunities for enhancing caregivers' knowledge and skills. Some encourage caregivers to become licensed and help with that process.

Distribution of materials and equipment: By disseminating materials (i.e., newsletters, safety kits, books, and activity packets) and equipment to FFN providers, these initiatives work to improve the health and safety of the environment or provide stimulating activities for children.



Home visiting: These initiatives, which involve early childhood professionals visiting the homes of FFN providers when children are in care, are designed to improve quality by increasing caregiver knowledge and skills, improving the health and safety of the environment or children's nutrition, linking caregivers to resources such as training and printed resources, or promoting the caregiver's role in preparing children for school. (See the article on the Early Head Start Enhanced Home Visiting Pilot Project on page 7 for more information.)

Family Support and Parent Education Models

Family interaction: Often called "play and learn" models, these initiatives promote interaction among caregivers and children through activities in center-like settings at community sites, such as schools, churches, family resource centers, or other community agencies.

Home visiting: These initiatives—in which professionals visit providers' homes, take a parent education approach, and often use a variety of curricula with providers—focus on improving providers' caregiving approach and/or environment.

Q. How can support programs reach out to FFN providers?

A. One of the challenges to giving support to FFN providers is finding them in the community, since their contact information may not be included in child care databases

of licensed or registered providers. Local support programs often are most successful at finding and recruiting providers, and often collaborate with community organizations that the providers already know and trust. Outreach strategies can include the following:

- Using subsidy lists;
- Reaching out to part-time child care, Head Start, and prekindergarten programs;
- Making presentations at schools;
- Collaborating with grassroots organizations as well as cultural groups;
- Leafleting and other community organizing techniques; and
- Tapping into outreach mechanisms used by other projects.³

Q. What are some examples of State support programs for FFN providers?

A. Many States have launched initiatives to support FFN providers. Following are three examples of State support programs that illustrate the child care and family support and parent education models. These initiatives involve providing information, resources, and training to FFN providers; conducting home visits; or engaging in outreach at either a State or local level.

Alabama

The Kids and Kin Program is available to unlicensed family child care providers caring for a grandchild, niece, nephew, or sibling. Providers are offered educational workshops, resources, networking opportunities, and a monthly newsletter. As part of the initiative, providers who participate in a Volunteer Certification Program earn health and safety items, books, and learning materials by attending free training sessions focusing on activities and strategies to improve the quality of child care services for children and their families. These trainings, including CPR and first aid, also can help relative caregivers meet licensing requirements. For more information about the Kids and Kin Program, visit the Web at www.familyguidancecenter.org/index.php?story=erl.kids.

Illinois

Action for Children, the Cook County child care resource and referral (CCR&R) agency, offers the License-Exempt Quality Enhancement Initiative (LEQE), which helps improve quality in unlicensed family child care settings and is funded in part through CCDF quality funds. LEQE begins with a hospitality home visit from LEQE outreach liaisons, who are CCR&R specialists. During the visit, providers are

given information and caregiving resources from Action for Children and its six local community partners. Resources include information about the KidCare health insurance program, the child care assistance program, parent referral services, and other local resources. The outreach liaisons also conduct targeted follow-up visits 2 weeks, 3 months, and 6 months after the initial visit. During subsequent visits, providers are given information about mentoring opportunities, additional resources, and basic training on early childhood literacy, child development, health and safety precautions, and related topics. Additional information about LEQE is available on the Illinois Action for Children Web site at www.daycareaction.org.

Minnesota

To help achieve quality care and education for every child, the Minnesota CCR&R Network plays a key role in the State's campaign to assist FFN providers. The Minnesota Department of Human Services contracts with the State's 18 CCR&R agencies, and has designated a percentage of available State funding and CCDF monies to them for outreach and support to FFN providers. A number of activities are underway, including promoting play and learn groups in partnership with public libraries; organizing events to disseminate information about health and safety, first aid, child development, and school readiness; and offering training to caregivers in targeted cultural communities, including an online SEEDS[®] of Early Literacy course in Spanish.

The Minnesota CCR&R Network was involved with the Families and Work Institute's Sparking Connections, a national initiative to evaluate strategies for supporting FFN providers. Through this initiative, Minnesota identified best practices to improve FFN provider outreach. This work is documented in the 2006 report, *Minnesota Sparking Connections: Child Care Resource and Referral Strategies for Supporting Family, Friend, and Neighbor Caregivers*, available at www.mnchildcare.org/pdfs/SparkWeb.pdf.

¹ Brandon, R. N., Maher, E., Joesch, J., Battelle, J. M., & Doyle, S. (2002). *Understanding family, friend, and neighbor care in Washington state: Developing appropriate training and support*. Seattle, WA: University of Washington.; Institute for a Child Care Continuum. (2004). *Frequently asked questions about kith and kin child care*. New York, NY: Bank Street College.

² Porter, T. (2007). *Assessing initiatives for family, friend, and neighbor child care: An overview of models and evaluations*. (Research-to-Policy Connections Brief No. 5). Retrieved September 24, 2007, from www.childcareresearch.org/SendPdf?resourceId=11787

³ Institute for a Child Care Continuum. (2004); Porter, T., & Rice, R. (2000). *Lessons learned: Strategies for working with kith and kin caregivers*. New York: Bank Street College of Education.

Child Care Policies and FFN Care

CCDF administrators are responsible for setting policies that ensure children are cared for in environments that support their healthy development, and that parents have access to the care they prefer. These policies address health, safety, and other program requirements for providers, as well as CCDF reimbursement rate policies. Three types of child care policies can apply to FFN care providers—State licensing requirements, CCDF health and safety requirements, and CCDF reimbursement rate policies.

State Licensing Requirements for Home-Based Providers*

By definition, FFN care providers are generally not subject to State child care licensing requirements. There are several reasons why a home-based provider may be considered exempt from licensing—either the provider is a close relative of all the children in care, the care is provided in the child’s home (as opposed to the provider’s home), or the number of children in care is small and does not meet the State’s definition of a licensed family child care home.

* For the purposes of this article, the term *home-based provider* is used when describing child care provided in a residential setting, either the home of the provider or the child’s home. Care by the child’s parents is not included in this definition.

** CCDF regulations permit States and Territories to exempt relative providers from meeting health and safety requirements.

All States exempt the care of children by close relatives from licensing requirements when all the children in care are related to the provider. All States also exempt care provided in the child’s home.

However, there is great variation in how States define home-based family child care providers who are required to be licensed. A table that shows the threshold of licensed family child care (when States begin to license family child care homes based on the number of children in care) is available on the National Child Care Information and Technical Assistance Center’s Web site at <http://nccic.acf.hhs.gov/pubs/cclicensingreq/threshold.html>.

CCDF Health and Safety Requirements for Home-Based Providers

Federal regulations for CCDF require child care providers who receive subsidy payments to meet health and safety requirements in three areas: **

- The prevention and control of infectious disease (including age-appropriate immunizations for children);
- Building and physical premises safety; and
- Health and safety training.

Three categories of care defined in CCDF fall within the FFN category:

- Family child care homes;
- In-home providers (e.g., babysitters and nannies who provide care in the child’s home); and
- Relatives who provide care in the child’s home or in their own homes.

CCDF Requirements for Unlicensed Providers	Number of States ⁺	
	Unlicensed Family Child Care Home Providers	In-Home Providers
Provider must meet health and safety standards through self-certification or completion of a health and safety checklist	19	25
Provider must receive negative tuberculosis test result	8	7
Provider must complete physical exams or health statements	8	7
Provider must complete training for CPR/first aid	6	8
Provider must complete orientation, preservice, or annual training on health and safety issues	4	5

⁺**Note:** These data are not available for the U.S. Territories.

Source: Child Care Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. (2006). *Child Care and Development Fund: Report of State and Territory Plans FY 2006–2007*. Retrieved May 18, 2007, from <http://nccic.acf.hhs.gov/pubs/stateplan2006-07/index.html>

Requirements for Family Child Care Home and In-Home Providers

CCDF Lead Agencies vary in how they require providers to meet these standards. Some ensure Federal standards are met by requiring **all** home-based providers to be licensed, regardless of whether there are any licensing exemptions for these types of providers. In these jurisdictions, established licensing regulations include requirements that cover the three areas addressed in the Federal CCDF regulations.

However, many Lead Agencies provide CCDF payments to legally operating family child care home and in-home providers who are **not** licensed. These States establish their own methods to ensure Federal health and safety requirements are met. The table on page 12 shows some of the CCDF requirements for these unlicensed providers.

Requirements for Relative Providers

CCDF Lead Agencies allow families receiving CCDF subsidies to use relative care, defined in the CCDF regulations as care provided by grandparents, great grandparents, aunts, and uncles who may or may not live separately from the children in care, and siblings who live separately from the children in care. Although CCDF regulations permit Lead Agencies to exempt these relative providers from health and safety requirements, most States and all the Territories still have requirements for this type of care. However, requirements differ across States and Territories.

Based on information from Fiscal Year (FY) 2006–2007 CCDF Plans:

- Thirty-two States and all five Territories subject relative care providers to the same health and safety requirements as those for other types of providers receiving CCDF payments;
- Fourteen States subject some or all relative providers to different health and safety requirements than those for other providers; and
- Five States exempt all relative providers from health and safety requirements.

Ensuring Compliance with Health and Safety Requirements

CCDF Lead Agencies have procedures to ensure that child care providers receiving subsidy payments comply with health and safety requirements. In most States, providers receiving subsidy payments are subject to an unannounced visit at least once a year. States also require child care providers receiving subsidy payments to have background checks, such as checks of criminal records (including fingerprints), child abuse and neglect registries, and sex offender registries.



Rate Setting for FFN Providers

CCDF Lead Agencies must ensure that families receiving child care assistance have equal access to comparable care purchased by private-paying parents. Lead Agencies generally accomplish this by conducting a Market Rate Survey (MRS) every 2 years. An MRS is an examination of child care prices charged by providers who care for children within a local market. The results of the survey are then used to create provider payment rates, helping ensure families have access to all types of providers.

Many Lead Agencies report difficulty in conducting an MRS that includes information from unlicensed family child care home, in-home, and relative providers because they are not typically part of the publicly available child care market (e.g., relative caregivers frequently care for related children and do not operate as a business open to anyone). As an alternative, some Lead Agencies tie rate ceilings for these providers to regulated family child care rates or minimum wage standards, helping ensure the rate ceiling increases at



the same pace as regulated family child care or minimum wage standards. According to FY 2006–2007 CCDF Plans, 14 States set rates for unlicensed family child care as a percentage of the rates for licensed family child care. These range from 50 percent to 100 percent of the family child care rate. Five States and one Territory tie the rates for in-home and/or relative care to minimum wage standards.

Limitations on In-Home Care

Under Federal regulations, Lead Agencies must offer families the choice of in-home care but may limit its use. According to FY 2006–2007 CCDF Plans, 34 States and 2 Territories set limits on the use of in-home care. The types of limitations include:

- Parents using in-home providers are required to meet State/Territory minimum wage laws and/or Fair Labor Standards Act requirements.
 - Parents may have to choose settings where providers care for a sufficient number of children so they receive payment equivalent to the minimum wage.
 - Parents may have to pay the difference between the CCDF subsidy and the minimum wage rate.

- Use of in-home care is limited to children whose special needs or medical condition warrant it.
- Minimum age limitations are set for in-home providers, ranging from 16 to 21 years old.

From Policy to Practice

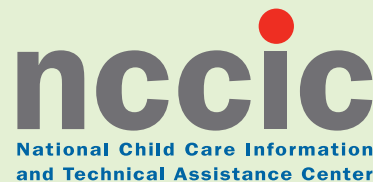
Understanding these policies, as well as national policy trends, helps CCDF administrators continue to ensure low-income working families have access to multiple types of affordable quality care. It is important not only to understand how these policies work, but also those policy changes or combination of changes that will result in the most positive impact on children's healthy development.

More information about CCDF is available on the Child Care Bureau's Web site at www.acf.hhs.gov/programs/ccb/ccdf/index.htm. For more information about policies for FFN providers, see *Supporting Family, Friend and Neighbor Caregivers: Findings from a Survey of State Policies* at www.bankstreet.edu/gems/ICCC/surveypaperfinal.pdf.

The ***Child Care Bulletin*** is published quarterly by the National Child Care Information and Technical Assistance Center under the direction of the Child Care Bureau, Office of Family Assistance, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (HHS).

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Internet access to ACF and the Child Care Bureau: www.acf.hhs.gov/programs/ccb

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Selected FFN Resources

Initiatives

Institute for a Child Care Continuum

Bank Street College of Education
www.bankstreet.edu/ICCC

The institute supports quality in FFN care. It initiated **The National Alliance for Family, Friend and Neighbor Child Care**, a work group that helps influence FFN policies, enhances provider access to services, and increases awareness of the role of these providers in the child care system.

Sparking Connections

Families and Work Institute
www.familiesandwork.org/sparking/home.htm

Sparking Connections is a three-phased, 4-year national initiative to demonstrate and evaluate strategies to support FFN providers through collaborations with nontraditional partners.

Recent Publications

- “Assessing Initiatives for Family, Friend, and Neighbor Child Care: An Overview of Models and Evaluations” (2007), *Research-to-Policy Connections* Brief No. 5, by Toni Porter, at www.childcareresearch.org/SendPdf?resourceId=11787.
- *Assessing Quality in Family, Friend, and Neighbor Care: The Child Care Assessment Tool for Relatives* (2006), by Toni Porter, Rena Rice, and Elizabeth Rivera, at www.bankstreet.edu/gems/ICCC/CCATRFinal5.8.06.pdf.
- *Close to Home: State Strategies to Strengthen and Support Family, Friend, and Neighbor Care* (2007), by Karen Schulman and Helen Blank, National Women’s Law Center, at www.nwlc.org/pdf/CloseToHome2007.pdf.
- *Family, Friend, and Neighbor Care Best Practices: A Report to Ready 4 K, How Culturally Diverse Families Teach Their Children to Succeed and How Early Education Systems Can Learn From Them* (2007), by Betty Emarita, at www.childcareresearch.org/location/11532.

- *Family, Friend, and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed* (2006), by the Annie E. Casey Foundation, at www.aecf.org/kidscount/sld/db06_pdfs/essay.pdf.
- *Family, Friend, and Neighbor Child Care: National Initiatives and Resources* (2007), by the National Child Care Information and Technical Assistance Center, at <http://nccic.acf.hhs.gov/poptopics/kithandkin.html>.
- *Family, Friend and Neighbor Child Care Providers in Recent Immigrant and Refugee Communities* (2006), by Chia Youyee Vang, at <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-4518-ENG>.
- “Measuring Quality in Family, Friend, and Neighbor Child Care: Conceptual and Practical Issues” (2007), *Research-to-Policy Connections* Brief No. 6, by Erin J. Maher, University of Washington’s Human Services Policy Center, at www.childcareresearch.org/SendPdf?resourceId=12033.
- *National Study of Child Care for Low-Income Families, Care in the Home: A Description of Family Child Care and the Families and Children Who Use It: Wave 1 Report* (2006), by Jean Layzer and Barbara Goodson, at www.acf.hhs.gov/programs/opre/cc/nsc_low_income/reports/care_in_home/care_in_home_title.html.

Additional Resources

Visit the Child Care & Early Education *Research Connections* Web site at www.researchconnections.org for fact sheets, reports, and other information about research funded by the Child Care Bureau. Click on “Basic Search,” then enter “family, friend, and neighbor care” in the search field.

Child Care Aware’s *All in the Family* brochure provides parents with information about the unique aspects of FFN care. It is available in English at www.childcareaware.org/docs/pubs/103e.pdf and Spanish at www.childcareaware.org/docs/pubs/103s.pdf.



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