Beyond Child Care Centers: The Essential Role of Home-Based Child Care in Connecticut’s Early Care and Education System

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I. Beyond Child Care Centers

While there has been a significant focus on the care and education of Connecticut's young children in licensed child care centers, many families choose alternative ways of meeting their varied and complicated child care needs. Nationally, it is estimated that 25% of children under age 5 spend about 30 hours per week in home-based child care settings, including licensed family child care providers and unregulated family, friend and neighbor (FFN) care. In addition, FFN care is the most common type of child care for children under age 5 whose parents work and for low income and high income families, but is not as prevalent among middle income families.

Parents may choose home-based care for a variety of reasons, including the desire for more intimate care settings, the ability to have siblings of multiple ages cared for by one provider, the convenience of neighborhood care for school age children, or due to cultural preferences. Parents of infants and toddlers, or children with special needs, may prefer home-based care for the greater opportunity for individual attention. The Growing Up in Poverty project found that children in home-based care were slightly more engaged with their provider and were asked more questions by the caregiver than children in center-based care. Further, in all care arrangements, changes in child care arrangements happen frequently and can be stressful for both children and parents. It has been found that informal family, friend and neighbor care arrangements had the greatest stability, with a median duration of 15 months, compared with 10 months for licensed family child care and 8 months for center care.

Other parents may find home-based care to be the most convenient option to meet their needs. Many low-income working parents find variable work schedules to be an obstacle to using center-based care. In 2002, it was found that half of working-poor parents (incomes below the Federal Poverty Level) work shifts on rotating schedules and more than a quarter of working-near poor mothers (incomes below $25,000) work weekends. Many families rely on family, friends and neighbors to accommodate these variable schedules, or to supplement the care they receive through child care centers. In those relatively rare instances in which centers can accommodate variable schedules, the cost is high, particularly for infants and toddlers.

There are many reasons why a significant proportion of parents prefer alternative options, such as staying home themselves, using work-site care, and using licensed as well as unregulated home-based family child care for their children. And this is fortunate when you consider that Connecticut's early care and education system is not equipped to meet the child care needs of all children through child care centers even if all parents preferred this option. Indeed, for the near future it appears that home-based care will represent the most common type of child care for low-income children whose parents are working. Of course, more predictive of healthy child development and learning than the type of care (be it home-based or center-based) is the quality of the care. Thus, ensuring that families have access to high quality licensed and unregulated home-based care is essential to maintaining a strong and stable workforce and in narrowing the school readiness gap between children from low-income and more affluent families.

This is the third in a series of briefs that offer recommendations that reach beyond child care centers to strengthen Connecticut's early care and education reform agenda for young children. This report examines options available to...
those parents who need child care but choose not to use child care centers, and the supports available to home-based providers outside of the child care center system and funding streams.

II. Defining Family, Friend and Neighbor Care and Licensed Family Child Care

In Connecticut, in addition to licensed child care centers, families also use other types of legal home-based care to meet their child care needs. A family may choose to have a relative, friend, or neighbor care for the child in the child’s own home, or – for a relative – in the relative’s home. These informal child care settings are called family, friend and neighbor (FFN) child care providers (or “kith and kin”) and Connecticut does not require that they be licensed or meet any safety standards. Alternatively, families may choose to use a licensed family child care provider who has met a set of safety standards set by the Department of Public Health (DPH). Some families also take their children to be cared for in the homes of unrelated friends and neighbors who are not licensed, although Connecticut does not consider this a legal child care option.

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<th>Child Care Providers Commonly Used in Connecticut</th>
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<tr>
<td>Licensed Child Care Center</td>
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<td>Licensed Family Child Care Home</td>
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<td>FFN / Kith and Kin</td>
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<td>Unlicensed Home Provider</td>
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Family, Friend and Neighbor Child Care. Family, friend and neighbor (FFN) care is unregulated, but lawful, child care that involves providers such as relatives, friends, neighbors, in-home nannies or babysitters. FFN care can be provided in the child’s home or, for a relative, in the relative’s home. Unlike some other states, Connecticut does not do a household survey that could provide information on the number of families using FFN care, so it is challenging to estimate the size of this population. The most recent analysis was offered by the Growing Up in Poverty Project in 2000. Of the three states studied, Connecticut had the highest reported utilization of kith and kin care for families on state financial assistance, at 77% (compared to 54% for California and 25% for Florida). Alarming was the finding that, while Connecticut had the greatest proportion of families using unregulated care, it also had the lowest quality rating scores for these settings, using the Family Day Care Rating Scale.

Licensed Family Child Care. If a person is caring for one or more children in a private home that is not the home of the child for more than three hours on a regular basis that person must be licensed under current state law. Licensed family child care providers may offer child care in a private home for up to six related or unrelated children (with a maximum of two infants under age two) per provider, including the provider’s own children. During the regular school year a maximum of three more children may be added to the family child care home (totaling nine children, including the provider’s own children). Such care may take place on a regular basis for some period within a 24-hour day, one or more days a week. In licensed family child care, children cannot be cared for more than twelve hours within a 24-hour period. Extended care or “intermittent short-term overnight care” may be permitted as long as care does not exceed seventy-two consecutive hours.

III. The High Cost of Child Care

While quality child care is important for all children, it is essential for children from low-income families who often lack access to learning experiences at home and more frequently arrive at school already behind their more affluent peers. Access to good child care can help close the economic and academic gaps between children from low-income and affluent families. If Connecticut wants to ensure that all children arrive at kindergarten ready for school success, and in particular wants to address the needs of its most at-risk children and close these growing gaps, then

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8 Connecticut Connecticut General Statute § 19a-77(3), Child Day Care Services Defined.
9 This is per provider, such that the number may be doubled when an assistant is present.
efforts at enhancing the quality of early care must also address this large population of home-based providers and the children for whom they care. Ignoring the availability and quality of this sector of early care is ignoring a majority of Connecticut’s most at risk young children.

The average family income for the poorest 20% of Connecticut families was just $21,000 in 2001-2003; for the next poorest 20%, just $41,000. The annual average cost in Connecticut of center based care for three- and four-year olds is $8,847 ($170/week), and the annual cost of infant and toddler care is $10,903 ($210/week), causing many families to struggle constantly with issues of affordability. However, as shown in the chart below, licensed family child care costs can also be a challenge to afford. The average annual cost of licensed family child care for three- and four-year olds is $8,018 ($154/week), and the annual cost of infant and toddler care is $8,452 ($163/week).

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<th>Average Licensed Child Care Annual Fees in Connecticut, 2006</th>
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Low-income families in Connecticut may apply for child care assistance to help subsidize these costs, through a variety of sources including the Care4Kids child care subsidy program, School Readiness, and Head Start. Unfortunately, these subsidies do not adequately provide funding and spaces for all children in need of child care assistance, nor do they always cover the full cost of care. Importantly, while Connecticut has been a leader in providing child care support for preschoolers through its School Readiness program, this funding is not available for families who wish to use home-based care. In twelve other states qualified family child care homes are allowed to access public pre-K dollars to provide services to children in need. Family child care providers contract with the state or school districts to provide a range of services, from offering a pre-K classroom to providing wraparound child care. This is not the case in Connecticut.

Quality necessarily depends on the rates provided through subsidies like Care4Kids. The only state funding available to home-based care providers is through Care4Kids, Connecticut’s child care subsidy program. According to the Child Care Bureau, nationwide, families who receive Child Care and Development Fund subsidies (like Care4Kids in Connecticut) tend to choose center care over other types of child care. In Connecticut this is not the case. Among low income families receiving the child care subsidy, more than half are using home-based child care providers. In February of 2006, 12% of children accessing Care4Kids were in a licensed family child care setting, and 44% were being cared for in an unlicensed home care setting. The reason may be that Connecticut subsidy rates are insufficient to pay for the cost of licensed care, and have not been updated since 2001. While research finds that having access to child care subsidies is associated with a higher likelihood of using regulated child care arrangements, when subsidy rates are stagnant, they may not allow parents to afford more costly licensed care, and in fact force children into unregulated care.

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11 *Average costs – Statewide: May 2006* (Child Care InfoLine), available at www.childcareinfofline.org/professionals/FeeCT.asp.
Barriers to Increasing the Supply of Licensed Family Child Care

The National Association of Child Care Resource and Referral Agencies (NACCRA) reports that if every working parent in Connecticut with a child under age 6 needs child care, then an estimated 159,876 children need care. Currently, according to NACCRA, there are a total of 71,888 spaces in licensed child care centers. Thus, even if centers are operating at full capacity, then at most only 45% of children under age six can be cared for in a child care center, and the majority of children will receive care in a home-based setting, be it in a licensed family child care home or by an unlicensed FFN provider like a relative, friend or neighbor. Some of these children may even be caring for themselves and siblings.

Yet, between 2000 and 2005, 1,063 licensed family child care homes closed in Connecticut, as shown in the table below. Importantly, there were 6,324 fewer spaces in licensed family child care homes in 2005 than in 2000. The pace in closures appears to be accelerating. In the six-month period between July 1 and December 31, 2006, an additional 315 licensed family child care homes closed. In 2006, of the family child care homes that shut down, 6% defined “business not profitable” and 39% cited “career change” as their reasons for closing.

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<th>Licensed Family Child Care Capacity, 2000 - 200516</th>
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The decline in licensed family child care providers is of particular concern because it comes at a time when the need for child care in low income neighborhoods is expected to increase. The recent reauthorization of Temporary Assistance for Needy Families (TANF) by the U.S. Congress significantly increases Connecticut’s requirements regarding the proportion of eligible families who must be in training or working by about 22 percentage points (from 28% to 50%). This means 3,000 additional families (from a current 3,800 to 6,800 families) need to meet work requirements, thus approximately doubling the number of TANF families in need of child care in primarily low income neighborhoods. Understanding that child care centers lack the capacity to meet this growing need, and that parents have many reasons for preferring home-based care, a child care capacity crisis can be predicted.

One possible reason for the decline, cited often by family child care providers, is the erosion of enrolled 3 and 4 year olds. This is due partly to an increase in Connecticut’s support (through School Readiness) of child care centers, particularly for 3- and 4-year-olds. In a family child care business, typically the less costly preschool care offsets the higher expense of providing care to infants and toddlers. With fewer preschoolers choosing family child care, the family child care model becomes difficult to sustain financially.

Another reason cited for the low number of licensed family child care providers is that the process of obtaining licensure is wrought with inefficiencies and stumbling blocks. In a recent National Association of Resource and Referral Agencies report, Connecticut ranked 48th in child care center oversight. Providers working toward licensure and organizations whose mission it is to assist these providers suggest that if the licensure process could be made more efficient, more providers would be licensed. Areas that providers suggest could be improved include the application wait period, increasing the assistance available from DPH in completing the application process, and eliminating other inefficiencies in the application process. Streamlining the application process, improving response

17 Number of “licensed” spaces historically overestimates the number of actual available spaces, as providers often do not intend to fill their program to capacity.
time from DPH, and offering assistance to applicants could all increase the number of family child care providers who are willing and able to become licensed. In fact, in New Haven, where All Our Kin provides outreach to home-based providers applying for family child care licensure, the number of licensed family child care providers has increased, rather than decreased, as it has for the state as a whole.²⁰

A. Delays in Communication with the Department of Public Health. According to DCF, the Child Care Licensing Program has dedicated two full-time child care licensing specialists (CCLS) to processing family day care applications. When an application is received, the assigned CCLS conducts a preliminary review of the application and responds within one week to the applicant about any information that is missing. If a question on the application is left blank, the page is photocopied and returned to the applicant for completion. Original applications are retained at DPH and processing continues. Once the application is complete, the child care licensing specialist gives it to a Child Care Licensing Supervisor for review. A supervisor may need to return it to the CCLS for additional or follow up information. Once complete, the application is assigned to a Child Care Licensing Specialist to schedule a home inspection, which usually occurs within two weeks. Scheduling new family day care inspections is given a high priority. After the inspection, the applicant may need to make corrections to comply with the regulations before the license can be issued.

Reports from the field, however, claim that applicants typically receive no information from DPH for several months. Providers often call DPH themselves to follow up on an application. If paperwork is missing or there are errors in the application, it is returned to the applicant after a prolonged delay, thus significantly extending the processing time.

B. References. One frequent problem for providers is obtaining reference letters. Each provider sends a list of names and addresses of four references to DPH. DPH then sends blank form letters to these references, and must receive replies from at least three. DPH does not, however, allow the applicant to assist in personally retrieving information from references. The physical appearance of the letter lends itself to being ignored as junk mail. These letters are quite often not returned, adding to processing time.

C. Fingerprinting Delays. Each provider, and every member of his or her household, must be fingerprinted and pass a background check before the program is licensed. According to DPH, the State Police and Federal Bureau of Investigation are responsible for processing fingerprints. Fingerprints are sent to the State Police by the Legal Office at DPH and screened at the state level and by the FBI at the national level for conviction records. The process takes, at a minimum, three to four months. However, providers report that the quality of the fingerprints, which are processed by local police, is sometimes inadequate, and thus the fingerprints are returned by the State Police or FBI. In such cases, new prints have to be submitted. Providers report that delays in returning smudged or unreadable fingerprints make a lengthy process even longer.

D. Background Checks. Each provider and every member of his or her household must also pass a background check with DCF. DCF does a name check from a specific release form against the child abuse and neglect registry. If a conviction or DCF record is found and the applicant failed to disclose the information on the application, the application is denied by DPH. The applicant may request an office meeting to explain the circumstances and request reconsideration of the application. When DCF or conviction records are found and the applicant revealed the conviction on the application, the applicant is asked to provide additional information concerning the circumstances for consideration by DPH.

When DCF notifies DPH that an individual has a DCF record, either a CCLS goes to DCF to review the record or a copy of the record is sent to DPH. DPH admits that a delay may occur if a closed file is difficult for DCF to locate or the file has been archived.

²⁰ www.childcareinfoline.org/professionals/Capacity.asp
According to providers, if the background check signals that the applicant has been associated with DCF in any way (including, for example, having made a complaint about someone else), the application is delayed until a DPH employee can physically visit the DCF office in order to look up the DCF record. The fact that a DPH official must physically check files at DCF results in a serious delay in application processing.

E. Licensing Assistance from DPH. According to DPH, when a family day care home license applicant calls the licensing help line in need of assistance, the call is directed to the CCLS assigned to process that application. The two CCLS assigned to application processing are in the office full time and are available to assist on a daily basis. Calls may also be transferred to a supervisor, as needed. DPH reports having Spanish speaking staff available to assist when language is a barrier. Additionally, DPH reports that it will be conducting a series of technical assistance forums around the state in 2007 for new applicants on the application process to assist applicants and answer any questions they may have.

While DPH does run a “help line,” reports from providers claim that the help line provides simple procedural rules, but little personal assistance. Importantly, having only two Child Care Licensing Supervisors (CCLS) for the entire state of Connecticut, even if they do work full-time, seems inadequate. Additionally, providers report that there is only one Spanish-speaker in the DPH office. With only two CCLS positions and only one Spanish-speaker, it is easy to see why providers have a very difficult time getting through to the HELP LINE, getting calls back, or getting the information they need once they reach someone.

F. Out-of-Date Physical Forms. Family child care advocates report that, on average, the entire application process, including fingerprinting and background checks, for those that are willing to wait it out, takes between seven and nine months. When the licensing process takes longer than a year, numerous providers have been notified that their physicals are now out of date, and thus their applications are incomplete. According to DPH, “Physical examination reports are accepted as long as the original physical exam was completed within one year prior to the date the application was received at DPH.” However, providers report that DPH has not used the date of the application’s receipt as the one year starting mark for physical forms, but rather the date of the physical.

V. Barriers to Increasing the Quality of Home-Based Child Care

Importantly, family, friend and neighbor child care is most prevalent among low income families and employed single mothers. The 2006 Annie E. Casey Foundation Kids Count report chose to focus on home-based care stating: “These critical caregivers go undervalued and under-supported. Although they represent a huge and longstanding segment of our nation’s childcare providers, there are relatively few organized efforts to improve and enhance the quality of the care they deliver. If we strengthen and reinforce their effectiveness, then we can improve outcomes for the children and families who rely on these caregivers.”

While a significant proportion of Connecticut’s youngest children are spending time in home-based care, Connecticut has not promoted the role of home-based care providers in helping parents get to work, nor has it included quality home-based settings as a central component of its broad public policy agenda for early care and education.

Growing emphasis on the need to ensure that all children arrive at kindergarten ready for school success and an increased awareness of the number of children in family child care and unregulated family, friend and neighbor care, suggest the need to support the quality of care in all child care settings. In high quality early care settings, competent and well-compensated child care providers care for small numbers of children, and both children and providers thrive. But in other settings, the high cost of providing care and low wages result in large groups of children being cared for in less than optimal conditions by unqualified individuals. Substituting an excellent child care

provider for a poor one improves a child’s school readiness by 50%.

In short, quality matters, and children from high quality child care environments do better in school, and beyond.

However, in Connecticut, recent efforts to address quality in early care and education have focused, almost exclusively, on child care centers. While this was a strategic first step toward improving quality early care in Connecticut, it neglects to address the majority of young children who are being cared for in a variety of home-based settings. Importantly, it fails to capitalize on the opportunity to have a positive effect on many family, friend and neighbor caregivers who will remain a constant presence in the lives of the children in their care. Unlike child care center providers who typically have a relatively short relationship to each child, early intervention and education for home-based caregivers can have lasting effects throughout the child’s life.

Presented with a quality crisis in licensed center based care, the child care provider community and state policy makers responded by enforcing licensure requirements, instituting a system of accreditation and making quality enhancement funds available. Yet, in unregulated family, friend and neighbor care, there are no quality or safety requirements for providers or their homes. As such there is no knowledge or assurance of even minimal levels of safety being adhered to in these settings. By contrast, licensed providers must meet a set of safety and health requirements defined by DPH. Licensed family child care providers also may choose to undergo a self study process and achieve national accreditation through the National Association of Family Child Care.

Importantly, there is far less public investment in assisting home-based providers with quality enhancement initiatives, licensure or in helping licensed family child care providers attain accreditation than there is for child care centers. In fact, between July 1 and December 31, 2006, of the 315 licensed family child care homes that closed, 26 (16%) reported an inability to meet regulations as their reason for closing. The current pressure in Connecticut to ensure that child care centers are of sufficient quality to meet standards being set by the National Association for the Education of Young Children and by the School Readiness legislation has left no time nor financial resources to address licensure and accreditation for family child care. For example, the Department of Social Services (DSS) requires that just 10% of Quality Enhancement grants to communities through the School Readiness Initiative be used to support family child care providers, and DSS prohibits the use of School Readiness space funding in a family day care home.

With little financial and administrative support or incentives, the licensing process can be challenging and expensive for a home-based provider. As a result, many operate without a license. For those who do succeed in becoming licensed, the additional costs and requirements for accreditation appear to be nearly impossible to attain. In fact, in Connecticut, a national leader in child care center accreditation, out of the 2,773 licensed family child care there are only six accredited family child care homes.

VI. Models to Support Home-Based Child Care

There exist a number of challenges to offering quality care in a home-based child care setting. They include (but are not limited to) low revenue, isolation, lack of professional development opportunities, and suitable housing. Efforts to increase quality cannot rely only on enforcing standards or encouraging licensing and accreditation. Financial and social supports also are an integral part of enhancing quality in home-based care and promoting the role of home-based providers in the early care system.

24 211 Child Care Infoline Program Closure Report 2006
25 According to the Department of Social Services, in June 2006, out of 18 communities, 13 report specific numbers of family child care homes participating in various quality Enhancement Grant funded activities (e.g., early literacy, TA and mentoring support, workshops on a variety of topics, CDA training, First Aid and CPR, college-credit courses, field trips, health screenings, and conferences/fairs on transition to kindergarten and K-registration, literacy or health topics.)
26 As reported by the National Association of Family Child Care (July 2006), available at: www.nafcc2.org/accred/results.php.
For example, over a decade ago a Families and Work Institute study found that home-based providers are more likely to be rated as having higher global quality scores when they “seek out the company of others who are providing care and are more involved with other providers.” Unfortunately, most home-based child care providers may function in almost total isolation, lacking support or the opportunity to share ideas and learn new skills.

Efforts to improve quality in home-based child care typically use either a training curriculum, the distribution of materials and equipment, or home visiting. Often quality enhancement initiatives are funded with CCDF dollars and limited to home-based providers in the subsidy program. Training, the most common approach, aims to enhance caregivers’ knowledge and skills, often toward the goal of licensure. Providing materials and equipment to caregivers aims to enhance the health and safety of the environment or to provide stimulating material for children. A smaller number of initiatives rely on home visiting as a strategy to educate, improve safety or nutrition, or to link caregivers to other resources. Early Head Start’s home visiting project aims to enhance the quality of the care for the many Early Head Start children in home based care, particularly family, friend and neighbor care.

Using some (or all) of these approaches to enhance quality, three primary coordinating models have been implemented in various states to support home-based providers: (1) home-based child care provider associations; (2) community support networks; and (3) home-based child care systems. Family child care associations and family child care community-support networks have as their core purpose providing peer support, sharing resources, and enhancing professionalism. Serving families well is a secondary goal.

In the past, Connecticut’s family child care providers ran an active, statewide Family Day Care Association, but it is no longer functioning. Efforts have been made, in Connecticut, to design and implement family child care networks in some communities. The greatest challenge appears to be securing funding to support building and maintaining these systems. For example, Community Renewal Team in Hartford organized a family child care network that was discontinued when funding for the project ended.

Also, at the inception of the School Readiness initiative, Waterbury Youth Services was using School Readiness space funds (apart from quality enhancement funds) to connect children in licensed family day care homes (as well as their providers) to local child care centers. Providers and children both benefited from the increased opportunities for social interaction and modeling. Importantly, providers benefited as well from the stability of a consistent payment from the School Readiness grant, in contrast to the instability of Care4Kids funding and parent fees alone. (Although the School Readiness legislation does include supporting family child care providers in its mission, the State Department of Education discontinued this effort, and now does not allow School Readiness space funding to be used to pay for spaces in family child care settings because SDE cannot ensure these providers are meeting standard qualifications set for teachers.)

In New Haven, All Our Kin organizes a highly successful and nationally-respected family child care network. In addition to linking family child care providers, the program includes training for parents to be childcare providers, and offers help to find jobs or set up family day cares within their homes upon graduation. The program also reaches out to unlicensed and FFN caregivers, shepherding them through the family child care licensing process.

In contrast to associations and networks, home-based child care systems function more for the purpose of addressing the broad range of challenges to providing quality care (revenue, housing and professional development) by

28 *The Study of Family Child Care and Relative Care*, (Families and Work Institute, 1994).
providing a coordinated constellation of services to children and families, including dedicated staff to serve a quality assurance function. Connecticut’s Family Resource Centers were designed to serve home-based providers in this way, but funding has never followed the intent of the legislation.

The concept of a family child care system already is working successfully in other states. Head Start and the military family child care programs are examples of entities that link to and manage successful family child care systems.

A Child Welfare League of America review of home-based child care systems found significant operational differences among these home-based child care system models. In some systems, providers are independent contractors, while in others they are employees of the system. In addition, some systems manage intake and accounting duties, and others do not. Beyond that, there are a number of common characteristics, including:

- Families and children are enrolled in the system, and the family child care provider delivers the child care service;
- The system also provides additional support services to the children and families, such as developmental, behavioral, and nutritional information and support;
- The system has direct contact with the children and families who are enrolled in it;
- The system is directly responsible for the quality of the child care service being delivered;
- The system screens, and then selects, a specific number of providers;
- Most systems are exclusive in that their goal is not to reach all of the providers in their community but only those who can provide a certain standard of care to a specific number of children and families; and
- The sponsoring agency offers the providers opportunities for peer support, sharing of resources, professional development and business training.

VII. Examples of Family Child Care Systems from Other States

A sample of home-based care support models is presented in the 2006 Kids Count essay “Family, Friend and Neighbor Care: Strengthening a Critical Resource to Help Young Children Succeed.” Each model differs in how they finance the costs associated with initiating and running a family child care system, as well as in the technical assistance and management oversight roles they play, ranging from budgeting to mental health consultation. Models that seem particularly relevant to Connecticut’s needs are summarized below.

A. New York City. Graham-Windham Services to Families and Children, a comprehensive child welfare agency in New York City, operates a family day care system for about 400 children in approximately 100 family child care homes. The service is offered on a sliding fee scale and is supported by subsidies from New York City’s Administration for Child Development. Children are enrolled in the Graham-Windham program, which manages enrollment as well as the certification process. The children are provided care in the home of an experienced family child care provider, in a location close to the family’s own neighborhood. Family child care homes are visited on a monthly basis by the agency’s system staff to ensure that the settings are safe and are adequately equipped to care for children. The agency staff supports the family day care providers through workshops and individualized training on subjects such as nutrition, child development, health and safety issues, child abuse and neglect, and behavior management. Providers also may care for children not enrolled in the Graham-Windham program (whose parents pay out of pocket) and receive support from the agency’s staff.

32 Information on the philosophy and mission of Family Resource Centers is available at: www.state.ct.us/sdc/deps/Family/FRC/FRCs.pdf.
B. Massachusetts. South Shore Day Care Services, in Weymouth, Massachusetts, is a comprehensive child care agency operating several child care centers and school-age child care programs, a summer camp for school-age children, and a family child care system. The system serves 75 children in 18 family day care homes. As a provider of comprehensive child care services, South Shore Day Care Services offers choice to families with several children of different ages, as well as a continuity of services as children get older and their needs change.

Children are enrolled with the South Shore Day Care Services, and the agency contracts with the family child care home to provide the care. The system staff is responsible for the enrollment process, which may include obtaining subsidies for eligible low-income families. The system staff attempts to match the child to an appropriate provider, who is licensed by the state. Parents are given several choices of providers when space is available. The providers are not limited to serve only children from the system, but also can care for other children with no connection to the agency.

The system staff makes weekly visits to each provider to assess activities, answer questions, provide support, and in some cases, provide substitute care. During the visits, the system staff gets to know each child in the home and provides support to each family as needed. The staff also can act as a liaison between parent and provider. The visits also help end the isolation typically experienced by a family child care provider. Providers are encouraged to plan outdoor visits to neighborhood playgrounds with other providers. System-wide field trips and activities, monthly workshops, trainings, and provider meetings are organized as well.

VIII. Questions to Consider When Building Home-Based Child Care Systems

A. Are family child care providers independent contractors or employees of the system? A major initial decision when developing a family child care system is whether providers in the system are going to be independent contractors or employees of the agency serving as the “hub” of the system. When the focus is on quality improvement, an advantage of an employment relationship is greater control over providers to enhance quality. From the provider perspective, an advantage of the employment relationship is that it provides a steady source of income, sick leave and vacation days, retirement, health insurance and other benefits associated with being an employee of another entity.

In contrast, from the perspective of the agency serving as the hub, the independent contractor relationship offers cost savings in that the agency is not responsible for social security, taxes and health benefits. From the provider perspective, this relationship allows for autonomy that many providers are not willing to sacrifice.

B. Which entity will function as the “hub”? Most36 towns in Connecticut currently have some form of a family child care association or network in place, though no evidence of a family child care system has been found.37 Connecticut Child Care Infoline lists contact information for the multiple home-based child care associations, and updates this list annually. It is important that towns with existing family child care associations assess the practicality of a family child care system for their region.

For example, in some towns a partnership between DSS State Funded Child Development Centers (SFC’s) and family child care centers might be beneficial to both groups of providers. Recently, SFC’s are serving more infants and toddlers, as shown in the chart below. But serving these young children requires a significant amount of space (due to small groups sizes) and results in high staff costs (due to low child to staff ratios). The linkage of family child care centers to State Funded Centers could address the needs of both populations.

36 A list is available at: www.childcareinfoline.org/Professionals/associations.asp#NewHaven.
37 A concerted effort was made to elicit information on existing family child care systems from providers in Connecticut, and none were discovered. If you manage or are part of a family child care network, please notify peg@ctkidslink.org.
## Infants and Toddlers Served in State Funded Centers by Age, 2002 - 2005

<table>
<thead>
<tr>
<th></th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>1,088</td>
<td>1,097</td>
<td>1,146</td>
<td>1,126</td>
</tr>
</tbody>
</table>

In other communities, schools, neighborhood child care centers, Family Resource Centers and other community entities may best serve the population’s needs. Regardless of the entity chosen by each individual community to serve as the “hub,” it is imperative that the existing family child care network be included and invested in the initial process of defining the system, and that the community assess all options and define the best entity to serve as the “hub.” This entity must be wholly interested in and equipped to serve this function and be willing to take on the investment and training necessary to successfully manage the system.

### C. Will unlicensed providers be asked to participate in the system?

Most existing models of family child care systems invite primarily, if not only, licensed family child care providers to participate. FFN providers are encouraged to attain a license first. The rationale is to institute some baseline standard of quality across the system.

### IX. Recommendations for Strengthening Home-Based Child Care

When they are well supported and organized, home-based child care providers can function as an optimal child care setting, and are often a first choice for many parents (particularly those with children under age three). Moreover, in neighborhoods where center care is not convenient or affordable, home-based care is sometimes the only choice. Yet, despite the value of home-based child care, and the increasing demand for home-based care particularly in low-income neighborhoods, providers are going out of business and the field remains disorganized with no shared vision or delivery system. Importantly, Connecticut has neither defined nor promoted the role of home-based care in its broader early care and education system. It has not, as a clear public policy goal, supported these settings in providing quality care to these many children.

**Recommendations for improving the quality of home-based care include:**

- As Connecticut defines and moves to implement a comprehensive early care and education plan, ensure that the plan supports licensed family child care and family, friend and neighbor day care as equally viable child care choices.
- Increase Quality Enhancement funds to School Readiness communities and increase the proportion of these funds (from the current 10%) that must be used to support family child care providers.
- Include licensed and family, friend and neighbor home-based providers in quality enhancement efforts supported by the Child Care and Development Fund.
- Set outcomes-based quality standards for home-based child care providers, financially support initiatives to help home-based providers reach those standards, offer incentives to reach higher standards through child care subsidy reimbursement rates, and reward success with a bonus.
- Introduce a line item in the Department of Social Services’ budget specifically to assist family child care providers to increase quality.
- Establish and adequately fund home-based child care systems, through a process that is sensitive to community institutions and existing networks.
- Streamline the family child care licensing process and lessen the administrative burdens of the process on applicants.

Addressing the quality of child care centers certainly moves us toward the goal of improving quality early care in Connecticut. Yet, when the majority of our most needy children are being cared for in licensed family child care homes and unregulated FFN care settings, addressing the quality crisis in home-based child care is an essential next step if our goal is truly “all children ready for school success.”