

Education Reform

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Early Education and Family Child Care

Education reporters have increased their coverage of early childhood education now that so many states are committing significant resources to public pre-K programs. But millions of preschool-age children are also in care that is not center-based during the years prior to kindergarten.

Of the roughly 12.5 million children under age 6 who are in some type of care while their mothers are working, about 1.7 million of them, or 14 percent, are in what is called family child care. Many young children are also cared for by relatives, friends, and neighbors. And as they have with preschool centers, reporters should familiarize themselves with the issues facing these providers and the role they play in preparing young children for school.

Provider and Parent Preferences

Family child care providers operate as small businesses as they care for children in their own homes. Many of these providers, who are more than 90 percent female, enter the field because it allows them to stay home with their own children. These providers have more control over their schedule and often offer flexible hours to meet the needs of parents. That's why many parents prefer home-based providers over centers.

Other parents prefer the close-knit environment of a home setting. "When parents choose family child care over center-based care for their younger children, they seem to do so based on the desire for close

supervision of their child's safety and ample individual attention and warmth from the child's caregiver," Erin M. Kryzer of the University of

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Minnesota's Institute of Child Development and others wrote in a 2007 paper.

Some may also choose family child care because it can be cheaper. The National Association of Resource and Referral Agencies finds that the cost of home-based care for a 4-year-old ranges from \$3,380 to \$9,164, compared to a range of \$3,380 to \$10,787 in a center.

While there are no clear estimates of the number of preschoolers in family child care, many parents opt to keep their children in these arrangements because of the flexibility issues mentioned above, perhaps because of cultural or language issues, or simply because their child's bond with the caregiver is strong.

"The strength of family child care is relationship-based care," said Sue Williamson, the president of the National Association for Family Child Care.

State Regulations

While all states have some requirements that these self-employed workers must meet, states differ widely on licensing arrangements for these providers. In Maryland, a provider caring for just one child in addition to her own must be licensed. Other states don't require a license until two or more additional children are being cared for in the home. All states set limits on the number of children allowed, which range from as high as 12 in Florida to a low of 5 in the District of Columbia, and those figures usually include a provider's own

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children if they are under a certain age. The number of children allowed can also be higher if a certain number of them are school-age children.

Funding Streams

Family child care providers also have access to federal and state subsidy programs in order to serve low-income families. According to the Child Care Bureau, more than 23 percent of the children in family child care receiving subsidies in 2005 were preschoolers.

The Child Care and Development Fund provides roughly \$5 billion a year to states in the form of either vouchers to parents, or contracts to centers. In-home providers have to meet basic health and safety requirements.

Some federal funds are also set aside for quality improvements, which might include training for home-based providers. States are also able to use welfare money, from the Temporary Assistance to Needy Families block grant, to provide child care.

The Child and Adult Care Food Program, which reimburses providers for healthy meals and snacks, is another source of funding that family child care providers can use to improve their programs

According to Danielle Ewen of the Center for Law and Social Policy, a research and advocacy organization, the food program can provide both financial support to family child care providers and is a source of training and technical assistance.

Providers are also subjected to regular monitoring visits. A 2006 report by the Food Research and Action Center, however, showed that only about half of eligible providers participate.

Push for Quality

The standards governing the family child care market are regarded as fairly low, mostly covering minimum health and safety measures. According to the National Association of Child Care Resource and Referral Agencies, 29 states have no minimum education requirements for these providers.

Only 17 states require providers to have a high school diploma or a GED. In addition, 11 states don't require any training before a provider receives a license.

There are a number of pathways available to providers who want to increase the quality of care they provide to children, or want to be recognized for already going beyond the minimum standards.

Centro Familia, outside Washington D.C., is an example of an organization that offers a wide range of training opportunities for providers, mostly Hispanic women, in the area.

"We ... really help them with ... understanding how their work aligns with the rest of the early-childhood universe," says Pilar Torres, the executive director of the non-profit group.

The Frank Porter Graham Child Development Institute in Chapel Hill, N.C. has designed a rating scale that providers and researchers can use to

assess programs. Similar to a scale for centers, the Family Day Care Rating Scale covers areas such as the provider's space and furnishings, children's activities, and the interaction between providers and children.

But it also addresses the fact that providers in homes often serve a wider age range of children. And it has a stronger emphasis on cultural and socioeconomic diversity. The FDCRS, experts say, can also be used to help providers prepare their programs for the process of accreditation, a way that providers can earn recognition for offering high-quality programs.

The National Association for Family Child Care's accreditation includes areas such as the provider's relationships with children and their parents, the home environment and materials available, learning activities, and ways the provider can encourage positive social development.

A recent move that breaks accreditation into four levels allows providers to work gradually on raising quality. It also coincides with states moving to institute quality rating scales for family child care providers.

These scales might be likened to health department grades for restaurants, which display to the public whether an establishment is meeting expectations. In the child care field, this is largely a voluntary process used to encourage providers to reach higher standards and to give them a way to market their programs to parents.

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Providers who reach those higher levels can earn higher reimbursement rates for the children they serve that are on child-care subsidies.

Another trend transforming the family child care field is the unionizing of providers. The movement received a lot of attention from the media in 2007 when then-Gov. Elliot Spitzer of New York signed an executive order granting providers the right to unionize. Providers in New York City have since voted to have the United Federation of Teachers, an affiliate of the American Federation of Teachers represent them. The AFT

has long been involved in early childhood education issues, so this was not an unusual development for them. But the American Federation of State, County, and Municipal Employees, as well as the Service Employees International Union, have also been organizing in New York, Pennsylvania, and elsewhere around the country.

Union representation has been authorized in at least eight states and efforts are under way to win that right in several more states. Union contracts have been signed between providers and the state in Illinois, Oregon and Washington.

Experts say low reimbursement rates for serving poor children and a lack of benefits are primary reasons why providers are interested in what unions can achieve.

Reporters should ask how unionizing is affecting children in family child care.

Contracts between states and providers can lead to higher subsidy payments for caregivers reaching higher levels of quality, as well as training opportunities for providers. This can allow them to improve their programs and also view themselves more as professionals.

Reporters should be asking questions about how family child care providers are preparing young children for the academic challenges ahead of them. Here are a few ideas that could lead to stories:

- Do school districts reach out to family child care providers as a way to connect with children that will be entering their kindergarten classes? Districts often do this with local centers and preschools.
- Are training opportunities for state-funded pre-K teachers open to family child care providers that might want to participate?
- What are the state standards regarding family child care providers? Are there efforts to strengthen the educational or training requirements that apply to them?
- Do family child care providers have access to health insurance or other benefits?
- How many family child care providers in the state are accredited? Are there efforts to inform providers about this process?
- Are there any efforts to unionize home-based providers in the state? What would the contract include?
- Has the state developed a quality rating scale that applies to family child care providers?
- Does the state pre-K program allow family child care providers to participate?

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Participating in Pre-K

Providers meeting high standards are also participating in public pre-K programs. This is a much smaller movement than unionizing or quality rating scales, but a few states and cities allow family child care centers to join schools, Head Start agencies, and centers in offering pre-K programs.

In the Illinois Community Connections program, for example, pre-schoolers in family child care or those cared for by friends or neighbors are taken four days a week to a half-day state pre-K site, where they can participate in a state-funded classroom.

And in Los Angeles, 37 percent of the 330 providers in that city's universal preschool program are family child care providers. Using its own rating scale, the program requires providers to meet the same quality benchmarks for training and education as centers. Assistance is also offered to those who want to improve.

Research

Reporters should be aware of research on the effects of family child care on children, compared to other forms of care. A 1994 study by the Families and Work Institute found that a significant percentage of home-based caregivers were offering inadequate care. Since that time, researchers have taken a closer look at home-based programs.

In 2004, researchers from the University of California at Berkeley and Yale University found that poor

children in family child care were not making as many learning gains as those in centers. They were also more likely to display aggression.

The findings about behavior outcomes, however, are mixed and can be confusing if a reporter is trying to make generalizations about different forms of early care and education.

The federally funded Study of Early Child Care and Youth Development confirmed that young children in family child care make less academic progress than those in centers. But it has also shown that poor behavior patterns don't persist into the elementary school years as they do for children who spent long hours in centers before they entered school.

Finally, the 2007 paper by Ms. Kryzer and researchers from Georgetown University showed that toddlers receive less nurturing, supportive care than preschoolers when both are being cared for in a family child care home. Since most in-home providers serve children of varying ages, this is an issue that reporters can keep in mind when they visit homes or interview those providing training.

The authors suggested that training efforts focus on improving providers' ability to support and plan developmentally appropriate activities for children of different ages.

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Publications

"Child Care in Poor Communities: Early Learning Effects of Type, Quality, and Stability" 2004, Susanna Loeb, Bruce Fuller, and Sharon L. Kagan
http://gse.berkeley.edu/research/pace/reports/Child_Care_in_Poor_Communities_0204.pdf

"Getting Organized: Unionizing Home-Based Child-Care Providers" 2007, National Women's Law Center
<http://www.nwlc.org/pdf/GettingOrganized2007.pdf>

"Leaving Children to Chance" 2008, National Association of Child Care Resource and Referral Agencies
http://www.naccrra.org/docs/FCCreport-sec1_06b.pdf

For a full listing of all early childhood briefs, go to www.ewa.org and click Resource Center. This reform brief was made possible by a generous grant from the Pew Charitable Trusts. The statements cited in this brief do not necessarily reflect the views of the Pew Charitable Trusts.

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