The child care landscape in the United States continues to evolve, with more emphasis on quality than ever before. Research is providing greater insight into the importance of the quality of care received by infants and toddlers in family child care (FCC) settings, which offer care in the provider’s home. Recent reports indicate that 29% of infants and 25% of toddlers receiving child care subsidies are cared for in an FCC home. Consequently, quality improvement initiatives that center on FCC are likely to impact the quality of care infants and toddlers receive. Studies show that FCC providers affiliated with some sort of support group offer higher quality care to infants and toddlers. To assist states and communities in their efforts to improve the quality of FCC, this paper will focus on a particular strategy that research shows to have promise—the development of staffed FCC networks.

**Quick Facts About Family Child Care**

- FCC is a preferred choice of many parents who have children under age 3.
- The quality of FCC is variable at best, with many programs often rated as providing adequate to mediocre care.
- Most FCC providers function in almost total isolation, with little opportunity to share ideas, learn new skills, or receive quality improvement supports.
- Quality FCC includes elements that impact both the form (e.g., high staff-to-child ratios, continuity of care) and function (e.g., engaging caregiver-child interactions, primary caregiver assignments) of care for infants and toddlers.
- Achieving quality in FCC settings is especially difficult for providers in times when funding is scarce.
Given the uncertain nature of the economy, quality care for infants and toddlers in FCC settings can quickly shift from being a valuable and preferred choice by families to being cost-prohibitive for families or unsustainable for providers. Moreover, we have much to learn about how best to support FCC providers in their quest to implement and sustain quality care for children under age 3. For infants and toddlers to have access to early care and learning settings that best meet their developmental needs, we must identify promising resources and practices that can strengthen quality and help states and communities sustain FCC programs.

This paper will:

- Identify a spectrum of FCC supports and services;
- Define staffed FCC networks and examine how they are uniquely positioned to improve the quality of care that infants and toddlers receive in FCC settings;
- Share research about effective practices of staffed FCC networks;
- Explore partnerships to integrate staffed FCC networks in early childhood systems;
- Provide action steps for implementing a staffed FCC network;
- Share examples of successful staffed FCC networks; and
- Highlight state policy recommendations for developing and sustaining staffed FCC networks.
What Are Staffed Family Child Care Networks?

Staffed FCC networks are funded programs that provide supports and services to meet the unique needs of FCC providers through staffed network personnel who have specialized education and expertise specific to FCC providers. Staffed FCC networks are distinctly different from associations, which tend to focus on professional advocacy and peer support. Associations are usually led by providers themselves and do not have staff.

Staffed FCC networks provide many quality improvement supports and services on site to FCC programs. These networks offer services such as one-on-one technical assistance, individualized professional development, and developmental screening of the children in care.

Currently, 22 states and territories have at least one staffed FCC network. Networks primarily serve a catchment area rather than the entire state.
Why Use Staffed Family Child Care Networks to Improve the Quality of Infant-Toddler Care?

A central issue facing FCC providers is the feeling of isolation. The nature of the profession entails working long hours alone in a home. It is a challenging and demanding role, especially without the presence of colleagues for backup support or to share experiences. With an increasing number of children being cared for in FCC, it is important to employ specific strategies that reach out and support the quality of care provided in home-based settings.

Staffed FCC networks are uniquely positioned to strengthen and improve FCC programs in order for infants and toddlers to thrive in quality care. The early childhood field has traditionally offered a variety of quality improvement supports for providers. However, the needs of FCC providers are diverse. They require services and supports that are specific to meeting the needs of young children and the providers who care for them in a home-based environment. Staffed FCC networks not only support quality of care but also do so in a way that builds upon the strengths of a family setting, unlike other strategies that may better suit the needs of center-based care. For example, because FCC providers are often a staff of “one,” professional development is best delivered at the FCC home site. FCC providers cannot leave the program to participate in professional development as easily as center-based personnel with floating staff or readily available substitutes.

When professional and supportive relationships are formed between network staff and providers, quality practices in FCC homes are more likely to be implemented. This is evidenced through increased scores on FCC quality measures of the learning environment and provider–child interaction. A study of FCC networks in Chicago found that provider affiliation with a staffed network—particularly one with a specially trained coordinator and supportive services to providers—is associated with significantly higher quality care. Research at Cornell University on the Caring for Quality project supported the Chicago study findings that home visiting with FCC providers in a network is an important key to quality.
Staffed FCC Network Configurations

While some staffed FCC networks operate as stand-alone entities, others may be housed within a "parent" organization, such as a nonprofit organization or a child care resource and referral (CCR&R) agency. Stand-alone networks may provide services similar to those offered by shared service alliances or CCR&R agencies, such as helping parents locate and access quality FCC. However, shared service alliances and CCR&R agencies may not necessarily provide the same targeted support services as staffed FCC networks. Furthermore, although there are similarities, the defining characteristic of staffed FCC networks—at least one paid staff person dedicated to supporting the quality of FCC programs—is what sets them apart from other networks, associations, or groups.

**Staffed FCC Network Configurations**

- **Stand-alone** – A stand-alone system consists exclusively of FCC network personnel and is self-sustaining.
- **Sponsorship by agency or "parent" organization** – The sponsoring agency is focused more broadly on supporting the early childhood care and education system. It provides other services, such as CCR&R or a shared service alliance, but also staffs a network of FCC supports.
- **Co-located** – The FCC network and other related initiatives share a fiscal administrative home and perhaps a physical location but operate independently.
Findings from a study conducted by the Erikson Institute on staffed FCC networks and FCC quality reveal several network attributes associated with quality. The study found that services such as monitoring FCC homes for health and safety inspections and referring providers to outside community-based professional development opportunities did not result in improved FCC quality. The researchers speculated this is because these services do not involve relationship-based support of providers. The chart below describes network practices and characteristics associated with FCC quality on a continuum from least promising to most promising in their ability to impact quality according to the study’s findings.

**Not Promising**
- Monthly visits to FCC homes focused on health/safety compliance
- Referrals to external training
- Peer mentoring
- Material resources (e.g., lending libraries, free equipment)
- Business services (e.g., tax preparation, enrollment of children, administration of subsidies)

**Promising**
- Specially trained coordinator and direct services to providers that include:
  - Onsite training
  - Visits to FCC homes
  - Low coordinator-to-provider ratios
  - Supportive staff-provider relationships
- Opportunities for supportive relationships between network staff and providers that include:
  - Regular meetings
  - Telephone help
  - Feedback opportunities

**Most Promising**
- Coordinator’s prior experience with children
- Coordinator’s specialized training
- Use of formal quality assessment tool
- High-frequency visits (10 times in 6 months) to FCC homes focused on working with children
- Onsite training at the network for providers
Integrating Staffed FCC Networks Into Early Childhood Systems

A well-designed early childhood system integrates strategies to improve the quality of care in FCC settings into existing supports in both the public and private sectors. Implementing sustainable FCC networks with well-educated staff can help meet the goals and outcomes of states’ early childhood systems efforts. The following questions can help guide thinking and planning as you consider possible partnerships to integrate staffed FCC networks into your work to build a comprehensive early childhood system in your state or community.

• What programs exist that already include frequent and regular onsite visits by well-educated staff? How can they be adapted to include FCC homes?
• What working relationship exists between the Child and Adult Care Food Program (CACFP) sponsors and FCC providers? How can staffed FCC networks streamline implementation of this program?
• What FCC supports and services are offered by local CCR&R agencies? How can hosting or providing the services of a staffed FCC network strengthen CCR&R operations?
• What functions of state licensing and monitoring programs most closely align with the work of staffed FCC networks? What value might FCC networks add to the state child care regulatory compliance agency?
• What home visiting models exist to serve families with risk factors? How might they be expanded to serve FCC providers in conjunction with staffed FCC networks?
• Are home-based Early Head Start (EHS) or Head Start programs available? How might technical assistance be offered to FCC providers through these programs?
• Does the state have a Strengthening Families initiative? How can staffed FCC networks assist FCC providers in using the Strengthening Families approach?
• What efforts is the state making to conduct developmental screening with young children? How can staffed FCC networks help ensure that children receive developmental screenings and any necessary follow-up?
• Do early childhood programs such as Child Care, Head Start and EHS, and Individuals with Disabilities Education Act Part C and B programs have common goals for the children they serve in FCC settings? How can these programs coordinate efforts to ensure that children in FCC settings are achieving optimal development? What value might a staffed FCC network bring to joint professional development, financing, or other collaborative ventures?
• How can state Early Childhood Advisory Councils, Early Childhood Comprehensive Systems grants, Early Learning Challenge grants, and other initiatives established to enhance comprehensive services for young children be used to support staffed FCC networks?
Implementing a Staffed FCC Network

Increased collaboration and partnership between stakeholders can lead to meaningful progress toward the expansion of existing FCC networks or the establishment of staffed FCC networks in communities and neighborhoods. The following action steps provide a helpful starting point for implementing a staffed FCC network.

- Convene vested community stakeholders; FCC, center-based, and FFN care providers; and representatives of a variety of organizations to discuss the possibility of creating or supporting staffed FCC networks with well-educated and adequately compensated staff.
- Identify and recruit existing neighborhood resources, such as businesses, schools, and families with children in FCC environments, to brainstorm how they might help create staffed FCC networks or partner with existing networks to strengthen their services and supports.
- Explore co-location or other collaborative strategies between staffed FCC networks and other public and private cross-sector and/or interdisciplinary early childhood efforts (e.g., EHS and Head Start, CCR&R agencies, public health departments, home visiting programs, agencies serving children with special needs, shared service alliances).

Examples of Staffed FCC Networks

The following are a few examples of existing staffed FCC networks. Each of these networks provides the services and supports that research has found to be critical to improving the quality of care provided in FCC homes.

**Connecticut**

*All Our Kin’s* staffed FCC network provides in-program consultation, mentorship, and training on a variety of topics; Child Development Associate training and support for National Association for Family Child Care accreditation; monthly network meetings that provide opportunities for social interaction; workshops; FCC entrepreneurship training; a zero-interest loan fund; one-on-one assistance and telephone support on education, business, and personal issues; and an annual conference. The network operates with a staff of 10 and receives its funding from state and national private foundations. *All Our Kin* also sponsors 10 FCC homes that provide Early Head Start services. Providers serve children within EHS and others; however, the comprehensive services provided through EHS actually benefit all children in the FCC provider’s care. For example, through the EHS multidisciplinary team approach, professionals from a variety of disciplines meet weekly to discuss all children in the care of the FCC provider and assist the program in meeting their needs.

[www.allourkin.org](http://www.allourkin.org)
Virginia

The staffed FCC network, *Infant Toddler Family Day Care*, is a private, nonprofit FCC network licensed by the Commonwealth of Virginia to recruit, screen, and train licensed providers to work in their homes as early childhood educators. The network provides ongoing training and professional development opportunities, resource and referral services, and business support to providers. Home visits are made monthly to providers during the first year of operation and then every other month in subsequent years. *Infant Toddler Family Day Care* is a part of the Virginia Child Care Resource & Referral Network, which maintains a database of approximately 1,000 providers and serves as a resource for parents seeking child care.

www.infanttoddler.com/

Wisconsin

*Satellite Family Child Care* is a staffed FCC network funded by and located in the city of Madison, Wisconsin. *Satellite* was created in 1975 by a group of FCC providers and advocates who sought funding from the City of Madison Day Care Unit to support quality FCC as an investment in the future of the community. *Satellite*’s fiscal administrative home is the Dane County Parent Council, an umbrella agency that provides a variety of services for young children and their families, including Head Start, EHS, and Head Start Plus Child Care. *Satellite*’s staff provides home visits, training, respite care, equipment loans, and support groups for members to assist with accreditation through the City of Madison Family Child Care Accreditation Standards. The network also provides referrals, consultation, mediation, and parenting education for parent members.

www.satellitefcc.com/

Kentucky

*Children, Inc.*, a nonprofit founded in 1985, serves 50 FCC homes in and around Covington, Kentucky. *Children, Inc.* works hand-in-hand with providers to offer quality care by providing technical assistance, training, and support. Providers are required to be certified in First Aid and CPR and to attend continuing education workshops to enhance their knowledge. *Children, Inc.* receives funding from the United Way and the U.S. Department of Agriculture food program. FCC homes can participate solely in the food program or may take advantage of the full array of network services. In order to participate in the *Children, Inc.* network, FCC homes must meet certain criteria. They are required to participate in the state’s Quality Rating and Improvement System, align their program with Kentucky’s early childhood standards, and agree to receive monthly technical assistance visits from network home visitors.

www.childreninc.org/family-child-care.html
Staffed FCC Networks can make a difference in the quality of care offered in FCC homes. In order to best support FCC providers, policymakers, advocates, and funders must build collaborative partnerships and secure the resources needed to sustain staffed FCC networks. Implementing the following policy recommendations will support the development of FCC networks and promote the sustainability of quality FCC homes.

1. Incentivize providers’ participation in staffed FCC networks.
   - Embed quality indicators within Quality Rating and Improvement Systems that recognize and/or reward FCC providers’ affiliation with staffed FCC networks.
   - Offer higher child care subsidy reimbursement rates for FCC providers participating in a staffed FCC network.
   - Require FCC providers who receive reimbursement through the CACFP to participate in a staffed FCC network.

2. Include FCC network specialists in states’ professional development systems.
   - Formalize core knowledge and competencies that reflect the full spectrum of education, skills, and abilities that FCC network specialists need to be effective in their roles.
   - Offer professional development opportunities pertinent to the specialized role of FCC network specialists.

**EHS for FCC Project**

This demonstration project, managed by ZERO TO THREE in 2010–11, was funded to design, implement, and evaluate a replicable framework to support a partnership between EHS and FCC. The project aimed to increase quality in FCC homes for children with risk factors by leveraging comprehensive services, including health and social services. Twenty-two sites across the country, including All Our Kin described above, participated in the project. These successful partnerships between EHS grantees and FCC homes leveraged the resources of both the EHS and Child Care programs to better coordinate the delivery of early childhood services in communities.

www.eclkc.ohs.acf.hhs.gov/hslc/tta-system/ehsnrc/Early%20Head%20Start/ehs-fcc
• Include FCC network specialists in state early childhood professional development registries, which track the training obtained by early childhood practitioners.
• Create career pathways that lead to credentials and qualifications that formally recognize the education and experience attained by FCC network specialists.

3. Explore funding opportunities to create, develop, and sustain staffed FCC networks.

• Identify state agencies whose funding priorities complement the goals of FCC networks and explore opportunities to blend and braid existing funding streams to support staffed FCC networks.
• Commit federal Child Care and Development Fund (CCDF) dollars and any available state match to implement staffed FCC networks.
• Use program-related investments, which are concessionary investments made by foundations to support charitable activities, to fund the start-up of networks.17
• Through local and/or state government, leverage 501(c)(3) bonds, which are loan capital from private investors typically issued with the purpose of helping nonprofits finance capital improvement projects.18

Conclusion

Taking a critical look at how existing programs might be enhanced or the funding used to create or support a staffed FCC network is one way to increase high-quality child care for infants, toddlers, and their families. In these challenging economic times, it is critical to review all initiatives and decide how best to meet the needs of families with young children, especially in low-income areas. Many of the components of a staffed FCC network may already be in place. The addition of a targeted effort with well-educated staff could create a strong support system for providers, infants and toddlers, and their families with a relatively small investment.

Although the quality and availability of FCC is a topic that requires more research, evidence indicates that staffed networks offer a promising practice to improve the quality of care for infants and toddlers. State commitments to strategies that support the unique needs of FCC providers are not only investments in continuous quality improvement but also a lifeline for the infants, toddlers, and families who rely on the accessibility, longevity, and quality of FCC settings.
About Us

The ZERO TO THREE Policy Center is a nonpartisan, research-based, nonprofit organization committed to promoting the healthy development of our nation’s infants and toddlers. To learn more about this topic or about the ZERO TO THREE Policy Center, please visit our website at www.zerotothree.org/public-policy/.

10. Twenty-two states currently have staffed FCC networks: AZ, CA, CT, DC, DE, GA, HI, IA, IL, KY, MA, ME, MI, MS, NY, OH, OK, OR, PR, TX, WA, and WI.
13. Ibid.
18. Ibid.