June 2019

Engaging Family Child Care in QRIS

Build INITIATIVE
Strong Foundations For
Our Youngest Children

QRIS
National Learning Network

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About the BUILD Initiative

The BUILD Initiative (BUILD) is a national effort that helps advance state work on behalf of young children (prenatal–five), their families, and communities. BUILD partners with early childhood leaders focused on family support and engagement, early learning, health, mental health, and nutrition to create the policies and infrastructure necessary for quality and equity. BUILD supports these leaders by providing consultation, learning opportunities, resources, cross-state peer-to-peer exchanges, and in-state planning and implementation assistance. These efforts help state leaders to increase quality, expand access, and promote equitable outcomes for our youngest children.

BUILD:

- Provides tailored and timely technical assistance to leaders in partner states.

- Facilitates learning communities that share the latest research and promising practices.

- Serves as a knowledge broker by shining a light on promising early childhood systems efforts and high-lighting new ideas and successful innovations.

- Supports new and emerging leaders and works to ensure diversity and equity in all aspects of early childhood systems building.

- Informs and influences state and national conversa-tions and policy decisions by highlighting emerging issues, innovative approaches, best practices, and results from the field.

To learn more, visit www.buildinitiative.org.

QRIS 3.0 Tools and Resources

Quality Rating and Improvement Systems (QRISs) are evolving rapidly. Quality Rating and Improvement System (QRIS) leaders are evaluating their systems to identify opportunities for improvement, trying new strategies and, in some cases, creating new models. To contribute to the evolution of QRIS, BUILD is creating resources to address the continuing challenges of financing, QRIS design and implementation, and the need to gain adequate public investment to support QRIS sufficiently to meet its full potential. This publication is part of the series, QRIS 3.0 Tools and Resources.

Child care leaders first designed QRISs in the 1990s, and systems now exist in nearly every state and many U.S. territories. QRIS emerged as a strategy largely in response to the enormous gulf between the minimum level of quality required by states to open and operate a child care program and the recognized level of quality that optimally supports child development and learning.

States implement QRISs for varying purposes (outlined in BUILD's 2015 study, *Quality Rating and Improvement Systems: Stakeholder Theories of Change and Models of Practice Study Report, Expert Panel Reflections and Recommendations*. QRISs may provide the framework for child care, Head Start, and state pre-K programs, or to only some of these programs. A QRIS may be voluntary or mandatory. Those that are mandatory can be embedded in child care licensing or connected to publicly funded programs such as child care assistance or state pre-K. A QRIS can be the framework for quality improvement and quality assurance for early care and learning services for children birth to five, or it can unify a state's early care and learning, K-12, and higher education systems to form a comprehensive P-20 education system for children from birth through college. Similarly, a QRIS can be part of a broader strategy for a comprehensive and equitable early childhood system in which all the state's children have access to care and learning accompanied by health/mental health supports, social support, and family engagement, as needed. A QRIS is an early learning strategy that shares responsibility for equitable child outcomes with other early learning strategies as well as with other systems such as health and education, and with communities and families.

Through the series, QRIS 3.0 Tools and Resources, BUILD explores several timely, critical issues related to QRIS. We are grateful to the Alliance for Early Success for its support of this series and its ongoing commitment to support so many early childhood organizations.

Introduction and Overview

In recent years, the United States has seen unprecedented policy focus on and investment in initiatives to improve young children's care and education. At the state level, Quality Rating and Improvement Systems (QRISs) are working to provide a framework of quality for early care and education settings. Quality approaches are rapidly evolving from a child-care-focused approach to one that seeks to embrace a multiplicity of early learning programs and the variety of settings in which these programs are delivered. The Race to the Top-Early Learning Challenge included a specific focus on using QRISs for all early learning programs. In 2014, while these grants were being implemented in many states, the Child Care and Development Block Grant (CCDBG) – the primary federal funding source to support eligible families to pay for child care – underwent reauthorization. The law now includes an increased focus on improvement in the overall quality of child care services and programs, and supports an increase in the number and percentage of children from families with low incomes in high-quality child care.[1] CCDBG emphasizes family choice and, with the increased emphasis on quality, acknowledges that many families, particularly families with lower incomes, select family child care (FCC). More recently, in late 2018, the birth-to-five systems grants under the Preschool Development Grant reinforced the importance of integrating all early care and education settings in the system. In order to advance real family choice, the quality frame for early

care settings must fully engage with family child care settings, as well as center- and school-based settings. This engagement includes building systems that reflect the unique care modality in family child care homes.

Children are in out-of-home care settings more than ever, as their parents are working due to necessity or choice.[2] The increased need for care is exacerbated by the barriers families face in finding quality care; in some instances, what is available or affordable to a family is not of the quality that we know can positively impact child development and learning. The capacity of the highest quality programs is often limited; thus, parents are forced to select other settings. The barriers are most acute for young children from linguistically, racially, and economically marginalized communities. When child care is of very high quality, the positive effects can endure into the early adult years, particularly for children from communities with few opportunities and high poverty. Yet, children from families with higher risks often have very limited access to quality care. Ensuring that different aspects of the early care system, such as pre-kindergarten, Head Start, and family child care, are integrated into a quality approach is a key strategy in addressing the growing need for quality early care and education (ECE) settings.

Research on families selecting family child care demonstrates that this type of care is often utilized by families from higher risk categories. FCC is often preferred by families for care of infants and toddlers, school-age children, sibling groups, children with special needs, and children from diverse cultural and linguistic backgrounds. FCC is also appealing to families with nonstandard work hours or variable work schedules. Family child care providers more often reflect the background, culture, language, and ethnicity of the children in their care than do other care providers, such as pre-K teachers. The preference for care that reflects the backgrounds of families will likely continue as diversity increases. According to Census data, 45 percent of all young children (0-4) in the United States are children of color (not White or Hispanic). An additional 23 percent of these children are Hispanic.

[1] CCDF Final Rule Fact Sheet, Office of Child Care, https://www.acf.hhs.gov/sites/default/files/occ/ccdf_final_rule_fact_sheet.pdf
[2] Workman, S. and Ullrich, R. Quality 101: Identifying the Core Components of a High-Quality Early Childhood Program (2017)

In other words, 68 percent of young children in our country are culturally and linguistically diverse. Moreover, projections to the year 2025 estimate that almost all the growth in the child population in this country will be among children of color.[3]

Family Child Care as Core Component of ECE System

The National Survey of Early Care and Education estimates that 1 million paid providers care for 3,091,000 children who are newborns through age five in the providers' homes, and this includes regulated, registered, and family, friend, and neighbor care (National Survey of Early Care and Education Project Team, 2016).[4] According to the Office of Child Care website, about one in four children (24 percent) receiving child care funded by the Child Care and Development Fund (CCDF) program is cared for in family child care. Specifically, in 21 states and territories, 30 percent or more of children receiving CCDF program funds are in family child care.

While there is growing recognition of the significance of family child care in the early care and education field, FCC providers may feel isolated from resources and other professionals in the ECE field and often have limited training in how to support child development and. State systems often struggle to reach out to these caregivers and offer support. An Office of Child Care brief on family child care raises the issue of the wide variance in state regulations, such as licensing, that apply to home-based care settings, and, therefore, the role assumed by states in supporting FCC programs. The brief notes that:

> *Research has identified predictors of quality in family child care, which include licensing, professional support, training, financial resources, and provider experience. High-quality family child care has been linked to improvements in children's cognitive, social-emotional, and physical development. Although licensing rules for family child care in states often do not reflect high-quality standards, FCC providers can exceed these minimum expectations and can provide high-quality care and early learning experiences for children.*[5]

The implementation of QRISs within states presents an opportunity to address the full engagement of

family child care in state systems and quality support efforts. State and federal funding for child care focuses on subsidies to support the participation of low-income families in the workforce. While regulations frequently focus on minimum health and safety requirements in these programs, quality approaches have worked to increase the focus on developmentally appropriate learning opportunities in child care settings by providing the framework of standards and funding mechanisms to make higher quality care accessible to families. While quality approaches in each state differ, as they have been developed and refined in response to individual context, it is generally accepted that "a fully functional QRIS includes the following components: (1) quality standards for programs and practitioners; (2) supports and infrastructure to meet such standards; (3) monitoring and accountability systems to ensure compliance with quality standards; (4) ongoing financial assistance that is linked to meeting quality standards; and (5) engagement and outreach strategies."[6] The standards and support for quality inherent in QRISs mirror what research has shown as most supportive for building quality and capacity in family child care settings. Focusing on stronger integration of FCC in QRISs

[3] Building Early Childhood Systems in a Multi-ethnic Society: An Overview of BUILD's Briefs on Diversity and Equity http://www.buildinitiative.org/Portals/0/Uploads/Documents/BuildingEarlyChildhoodSystemsinaMultiEthnicSociety.pdf

[4] National Survey of Early Care and Education Project Team. 2016. *Characteristics of Home-Based Early Care and Education Providers: Initial Findings from the National Study of Early Care and Education.*

[5] Office of Child Care brief on Family Child Care, retrieved March 21, 2016 from https://www.acf.hhs.gov/occ/family-child-care.

[6] Mitchell, A.W. (2005). Stair steps to quality: A guide for states and communities developing quality rating systems for early care and education. Retrieved from http://www.earlychildhoodfinance.org/downloads/2005/MitchStairSteps_2005.pdf

presents an opportunity to increase the understanding of capacity in family child care, acknowledging that in this setting, care is frequently being provided for young children from families and communities that are furthest from opportunity.

States have approached integration work in different ways and are continually working on enhancing their engagement and integration strategies. The goal of this brief is to support FCC as a core aspect of the ECE system by growing our shared understanding of FCC integration in quality approaches through the exploration of the different mechanisms and approaches used by states, as well as the successes and challenges. This brief is intended for state and local leaders of QRISs and child care systems, and national organizations and resources that support QRIS and family child care.

Why is Integration of FCC in QRIS Important?

Family child care differs greatly from center- or school-based settings in the mode of care for young children. Family child care provides a home-like setting with a small, mixed-age group with often only one provider caring for all the children. A strong focus on family child care is necessary when developing

or implementing a statewide QRIS to address the programmatic differences between FCC programs and centers. Doing so also has the potential to positively impact the issues resulting from the decline of family child care providers in many states, further reinforcing integration as an important activity.

A key programmatic difference between centers and FCC programs is how children are grouped and served. The home setting is composed of a mixed-age group of children, as opposed to classes organized by child age. FCC serves infants and older children through school-age children, including in before- and after-school care, all within one group of children. Families frequently report selecting FCC due to the ability of this setting to serve all their children in one program. The nature of how an early learning curriculum is delivered in a mixed-age group setting is different; FCC providers must be able to meet the needs of children at multiple ages and stages of development, which requires fluid instruction and an awareness of how to implement activities at numerous developmental levels. The same standards of early care and education within age-limited groups of children are not realistic in the FCC program model. Further, it would not be best practice for FCC programs to provide instruction using an approach designed for classes organized by child age. FCC providers should

be acknowledged for their skills in supporting and educating mixed ages of young children. Capacity building that focuses on this unique aspect of FCC needs to focus on quality supports.

Focusing more intentionally on integrating family child care into quality approaches has the potential to positively impact the decline in the number of home-based providers across the country. Many FCC providers have been delivering care for twenty or thirty years and are ready for retirement; the lack of new providers entering the field to fill these openings has resulted in a decline. FCC is a complex endeavor; providers are running a small business while they are attempting to deliver quality early care and education. In addition, the work can be isolating with long hours and reimbursement rates that do not provide a living wage, let alone a profit that will support quality implementation. State regulations and quality standards have been identified as another source of pressure that may be driving out FCC providers or limiting the number of new providers joining the field. In particular, standards and regulations that do not reflect the realities or respond to the needs of FCC present a large burden for the providers. Standards and regulations that are developed for center- or school-based settings are unrealistic when applied without modification to FCC. The issue of decline must be addressed as it results in a decrease in the supply of FCC programs, which means less infant-toddler care and less availability of care that is responsive to unique family situations and delivered in a culturally responsive manner.

Through an intentional approach to standards, regulations, and the supports and monitoring that integrate FCC, states have the potential to mediate some of the factors that are causing the decline in FCC sites. QRIS is positioned to be a leader in this area, given its goal to present a uniformed quality frame that translates across numerous types of early learning settings. QRIS, as a system, focuses on the continuum of quality, from the standards and ratings to the quality supports, training, and monitoring programs need for the quality of their services to continue to grow. Quality approaches may be tailored to the stage that each program has reached and support a program in making incremental improvements in its capacity and quality. FCC programs need this type of individualized and tailored approach to

addressing quality and capacity. Additionally, QRIS has the potential to be a pipeline of engagement and support to draw in new providers at the first stage of regulations, or quality, and provide a frame for these providers to advance further in their quality programming.

> ### Growing in Understanding the Decline in FCC Providers
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> Recently, Massachusetts early care and education leaders used participation in a family-child-care-focused peer-learning group as a springboard for information gathering and messaging on the decline in FCC providers in their state. First, they administered a brief survey to providers, including respondents who have left the field, to understand some of the experiences that may be factors in the decline in family child care. In response to the information gathered, and with their knowledge of the early care and education system, they created a resource tool to message important elements regarding the recruitment and retention of FCC providers. This resource tool has been shared across many different audiences, from FCC system staff and QRIS supports, to state government leadership, to advocacy and policy leaders.

Integration Considerations and Strategies

While FCC is a critical component of the ECE system, it is not the same as center-based care. Strategies developed to support, monitor, and increase the quality of ECE settings are typically built with center-based settings as their program model; these same strategies need to be considered (built) from the perspective of FCC service delivery. As of 2017, 93 percent of the QRISs in place across states and territories include family child care in their system.[7] In order to consider strategies for fully integrating FCC into a QRIS, stakeholders must reflect on how the QRIS was developed, and adapt or modify accordingly. There are several structural dimensions to the implementation of

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[7] The BUILD Initiative and Child Trends. (2017). Quality Compendium [data set]. Retrieved from http://qualitycompendium.org/

QRIS. Analysis of these dimensions sheds light on the integration of FCC and offers a roadmap for carrying out necessary integration activities. We begin by reviewing these dimensions and considering how they naturally intersect with and impact FCC, underscoring the areas where this impact differs from center-based care settings. The seven dimensions that comprise QRIS implementation are: (1) governance; (2) funding; (3) quality standards for programs and practitioners; (4) supports and infrastructure to meet such standards; (5) monitoring and accountability; (6) financing quality standards; and (7) engagement and outreach.

The first two dimensions, governance and funding sources, are not as applicable to the integration discussion. FCC is not its own sector in a state, separate from the child care sector, in the way pre-K may be and Head Start almost always is. Family child care programming is part of the child care sector in most states, but it represents a different setting. Therefore, family child care is governed by the same entity, or entities, that cover center-based care, from the licensing

or regulatory entity, to the entity that administers state subsidy and houses the QRIS. Typically, there is not a separate entity for these functions specific to FCC programs in states; therefore, we will not cover QRIS integration as it relates to these dimensions but instead will focus on those dimensions in which there are significant variances across care settings and how an intentional focus on addressing FCC is an important part of their participation in a state QRIS. Although states may not specifically focus on differences related to integrating FCC into QRIS in the areas of QRIS governance or funding sources, stakeholders should consider the following questions as they are designing, updating, and implementing their QRISs:

- Are family child care stakeholders and providers represented in the decision-making for the QRIS? What role did family child care play in the design? How is family child care part of decision-making related to the implementation, including modifications based on feedback and reality of provider experiences?

- What role does family child care have in the governance of the QRIS? Does family child care have a representative voice in governance? Who provides this voice and what is the role as part of the child care system (e.g., support structure or provider)? In what ways could this role be expanded in order to ensure FCC expertise is represented?

- What are the funding sources for the QRIS, specifically, management of QRIS, QRIS incentives, payment for rating and accountability? What is the process for allocating the distribution of these resources across the various child care settings (e.g., FCC, centers, school-based programs)?

The other dimensions of a QRIS – quality standards for programs and practitioners, supports and infrastructure to meet such standards, monitoring and accountability, financing quality standards, and engagement and outreach – warrant specific focus on behalf of integrating family child care into the system and increasing participation.

Dimension: Quality Standards for Programs and Practitioners

One of the core components of a QRIS is the set of standards used as a frame for quality. QRIS standards are generally considered to be voluntary quality standards and best practices within a state, and are in addition to mandatory requirements, such as licensing and funding standards, set by the funding source, such as federal Head Start and Early Head Start performance standards.[8] Together, these standards are focused on improving the quality of early learning experiences offered to young children. QRIS standards are typically built with multiple levels, or tiers, against which programs are measured in order to determine their rating on the scale. The quality standards, with their leveling structure, present a continuum of quality from the minimum acceptable base of quality to the highest tier of quality practices, as defined by the QRIS.

In the development and revision of QRIS standards, state leaders need to be clear on the approach to standards across settings. The settings for family child care, center-based, Head Start, preschool, and out-of-school-time programs are different both in how they serve children and their goals and benefits. Certain standards, such as those covering assessment tools and curriculum, will need to be tailored to the setting, including variances in how a program meets the standard at different levels. In some states the standards are shared, with delineation of the areas that are specific to a center-based versus family child care program. Practically, the standards may live in one document with specificity by program time. In other instances, states may have a separate set of standards for family child care settings. According to state experiences, it is important to consider how the organization of the standards is consistent and covers the same core content areas related to the delivery of quality early care and education services. Acknowledging the differences in program type by setting yet retaining the same structural approach and content outline for the standards demonstrates how all program types operate within the same quality frame.

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[8] QRIS Resource Guide: Standards and Criteria, DHHS ACF Office of Child Care, retrieved on February 16, 2019 from https://qrisguide.acf.hhs.gov/resource-guide/standards-and-criteria.

New Hampshire

In New Hampshire, one set of standards is maintained for centers and family-based settings, which includes family child care homes and family group child care homes. Within this set of standards, there is content developed for a center versus FCC; for instance, in the area of Administration and Business Practices, there is a separate standard written for FCC that covers having an annual budget, liability insurance coverage, and filing taxes, whereas the center-based standard covers completing performance evaluations for all staff. A majority of the required standards apply to both centers and FCCs, with a few required areas that are specific to centers versus family child care settings. The QRIS includes a set of standards that are optional, applying to both centers and FCCs, and programs must select and demonstrate adherence to five of these additional standards as part of being rated.

Illinois

The approach used in Illinois offers one example of intentional work to integrate FCC into QRISs. Under its Race to the Top-Early Learning Challenge grant, Illinois developed a QRIS specific to center-based programs. This process included standards, an application and rating process, alternative pathways for programs addressing Head Start and accreditation, and a professional development system including support specialists, training, and a registry. After the launch of the center-based QRIS, Illinois stakeholders engaged in another planning process for FCC. Using the same basic structure and process from the center-based QRIS, FCC-specific stakeholders convened, along with child care system representatives, to develop the FCC versions of these QRIS components. FCC has a separate set of standards in the Illinois system that follow the organization and content areas of the center-based standards. Within the FCC standards it is clear to see how FCC programming is addressed and how the evidence for an FCC provider is specific to the tools and resources that exist for FCC.

Developing and Addressing Standards from all Angles

In the Office of Child Care QRIS Resource Guide, considerable coverage is given to the importance of intentional development of standards, the process for reviewing and analyzing a standard from multiple angles, and the need to frequently review and update standards. This process should be based on state data, the most current research, and best practices. The first question in the list of questions presented in the Resource Guide for assessing each potential or current standard regards the setting to which the standard applies. However, in thinking intentionally about integrating FCC into the QRIS, we suggest you consider the whole list of questions from the FCC perspective. For nearly all of these questions, the answer for family child care providers is different than it will be for other care settings. See the complete list of questions at the Office of Child Care Resource Guide site. Following are some of those most applicable questions to consider from an FCC perspective:

- How does the standard relate to the purpose and goals of the QRIS?

- Is the standard appropriate for different settings, including child care centers, family child care homes, group child care home, before- and after-school providers, Head Start/Early Head Start, prekindergarten, and school district-operated early childhood programs?

- Who will incur the cost associated with meeting the standard? How significant is the cost? Is the standard critical enough to justify that cost to programs? Will the cost be subsidized? What is the collective cost to meeting all the standards?

- How much support, such as professional development and technical assistance, will programs need and receive to help them meet the standard?

- How much time will it take to comply with the standard?

- Is the standard measurable, and how will the rating assessors determine that the standard has been met? This might include observation, interviews, automated or manual submission of evidence, and pulled records.

- Could the standard be better addressed through professional development? (Consider this especially if it is a difficult standard to assess or if assessing it might be intrusive to programs' privacy.)

- Is the standard tied to positive child or program outcomes?

- How do proposed standards address issues of equity and improving conditions for children furthest from opportunity?

- Do you anticipate pushback from providers on the standard? If so, is the standard critical enough to justify the repercussions of the pushback?

Dimension: Supports to Meet Quality Standards

The next dimension of a state quality approach are the supports that are in place to work with providers in meeting the quality standards. Upon building a QRIS, most states find they have professional development resources, trainings, and technical assistance in place to support programs which can be pulled into the QRIS; all of these support elements are not necessarily newly developed for a QRIS. It is important that consideration be paid to how these supports help providers understand the quality improvement approach, why they should participate, what participation entails, and how to participate. Consideration also must be paid to whether the supports are comprehensive and intense enough to address the program capacity building needed to meet the quality measures.

Specific to the supports needed to meet quality standards, FCC presents with characteristics that are not part of care in center-based settings. These practical implementation issues may be addressed when states focus intentionally on the integration of FCC into quality initiatives. First, FCC settings may offer extended, non-traditional hours of care to the families they serve. QRIS resources and supports, such as training offerings, technical assistance, and monitoring, must be available to accommodate a non-standard care schedule. In order to meet the needs of families working outside of a typical weekday, nine-

to-five schedule, FCC settings may be open evenings and overnight, and may offer care on the weekends. In particular, quality activities requiring the FCC owner/provider's attention need to be offered during times this individual is not providing care to children or meeting the other responsibilities of running the business, such as accounting, fiscal and program reporting, or food shopping and preparation.

FCC providers are frequently more professionally and geographically isolated than providers in other child care settings. They may be a staff of one, without access to colleagues or a support staff to step in if they need release time or want to pursue QRIS participation. This professional isolation may extend to a lack of awareness of the quality supports and resources that exist in the state and how they can access these supports or why they should. Additionally, the professional isolation may result in their feeling that systemic supports are not for them, as the resources appear more targeted to center- and school-based settings. Outreach to engage FCC in supports needs to address these isolation barriers. Another form of isolation for FCC is geographic; rural FCC is isolated from community resources and state supports may be offered with a regional approach that is still a far distance from a rural FCC. These FCC programs often represent one of a few services providers serving the rural communities; therefore, it is important that quality supports in a state quality system are effectively engaging and partnering with these settings in order to ensure quality services are available in rural

communities. Many rural FCC program staff report traveling two hours each way to pursue trainings and quality supports, activities which themselves may be only two hours in length or less.

As part of reviewing a state approach to supporting and integrating FCC into a QRIS, state leaders should begin by gathering data on the supports (professional development trainings, scholarships, coaching, technical assistance, curriculum purchasing, etc.) that the QRIS offers to participating programs. Are these supports the same or different depending on program type? If the supports do not vary by program type, how is the child care system addressing variances in the delivery of FCC programs that may limit their access to or utilization of the supports. In instances where utilizing the supports is prohibitive for one type of provider, those QRIS supports, in essence, do not exist, or are not achieving their intended goal for that audience. Further, FCC quality supports need to be delivered with an approach based on FCC and carried out by training and technical assistance staff well-versed in FCC services and practices.

Oklahoma

Oklahoma's work on professional development for family child care has strived to address the unique needs of FCC. The state offers FCC-specific content through a Leadership Academy for Family Child Care Homes, which provides 24 hours of training. The Academy focuses on quality business practices and covers program management, legal knowledge, program planning, policies and procedures, and staff development. Additionally, it offers an annual statewide Hispanic Child Care Conference, in Spanish, where potential providers can start obtaining their required training hours and have the chance to network with other professionals. Professional development classes to meet Child Development Associate requirements are available to Spanish-speaking providers. The CCR&R website is bilingual, so providers and parents who prefer to read in Spanish can access child development information and links to relevant information.

Pennsylvania

Pennsylvania has built professional development offerings and a path toward CDA credentialing tailored specifically to the needs of its FCC providers. For Pennsylvania providers, ensuring online access to trainings and CDA content was a key concern in responding to FCC provider needs. The content areas reflect FCC needs: working with mixed-age groups of children, supervision of children in FCC, and FCC business management. All of these trainings, including health and safety, caregiver orientation, and other licensing and QRIS requirements, are offered online and many of them are offered in both English and Spanish.

Additionally, in gathering and analyzing data on supports offered to providers to meet QRIS requirements, states should consider the already existing supports for programs and providers and how QRIS might leverage them. For instance, a state may already have a system of infant-toddler quality specialists who work with child care programs. The capacity and knowledge of these specialists could be broadened to include QRIS standards and support approaches. This leveraging of an existing resource may benefit the state with a cost savings, compared to building a new structure for this support. Providers will also benefit from this approach of building upon existing supports, as they will retain their current point of contact with the quality system, and the professional relationship, to further scaffold the supports they need to focus on quality improvement.

Delaware

Delaware's technical assistance and support for family child cares has been tailored to FCCs in multiple ways and the state continues to refine its approach. First, Delaware has designated technical assistance staff for family child care. These TAs have a caseload of only FCC settings, bringing knowledge and expertise of this care type to their role. The FCC TAs work with the family child care providers on curriculum implementation, beginning with a curriculum reflection process. This process involves reflecting on the approach used with the providers in their teaching and learning and assessing types of curriculum that may be a good fit. The FCCs are furnished samples of different curricula that may be a good match and left time to explore these materials and make their curriculum selection. The next step in the process is support from a Curriculum and Assessment team with an FCC TA implementation team member. The implementation support uses a step-by-step approach with menus of activities for each step, where providers consider and assess where they are on the continuum of implementation. This approach puts the assessment of and planning for what it takes to fully integrate the curriculum in the hands of the FCC provider. Family child care providers are driving the process, with TA support. The state is currently transitioning the approach to curriculum implementation to the FCC TA staff, with this change. All aspects of a process will be supported by a single TA provider who specializes in FCC quality and capacity building.

Some states have established support systems which are designed to provide training and technical assistance to FCC programs in pursuit of national accreditation or higher levels of quality. These support systems may include learning cohorts, peer mentoring, and step-by-step resource support through the accreditation or improvement processes. In the case of support systems for FCC accreditation, the opportunity for leverage exists on two fronts: first, the system can be developed to include pursuit of QRIS ratings and, second, it offers a natural alternative pathway for QRIS ratings that can be built for FCC programs. To support pursuit of accreditation, the state system typically assigns a support specialist to the providers which is a form of professional support and capacity building; this staffing approach could be leveraged as part of QRIS quality supports.

Indiana

Indiana has an Accreditation Project, which provides online resources, coaching, and financial resources to early care and education facilities that are enrolled in their QRIS, Paths to QUALITY. Since the top level of Paths to QUALITY includes achieving and maintaining national accreditation, such as NAFCC accreditation, these are QRIS and accreditation supports. The project supports include a specialized coach and the opportunity to apply for scholarship funds for all steps of the national accreditation process, including on-going maintenance costs. Programs and providers at the top level of the QRIS become mentors for their peers.

Oregon

The recent landscape study of staffed family child care networks highlights Oregon's use of a family child care network approach to increase participation of FCC providers in QRISs. Staffed family child care networks are entities offering FCC providers a range of quality improvement services and supports and offer a model of quality supports uniquely tailored to the needs and characteristics of family child care. According to 2018 Oregon Department of Education data, there are fifteen family child care networks across the state using a cohort-based training and coaching model to support providers in improving quality, using the QRIS as the frame.[9]

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[9] Bromer, J., & Porter, T. (2019). Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks. Chicago, IL: Herr Research Center, Erikson Institute.

Dimension: Monitoring and Accountability

The fourth dimension of a QRIS is monitoring and accountability, which includes the process for rating a program or provider. Several functions are carried out as part of this dimension and they may be shared across multiple organizations within a state in order to meet the capacity demand and the needs of programs and providers. These functions include but are not limited to: assessing program quality and assigning QRIS ratings or levels; monitoring programs/providers for compliance after initial rating; conducting classroom/family child care assessments; and collecting and evaluating program and provider data.[10]

As with each of the other dimensions, the first step to integration is analyzing the current process or plan for implementing within the QRIS from the perspective of the different care settings. Does the approach to monitoring and accountability vary based on the program type? Why or why not? Consider gathering information from providers that would address whether the processes for monitoring and accountability are meeting the needs of FCC programs. Anecdotally, FCC programs in local communities have noted that the process for being rated by their state QRIS is overwhelming. In addition, they find themselves being expected to participate in the same child assessment tools and points of data collection as centers, yet their staff capacity is a fraction of that of center-based programs. According to research highlighted in the National Study of Family Child Care Networks, FCC providers find engagement with early care and education systems challenging due to extensive and complicated paperwork and compliance elements.[11] As states work on integrating family child care into the QRIS, and possibly setting a goal for increasing the number of rated providers, understanding where the process and technical barriers rest and adapting the system to account for this type of care may address these barriers.

One approach to addressing these barriers for FCC would be to consider how assessment and observational tools are implemented with these providers. If implemented solely at the point of rating, the system reinforces many of the barriers FCC already faces with regard to implementing the tools. Instead, states have

the opportunity to use these tools as part of continuous quality improvement and identifying best practices in family child care settings and integrating these practices into trainings and technical assistance. This type of support is part of strengthening the FCC's ability to be responsive to the rating tool while also raising the quality of its practices, which is the focus of the assessment tool.

Family child care programs vary significantly from centers in the resources they have available to them, with the difference extending beyond funding alone. This difference directly impacts the ability of family child care to participate in QRISs, particularly the activities related to rating, monitoring, and accountability. FCC programs do not have the staffing resources found in center-based settings. In the instance of family child care homes where the owners are solo care providers, they may not have additional support each day. Many of the support caregivers they do access are part-time or hourly. This limits the opportunity for FCC owner/providers to call on them for QRIS-related coverage at any time throughout the day, the way a center would use its staff pool to cover classroom needs. With the FCC owner/provider as the only staff person or caregiver,

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[10] QRIS Resource Guide: Standards and Criteria, DHHS ACF Office of Child Care, retrieved on February 16, 2019 from https://qrisguide.acf.hhs.gov/resource-guide/standards-and-criteria.

[11] Bromer, J., & Porter, T. (2019). Mapping the family child care network landscape: Findings from the National Study of Family Child Care Networks. Chicago, IL: Herr Research Center, Erikson Institute.

FCC programs do not have the organizational structure to accommodate release time for the owner to work on QRIS activities with the children.

QRISs have space-related requirements. FCC programs have both indoor and outdoor spaces dedicated to the delivery of child care services but they are not as likely as center-based programs to have additional space to serve children, including spaces to work with them one-on-one or in small groups, which may be needed for implementing QRIS child-assessment activities. Additionally, how space is used in FCC programs, including not only for storing and rotating equipment, toys, and materials, but implementing activities with the children, is different from how space is used in a center. Standards and monitoring systems need to take these natural differences between settings into account and allow for them as part of the rating and monitoring process.

One way to address streamlining rating and monitoring for FCC is to consider national accreditation as an alternative pathway for FCC providers. An alternative pathway within a state QRIS is one that is different from the typical QRIS application process. A program, or provider, is eligible for an alternative path due to certain criteria, determined as part of the state's process in developing and refining its QRIS. National accreditation for center-based or family child care programs is one such alternative pathway. The specifics of the process are worked out by each state but, basically, when national accreditation offers an alternative pathway to QRIS

rating, a provider applies for a QRIS rating by furnishing documentation of its accreditation and its ongoing good standing, or compliance, with this external accrediting body. States must make the determination of where the national accreditation aligns within their QRIS frame in order to consistently apply a rating to programs pursuing the alternative pathway.

In considering how to leverage existing resources, state leaders have reported success in building upon what exists for FCC programs. A population of accredited FCC programs presents as a ready population of providers to pursue QRIS rating, as these providers already achieved a level of quality with their accreditation status. Additionally, these providers are familiar with demonstrating quality in line with an external set of standards and an accrediting body and are less likely to be overwhelmed by the QRIS. Offering these providers an alternative path to participating in the QRIS may be a win-win, for the state and the provider. The provider does not have to duplicate efforts and the state has an easier path to its QRIS rating FCC programs that may then motivate other FCC programs to participate in the QRIS.

Wisconsin

NAFCC Accreditation is an approved "alternate path" within YoungStar. What this means is that rather than being evaluated by the point system (which includes the FCCERS assessment), the provider simply sends in its Accreditation Certificate and Registry Level to determine its Star level. All Accredited providers are automatically 4 Stars and can achieve 5 Stars with the appropriate Registry Level. YoungStar TCs can offer support to providers in the Self Study process and help them to set goals and make improvement to help them meet the NAFCC Standards.

If the determination is made at the state level that the QRIS will not offer an alternative pathway or acknowledgment of FCC accreditation as part of its QRIS application, state leaders must reflect on the impact this will have on providers. This decision may apply to all forms of accreditation, for centers and

FCC programs, and include no alternative pathways, which has an impact on all types of care settings and their pursuit of a QRIS. Given the often-considerable difference in resources and staffing across centers and family child care programs, it is fair to assume that pursuing a QRIS in addition to maintaining accreditation is less burdensome for center-based programs than for family child care programs. An accredited FCC that wants to become rated as part of a QRIS will find the effort duplicative of its accreditation process, which may be too great a burden for a solo FCC provider, forcing him or her to decide between accreditation and QRIS.

Dimension: Financial Supports and Incentives

The next structural dimension of QRIS is the system of financing supports and incentives for participating programs and providers. Incentives have been found to be critical for successful integration of programs into a QRIS. Financial support is necessary to cover the cost of improving and maintaining program quality.

Incentives may include tiered subsidy reimbursement, quality grants, scholarships, tax credits, or professional stipends. The benefits of financial support and incentives may include helping parents in accessing high-quality programming, encouraging providers to pursue additional education or credentialing, and increasing the compensation level of providers. States have found the most success with financial supports when there are a variety of options included, versus a single incentive. Additionally, within a QRIS, a state has the opportunity to direct financial supports and incentives toward the parents, or consumers, not solely to the programs or providers. Parents can be incentivized to select higher quality programs with refundable tax credits, as demonstrated in Louisiana's multi-part tax credit approach. In Louisiana, the tax credits do not extend to parents selecting FCC settings, or FCC providers, yet a tax bill that does include FCC could be built, particularly in instances where FCC are a full part of the quality system in place.

Financing supports and incentives are one piece of the costs associated with a QRIS. These are the QRIS costs that go directly to the programs; therefore, decisions regarding the amount of financial incentives need to include a full understanding of how much funding is needed. If there are efforts to get resources to programs to improve funding amounts through strategies such as tiered reimbursement or large grants, with cost-per-child data framing the decision, does family child care participate? If yes, why and if not, why not? States need cost information that will link tiered subsidy reimbursement to the actual cost of doing business at the higher levels of quality. Stakeholders guiding policy decisions need to consider if tiered reimbursement has been built to benefit FCC quality and how it will incentivize higher quality programs. Additionally, what amounts need to be included in quality grants, scholarships, or stipends in order to cover the real cost of carrying out these quality improvement measures? Are there differences in these incentive amounts by type of program? What is the rationale, or basis, for the differences and how was the decision-making informed by the reality of circumstances for family child care providers? Fiscal supports and incentives need to be accessible and meaningful to FCC programs with family child care positioned as a full part of the ECE system.

Contracts are another strategy for incentivizing and supporting the delivery of quality services. Contracts allow states to fund programs that are at a higher level of quality and provide financial support for programs that are serving high numbers of children receiving subsidy. In building a contract approach, states have the opportunity to link funding directly to staff qualification and compensation requirements, group size, teacher-child ratio, and other quality measures. Contracts often benefit both the state child care administrator and the programs in that they guarantee a revenue amount to the program. Some contracts pay even during periods of vacancies in slots, and the state has accountability for quality care delivered to the highest need children and families. Contracts may be more commonly found in center-based settings but the same principles and approach can be used in developing a contracting strategy for family child care providers.

Indiana

In Indiana, FCC homes are able to participate in the state-funded preschool program. On My Way Pre-K provides grants to eligible low-income 4-year-old children for qualified early education services. Eligible providers do not need to accept federally funded child care subsidy to participate in the program but must meet Child Care and Development Fund eligibility standards (e.g., be licensed providers in good standing); and be at a level 3 or 4 in Paths to QUALITY, the state's QRIS. Families complete an application and, once verified, work with a state-contracted county intake agent to help them identify which programs are available, including FCC homes.

State examples of financial incentives include tiered reimbursement, scholarships, paying conference attendance fees, and purchasing materials.

- *Washington's Early Achievers system provides a cadre of incentives to participants both prior to and after rating within the QRIS. Prior to rating, FCC participants can apply for needs-based grants and have access to a rating readiness consultant to help prepare for onsite assessment. Once rated, programs receive additional incentives to both maintain and increase quality, including quality improvement awards and tiered reimbursement.*

- *Arizona's incentives provided to FCC homes include a $50 gift card for providers who assist other providers or mentor new providers in the home.*

- *In Georgia, TA providers help 1-Star and 2-Star rated FCC providers order up to $500 of materials selected from a menu of available items. Other financial incentives for FCC providers in the QRIS include salary enhancements, bonuses, training vouchers and scholarships, discounts on licensing fees, and additional paid absence days for children receiving subsidy based on quality level.*

- *In California, the Child Care Initiative Project assists new family child care providers through the licensure process. Located at every child care resource and referral agency, it also provides support for existing family child care providers interested in increasing their capacity from small to large, offering infant and toddler care, changing their hours of service, or re-opening after a period of inactivity. Across the state, training is delivered in communities geographically convenient to the providers that is responsive to their hours of operation, and in languages reflective of the provider community. Additionally, the program includes funds for supporting providers in securing items needed as part of their licensing process, such as cribs, equipment, or fire extinguishers.*

The brief *Finance and Quality Rating and Improvement Systems*, also part of the QRIS 3.0 suite of resources, extensively covers additional strategies for financing quality supports, incentivizing quality, and support for overall understanding of financing within a QRIS.

Dimension: Engagement and Outreach

The last structural dimension of QRIS is engagement and outreach for participation in, awareness of, and support for the system as the quality frame for early learning programs. At the most basic level, outreach is critical to ensuring strong participation by providers in the QRIS. States must invest time and resources in developing the tools to reach providers and engage them in the system. The process needs to be informed by a strong understanding of the needs of the provider groups and include direct input by the various provider voices. A web presence for the QRIS, with information on applying, introduction to the overall system, resources to support providers in pursuing quality improvements, and contact information for additional support is key.

A website alone will not address the actual outreach and engagement that needs to occur, especially for providers who may not have engaged in other quality supports or the early care and education system. Family child care providers are frequently in this population. While they may be eager to deliver quality care to young children, they often see the early care and education system as existing for someone else. They may not identify

with the framing of the resources (if they see through an early learning lens, versus a child care lens), and they may think of themselves a small business, which does not mesh with most early care and education system communications. As the BUILD brief Finance and QRIS points out, "Partnerships with existing organizations or systems that regularly communicate with providers can be helpful in minimizing the cost of this outreach." The additional benefit to these partnerships is seen not in cost savings but in the acknowledgment that these existing organizations or systems are likely to have a relationship with FCC programs. Building upon a trusted relationship is a much more effective way to reach and engage FCC providers than doing so via a state system or entity that has not attempted to make a connection. QRIS outreach and engagement may be most successful through existing support relationships in which the FCC providers are involved, such as the local entity administering Child and Adult Care Food Program funding for FCC programs.

As states think about ways to more fully integrate FCC into their QRISs, they should also consider some of the potentially motivating factors for family child care programs to participate. These programs are typically small businesses with providers who have the full responsibility of running the business as part of their day-to-day operations. Finding additional ways to market their business to the community, recruit families, and maintain viable sources of revenue are key considerations of family child care providers. Using

outreach mechanisms that include messaging on how a QRIS can be used as way of advertising the quality of their program and the resources accessible to providers in the QRIS may engage FCC providers in a discussion of the opportunities. Outreach and engagement strategies have the overall goal of QRIS awareness-building and increasing the number of participating programs, but these strategies must be tailored to the different types of providers.

States should further consider the other purposes of outreach and engagement, and the different audiences, as they focus on integrating FCC into QRISs. The following questions offer opportunities for reflection on the current, or planned, approach to engaging FCC providers as partners in QRISs:

- What is the engagement and outreach strategy for educating and involving providers in the QRIS? How does this apply to FCC and how does FCC inform the strategy?

- What is the engagement and outreach strategy for bringing families greater awareness of the QRIS? What is the role of FCC in the strategy? What input does FCC have in building the family awareness strategy?

- What is the engagement and outreach strategy for working with those who influence public policy and what is the FCC role?

Educadores para los Niños del Futuro

The Partnership for Community Action FCC network, Educadores para los Niños del Futuro, in Albuquerque, New Mexico provides an example of successful provider outreach and engagement. This FCC network was developed by providers and continues to be governed by providers through their community board approach. Provider engagement and voice is strong; the providers themselves determined the priority areas of work related to quality supports, established the pipeline approach (which includes engaging unlicensed caregivers in the first step of the licensing process), and set a membership fee for network participation. The providers' unique and vital perspective has resulted in more licensed and QRIS-rated providers in their community, as well as previously rated providers achieving higher rating levels.

Conclusion

Across communities and states, family child care is a critical component of the early care and education system. Data on utilization continues to bear out that family child care is frequently the choice made by families of very young children, infants, and toddlers; families with non-traditional work schedules; low- wage earning families; and families of diverse cultural and linguistic backgrounds – in other words, families that may be up against many social and economic barriers. We value family child care for the benefits it presents, including: a home-based setting to deliver care, a setting that has more flexibility in responding to a range of children and families and their situations, small group size and mixed-age groups of children similar to what is seen in actual families, and settings that are able to serve whole families, including children in school and their younger siblings. The early childhood field must build

and support a quality approach that reflects the value of family child care and acknowledges the benefits it brings to early care and education.

The specific strengths and unique needs of family child care settings must be intentionally planned for and responded to within state quality frameworks and state QRISs. If a center-based approach is built and applied to family child care, or FCCs are left out entirely, the early care and education system will perpetuate the structural inequities that we know many children and families face every day, across services and sectors. We have the tools and ability to advance equity across the types of early care and education settings families choose; we must invest in a responsive quality approach tailored to the diverse forms of care.

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