



Improve Family Child Care Ratios and Group Sizes

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About this Project

CLASP's *Charting Progress for Babies in Child Care* project highlights state policies that support the healthy growth and development of infants and toddlers in child care settings, and provides online resources to help states implement these policies. The foundation of the project is a policy framework comprised of four key principles describing what babies and toddlers in child care need and 15 recommendations for states to move forward. The project seeks to provide information that links research and policy to help states make the best decisions for infants and toddlers.

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By Rachel Schumacher and Elizabeth Hoffmann¹

When child care providers and caregivers are able to focus attention on each baby or toddler in their care, it is easier for them to monitor safety, attend to individual physical needs, and promote child well being. All babies and toddlers in child care need healthy and safe environments in which to explore and learn. To support this goal, CLASP recommends that states ensure that no more than two children under age 2 be cared for by a family child care provider at one time, and that group size not exceed six children (including all children related to the provider).

This document presents research supporting the recommendation to improve family child care ratios and group sizes. Visit www.clasp.org/babiesinchildcare for materials related to this recommendation, including ideas for how state child care licensing, subsidy, and quality enhancement policies can move toward this recommendation; state examples; and online resources for state policymakers.

What does the research say about babies and toddlers and ensuring sufficient numbers of providers in family child care settings?

Strong, secure relationships between babies and toddlers and their child care providers are important indicators of a quality care setting and support positive child development. Child care providers who are attuned to each child's unique needs and personality can support, nurture, and guide the child's growth and development.² The quality of the interaction

between the child and provider has been found to be related to the level of security in attachment that infants have with their family child care provider.³ Sufficient numbers of providers are needed to ensure both the **quality** and **safety** of babies and toddlers in family child care settings.

Sufficient provider-to-child ratios have been connected to sensitive and quality care. In general, numerous research studies have found links between “structural” features of center-based child care programs that can be regulated, such as provider-to-child ratios and group size, and provider behavior that is more positive and sensitive to the individual children in care.⁴ Less research exists specific to family child care, but some studies have found a connection between provider sensitivity and ratio and group size regulations that take into account the age of children.⁵ Another study found that family child care homes that were rated as lower quality also tended to have greater proportions of infants and toddlers in care.⁶ Additionally, when family child care homes are observed as rating higher on standardized measures of quality, the children in care are more likely to be assessed more positively on cognitive, language, behavior and cooperation measures, such as the Family Day Care Rating Scale (FDCRS).⁷

Babies and toddlers in child care also need to be in safe situations where the provider is able to manage the number of children in care. The National Life Safety Code, developed by the National Fire Protection Association, recommends that child care group sizes in a home be no larger than six, with no more than two persons “incapable of self preservation” in the event of a need to evacuate.⁸ Two nationally recognized leaders in developing child care policy have adopted similar standards: the U.S. Department of Defense (DoD) and the U.S. Department of Health and Human Services, Office of Head Start. First, regulations governing the family child care homes allowed to participate in the child care system managed by the DoD require that in mixed-age family child care groups, the number of children under two years of age is limited to two children, with no more than six children total in care, including the provider’s own children under age eight.⁹ The DoD’s system of child care, including the provisions to regulate family child care

providers, has been recognized as a model of using standards and monitoring to improve quality of care.¹⁰ Second, the U.S. Department of Health and Human Services, Office of Head Start, requires that small family child care homes do not exceed a group size of six children with no more than two children under age 2, in regulations approved in January 2008 on family child care homes providing Head Start and Early Head Start services.¹¹

How can state child care licensing, subsidy, and quality enhancement policies ensure sufficient numbers of providers for babies and toddlers in family child care?

Most states require some regulation of non-parental care provided in home settings, and all states should do so. Of those states that regulate the ratio of providers to children in family child care, 13 states already require no more than two children under age 2 per provider. Maximum group size for one family child care provider is harder to categorize, since many states have a matrix in which group size depends on the ages of all the children in a provider’s care. Thirteen states either cap maximum group size at six or do so if children under age 3 are present. Two states go further to limit group size to five when any children under age 2 are in care (with a maximum of two children under age 2 allowed).¹²

From the National Association for Family Child Care Accreditation Quality Standards

“The most important aspect of a high-quality family child care program is its human relationships.”¹³

Licensing rules cannot be effective, however, without supports for providers to meet these requirements. States should pair licensing mandates with incentives and supportive strategies in their Quality Rating and Improvement Systems (QRIS) and child care subsidy systems to ensure family child care providers have the financial resources to afford caring for limited numbers of infants and toddlers in small group sizes, a potential reduction in the number of children in their care, without having to close for financial reasons.

Visit www.clasp.org/babiesinchildcare

for dynamically updated information related to this recommendation, including:

- **Policy Ideas** that states can use to move toward this recommendation
- **State Examples** profiling initiatives of policies under this recommendation
- **Online Resources** for state policymakers

⁹ “Enclosure 8: Department of Defense Family Child Care Standards, Operational Standard 8,” in *Department of Defense Instruction Number 6060.2, Child Development Programs*, 1998, 38, <http://www.dtic.mil/whs/directives/corres/pdf/606002p.pdf>.

¹⁰ Gail L. Zellman and Anne Johansen, *Examining the Implementation and Outcomes of the Military Child Care Act of 1989*, RAND National Defense Research Institute, 1998, http://www.rand.org/pubs/monograph_reports/MR665/MR665.ch13.pdf.

¹¹ The regulations also provide that among those family child care homes allowed to deliver Early Head Start services one provider may care for up to four infants and toddlers, with no more than two children under 18 months; and additional assistance or smaller group size may be necessary when serving special needs children. Department of Health and Human Services, Administration for Children and Families, 45CFR Parts 1304 and 1306, Final Rule. Federal Register: January 8, 2008 (Vol. 73, No. 5): 1285-1297.

¹² National Child Care Information and Technical Assistance Center, *Definition of Licensed Family Child Care Homes*, 2007, <http://nccic.acf.hhs.gov/pubs/cclicensingreq/definition-fcc.html>.

¹³ National Association for Family Child Care, *Quality Standards for NAFCC Accreditation, Fourth Edition*, 2005, <http://www.nafcc.org/documents/QualStd.pdf>.

¹ The authors would like to thank Suzanne Williamson and the Board of the National Association for Family Child Care for their comments on drafts of this resource.

² *Young Children Develop in an Environment of Relationships*, National Scientific Council on the Developing Child, 2004, http://www.developingchild.net/pubs/wp/Young_Children_Environment_Relationships.pdf.

³ James Elicker, Cheryl Ann Fortner-Wood, and Illene C. Nopp, “The Context of Infant Attachment in Family Child Care,” *Journal of Applied Developmental Psychology* 20, no. 2 (1999): 319–336.

⁴ NICHD Early Child Care Research Network, “Characteristics of Infant Child Care: Factors Contributing to Positive Caregiving,” *Early Childhood Research Quarterly* 11, no. 3 (1996): 269-306.

⁵ K. Allison Clarke-Stewart, Deborah L. Vandell, Margaret Burchinal, Marion O’Brien, and Kathleen McCartney, “Do Regulable Features of Child-Care Homes Affect Children’s Development?” *Early Childhood Research Quarterly* 17, no. 1 (2002): 52-86.

⁶ Margaret Burchinal, Carollee Howes, and Susan Kontos, “Structural Predictors of Child Care Quality In Child Care Homes,” *Early Childhood Research Quarterly* 17, no. 1 (2002): 87-105.

⁷ Clarke-Stewart, Vandell, Burchinal, O’Brien, and McCartney, “Do Regulable Features of Child Care Homes.”

⁸ National Fire Protection Association, *Life Safety Code, 2006 Edition*, http://www.nfpa.org/freecodes/free_access_document.asp?id=10106.