

**PROFESSIONAL FAMILY CHILD CARE ALLIANCE OF GEORGIA (PFCCAG)**

**COMPREHENSIVE PLAN TO ADDRESS THE DECLINE OF FAMILY CHILD CARE LEARNING HOMES IN GEORGIA**

There is a serious decline in the number of licensed Family Child Care Learning Homes (FCCLHs) in Georgia. The decline has reached crisis proportions and the time has come to do something about it. This paper describes FCCLH care, points out the unique role this form of care plays for children and families, analyzes factors leading to the decline, and offers a comprehensive plan for reversing the decline. PFCCAG is prepared to tackle the problem on our own but recognizes many parents, early childhood advocates, early childhood professional organizations, and state agencies share our concern. We seek as many partners as possible and hope a concrete statement of why, how, and what needs to be done is the vehicle to promote unified action. At the same time, we welcome additional comments, strategy suggestions, and commitments to strengthen or enlarge the plan.

**BACKGROUND**

**FAMILY CHILD CARE (FCC) DEFINED.** FCC is generally defined as licensed care for pay of six or fewer children by one provider in a private home.

Family Child Care Learning Home. In Georgia, the Department of Early Care and Learning (DECAL) licenses FCC homes. DECAL uses the term “Family Child Care Learning Home” and defines an FCCLH as “a program that operates in a private residential home for less than 24 hours per day. It provides care for three children, but no more than six, under the age of 18 for pay *(1).* The definition further recognizes a FCCLH home may also be caring for “related children” not for pay and “two additional children three years of age or older for two designated one hour periods daily upon approval by the Department”. These latter permissions are concessions to practical realities one to acknowledge the presence of the provider’s own children or her near relative’s children attending at no cost, and the other to allow up to two school-age children who are only present for a short period before or after school. As a further qualifier the regulations say: “Whenever Related Children or Children who reside in the Home are present in the Home, the total number of children present under the age of thirteen years may not exceed twelve” *(2)*

Small Child Care Learning Center. There is another category of in home care closely aligned with FCC which, in other states, is called a “Large Family Child Care Home” or “Family Child Care Group Home” A Large Family Child Care Home is generally defined as the licensed care for pay of between 7-13 children (or more) by a provider and an assistant. In Georgia, the licensing law had a category of a “Group Day Care Home (GDCH)” until 2015. At that time, the law was amended to say any program with a licensed capacity of 7 or more children is considered a “Child Care Learning Center.” PFCCAG uses the term “Small Child Care Learning Center" to refer to a CCLC with a licensed capacity of 18 or fewer children.

**WHY FCC IS IMPORTANT IN GEORGIA**

FCC is important because it serves many children, meets unique needs of working parents and children, and because FCC occupies a strategic position between licensed CCLCs on the one side, and Nannies and Family Friends and Neighbor (FFN), both of which are not required to be licensed, on the other.

Number of Children Served. In a 2015 survey, approximately 12,800 children were served by FCCLH homes *(3).* In the same survey, CCLCs served a much larger number of children but FCC embodies important parental values and preserves their option to attain those values.

Family Style Child Raising Experience. FCC represents a “family” style of child raising and is often selected because the provider had similar child rearing values as the parent. Many providers share the same culture and language as the parent. FCC allows a sibling group to stay together and experience child development in the “multi-age grouping” technique an approach seldom available in a CCLC. FCC’s small size and home like atmosphere are a good fit for a shy child or one who found a larger group in a CCLC too stimulating.

Neighborhood Atmosphere. The neighborhood atmosphere of an FCC home is also important. It starts with the practical reality the FCC home may be near the child’s home and means a less complicated journey to work for parent and child. But it extends to how the child in care experiences their day. Family child care gives life and character to a neighborhood. The family child care provider, and the children served, take mini field trips to a store, post office, fire station or elderly neighbor. In some neighborhoods, the family child care provider is the last “at home mom” on the block since all the other neighbors are away at work.

Flexibility. Another feature of FCC is flexibility. Because providers are at home and, also because they tend to forge close bonds with families in care, providers often show flexibility in their hours of operation and are forgiving of family situations and challenges. That does not mean parents can or should take advantage of providers, but providers have a reputation of accommodating families they know well when demands for work or financial stress become acute.

Less Costly. FCC costs less than center care. This may drive parents to choose FCC, but it is uniqueness and quality which keep parents using the provider. In 2019, the average cost of care for a child age 0-1 was $163 a week in a CCLC and $131 in an FCC home. The same pattern of lower rates for FCC care continues in older age groups *(4)*

To sum it up, “There may be no place like home for your child, but, finding a quality in-home family child care provider can be the next best thing” *(5).*

**WHAT IS KNOWN ABOUT THE DECLINE?**

FCCLH Homes. In 2010, there were 5265 FCCLH homes in Georgia. In 2019, there were only 1410 FCCLH homes. The loss of 3885 homes in that time period constitutes a **73% decline**.

Small CCLCs. In 2010, there were 334 GDCH homes in Georgia. In 2019, there were only 197 small CCLC centers. The loss of 141 homes/centers in that time period constitutes a **42% decline**.

New Homes Opened. And that’s not all, the number of new FCCLH (applicants obtaining a license) is very low. Between 2010 and 2019, **only 489** new FCCLH homes opened.

Discouraged Applicants. Furthermore, we are not able to convert interest in becoming a provider into a licensed provider. For example, in the years 2015-2019, 2598 applicants attended a Licensing Orientation Meeting (LOM) an initial step in becoming licensed. In that same time period, **only 321** opened *(6).*

**WHY ARE PROVIDERS LEAVING AND WHY SUCH A SHARP DECLINE?**

It should be acknowledged the decline of FCC is a problem throughout the country. From 2011 to 2017 nationwide, more than 54,000 licensed family child care homes closed (35% decline). This number continues to decline *(7).* At the national level, the Office of Child Care is concerned about the decline, has alerted states, and is developing suggested state level strategies. PFCCAG applauds this effort but knows the actual hard work must occur within our state.

The Highpoint in Georgia. The years 2010-2019 were chosen as benchmarks because they reflect the most current situation and because data was relatively available. However, conversations with FCC leaders indicate that in the 1980’s and 1990’s, there may have been as many as 7000 FCCLH and GDCH homes in the state. Georgia has always been considered a leader in starting FCC homes, developing innovative projects to support providers, promoting FCC to parents, and starting and supporting FCC associations. All this happened before the benchmark years described above. For a further discussion of this topic, see Appendix A.

Sounding the Initial Alarm. PFCCAG has been aware of a decline in the number of providers since it was founded in 2011. In 2015, we developed an issues paper to express our concern and propose solutions to some specific problems *(8).* The paper recognized that overarching trends probably influenced the decline. Trends identified included: the recession of 2008, public perception that CCLS are the only or best child care option, widening job opportunities for women, perceived or real low take home pay, and, an increase in the number of underground providers. We pointed out that some of these factors may be immutable, but others could be influenced to reverse the trend

Credential/Degree Prerequisite. The primary concern of the paper was the requirement, instituted in 2009, that applicants have as a prerequisite to licensing, a Credential or Degree in Early Childhood Education. The requirement said that, prior to receiving a license, the applicant must have one of 5 credential/degrees to include Child Development Associate (CDA), Technical Certificate of Credit (TCC), Technical College Diploma, Paraprofessional Certificate, or BA/ Master’s Degree. After further review, DECAL came up with a compromise solution. They added a “Variance” option which says “In lieu of possessing one of these valid credentials prior to licensure, an applicant may request a variance submitted with the licensure application to enroll in a program to obtain one of the credentials within six months of licensure and complete within two years” *(9*). PFCCAG welcomed this alternative and works hard to inform applicants of this path to both opening and obtaining the credential/degree.

Cumulative Effect of Changing Licensing Standards. We also cited changes in licensing requirements as a disincentive. These changes cut both ways. They are intended and do safeguard children and ensure high quality care especially considering the growing body of evidence on what is needed to achieve high quality. That makes it hard to criticize a dynamically upward moving but ever changing licensing process. Yet, the many improvements in licensing standards and process have overwhelmed some providers and we wonder about their cumulative effect. That is, they add time and paperwork to a provider who already spends a long day with children. They can also be a distraction from a provider’s direct work with children and are sometimes expensive to implement.

Local Barriers Undermine Starting New Family Child Care Homes. The paper also pointed out that local governments add to provider decline by creating confusing, costly, time consuming, --zoning, business, fire, and health regulations. Resistance by landlords and homeowner associations are barriers too. Subsequent to issuing the paper, PFCCAG entered a partnership with CDF Action, 9 to5, Quality Care for Children (QCC), and United Way of Atlanta called the FCC Marathon Project. The purpose of the project is to remove local barriers. The motto of the project is “It should not be a marathon uphill all the way”. The project will be discussed later in this document.

Expand Outreach to Applicants and Communicate the Provider Voice. PFCCAG continues its concern to the present day. In addition to heavy involvement in the FCC Marathon Project, we took steps to support and encourage applicants. When possible, we attend LOM trainings and talk to applicants about ways to help them thru the start-up period. We network with other state associations and advocates and researchers at the national level to share ideas. We research promising options and are especially keen on the concept of Staffed Family Child Networks (SFCCN) as a means of supporting new and experienced providers alike (see discussion later in this document). We attend DECAL Board meetings and meet quarterly with the DECAL Commissioner and key staff in order to understand DECAL programs and policies, promote them to applicant and licensed providers when appropriate, and critique when necessary. We coordinate with other Georgia professional and child advocacy organizations to understand and support their issues and ensure the provider voice is represented.

**GO BIG OR GO HOME.**

We keep hoping the trend of providers leaving the profession will bottom out or the number of providers entering will offset licensed provider losses, but neither is occurring. And as important as our previous and current efforts are, we reached the point where the decline cannot be ignored, and our efforts are not enough. PFCCAG decided to step back and create a Comprehensive Plan to Reverse the Decline of Family Child Care in Georgia (RD Plan).

**COMPREHENSIVE PLAN TO REVERSE THE DECLINE (RD Plan)**

Characteristics of the Plan. The plan we created has 2 goals; each goal has objectives and there are subobjectives. Whenever possible, each objective is measurable and has a 5 year timeline for achievement. The selection of measurable objectives strikes a balance between-what can be achieved if PFCCAG is the only organization working toward achievement and what might be possible if many organizations, agencies, and individuals join hands to reverse the decline. In one sense, the measurements are moving targets. We would love to revise upward but are sober about achievement even in their present state.

Going it Alone or Finding Partners. PFCCAG hopes to achieve the goals and objectives through partnerships with state agencies, CCR&Rs, and professional, advocacy, and civic organizations. Wherever necessary, we will sign an agreement stating the goal and objectives to be worked on jointly and role of each organization.

**GOALS AND OBJECTIVES**

The following is a statement of the goals and objectives including comments on the rationale and possible strategy for achievement. A summarized version of the RD Plan Goals and Objectives is at Appendix B.

**Goal A: Increase the Supply and Quality of Family Child Care Learning Homes (FCCLH) In Georgia Especially Those Meeting Targeted Unmet Needs**

**Objectives:**

1. Develop a Coordinated Public-Private Sector Recruitment and Support Strategy for Applicants and Newly Licensed Providers by December 2020.

**Comment.** The strategy will focus on what and who. The “what” addresses: what is DECAL already doing to help applicants obtain a license and can the process be streamlined, what are local barriers and can they be removed or mitigated, what information and training, outside of licensing, do applicants and newly licensed providers need help with, and, what is the continuum between start up help aimed at basic operational survival and reaching a level of quality worthy of being Quality Rated (QR)?. The “who” is who, besides DECAL and PFCCAG has an interest in helping applicants obtain a license and cope with the challenges of surviving after opening.

2. Support Child Care Resource and Referral (CCR&R) Organizations in Each Region to Offer Training, Coaching, and Support to FCCLH Applicants and Newly Licensed Providers.

**Comment**. CCR&Rs are independent organizations that provide most, if not all, of their services, through a contract with DECAL. DECAL, in turn, uses Child Care and Development Block Grant (CCDBG) funds to support the tasks assigned to CCR&Rs. For many years, CCR&Rs had a mission to increase the supply of child care (centers and FCC). The mission was part of their contract with DECAL but, in some cases, was funded through other grants and contracts. At some point, DECAL changed the tasks assigned to CCR&Rs. CCR&Rs were no longer funded to provide training and technical assistance to applicants and recently licensed programs. Instead the focus was to help licensed programs achieve QR status. There are ample reasons for DECAL to focus on quality and to redirect its limited resources to QR. But a mechanism of statewide support to applicants quickly disappeared and the supply chain of licensed FCC providers suffered. Through public hearing and other means, PFCCAG continues to advocate for reinstitution of a “start-up” role for CCR&R. In the meantime, we will contact all 6 CCR&Rs and invite them to play this role using other funding where available.

3. Ensure at Least 100 New FCCLH Homes Receive A License in Each Calendar Year From 2020 To 2025.

**Comment**. Increasing the number of licensed FCCLH homes is the heart of Goal A. Increasing from 75 homes opened in 2019 to 100 in 2020 may seem modest but it requires a thorough review of what happens now and what needs to be added. To DECAL’s credit, they have already begun examining and enhancing their work helping applicants thru the licensing process and maintaining compliance after opening. This includes revising LOM content and making the training available on line as well as in person, developing a Pre Licensing training workshop, and the Applicant Services Unit developing a pilot technical assistance strategy for newly opened centers and homes.

In Addition to Licensing Support. Additional tasks which should be done, outside of the scope of licensing, and possibly, outside of the scope of DECAL, are developing a list of topics and skills needed by applicants and new providers and creating a plan of training and technical assistance to help providers achieve the requisite knowledge and skills. For example, applicants and new providers need business knowledge related to budgeting, fee setting, financial recordkeeping, tax preparation, purchasing practices, legal and insurance issues, and more. They also need help with program skills and content such as room set- up, multi-age grouping, nutrition, parent engagement, time management, child abuse reporting, and more. It is also important to look at what is the best way to convey the information and offer the support (e.g., what can be taught through technology vs what needs in-person meetings or individual consultation & coaching). As part of objective A3, PFCCAG and partners will develop this plan. Recognize also, that actions called for in later sections of the comprehensive plan, build on and support objective A3 and vice versa.

 (a) Ensure at Least 95% Of Newly Licensed FCCLH Homes with A Credential/Degree Variance Achieve the Variance Within 24 Months

**Comment**. We believe it is important to have a “Variance” option and the option should be well publicized to individuals considering becoming a FCCLH provider. But we also recognize that balancing time spent operating an FCC home, with its long hours, and a commitment to obtain a credential/degree will not be easy. We want to ensure that every provider using the variance option has a support network. The strategy starts by knowing which providers are pursuing the variance option, which option they are pursuing, and what delivery mechanism (online/in-person) they are using. The support network may vary depending on these factors. And it is important to identify what professional preparation programs, CCR&Rs, DECAL Scholars and other organizations are already doing to smooth the way for the provider. If all is going well, we may only need to be an extra cheerleader, but it the provider is struggling, we will help as needed.

 (b) Assist At Least 50 FCCLH Applicants Address/Reduce Local Barriers to Licensing (Zoning, Business Permit, Fire Department, Health Department, Landlord, Homeowner Association) In Each Calendar Year From 2020 To 2025.

***Commen****t.* PFCCAG starts this comprehensive plan seriously worried about the significance of local barriers and their potential derailment of efforts to increase the number of FCC homes. But we also know that, up till now, no one has shown a spotlight on this problem or asked the wider professional and advocacy community for suggestions and help.

The Devil in the Details. The FCC Marathon Project learned that each city or county with a zoning ordinance addresses FCC differently and that is a major problem. For example, one city allows FCC in “Residential Zones” but not in “Multi-family Zones” which is the zone where attached houses and apartments are located. Another city says when an FCC home is permitted it “shall be limited to Monday through Saturday from six A.M. to seven P.M.” Several jurisdictions say an FCC home is not permitted if it is within 1000’of an existing FCC home. Homeowner associations present another set of challenges. Covenants often say the homeowner may operate a “home based business” but, the nature of the business must not involve customers coming to the residence, thus excluding FCC as an option.

Time Consuming Research, Individualized Support. There is a need to complete research on zoning, business permit and fire safety requirements on many GA cities and counties. The research process usually takes several hours per location including phone calls asking for clarification and review of several different parts of municipal law and regulation. There is a need to explain policy and process issues to applicants as is relates to their specific city, county, landlord, or homeowner’s association. There is a need to encourage and guide them through several steps in the process. There is a need to compile the many different quirks, contradictions, obstacles and absolute prohibitions which exist so that the larger problem can be seen. For all these tasks, more volunteer help is needed. The RD Plan will seek that help.

Materials Developed and to be Developed. The FCC Marathon Project has the beginnings of tools to educate planners, elected officials, landlords and homeowner associations so they understand FCC and will see the benefit of FCC in their community. Some of the materials were written by FCC Marathon members and others were shared by advocates in other states. Other materials will be developed for applicants particularly as it relates to zoning issues.

Reaching More Applicants. As stated, applicants need information and support to negotiate the local barrier maze. In some cases, the information warns an applicant not to purchase or rent a home in a location where local barriers are too costly, or the prospect of gaining approval is almost nil. And even if the applicant gives up their FCC dream, at least we helped prevent a costly mistake. In some cases, there are success stories because the applicant understood the barriers and was prepared to confront them. For all these reasons, it is important to reach more applicants and offer them support. So far in this “whack-a-mole” game, the moles are winning but the game is not over. And there may be an option to shift the paradigm (see A8)

4. Increase the number of providers serving targeted populations:

**Comment**. The term “targeted populations” indicates a demand for child care which is not being met or not adequately met and it also acknowledges the population has special characteristics which add to the challenge of meeting the demand. In recent years, the federal government through Child Care and Development Block Grant (CCBDG) requirements, raised the visibility of several target populations as well and required that funds be directed toward meeting those needs. Somewhat overlapping the CCDBG target population categories is the fact that FCC has a reputation for being well suited to serve several target populations including rural areas, infant and toddlers, nontraditional hours care, and children with special needs. While FCC’s reputation is accurate and can be documented, it is also true several target populations still need attention, support, and a concerted plan involving FCC’s role. For these reasons, we believe more can be done to harness FCCs potential in the targeted population arena.

 (a) Ensure At Least 15 Of The 100 Newly Licensed FCCLH Homes Are Opened in A Designated Rural Area in Each Calendar Year From 2020 To 2025

**Comment**. A 2018 report, using census and licensing data, identified that 62% of people living in rural areas of GA are living in a child care desert where there is not enough licensed child care providers (CCLCs and FCCLHs) *(10).* PFCCAG believes FCC can be the oasis in the rural desert. FCC, local barriers notwithstanding, can be easier to start than a CCLC, and homes can be located throughout a rural location thus simplifying parental commute and transportation costs.

Partnership Strategy. The most likely way for PFCCAG to achieve this objective is for PFCCAG to work with the CCR&R’s system since they serve all GA counties and the DECAL Early Education Community Partners initiative. Some challenges to expanding FCC in rural communities are known such as long distances between applicants and lack of internet service but solutions still need to be developed. Other factors need to be surfaced and strategies developed as pilot activities.

 (b) Ensure At Least 25 Current or Newly Licensed FCCLH Providers Receive Support to Serve Infants and Toddlers in Each Year 2020 To 2023

**Comment.** It is assumed FCC providers are predisposed to serve infants and toddlers and we believe this to be the case. But, for purpose of comparison, the FCC RD Plan will begin by securing data on children by age group enrolled in CCLCs centers and FCCLH homes. In a similar manner, it will help to understand the economics of providing infant and toddler care. For example, it is believed that due to the cost of low child-staff ratios, CCLCs lose money serving infants but recoup the loss if the child remains at the center until the child is older and the staff-child ratio is higher. Yet only one-third of centers serve children under age one *(11).*

The Economic Choice to Serve Infants. FCC economics may or may not be comparable to a center. In general, the provider only has 6 spaces to sell. But if she sells 3 spaces to children age 0-1 or 6 children under the age of 3, she is required to add an assistant. *(12).* So that is one person for every three children under age 3, an expensive proposition for the provider or the parent. No one, least of all a conscientious provider, wants to make enrollment decisions solely for economic reasons, but it is important to understand the economics of infant-toddler care as we promote the FCC option.

Gaining Skills and Knowledge. There are also child care skills and knowledge which should be supported such as SIDS prevention, infant feeding, and sanitary diaper changing. GA has many resources for teaching this information including the DECAL Infant/toddler Specialist Program and the expertise and leadership represented by the Georgia Early Education Alliance for Ready Students (GEEARS) Infant/Toddler Coalition. PFCCAG will coordinate and partner with these organizations.

 (c) Ensure At Least 25 Currently or Newly Licensed FCCLH Providers Receive Support to Serve Children Needing Nontraditional Hour Care in Each Calendar Year 2020 To 2023.

**Comment.** There is a growing number of American families working NTH. Non Traditional Hours (aka Non Standard Hours) is defined a “Hours worked outside the traditional Monday through Friday workweek, including schedules that vary from week to week.” *(13).* On the national level, several researchers document the extent and impact a shift to a 24/7 economy has on the workforce. For example, 43% of all children in US have at least one parent who works NTH *(14)* and 20% of Americans work NTH but 30% of families earning low incomes do *(15*).

A Child Care Challenge. Licensed child care programs face challenges meeting the need for NTH care. Nationally only 8% of Centers offer NTH care (evening 2%, overnight 6%, weekend 3%) while 34% of Licensed Family Child Care Providers offer NTH care *(16*). There is less information about NTH care in Georgia, but it tends to support the national data. For example, in 2015, 10.9% of FCC homes and 2.8% of centers offered care on weekends, 20.6% of FCC homes and 7.7% of centers offered care in the evening. FCCLH homes were 3 times more likely to offer evening care than centers” *(17).*

QCC and PFCCAG Take the Lead. QCC and PFCCAG have a partnership which will increase the likelihood of achieving the RD Plan objective. In 2019, the 2 organizations conducted a survey of 334 FCCLH homes which determined that 91% of providers have been asked to provide NTH care and 90% have provided NTH care including 29% who provided care overnight and 34% who provided care on a weekend *(18)*. Even with this favorable data, the process of encouraging and supporting providers interested in offering NTH care should be mapped out carefully. Providers in the survey identified reasons they do not wish to offer NTH care and others listed challenges involved in offering care at these hours. Moving forward will involve an honest presentation of pros and cons and research on ways to mitigate know problems. At the same time, supportive employers need to be identified who will cooperate with pilot recruitment and training efforts and linking providers to parents needing NTH care.

 *(d) Ensure At Least 25 Currently or Newly Licensed FCCLH Providers Receive Support to Serve Children with Special Needs in Each Calendar Year From 2021 To 2023.*

**Comment**. There is a disconnect between the limited data concerning children with disabilities enrolled in FCCLH homes and anecdotal information. The Industry study identified that 3.8% of FCCLH homes have enrolled children with a diagnosed disability *(19).* But anecdotally we believe a much higher percent of children with disabilities are enrolled in FCCLH homes. Even if we are incorrect, we believe FCC has excellent potential to serve this population. We know providers whose own child had a disability and began offering FCC in order to be home with that child while simultaneously earning income for the family. We know providers who received and accommodated requests to serve children with a wide range of disabilities. These providers worked with the parents and experts on the child’s disability, to create a supportive setting for the child. And we know providers who might have been able to serve the child care request but declined because they were not connected to the training and resources available to support them in serving the child.

Connecting to Providers and to Resources. There is help available to providers serving children with disabilities in the form of DECAL Inclusion Specialists, higher CAPS subsidies for care of special needs children, and the pooling of expertise in organizations such as the GEEARS Infant Early Education Mental Health Committee. But the FCC RD Plan will need to start at a basic level surveying providers for their interest and experience in serving children with special needs while also cataloguing resources, connecting providers to resources, and looking for opportunities to pilot stronger links between a child in need, the child’s parents, a willing provider, and the professional community.

5. Achieve 90% providers with a QR Rating by end of 2021.

 **THIS SECTION TO BE DEVELOPED**

6. Ensure At Least 10 CCLCs With A Licensed Capacity Of 18 Or Fewer (Small Center) Receive A License in Each Calendar Year From 2020 To 2025

**Comment**. Most FCCLH providers are content to remain a FCCLH provider until they retire. But for other providers, they eventually explore ways to capitalize on their success by expanding to a larger size. Some jump one step up and become a small CCLC while other take a two-step jump and open a CCLC with a large capacity. In the same vein, some applicants attending a FCCLH LOM acknowledge their long range goal is to open a CCLC. Some further acknowledge a FCCLH is a microcosm of all the business and child caring skills they will need to open a CCLC and it is better to learn these skills or make mistakes on a small scale before making a large investment in a CCLC.

Up from Obscurity. While it may be more appropriate to classify a small CCLC initiative as part of Goal B related to retention of existing providers, the initiative also supports applicant interest and motivation to become licensed so fits here as well. Since the elimination of the Day Care Group Home Category in 2015, the upward evolution of providers has been obscured but the FCC RD Plan will highlight and reinvigorate the movement. It is also interesting the rate of decline, while steep, of small CCLCs (42%) is less than the rate of decline of FCCLHs (73%) during the 2010-2019 time period. This may be another reason to study and promote the small CCLC option.

The Ropes to Skip and the Ropes to Know. To reach this objective, research and a descriptive study will take place. More needs to be known about the cost, profitability, staffing, hours of operation, types of care offered (Infant/Toddler, NTH) of small CCLCS, and especially what role family members play. There are also questions about the impact of licensing on operation. DECAL regulations for CCLCs offer modest concessions on staff-child ratios and playground requirements for centers serving 18 or fewer children, but they must meet physical plant and fire safety requirements higher than those required of FCCLH homes and which potentially could be costly.

7. Develop A Plan to Identify and Support Individuals Providing Relative and Legally Exempt Care by June 2021.

**Comment**. It is difficult to talk about the decline of FCCLH homes or, reversing the decline, without acknowledging the potential elephant in the room namely Family Friends and Neighbor Care. In 2019, when there were 1410 licensed FCCLH homes in GA, a report by the Committee for Economic Development indicated 20,758 individuals in GA reported home based business income from caring for children *(20*). PFCCAG accepts the statistic as accurate and is aware of a few other statistics pointing in the same direction. In researching the NTH care issue, we learned that 82% of Unlisted Unpaid Providers offer NTH care and 63% of Unlisted Paid Providers offer NTH care *(21).* The term “Unlisted” in the study describes a home based care arrangement not required to be licensed (e.g. unpaid, serving close relatives, fewer than 3 children), all categories not required to be licensed in some states.

A Friendly Investigation. There is a lot to find out about the 20+K statistic and its implications for GA. Who is this group? Since the threshold for licensing is 3 or more for pay, some of these caregivers could be license exempt (i.e., caring for 2 or fewer children). Others may, knowingly or unknowingly, be caring for children above the license threshold. DECAL regularly seeks out “underground” providers, but it is hard to find them all especially the portion who avoid licensing. Others may be caring exclusively for relative’s children and have no interest in caring for other children. There are questions about what effect does this large number of paid caregivers have on FCCLH home rates, and ability to earn a decent living? What effect does the group have on licensing itself? FCC is squeezed between regulated centers and unregulated FFN care arrangements. Is licensed FCCLH a standard bearer of safety and quality to hold out to FFN caregivers? Is FCCLH a sort of buffer between center care and FFN and, if so, what happens as the buffer keeps shrinking? Lastly is there potential to recruit FCCLH homes from among the FFN group?

8. Develop and Pass State Legislation to Override Local Barriers to Licensing by 2022.

**Comment.** Objective A3b takes a pragmatic approach to addressing local barriers. Objective A8 takes a paradigm shifting approach. According to a Yale Law School report, 7 states have legislation which prohibit local governments from imposing zoning restrictions on family child care homes and requires they be treated like other residential uses *(22).* We want Georgia to be the 8th state!

How They Did It. The Child Care Law Center (CCLC) in California pioneered support to individual applicants and developed the plan leading to California’s passage of a state “override” law. CCLC has several information resources used by the FCC Marathon project and CCLC staff are available for a limited amount of consultation. The project also partners with All Our Kin; this Connecticut organization led the drive to pass override legislation in that state. The project also identified the American Planning Association (APA) position paper which says APA “**supports local or state legislation which provides for small child care homes as permitted land uses in all zoning districts, without the standard home occupation restrictions, but with reasonable compatibility standards; and further supports state preemption of local legislation which does not permit this type of child care home”** *(23****)*.** The FCC Marathon Project will continue moving forward and be the right arm of this objective. The project will continue documenting the maze of differing requirements in order to share with state legislators and other public officials while also coordinating with other state efforts.

**Goal B: Create Incentives and Supports to Remain in the Profession for Currently Licensed Family Child Care Learning Homes (FCCLHs) in Georgia**

**Comment**. FCCLH homes need to know they have a future in terms of a continuing demand for their service, financial viability, and programmatic integrity. It is hard to offer any guarantees, but we can offer to work side by side to shape their future. We may have to suffer a further decline as current providers retire. In a November 2018 data call, DECAL identified there were 172 FCCLH providers in operation at the same location for 25 years or more including several in operation for 30 or more years *(24).* This is a tribute to the intense recruitment and training activities of 80’s and 90’s and demonstrates the potential long lasting impact of the renewed recruitment campaign called for in the RD Plan. But it also highlights a population of providers who will likely retire soon. In addition, a successful RD Plan will create opportunities for upward mobility for providers who seek opportunities to train or coach other providers or expand to a small CCLC. We welcome those opportunities even if it means losing some FCCLH homes.

**Objectives:**

1. Develop a Coordinated Public-Private Sector Partnership to Retain FCCLH Providers by December 2020.

**Comment**. Some characteristics of a public-private partnership flow from this document, it defines the problem, proposes numerous actions to address the problem and invites potential partners to become involved. But the step after that is to secure the actual involvement of partners. This involves lots of communication, soliciting feedback about the plan, being willing to modify the plan based on feedback, and customizing joint agreements based on the perspective of each partner. At some point, someone will ask “what does this cost?” meaning what does it cost PFCCAG to do all this communication and organizing work or what will a specific objective cost if it involves travel, training, materials and other costs? PFCCAG is a small organization with a small treasury. While contributions are always welcome, we anticipate the organization and coordination work will be done by volunteer members. At the same time, many objectives will benefit by funding. They will be costed out when a specific funding opportunity arises. The year 2020 will be busy securing partners, this is behind the scenes work but, we look forward to making the case for the RD Plan.

2. Develop a Plan to Promote FCCLH Homes to Parents by December 2021.

**Comment**. In order to survive, most providers seek to be fully enrolled, but many providers report they are not. There could be other factors accounting for underenrollment, but marketing needs close attention both in terms of marketing by an individual provider and marketing addressing the statewide parental perception of family child care as a viable child care option.

Making Headway with Individual Providers. Marketing information for an individual provider such as training materials and webinars from Tom Copeland are relatively available *(25).* Marketing training could be available through the GA PDS system but would need to be promoted as needed. Quality Care for Children (QCC), through the ECE Business Support Project (funded by DECAL and United Way), has developed an intense marketing support strategy for a group of 23 providers in the metro Atlanta area. Results of that initiative will be available in late Spring 2020. Hopefully the initiative will be a success and can be expanded.

Thinking Big. Presenting family child care to parent consumers statewide is even more challenging than helping individual providers sharpen their marketing strategy. FCC providers benefit by the DECAL campaign to promote Quality Rated which features both FCC homes and centers in its marketing materials and video ads. But this campaign is about QR and not FCC as a child care option. Developing an FCC specific campaign will not be easy. The campaign needs to identify successful marketing campaigns in other communities and review lessons learned for application in GA *(26).* It will identify and address factors which make parents reluctant to select FCC, work to dispel myths, promote unique features of this form of care, provide objective information about maintaining a healthy relationship between parents and providers, find providers willing to meet media/host home tours, learn which media options reach which generation of parents and much more.

3. Ensure Provider Eligibility and Participation in Publicly Funded Child Care Support Programs

**Comment**. Both state and federal child care programs have a primary mission either to ensure safe and high quality developmental experiences for children or make those programs available to target population of families at an affordable rate. In some cases, by law or regulation, the needs of the child care provider to earn a decent living is recognized such as through market rate policies or financial incentives for serving a specific population. And for each program there is stress between access, affordability and quality. PFCCAG respects the values the federal and state used in authorizing these programs, but for the sake of retaining providers, we will look at them with a single focus—are providers able to participate and can they earn enough to survive?

 (a) Establish a Contract Option for Providers Serving CAPS Children and Ensure at Least 25 Providers Participate by the End of 2020.

**Comment**. There is a benefit to DECAL and a benefit to Quality Rated FCC providers serving CAPS children, to have a contract (called a Quality Rated Subsidy Grant) which reserves spaces for CAPS children. DECAL initiated the contract with CCLCs several years ago and has contracts with several centers, some of which contract up to 50% of their spaces for CAPS children. The details of this arrangement are complicated but involve extra work by the center and setting aside spaces in return for a higher reimbursement rate. DECAL is looking to develop a similar contract arrangement with FCC. In July 2019, PFCCAG convened a focus group of providers so DECAL staff could present options and gain provider feedback. The meeting was a big success, but some challenges remain in designing the contract model and freeing up funds to pay for it. PFCCAG will continue to follow progress on this issue and argue for parity with CCLCs.

 (b) Establish FCCLH Eligibility to Participate in the Lottery Funded State PreK Program by the End of 2021.

**Comment**. GA’s lottery funded state Pre-K program does not include FCC. There are 15 state-funded preschool programs where FCC providers can receive funds directly and 21 allow FCC providers to subcontract with a local school district or entity that is able to receive state funds directly *(27*). The GA program uses a successful public private partnership model whereby public schools and private CCLS serve children, but the partnership does not extend as far as FCC. PFCCAG has requested FCC providers be allowed to operate a state Pre-K program in their home but DECAL has declined. Standards for the Pre-K program are high, including qualifications for “teacher/provider” and not all providers will be qualified or interested in participating. But for those who are interested, the financial benefit would be substantial (e.g., Lead Teacher 2 year degree. $24K for 10 months, Lead Teacher with a master’s degree & Teaching Certificate, $39K for 10months) ***(28)*** as would the opportunity to serve four year old children an age group disappearing in FCC homes due to the free lottery program.

Doing Our Homework. Many issues need exploration before a proposal to include FCC as a delivery site for the state Pre-K program would likely be accepted by DECAL. Contact will be made with the states who do include FCC providers to find out why and how they do it. Providers will be surveyed both to compare their credentials and degrees with those required by the state Pre-K program and to determine how many would be interested in participating. DECAL requirements for the state Pre-K program will be reviewed for applicability to an FCC setting.

 (c) Ensure at Least 50% of all Licensed Providers Participate in at Least 2 DECAL Initiated Support Services by the End of 2021 and Evaluate Whether this Level of Participation Serves as a “Critical Mass” for Retention.

**Comment**. GA leaders deserve credit for consolidating several agencies concerned with early childhood issues into a single state agency, DECAL. The consolidation benefits families and the caregiving community. DECAL can attract additional funds, manage complex programs, and invent new opportunities contributing to quality programs. PFCCAG supports DECAL often publicizing new opportunities available through DECAL and sometimes acting as intermediary between individual providers and specific programs or policies.

Does More Mean More? The focus of this objective is too look at all the supports available from DECAL and consider their cumulative benefit toward retaining providers. PFCCAG with its limited volunteer resources has difficulty keeping up with support opportunities available from DECAL, including eligibility and geographic availability, and we believe individual provider do also. In addition, support programs reflect changes in funding, federal requirements and the evolution of thinking by the early childhood research and professional community. All these factors require time to investigate and communicate but ensures providers can take advantage of meaningful programs. PFCCAG will continue its role cataloging DECAL programs, communicating benefits, and dialoguing with specific program managers and will look for ways to more effectively interpret these programs to providers. At the same time, we will look at the cumulative benefit question. Do providers participating in 2 or more programs (e.g., CAPS, CACFP, QR, Inclusion Services, etc.) feel more financially stable or professionally empowered and does that help them stay in the profession? We believe it does but need to find out.

 (d) Ensure at least 300 Providers Participate in One or More Business Support Activities Each Year from 2020 to 2023.

**Comment**. FCC providers are full-time teachers who, in order to survive, must manage complex financial and administrative transactions. The small business implications of FCC are often underappreciated but managing the business is critical to survival. Opportunity Associates, a national organization pioneering the concept of “shared services” as a strategy to help small centers and FCC homes stresses the concept the “Iron Triangle” as a fiscal survival strategy, that is, full enrollment, full and on-time fee collection, and revenues that cover costs *(29).*

DECAL Survey Leads the Way. DECAL looked at the business side of FCC in March 2018 when they conducted a survey of 506 FCCLH homes. The survey covered several business questions and found that when asked “Would you be interested in receiving additional training and/or support in any of the following areas? (Select all that apply), 140 said developing a business plan, 75 said human resources/ managing staff, 138 said financing, 110 said marketing, 116 said financial management,161 said record keeping, 89 said payroll and labor law, and 171 said taxes *(30*).

Quality Care for Children (QCC) Does the Heavy Lifting. During the same time period, Quality Care for Children was developing a shared services strategy to support both centers and FCC homes. QCC started with the Provider Resources Hub, a website offering free classroom resources and discounts with vendors.. The site also offers lots of free administrative resources including sample child care forms, program polices, parent handbook and more. Providers download them and edit them to fit their situation. To help providers search the site, there is a “Family Child Care Toolkit” feature which simplifies the FCC search process. With the help of DECAL and United Way, QCC expanded their business support options in 2019. For providers it included a “Dollars and Sense For FCC” course, sponsoring a webinar on FCC Record Keeping and Taxes taught by Tom Copeland, the country’s leading expert on the business of FCC, and developing an FCC Business Support Cohort.

It Would be Nice to Ride Coattails, But. PFCCAG would be happy to ride QCC’s coattails to ensure 300 providers a year participate in a business support activity. But there are issues requiring attention. While the PRH and a new round of 3 Tom Copeland webinars scheduled for 2020 are statewide, the more intense services like the FCC Business Support Cohort is only available within the QCC counties. Opportunities for expansion would be good and we will promote them. Second, the FCC Business Support Cohort is currently helping providers try out and evaluate 4 types of software designed to help providers manage financial and other record keeping tasks. Hopefully there will be positive results to report and PFCCAG can share them with our members and other providers. Finally, PFCCAG will look at the Georgia Workforce Knowledge and Competencies Document and its implementation to ensure there are adequate opportunities for business content to be offered and credit given through the Georgia Professional Development System.

 (e) Raise CAPS Reimbursement Rate for FCCLH by the End of 2021 and Ensure at Least 800 Providers Serve CAPS Children by the End of 2021.

**Comment.** In recent years, the number of FCCLH providers serving CAPS children steadily declined. The decline is probably due to the overall decline in providers, but possibly other factors are involved. In 2014, 1219 providers received payment for serving a CAPS child, in 2016, 907 providers received payment, and from January-July 2019, 533 submitted a claim *(31).* More FCC Providers should serve CAPS children. CAPS is aimed at serving low income children and target populations families and children dealing with difficult life situations. FCC could serve these populations and many providers live in neighborhoods near CAPS eligible families. The contract opportunity discussed in B3(a), if established, will be an important incentive for FCC participation. In addition, the RD Plan will identify all factors leading to a low provider participation rate. A common problem with subsidized child care programs is the payment rate is too low to reimburse the care provider for the true cost of care and the provider cannot “afford” to serve the subsidized child. This question will be reviewed.

 (f) Maximize use of the CACFP Program to Ensure Children Receive Nutritious Meals and Providers Receive Financial Support to Provide Those Meals by the End of 2021.

**Comment**. The Child and Adult Care Food program (CACFP) ensures children receive nutritious meals and develop healthy eating habits while relieving parents and/or providers from absorbing the cost of those meals. PFCCAG recognizes the importance of the CACFP program, but until now, was not involved in policy questions related to the program. CACGP participation by providers in GA has declined and again the question is, did the decline mirror the general decline or are other factors involved? In December 2010, 2681 providers submitted meal claims but, by May 2019, only 1160 providers submitted meal claims, a 43% decline *(32).*

More Active Involvement. The CACFP program has changed many times since it was first instituted by Congress. Some changes were for the better and some for the worse. FCC providers and CACFP Sponsor organizations have learned to speak up when changes are proposed. Because of the importance of the CACFP program, PFCCAG will play a more active role in ensuring CACFP pays and functions adequately. At the same time, there has always been a significant proportion of providers who chose not to participate in CACFP. There are many reasons they turn down this opportunity. PGCCAG respects their decision but will identify and explore these reasons. Some may involve perceived or real problems with the program, and we will work to address these problems.

4. Establish at least 5 local FCCLH Associations by the End of 2021.

**Comment.** A local FCC association (city, county, other) supports providers through sharing ideas and experiences, offering encouragement, networking to provide referrals and substitutes, sponsoring training, making connections with community leaders, and linking with the state association for advocacy. At one time, there were 26 local associations in GA but now there are only 5 *(33*). The role of a local association can overlap with the role of a CCR&R or some of DECAL’s support programs (e.g., Peer Support Networks) or it can complement the other program. But a local association is a leadership incubator and FCC leaders are needed if we are to tackle the problems facing the profession and retain providers.

A First Step. PFCCAG has taken one step toward reinvigorating the local association movement, PFCCAG has scheduled a Board Retreat for June 2020 which will look at board functions of both the state association and local associations as well. Leaders of the existing local associations and providers interested in forming an association will be invited to attend. PFCCAG will develop handouts or a manual on starting a local association and support the local association movement until at least 5 new associations are developed.

5. Develop a Plan to Ensure Provider Input, Representation, and Feedback to GA Executive and Legislative Agencies by the End of 2021.

**Comment**. PFCCAG is the “Voice of Family Child Care in GA.” We exercise that voice thorough information in our newsletter, website, Facebook page, board meeting minutes, serving on advocacy committees (e.g. GEEARS Infant/Toddler Coalition), serving on DECAL Committees (e.g., DECAL Advisory Committee), submitting written and verbal comments at DECAL public hearings, attending DECAL Board meetings and through quarterly meetings with the DECAL Commissioner and Staff.

Involvement Challenges. At the same time, there are problems having the voice of providers heard. Most providers have not joined PFCCAG so we cannot yet claim we have “strength in numbers” or that we know the full range of opinions held by providers. Most meetings are held during the day when providers are caring for children and cannot get away to speak for themselves. PGCCAG members who can attend during the day are either retired providers or FCC advocates. This is helpful but it is hard for these leaders to convey the real day to day stresses providers experience or the diversity of their opinions. Lastly it is hard to communicate with providers to solicit their ideas and opinions. PFCCAG has success in phoning member through the dedication of 2 board members and has conducted 2 surveys with good participation (Non Traditional Hours, Background Check Issues) but for the RD Plan to succeed, we will need much greater involvement from providers.

The Provider Connection. A few providers, particularly those with a substitute, say they can get away for daytime meetings and it is time to tap their availability. We need to develop leadership materials or training to support their participation at local and state meeting. We will also experiment with ways to inform and solicit provider input. We need to connect with providers during the occasions they attend training, local association, and special program meetings (e.g., DECAL Peer Support Network meetings, QCC FCC Cohort meetings). We will likely conduct more surveys since providers have been willing to participate and surveys yield multiple useful insights. Use of technology may be another option; webinars and meetings could be video recorded and posted on the PFCCAG website, Facebook page or other social media sites.

6. Develop a Plan to Ensure Providers have Information and Access to Business and Personal Benefit Options (e.g., Retirement, Substitute Pool, Discount Buying) by the End of 2022.

**Comment**. FCC providers need benefit options but often cannot find or afford them. FCC providers need to reduce operating cost, so it increases take home pay but without sacrificing the quality experience for children. PFCCAG knows it is hard to negotiate group discounts for providers when the group is small and, due to the size of the operation (i.e. 6 children), their buying power is moderate. Because of and despite these challenges, PFCCAG is committed to helping providers save money and gain access to business and personal benefit options.

Group Discounts. Since PFCCAG’s founding in 2011, obtaining discounts and reducing costs for providers has been a clear but elusive goal. We keep our membership dues as low as possible (currently $15 year). We tried to get the “Teachers Discount” at Office Depot but could not convince local staff that FCC providers were “teachers.” We did negotiate a group discount at Kaplan Early Learning Company and obtained short term discounts with other suppliers usually associated with a conference event. We will continue to pursue the group discount opportunity. In the meantime, the Provider Resource Hub shared serves model emerged as a source of buying discounts for centers and providers. PRH partners with other shared services groups to arrange multistate discounts from suppliers while also seeking deals from GA specific suppliers. PFCCAG has referred multistate suppliers to PRH and offered ideas and contacts for GA suppliers to PRH staff. We have close relations to with Liability Insurance providers but understand that insurance regulations prohibit or make it difficult for insurance carriers to offer group discounts. We are also working to pool the wisdom of providers about sources of inexpensive equipment and supplies so that both new and experienced providers can benefit.

Keeping What We Have. In 2018, DECAL decided to use CCDBG funds to pay the cost of Comprehensive Background Check (CBC) for providers, as well as assistants and individuals residing in the home. This is a significant cost saving and reduced the anxiety associated with implementing new federal CBC requirements. PFCCAG applauds and thanks DECAL for taking this action but we also recognize we cannot take this benefit for granted. DECAL’s decision to continue payment is contingent to availability of funds and in competition with the many other demands for use of CCDBG funds. PFCCAG will keep a watchful eye on this benefit.

Innovative Opportunities. One approach to helping providers get started or to meet a large facility expense is to provide a low cost or no cost loan/grant to the provider. DECAL raised funds and made equipment grants to providers as part of the QR project and there are a few examples of shared services projects in other states which include loans or grants to providers. PFCCAG is interested in establishing a loan/grant program as is QCC. A different tough nut to crack is solving the substitute dilemma of most providers. Some providers report they network with other providers in their area to trade off days when they are absent for scheduled appointments and there are a few examples of substitute pools being developed for FCC. PFCCAG will collect information about both strategies and share with a view to improve substitute access. Finally, we will look at the work Tom Copeland does to help providers prepare for retirement as well as his work on other benefit issues. There are many great ideas on his website (www.tomcopelandblog.com) which providers can use directly or which PFCCAG can use on a larger scale.

7. Develop One or More Staffed Family Child Care Networks (SFCCNs) Serving at least 100 Providers in at least 30 Counties by 2023.

**Comment**. “It is not reasonable to expect home-based providers to be full-time teachers AND manage complex fiscal and administrative paperwork” *(34*). So stated Louise Stoney as she began a 2019 webinar arguing SFCCN’s are needed as middlemen handling the ever expanding demands on providers for financial and program accountability while freeing providers to complete their other demanding job, caring for children. The Federal Office of Child Care considers establishing SFCCNs a leading strategy to reverse the decline of providers *(35).* SFCCNS have been around for many years and combine business support and child care/child development support services. More recent SFCCN models emphasize helping providers with business issues and cover their middleman costs by charging providers a fee. The hope is these models can be self-supporting and will not have to depend on grants to maintain operation.

PFCCAG Advocates for SFCCNs. PFCCAG recognizes that most providers like being independent and have an entrepreneurial spirit but, even so, many providers could benefit if they had access to a SFCCN. For that reason, during CCDBG planning sessions, PFCCAG proposed DECAL establish at least one SFCCN in each of the 6 DECAL regions. Our proposal did not make it into the final plan, but we are regrouping to offer a more detailed rationale and plan.

Light at the End of the Tunnel! At the same time, some elements of a SFCCN made it into the Preschool Development Grant (PDG) recently awarded to DECAL. The PDG is a competitive multiyear grant. In the proposal DECAL said they “will create three to five FCCLH Support Networks, comprising FCCLHs with a staffed “hub” that supports and aligns resources for providers and the children/families they serve, provides business service resources, and supports a Professional Learning Community” *(36***).** This is an opportunity for DECAL to experiment with SFCCN models (sponsorship type (CCR&R Technical School), targeted needs (rural, infant/toddler), and provider supports (newly licensed vs licensed providers). However, the funding is not meant to be permanent funding so sustainability will need close attention. PFCCAG will be busy researching SFCCNS in other states and offering ideas and support to the GA effort but we are happy to know there is a significant SFCCN opportunity to support.

Appendix A

The story is long and involved but to state it simply:

In the 70’s and 80’s” Georgia used a licensing option called “registration” which made it easy to start an FCC home. The Child and Adult Care Food Program allowed all children enrolled in FCC to receive two meals and a snack for free and many advocates encouraged individuals in low income areas to become providers. Community based Child Care Resource and Referral (CCR&Rs) were established which emphasized training and support to FCC as well as CCLCs. Quality Care for Children, founded by Nancy Travis in 1979, began with expertise about FCC and created the Family Child Care Technical Assistance Conference a national conference, which operated for over twenty years.

In the 80’s and 90’s, foundations and employers recognized the increasing need for quality child care and invested in starting and supporting FCC. Projects in Georgia aimed at starting FCC and later, starting FCC support groups and associations, included Mervyns Family to Family Project (Mervyns-Target Department Stores), Neighborhood Child Care Network (Ford Foundation), Work/Family Directions CCR&R Start-Up Project (IBM and other employers), and the Refugee Child Care Assistance Project (HHS Office of Refugee Assistance).

**Appendix B**

**PFCCAG COMPREHENSIVE PLAN TO ADDRESS THE DECLINE IN FAMILY CHILD CARE LEARNING HOMES IN GEORGIA (RD PLAN)**

**Goal A: Increase the Supply and Quality of Family Child Care Learning Homes (FCCLH) In Georgia Especially Those Meeting Targeted Unmet Needs**

**Objectives:**

1**.** Develop a Coordinated Public-Private Sector Recruitment and Support Strategy for Applicants and Newly Licensed Providers by December 2020.

2. Support Child Care Resource and Referral (CCR&R) Organizations in Each Region to Offer Training, Coaching, and Support to FCCLH Applicants and Newly Licensed Providers.

3. Ensure at Least 100 New FCCLH Homes Receive A License in Each Calendar Year From 2020 To 2025.

 (a) Ensure at Least 95% Of Newly Licensed FCCLH Homes with A Credential/Degree Variance Achieve the Variance Within 24 Months

 (b) Assist At Least 50 FCCLH Applicants Address/Reduce Local Barriers to Licensing (Zoning, Business Permit, Fire Department, Health Department, Landlord, Homeowner Association) In Each Calendar Year From 2020 To 2025.

4. Increase the number of providers serving targeted populations:

 (a) Ensure At Least 15 Of The 100 Newly Licensed FCCLH Homes Are Opened in A Designated Rural Area in Each Calendar Year From 2020 To 2025

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 (b) Ensure At Least 25 Current or Newly Licensed FCCLH Providers Receive Support to Serve Infants and Toddlers in Each Year 2020 To 2023

 (c) Ensure At Least 25 Currently or Newly Licensed FCCLH Providers Receive Support to Serve Children Needing Nontraditional Hour Care in Each Calendar Year 2020 To 2023.

 (d) Ensure At Least 25 Currently or Newly Licensed FCCLH Providers Receive Support to Serve Children with Special Needs in Each Calendar Year From 2021 To 2023.

5. Achieve 90% providers with a QR Rating by end of 2021.

6. Ensure At Least 10 CCLCs With A Licensed Capacity Of 19 Or Fewer (Small Center) Receive A License in Each Calendar Year From 2020 To 2025

7. Develop A Plan to Identify and Support Individuals Providing Relative and Legally Exempt Care by June 2021.

8. Develop and Pass State Legislation to Override Local Barriers to Licensing by 2022.

**Goal B: Create Incentives and Supports to Remain in the Profession for Currently Licensed Family Child Care Learning Homes (FCCLHs) in Georgia**

**Objectives:**

1. Develop a Coordinated Public-Private Sector Partnership to Retain FCCLH Providers by December 2020.

2. Develop a Plan to Promote FCCLH Homes to Parents by December 2021.

3. Ensure Provider Eligibility and Participation in Publicly Funded Child Care Support Programs

 (a) Establish a Contract Option for Providers Serving CAPS Children and Ensure at Least 25. Providers Participate by the End of 2020.

 (b) Establish FCCLH Eligibility to Participate in the Lottery Funded State PreK Program by the End of 2021.

 (c) Ensure at Least 50% of all Licensed Providers Participate in at Least 2 DECAL Initiated Support Services by the End of 2021 and Evaluate Whether this Level of Participation Serves as a “Critical Mass” for Retention.

 (d) Ensure at least 300 Providers Participate in One or More Business Support Activities Each Year from 2020 to 2023.

 (e) Raise CAPS Reimbursement Rate for FCCLH by the End of 2021 and Ensure at Least 800 Providers Serve CAPS Children by the End of 2021.

 (f) Maximize use of the CACFP Program to Ensure Children Receive Nutritious Meals and Providers Receive Financial Support to Provide Those Meals by the End of 2021.

4. Establish at least 5 local FCCLH Associations by the End of 2021.

5. Develop a Plan to Ensure Provider Input, Representation, and Feedback to GA Executive and Legislative Agencies by the End of 2021.

6. Develop a Plan to Ensure Providers have Information and Access to Business and Personal Benefit Options (e.g., Retirement, Substitute Pool, Discount Buying) by the End of 2022.

7. Develop One or More Staffed Family Child Care Networks (SFCCNs) Serving at least 100 Providers in at least 30 Counties by 2023.

**FOOTNOTES**

1. DECAL Rules and Regulations Family Child Care Learning Homes Chapter 290-2-3 October 1, 2019290-2-3-.03 Definitions (k)).

2. Ibid. (290-2-3-.07 Staffing and Supervision (16))

3. Economic Impact of the Early Care and Education Industry in Georgia, 2016

4. Quality Care for Children, 2019

5. PFCCAG website

6. Data in this section was obtained by PFCCAG thru communication with DECAL

7. Addressing the Decreasing Number of Family Child Care Providers in the United States, National Center on Early Childhood Quality Assurance, 2019.

8. Position Paper # 1-2015, Where Have All the Flowers Gone? Factors Contributing to a Serious Decline in Registered/ Licensed Family Child Care Providers in Georgia, Professional Family Child Care Alliance of Georgia (PFCCAG)

9. DECAL website.

10. America’s Child Care Deserts in 2018, Center for American Progress)

11. National Survey of Early Care and Education, 2012

12. DECAL Rules and Regulations Section 290-2-3-.07 Staffing and Supervision (18)

13. Child Care Aware 2019

14 Child Care Aware 2019

15. Urban Institute.

16. National Survey of Early Care and Education (HHS OPRE Report 2015-44).

17. Economic Impact of the Early Care and Education Industry in Georgia, GSU/UGA, 2016

18. Quality Care for Children (QCC)-Professional Family Child Care Alliance of Georgia (PFCCAG) Survey Concerning Non Traditional Hours (NTH) Child Care, 2020

19. Economic Impact of the Early Care and Education Industry in Georgia, 2016.

20. Child Care in State Economies, 2019 Update, Committee for Economic Development)

21. National Survey of Early Care and Education.

22. Obstacles to Affordable Child Care in Connecticut: Policy Report, Prepared for All Our Kin, Yale Law School Community & Economic Development Clinic, January 16, 2019

23. American Planning Association (APA) Policy Guide on the Provision of Child Care.

24. PFCCAG-DECAL Communication.

25. Tom Copeland’s Taking Care of Business website (www.tomcopelandsblog.com)

26. California Child Care Initiative Project (CCIP). 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.

27. The State of Preschool 2017, National Institute for Early Education Research)

28. Georgia’s Pre-K Program 2019 - 2020 School Year Pre-K Providers’ Operating Guidelines, DECAL

29. The Iron Triangle, A Simple Formula for Financial Policy in ECE Programs, Louise Stoney, Opportunity Associates

30. ECE Business Survey Summary, DECAL

31. PFCCAG-DECAL Communication

32. PFCCAG-DECAL Communication

33. Sandy Byrd, PFCCAG Administrative Advisor

34.State Policy Approaches to Help Strengthen Infant and Toddler Care**,** 10/8/2019, Louise Stoney

35. Staffed Family Child Care Networks: A Research-Informed Strategy for Supporting High-Quality Family Child Care, National Center on Early Childhood Quality Assurance.

36. Georgia Preschool Development Grant Birth Through Five (PDG B-5) Renewal Grant Application HHS-2019-ACF-OCC-TP-1567