

Family, Friend, and Neighbor Care

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Status of States' Support for FFN Care

Report prepared for Oregon's Early Learning Division

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## Status of States' Support for FFN Care

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The Child Care Development Block Grant (CCDBG) Act of 2014 (P.L. 113-186) was signed into law November 19, 2014; this reauthorizes the CCDF program for the first time since 1996. The 2014 Act was focused on two key elements to support children and families: (1) to promote economic self-sufficiency for low-income families and support healthy development and (2) school readiness needs of children. Other purposes included new mandates, with flexible implementation, for States to improve the quality child care services through new requirements to support quality enhancement (e.g., training of providers), help parents and families make more informed decisions regarding child care, strengthen coordination of early childhood systems to maximize options, and to increase the number of available high quality programs for low-income families.

This report focuses on how states are currently providing services to Family Friend and Neighbor (FFN) child care. First, key components of the CCGBD 2014 Act, as they relate to the report, are briefly described. Then key states, which have been identified as leaders in FFN care, are highlighted to illustrate their requirements for subsidy eligibility. Finally, a summary is presented and highlights comparisons to current Oregon policies.

### *FFN and CCDBG 2014 requirements*

Below, we *briefly* outline the key changes to policies that affect providers that receive subsidy. The highlighted policy changes help to frame the discussion on differences in ways in which states' provide support for FFN Care and how they currently deviate from the minimum requirements. It is important to note that states can opt to exempt relative (family) care from the 2014 requirements pertaining to health and safety\*.

#### **(658E(c)(2)(I))\***

States must establish policies and provide training in the following areas by September 30, 2016:

1. Prevention and control of infectious diseases (including immunization);
2. SIDS and safe sleep practices;
3. Administration of medication;
4. Prevention/response to food allergies;
5. Building and physical premises safety, including identifying electrical hazards, bodies of water, and vehicular traffic;
6. Shaken baby syndrome and head trauma;



7. Emergency preparedness and response planning, for natural or man-caused event;
8. Storage of hazardous materials and bio contaminants;
9. If applicable, precautions in transporting children; and
10. First-aid and CPR.

### **Criminal Background Checks (658H)\***

Requires States to conduct criminal background checks on all child care providers and their staff members no later than September 30, 2017. Not limited to providers serving CCDF children. Relative caregivers excluded.

Must include check of:

1. State criminal and sex offender registry,
2. State child abuse and neglect registry,
3. National Crime Information Center (run by the FBI),
4. FBI fingerprint check using Integrated Automated Fingerprint Identification System, and
5. National Sex Offender Registry (operated by DOJ)

### **Monitoring and Inspections (658E(c)(2)(K))\***

States must have monitoring and inspection requirements for CCDF providers no later than November 19, 2016 that include:

1. License-Exempt CCDF Providers – Annual inspections for compliance with health, safety, and fire standards.
2. States must ensure licensing inspectors are qualified and have received training in related health and safety requirements.
3. Ratio of inspectors to providers must be sufficient to ensure visits occur in a timely manner.

## *State by State comparison of FFN requirements*

While all states are mandated to meet the minimum requirements of CCBDG 2014 Act in the future, states show variation in current practice. Our research and conversations with researchers, state and national leaders in early childhood quality, and policy persons revealed nine states, not including Oregon, that were considered leaders in FFN care. Oregon policies are not reviewed below as we expect the reader to be familiar with the policies. The section below outlines the current, as of August 17, 2016, requirements that FFN providers must meet by state to be eligible to receive subsidy. Additionally, professional development opportunities available to FFN providers are briefly described when applicable.

### **Arizona requirements for FFN**

Arizona makes distinction between relative, friend, and neighbor care. Relative care is defined as Department of Economic Security (DES) Unregulated Non-Certified Relative Providers. These providers are grandparents, aunts, uncles, or siblings and are not subject to the same requirements as certified or regulated care. For example, they are not required to meet health and safety standards. However, at a minimum, they must meet the following: (1) are not awaiting trial and have never been

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convicted of, or admitted committing any criminal offenses specified in State statute and that they have not committed any act of sexual abuse of a child, (2) are not the parent or guardian of a child adjudicated to be a dependent child, as defined by State statute, (3) have not been denied for cause a license to operate a facility for the care of children in this or another State, nor had a license or certification to operate such a facility revoked, (4) be in compliance with State statutory fingerprint requirements, and (5) must pass a Department of Child Safety background check. They must also be subject to criminal background checks through fingerprinting (\$69/person).

Friend or neighbor care are categorized as DES Certified In-Home providers and are monitored by DES. In-Home providers may care for no more than four children at one time in the child's home. To become certified, the provider must complete the following: (1) Attend orientation (no cost), (2) Be fingerprinted and have all adults over 18 in the household fingerprinted (\$69 per person), (3) Provide proof of citizenship, (4) Provide a health clearance (TB test), (5) Become certified in CPR and First Aid (cost varies by location), and (6) Provide three personal references. They must also pass criminal background checks and child abuse registry checks. The certified In-home providers are subject to visits two or three times a year, and anytime there is a complaint.

In January 2016, the State began offering mandatory Health and Safety trainings to all providers including Certified In-Home providers (Relative Providers are exempt).

Topics covered in the Health and Safety training include:

1. Prevention and control of infectious diseases (including immunization)
2. Prevention of sudden infant death syndrome and use of safe sleeping practices
3. Administration of medication, consistent with standards for parental consent
4. Prevention of and response to emergencies due to food and allergic reactions
5. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water, and vehicular traffic
6. Prevention of shaken baby syndrome and abusive head trauma
7. Emergency Preparedness
8. Handling and storage of hazardous materials and the appropriate disposal of bio contaminants.

Additional professional development opportunities, these are offered through various partners. Trainings are listed online in an easily accessible social media platform (Eventbrite) and are open to all providers. All trainings are free.

For more information see <https://des.az.gov/services/basic-needs/child-care/child-care-provider-information> and [www.acf.hhs.gov/sites/default/files/occ/arizona\\_stplan\\_pdf\\_2016.pdf](http://www.acf.hhs.gov/sites/default/files/occ/arizona_stplan_pdf_2016.pdf)

### **Connecticut** requirements for FFN

Connecticut defines family, friend, and neighbor care as unlicensed providers. Unlicensed providers are eligible to receive subsidy if the care is provided in the child's home, the care is provided by a relative and in the relative's home, or the care is provided for a non-relative for less than three hours a

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day in the home of a non-relative. Currently, all unlicensed providers must complete a free four hour pre-service training on health and safety topics. Topics covered in the pre-service training includes child development, safe sleep practices, and health and safety. As part of the training each participant receives a fire extinguisher, carbon monoxide detector and developmentally appropriate resources (valued over \$150.00); a \$75.00 stipend for completion of the four-hour training is also earned. FFN providers are also eligible (but not required at this time) to take CPR, First Aid Certification and Medication Administration training courses at no cost to the provider. To date, monitoring visits are not required for unlicensed care. Background checks and fingerprinting (provider only pays FBI costs, ~\$39) are required of all individuals 16 or older residing in the provider's home. Connecticut has a collective bargaining with child care providers, including unlicensed providers (CSEA/SEIU Local 2001).

Currently, there are no additional, regularly scheduled resources or professional development opportunities for FFN providers.

For more information see <http://www.ctcare4kids.com/provider-information> and [https://www.acf.hhs.gov/sites/default/files/occ/connecticut\\_stplan\\_pdf\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/occ/connecticut_stplan_pdf_2016.pdf)

### Hawaii requirements for FFN

In Hawaii, FFN care is a license-exempt form of child care defined as (a) care that is provided by an individual related to the child by blood, marriage, or adoption, (b) care for up to two children who are unrelated to themselves in their own home, and (c) care for children in the child's home. License-exempt providers must meet health and safety requirements, complete background checks, and have annual site visits. Providers must self-certify to meet the health and safety requirements: (1) they have appropriate health and safety practices for toileting, diapering, and hand-washing, (2) use of car seats for transporting children, (3) available first-aid kits, emergency exit plans, (4) working smoke detectors, and (5) appropriate discipline methods. The provider must also complete a health screening, certified by a medical professional, to assess satisfactory TB clearance or chest x-ray and identify if the provider has a health condition that may limit the provider's ability to provide care. Background checks are also required and include the provider, staff, and household members 18 or older. The background check includes federal and state fingerprint records, criminal history check (state), sex offender registry checks (state and national), and Hawaii child and adult abuse and neglect registry check. Hawaii Department of Human Services may have an announced site visit if it is part of a complaint investigation; otherwise providers receive an annual site visit.

Hawaii Department of Human Services provides professional development support to all providers including legally exempt FFN. Using monies provided by the CCDBG, the University of Hawaii at Manoa offers a Family, Friend, and Neighbor (FFN) Care Outreach Program to support high quality

care. Providers receive monthly informational packets focused on research and best practices in child development as well as activity sheets. These resources are free of charge.

For more information see [www.acf.hhs.gov/sites/default/files/occ/hawaii\\_stplan\\_pdf\\_2016.pdf](http://www.acf.hhs.gov/sites/default/files/occ/hawaii_stplan_pdf_2016.pdf)

### Michigan requirements for FFN

Michigan defines family, friend, and neighbor care as *unlicensed providers*. There are two types: (1) an adult, age 18 or older, who care for up to four children at a time (or six children, if all children are siblings, sibling groups, or living at the same address) in the child's home, or (2) an adult who cares for children in their own home *or* the child's home if they are related by blood, marriage or adoption. The state has a two-level subsidy reimbursement policy. The first level requires all unlicensed providers to complete a one-time training requirement. It is a seven-hour training (cost to providers is \$10) and includes: (1) American Heart Association first aid and CPR certification course, (2) Nutrition, (3) Health and safety, (4) Shaken Baby Syndrome, (5) Safe sleep practices, (6) Age-appropriate child development. To date, no monitoring visits are required for unlicensed care. A background is required for all individuals 18 or older residing in the provider's home (no fee).

The level-two requirements affords unlicensed providers to earn a higher hourly rate through the completion of 10 more hours of training per year in the following topics: (1) Child Development- Basic Ages/Stages and What You Do, (2) Behavior Management and Discipline, (3) Activities to Help Children Learn, (3) Interactions and Relationship, (4) Health, Safety and Nutrition, (5) Caring for Children with Special Needs, (6) Accessing Community Resources, (7) Communication Skills, and (8) Business Basics. Providers may choose within these topics for trainings that meet their individual needs to obtain their additional 10 hours.

For more information see [www.GreatStarttoQuality.org](http://www.GreatStarttoQuality.org), [http://www.michigan.gov/mde/0,4615,7-140-63533\\_63534\\_72649---,00.html](http://www.michigan.gov/mde/0,4615,7-140-63533_63534_72649---,00.html), and [www.acf.hhs.gov/sites/default/files/occ/michigan\\_stplan\\_pdf\\_2016.pdf](http://www.acf.hhs.gov/sites/default/files/occ/michigan_stplan_pdf_2016.pdf)

### Minnesota requirements for FFN

Notably Minnesota was the first state to pass legislation to allocate funds for programs and services supporting FFN providers. Minnesota defines FFN care as *legal nonlicensed (LNL) provider*, which encompasses care for related children (a sibling, a step-sibling, a niece, a nephew, a grandparent, an aunt, or an uncle; related by blood, adoption, or marriage) not living with the provider, and/or provides child care to children from a single unrelated family in the child's home. As of August 2016, LNL providers must be CPR and First Aid certified at the initial authorization, (certification is paid for by the provider). Following reauthorizations (every two years) also require the provider to complete eight hours of additional training (provided by the MN Child Care Aware Agencies. Background checks are necessary for LNL providers and household members 13 years of age or older (cost may not exceed \$100 annually; in some cases the fee is waived [e.g., new provider, financial hardship]). Parents

and LNL providers receive a handout on health and safety resources (<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5192A-ENG>), which includes a home safety checklist ([www.health.state.mn.us/divs/cfh/program/fhv/content/document/pdf/homesafechk-eng.pdf](http://www.health.state.mn.us/divs/cfh/program/fhv/content/document/pdf/homesafechk-eng.pdf))

LNL providers must self-attest to obtain immunization records for each child and to comply with health ordinances and fire codes. Finally, LNL providers must self-attest to review health and safety checklist and resource list (see above). This information includes:

1. Prevention and control of infectious diseases (including immunizations),
2. Prevention of sudden infant death syndrome and use of safe sleep practices
3. Building and physical premises safety, including identification of and protection from hazards that can cause bodily injury such as electrical hazards, bodies of water and vehicular traffic
4. Prevention of shaken baby syndrome and abusive head trauma
5. Emergency preparedness and response planning for emergencies
6. Handling and storage of hazardous materials
7. Precautions in transporting children
8. First aid and cardiopulmonary resuscitation

LNL providers may receive up to 15% above of the maximum rate if they meet specific early childhood credentials (e.g., associate's degree in child development, accreditation by National Association for Family Child Care). To date, no monitoring visits are required for unlicensed care.

In Minnesota, FFN providers have access to additional professional development resources. Child Care Aware agencies and Minnesota Professional Development System coordinate and offer statewide professional development. These trainings are listed online and the fee varies (some are free).

For more information see: [www.dhs.state.mn.us/dhs16\\_138068](http://www.dhs.state.mn.us/dhs16_138068) (link to policy manual) and [www.acf.hhs.gov/sites/default/files/occ/minnesota\\_stplan\\_pdf\\_2016.pdf](http://www.acf.hhs.gov/sites/default/files/occ/minnesota_stplan_pdf_2016.pdf)

### **New Mexico requirements for FFN**

Registered home child care providers care for no more than four non-resident children in their own home. These providers must participate in the Child and Adult Care Food Program. To be eligible to receive subsidy, the provider and substitute provider must complete a background check and fingerprinting (\$44 per person). Also, any adult 18 or older that lives in the home, and adults over 18 that spend substantial time in the home must also submit to fingerprinting (\$44 per person). The provider and substitute provider must complete six hours of training annually within seven competency areas (e.g., assessment of children and programs, family and community collaboration); providers who serve infants must complete two hours of specific training on infants within 6 months of registration. Providers are also required to maintain certification in CPR and first aid (online training not valid). The state also requires one preapproval inspection for compliance with health and safety standards, and following this one unannounced annual visit.



Child Care Specialists provide training and technical assistance to registered home providers.

For more information see: <https://cyfd.org/child-care-services/child-care-licensing-and-registered-homes>, [https://cyfd.org/docs/home\\_packet\\_sep15+.pdf](https://cyfd.org/docs/home_packet_sep15+.pdf), <http://164.64.110.239/nmac/parts/title08/08.017.0002.htm>, and [https://www.acf.hhs.gov/sites/default/files/occ/new\\_mexico\\_stplan\\_pdf\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/occ/new_mexico_stplan_pdf_2016.pdf)

### **Utah** requirements for FFN

License exempt FFN care is defined by Utah as care provided in a private home, either the child's home or the provider's home, by a relative, a friend or a neighbor. The provider may care for no more than four non-related children at the provider's home, and/or care is provided in the children's home and all the children are siblings. To be eligible for subsidy payments, the provider must first complete an online application. Within 60 days of submitting the initial application, the provider must (a) submit a Background Screening Form, (b) review the New Provider Manual and pass an online exam with a 90% or above (may retake), and (c) have an on-site inspection. The Screening Form includes permission for a background screening (\$15) and fingerprinting (\$52.75). A background check and fingerprinting is required for all individuals 12 years or older who are residing in the provider's home. The New Provider Manual (link below) reviews children's developmental milestones, the American's with Disabilities Act, and health and safety guidelines in compliance with CCDBG 2014 (i.e., childhood illness and controlling the spread of disease, emergency preparedness, food intolerance and allergies, medication storage and administration, nutritional needs, poison prevention, preventing shaken baby syndrome, recognizing and reporting child abuse and neglect, safe sleep practices, and transportation and child safety). At the inspection the monitor will also perform a health and safety inspection (e.g., identify hazards). Additionally, the provider must show proof of First Aid and Infant and Child CPR certification at the inspection. The provider may request reimbursement for half of the cost (up to \$50) of the First Aid and CPR training (funds are limited and on a first come, first serve basis).

There are many professional development resources for FFN providers; most are offered through Child Care Resources and Referral Agency and the Care About Childcare offices. The Care About Childcare office sends out regular emails to providers that include information about grants and trainings. Technical Assistance is also provided by licensing specialists.

For more information see: *New Provider Manual* ([childcarelicensing.utah.gov/DWS%20Child%20Care/New%20Provider%20Orientation.pdf](http://childcarelicensing.utah.gov/DWS%20Child%20Care/New%20Provider%20Orientation.pdf)), [http://health.utah.gov/licensing/DWS\\_FFN\\_Initial\\_Approval.htm](http://health.utah.gov/licensing/DWS_FFN_Initial_Approval.htm), and [https://www.acf.hhs.gov/sites/default/files/occ/utah\\_stplan\\_pdf\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/occ/utah_stplan_pdf_2016.pdf)

### **Vermont** requirements for FFN

In Vermont, there are two types of legally exempt registered family child care homes/in-home child care: (1) Legally Exempt Child Care Provider in Provider's Home: This provider is approved to care for





related children in the provider's home. The care is limited to the children from two relative families, (2) Legally Exempt Child Care Provider in Child's Home. This provider is approved to care for related children in the children's own home. Legally exempt providers must provide child care for no more than two families in the provider's home or the children of one family in the family's home. A provider that cares for children from more than two families must be licensed.

To be eligible to receive subsidy, both types of registered family child care homes/In-Home Child Care must meet the following to assure the health and safety of children: (1) the provider must be physically and emotionally capable of performing activities normally involved in caring for children, (2) be at least 18 years of age and pass a state background record check (no cost to provider) includes review of the Vermont Criminal Information Center, Vermont Adult Abuse Registry; Vermont Sex Offender Registry, and Vermont Child Abuse and Neglect Registry. Other health and safety requirements are self-attested by the provider. Including the provider and other staff, background checks and fingerprinting are required for all individuals 16 years and older who are residing in the provider's home.

Providers are eligible to attend any training offered through Vermont's Child Care Resource and Referral. Additionally, many resources (e.g., grant funds to achieve your Child Development Associate Certificate) offered by Vermont's Department for Children and Families are also available to registered home providers.

To date, no monitoring visits are required for registered legally exempt providers.

For more information see: <http://www.brightfutures.dcf.state.vt.us> and [https://www.acf.hhs.gov/sites/default/files/occ/vermont\\_stplan\\_pdf\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/occ/vermont_stplan_pdf_2016.pdf)

### Washington requirements for FFN

In Washington, caregivers paid by the state are called *in-home/relative providers*. The provider may provide care in their home or the child's home if they are a relative (adult sibling, aunts, uncles, grandparents, or extended tribal family members). An unrelated provider may provide care in the child's home. The SEIU 925 represents licensed family home child care providers and in-home/relative providers receiving subsidy payments. To date, no monitoring visits are required.

Washington State Department of Social and Health Services (DSHS) requires information from the provider when the family (consumer) chooses in-home/relative child care. The provider must complete a background check and when applicable, anyone in the provider's home that is 16 or older must also complete a background check (\$12 online form, \$24 paper form). This check does not include fingerprinting, which is not currently a requirement for in-home/relative care.

DSHS requires that the provider provides

1. A completed, signed and dated background check form

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2. A completed provider application form, signed and dated by the consumer and the provider, in which they both attest that the provider is:
  - a. Of suitable character and competence
  - b. Of sufficient physical and mental health to be a safe child care provider and meet the needs of the children in care
  - c. Able to work with the children without using corporal punishment or psychological abuse
  - d. Able to accept and follow instructions
  - e. Able to maintain personal cleanliness
  - f. Prompt and regular in job attendance
  - g. Informed about basic health practices, prevention and control of infectious disease, and immunizations
  - h. Not an individual who has a revoked child care license.
3. The provider must give DSHS information as to whether an individual sixteen years of age or older living with the provider is a registered sex offender.

If DSHS requests, the provider (and/or the consumer) also must provide

1. Written medical or legal evidence that the in-home/relative provider is of sufficient physical and mental health to provide safe, reliable and developmentally appropriate child care services.

FFN providers also have access to online and in-person statewide professional development classes offered through the Department of Early Learning.

For more information see: <http://apps.leg.wa.gov/WAC/default.aspx?cite=170-290-0135> and [https://www.acf.hhs.gov/sites/default/files/occ/washington\\_stplan\\_pdf\\_2016.pdf](https://www.acf.hhs.gov/sites/default/files/occ/washington_stplan_pdf_2016.pdf)

### Summary

Currently there is substantial variability in the requirements for FFN child care for the highlighted states (see Table 1 for a summary). For example, two states, Michigan and Minnesota, offer higher rates of payment for completing additional training or achieving other certifications; only four states currently require monitoring visits for legally exempt care. Only one state, Connecticut, offers providers incentives for completing required trainings. Washington and Connecticut are the only highlighted state that offers union representation for FFN providers.

Given this information, Oregon is an emerging leader in the quality requirements for FFN care. For example, Oregon providers have union representation, financial incentives for completing the mandatory 2 hour online health and safety course and must complete background check (\$0) to receive subsidy. There is also an in person orientation (about 1.5 hours) that covers DHS process (e.g., billing forms). Providers may receive an enhanced subsidy rate if they meet the above requirements and attend an in person class on recognizing and reporting child abuse class and attend a CPR and first aid certification (free to provider). However, Oregon does not currently require FFN providers to have an annual site visit, unless there is a complaint. To support improvement in providers' skills, there are ample opportunities for FFN providers to access professional development in Oregon. These

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requirements and professional development supports help to ensure that Oregon children are receiving high quality care, which promotes children's school readiness skills, health, and safety.

Table 1. Mandatory requirements for FFN care (as of 8/17/2016)

State	Friend/Neighbor											Relative Care
	First Aid	CPR	cost associated with CPR	Back-ground check	Finger-printing	cost associated with background and/or fingerprinting	monitoring visit	Health and Safety Training (in person, online, or self-certify)	Incentivized payment structure	Union representation	incentive for completing any training	different requirements for relative care
Arizona	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y
Connecticut	N	N	N	Y	Y	Y	N	Y	N	Y	Y	N
Hawaii	N	N	N/A	Y	Y	<i>unknown</i>	Y	Y	N	N	N	N
Michigan	Y	Y	Y	Y	N	N	N	Y	Y	N	N	N
Minnesota	Y	Y	Y	Y	N	Y*	N	Y	Y	N	N	N
New Mexico	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N
Utah	Y	Y	Y*	Y	Y	Y	Y	Y	N	N	N	N
Vermont	N	N	N/A	Y	N	N	N	Y	N	N	N	N
Washington	N	N	N/A	Y	N	Y	N	Y	N	Y	N	N
Oregon	N <sup>a</sup>	N <sup>a</sup>	N/A	Y	N	N	N	Y	Y	Y	Y	N

\*Eligible for a waiver or discount; <sup>a</sup> must complete CPR and First Aid for the enhanced rate.

## *Additional Resources*

ACF, Office of Child Care (November, 2015). *Monitoring and supporting license-exempt care: Case Studies*. Retrieved from: <https://childcareta.acf.hhs.gov/resource/monitoring-and-supporting-license-exempt-care-case-studies>

Early Childhood Training and Technical Assistance System. <https://childcareta.acf.hhs.gov/>

National Association for Regulatory Administration. Utah provided resources related to inspections and new provider orientation for licensed exempt homes. <http://www.naralicensing.org/models-shared-resources>