

Connecting to Family Child Care: A Look at the State of the Field

Supporting ABC Quality Providers to Achieve Nutrition and Physical Activity Standards

Research findings and policy change across the country are moving to professionalizing the early childhood workforce. The drive to higher quality and improvement of program standards and practices are crucial. Family child care providers may need support to meet higher quality standards.

As you prepare for meaningful technical assistance for family child care providers in South Carolina, be mindful of the pressures and years of changing demands on this community. Using a strengths-based approach, we encourage you to consider the state of the field and appreciate the challenges and opportunities of family child care providers. These approaches and considerations are important in developing and maintaining relationships of mutual respect.

What is Family Child Care?

The National Survey of Early Care and Education (NSECE)ⁱ identified one million paid providers caring for children in a home, caring for three million children from birth to age five in these settings. Not all of these providers would identify themselves as “family child care” nor do states identify all of them this way; but it is a valuable perspective on the arrangements that working families count on across the country.

The NSECE suggests “A basic definition of family child care could include the following characteristics: a) paid to care for at least one child, b) at least one child had no prior relationship to the provider, and c) care is provided only in the provider’s home.”

Among the one million providers identified in NSECE, there are about 118,000 listed, paid providers caring for over 750,000 children ages birth through age five. “Listed” includes licensed, regulated, exempt from licensure, or registered. Over ninety percent of listed, home-based providers in the NSECE were caring for at least one child under three years of age, while 85.5% were caring for at least one preschooler (ages 3 through 5 years). Almost two-thirds reported serving at least one school-age child.

States use different terms and have different definitions; “listed” means these providers are known to states. In South Carolina, this would include licensed group family child care, licensed family child care, and registered family child care.

Family child care fills a critical need for families, with benefits like culture and language, affordability, location, flexibility, continuity of care and mixed ages. Predictors of quality in family child care include licensing, professional support, training, financial resources, and provider experience.ⁱⁱ

Building the supply of high-quality family child care means:

Meeting the needs of rural families
Meeting the needs of families seeking infant care
Meeting the needs of families seeking out-of-school time care
Meeting the needs of families that work nontraditional hours or ever-changing shifts
Meeting the needs of military families
Cultural and linguistic competence
Increasing parent choice among high-quality, affordable options for children from infants through school-age

Source: National Association for Family Child Care

Accessing Quality: The Availability of Family Child Care

Nationally, the supply of licensed family child care has declined 15% since 2011.ⁱⁱⁱ The availability of licensed and registered family child care has also seen a sharp decline in South Carolina, which may mean families – particularly vulnerable families – face fewer options. Though the research on the reason for the decline is limited, state administrators and family child care providers report economic factors (including the economic downturn of 2008 and ongoing costs of operations), as well as changes to minimum standards. Policy-driven quality initiatives and investments have focused on centers and too often do not include home-based child care settings, and this too has contributed to the decline in availability of family child care.

Availability of Family Child Care in South Carolina ^{iv}			
	Total family child care programs February 2014	Total family child care programs February 2018	Family child care programs in ABC Quality November 2017
Licensed family child care homes	13	25	6
Registered family child care homes	1302	803	162
Group homes (up to 12 children)	141	93	67

Supporting Quality: Qualifications and Professional Development

The work to professionalize the early childhood workforce often includes discussion of higher education credentials, degrees and experience in the field.

NSECE identified about one-third of the listed, paid family child care providers have a degree.^v In the NSECE, sixty-one percent of listed, paid home-based providers have more than 10 years of experience and forty-two percent intend to continue for 10 or more years; forty-seven percent say this work is a personal career or a calling.^{vi}

It is critically important to consider family child care professionals as part of the early childhood workforce and any plans for early childhood workforce development. It is also important to consider the existing licensing requirements, which have a “minimum standard” approach.

A nationwide look at child care licensing requirements as of 2014 revealed^{vii}:

- The most common child care licensing minimum qualification for family child care is a certain number (determined by the state) of training hours in early childhood education.
- Forty percent of states have a requirement for family child care providers to have a high school diploma.

In South Carolina:

- The minimum preservice qualification in licensing regulations for a group child care home provider (caring for 7 to 12 children) is a high school diploma or GED and three years’ experience in a licensed, approved or registered child care facility. These providers are required to participate in 15 hours of ongoing training each year.^{viii}

- As of 2014, there were no minimum preservice qualifications in licensing regulations for licensed or registered family child care home providers^{ix}, however, state legislation passed in 2016 to require providers to complete 10 hours of training annually.

Registered family child care providers who care for up to 6 children are the majority of the population of family child care providers in South Carolina, and so the aspiration and implementation of qualifications and training hours that are above and beyond basic licensing standards may be significant.

Family child care providers that choose to provide a higher standard of care can opt to participate in ABC Quality, South Carolina's voluntary quality rating and improvement system. Providers that participate in ABC Quality must demonstrate that they meet, exceed or surpass basic child care standards. Coaches can support family child care providers by understanding their individual starting places when it comes to qualifications and training and prepare for the journey ahead.

Family child care providers aiming to participate in ABC Quality at Level C must have a high school diploma and experience working in a licensed child care setting and must participate in 15 hours of training every year.

ABC Quality - Level B offers multiple entry points for meeting the qualifications standard. TAs can help family child care providers understand their options and find their entry point.

For family day care home providers, the primary operator/caregiver shall be at least 21 years of age and shall meet one of the following^x:

- A bachelor's degree in child development or early childhood education from an accredited college or institution; OR
- A bachelor's degree from an accredited college or institution and at least 6 months verifiable experience as a caregiver in a licensed approved child care facility; OR
- Have an associate degree or technical college degree/diploma in child development/early childhood education from an accredited college; OR
- Have a child development associate credential (CDA); OR
- Have a high school diploma/GED or certificate of attendance and at least one year of experience in a licensed approved child care facility and a signed plan to complete "There's No Place Like Home" within three years; OR
- Have at least three years of experience in a registered day care setting and a plan to complete "There's No Place Like Home" within three years.

For group day care home providers, the requirements are similar but with a few differences previous work experience required. The primary operator/caregiver shall be at least 21 years of age and shall meet one of the following^{xi}:

- A bachelor's degree in child development or early childhood education from an accredited college or institution; OR
- A bachelor's degree from an accredited college or institution and at least 6 months verifiable experience related to care and development of children; OR

- Have an associate degree or technical college degree/diploma in child development/early childhood education from an accredited college with one year of verifiable experience as a caregiver in a licensed/approved child day care facility; OR
- Have a diploma in child development/early childhood education from an accredited college or institution with two years of verifiable experience as a caregiver in a licensed/approved child day care facility; OR
- Have a child development associate credential (CDA); OR
- Have a high school diploma/GED or certificate of attendance and at least one year of experience in a licensed approved child care facility and a signed plan to complete “There’s No Place Like Home” within three years.

Supporting Quality: Compensation

A family child care provider’s journey to continuous quality improvement may have been challenged in the past by limited dollars coming into a program through parent fees and the base rate of subsidy payments. It is important to keep this in mind and consider equity and what is possible on available resources.

For about half of the listed providers, child care income constitutes the majority of their household income.^{xii} NSECE estimates that 39% of listed home-based providers earn \$35,000 per year or less.

Nationally, 24 %of children in subsidy-funded child care are in family child care settings.^{xiii} In South Carolina, 5 %of children in subsidy-funded child care are in licensed family child care homes, and another 5% are in registered family child care homes.^{xiv} These family child care providers accept the subsidy payment rate and with those dollars, strive to operate a sustainable business, and strive to offer high-quality services.

To accept subsidy payments in South Carolina, all child care providers are required to participate in ABC Quality. A subsidy payment rate is earned at ABC Quality Level C and a higher subsidy rate at Level B. Family child care providers are currently ineligible for Level A where the payment rate earned is even higher.

Subsidy Payment Rates for Licensed Child Care Services in South Carolina ^{xv}		
	Center	Family Child Care
Infant	105.00/week	87.00/week
Toddler	105.00/week	87.00/week
Preschool	90.00/week	80.00/week
School Age	78.00/week	70.00/week

The Child and Adult Care Food Program (CACFP) plays an important role for family child care through financial support for healthy meals and snacks. In South Carolina, both registered and licensed family child care providers may participate in CACFP. In FY 16, 498 family child care homes participated in the food program in South Carolina, down from 560 in FY15. Over the same period, CACFP participation in South Carolina child care centers rose.^{xvi} The U.S. Department of Agriculture issued new meal pattern standards in 2017 and child care providers are learning and implementing those changes. This too is important context as providers are striving to meet many, varied, and new requirements which may be costly.

This look at trends in the field of family child care, and the tips and tools that follow in this guide from ABC Quality, are intended to support new and experienced staff in your role to provide coaching and technical assistance to family child care providers in South Carolina.

ⁱ National Survey of Early Care and Education Project Team (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

ⁱⁱ Raikes, H., Torquati, J., Jung, E., Peterson, C., Atwater, J., Scott, J., and Messner, L. (2013). Family child care in four Midwestern states: Multiple measures of quality and relations to outcomes by licensed status and subsidy participation. *Early Childhood Research Quarterly*, 28(4), 879–892; Forry, N., Iruka, I., Tout, K., Torquati, J., Susman-Stillman, A., Bryant, D., and Daneri, M.P. (2013). Predictors of quality and child outcomes in family child care settings. *Early Childhood Research Quarterly*, 28(4), 893–904.

ⁱⁱⁱ U.S. Department of Health and Human Services, Administration for Children and Families, Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014, available at <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>

^{iv} Data provided by South Carolina Resource and Referral Network December 2017.

^v National Survey of Early Care and Education Project Team (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

^{vi} Ibid.

^{vii} U.S. Department of Health and Human Services, Administration for Children and Families. (2015). *Research Brief #2: Trends in Family Child Care Home Licensing Regulations and Policies for 2014*. Retrieved from <https://childcareta.acf.hhs.gov/resource/research-brief-2-trends-family-child-care-home-licensing-regulations-and-policies-2014>

^{viii} U.S. Department of Health and Human Services, Administration for Children and Families, State/Territory Profile – South Carolina January 2018, available at <https://childcareta.acf.hhs.gov/state-profiles/profiles/SC>

^{ix} Ibid.

^x This paper is not a regulatory document. Please refer to the ABC standards documentation.

^{xi} This paper is not a regulatory document. Please refer to the ABC standards documentation.

^{xii} National Survey of Early Care and Education Project Team (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

^{xiii} U.S. Department of Health and Human Services, Administration for Children and Families, Characteristics of Families Served by the Child Care and Development Fund (CCDF) Based on Preliminary FY 2014 Data, 2015, available at <https://www.acf.hhs.gov/occ/resource/characteristics-of-families-served-by-child-care-and-development-fund-ccdf>

^{xiv} U.S. Department of Health and Human Services, Administration for Children and Families, State/Territory Profile – South Carolina January 2018, available at <https://childcareta.acf.hhs.gov/state-profiles/profiles/SC>

^{xv} Ibid.

^{xvi} Food Research and Action Center (2017). Child and Adult Care Food Program: Participation Trends 2016. Available at <http://frac.org/wp-content/uploads/cacfp-participation-trends-2016.pdf>

High-Quality Family Child Care Environments

Supporting ABC Quality Providers to Achieve Nutrition and Physical Activity Standards

The environment in which we spend our time plays a significant role in our physical, social, emotional and cognitive health. The physical space, the equipment, and how time is structured affects our moods, relationships, and effectiveness in work and play. “It conditions how we feel, think, and behave; and it dramatically affects the quality of our lives.”ⁱⁱ

This guide is intended to support new and experienced staff to provide coaching and technical assistance to family child care providers participating in ABC Quality, South Carolina’s Quality Rating and Improvement System. Through the ABC Quality, we seek to support family child care providers in their practice to ensure they stay in the field and can achieve higher levels of quality.

As you prepare for meaningful technical assistance for family child care providers, we encourage you to keep a balance between the expectations for compliance, the progress providers are making, and what they have already achieved and contributed to their communities and families. It is important to remember every provider is unique, every child is unique, every home is unique, and therefore every family child care program will be unique. A TA or coach who is open minded, patient, and understanding can greatly influence the competence and confidence of the provider. Whether the provider’s home is small or large, a single-family house, an apartment, or a mobile home, it is possible to establish a well-functioning family child care environment.

Empowering the Provider

First, take the necessary time to get to know each family child care provider you work with. As you view the environment through their eyes, you come to understand their unique styles, traits, and personalities. You can then help family child care providers open their minds and unleash the creative powers needed to fashion the best environment with the existing space available to them.

Next, schedule a time to work together with individual family child care providers to do a self-assessment of their environment; centered on the ABC Quality Standards.

Ask family child care providers to consider the following as they aim to achieve higher levels of quality:

1. What standards am I currently meeting in my program? (Licensing, for instance)
2. What are some specific ABC Quality standards I am currently meeting?
3. What are the standards I must still meet and what is the path to achieving Level B or Level C?
4. What space is available in my home for child care? What space can be shared with my family?
5. Do I want my family child care program to look like a home, a preschool, or a combination of the two? Which will work best for my family?

Once the self-assessment and discussions on the environment have been initiated, allow providers to lead the way in designing their family child care environment by applying their own circumstances, family preferences, and child care philosophy. Help family child care providers to be invested in deciding a timeline, what to change and how to make the change. Encourage providers to put their plan in writing. Have them include realistic goals as well as a timeframe to complete each. These action items give them the power to implement and sustain change.

One-on-one conversations between you and the provider work well when discussing changes in their family child care environments. Additionally, encourage peer-to-peer support in this change process.

Small groups of providers from the same neighborhood or community can be effective. Family child care providers helping each other is a positive way to show support and help form bonds with other providers. Are there family child care networks or groups already established in the provider communities? If so, encourage providers to become involved. If not, ask family child care providers that you work with or speak with other coaches and T/TAs if they'd like to form a group to exchange their thoughts and ideas on specific ways to meet ABC Quality standards. There are a number of ways to facilitate these peer-to-peer exchanges. Some examples include: meet in person, live teleconference calls, or on private social media pages or bulletin boards.

Family child care providers can decide how they'd like to get and provide support.

Allocating Child Care Space

There are many right ways for setting up a family child care environment. "Good settings for children recognize that there is rarely one right way and few, if any universal truths; circumstance, culture, and ideology create variations that deserve respect, if not agreement."ⁱⁱ

The size and design of a family child care provider's home is a major factor in deciding how to set up the indoor environment. In designing the outdoor environment, the provider should consider the outdoor space available. Another major factor in determining how space is utilized, is the provider's personal needs and family preferences.

There are three types of space arrangements most commonly used by family child care providers. They are shared space, dedicated space, and a combination of the two. Work together with providers to assess their personal and family needs and preferences as they consider how best to use the space in their home and the outdoor space available to them.

Shared Space: Family child care providers may choose to incorporate their child care business into their family living arrangement. This is when child care space and family living space are shared. It works when providers have discussed this with their family and agree with how best to live with this arrangement.

Dedicated Space: When family child care providers choose to use dedicated space for their family child care business, they designate a specific place within their home for child care. It rarely, if ever, overlaps with family living space. The children play, eat, and nap in that dedicated space.

Imagining the care and learning environment in any type of home

Many providers use their whole house as child care space. They have been creative in how to meet the specific regulations about being in the line of sight and ear shot of the children. Providers move with children to different rooms or schedules are set and the children move with the provider as necessary.

It may be a family preference to use only a few rooms for child care space. The family living room, kitchen, and bathroom may be where all activities take place. The living room may be used for child directed play and group time. Kitchens are not only used to prepare and serve food, but also for more messy activities like painting, play dough, and waterplay. With blinds pulled and soft, quiet music playing, the living room becomes the nap or rest area. For mixed age groups, the kitchen becomes the place for older children to play or rest quietly as younger children nap.

Combined Space: When using a combination of both shared and dedicated space, a family child care environment may be a room designated as the child-directed play space. Family living space may also be used for activities throughout the day.

Whichever approach a provider chooses, the idea is to keep the “feeling of home in family child care.”ⁱⁱⁱ That is what makes family child care exemplary, unique and distinguishes it from other types of child care. Many parents choose family child care because of the arrangement in a nurturing home environment.

Getting the Environment Ready for ABC Quality

Family child care providers will discover by taking time to assess their environment, write and carry out a realistic plan, the implementation of family child care best practices will be easier to meet and maintain.

The ABC Quality standards are written in a way to offer flexibility in setting up the environment in individual homes to meet the needs of the family child care provider. ABC Quality Standard IX for family child care requires providers to set-up the “indoor and outdoor environment to foster optimal growth and development through opportunities for exploration and learning.” The standard also specifies that the materials and equipment need to be sufficient in quantity, variety and durability and they need to be readily available to children and arranged to promote independent use by children.^{iv}

Encourage family child care providers to be creative in maximizing child care space and storage into existing features of the family home. Encourage providers to think about the types of activities they will need to offer and where the activities will take place in the home and outdoors.

Ask the provider to consider the following:

- Where will toys and materials be displayed or stored? (e.g., display materials so that children can easily reach them, have specific areas designated for specific activities, such as books or blocks, store materials out of the program area and bring in materials as they are needed)
- Where will children play with large and small blocks? (e.g., on the floor, on a table, behind the pulled-out couch. Have a designated area for block play or combine space with another activity)
- Where will children have sand/water play and other science activities? (e.g., choose an area that is easy to clean and where children can be messy, have it near a water source)
- Where will children explore creative art materials? (e.g., art can be an indoor and outdoor activity, make sure children have easy access to all materials)
- What about dress-up clothes and other imaginative play? (e.g., indoors, outdoors under a tree or patio, on the sidewalk, at the park)
- Where will the books be and a soft, quiet place to read them?
- Where will children have space to write?
- Where will music and movement activities take place? Indoors, outdoors, both?
- Where will children do active play: run, jump, and other large muscle activities? (e.g., in the yard, community parks or playgrounds, move light furniture to make room inside)
- What space will be available to children who want time away from others?
- Where will children eat, nap and brush their teeth?
- Where is the entryway? What is included in the entryway?

- Where do children store their personal belongings?
- Where will the outdoor opportunities take place? When are those spaces available and how will she get there with the children?

Different styles and sizes of living space, along with the provider and her family preferences will not always allow the above-mentioned activities to be out and available to children all day every day. Depending on the amount of space and layout of their environment, several areas can be used for similar activities (i.e., space for active play – movement, music, large motor, and spaces for quieter play – reading, writing/art, etc.) Another option is to have schedules each day where certain activities are offered on specific days/times in order to provide a variety of activities, but all activities won't be available each program day.

Different housing arrangements will mean different approaches for outdoor play. Brainstorm with each family child care provider where activities might take place in and around her home.

Many family child care providers have thoughtfully organized storage and a system for bringing toys and materials out and putting them away according to children's interest or topic of the week.

Together, consider the following options to problem solve storage space and a system for rotating toys and equipment:

- Behind or under the couch and beds
- Closets and the back of closet doors
- Behind a screen or a fabric curtain
- In an alcove or nook behind a curtain
- On rolling carts for easy storage
- Is there a storage shed available, a garage, or a basement?

By taking the time early to get to know each family child care provider's preferences, ideas, cultural norms, and history, you will be able to competently and respectfully work with her to navigate the importance of personal items balanced with an opportunity to create a great learning environment.

Supporting Family Child Care Providers Working Alone in their Environment

Family child care providers care for fewer children with a wider range of ages than seen in most child care centers. Over ninety percent of listed, home-based providers in the NSECE were caring for at least one child under three years of age, while 85.5% were caring for at least one preschooler (ages 3 through 5 years). Almost two-thirds reported serving at least one school-age child.^v

Imagining the care and learning environment in any type of home

One family child care provider living in a small apartment, does not have the space to have all the types of activities set up at one time. She has devised a system for storing and rotating the toys and equipment to allow a variety of activities that are accessible and promotes independent use by children.

She installed shelving in a bedroom closet. She collected, labeled, and filled a sturdy box for each activity. She determined that 3 boxes would be available every day in addition to the areas which stay up all the time (book area, and the basic kitchen set-up). She sets them up each morning before the children arrive and the children help put the toys and equipment back in the boxes before they go home. The topic of the week and the interests of the children determine what boxes are available.

She takes advantage of a nearby community playground, which is available in the morning each weekday. They walk together, the youngest in multi-child strollers, and others holding onto the walk-a-rope. She planned this activity with another nearby family child care provider, and they go to the playground together.

The complexity of mixed ages can be one of the best parts of family child care, and one of the most challenging for the family child care provider who works alone. You can coach providers to be innovative in how to effectively and efficiently achieve the day to day routines and activities of the program, the ABC Quality Standards, and the environment itself.

“Making the most of mixed ages requires careful planning. Rather than offering a different curriculum for each age group, providers can adapt most activities to be interesting and rewarding for all the children.”^{vi}

Below are some ideas that can help family child care providers working alone to meet ABC Quality standards:

- Encourage family child care providers to offer open-ended materials that can be used by a range of ages, such as dress up clothes, dolls, balls, large blocks, hula hoops, bean bags, musical instruments; tambourines, jingle bells, shakers.
- Encourage providers to offer projects or activities for older children when younger children nap, such as using scissors, glue, small beads, buttons, for creative art, age-appropriate science experiments, building with small blocks or manipulatives, and projects that require more direct attention of the family child care provider.
- Encourage family child care providers to display toys and materials for younger children on lower shelves while older children’s materials are on the higher shelves.
- Encourage family child care providers to create protected places for preschoolers and school-agers to play with small toys, such as a loft, or a hallway or corner blocked off by a gate or baby fence.
- Offer the suggestion to family child care providers to use an empty wading pool as a protected space for a non-mobile infant. This way the infant’s body movement is not restricted as if in a high chair, swing, baby seat, or exerciser, but safe on the floor around bigger children.
- Safe baby fences can be used to temporarily separate play spaces such as older children’s active play from infant floor time. This allows the infant to be close to the other children while being able to move and practice muscle skills as necessary.

Designing Daily Schedules

Daily schedules are a necessary part of family child care environments. Schedules provide consistency, stability, and allow children to know what is expected. Essential elements of a family child care schedule are flexibility and spontaneity. Schedules must be flexible to allow for the family child care provider working alone to attend to children’s individual needs at any moment during the day. For instance, outdoor play may need to be postponed for 20 minutes until an infant wakes up or to wait for a brief rain to stop. Flexibility and spontaneity can also help family child care providers take advantage of teachable moments that pop up; a discovery outside, a request from a child, or an unexpected clean-up that takes some time and teamwork.

The daily schedule must provide a balance between quiet and active play and allow sufficient time for children to select and carry out their own activities. A good balance between indoor and outdoor play is imperative. Outdoor activity must be scheduled for 60 minutes or more per day. This time can be scheduled all at one time or divided into 15 or 30-minute increments throughout the day depending on the weather.

Another essential element of schedules is transitions. Limiting the number of transitions in a day and planning for transitions will help eliminate unwanted child behaviors and provider frustration. Transitions are part of the everyday curriculum and should be planned as opportunities for learning. Help providers think about materials and activities they can have on hand for transitioning times; a variety of songs, finger plays, hand games, and movement strategies to keep children involved while moving to the next activity.

Developing or refining a daily schedule can help a family child care provider to consider all aspects of the environment and how to use it for care and learning, as well as to maintain home life for the family child care provider and family.

Sample - Family Child Care Daily Schedule

Order / Time	Activity
6:45 – 8:00	ARRIVAL. Children arrive dressed for the day. Wash hands as they arrive, bathroom reminder. Parent checks baby for clean and dry diaper. Children engage in quiet self-directed play options set out by provider. Examples; books, listening center with headphones, puzzles of varying levels, drawing center.
7:15-7:45	BREAKFAST is open. Children clean-up when finished. Wash hands. Bathroom reminders.
8:00	School-age children catch the bus.
8:00	CHILD DIRECTED PLAY. Indoor, outdoor, or combination of both. Centers are set out by the provider. Children help choose which “center boxes” are available for the day. Provider is available to interact with children and extend play. A provider directed activity is available, such as nutritious food matching game and/or making favorite food collage. Baby typically naps for a period during this time.
9:00	GROUP MEETING. “What are you thinking” talk--, read books, sing songs, fingerplays, dance. Children participate as interested. Tummy time for baby.
9:30	SNACK. Wash hands before and after. Bathroom reminder.
10:00	OUTDOOR PLAY. Various provider directed, and child directed activities. Active motor play, gardening, animal life, creative play, constructive play, exploration, resting. Many indoor activities brought outdoors
11:30	Kindergarten child arrives from school. Wash hands, bathroom reminder LUNCH. Children help prepare meal when planned, wash table, set table. Clean-up, wash hands, bathroom reminder.
12:15	STORYTIME
12:30	NAP. Rest for kindergartener and/or activity with provider.
2:30	SNACK. Bathroom reminder, wash hands.
2:45	MUSIC AND MOVEMENT. Begins as provider directed activities. Becomes creative exploration of sound, rhythm, and musical instruments. Creative exploration of movement is encouraged.

3:30-4:30	<p>School-age children arrive from school – snack.</p> <p>CHILD DIRECTED PLAY. Indoor, outdoor, or combination of both. Children are provided with several outdoor options to play and explore. Provider directs large motor activities.</p> <p>Wash hands, bathroom reminder.</p>
4:30	<p>QUIET/WIND DOWN PLAY. Examples; books, listening center with headphones, puzzles of varying levels, drawing center, animal figures.</p>
4:00-5:00	<p>PARENT PICK-UP. Prepare individual children prior to parent arriving.</p>

ⁱ Greenman, J., (2005) *Caring Spaces, Learning Places: Children’s Environments That Work*, Redmond, WA: Exchange Press, Inc.

ⁱⁱ Ibid

ⁱⁱⁱ Armstrong, L. J., (2012) *Family Child Care Homes: Creative Spaces for Children to Learn*, St. Paul, MN: Redleaf Press.

^{iv} This paper is not a regulatory document. Please refer to the approved ABC Quality standards.

^v National Survey of Early Care and Education Project Team (2016). *Characteristics of Home-based Early Care and Education Providers: Initial Findings from the National Survey of Early Care and Education*. OPRE Report #2016-13, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

^{vi} Modigliani, K., Moore, E., (2004) *Many Right Ways: Designing Your Home Child Care Environment*, The Enterprise Foundation Inc.

Guidance on Screen Time

Supporting ABC Quality Providers to Achieve Nutrition and Physical Activity Standards

This guide will provide ideas about how you can coach and advise family child care providers to improve their practices to achieve the screen time standards for ABC Quality Level B: using screens appropriately and no more than 2.5 hours per week. That comes to no more than 30 minutes per day in a five-day-per-week program. The reality is that the change will be incremental, and along the way, the providers will need support to improve their practices.

Over the past ten years, technology usage has quickly consumed families, children, and caregivers without even realizing the amount of time spent tuned into screens. It has become such a societal issue, we've coined a phrase for the phenomenon: "Screen Time." It is the subject of research studies, books, and articles. But, what exactly does it mean? According to MedlinePlus, the medical encyclopedia offered by the National Institutes of Healthⁱ, "Screen time" is a term used for activities done in front of a screen, such as watching television, working on a computer, or playing video games. It is also the time people spend with mobile devices.

The Research

Research links screen time to all manner of physical and intellectual developmental issues. "Excessive screen time is linked to problems like childhood obesityⁱⁱ, sleep disturbance, and poor school performance, yet children of all ages are spending more time than ever in front of screens."ⁱⁱⁱ Family child care providers must be vigilant about balancing the use of screen devices because the time children spend using them can take the place of time spent in physical and cognition-building activities. Physical activity is crucial for healthy child development. And, too much time in front of screens also interrupts children's social and emotional development.^{iv} When unchecked, screen time can usurp adult-child^v and peer interactions. In other words, when they are engaged with devices, they have less time to develop the social-emotional skills and relationships they need to flourish.

Caregivers, Interactions and Screen Time

For a moment, think like a family child care provider who is working alone with a group of children: What might motivate you to turn on the television or provide children with other screen devices? Families are arriving, the phone is ringing, snacks and mealtime need to be managed, and the space needs to be kept clean. These demands do not even include personal interactions with children individually, and as a group.

It is true screen devices can effectively entertain children, but they can also be used as an educational tool in the hands of an experienced educator or an informed caregiver. However, providers may be tempted to use screen devices for non-educational purposes because of the nature of their work. Family child care providers work alone and may experience isolation. They juggle multiple responsibilities simultaneously with little or no support. The sheer exhaustion of caring for groups of children each day requires that family child care providers find quick, simple solutions to keep children occupied. For example, having the television on in the background and using it to keep children occupied may be a tempting option for providers to keep children busy while they tend to other tasks like preparing meals or cleaning. However, there are alternative options providers could try to keep children engaged while they complete other tasks. For example, giving children opportunities for self-

directed play or encouraging children to imitate the provider’s action are options to consider. Hand-held devices must also be considered because families may allow children to bring mobile devices with them to child care. The older the children become, the more likely mobile devices will be an issue with which to reckon.

National Best Practices for Screen Time in Child Care

National best practices for health and wellness in child care, including screen time, can be found in Preventing Childhood Obesity in Early Care and Education Programs: Selected Standards from Caring for Our Children: National Health and Safety Performance Standards; Guidelines for Early Care and Education Programs, 3rd Edition. Based on scientific evidence and expert consensus, the best practices for screen time in early care and education settings include:

- No screen time for children less than 2 years
- Limit total screen time in child care for children 2 years and older to no more than 30 minutes per week for educational or physical activity purposes only
- Screen time should not be utilized during meal or snack time
- Ensure that screen media is free of advertising and brand placement
- Educate parents on how to reduce screen time, or teach media literacy education two times per year or more

While South Carolina’s ABC Quality standards do not fully align with the national best practices, it is important to know what the best practices are and encourage providers to work their way toward them.

ABC Quality Program Standards for Screen Time

The first thing you might notice when you look at the screen time standards in the ABC Quality documentation is that they are in the Physical Development section. These standards were designed to reduce the amount of time children spend being sedentary. Your job is to help providers realize that the time children spend in front of screens should be spent in more productive, cognitively stimulating, or physically active pursuits.

Registered or licensed providers in ABC Quality may need a considerable amount of coaching to successfully achieve these standards. It is possible they have never considered their use of technology as it relates to children’s health or development.

Screen Time Standards in South Carolina^{vi}	
Registered Family Child Care Homes	None
Licensed Family Child Care Homes	None
Licensed Group Child Care Homes	None
ABC Quality Level C Family and Group Child Care Homes	None
ABC Quality Level B Family and Group Child Homes	Providers use screen media for educational and physical activity purposes only and no more than 2.5 hours per week for children ages birth to five. Children 0-2 years are discouraged from viewing/using media.

Appropriate screen time practices

To use electronics appropriately with children, adults should actively interact with children while they use them. Finding time to engage with children while they watch television or use devices is a challenge for family child care providers. Here are a few tips you can offer to providers for using screen time within the guidelines of developmentally appropriate practice and the standards set by the joint position statement of the Fred Rogers Center and NAEYC.^{vii}:

For Level B providers or those providers working to increase their quality level, they should:

- ✓ **Be in control of the media.** Children should not have access to devices without the expressed permission of the provider. In fact, providers should keep the television controls and devices secure until they are to be used.
 - Prohibit families from sending devices in with their children.
 - Inform parents that devices are prohibited in intake meetings and in their contracts.
 - Explain how they use technology in their programs.
 - Educate families about screen time by discussing some of the reasons why they don't allow children to bring devices, including potential loss, breakage, or arguments with other children.
 - Share information with parents about the benefits of limited screen time.
 - Create screen time rules with the children, so they know the expectations. Establish a predictable schedule that includes healthy screen time (which means interacting with the children during screen use) and that limits screen time to no more than 30 minutes per day or 2.5 hours per week. Use timers to remind themselves and the children when screen time is over.
 - Keep the television off unless it is used purposefully with adult interaction and supervision.
- ✓ **Carefully select the media** to which children have access. If providers use television, they should:
 - Select television shows and games that encourage physical activity and/or provide educational content.
 - Select television that has no branding and is commercial-free.
 - Carefully select media based on the children's interests, abilities, and age. Never expose children to content developed for adults.
 - If using mobile devices or computers, select media that encourages children to create or communicate, not consume, whenever possible.
- ✓ **At the very least, supervise the activities**, but it would be best to interact with children while they are engaged in screen time.
 - Talk about what the children are seeing, hearing, and experiencing on the screen.
 - Ask probing questions about what's happening on the screen.
- ✓ **Link play activities to media** by using art, blocks, movement, dramatic play, cooking, outdoor play, and other activities to extend what they have seen on television programs and devices.

Coaching for mindfulness about current practices

Now, back to thinking like a family child care provider. How can you best coach providers to balance the demands and keep children happy, healthy, and safe? Aim for helping providers first become mindful about their work habits, and then, become more intentional about how to help children be engaged in activities while they themselves are completing other duties.

Reflect with providers about the challenges they face every day. Assure them this is a reflective exercise and that there's no judgement or evaluation involved in this activity:

- Step 1: Encourage the provider to create a simple log of the previous week and duties that took time away from the children.
- Step 2: Ask the provider to go through the list of duties to indicate how the children were kept engaged during the time identified.
- Step 3: Invite the provider to log when the television was turned on or when children were allowed to access devices because he/she was otherwise busy and used TV to keep children occupied.
- Step 4: Invite the provider to add in the times when an intentional decision was made to allow the children to use technology as a part of a purposeful group activity.
- Step 5: Work with the provider to calculate how much time the children spent in these screen-based activities.
- Step 6: Brainstorm ideas that could be used to help the provider reduce technology use and substitute more productive and appropriate activities.

This reflective exercise enables providers to identify “technology triggers” (moments when they are more likely to turn on the television.) Think creatively about methods to encourage providers to identify when and why they allow the children to use devices or watch television. Explore strategies or alternatives to screen time with the provider, such as engaging children to help with tasks or play autonomously or in small groups. The goal is to get providers to make healthy choices about when and how to use technology judiciously.

Coaching for healthy alternatives to screen time

In general, most family child care providers are resourceful. Once you have helped them reflect on their current practices and the technology triggers, it is time to start brainstorming with them ideas that will set them up for success on the path to healthy screen time limits. Through reflective practices, such as the example suggested above, transitions or meal preparation will probably be identified as a primary

Tips for alternatives to screen time:

Family child care providers should set a good example themselves by limiting their non-essential technology use in front of the children.

If a provider must take a phone call or has other urgent duty, try:

Providing children with books in print along with recordings of the story so they can turn the pages along with the story.

Including children in appropriate chores and making clean-up time a part of the daily routine.

Rotating toys and other low-tech materials frequently to keep the children's interest high as an alternative.

Prepare meals and snacks in advance.

Include children in the meal preparation.

Sing along with children during meal preparation.

Save “high value” toys, games, and materials that they can use independently specifically for meal preparation.

Play music during meal preparation and move to the music with the children.

If it is possible to position the children and a video within eyesight, this could be a good time to schedule the limited screen time allowed. Suggest educational or movement videos, rather than TV, and make this part of the routine.

technology trigger. Brainstorm with providers specific ideas they have for making alternatives to screen time a reality.

Tip Sheets, Tools and Resources for Further Reading

Best Practices

Fred Rogers Center/National Association for the Education of Young Children (2012) [Technology and interactive media as tools in early childhood programs serving children from birth through age 8.](https://www.naeyc.org/content/technology-and-young-children)
<https://www.naeyc.org/content/technology-and-young-children>

Updated 2016 Guidelines from the American Academy of Pediatrics on Early Childhood Media Use
<https://www.aap.org/en-us/about-the-aap/aap-press-room/Pages/American-Academy-of-Pediatrics-Announces-New-Recommendations-for-Childrens-Media-Use.aspx>

U.S. Department of Education Office of Educational Technology (2016) Guiding Principles for Use of Technology with Early Learners <https://tech.ed.gov/earlylearning/principles/>

Preventing Childhood Obesity in Early Care and Education Programs, Caring for Our Children -
http://cfoc.nrckids.org/standardview/spccol/preventing_childhood_obesity

Toolkits and Assessment Tools for Providers

Michigan Healthy Child Care, Screen Time Reduction Toolkit -
<http://mihealthtools.org/childcare/documents/Screen-TimeReductionToolkit.pdf>

The Nutrition and Physical Activity Self-Assessment for Child Care
https://gonapsacc.org/resources/nap-sacc-materials/GoNAPSACC_ST_FCCH_2014_Copyright.pdf
(GO NAP SACC)

C.H.O.I.C.E. Toolkit & Self-Assessment Questionnaire (Creating Healthy Opportunities in Child Care Environments) –
<https://www.cocokids.org/child-health-nutrition/wp-content/uploads/sites/3/2013/08/CHOICE-Creating-Healthy-Opportunities-in-Child-Care-Environments-Manual.pdf> (Contra Costa Child Care Council)

Georgia's Growing Fit Toolkit -
http://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/growing_fit_kit_v4.pdf

Louisiana Screen Time Regulations Toolkit for Early Care and Education Centers
<http://wellaheadla.com/Portals/0/Louisiana%20Screen%20Time%20Regulations%20Toolkit.pdf?ver=2016-10-13-085020-617>

Tip Sheets for Providers

Healthy Child Care, Tools for Promoting Healthy Growth -
<http://mihealthtools.org/childcare/documents/Screen-TimeReductionProviderFactSheet.pdf> (Michigan Department of Health and Human Services)

Nutrition and Wellness Tips for Young Children: Limit Screen Time <https://fns-prod.azureedge.net/sites/default/files/limitscreen.pdf> (United States Department of Education)

Let's Move Child Care: Set Limits for Screen Time -
https://d3knp61p33sjvn.cloudfront.net/2015/02/Reducing-Screen-Time_FINAL.pdf

Learning Modules/Videos

Empower Program- https://www.eatwellbewell.org/training/sedentary/story_html5.html (Arizona Department of Health Services)

Screen Time Moments - <https://www.youtube.com/watch?v=cogJkMgljs0&feature=youtu.be> (National Resource Center for Health and Safety in Child Care and Early Education)

Better Kid Care Web Lesson- Family Child Care: Overcoming Barriers to Lead Fun Physical Activities
<https://od.bkc.psu.edu/lesson/2367/information>

Family Engagement

Family Media Plan (English and Spanish) -

<https://www.healthychildren.org/English/media/Pages/default.aspx#planview> (English)

<https://www.healthychildren.org/spanish/media/paginas/default.aspx#planview> (Spanish)

Top 10 Ways to Reduce TV watching at Home -

<http://depts.washington.edu/uwcphn/work/ece/documents/Top%2010%20Ways%20to%20Reduce%20TV%20Watching%20in%20Your%20Home-MA.pdf>

We Can! Screen Time Chart - <https://www.nhlbi.nih.gov/health/educational/wecan/downloads/screen-time-log.pdf>

Books

Guernsey, Lisa. Screen Time: How Electronic Media – From Baby Videos to Educational Software – Affects Your Young Child, Basic Books, 2012.

Simon, Fran, and Karen N. Nemeth. *Digital decisions: choosing the right technology tools for early childhood*. Gryphon House, 2012.

ⁱ Screen time and Children, MedLine Plus, <https://medlineplus.gov/ency/patientinstructions/000355.htm>

ⁱⁱ Television Watching and “Sit Time”, Harvard T.H. Chan School of Public Health, Obesity Prevention Source, <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-causes/television-and-sedentary-behavior-and-obesity/>

ⁱⁱⁱ Facing the Screen Dilemma: Young children, Technology, and early education, <http://www.commercialfreechildhood.org/screendilemma>

^{iv} Hendry, Robin S. (2017) Investigating relationships between screen time and young children's social emotional development, University of British Columbia. ECED 590E, Vancouver: University of British Columbia Library, <http://hdl.handle.net/2429/61875>

^v Sosa, A. (2016) Association of the Type of Toy Used During Play with the Quantity and Quality of Parent-Infant Communication. *JAMA Pediatrics*. 170(2).

^{vi} This paper is not a regulatory document. Please refer to regulations for family child care and the proposed and approved ABC standards.

^{vii} Fred Rogers Center/National Association for the Education of Young Children (2012) Technology and interactive media as tools in early childhood programs serving children from birth through age 8.