

**Family Childcare Providers' Perceptions of State Quality Supports**  
*Preschool Development Grant Needs Assessment*

Abbie Raikes, MPH, PhD  
University of Nebraska Medical Center

Dawn Davis, PhD  
University of Nebraska, Lincoln

Anna Burton, MA  
University of Nebraska, Lincoln

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# FAMILY CHILDCARE PROVIDERS' PERCEPTIONS OF STATE QUALITY SUPPORTS

## **Abstract**

Family childcare comprises a notable portion of childcare within the state of Nebraska. As part of Nebraska's Preschool Development Grant needs assessment of early childhood care and education systems, focus groups were conducted with family childcare providers throughout the state to gain insight into their perceptions of state quality supports. Participants were asked to comment on their perceptions of their strengths and challenges as family childcare providers, including their access to and participation in training and professional development programs, with emphasis on Step Up to Quality. Results indicated that providers view family childcare as providing a unique context for long-term relationships with children and families. Some family childcare providers reported high levels of stress in meeting the administrative demands and in engaging in ongoing professional development. Many providers voiced concerns about unlicensed providers, and the unlicensed providers who participated in our study articulated many challenges in becoming licensed. Together, results suggest that the population of family childcare providers in Nebraska is stable and consistent. There are many high-quality family childcare providers in Nebraska with dedication to ongoing improvement. There may also be a sizable population of unlicensed care, and a large population of licensed family childcare providers who are not yet enrolled in SUTQ due to lack of incentives, motivation and information. Several suggestions for improvement to SUTQ were noted, including making coaches available to all providers participating in SUTQ; enhancing efforts to communicate the value of SUTQ to providers and community leaders; and investing in training and other supports for family childcare providers. A staffed family childcare network to support family childcare providers may also provide notable benefits for improving quality of early childhood care and education in Nebraska.

## Introduction

As the state of Nebraska examines its early childhood systems, family childcare (FCC) emerges as an important support for many working families, across rural and urban areas and across family income levels. Below we summarize family childcare providers' perceptions of Nebraska's Quality Rating System (QRS) designed to ensure quality childcare for all children, Step Up to Quality (SUTQ). We first outline a description of the scope and utilization of family childcare in Nebraska, followed by a brief literature review outlining current themes and insights on family childcare providers. We then describe the study we undertook as part of the Nebraska Preschool Development Grant needs assessment and summarize results. We conclude with recommendations for improving supports for family childcare providers, including the reach and impact of SUTQ.

*Scope and utilization of family childcare in Nebraska.* Family childcare, or licensed childcare facilities in providers' homes, is an important source of childcare for many Nebraska families. Families may choose family childcare for several reasons, including a greater likelihood of providing overnight care; proximity to families' homes; a better cultural and linguistic match with families (BUILD, 2019); and lower costs than childcare centers (State of NE, 2017). Family childcare may be more frequently utilized by vulnerable families, especially low-income families, families with children who have special needs, and families with infants and toddlers (BUILD, 2019). Nationally, approximately one in four families receiving federal childcare subsidies receives care through family childcare homes. Family childcare may also provide a closer cultural and linguistic match with families. The population of linguistically and culturally diverse families continues to grow in Nebraska, now at 12% of all young children under age 6 in Nebraska (American Community Survey, 2019), which could be accompanied by reliance on family childcare providers.

*What do we know about quality of family childcare?* Family childcare has unique strengths and challenges than center-based childcare. Strengths include mixed age groups, continuity of relationships with families and children over several years and the potential to provide a strong cultural and linguistic match with families, while challenges include the stress of running a small business while also delivering high-quality care, and for some providers, low levels of formal education and opportunities to participate in ongoing training and professional development. The population of FCC providers is diverse. Estimates from 2005 suggest that there is wide variation in quality of family childcare homes in Nebraska and neighboring states, ranging from excellent to substandard care (Raikes, Raikes & Wilcox, 2005). Several characteristics of family childcare providers have been associated with observed quality and improved child outcomes. Providers with more formal education; participation in a professional network; and those who rely on a formal curriculum have been observed as providing higher quality care (Raikes, Raikes & Wilcox, 2005; Bassok, et al., 2016; Bromer, van Haitzma, Daley & Modigliani, 2010). Like center-based care, FCC can be enhanced through ongoing coaching, professional development and support (BUILD, 2019), but FCC providers are also less likely to participate in QRS than center-based providers (Hallam et al., 2017), raising questions on how best to support family childcare providers.

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As a result of the unique aspects of family childcare and the tendency for family childcare providers to forgo participation, QRS may need to specifically accommodate family childcare to ensure that family childcare is included and supported as part of QRS systems, an essential pathway for ensuring that children attending FCC receive high-quality care. The need to address and improve quality in FCC is even more pronounced given that vulnerable children and families may be overrepresented in FCC.

The primary state-level program to improve childcare quality in Nebraska is Step Up to Quality. Presently, enrollment of family childcare providers in the Step Up to Quality system is less than 10% of all licensed childcare providers, potentially leading to large numbers of young children in childcare facilities with low levels of quality.

### **Purpose of the Study**

This study was undertaken as part of the Nebraska Preschool Development Grant (PDG) needs assessment from June to September 2019, designed to inform the strategy and implementation plans for a comprehensive approach to supporting early learning for children birth through age six. The focus was to clarify both the perceived advantages and barriers to joining SUTQ, especially for providers who may be serving vulnerable infants and toddlers. Research questions included the following:

- 1) What do providers see as the strengths and challenges of their programs?
- 2) Why do providers decide to join SUTQ? What incentives or barriers do they perceive in being part of SUTQ?
- 3) For SUTQ providers, what value do they perceive from the program? For providers who are not part of SUTQ, where else do they receive training and support, and what incentives would encourage them to join SUTQ?
- 4) What changes to the SUTQ program do the providers recommend?

### **Methodology**

#### **Participants**

Priority was placed on hearing from four groups of family childcare providers, some of which overlap: 1) providers who are presently participating in SUTQ; 2) providers who are licensed but not participating in SUTQ; 3) providers representing both rural and urban areas; and 4) providers who are non-English speaking (see Table 1). Providers were recruited to participate in this study if they were providing care and receiving funds for caring for children that were not their own. Providers were contacted through several avenues, including recruitment at a statewide childcare conference; through the existing statewide family childcare networks; and through community-based organizations providing support to family childcare. Providers were given a short description of the study, and they were asked to participate in an online survey and a focus group. For providers who agreed to take part in the focus group, a \$20 stipend was given. Difficulty in recruitment was noted for providers who do not speak English as a first language, and for providers who are not licensed. However, we were successful in recruiting a small number of unlicensed providers as well as providers who do not speak English as a first language

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(as noted below, focus groups were conducted in Spanish and Somali in addition to English). A total of 116 providers participated in the study; of these providers, 70 completed one or more surveys and participated in a focus group while 46 completed surveys only.

### **Methods**

There were three points of contact with family childcare providers at which data collection took place: two surveys, and a focus group or interview. Before participating in a focus group, providers were asked to fill out a survey with basic information on their program, participation in SUTQ and other training, and location of residence. If the provider indicated willingness to participate in an interview or focus group after completing the survey, they were contacted by a member of the research team and were scheduled to complete a focus group or interview either in-person or virtual (video conference). The focus groups questions were focused on providers experiences, challenges and strengths and on SUTQ and training. After completing the focus group, a more detailed survey was administered with questions on education, income, and perceptions of quality and access to childcare. Focus groups were conducted in English, Spanish, and Somali. Focus groups were conducted by members of the research team, except for one group, conducted in Somali, which was facilitated by a translator who was provided the protocol in advance. All focus groups were professionally transcribed and translated before analyses was begun.

### **Measures**

*Survey on provider characteristics.* The first survey asked initial demographic information that could be used to decide which focus group would be the best fit for the provider, particularly whether or not the provider participated in SUTQ; was licensed; whether the provider lived in a rural or urban area; and the racial/ethnic background of the provider. The first survey consisted of 16 questions addressing type of program; participation in SUTQ and other professional development activities; location of residence; and type of family childcare program. The information was then used to contact the providers and schedule a time for a focus group. Once participants arrived at the focus group, they were asked to complete a lengthier second survey. The second survey included 27 questions and asked providers questions about their beliefs (ex. How important is high quality childcare in your community?) and demographic information (ex. How long have you been a childcare provider?). The information from the second survey was used to understand the providers who participated in the study and to compare the four groups of providers (ex. SUTQ providers and providers who do not participate in SUTQ). Detailed results on providers' responses to the survey questions appears in the Results section; many providers chose to not answer all survey questions, leading to substantial amounts of missing data.

*Focus groups and interviews.* In addition to focus groups, two in-depth interviews were conducted when other focus group members failed to join the groups as expected. Questions for focus groups were designed to elicit providers' comments on four topics: their perceptions of their own strengths and challenges as providers; their perceptions of the incentives and barriers for joining SUTQ; their perceptions of other training programs; and their recommendations for improving programs in Nebraska to support family childcare providers. Focus group questions were primarily driven by the purpose of the needs assessment, but also were designed to elicit general perceptions of challenges and strengths of family childcare in Nebraska.

## Analyses

Quantitative analyses were used to analyze data from the two surveys to describe the demographic characteristics FCC providers in the study, and to summarize their experiences with training and professional development. Analyses of survey data were conducted to identify differences between urban and rural providers; those participating in SUTQ or not; and those who agreed to participate in a focus group or not. For qualitative analyses, focus group and interview recordings were transcribed using an external transcriber. Once the interviews were transcribed, they were coded for themes related to the main research questions of the study. In addition, summaries of each focus group were created and checked by the focus group facilitators for accuracy. Themes were then analyzed and are presented in the Results section.

## Results

### Quantitative Results

**Participant characteristics.** About half of participants answered all survey questions. Participating providers were on average over age 31 and identified as white or Caucasian. Half of the providers who participated in the study live in urban areas and half of the providers live in rural areas (see Table 2). Education levels varied among participants, from less than a high school degree to graduate training. More than half of providers who responded to survey questions had a high school degree/GED or less education, and about 12% had either a college or masters degree. A majority of providers reported plans to continue being a family childcare provider for at least five more years (see Table 3). Providers were asked to report the amount of income they generate from their childcare; responses ranged from less than \$20,000 to over \$140,000 per year, with about two-thirds of participants reporting \$40,000 or less. Providers were also asked to provide their annual household income, which ranged from less than \$20,000 to over \$140,000 per year, with about two-thirds reporting \$80,000 per year or less. For further information on participant information and to see the characteristics for each of the four groups (see Table 4).

FCC providers were also asked about their perceptions of childcare in their communities. Most providers felt that high quality childcare is important for their communities, and most providers felt the childcare in their community is high quality. Over half of the providers felt it is important to have enough childcare in the community, and more providers reported that there is enough versus not enough childcare available. Over half of the providers feel it is important to have affordable and accessible childcare in their communities. More providers feel there is affordable and accessible childcare in their community than not. For further information on participant information and to see the characteristics for each of the four groups (see Table 5).

As an initial step in providing context for our findings, we compared classifications of providers on demographic characteristics including income, race/ethnicity, and rural vs. urban location. Below statistically significant differences between groups of providers are highlighted. Please note that because this study is not representative, we do not know the extent to which these differences apply to the population of providers more broadly.

***Licensed and unlicensed providers.*** To better understand the differences between the providers who are licensed and the providers who are unlicensed, between-groups analyses were run to examine the differences in the two populations and personal information about the providers. In our sample, licensed providers reported higher overall household incomes than

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unlicensed providers ( $X^2(6) = 19.28, p = .004$ ). Unlicensed providers were more likely to live in urban areas than licensed providers, and they were more likely to be non-white ( $X^2(1) = 7.93, p = .005$ ).

***SUTQ and non-SUTQ providers.*** To further understand the differences between the providers who participate in SUTQ and the providers who do not participate between groups analyses were run to examine the differences in the two populations and personal information about the providers. SUTQ providers had been providing care longer than non-SUTQ providers ( $X^2(4) = 17.92, p = .001$ ); were more likely to identify as white ( $X^2(1) = 11.16, p = .001$ ); and were more likely to live in rural areas ( $X^2(1) = 7.74, p = .005$ ). Non-SUTQ providers perceived the childcare offered in their communities as more affordable and accessible ( $X^2(1) = 4.27, p = .04$ ) than SUTQ providers.

***Urban vs. rural providers.*** To better understand the differences between the providers who live in urban locations and the providers who live in rural areas between groups analyses were run to examine the differences in the two populations and personal information about the providers. Rural providers had higher rates of GED vs. high school diplomas than urban providers ( $X^2(1) = 8.58, p = .003$ ). Rural providers reported higher income from childcare than urban providers ( $X^2(5) = 16.37, p = .006$ ). In addition, data also shows that urban participants were more likely to identify themselves as non-white ( $X^2(1) = 22.51, p < .001$ ). Finally, urban participants were more likely to report there is enough childcare in their communities than rural providers ( $X^2(2) = 11.15, p = .004$ ).

***Focus group participation vs. not.*** Because some providers agreed to participate in focus groups and some did not, we analyzed group differences between participating and non-participating providers. Providers who participated in focus groups were more likely to respond that they reside in urban communities, while providers who did not participate in focus groups were more likely to say that they reside in rural communities ( $X^2(1) = 4.39, p = .036$ ). There were no other significant differences between the groups.

### Qualitative results: Focus group themes

#### 1) Strengths and challenges

***SUTQ providers.*** Providers mentioned many **strengths of their programs** which include building relationships, support for child development, learning through play, and their training, education, experience, and involvement in organizations and initiatives. Quality and diversity of activities and learning through play were the most frequently mentioned strengths (“*I can take just a normal play, whatever they’re doing, house or just outside playing, and I can teach them the math or a science that goes with it, and I can point it out to them.*”) followed by consistency of care. Their focus on building relationships was highlighted (“*I really like the one-on-one connections I get with the kids by doing in-home. That is the biggest thing for me. I can connect with each one individually, know what they’re going through, know how they’re learning.*”) as well as their support for children’s social-emotional development.

Providers talked about the **unique characteristics of family home childcare** that are not found in center-based programs, particularly around forming relationships with children and consistency of care (“*I just choose to point out the things that I can provide that they [centers] can't, you know is just the one on one care, the relationship, the connection...And I mean us in homes, you know we work with that a lot and I think it gets bypassed in some of the bigger centers. So, I'm trying to really promote that you know to my parents.*”). Providers also saw

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offering a home environment and activities (*"I would say one of my best things is just providing activities, I have a big outdoor space that I just got done. And so, we have a lot of activities that we can do both indoor, outdoor. So, like I have a lot to offer. Probably, maybe the bigger centers don't have."*) and having mixed-aged groups as a unique advantage to family childcare settings (*"I personally like the family childcare versus centers because you've got the mixed age groups. I think they're a blessing and I think when they segregate kids out into their own age groups, you're missing a key element of them learning from one another."*).

These comments reflect the **perceptions of and indicators of quality** for these providers. However, when it comes to **parent perceptions of quality and factors influencing parent decisions about childcare**, providers stated different factors. Providers most often reported potential parents were focused mainly on costs, availability of space, hours and word of mouth. Providers specifically commented on parents' lack of knowledge around quality indicators (*"Quality is trust in their eyes."*) and not being familiar with SUTQ, and infrequency of asking or seeming "interested" in quality (*"I have not had any parents ask me about the trainings or anything I've gone to, nope."*). Specific to SUTQ, only one provided stating having several families that knew what SUTQ was, while the majority reported families now being familiar. A provider shared that her participation in SUTQ did not impact a parent's decision (*"I'd say one time in the last five years, in interviews that I've had, I've had one mom say, 'And I see that you do Step Up To Quality. Huh, what's that?' And I tell them and explain it to them and whatever, and then they still didn't come here."*). One provided described the situation as *"I know our surveys will say, 'Oh yeah, they want quality care.' But yet really it boils down to I can afford the \$15 a day. That's where my kid is going."* Efforts to educate parents about quality and SUTQ are discussed in comments about SUTQ as well as suggestions for improvements.

**Challenges faced by providers** include difficulty fitting all tasks into a working day and working long hours, financial challenges, stress and burnout, lack of benefits, misconceptions others have about the work they do, and challenges related to promoting or advertising their programs. Almost all participants gave examples of the many tasks they are responsible for including caring for children, attending trainings, paperwork, preparation, cleaning, and how difficult it was to complete everything needed to provide quality care (*"The thing that I struggle with is probably time, like everybody else. Sometimes, I look at the clock and it's 10:00 at night and I'm still doing assessments or I'm getting things set up for the next day. I'm like, 'Seriously?' and my first child comes at 6:30 and it's a long day."*). Providers found it very difficult to find time off to take care of their own personal needs and mentioned the lack of self-employment support such as medical benefits (*"We work a job that we can't just take that day off because then we're so dedicated to the families...people are having babies and working [their child care] the next week."*). Long hours and lack of support contributed to many providers feeling burnt out, overwhelmed and unable to take on additional activities (*"I think I'm so burnt out by going on 40 years, I think I'm so burnt out, I don't want to hear no more. I don't want to be on the computer no more, I don't want to do more paperwork, I don't want to go to no more classes. I just want to do childcare and take care of the children to the best of my knowledge. I do my CPR, I do my First Aid, I do the classes that are necessary. But all these other classes that they're throwing them on us - why?"*) Providers shared their struggles with how others view their jobs and the lack of understanding, or in some case, respect for what they do (*"You know I think that the biggest myth or people's thoughts about in-home providers are that they play all day. And free play and we sit on the couch and watching TV and eat bonbons."*). They expanded upon the lack of community support and recognition for family childcare providers in relation to how



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center-based care is perceived and recognized (*"I think it is so much focused on the centers. They are always talking about centers and it's like, "Wait, what about us? You know we're bringing in 50, 60, 70 hours a week and we're getting paid for 40."*).

**Non-SUTQ licensed and license-exempt providers.** Licensed, non-SUTQ and licensed-exempt providers voiced pride in their work, abilities and programs. They described their **strengths** as providing play-based learning, a variety of activities, including field trips and being able to prepare children for kindergarten using their awareness of the public schools' expectations and teaching children those skills. Several providers talked about how they knew the children well and sought to individualize their teaching based on the child's interests (*"I guess what I've always done before it was trendy, is notice what the kids are into and then stay up until three o'clock in the morning to research so that I can give them learning opportunities that fit the – all the domains with the subject at hand. Like this weekend I get to delve into pirates. I have no desire to find out anything about pirates, but the kids are about it, so I'll have to find those things."*). They went beyond teaching academic skills and they also focused on helping children learn how to take care of themselves, how to act in different situations and to be disciplined or well-behaved.

These providers also shared what they liked about being a home childcare provider, the **uniqueness** of family childcare and what it allowed them to be able to do for families. These unique attributes include children getting more attention and more personalized attention, there isn't turnover like in centers, children see the providers as "grandma", providers have parties or activities with families included, and the close relationship providers have with their children, stating providers sometimes spend more time with the children than their parents do. Providers valued being able to take care of and meet the needs of diverse families such as families from other countries, military families, blended families, families from different religions, children with medical needs, children with special needs/learning disabilities, or children with behavior concerns or haven't done well in other programs.

One provider stated that being a family childcare provider has *"been a very good career for me"*. Others noted that providing childcare services is now seen as more professional than it was in the past and were encouraged by these changes in perception but also stated that more work was needed to recognize and value the services they provided and their work. They were member of local organizations and had strong networks with other providers that offered support, encouragement, knowledge-sharing, and community.

Non-SUTQ licensed and licensed-exempt providers shared more **challenges** than SUTQ providers and these covered a wide range of topics. While providers stated strong relationships with families as a strength, many of the stated challenges were centered around interactions with **parents** and included issues of parents not understanding providers need to take vacations, not picking up children on time, not paying/paying late, not following rules, taking advantage of the provider, not taking care of their children (not giving them healthy foods to eat, sending unhealthy food with them). **Tracking and meeting all the requirements** and paperwork was also a common challenge. Providers said it was hard to keep track of everything that needs to be done and that they could (and had) easily miss deadlines for classes, forms, or other paperwork. These challenges were made worse for some by materials being online and hard to find, the difficulty of calling offices during business hours to get information because taking care of children at the same time, that there wasn't a standard way to track what they needed to do and

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when, that requirements and procedures changed frequently and that they don't have one person to contact that can answer all their questions.

**Additional challenges** included not being aware of grant opportunities and resources, losing business to community agencies that provide free care or other activities for children (such as CLCs or the Boys and Girls Club), working with children of different ages at the same time and people not realizing or appreciating the work they do/lack of recognition (*"I think there's not enough either publicity or recognition on the state level saying you know what, ladies, you're doing an amazing job. You are providing a valuable service, we – you know, proud – I mean, you get teacher – you know, the teachers get recognition, the nurses. And I'm saying this is from stores, shopping, Target loves the teachers and different places love the nurses. Oh, the nurses, they – but licensed home childcare providers, I mean, you know, sometimes you feel like – I feel like okay, just a glorified babysitter...people have no clue as to, you know, the effort that's involved and the value of the services that we are providing. And we get the little rewards from our – from the children, mainly, and their loving parents, the good parents that appreciate you."*).

**Licensed-exempt providers stated added challenges** of not being able to make changes to a rental home to meet licensing requirements, that it was hard to make a profit because their income is limited because of the number of children you can care for. Comments specific to the subsidy program included providers feeling like they were "subsidizing" families, giving more of their time to help families, that the unreliable payments caused the provider's families suffer, that the subsidy rate pay schedule isn't fair (track by quarter hour until 6 hours, then charge for the day rate, don't get paid more if the child is there up to 10 hours/day), that the subsidy program and lower reimbursement rate can have an impact on the child and level of care the child receives (*"And it's very stressful for the child, who sees their provider hiding their emotions because they're not getting paid the same as the other kids... you could see the difference in care he received at centers, even."*), and the frustration that state only pays when the child attends but providers charge all other families a fee, regardless of attendance and it covers holidays, too.

**Unlicensed providers.** Participants in these focus groups spoke Spanish and Somali. It is important to note that the participants in the focus groups are currently taking steps to become licensed but are not currently licensed providers. Participants identified both strengths and challenges they encounter in their work with children. Many of the providers considered the largest challenge in caring for children to be tolerance in working with parents and children. Providers also felt like a big challenge in the field is **keeping children happy and supporting parents**. On provider stated, (*"My challenge is to keep the children happy and also to please the parents. And it's a challenge because sometimes it isn't easy to keep everyone happy."*) Providers also felt that a challenge to providing care was **ensuring that children's needs are met** including nutrition and napping. In addition, participants also spoke about the disconnect between their programs and the children's homes, (*"During the week, there is a time for everything, a time to play, to sing and to eat; and then when the child comes on Monday, it is a challenge for us; personally I see it that way, because the child doesn't want to eat or they don't want to do something, because during the weekend they are sedentary, they just use their phones; that's normally what we experience nowadays."*) Other challenges the participants face include the **nutrition of the children** they care for. On participant said, (*"In my case, it is the food, because many parents teach most children to eat fast food; for example, pizza, or chicken nuggets. I see most children aren't focused on homemade food. And if you offer them home-made*

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*food they won't eat it.*"). The participants shared s about what they thought made good childcare. They discussed **characteristics of quality** and **the importance of quality indicators** in childcare (*"It should be a person who is constantly paying attention to the basic needs of the child; she shouldn't have too many children, because she wouldn't be able to look after one or the other, and she would neglect the boy because he liked to jump on the sofa, run, make noise; he loves to make noise."* and *"You need to check they are doing the activities according to their age; the place where they are must be safe. It would be responsibility and a safe place to look after children."*). They also indicated that parents rely on word of mouth to find childcare for their children. One participant said, *"Well, in my case, many people hear about it from other people, what they need to do and all the information to take their children to those programs."*

Participants said that parents usually find their program through **word of mouth** form either other parents or from providers who do not have spaces in their programs (*"The parents send their children to your daycare, and then they meet other people and see they need someone to look after their children and say, oh, I take them to this daycare, you can call them. That is the type of referral. Also, if we have a full quota, we say, I don't have vacancies, but my friend can help you. So, basically it is by referral."* and *"Like anyone who knows you and everyone gives his kids to whom he loves and within the community not me the whole Somali community if anyone need daycare he says out and that's how we hear an get up."*). When some parents visit their programs one participant said that parents she has interacted with are **looking at the quality** of the program (*"Also quality. They look for quality. How you treat children, the confidence."*). Other providers spoke about the **schedule of their program** being the most important thing to families (*"Yes they tell us and explain to us how and when the time are to come out of school and what to do and how to give them food so they give us all these information ahead."*).

### 2) Perceptions of licensing and SUTQ

**SUTQ providers.** When talking about their **participation in SUTQ**, providers shared both positive and negative experiences and offered ideas for improving SUTQ and potential ways to increase participation among FCCs. Providers reported that while initial orientations and information shared was ineffective (*"I went to the orientation when it first came out and I was completely turned off."* *"[SUTQ] was presented horribly"*) that they enrolled in SUTQ due to support from other providers and programs (*"I was nervous. I know it seems like a lot extra and a lot more paperwork, a lot of that. I've talked to several other [city] providers, and they said to definitely do it. That it's great, great help"*). Providers' reasons for joining included wanting to be involved in something new, fun, to better themselves and demonstrate professionalism and quality (*"Well, I was just going to say the reason why I wanted to be part of Step Up To Quality was I left my teaching job and I kind of felt like I wasn't professional. And participating kind of showed that like hey, I do have a quality program."*). No providers mentioned financial benefits or increases in business due to their participation.

Among the **positive experiences and benefits**, providers shared positive experiences connecting with other providers and coaches (*"I have another daycare provider here in town who has been – being coached for a while now. And she's a great support to me, so if I have any questions...I can call her...there's a childcare center who's doing Step Up and the center lady is amazing, and she lets me pick her mind with different things. And then the coach itself...I feel like if I have questions or concerns I can ask her about them."*). They enjoyed learning new things and improving their programs (*"I mean once you're involved in it, it just shows you so many ways that you can continue to improve or where you're lacking in and things like that that"*

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can help you.” “You get to connect with other providers, just the more advantages to the classes that are open, having everything open online for you. Gosh, there’s just so many things. I feel like I am so glad.”). One provider mentioned really liking being able to have all her certificates online. In addition, providers were very positive about supports offered by ESUs, Nebraska Children and Families Foundation, and their experiences in Rooted in Relationships, Sixpence, and other programs.

SUTQ-participating providers shared more **negative experiences and perceptions of SUTQ** than positive ones. The negative experiences included negative experiences with the SUTQ process and staff (including coaches), perceived inconsistency of expectations, support, and information provided by licensing, SUTQ staff, SUTQ coaches, and other agency staff (such as ESU, United Way, DHHS or other support agencies), concerns about the criteria, in particular the observation tool and the criteria not being appropriate for FCC or an accurate reflection of their quality, that SUTQ has not done enough to educate the community about the program, and that the SUTQ benefits do not outweigh the time commitments and costs associated with attending trainings and making improvements, for which there is a lack of opportunities and funds. These topics are explained in more detail below.

**Personal relationships and interactions** were highlighted in many of the comments related to both positive experiences (as described above) as well as negative experiences in SUTQ. The negative experiences during initial enrollment are described above but those initial struggles also continued once providers were enrolled. Providers shared several specific examples, some of which prompted provider to quit SUTQ for a time as well as general poor opinions (“*I think a lot of it comes from the demeanor of the [SUTQ] staff. They're not fun to deal with.*”). Comments regarding SUTQ coaches reflected beliefs that coaches were not familiar with family childcare (“*The coaches, not all of them are familiar with the family home.*”), were not able to offer effective support (“*I kind of had a really bad experience with it. I ended up having a coach who didn't really want to do the work but kept putting down that she was coming over. And so I was getting nothing done and she kept telling me, 'Oh, you're doing so good. You don't have to worry about anything, you're doing so good.' But I had nothing done.*”) or had poor relationships and interactions with providers (“*We had someone come out as a coach and the coach that we had come out had never been in home daycare. I had questions...She had an attitude...She complained about everything we did... We got out of the program at that point, just totally said, "Step Up to Quality is not for me. This is not something I want to do. I'm done."*”).

SUTQ participating providers made several comments regarding their perception that the **SUTQ criteria were not appropriate for or reflective of family childcare, particularly the FCCERS observation tool**. These comments were almost all negative and were focused on several issues including the FCCERS not having appropriate expectations for home settings/being more geared towards center environments. (“*I mean it's like, it's almost like they, it was made for someone who had a big basement, big open basement where you can see all the time and you're with the kids in every single spot. Not an actual working home where you're living in it, you have separate rooms, you obviously can't all be in one area all the time.*” “*My Step Up coach said it was people that have never done child care that created this [the FCCERS].*”). In addition to FCCERS scores, the star rating wasn’t seen as an accurate reflection of their quality, although it was implied that this may be because parents (or others) don’t understand the rating system or meaning (“*I've had all my parents come in and say, 'You're phenomenal. You're just absolutely wonderful.' That star there has nothing to do with how you*

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*perform. I think that's a downgrade of your business and should not be on there at all."*). The SUTQ structure and criteria felt center-focused to providers, which they expressed by saying *"I feel like the Step Up To Quality isn't super family home friendly."* And *"I don't think they [SUTQ] had a respect for what a lot of us do that we were embodied in quality."* And *"And they're [SUTQ] used to centers. I don't think that they had much information themselves about home daycares."*

The experiences with the FCCERS and earlier comments about parents not asking about SUTQ or quality contributes to providers perceptions that **SUTQ has not done enough to educate the community about STUQ or quality childcare in general and to promote SUTQ participants**. One provider remarked that *"[SUTQ] really needs to be marketed to the parents better. I don't think parents in the communities have any idea."* Another stated *"I don't even think in Lincoln – I mean, I – I mean, you would think that it would be in Lincoln...there's no discussion about Step Up To Quality. I mean I've never heard anything about, you know, this is what you need to look at."* Providers also expressed a desire for SUTQ to promote who was participating, saying *"It needs to promote the members more...And if I didn't promote myself...and that I was the only one that actively participated...No one knows."* Another said, *"But the thing is though, we got rated and we never got in the paper until we push and pushed and pushed. And I'm sorry, but this [provider] got the highest score, it should've been blasted all over as soon as she got it."* Some providers shared their own efforts to increase awareness, with one provider sharing that *"I've got an appointment to go into our local chamber and start working with them as far as just advocating for the fact that family home child – I mean when people move to a community they want to know about schools and all that. Well, before you can even get into the school system you need childcare to go to work. So that needs to be a piece of what they – they start looking at."*

SUTQ participating providers expressed that SUTQ did not provide a financial benefit *"I mean you're not going to get any more money. You base your own pay. It's not – and you're not going to get any further."* *"Your parents already know how good you are."* and that participating in SUTQ required time to attend trainings, meet with coaches and prepare for the observation and rating, for which there is a lack of opportunities and funds *"I'm going to say for me one of the biggest thing is, is money. Money for those high dollar trainings that is getting down to business that somebody has to take. That's \$100. It's our FCCERS training that we just did that was \$100. And it's a Saturday and it's a nine-hour class, or eight-hour class or whatever that was."*

When asked what could be done to improve SUTQ and increase FCC participation, providers shared several ideas that included additional and personalized support during recruitment, enrollment and progression, adjustments to the structure and criteria to reflect FCC unique characteristics and needs, increased marketing and promotion of SUTQ providers, and increased financial supports. Just as providers shared that they enrolled in STUQ due to conversations with other providers, they suggested that more of this approach could contribute to increases in enrollment, *"I don't think the recruitment for Step Up To Quality is very good at all. Because I know in our community, [we] have pushed and talked to providers all the time...I think that there needs to be either more one-on-one."* Leveraging the connections between providers, which are already occurring, could add to providers being able to improve their quality through peer learning *"Because I'm going to be more like you can show me those videos from FCCERS all you want, but your home is probably what I really want to see. You know the homes that are now step five. We did go into a step five home and was like, "Okay, she did it."*

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*That's totally doable.”). While there is no fee to participate in SUTQ, the criteria for moving up steps does require funds and there are no perceived financial benefits for providers now. Removing these barriers has the potential to increase participation and perceived benefits (“I do think if they incentivize Step Up a little bit more than that might help. I feel like to maintain it, isn't cheap, and it costs a substantial amount of money to get where I felt like I wanted to be when I rated, that we get stipends along the way.”) Providers remarked on the difficulty of providers to get rated at a higher level and suggested providing a choice for observation tools, as is given to centers, would be seen as positive and responsive to the unique needs of FCC and that adjustments could be made to reflect their programs (“We, as home providers, get one choice. We can do FCCERS and that's it. If you're a center, you can either do the CLASS or you can do the ECERS. So, in other words, they can look at your relationships with children and give you a score for that and you can get your five that way, or you can do by environmental... When you do childcare in your home, it's a lot harder to get that five. In fact, nobody's gotten a five that's done childcare in their home... There's no other options for family childcare, and I think that's wrong, too. Like I said, there's other states that allow you to do accreditation instead of the FCCERS. It gives you a choice. I think if you're going to give a center a choice, you should give family childcare a choice.”) One provider shared her concern about a lack of standardization between states, saying “another issue I have, is that... and there's no set standard across the United States. There are several states that if you're accredited, you're automatically a five. We get a three; in other states, you get nothing. I think somewhere along the line, that somebody needs to reevaluate [this inconsistency].”.*

**Non-SUTQ and license-exempt providers.** Regarding the **state initiatives, programs and supports for providers**, participants had many comments to share regarding their experiences and shared recommendations for improvements. Asked about the state of childcare within the state, one provider said, *“I think it's wonderful that there's a variety of options for parents, for their children. The variety of centers and...some prefer that kind of environment and...some prefer smaller, in-home, casual environment... There's advantages to both.”* Most licensed providers were positive about the process of **getting licensed and the existing supports**. They expressed that their own experience in getting licensed was easy and they didn't experience many problems. Providers shared that they chose to become licensed to be able to care for more children and many expressed that they already met the licensing requirements, so it was not much additional work to become licensed. They voiced that their parents liked that they were licensed and knew that they had met specific regulations. Several providers shared positive experiences with state staff and that the staff offered support (*“My state lady's great. She's – I've never had a problem with her. I can reach out to her with any question I have and she will answer me as soon as she can.”*). However, providers also commented on negative interactions with staff and the perceived “adversarial” relationship with some licensing staff (*“It's more of an adversary relationship with licensing now. In fact, just being called inspectors, it was a time when they were licensing agents or licensers. Just the name alone, your licensing inspector, it's very adversarial.”*). They also voiced frustration at their experiences that regulations and guidelines seemed to change frequently (especially the Food Program) and go through phases or ‘fads’ and providers are expected to change and go along with whatever the current thinking is.

In discussing **state supports**, providers mentioned materials previously available that they wished were still in place including pamphlets for parents (now only available online) and monthly newsletters sent to providers. Providers shared both positive and negative perceptions about the trainings offered. Providers had attended trainings they enjoyed and they valued being

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able to interact with other providers at the trainings. Many were involved in networks or organizations that helped coordinate trainings. However, many providers stated they had been to a lot of the trainings over the years and felt there weren't trainings available with new or interesting topics. They were also stated not being able to travel to some trainings or that trainings weren't offered at convenient times.

While these providers were not currently enrolled in SUTQ, at least half had heard of the program, some had investigated enrolling and one provider had experience in SUTQ while working at a center. Their predominant **perceptions of SUTQ** were that the "idea" of SUTQ was good but that the way it is presented is confusing and it seems like a lot of paperwork and additional requirements on top of providers who already work 60+ hours a week (*"I think it's a lot of paperwork and a lot of people get scared, maybe the way it's presented. You know what I mean, to look at? It's like gosh, I'm not doing that, or it looks way too complicated."* and *"I think that in theory it's really a great program. Having looked at all the different trainings and stuff that's required, I think they're all very important, and I think that they're great and will help a provider be better. However, let's take a look at how many hours outside of your home after you've already worked 50 to 60 hours. On average it's said childcare providers work 62 hours per week. If you're like some of us, we do overnight care and everything else as well. It's prohibitive to many people."*). They also expressed the sense that SUTQ was trying to turn childcare homes into centers instead of respecting the value of home childcare (*"I think it's a good idea. It's got a lot of bugs in it yet, and there needs to be more of an incentive for people to – for providers to take part in it. It's a lot of time. It's a lot of money. It requires all those classes. The other part of that is is that it's trying to make up all into centers instead of giving us the individuality that we have always had in home daycare."*). Most providers did not express an interest in enrolling in SUTQ in the future. One licensed-exempt provider shared that she had looked into the requirements and felt that she met most of them but was not able to get licensed because of restrictions on making changes to her rental home.

**Unlicensed providers.** Participants were asked about the licensing system in Nebraska the participants discussed many aspects of the system. One of the major topics discussed across groups was **the language barrier** they experience while trying to become licensed, from completing forms to attending trainings that are only in English (*"many people don't speak English, and they struggle to ask for the forms to fill in...also, the training course is only in English, I asked whether they had an interpreter, not for me, or a class with an interpreter, because there are many people who speak different languages."*). Participants also spoke about how licensing representatives and staff from other organizations are sometimes seen as adversaries with prejudices instead of resources available to help them. Participants also discussed the **inconsistency and confusion they experience while dealing with multiple agencies addressing childcare quality and children and family needs** (*"Sometimes what happens is that you get two caseworkers, one for the family and one for the worker, and each one sends papers and you don't know who to address your problems or which office to go."*) In addition, participant also would like **more access to trainings** throughout the system. Participants also spoke to the fact that they lack knowledge about caring for children and would like training to help them learn how to care for children (*"Because as they are different children, we react differently. We should be trained to manage the different personalities of the children."*). The participants discussed how some of them are very well connected within their communities and that **community programs** are helping them start the process of becoming

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licensed (*"We have a community that helps us get license and gives us orientation about rules and how to get licensing and providing services."*). But other participants voiced not knowing much about the process to become licensed or where they could find assistance (*"The first thing would be to know where we can go to get the license, or what the requirements are to obtain it. Then we would look for... in case you get the license or if you can apply, you need to find a place to establish the daycare."*).

In addition, providers also felt that it can be **very expensive to make the necessary renovations to their homes** (*"They have to renovate the house. That is very expensive. Starting a daycare is expensive, even if it's in your own house, because you have to adapt it. So, we are trying to bridge that part."*). Even though they discussed indicators of quality **none of these participants are currently enrolled in SUTQ**. A few of the participants had heard about SUTQ and were able to describe the program by stating, *"That is what I think Step Up to Quality does, to improve the quality of the services offered by the different daycares in the state of Nebraska. So, these are like steps that we have to... you make them, analyze them, and then you tell us, you can improve here. That's what I think the program does."* Another participant said, *"It is a good program to improve quality. Anything that is in benefit of the children and to make it better, is good."*

### 3) Other themes across all participants

When asked about their use of **technology** providers spoke about their use of telephones and email. One participant said, (*"I think I would use email a lot, and phone calls; and if they don't answer, I would leave a voicemail, so I won't have any problems like, you didn't call me or you didn't tell me anything, and then have that recorded in the daycare record."*) Another provider spoke about the importance of **video cameras** stating, (*"I think technology has been very helpful with, for example, issues of child abuse; whether it happened or not, because sometimes children hit themselves, and they have a bruise. So, to me, I think it's essential. For safety, because children will be children, they are extroverted, but we also know there have been people who abuse infants."*) Another provider uses video cameras as a way to monitor staff and children and she said, (*"Usually, I feel technology helps me because I have cameras at home; there are cameras all around my house, and it helps me because if I'm cooking and my employee is downstairs, I can watch what she's doing, I'm checking that she does the same things I do for the children; I expect her to do the same thing. So, that is very important, because you can be doing something and checking that everyone is working properly."*) Still another participant spoke to the use of **applications** to help with children's learning stating, (*"I also think technology is helpful for making activity programs with them; and certain schedules, to have a schedule to do that with the children, like watching a program or doing something educational with them."*) They do use **social media** to receive information about trainings. One participant stated, (*"Trainings are usually through... we usually send notifications by phone, we call or text, also through Facebook, because there is an organization that provides courses on childcare, and they typically use Facebook and put up a post, this class will take place on this day, based on such and such topic."*).

Participants also spoke about connecting with other providers, and reported their **willingness to share information with other providers** and that they reach out to new providers in the community. One provider said, (*"Sometimes, when a new person arrives who has a daycare, I always try to help them, teach them how to do some things, paperwork, or how to build their own daycare."*) In addition, participants said they usually connect with one another



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through **social media**. (“We also share information through social media. We are in a group, an organization of daycares, and there we share ideas or questions. If somebody has a question, they ask there and they get replies.”).

Participants also shared other themes including a need for **increased compensation** saying, (“I think they should take into account the work we do, and they should increase the budget. Because our work sometimes it’s not just 7 hours; sometimes it’s 9-10 hours, and the salary isn’t... it’s okay, but we could use an increase, because it’s quite a lot of work what we do.”) The participants also spoke about the importance of **communication with any additional services parents** receive and the provider. For example, one provider stated, (“I think that if they focused more on visiting the people receiving help, they will find many deficiencies that maybe we can’t talk about because we fear retaliation. We don’t know, the parents are in a certain way, but when they realize that you talked about them, they are a different person and seek to cause you harm.”).

**A substantial barrier to quality in childcare in Nebraska may be the prevalence of unlicensed care.** Some providers stated that they didn’t understand why someone wouldn’t get their license (“I don’t feel it is that hard to get your license. So what is keeping you from doing it? I don’t – some people legitimately think that they are going to have the government up in their face all the time and they don’t want someone else coming into their house telling them what to do.”) while others state that it would be easier not to have to be licensed (“...it’d be a lot easier and cheaper for me to just lose my license and watch kids. I won’t do that because I’m not that person, but not everybody has been raised with the morals and values I have either.”). Providers voiced **frustration about unlicensed providers** across many areas. First, their views were that the state was not holding unlicensed providers accountable nor doing enough to dissuade unlicensed providers (“When they do get caught, then they get a \$50 fine and the kids get sent home. The next day, they start all over again.” “There’s got to be some sort of regulations because there is none. It’s like, you know what? If I knew I could drive down the interstate 100 miles an hour and I wouldn’t get a ticket, I’d do it every day. That’s what happens with unlicensed childcare. They know beyond a shadow of a doubt, nobody is going to come and do anything, so they do it every day. What difference does it make? I have 10 kids in my home. Who’s going to do anything about it?”). Providers commented that the state did not prioritize or have time or a system for this monitoring or reporting cases of unlicensed providers (“I called licensing and said, “Hey, dah dah dah, this is what I was told. This is the name of the person; this is their address.” They called me back two days later and said because I didn’t actually see it, they cannot investigate it. That’s wrong.”). Second, while the need for more providers was acknowledged, given the number of children needing care and the insufficient number of licensed providers available, there were little incentives or efforts made by the state to get these providers to become licensed. This lack of effort was seen as the state not addressing a critical need in increasing the number of licensed slots to fit the needs of communities. Third, there was a sense of animosity towards unlicensed providers, with providers sharing negative interactions with unlicensed providers and beliefs that unlicensed providers were not providing safe or quality environments, voiced by sharing specific examples and general concerns (“I have two parents right now in my care that both came from unlicensed care and the horror stories they told me.”). Lastly, Providers felt it was unfair that they “followed the rules” while others didn’t and that this was sending a poor message to children (“And what are you teaching children? When you’re not licensed, you’re not following what the state regulations are.”).

## Conclusions and Recommendations

Family childcare providers shared many strengths and challenges to their work. They voiced pride in their ability to provide unique, home environments that allowed them to have strong relationships with children and families and to engage children in playful learning. They accessed resources in the community and engaged in various state programs, and they received support from networking with other providers. Through these activities, providers stayed informed and learned from each other. Some providers used online resources and other technology to help communicate with parents, complete paperwork, track finances, and access curriculum materials. They faced challenges related to the amount of time needed to complete their many tasks, lack of support in terms of navigating the various state initiatives, time off, funding, and recognition from the community. Many of the providers voiced high levels of stress, inconsistent engagement with professional development activities, and lack of enthusiasm for continuing their training and especially SUTQ, all of which may be risks for low quality of care for young children. Yet the strong bonds between many providers and their dedication to the children and families they serve may be motivators for engagement in training and professional development, which can be leveraged to increase participation across the state.

Three key conclusions for future state efforts emerge:

- 1) Although many challenges in family childcare were noted, family childcare providers reported several years of experience as well as the intention to remain providers for several more years, suggesting that the FCC workforce may be quite stable. Investing in improving the quality of FCC may lead to long-term gains in overall quality of care, given that the workforce appears to be consistent over time.
- 2) Comprehensive and innovative efforts should be made to improve outreach and enrollment in quality improvement programs across all types of family childcare providers, including those who are unlicensed (either to ensure they meet licensing standards or to close the facilities); those who are licensed but not participating in SUTQ, and those who are in SUTQ. Several suggestions were made on improving SUTQ. Outreach should also include parent and community education about the importance of quality early childhood care.
- 3) There may be many unlicensed providers operating in Nebraska, suggesting that many children – especially vulnerable children living in low-income families and/or speaking a home language other than English – are receiving care in unregulated facilities with providers who may have little or no training in early child development. This, coupled with the low levels of participation in SUTQ among licensed providers, suggests that Nebraska may be facing a silent, long-term, and persistent crisis of substandard care for thousands of children in family childcare homes. However, some family childcare providers are likely providing excellent care, and should be touted as leaders in moving the field forward.

Several themes emerged from our work that can inform a path forward. First, it may be valuable to consider creating a unique set of standards and/or SUTQ program guidelines for family childcare providers. Some states have two sets of quality standards for FCC and center-

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based childcare. New Hampshire, for example, has differentiated business practices for FCC in its standards, emphasizing the unique requirements of FCC providers, while maintaining a high degree of consistency between quality standards in other areas (BUILD, 2019). Several providers mentioned that existing SUTQ standards seem much better suited to childcare centers, thus discouraging involvement among family childcare providers. Second, both risks and opportunities are evident among the population of unlicensed, non-English speaking providers. The notable resentment that many providers expressed around unlicensed providers suggests that more efforts should be made to enforce licensing standards, both to ensure the safety and well-being of children and to build trust among the family childcare population. At the same time, several community-based organizations are working with this population, and given their connections to vulnerable families, it may be highly impactful to create clear pathways for these providers to become licensed and trained. Finally, there are several ways that the existing SUTQ program may be improved to encourage participation among FCC. Several creative actions by state agencies are outlined in the BUILD (2019) report, including the introduction of a staffed family childcare network; accreditation programs specifically designed for FCC; and designated state technical assistance staff for FCC. Recommendations from Nebraska providers in our sample are outlined below.

### **Recommendations**

#### ***Improve SUTQ program design:***

- Improve measurement tools for family childcare.
- Widen the list of training programs and activities that family childcare providers can participate in, considering the demands on family childcare providers' schedules.
- Increase the financial incentives for participating in the program, perhaps especially by increasing financial incentives for providers who participate in the childcare subsidy program.
- Invest in expanding the number and quality of coaches, through a dedicated effort within SUTQ to reach family childcare providers.

#### ***Improve SUTQ program implementation:***

- Increase and improve outreach to family childcare providers about SUTQ and support during enrollment and invest in peer mentoring or promotion of the program.
- Improve communication of SUTQ, by encouraging community leaders and parents to acknowledge and support providers who choose to participate in the program and ensuring that all materials are available in the spoken languages of each community, at a minimum Spanish, Arabic and Vietnamese.
- Invest in networks of family childcare providers, by partnering with existing provider networks and expanding SUTQ to include a network/provider connection function as a key element for improving quality.
- Provide a streamlined and easily accessible list of all training available throughout the state, and information on how and where to access that training.

#### ***Address issues in state licensing:***

- Provide mandatory training for licensing free of charge to all providers.

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- Provide training on different topics and make the trainings accessible to additional providers, through online methods or providing training in multiple languages.
- Provide a single point of contact for providers when they have questions or need access to resources.
- Develop a system so that providers would be notified of upcoming requirements (such as renewing forms or completing training hours, CPR renewal, etc.).
- Enforce state licensing laws for family childcare, and/or improve communication at a community level on the value of high-quality care and the importance of asking for licensure before enrolling children.
- Improve reach-out to providers who are not licensed, but may want to become licensed, especially within immigrant and refugee communities.
- Improve subsidy reimbursement rates and provide support for providers navigating the process.

### ***Support all family childcare providers more effectively:***

- Recognize the central role that family childcare providers play in supporting working families. This group of providers is essential for the functioning of many families and by extension, their communities, yet they receive little support or acknowledgement.
- Recognize and leverage the connections providers have with each other and within their communities. Consider strategies such as peer mentoring and networking to support quality improvement efforts.
- Provide resources such as “day off” funding for respite providers and/or other ways of acknowledging the importance of family childcare and ensuring that the care is as high-quality as possible, especially in places with limited access to other forms of childcare.
- Provide support to providers who are caring for many subsidy-receiving children in working with parents.
- Provide more instrumental support in meeting licensing requirements, including sending reminders to providers to complete forms and when they are due, reminders about training requirements and due dates, and improving navigation on website. Having someone available to help walk through resources would also be useful.
- Increase communication including printed materials to improve communication among state initiatives (i.e., the food program), so that everyone understands and gives the same message and updates.

### **Engage non-English speaking providers:**

- Make efforts to identify unlicensed providers in all communities, with emphasis on defining sources of childcare among families who may be recent arrivals in Nebraska.
- Provide supports to help providers in underserved populations begin the process of becoming licensed.
- Provide translators to help providers when they are meeting with state agencies.

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- Provide materials and forms in different languages, especially in Spanish, and any languages of refugee populations.
- Offer trainings that are affordable and accessible to all providers.
- Enact programs to help non-English speaking populations enroll and progress in the SUTQ system.
- Create opportunities for providers to connect with each other through communities of practice.
- Further educate parents on the importance of high-quality childcare, especially in non-English speaking populations.
- Implement practices that help to create unified messages between and across agencies that work with FCC providers.
- Provide training for visiting agents on the cultural differences of non-English speaking providers.
- Enforce licensing regulations, so that providers are clear that their programs will be shut down if licensing regulations are not met.

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Table 1  
*Groups of Providers Who Participated in Focus Groups*

Group	Rural	Urban	English Speaking/White	Non-English/Non-White
SUTQ	21	14	24	0
Not SUTQ	6	24	9	17
Not Licensed	0	4	1	3

Notes: There is some overlap in group participation across columns.

Table 2  
*Providers' Demographic Information*

Item	All Providers (n=116)	SUTQ Providers (n=61)	Licensed Not Participating in SUTQ Providers (n=39)	Unlicensed Providers (n=16)
<b>Age</b>				
18-25 years	5.2%	1.6%	7.7%	12.5%
26-30 years	6.9%	4.9%	10.3%	12.5%
31-40 years	13.8%	11.5%	15.4%	31.3%
41-50 years	15.5%	13.1%	15.4%	18.8%
51-65 years	14.7%	18.0%	12.8%	6.3%
66+ years	2.7%	3.3%	2.6%	6.3%
No response	41.4%	47.5%	35.9%	12.5%
<b>Race<sup>a</sup></b>				
Black/African American	12.1%	0%	33.3%	0%
White or Caucasian	37.9%	45.9%	33.3%	18.8%
Hispanic/Latino	10.3%	6.6%	2.6%	68.8%
No response	39.7%	47.5%	30.8%	12.5%
<b>Residence<sup>b</sup></b>				
Urban	51.7%	36.1%	61.5%	87.5%
Rural	47.4%	62.3%	38.5%	12.5%
No response	0.9%	1.6	0%	0%

Note: <sup>a</sup> Participants were asked to select all categories that apply from the following categories: American Indian, Native Hawaiian, Pacific Islander, Asian, Black/African American, White or Caucasian, Hispanic/Latino, and other. <sup>b</sup> residence was coded so that participants who live in Omaha and Lincoln were considered Urban, and the other cities/towns were considered rural.

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Table 3  
*Providers' Education and Professional Information*

Item	All Providers (n=116)	SUTQ Providers (n=61)	Licensed Not Participating in SUTQ Providers (n=39)	Unlicensed Providers (n=16)
<b>Highest Level of Education</b>				
No HS	9.5%	4.9%	17.9%	18.8%
GED/HS	24.1%	19.7%	20.5%	56.3%
Technical School	5.2%	4.9%	5.1%	6.3%
Associates	14.7%	18.0%	12.8%	6.3%
BA	6.9%	4.9%	12.8%	0%
Masters	0.9%	0%	2.6%	0%
No response	38.8%	47.5%	28.2%	12.5%
<b>Plans to continue providing FCC</b>				
Less than 1 year	0.9%	1.6%	0%	0%
1 yr >5 yrs	5.2%	3.3%	10.3%	0%
5 yrs >15 yrs	19.8%	13.1%	33.3%	12.5%
15 years or more	19.8%	23.0%	10.3%	31.3%
No response	54.3%	59.0%	46.2%	56.3%

FAMILY CHILDCARE PROVIDERS' PERCEPTIONS OF STATE QUALITY SUPPORTS

Table 4

*Providers' Financial Information*

Item	All Providers (n=116)	SUTQ Providers (n=61)	Licensed Not Participating in SUTQ Providers (n=39)	Unlicensed Providers (n=16)
<b>Childcare income</b>				
\$0-\$20,000	16.4%	6.6%	28.2%	37.5%
\$20,000-\$40,000	19.0%	21.3%	17.9%	18.8%
\$40,000-\$60,000	13.8%	18.0%	10.3%	6.3%
\$60,000-\$80,000	1.7%	1.6%	2.6%	0%
\$80,000-\$100,000	0.9%	0%	2.6%	0%
\$100,000-\$140,000	1.7%	1.6%	0%	6.3%
\$140,000+	0%	0%	0%	0%
No response	46.6%	50.8%	38.5%	31.3%
<b>Household income</b>				
\$0-\$20,000	9.5%	3.3%	20.5%	18.8%
\$20,000-\$40,000	11.2%	8.2%	7.7%	43.8%
\$40,000-\$60,000	7.8%	6.6%	10.3%	6.3%
\$60,000-\$80,000	4.3%	6.6%	2.6%	0%
\$80,000-\$100,000	14.7%	14.8%	17.9%	0%
\$100,000-\$140,000	6.0%	9.8%	2.6%	0%
\$140,000+	0.9%	1.6%	0%	0%
No response	45.7%	50.8%	38.5%	31.3%



## FAMILY CHILDCARE PROVIDERS' PERCEPTIONS OF STATE QUALITY SUPPORTS

Table 5  
*Providers' Views About Childcare in Their Community*

Item	All Providers (n=116)	SUTQ Providers (n=61)	Licensed Not Participating in SUTQ Providers (n=39)	Unlicensed Providers (n=16)
<b>How important is high quality childcare in your community?<sup>a</sup></b>				
Important	51.7%	39.3%	64.1%	75.0%
Sort of important	12.1%	13.1%	10.3%	12.5%
No response	36.2%	47.5%	25.6%	12.5%
<b>Childcare that is offered in your community is high quality?<sup>b</sup></b>				
Yes	33.6%	29.5%	43.6%	25.0%
No	12.9%	13.1%	7.7%	31.3%
I don't know	3.4%	0%	10.3%	
No response	50.0%	57.4%	38.5%	43.8%
<b>How important is it to have enough childcare options in your community?<sup>a</sup></b>				
Important	57.8%	50.8%	64.1%	68.8%
Sort of important	6.0%	3.3%	7.7%	18.8%
No response	36.2%	45.9%	28.2%	12.5%
<b>Do you feel there are enough childcare options in your community?<sup>b</sup></b>				
Yes	35.3%	26.2%	46.2%	56.3%
No	18.1%	21.3%	12.8%	12.5%
I don't know	0%	0%	10.3%	
No response	43.1%	52.5%	30.8%	31.3%
<b>Do you feel the childcare that is offered in the community is affordable and accessible to all children?<sup>b</sup></b>				
Yes	41.4%	26.2%	64.1%	56.3%
No	20.7%	24.6%	10.3%	31.3%
No response	37.9%	49.2%	25.6%	12.5%

Notes: <sup>a</sup>Participants were asked to select one option. Options included: Important, Sort of Important, and not important. <sup>b</sup>Participants were asked to select one option. Options included: yes, no, and I don't know.

# FAMILY CHILDCARE PROVIDERS' PERCEPTIONS OF STATE QUALITY SUPPORTS

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