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The Decline of Family Child Care in Maine

Tammy Dwyer

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Abstract

The purpose of this research will be to examine the decline of licensed family child care programs in Maine. Information gathered from Maine's Department of Health and Human Services, (DHHS) Office of Child Care and Family Services, (OCFS) Child Care Licensing Department show a continuous decline of family child care in Maine over the last five years. Programs dropped from 1324 in July 2013 to 1109 in July 2017. (S. Bhuvanagiri, personal communication, July 17, 2018). The research will begin to identify the reasons that have caused the downturn. It will also begin to identify potential supports for family child care providers to assist them through the licensing process and in meeting additional challenges; they face in sustaining their businesses.

Keywords: licensed family child care, licensed-exempt, decline

The Decline of Family Child Care in Maine

Nationally, child care is a necessity within our economic system. Family child care (FCC) is recognized as a vital component of the child care arrangement system (Bromer, McCabe, & Porter, 2013). According to the Center for American Progress. Fact Sheet: Child Care, one-quarter (23.4 percent) of children under the age of five are in some form of organized child care arrangement. (S. Glynn, August 16, 2012). The Department of Human Development at Cornell University conducted and released a report on FCC in the United States, (Morrissey, 2007). That research showed that approximately one-quarter of our nation's children spend a considerable amount of time (at least 30 hours) per week in FCC. With so many utilizing FCC to meet their families' need for alternate child care, we must make this examination a priority.

Within the context of this study, FCC is defined as a person providing child care to children in the provider's own home. Identified types of FCC range from license-exempt providers to licensed providers. License-exempt providers can "legally" operate their programs, without a license. They can care for 2 or fewer children who are unrelated to them and receive payment through state subsidy funding. These providers must meet background check requirements just as licensed providers do.

Providers who meet licensing requirements meet the minimum basic standards for children's health and safety set forth by Maine's Department of Health and Human Services, (DHHS) Family Child Care Licensing Rule. FCC providers in Maine must attain a license to care

for 3 to 12 children. Licensing capacity is set dependent upon the staff child ratio and square footage of the child care environment.

The purpose of this research will be to examine the decline of licensed FCC programs in Maine and begin to identify the reasons that may have caused the downturn. This research will also identify potential supports for FCC providers to assist them through the licensing process and in meeting additional challenges; they face in sustaining their businesses.

Beyond identifying the decline, there has been little to no research done on this topic. The research will investigate and define the challenges that FCC providers face entering the profession and in sustaining their businesses. It will begin to examine what could lead them to close their business and stop providing care. It is time we investigate the cause of this decline and identify supports needed to help interested parties meet the licensing requirements, sustain viable businesses and fulfill a valuable need within the communities throughout Maine.

Examining the decline will help inform people who are suggesting and creating policies to understand how policies or codes might affect FCC programs and the families that they serve. The information will further identify possible policy or supports that can be created to help retain current providers and entice new providers to the profession.

Albert Bandura's theory supports the idea of being an agent of self- motivation and self-efficacy that guides thinking around empowerment. Bandura (2001) states that people have internal drive factors that initiate and empower themselves to do and be more through self-reflection and self-awareness of their own capabilities. These agents enable self-development, perseverance and an ability to handle unexpected variations.

Bandura (2001) states that people are producers as well as products of social systems. This research will examine the possibilities of self-reflection and self-motivation with the intentional support of agency staff and mentor providers to empower FCC providers to feel they are capable of making and influencing change for their business and the greater community.

Bandura (2001), further states that people are agencies of their experiences. They are empowered with their own internal tools to derive meaning and worthwhile pursuit of fulfillment. How can we enrich providers' experiences through agency interactions and positive peer to peer interactions? What supports can be created so providers feel they have the means to overcome obstacles in their work with children and families and sustain their businesses? The research will begin to answer some of these questions and possibly uncover questions for future research opportunities.

Literature Review:

The OPRE report (2019) discusses a possible conceptual model with states' quality improvement initiatives that engage, sustain and possibly entice new providers to the field. This model is organized into three components: Foundations for Sustainability of Care, Lasting Relationships, and Opportunities for Learning and Development. The Foundations for Sustainability of Care highlights these as foundational elements that aid providers in developing relationships and helping them grow and develop as a professional.

Sustainability of Care is broken down into further categories; Creating and maintaining a safe environment, Promoting providers' health and wellness, Identifying and engaging with community resources, Accessing supports for caregiving and teaching, Demonstrating reflection and openness to change, and Managing business and finances. A few objectives for developing

this conceptual model is to raise awareness, inform efforts and offer tools that support retaining family child care providers and entice new professionals to the field.

Abell, Arsiwalla, Putnam, and Miller (2014) describe and evaluate what happens within the context of the FCC partnership through Auburn University, which centered on mentoring and professional development opportunities with FCC providers of Alabama. Additional exploratory questions looked at terms such as professional development, mentoring, professional engagement facilitated opportunities, mentor management and support.

It is clear there is a value of improving the quality of FCC and the effects it would have for the millions of children that attend FCC programs nationally. The research of Juliet Bromer and Corinne Weaver, (2016) identifies that little to no research has been done to study and assess professional development and engagement efforts for FCC providers. Authors within this study introduce systems that are composed of agency staff as mentors and coaches. they describe different types and levels of technical assistance and how the information and assistance must be intentionally planned for FCC. The studies referenced a partnership consultation stance that views both parties as a learning partner as a positive engagement piece. This is very similar to the approach/ model that is used by Maine Roads to Quality Professional Development Network (MRTQ PDN). Other aspects of this study that matches the work modeled through MRTQ PDN is the relationship based approach and continued, intentional, focused, professional growth for MRTQ PDN staff and for providers throughout the field.

In the research by Juliet Bromer and Jon Kortmacher, (2017) they state that “ In addition to supports aimed at quality caregiving, descriptive research further suggests that administrative

and material supports may help providers sustain their child care work, maintain viable business practices, and reduce turnover.” (Bromer, Kortmacher., 2017, p. 766)

Relationships:

The OPRE report (2019) further highlights lasting relationships as a central component of an early childhood setting. The report breaks the element of relationships down further into categories such as; Developing nurturing relationships with children, Facilitating children’s relationships with each other, Building responsive relationships with families, Maintaining healthy relationships with other adults/family members in the home, and Fostering relationships in the community. FCC provides many opportunities for providers to build strong long-lasting relationships with so many people to support the children and families in their care but also their businesses.

Abell et al., 2014; Bromer and Weaver; Bromer and Kortmacher confirm the importance of meaningful, intentional relationships and the impact it has in engaging, supporting and empowering the provider and agency staff to succeed. It was clear in the research that thoughtful consideration must be given to professional development for the provider and equally as important for the collaborative agency staff. Research highlights the importance of continued professional development centered on relationship building skills. In the report offered by The National Center on Early Childhood Quality Assurance, (2017) it discusses how in Delaware and Kentucky there was evidence of providers engaging and sustaining interest and motivation for professionalism. Barriers of provider participation highlighted the complexity of the licensing

and improvement processes plus having little time to focus their attention on that aspect of the business.

Systems and Resources:

In the study on Connecticut's Home-Based Early Care and Education System (2007) by Peg Oliveira, PhD it highlights the concern for the decline and possible reasons to why it could be happening in that state. Oliveira (2007) raises the idea of the new preschool development goals and how many 3 and 4-year-olds are being taken out of FCC to attend a federally funded public preschool program. This questions the income loss as one possible reason behind the decline. Another concern that is brought forward in this report is the extensive licensing processes and potential barriers that are difficult for providers to navigate.

Professional Development:

The studies of Abell, Arsiwalla, Putnam, and Miller (2014) and Juliet Bromer and Corinne Weaver, (2016) both highlight the importance of meaningful relevant professional development for both FCC providers and the agency staff personnel. These research studies examine having capable staff with relevant training and understanding of FCC and the challenges they face. The studies examine how these components help to build meaningful relationships that aid in engaging and sustaining FCC participation.

Networking Opportunities: Also emphasized in these studies, (Abell et al., 2014; Bromer and Weaver) is the isolation that FCC providers face and how the professional development relationships and other networking opportunities help providers to feel supported and maintain their engagement. Bromer and Kortmacher (2017) referenced how formal and informal networking opportunities can raise the quality of care provided. Oliveira, (2007) in

Connecticut's examination of Home-Based Early Care and Education System also provides evidence that home-based providers reported providing higher quality care when having connections with peers

Bromer and Weaver (2016) report that equally important is the opportunity for agency staff to have management support with a team of peers that they can reflect and process with on the different experiences and levels of stress that one encounters within this work. MRTQ PDN models and adheres to many of these approaches through continued networking opportunities, professional development and actively supporting their staff and the providers they work with. MRTQ PDN honors reflection and processing time for their staff and providers they interact with. Reflection and processing times are scheduled regularly monthly at staff meetings and incorporated within many technical assistance opportunities and professional development opportunities.

Methods

Population and Sample

Within this quantitative survey based research study, a survey was distributed to 906 licensed Maine FCC providers and 192 Maine providers currently registered as licensed exempt. In addition, the survey was distributed statewide to 864 previous Maine providers who had closed a FCC program within 2014-2018. A total number of 360 surveys were collected at a 100 percent completion rate over four weeks of time.

Protection of Human Rights

Providers did not directly benefit from this research. There were no known risks associated with this research study; however, as with any online-related activity the risk of a

breach of confidentiality is always possible. Risks were minimized by not asking for and collecting identifying information such as names or e-mail addresses. Data collected is stored in a password-protected computer file. If any survey responses are in presentations or journal articles, the data will be reported in aggregate and pseudonyms will be used.

Data Collection Measures

A web-based survey was used to gather information from FCC providers. The survey tool was further developed and adapted using a tool originating from Juliet Bromer employed by Erikson Institute, Herr Research Center for Children and Social Policy, to investigate the decline of family child care nationally, (2018). An original email was sent explaining the need to gather more information about family child care and asking for provider participation. Reminder emails with the link to the surveys were sent every Monday for three weeks to encourage increased participation.

The data gathered was stored and password protected through an electronic survey software system. Although some providers choose to reach out to the researcher, individually, the survey software did not collect any identifying information regarding participants such as their names or e-mail addresses. Only two providers made the request to be removed from the email list. Many providers just reached out to share they had participated and had shared their experience.

Out of the 360 responses, 94.97 percent are or were licensed FCC providers and 5.03 percent are current license-exempt providers. Survey questions, (See Appendicee B) focused on prior experience in caring for children, running/ managing a business, challenges in starting and sustaining their FCC programs. Other questions centered on how long they anticipated staying

in the field to why they might have chosen to leave. The questions had multiple choice selection with an option to add a different or individual response on most questions. Demographic data included questions about provider age and the county within Maine that they reside in. (See Appendix B)

Questions voluntarily had providers completing a checklist, multiple choice, or choosing a fill in option to share their FCC experience and perspective. The questions aimed to clarify and gather detail about the strengths, barriers and supports that affect FCC. Multiple choice with a fill in option offered the opportunity to share a varied perspective and offer new thoughts and information. A varied understanding of what constitutes as a support or a barrier could also cause discrepancies and alter individual responses.

By examining the collection of data, we will be able to identify why providers enter the profession of FCC and learn more about the supports they did or did not receive in sustaining their business. The questions are reliable, consistent and valid in identifying barriers that could lead to a decline of FCC. Reliability increases if all counties within Maine are represented through participating responses. To have a clear picture of true challenges it would be beneficial to have participation of varied experience respond and examine if there are additional challenges.

Data Analysis

A stratified sampling was used to gather information and ensure internal validity from current licensed providers, license-exempt and providers who have chosen to leave the field. Asking different types of FCC providers to share varied perspective and experience, and distributing the data in their own words, allow for a more accurate picture of the FCC landscape.

The multiple choice survey answers were developed using anecdotal evidence that had been gathered from previous interactions with FCC providers. A triangulation method of multiple sources of data was used to examine the information on the decline. Information was gathered through collected provider responses, DHHS Child Care Licensing Division and MRTQ PDN registry system.

Participants choose from the multiple choices that were listed, checking all that applied or filled in their open-ended response sections.

A survey response examination was conducted using the multiple choices as categorical groups. The open-ended response sections were sorted using inferential statistics and categorization within relevant themes and subgroups. If responses were similar to corresponding categorical data they were grouped there. Since the data will inform many projects at MRTQ PDN the Registry Evaluation Manager reviewed and confirmed data analysis and categorical results increasing inter-rater or inter-coder reliability.

This study has the potential to corroborate findings from other states and nationally. It also has the potential to be replicated in future years to gain understanding of how newly created supports affect change and reevaluate the barriers at that current time.

Background and Distribution across Findings

There were 1962 FCC providers surveyed and 365 responses were collected. The majority of the 365 respondents, (95%) are or were licensed FCC providers; current license-exempt providers make up the remaining, (5%). FCC providers from every county within Maine participated in the survey.

Two hundred twenty-two respondents reported currently serving 7 or more children and 106 respondents currently serve 6 children or less. Participants time in FCC range from 0-3 years to 31+ years. Out of the 360 licensed FCC responses, 175 providers have been or were open more than 15 years, while 185 have been or were open for less than 15 years. One hundred sixteen of the 365 providers that responded stated, they would be closing their program in five years or less.

FCC providers were asked about why they have closed or possible reasons they would close. Of the 365, only two respondents chose to skip this question. Participants were prompted to choose all that applied. See the results for possible closures in Table 1.

Table 1: Respondents Probable Reasons for closing

Answer Choices	Responses
A) My own children are old enough to care for themselves	62
B) Need for health care/ retirement benefits	97
C) Change of financial needs within the family	71
D) Health	87
E) A change in profession	82
F) Reached retirement age	139

Table 1 shows the number one reason for providers closing their business is “reaching retirement age.” Coming in second, providers report “the need of health care and retirement benefits” as a major factor in having to close their FCC business. In fact, 27 percent reported this as being important. One-third of the results for Table 1 showed that providers would leave family

child care due to health-related issues: lack of health insurance, or sickness of self or that of family members.

Providers show that regardless of the number of years in the field they share a need for healthcare and retirement benefits. (See Table 2) Survey results reported that providers just beginning in FCC shared the health care and retirement concern as much as providers who had been in FCC for 20 years or more. Sometimes a provider's own health or the needs of the family change and lead to closure. Sixty-two people reported entering and staying in FCC to care for their own children until they could care for themselves. Eighty-two responses referred to a "*Change in the profession*" and listed other professions such as nursing, accounting, or teaching in a school system, as their career change.

Table 2: Need for Health Care and Retirement Benefits / Years in Family Child Care

Answer Choices	Responses
A.) 0-3 Years	20
B.) 3-6 Years	7
C.) 6-10 Years	14
D.) 10-15 Years	13
E.) 15-20 Years	17
F.) 20-30 Years	20
G.) 31+ Years	6

Three hundred and five providers reported not facing barriers going through the licensing process while 56 said they did. A significant amount of providers (73%) said they did not face

barriers / challenges in sustaining their businesses. However, providers (66%) reported long hours as the hardest part of providing care while many providers (52%) shared challenges around balancing work and family commitments. Other responses that providers shared as barriers and challenges were increasing /changing regulations, lack of funding to meet new requirements, along with inconsistencies and harshness among licensing specialists. FCC providers also shared frustration with overall disregard for their homes and personal space. Isolation was mentioned as a challenge in addition as how one lives and works in the same place with little to no breaks throughout a day. Keeping up with administrative duties and the fluctuation of enrollment were barriers and challenges that were also reported.

Further analysis of the data reported that 54 of the 365 participants who had responded were FCC providers who had already closed their programs. More in-depth analysis of these results were essential. The responses reported that participation came from all but three counties in Maine. The three counties without responses from programs, who had closed were Franklin, Hancock, and Piscataquis Counties.

The analysis of the 54 closed program responses indicated that providers chose the “*retirement*” option and “*change of profession*” 13 times each. Other popular choices were “*Own children have grown to care for themselves*” or “*Need for healthcare and retirement benefits.*” Each of those two options scored 11 times each. Five providers reported having to leave for their own health-related issues or that of their families. Five people reported closing due to different financial needs within their own family unit. Four people reported moving and three opened a child care center. Two others reported low enrollment as being the cause of their closing. Two FCC providers chose to close their business to work at other child care programs.

Although other current licensed providers shared “*Increased regulations*” and “*Public Pre-K*” as a possible reason for closure, here within the “closed program” data results, it shows increased regulation was listed twice and public pre-k once.

The research identified how these 54 providers responded to questions that pertained to licensing barriers or challenges in sustaining their businesses. Providers were encouraged to choose all answers that apply or fill in their own. Providers reported long hours (61%) and balancing work and family (54%) as the most challenging issues. Providers also shared financial barriers to fix required environmental issues (48%) and low wages as (46%) the next challenging barriers of getting started and sustaining their businesses. Home versus child care space usage (43%) challenging behaviors (37%) and formulation/ upkeep of contractual policies and handbooks (37%) were also reported as considerable challenges. Constructively dealing with families (35%) and making sense of the licensing process and changes in regulations (26%) were all common other challenges providers shared. Eleven percent of providers described town ordinances as a barrier when first getting started in FCC.

Table 3: Barriers / challenges to starting and sustaining an FCC program in Maine

Answer Choices	Responses	Percentages
A.) Long Hours	33	61%
B.) Space usage in my private home	21	43%
C.) Low wages	25	46%
D.) Balancing work and family commitments	29	54%
E.) Constructively dealing with families	19	35%
F.) Challenging behaviors	20	37%

G.) Making sense of the licensing process and regulation changes	14	26%
H.) Individual town codes were also shared as a common barrier in the licensing process.	6	11%

Discussions

Findings of the current research is reflective of the studies that have previously been done on the decline of FCC. Although many providers reported not facing barriers in the licensing process there were 56 who reported they had. More research is needed to look further at the specific barriers of programs that begin the process of licensing but never attain it. We must dig deeper into what the barriers are, address town codes, ordinances and build resources to support FCC providers and their businesses. In California, local municipalities classify FCC homes with 8 or fewer children as “residential use” which makes the program not subject to zoning or permits. California is looking to expand that to 12 children. Could Maine consider something similar?

Oliveira (2007) also identified navigating the licensing process as a barrier to becoming a licensed FCC provider. Maine already has some resources in place. Let us explore some of these then we will look at possible recommendations for improvement. MRTQ PDN, facilitates the Getting Started in FCC, required training to meet licensing requirements but they also facilitate two free, monthly, online statewide FCC Community of Practices (CoP). These CoPs not only encourage and increase peer to peer connections. They offer professional development and help combat the feelings of isolation, known to FCC providers. One of the CoPs is called “First Steps to FCC.” This CoP is for people looking to learn more about

becoming and navigating the system of becoming a licensed FCC provider. License-exempt providers, or newly licensed providers are also encouraged to attend. Small groups are scheduled so the facilitator can focus on individual needs and doing follow up research to support each of them. After providers have joined and feel a bit more comfortable in their abilities they are encouraged to meet with the group of experienced FCC providers. This is the second online statewide MRTQ PDN CoP for FCC. It is highly attended and new participation grows monthly.

In Maine, we have a statewide association that is the affiliate to The National Association for Family Child Care. The name of Maine's FCC affiliate is The Family Child Care Association of Maine (FCCAM). FCCAM has developed in partnership with MRTQ PDN, a FCC business tool kit that pulls together resources and templates to support providers through creating a system that guides and builds positive business practices for their businesses.

MRTQ PDN has also created a Quality Improvement Toolkit that focuses quality improvement efforts on Maine's Quality Rating and Improvement System and the requirements within. These free resources are accessed by simply signing up. MRTQ PDN also offers free Onsite Consultation throughout all regions of Maine. On-site Consultation is another type of technical assistance offered to early childhood practitioners. Onsite Consultation is individualized to support providers using a partnership approach. Trained consultants offer a fresh perspective and provide opportunities to share ideas, learn more about a topic, and practice new strategies. Providers can request on-site consultation on a variety of issues or topics, such as but not limited to: Guidance on policies and procedures, Arranging the environment, Help with accreditation, Improving family engagement, Implementation of Maine's Early Learning and

Development Standards, Strategies for supporting children's positive social and emotional development, Problem-solving approaches to prevent expulsion and many more.

MRTQ PDN and FCCAM have been partnering with other statewide collaborators such as; DHHS Licensing, Educare Central Maine, and Higher Education to participate in a National pilot project called, "Strengthen Family Child Care" through a process established by The National Center on Early Childhood Quality Assurance (NCECQA Center) and The Build Initiative. The pilot work has extended into a technical assistance opportunity to help our state team think through our plans to strengthen FCC. One of the identified goals of our team is marketing and general public education on what is FCC and highlighting the important role that FCC does to support children, families and Maine communities. The next step in our process is forming focus group questions then eventually the focus groups. The focus groups will aim to gather more information and input from FCC providers. Our goal is to strengthen our connections with FCC and increase opportunities for FCC to share their voice and strengthen the profession through general public education, increased advocacy and increasing incentives to entice new professionals to the field. This would be the ultimate time for Maine's DHHS System to think about marketing their QRIS System and early education and the important roles of all types of child care in our economic system. Maine's Child Care Choices system already exists. How can we build public knowledge about the resource and the importance of high quality early care and education? During QRIS revision focus groups in 2015, DHHS was examining the idea of sharing television commercials to highlight the importance of quality care and the importance of parental choice. Maybe we should again consider this as a possibility.

Other missing links are the lack of connection within state to Vocational Technical High Schools, and Community Colleges to enhance and market the field of early education and FCC as an important viable component of that system. Other areas of disconnection are with places of employment that need nontraditional child care hours like hospitals or manufacturing plants that tend to have multiple shifts. Connection to these types of employment could help providers that are having difficulty with low enrollment times.

Although retirement was reported as the leading reason for possible closing of FCC programs health care and retirement benefits lead with a close second. OPRE (2019) share the importance of provider health and wellness. They highlight the importance of being present, emotionally ready and responsive to the children's needs. I wonder how providers can be well when many do not even have healthcare to support their wellness.

For years, states have been thinking about ways to engage with FCC providers to become interested in quality improvement initiatives such as Maine's Quality Rating and Improvement System (QRIS). Providers who meet higher quality standards "step" up in the system. In Maine, we currently have four steps, with four being the highest. Providers have voiced their concerns of lack of health care and retirement benefits. As a state, we want more participation in QRIS. Offering tiered incentives of decreased healthcare costs and matching retirement benefits to providers who actively participate. Increase the percentages of contribution as providers increase participation and move up the QRIS steps. This will not only aid in provider wellness, professional engagement and her ability to care for the children and families but it will also be providing higher quality care to the children and families they serve based on their active participation with QRIS. This would retain current providers and entice new ones to the field.

Abell et al., 2014; Bromer and Weaver; Bromer and Kortmacher all take a closer look at the role that agency can play in supporting FCC providers. All studies point to forming relationships with FCC providers that are intentional and meaningful. Model positive productive respectable relationships using a conflict resolution approach. Model grace and empathy when working through conflict and knowledge one another's feelings. Continue to build opportunities for providers to come together and share common challenges and suggestions to meet those challenges through participation, reflection and networking. At MRTQ PDN agency staff guide and support growth using an evidence based practice approach.

The National Center on Early Childhood Quality Assurance, (2017) it states the importance of relationship based skills. It has noted gaining and sustaining interest in quality improvement efforts when established long-lasting relationships were shared with FCC providers and agency staff. Relationships can be very meaningful and empowering. It can enhance one's feeling of self-worth. What is the agency's role in enhancing one's self confidence and enhancing self-efficacy? Future research should delve down into these very individualized perspectives to learn more about this.

Providers were willing to complete the survey and share their ideas and perspectives of barriers that are taking them away from family child care. Abell et al., 2014; Bromer and Weaver speak about the power of agencies helping the providers feel supported and empowering them to begin to build trust. The researchers discuss how this opens the door for providers to see the agencies as a trusted source to turn to for resources or help.

Let's start with intentionally marketing the importance of early childhood, and the importance of consumer choice for early education. Offer consumers basic information about the

different types of programs. This basic information should be shared everywhere. The solution will demand many people and many different support systems collaborating within our state. This will not simply be solved by family child care providers or Maine's early care systems on their own. It is up to us all to support the people and businesses that support and care for our youngest children. The solutions will cut across many divisions of our state from departments focused on safety and education of children, to legislators, elected officials, town code enforcement, business owners, parents and increased general public knowledge and information. We must be creative in our approaches.

The upcoming FCC Forums will offer increased opportunity for providers to share what they need to sustain and improve and improve their programs. This can be a start in the right direction. However, efforts must be made to try and solve the issues at hand. Lack of health care and retirement benefits are major issues that are impacting the family child care field. We want providers to do and be their best when working with children. How can this be when they cannot even afford basic health coverage with no thoughts of retirement? Do we want to empower and motivate family child care providers? Let them know their voices have been heard. Come up with a plan that will incentivize the QRIS system, encourage FCC providers to engage and improve to earn healthcare and retirement benefits. This seems like a win for all. We are supporting our children to have higher quality programs and caring for the people who care for them but also helping them plan for their future.

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Appendix A

Introductory Email

Dear Family Childcare Professional,

As a previous Family Child Care Provider and now a District Early Childhood and Youth Coordinator for Maine Roads to Quality Professional Development Network and a graduate student at The University of Maine at Farmington; I am very passionate about family child care. As part of my graduate research study, I am conducting a statewide assessment of family child care. I invite you to complete this survey to share your needs and opinions with me.

This survey is confidential and only aggregate results will be reported. This survey should take about 10 minutes to complete. There are no risks to participating in this survey. Participation is optional, and you may choose to opt out at any time. If you select to participate, please choose as many answers that pertain to you. If you decide you do not wish to participate, do not complete the online survey.

If you have questions, please contact Tammy Dwyer, at (207) 956-2937 or tammy.dwyer@maine.edu. You may also contact Dr. Karol Maybury, Chair of UMF's Institutional Research Board (IRB) at karol.maybury@maine.edu. This survey will close on Friday, March 22, 2019 at 11:59 pm.

Thank you for your time!

By clicking on the "Next" to begin you are agreeing to participate and are giving consent to use the data results.

Appendix B

1. Why did you get started in Family Child Care?

2. What prior experiences before opening your family child care business do you have caring for and educating young children? Please check all that apply.

- a.) Caring for siblings
- b.) Formal babysitting
- c.) Nanny
- d.) High school vocational studies
- e.) Worked in a Center based program
- f.) Early Childhood Education
- g.) Other

3.) What prior experiences do you have running a small business? Please check all that apply.

- a.) Bookkeeping
- b.) Marketing
- c.) Taxes
- d.) Hiring assistants
- e.) Personal finance
- f.) Other

4.) Are you currently a licensed or licensed exempt family childcare provider?

- a.) Licensed
 - b.) Licensed Exempt
- 5.) What has been hardest about providing care in your home? Please check all that apply.
- a.) Space usage in my private home
 - b.) Long hours
 - c.) Wages
 - d.) Balancing work and family commitments
 - e.) Constructively dealing with families
 - f.) Challenging behaviors
 - g.) Other
- 6.) If you are licensed exempt would you like to learn more about becoming licensed?
- a.) Yes (If Yes, Please reach out to tammy.dwyer@maine.edu)
 - b.) No
 - c.) Not applicable – Already licensed
- 7.) Have you experienced barriers in the licensing process?
- a.) No
 - b.) Yes please specify what barriers
- 8.) Have you faced challenges in sustaining your family child care business?
- a.) No
 - b.) Yes please specify
- 9.) What has been hardest about starting your business? Please check all that apply.
- a.) Understanding the licensing process
 - b.) Financial barriers to fix environmental issues to meet the requirements
 - c.) Juggling family business, time and space
 - d.) Formulation and upkeep Contractual Policies and handbooks
 - e.) Other Please specify
- 10.) What kinds of supports have you received to help you get started in family childcare? Please check all that apply.

- a.) Local or State Networks
- b.) Maine Roads to Quality Professional Development Network
- c.) State or National Associations
- d.) Friends/family
- e.) ECE mentor/ other provider
- f.) Other

11.) Which supports have been most helpful to you around caring for children?

- a.) Local or State Networks
- b.) Maine Roads to Quality Professional Development Network
- c.) National Associations
- d.) Friends/family
- e.) ECE mentor/ other provider
- f.) Other Please Specify

12.) Do you accept a subsidy?

- a.) Yes
- b.) No

13.) If your answer to question 12 was no please complete this question.

- a.) Do not have any clients that meet the subsidy guidelines
- b.) Do not know about the subsidy program

14.) Do you participate in Maine's Quality Rating and Improvement System, (QRIS)?

- a.) Yes Step 1
- b.) Yes Step 2
- c.) Yes Step 3
- d.) Yes Step 4
- e.) No I do not participate because I do not know what QRIS is
- f.) No I do not participate because I do not want to participate in QRIS

15.) How long have you been a family childcare provider?

- a.) 0-3 years
- b.) 3-6 years
- c.) 6-10 years
- d.) 10-15 years
- e.) 15-20 years
- f.) 20-30 years
- g.) 31+ years

16.) How many children are you licensed for?

- a.) 4
- b.) 6
- c.) 8
- d.) 12
- e.) Not licensed

17.) How many children do you currently serve?

- a.) 1-2
- b.) 3-4
- c.) 5-6
- d.) 7-8
- e.) 9-10
- f.) 11-12

18.) What ages do you serve? Choose all ages that apply

- a.) Infant
- b.) Toddler
- c.) Preschool
- d.) School Age

19.) How much longer do you anticipate operating your family childcare program?

- a.) Less than 2 Years

b.) 3-5 Years

c.) More than 5 Years

20.) What was or would be your reason for closing your family childcare program? Please check all that apply.

a.) My own children are old enough to care for themselves

b.) Need for health care/ retirement benefits

c.) Change for financial needs within the family

d.) Health

e.) A change in profession

f.) Reached retirement age

g.) Other

21.) What are your most preferred avenues to receive information about services available on child development tips, professional development events, newsletters, brochures, and materials?

a.) n person

b.) Telephone

c.) Email

d.) Text message

e.) Direct mail

f.) Social media

22.) Would you be interested in more networking opportunities with other family childcare providers?

a.) Yes

b.) No

c.) Maybe

23.) Your Age Range

a.) 18-24

b.) 25-34

c.) 35-44

d.) 45-54

e.) 55-64

f.) 65 +

24.) What county is your family child care program in?

a.) Androscoggin County

b.) Aroostook County

c.) Cumberland County

d.) Franklin County

e.) Hancock County

f.) Kennebec County

g.) Knox County

h.) Lincoln County

i.) Oxford County

j.) Penobscot County

k.) Piscataquis County

l.) Sagadahoc County

m.) Somerset County

n.) Waldo County

o.) Washington County

p.) York County

25.) Is there anything else you would like to share?