

Final Report

Supply and Demand for Infant and Toddler Child Care Services

State of Utah



Final Report

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Supply and Demand for Infant and Toddler Child Care Services

Prepared for

State of Utah
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EXECUTIVE SUMMARY

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Supply and Demand for Infant and Toddler Child Care Services in the State of Utah

In 2009, the State of Utah Office of Child Care contracted with BBC Research & Consulting (BBC) and Garner Insight, LLC to study the supply of and demand for infant and toddler child care services across the State. The study arose from the desire of State officials to better understand who cares for the State's very young children when they are not with a parent or guardian, the quality of care provided, and how the State can help parents and providers best care for its youngest children.

Findings from the research will guide the Office of Child Care's future policies and programs to support quality provision of infant and toddler child care. This Executive Summary presents the results of the research, as well as recommendations for how to improve infant and toddler care in the State of Utah.

Why Infant and Toddler Care is a Need in Utah

Utah is known nationally for its good schools, economic stability and well-educated workforce. Recent research has pinned economic success to a solid foundation in early childhood. Policymakers in all states should be concerned that their youngest children are receiving care—both in and outside of the home—that leads to the most positive outcomes. This is especially true in Utah, a state with the nation's highest proportion of young children.

The type and quality of care that Utah's youngest children are receiving is a concern because:

Utah leads the nation in the proportion of young children. Thirty-one percent of the State's population is younger than 18; 10 percent is younger than 5; and 6 percent is younger than 3. The infant and toddler population in the State is estimated at 162,400 as of 2009. We estimate that about 35,700 of these children are regularly cared for by someone other than their parent.

Between 2010 and 2030, there will be 45,000 new infants and toddlers in the State of Utah. That is equivalent to 2,250 infants and toddlers each year, 495 of whom will need care.

Utah parents need to work. Many of these infants and toddlers require care from other than a parent. It is a common misconception that most Utah mothers stay at home with their young children and do not participate in the labor force. Specifically:

- ***Half of Utah's women who gave birth in the past year work outside of the home.***
- *55 percent of Utah's women who have children under the age of 6 are employed.*
- *74 percent of Utah women with children between the ages of 6 and 17 are employed.*

Although there are many single mothers in Utah, labor force participation by women with children is not exclusive to them. Fifty-nine percent of women who are married with children and who have a working husband also work outside the home.

Finding infant and toddler care is difficult. In 2008, 37 percent of all parent requests for child care at the State’s Child Care Resource & Referral agencies were for infant and toddler age children. Infant spots are particularly difficult for parents to find and wait lists are usually very long.

Half of the parents surveyed for this study said they experienced challenges finding care for their infants and toddlers. These challenges included having difficulty finding a program that would accept an infant; having limited options to choose from; and finding a dependable caregiver.

Data from care providers suggest these challenges are due to several factors: Infants and toddlers require the highest levels of care and can be the most difficult to care for. It is hard for providers to charge enough to fully cover the cost of infant care (and to a lesser extent, toddler care) because there is a limit on what parents can afford to pay—largely because parents who have infants and toddlers are young and in the early stages of their work life. Finally, infant care can be more isolating and less rewarding for providers. Some providers will take infants only when they do not have enough demand for older children.

Quality infant care is critical. Between birth and age 3, children are in a period of very rapid growth and development. The brain develops at a faster pace during these years than during any growth period. The nurturing, stimulation and learning environment infants and toddlers experience between birth and 3—both at home with parents and in a care setting—are critical for positive future growth.

Infants and toddlers are also more vulnerable than older children because they cannot tell their parents when they are being mistreated by a caregiver and/or their caregiver is not adequately meeting their needs.

Who Cares for Utah’s Infants and Toddlers?

Until this study, the answer to the above question was not well known. This study used a combination of parent and provider surveys to gather data on who is caring for Utah’s youngest children when they cannot be with their parents.

We now know that:

- Twenty-two percent of Utah families with infants and toddlers have their children in some type of care.
- Ninety-percent of these parents use care so both parents can work outside of the home. If care were not available, 47 percent of these parents would have one member of the household exit the workforce.
- Thirty-five percent of children in child care were cared for by someone other than a parent when they were less than 3 months old.
- The greatest proportion of children age 2 and younger in non-parent care (43 percent) are being care for by an adult relative, who is typically their grandmother. An additional 17 percent are cared for by a friend or neighbor. That is, *60 percent* of infants and toddlers in child care in Utah are cared for by families, friends and neighbors (FFNs). The next highest proportion is family child care (19 percent).

- In about three-fourths of the cases, the FFN (grandparent) caregiver volunteered to provide their care (i.e., the children did not ask them first). Most FFNs provide care for free.
- The majority of parents who have FFN caregivers said they did not wish that their caregiver had training or education related to the care of their children. Of the 35 percent who did want training/education, CPR/First Aid was the type of training most preferred. The percentage of parents who said they wished their FFN caregiver had early childhood education training was a very low 3.8 percent.

Are these arrangements working? *Parents say yes, but providers cite needs.*

Parent perspective. Despite encountering some challenges in finding or using child care, the vast majority of parents are very happy with their current care arrangement. When asked to rate their happiness with their current arrangement, nearly three out of four parents were “Very Happy” with their arrangement. Not a single parent was “Very Unhappy” with their arrangement.

However, 24 percent of parents said they would change their arrangement if possible. This was because of a variety of reasons, the top reason being the desire to change from a formal provider to a FFN caregiver. That said, many of the parents who said they want to change providers currently use FFN providers.

Provider perspective. The providers we surveyed for the study were more candid about the challenges of care and the training and education they need to improve care provision.

Challenges in FFN care provision. FFN providers said they have a variety of challenges in providing care. The most important challenges include lack of formal training (including CPR certification), little control over the ages of children they are caring for, caring for their own children in addition to other children, and holding other jobs in addition to care provision.

Many of these challenges related to the fact that FFNs provide care largely to help their children or other family members. Fifty-four percent said they care for children to “help my children or other family.” Twenty-five percent provide care for economic reasons.¹

Therefore, unlike licensed providers, the provision of care by FFNs is not a business. As such, few FFN providers have formal training related to the care of infants and children. Seventy-five percent have a high school diploma or a GED, 11 percent have an Associates degrees and the remaining 14 percent have a Bachelor’s or Master’s degree. Very few FFN providers (approximately 1 percent) hold training or certificates pertinent to child care, and, more specifically, infant and toddler care.

But they do have experience: FFN providers who are caring for infants and toddlers have an average of 5 years of experience caring for both infants and toddlers. In the survey, many FFN providers specified their experience to be related to raising their own children, partial completion of college and degrees within the medical field.

¹ This is consistent with the 28 percent of families surveyed who said they pay their FFN caregivers.

Twenty-seven percent of FFNs have other jobs in addition to providing child care as an FFN provider. Most of those jobs are not related to child care and include, but are not limited to, the following: cosmetologist, school bus driver, nurse, retail worker and therapist.

FFN providers also expressed difficulty related to aging and raising young children. For example, many respondents cited difficulties lifting children and lacking energy to care for children all day.

Challenges of child care centers and family care providers. Most challenges of infant and toddler care reported by child care centers and licensed family care are associated with balancing the care of younger children with the needs of older children. Related to this, providers also reported stress over transportation logistics, meal preparation and determining how to share toys.

Finding and paying qualified staff, keeping qualified staff and making a profit is one of the largest operational challenges of infant and toddler care. Providers reported that infant and toddler care is expensive and often a revenue-losing endeavor.

Improving Infant and Toddler Care in Utah

It is good news that parents are very happy with the care arrangements they have made for their infants and toddlers.

Much of this satisfaction is related to the existence of family caregivers. Utah families are unique—and fortunate—to have so much of their infant and toddler care provided by relatives, which, according to parents, gives them a higher level of trust in the care, is their preferred care arrangement, and is largely free.

Specifically;

- Forty-three percent of parents with children ages 2 and younger in care use family for care provision; an additional 17 percent use friends or neighbors. That is, *60 percent* of infants and toddlers in child care in Utah are cared for by families, friends and neighbors. The next highest proportion is family child care (19 percent).
- Seventy-nine percent of parents surveyed who do not have infants and toddlers in care said that if they had to use care, they would prefer a FFN provider.

Although parents do not perceive training and education as important for FFN providers, formal providers value it: 69 percent of licensed providers reported they could see a difference in the performance of staff who have taken infant and toddler care-giving courses. Providers noted increases in patience, awareness and quality of care, as well as better communication skills (with children and parents) and a better understanding of children's developmental needs after taking infant and toddler courses.

Based on the surveys conducted for this study, we recommend a three-pronged approach to improving the provision of infant and toddler care in Utah:

1. Continue and bolster the training and educational opportunities currently offered by the Office of Child Care.
2. Dedicate funds to improving operations, such as purchasing supplies.
3. Educate parents about quality care and how they can talk with FFNs about quality care provision.

Training and education opportunities Child care centers and family care providers told us that the training and educational opportunities currently provided by OCC are valued—and that they should be continued and offered more frequently.

Specifically;

- **CCR&R.** Providers are extremely satisfied with the work CCR&Rs child care (referral and training agencies) are doing in providing education and training to providers throughout the State. Many providers are enrolled in the Career Ladder program and will continue to use this program and other opportunities at CCR&Rs to further their education and training.
- **Online tools.** Many providers have children of their own and have a minimal amount of time to invest in coursework and training in addition to the child care work they perform. Providers in rural areas find traveling into nearby cities time-consuming and difficult. Online resources provide the flexibility providers need and will continue to be an important tool in continued training and education of providers.
- **Nutrition.** Providers find it difficult to prepare nutritious and cost-effective meals across age groups, particularly when infants and toddlers often have special dietary needs.
- **Behavioral and special needs training.** Many providers seek assistance with understanding how to handle behavior problems with toddlers, as well as additional help in working with children with special needs, such as ADHD. With some providers caring for children of various age groups, they find it difficult to spend substantial amounts of time disciplining infants and toddlers.
- **Activities that integrate various age groups.** Providers expressed an interest in finding out more about activities that incorporate the various age groups for which they provide care. Family child care homes do not separate age groups, so ensuring activities are applicable to multiple age groups is important.

The types of information they would like to receive to improve child care facilities differed slightly by provider, however:

- FCCs and family care providers would like information on strategies for mixed-aged child care programs.
- CCCs are most interested in resources for web-based, interactive training courses.

Exhibit ES-1.
Information Providers Would Like to Receive by Provider Type

	FCC	Family Home Care	CCC
Strategies for mixed-age child care programs	57%	36%	44%
Resources for web-based interactive training courses	34%	36%	66%
Resources for face-to-face training courses	25%	21%	58%
Financial management of CCCs	19%	12%	41%

Source: BBC Research & Consulting.

The training needs of FFN providers are quite varied. However, when asked what courses FFN providers would take if offered, a number of consistent themes emerged:

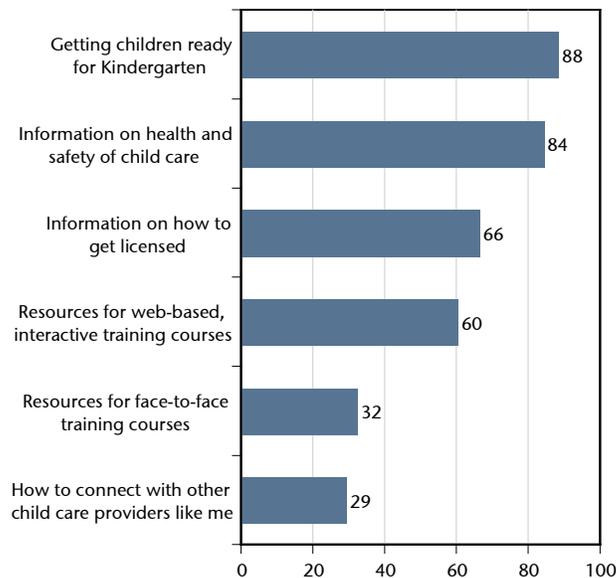
- CPR and first aid
- Food preparation, nutrition and low cost meals
- Behavior and discipline
- Brain development, child development and child psychology (to become familiar with child development stages)
- Business management
- Play and educational activities
- Special needs (particularly autism)
- Computer courses

Additionally, the self-reported need for CPR and first aid classes is very high, reflective of a lack of certifications on the part of many informal FFN providers.

When asked what sort of information FFN providers would like to receive to feel better equipped for their child care responsibilities, many responded they would like information on getting children ready for Kindergarten and information on health and safety of child care, as shown in Exhibit ES-2.

Exhibit ES-2.
Information FFN Providers Would Like to Receive

Source: BBC Research & Consulting.



Improving operations. When asked what would make infant and toddler care easier, more money to pay staff and for facility operations were commonly reported as solutions for child care centers and family care providers. Other suggestions for assisting providers with infant and toddler care included the following (the number of responses citing such a need are shown in parentheses). *It should be noted that these comments came directly from providers; they are not improvements that are specifically endorsed by the State.*

FCC needs:

- Capital improvements and equipment (48). The need for additional space and more toys and equipment were the most commonly cited things that would make care provision easier for FCCs.
- Workforce improvements (31). If economically viable, FCCs would like to hire additional staff.
- Additional resources (24). Increased networking to discuss activities, challenges, etc. with other providers. Recommended mediums for networking included Facebook groups, online groups and in-person networking at training.
- Parental support (21). Increased appreciation, improved communication, more cooperation and parents working more with children at home would help FCCs with child care provision.
- Additional financial resources (18).

CCC needs:

- Additional financial resources (31).
- Staff-related needs (20). Many CCCs need additional funding for staff salaries and benefits. CCCs would also like a consideration of state required staff and child ratios.
- Miscellaneous resources (19). CCC respondents cited the need for more affordable training opportunities for staff, more consistency with rules and regulations at the state level, a parental understanding of state and provider requirements and more curriculum ideas.
- Capital improvements (3). Three respondents need bigger facilities and more space for infant and toddler care.

FFN needs:

- Help from parents (33). More consistency in pay and in pick-up times were primary concerns from FFN providers. Many also suggested that more input and cooperation from parents would make care easier to provide. For example, providers hoped that parents would help more with discipline, getting children into routines and potty-training at home.

- Facility improvements and equipment (36). Providers discussed the need for additional space, as well as space that was better configured and more conducive to caring for children. Others suggested a need for outdoor play equipment and outdoor space.
- Financial assistance and operational improvements (28). Many respondents simply mentioned the need for more money to help. Others mentioned needing additional help and assistance cleaning their homes.
- Toys and activity ideas (24). FFN providers said additional toys and activity ideas would make child care provision easier for them. Suggestions for needed items included books, DVDs/videos and craft ideas.
- Training (10). Ten respondents said that training would make their child care operations easier. Specific courses suggested included CPR, safety and English language.

Educating parents. One of the most important findings from this survey effort is that there is a disconnect between what parents perceive as working in FFN care and what FFN caregivers report. Programs that help educate parents about what to expect from FFN providers, what quality care looks like, how to help FFN providers access child care resources, whether or not to pay FFN providers, how to express gratitude for care provision, etc., would be valuable for both the providers and the children for whom they provide care.

SECTION I.
Introduction

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Introduction

In 2009, the State of Utah Office of Child Care (OCC) contracted with BBC Research & Consulting (BBC) and Garner Insight, LLC to study the supply of and demand for infant and toddler child care services across the State.

The study arose from the desire of State officials to better understand who cares for the State’s very young children when they are not with a parent or guardian, the quality of care provided, and how the State can help providers best care for its youngest children. The result of this research will help the OCC understand how the State can best support quality provision of toddler and infant child care.

Defining Young Children

The State of Utah’s Bureau of Child Care Licensing defines an infant as “a child aged birth through 11 months,” and the term toddler refers to “a child aged 12 month but less than 24 months.”¹ These definitions are used throughout the remainder of this report. However, this report also considers the State’s population of children age 2 to 3 years of age—who are in between being toddlers and preschoolers. Children in this age range are often not ready for typical preschool programs and require higher levels of care than 3 to 5 year olds. Including children age 2 to 3 years of age in the analysis provides the OCC with a broader understanding of service demands.

State Licensing Requirements

In the State of Utah, child care provider licenses are not required if individuals provide child care for related children exclusively or only provide care from time to time. Grandparents caring for their grandchildren, therefore, are exempt from licensing requirements.

Who is licensed. A State child care provider license is required for Utah child care providers—both residential providers and child care centers—if they meet the following criteria:

- Provides care in lieu of care ordinarily provided by a parent;
- Cares for five or more unrelated children;
- Provides care for four or more hours per day;
- Has a regularly scheduled, ongoing enrollment; and
- Provides care for direct or indirect compensation.

The State requires licensed child care providers to comply with a number of regulations related to child care, such as indoor and outdoor environment of facilities (e.g., bathrooms, ventilation, outdoor play ground facilities, fencing, etc.), cleanliness and maintenance, emergency preparedness, injury prevention, child security, child health, nutrition, medications, infection control, napping,

¹ <http://health.utah.gov/licensing/rules/IndentedR430-90Licensed6-9-08.pdf>

activities, transportation, the presence of animals and diapering. Two specific areas of compliance for licensed providers of importance to this study include management of personnel and specific requirements for infant and toddler child care providers.

Family child care homes. Personnel at licensed family child care homes are also subject to State regulations, ranging from age requirements of employees to training requirements. For example, child care workers must complete a minimum of 20 hours of training each year, with 10 hours of face-to-face instruction. In addition to certification in CPR and first aid, workers in licensed homes must receive training at least once every two years on topics covering State licensing policies, signs and symptoms of child abuse, principles of child growth and development, and positive guidance. Providers of care to infants and toddlers are required to receive additional training in preventing shaken baby syndrome and preventing sudden infant death syndrome (SIDS).

In addition to requiring training of child care personnel, family child care homes must also adhere to regulations on supervision and ratios of child care providers to children. Licensed providers must be physically present and providing direct supervision of all children under their care at all time. Homes with 8 children or less must maintain a 1 provider to 8 children ratio, while homes with 9 to 16 children must have at least 2 providers on site. Ratios are more stringent for providers of infant and toddler care. The State requires “no more than four children under the age of two in care with two providers; and no more than two children under the age of two in care with one provider, except that if there are six or fewer children in care, there may be up to three children under the age of two in care.”

Child care centers. For child care centers, there must be at least two caregivers with the children at all times when there are more than 8 children or more than 2 infants present. In addition, the staff:child ratio for infants and toddlers is 1 provider to 4 children and for two-year-olds it is 1 provider to 7 children. The maximum group sizes for infants and toddlers is 8 children; for two year olds it is 14 children.

Specific, additional rules apply to infant and toddler child care providers which primarily encompass feeding, sanitation, sleeping arrangements, interaction and child safety related to equipment and toys.

All information cited in this section regarding State licensing and regulations can be found at: <http://health.utah.gov/licensing/rules/IndentedR430-90Licensed6-9-08.pdf>

Mission of Office of Child Care

The Utah Office of Child Care (OCC) is housed under the State’s Department of Workforce Service. OCC’s vision is to ensure that “quality, affordable child care is available to every child in Utah who needs it.”²

² <http://jobs.utah.gov/opencms/occ/occ2/index.html>

One of the OCC’s primary functions is the administration of the Payment-to-Parent Child Care Assistance Program, which “provides funding for child care to parents who are employed or employed and attending school or training.”³ Parents are required to meet minimum work requirements and be within certain income limits. Funding for the program requires the OCC monitor market rates of child care provision. The most recent report was produced in 2009.⁴

Another important responsibility for the OCC is to provide information to families and child care providers across the State about child care services. To disseminate resources and information to families and child care providers in Utah, the OCC currently contracts with six child care resource and referral (CCR&R) agencies across the State to “provide community based child care information and referral services throughout Utah.”⁵ Exhibit II-1 displays the CCR&Rs located within the State.

**Exhibit II-1.
Child Care Resource and Referral (CCR&R) Agencies in Utah, 2009**

Agency	Contract Agent	Counties Served
CCR&R, Bridgerland	Utah State University	Box Elder, Cache, Rich
CCR&R, Metro	College of Eastern Utah	Carbon, Daggett, Duchesne, Emery, Grand, San Juan, Uintah
CCR&R, Eastern Metro	Children's Services Society of Utah	Salt Lake, Tooele
CCR&R, Mountainland	Utah Valley State College	Summit, Utah, Wasatch
CCR&R, Northern	Weber State University	Davis, Morgan, Weber
CCR&R Western	Five County Association of Governments	Beaver, Garfield, Iron, Kane, Millard, Piute, Sanpete, Sevier, Washington, Wayne

Note: This information was borrowed from the 2009 Utah Child Care Market Rate Study.

Source: Department of Workforce Services Office of Child Care.

Specific to infant and toddler care, the OCC began the “Baby Steps: Quality Infant/Toddler Care Project” in 2003 in response to the acknowledgement that high staff costs and financial difficulties of providing infant care create challenges for providers. The project’s goals are to “increase the overall quality of center-based infant toddler child care and to help centers maintain the services they now provide.”⁶ Overall, the project provides financial assistance and incentives to centers to improve the quality of their care and facilities. More information on the Baby Steps project can be found on the OCC’s website.

Methodology

This study involved a very extensive survey effort of both parents and providers. We also conducted an analysis of “secondary data” that reports demographic and socioeconomic information to provide context for the survey results.

³ <http://jobs.utah.gov/opencms/occ/occ2/learnmore/other/marketRateStudy09.pdf>

⁴ <http://jobs.utah.gov/opencms/occ/occ2/learnmore/other/marketRateStudy09.pdf>

⁵ <http://jobs.utah.gov/opencms/occ/occ2/learnmore/other/marketRateStudy09.pdf>

⁶ <http://jobs.utah.gov/opencms/occ/occ2/infanttoddler/babysteps/index.html>

Surveys. Primary data was collected from three surveys intended to assess the current supply of infant and toddler child care services in the State and to determine child care needs of families across the State. Surveys were administered to the following groups:

- Parents of children who are infants and toddlers,
- Licensed and regulated child care providers, and
- Friends, family and neighbor (FFN) network providers (not required to be licensed). These surveys were of providers who receive State subsidies for care since they were the FFNs that could be readily identified. Other FFN providers were captured in the parent survey.

Analyzing both supply and demand of infant and toddler care provides a comprehensive understanding of infant and toddler care in the State.

Secondary data. Secondary data sources are used primarily in Section II to provide a socioeconomic context for child care needs within the State. Three primary data sources were used:

- U.S. Census' 2008 American Community Survey (ACS)
- Utah Governor's Office of Planning and Budget
- 2009 Claritas, a private data provider

Organization of Report

The remainder of this report is organized as follows:

- **Section II.—Socioeconomic Analysis** provides relevant socioeconomic data about Utah's families and infants and toddlers.
- **Section III.—Provider Survey** provides a summary of the provider surveys administered for this study and answers questions about who uses infant and toddler care and who is currently providing care across the State.
- **Section IV.—Parent Survey** provides a summary of the parent surveys administered for this study. In this section, we examine the types of child care parents use for their babies and toddlers, why they chose the care, and what they would change if they could.

Our primary findings and recommendations appear in the Executive Summary.

SECTION II.

Socioeconomic Analysis

SECTION II.

Socioeconomic Analysis

This section contains socioeconomic information on Utah's families, with a special emphasis on infants and toddlers. The data provides a context for the needs and trends identified in the survey analysis, presented in Sections III and IV.

The socioeconomic information presented in this section includes:

- Total population;
- Infant and toddler population;
- Living arrangements;
- Income and poverty; and
- Workforce participation.

The data for this section came from the Governor's Office of Planning and Budget (population estimates), the Census 2008 American Community Survey (ACS) and Claritas, a private data provider.

Summary

The demographic data presented in this section support the fact that there are many families and infants and toddlers in the State who require child care.

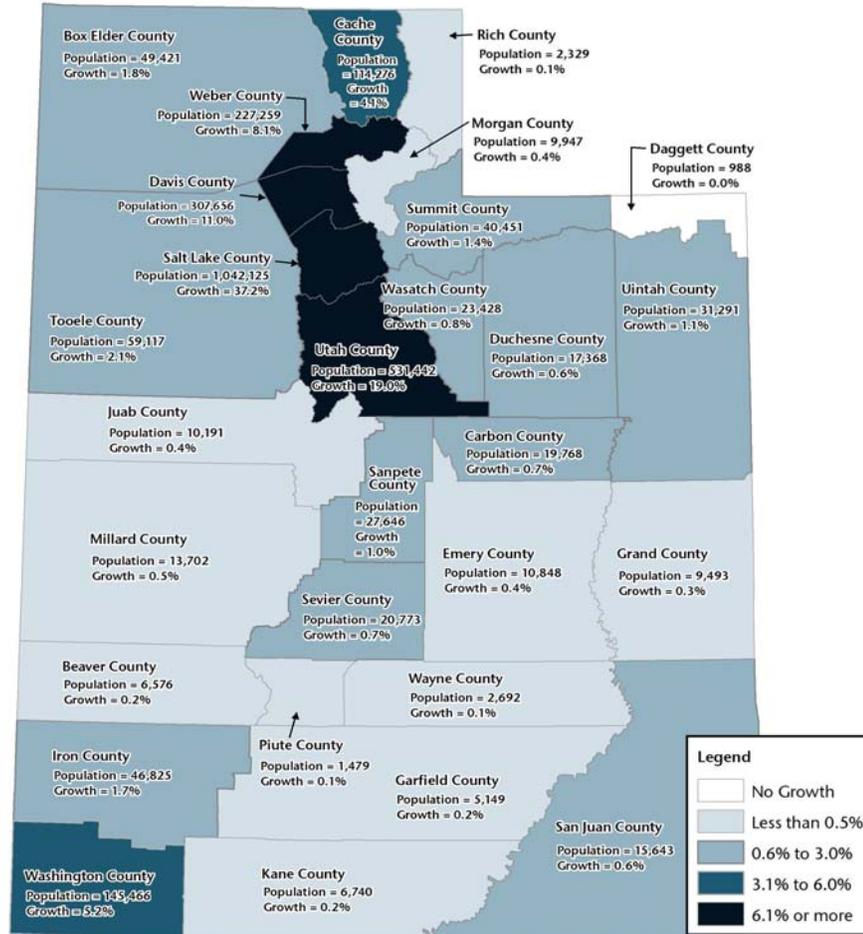
- Infants and toddlers comprise 5.7 percent of the population, which equates to an infant and toddler population of approximately 162,400. The proportion of infants and toddlers will continue to grow in the next 20 years and contribute approximately 6 percent to the State's overall population.
- Many households with small children are married-couple households; however, 15 percent of households with small children are single-parent households, who require child care assistance if they are employed.
- National labor force participation rates for women with children have grown dramatically in the past 35 years. Increased participation in the workforce is even more pronounced for women with children *under the age of 3*. In 1975, 34 percent of mothers with small children were in the workforce compared to 60 percent in 2008. If these rates hold true in Utah, it is likely that child care has and will continue to be needed.
- In 2008, nearly 330,000 married women participated in the workforce. This accounted for 59 percent of all married women. More specifically, in 2008, 49 percent of all women in Utah with infants participated in the labor force.
- Although women are not as likely as men to work full-time, 74 percent of women in the workforce work 35 hours or more per week, indicating a need for full-time child care if children are present in their homes.

Total Population

The Utah Governor's Office of Planning and Budget estimates Utah's 2009 population at just over 2.9 million people. Two-thirds of the State's residents reside in its most populated counties: Salt Lake County (1,042,125 residents—more than one-third of the State's population); Davis County (307,656 residents); and Utah County (145,466 residents). Exhibit II-1 displays the State's population by county, in both numbers of people and proportion of the overall population.

Exhibit II-1. Population by County, Number of Residents and Proportion of State Population, 2009

Source:
Utah Governor's Office
of Planning and Budget.

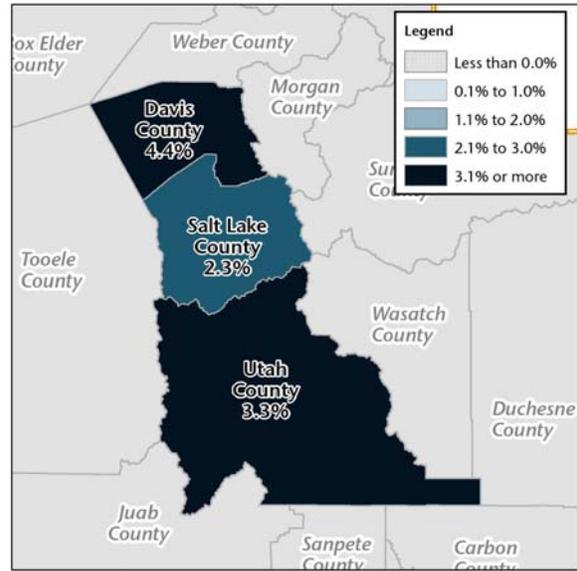


Growth in Utah has been concentrated in its largest cities, with the exception of the southwest portion of the State. In rural portions of the State, the compound annual growth rates (CAGR) have not matched the State's overall annual growth percentage of 2.4 percent since 1940. Exhibit II-2 displays the population and CAGR of the State and its 3 largest counties from 1940 to 2009. Exhibit II-3 displays the CAGR for all Utah counties between 1940 and 2009.

**Exhibit II-2.
Population and Compound Annual
Growth Rate (CAGR), State of Utah,
Davis County, Salt Lake County and
Utah County, 1940 to 2009**

Source:
Utah Governor's Office of Planning and Budget.

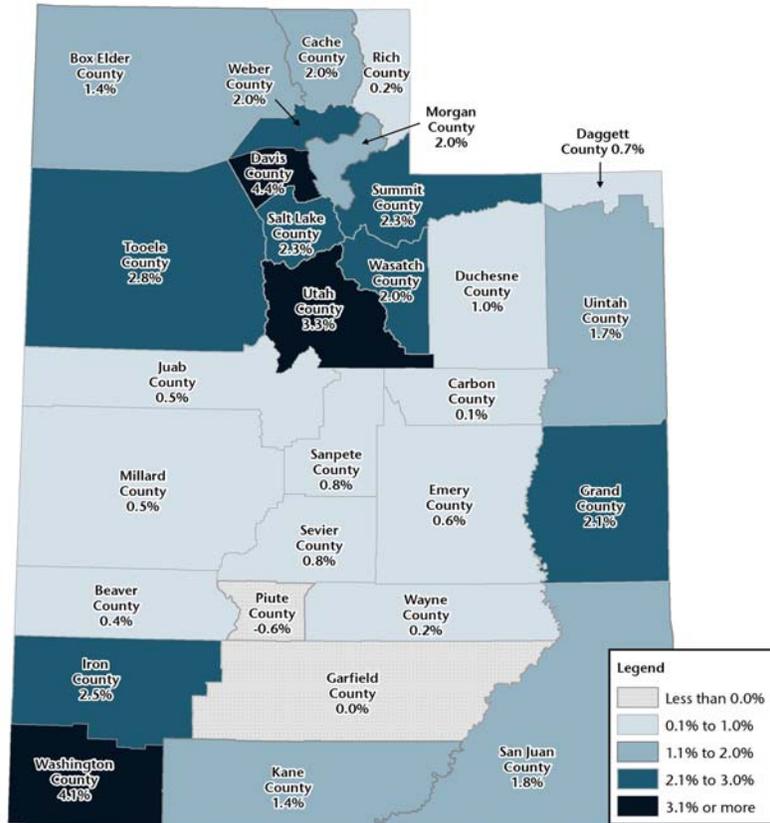
Overall State CAGR = 2.4%



**Exhibit II-3.
Compound Annual
Growth Rates
(CAGR), Utah
Counties, 1940 to
2009**

Source:
Utah Governor's Office of
Planning and Budget.

Overall State CAGR = 2.4%



Infant and Toddler Population

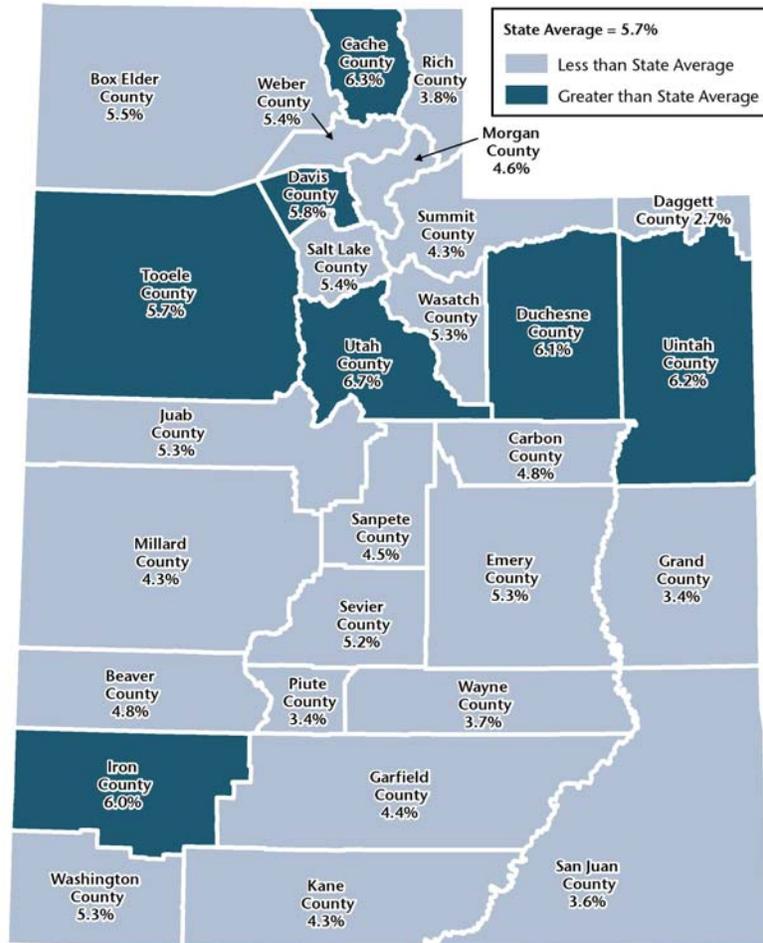
The Governor's Office of Planning and Budget provides age estimates and forecasts for the State and each of its 29 counties. The age cohort containing infants and toddlers ranges from the ages of 0 to 4 years old. The estimates for infants and toddlers provided in this section assume an even distribution of children across the age cohort. In other words, an even number of children within the 0 to 4 age cohort are 0 to 12 months, 1, 2, 3 and 4 years of age. Using this assumption, estimates are derived for children age 0 to 3 years of age.

The Office of Planning and Budget estimates that nationwide, 4.1 percent of the population is infants or toddlers, age 0 to 3 (36 months) years of age. In Utah, infants and toddlers (up to age 3) comprise 5.7 percent of the population, which equates to an infant and toddler population of approximately 162,400. Overall, the State has a higher proportion of infants and toddlers than the U.S. as a whole.

Exhibit II-4 shows the number and percent of each county's population between the ages of 0 and 3 years of age in 2009.

Exhibit II-4.
Percent of the Population
Ages 0 to 3 (36 months)
by County, 2009

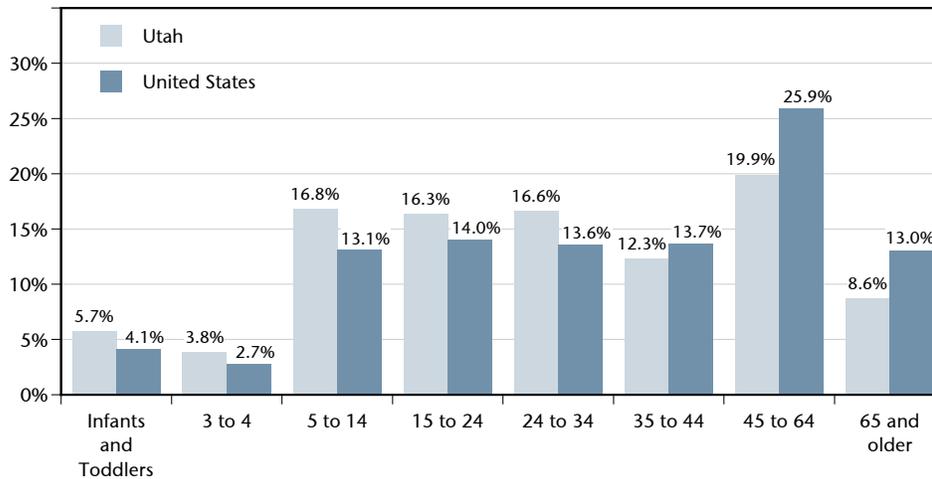
Source:
 Utah Governor's Office of Planning and
 Budget.



Baby Boomers, defined as individuals 45 to 64 years of age, comprise the largest proportion of residents in both Utah and the U.S. However, the percentage of Baby Boomers in Utah is notably smaller than the percentage within the U.S. Overall, Utah's population is younger than the nation overall, with residents age 0 to 34 years of age comprising a much larger proportion of Utah's population than in the U.S. This is demonstrated in Exhibit II-5, which displays the age distribution of residents in Utah and the U.S.

Although lower than the U.S. proportion, the 45 to 64 year olds—who would be grandparents to many young children in the State—make up a larger proportion of the State's population at almost 20 percent. As the graph demonstrates, the next youngest age category (35 to 44 year olds) is much lower at 12 percent. This means that in Utah and the U.S. there is currently the largest "supply" of potential grandparent caregivers than there will be for some time. The next youngest generation may not be able to support grandparent care giving as well as the current grandparent generation is because there are fewer grandparents and economic pressures may require grandparents to stay in the workforce longer.

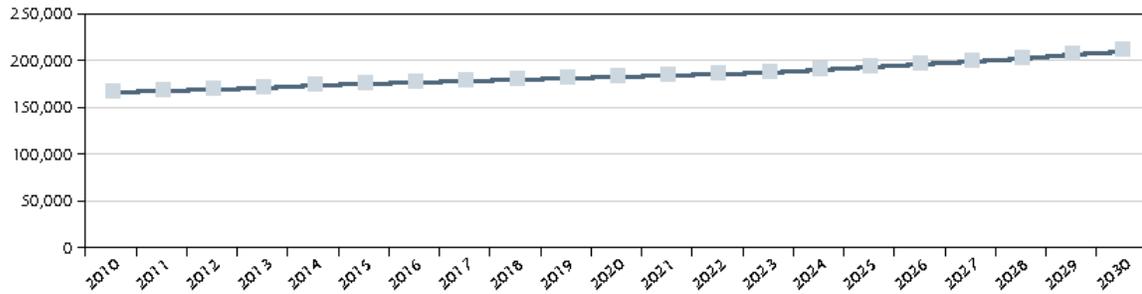
Exhibit II-5.
Age Distribution of Residents, Utah and the U.S., 2009



Source: Utah Governor's Office of Planning and Budget.

Future population. Between 2010 and 2030, the State is expected to add an additional 1.46 million new residents—45,000 will be new infants and toddlers. The percentage of infants and toddlers of the State's total population is expected to decline only slightly through 2030 to approximately 5 percent.

**Exhibit II-6.
Future Growth of the Infant and Toddler Population, Utah**



Note: Data for infants and toddlers was derived from the State’s estimates for the 0 to 4 age cohort.
Source: Utah Governor’s Office of Planning and Budget.

Living Arrangements

This section discusses the types of living arrangements common for Utah’s infants and toddlers. Living arrangements can be an important consideration in the provision of child care. For example, single parents have a greater need for care so that they can work. Single parent households are also more likely to be living in poverty, meaning they will need very affordable care.

Household composition. The U.S. Census defines a household as all persons who reside in a housing unit, whether related or unrelated. According to the 2008 ACS, 61 percent of all households in Utah are married couple households. An additional 26 percent of households are non-family households, which includes single people living alone or unrelated adults (roommates) living in the same home. The remaining 13 percent of households are unmarried male and female headed households living with other family members, such as children or parents.

**Exhibit II-7.
Household Type,
Utah, 2008**

Source:
2008 American Community Survey.

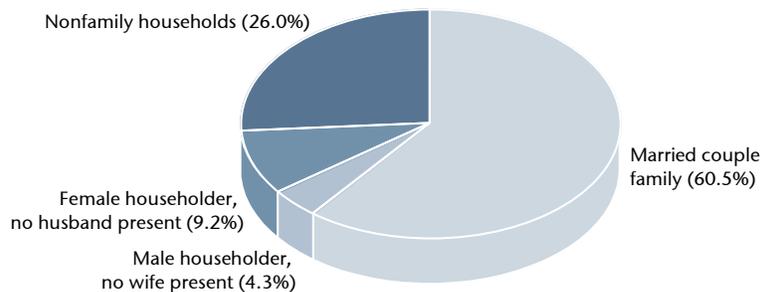
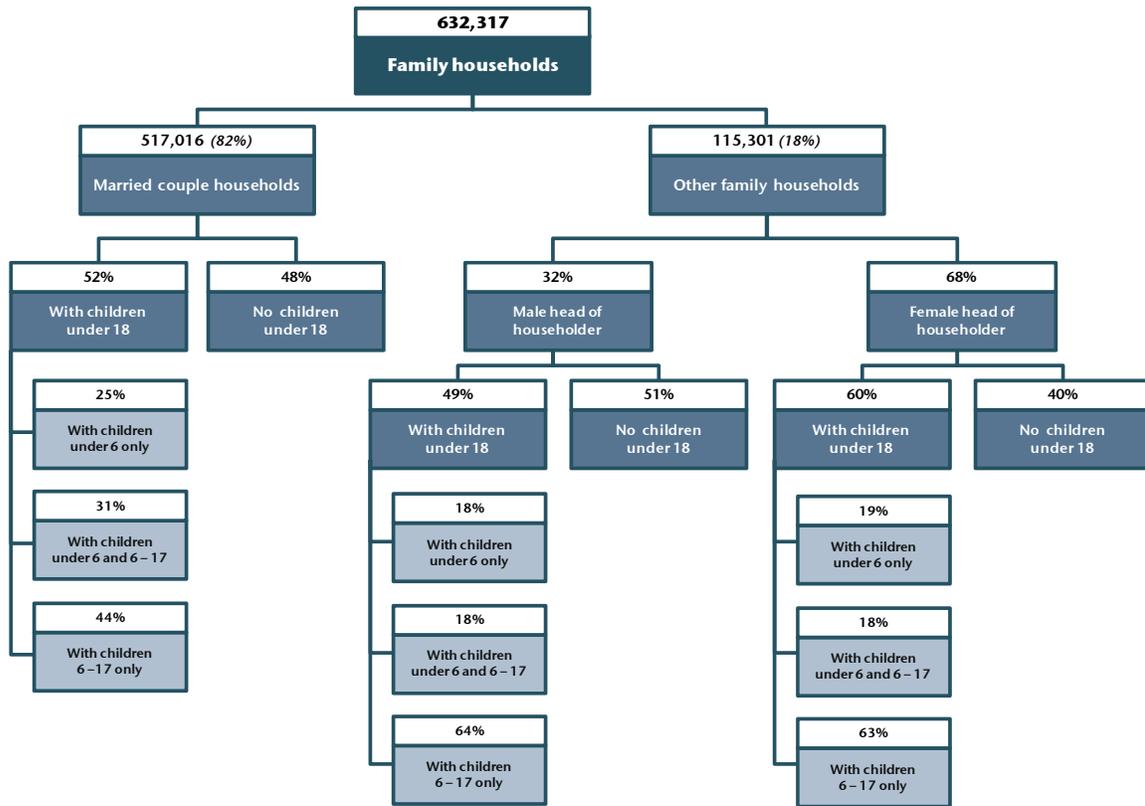


Exhibit II-8 displays the overall household composition for family households by the presence of children. Of the 517,000 married couple households in Utah, 52 percent have children and 48 percent do not have children. More specifically, of the nearly 269,000 married couple households with children, 25 percent have children 6 years old or younger and 31 percent have children 6 years and younger and children between the ages of 6 and 17. These proportions differ for single parent households, where the parents are mostly caring for children between the ages of 6 and 17.

**Exhibit II-8.
Household Type by Presence of Children, Utah, 2008**



Source: 2008 American Community Survey.

Married-couple households are the largest living arrangement for children under the age of 6. Eighty-five percent of all households that reported having children under the age of 6 only (as opposed to having children under the age of 6, as well as children over the age of 6), were married-couple households.

**Exhibit II-9.
Family Arrangements, Households with Children Ages 6 or less, Utah, 2008**

Note:
Children under 6 was the smallest age group provided by the ACS.

Source:
2008 American Community Survey.

Type of Household	Number	Percent
Married-couple family household	66,736	84.5%
Male householder, no wife present	3,280	4.2%
Female householder, no husband present	8,935	11.3%
Total	78,951	

Living with grandparents. In Utah, an estimated 44,558 children under the age of 6 live with their grandparents. This accounts for 50 percent of all grandchildren living in a grandparent-headed household. The remaining 50 percent of grandchildren living in a grandparent-headed household are 6 to 17 years old.

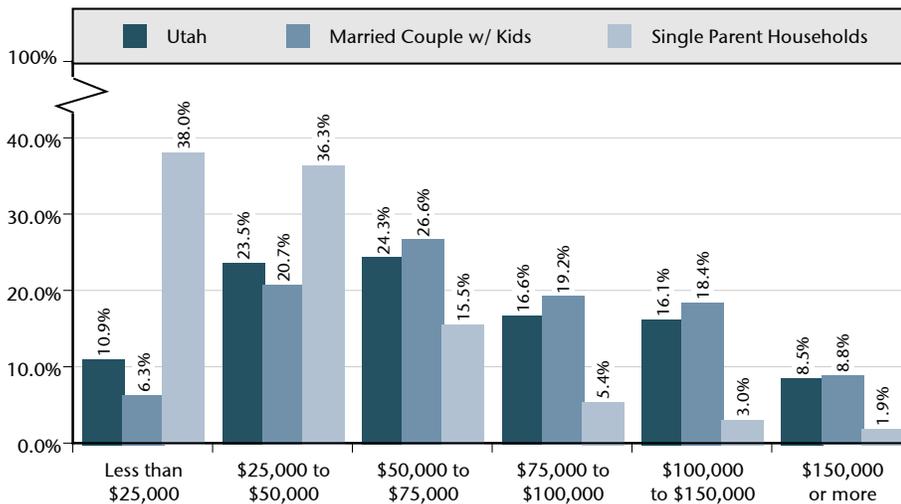
In not all instances are grandparents the sole caretaker for the grandchildren residing in their homes. For example, of the 44,558 children living in a grandparent-headed household, 60 percent of grandparents are not the primary caretaker. Rather, a parent is most likely also living in the household and assuming care for his or her child.

Income and Poverty

According to the 2008 ACS, the median income of Utah's *families* in 2008 was \$65,226. The median *household* income, which includes both related and unrelated persons living in the same housing unit, was \$56,633.

Overall, the largest proportions of families in Utah earn between \$25,000 and \$50,000 and \$50,000 and \$75,000. Married couple households typically earn more than the statewide average, and single parent households earn less than the State average.

Exhibit II-10.
Distribution of Family Income, State of Utah,
Married Couple Families and Single Parent Families, 2008



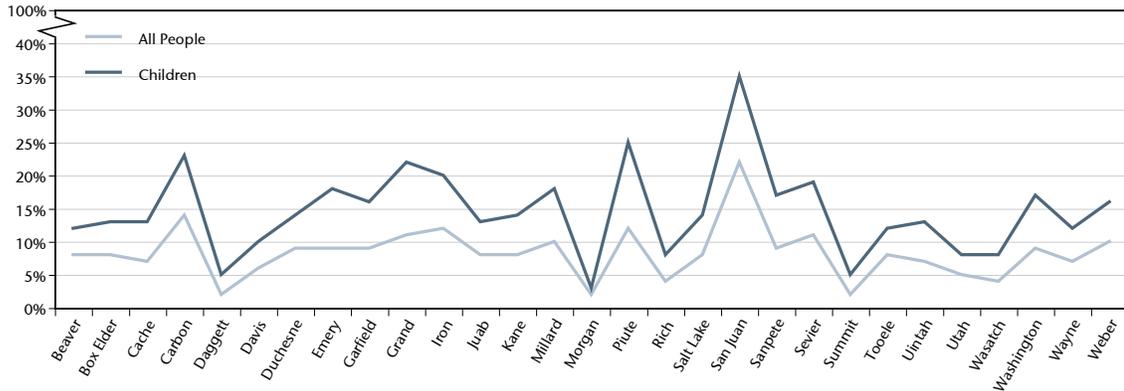
Source: 2008 American Community Survey.

As previously mentioned, an estimated 44,558 children live in households headed by their grandparents. With many seniors living on fixed incomes, it is not surprising that grandparent-headed households have median family incomes lower than the State's median family income. Family households headed by grandparents responsible for grandchildren under the age of 18 earn \$61,838 per year. Similar households where no parent is present earn \$48,779 per year.

Poverty. The recent economic downturn has increased poverty rates in the U.S., which has provided a platform to examine the needs of our lowest income residents. For example, national media attention has been given to the dramatic increases in food stamp recipients.

More specifically, the reliance on food stamps as a sole source of income has risen drastically in some portions of the country, including Utah. As of June 2009, approximately 39,000 Utah residents reported food stamps as their only income. This is an increase of 87 percent from June 2007. As many as 1 in 3 children (under the age of 18) in some Utah counties currently receive food stamps. Exhibit II-11 shows the proportion of Utah residents and children receiving food stamps by county.

**Exhibit II-11.
Percentage of People and Children Receiving Food Stamps by County, Utah, 2009**

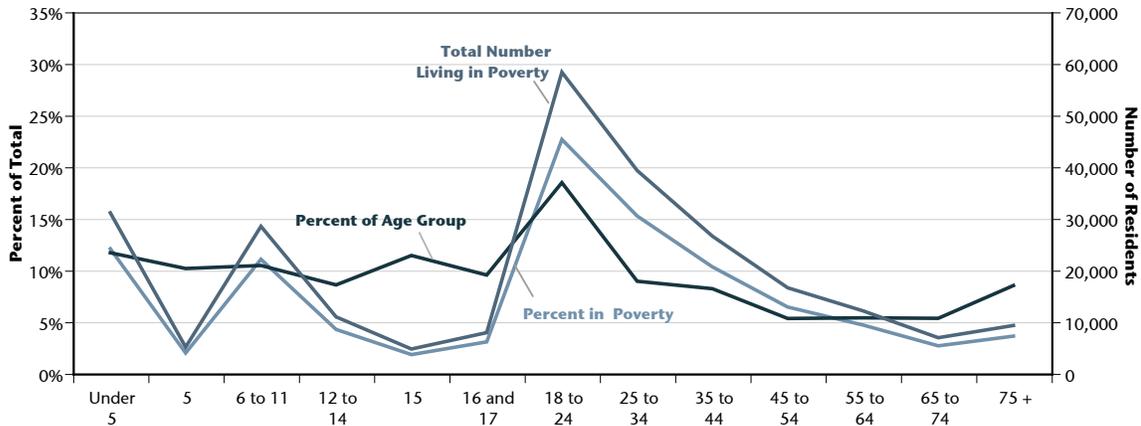


Source: New York Times.

Overall, 10 percent of Utah’s residents currently live below the poverty threshold, which is lower than the 13 percent poverty rate of the U.S. as a whole. More specific to this study, approximately 12 percent of all impoverished Utah residents are less than 5 years old and 12 percent of children under 5 are living in poverty.

Poverty rates for Utah’s youngest residents have remained unchanged since 2000. This is inconsistent with the national trend of increases in child poverty rates. For example, in 2000, 18 percent of children 5 and under in the U.S. were living in poverty. In 2008, 21 percent of children under 5 were impoverished. Similar trends in child poverty rates have occurred in Utah’s neighboring states, but not in Utah.

**Exhibit II-12.
Poverty Rates by Age, Utah, 2008**



Source: 2008 American Community Survey.

In 2008, 7 percent of Utah families were living below the poverty threshold. Half of the families living in poverty were married couple households, while an additional 41 percent were single parent households headed by females. One in five female-headed household in Utah live in poverty. This rate is greater for females with young children: For female-headed households who have children under the age of 5, the poverty rate is 42 percent.

**Exhibit II-13.
Poverty Rates by Family
Type, Utah, 2008**

Source:
2008 American Community Survey.

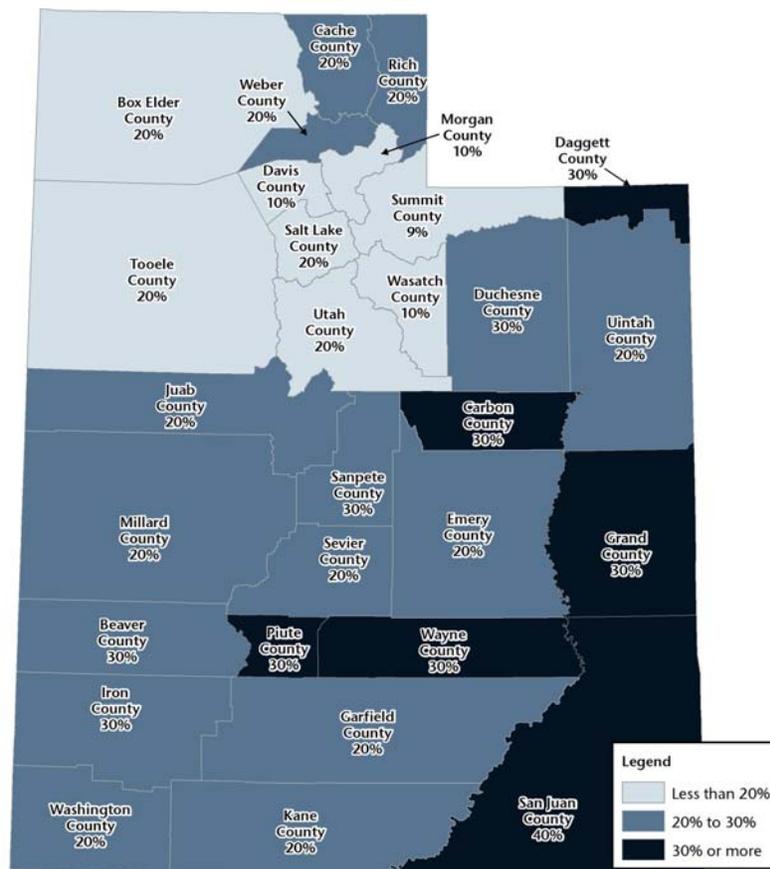
	Number	Percent of Total in Poverty	Poverty Rate by Family Type
Married Couple Family	21,298	51.1%	4.1%
<i>with children</i>	15,668	37.6%	5.5%
<i>without children</i>	5,630	13.5%	2.4%
Other Family	20,355	48.9%	17.7%
Male Householder	3,181	7.6%	8.7%
<i>with children</i>	2,308	5.5%	10.7%
<i>without children</i>	873	2.1%	5.8%
Female Householder	17,174	41.2%	21.8%
<i>with children</i>	15,902	38.2%	29.5%
<i>without children</i>	1,272	3.1%	5.1%

Exhibit II-14 displays the percent of households living in poverty per county (defined for the map as the proportion of households earning less than \$25,000—roughly the poverty rate for a family of four). San Juan County has the highest percentage of low income households within the State.

**Exhibit II-14.
Distribution of Households
Living in Poverty, Utah,
2009**

Note: Percent of households earning less than \$25,000 per year is used as a proxy for poverty.

Source:
Cleritas, 2009.



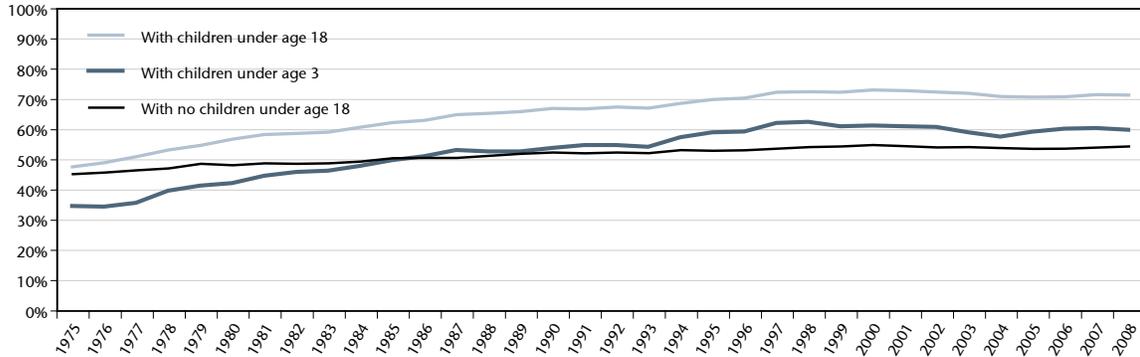
Labor Force Participation

National labor force participation rates for women with children have grown dramatically in the past 35 years. In 1975, 47 percent of the population of women with children 18 and under participated

in the civilian workforce; in 2008, 71 percent of mothers with children under 18 were in the workforce.

Increased participation in the workforce is even more pronounced for women with children *under the age of 3*. In 1975, 34 percent of mothers with small children were in the workforce compared to 60 percent in 2008. Changes in labor force participation rates have been more stagnant for women with no children under the age of 18, as shown in Exhibit II-15.

Exhibit II-15.
National Labor Force Participation Rates, 1975 to 2008



Source: Bureau of Labor Statistics.

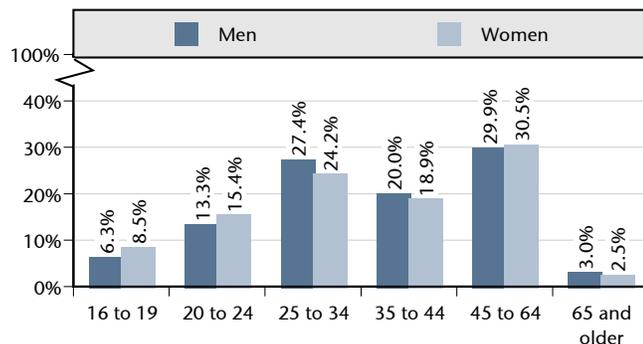
Utah workforce participation. Workforce participation rates, particularly among women, vary depending on a number of factors, which are explored below. In all instances, the need for child care services is apparent to support women with children in a variety of circumstances participate in Utah’s workforce.

Total workforce participation. Per the 2008 ACS, approximately 762,000 men, or 77 percent of the male population age 16 and older, participated in the Utah civilian labor force.¹ Approximately 439,500 women, or 45 percent of the female population age 16 and older, participate in the State’s civilian workforce.

Workforce participation varies by age, for both men and women. The highest proportion of women in Utah’s workforce are between the ages of 45 and 64 (30 percent). This is partially due to the size of the Baby Boomer population and women entering the workforce after their children leave the house.

Exhibit II-16.
Workforce Participation by Age, Utah, 2008

Source: 2008 American Community Survey.



¹ This excludes men enlisted in the Armed Forces.

Participation by marital status. Exhibit II-17 shows labor force participation of men and women in Utah by marital status. As expected, labor force participation rates are higher for unmarried, separated and divorced women than they are for married women.

**Exhibit II-17.
Workforce
Participation
by Marital
Status,
Utah, 2008**

Source:
2008 American
Community Survey

	Never Married		Now Married		Separated	
	<i>In labor force</i>	<i>Percent</i>	<i>In labor force</i>	<i>Percent</i>	<i>In labor force</i>	<i>Percent</i>
Male	312,466	73.7%	462,406	82.1%	9,395	83.6%
Female	180,576	74.6%	329,438	58.8%	10,807	74.4%
	Widowed		Divorced			
	<i>In labor force</i>	<i>Percent</i>	<i>In labor force</i>	<i>Percent</i>		
Male	5,287	31.7%	64,403	93.6%		
Female	10,170	16.6%	75,678	72.3%		

Participation by household structure. The largest proportion of young children (less than 6 years of age) live in 2-parent households with one parent in the workforce (17 percent). Once children become of school age (6 to 18), it is more common for both parents to be in the workforce, except for single parent families, where workforce participation is more constant regardless of age. Exhibit II-18 displays workforce participation by household structure and age group of children.

**Exhibit II-18.
Workforce Participation by Household Structure, Utah, 2008**

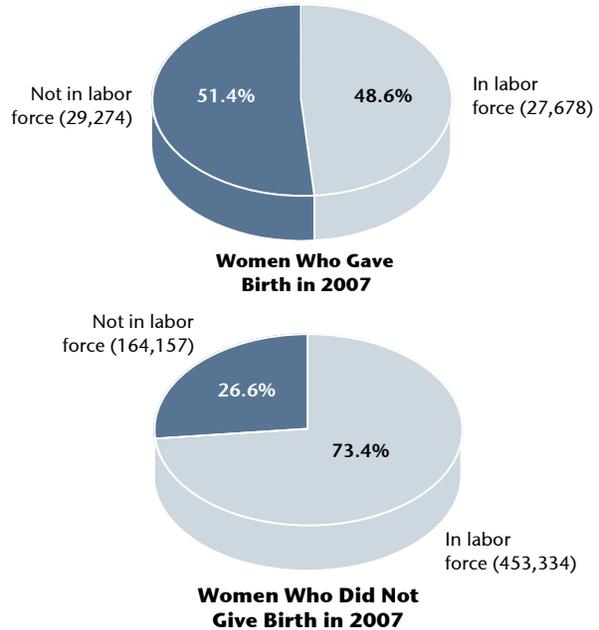
	Number	Percent by Household Type	Percent of Total
Young children living in two parent household	264,527		32.2%
Both parents in labor force	120,795	45.7%	14.7%
One parent in labor force	141,260	53.4%	17.2%
No Parent in labor force	2,472	0.9%	0.3%
Young children in single parent household	47,709		5.8%
One parent in labor force	40,032	83.9%	4.9%
No Parent in labor force	7,677	16.1%	0.9%
School age children living in two parent household	411,073		50.0%
Both parents in labor force	238,516	58%	29.0%
One parent in labor force	168,923	41%	20.5%
No Parent in labor force	3,634	1%	0.4%
School age children in single parent household	99,413		12.1%
One parent in labor force	85,565	86%	10.4%
No Parent in labor force	13,848	14%	1.7%

Source: 2008 American Community Survey.

Participation of women with infants. Exhibit II-19 compares the labor force participation of Utah women with infants to those without infant children in 2008. As shown in the exhibit, labor force participation is much higher for women without infant children. It is important to note, however, that nearly half of the women with infants are in the workforce.

**Exhibit II-19.
Labor Force Participation of Utah
Women with and without Infants, 2008**

Source:
2008 American Community Survey.



Hours in the workforce. Of the women that worked 50 to 52 weeks in 2007, which equates to a full year of work, 3 out of 4 women worked full-time. Exhibit II-20 shows the average number of hours Utah men and women worked outside of the home each week in 2008².

**Exhibit II-20.
Hours per Work
Week, by Gender, 2008**

Source:
2008 American Community Survey.

	Men		Women	
	Number	Percent	Number	Percent
35 hours or more	549,023	90.9%	318,213	74.4%
15 to 34 hours	49,494	8.2%	95,973	22.4%
1 to 14 hours	5,352	0.9%	13,483	3.2%
	<u>603,869</u>		<u>427,669</u>	

² Data are reported for workers who worked between 50 and 52 weeks during the previous year (2007).

SECTION III.
Provider Surveys

SECTION III.

Provider Surveys

This section presents the results of the provider and friends, family and neighbor caregivers (FFN) surveys. This section addresses the following questions:

- Which providers are caring for infants and children?
- What are the basic characteristics of these providers? How do licensed providers and informal care providers differ?
- How qualified are providers at caring for infants and children? Do they want/need more training?
- Do licensed and relatives providing care face any particular challenges?

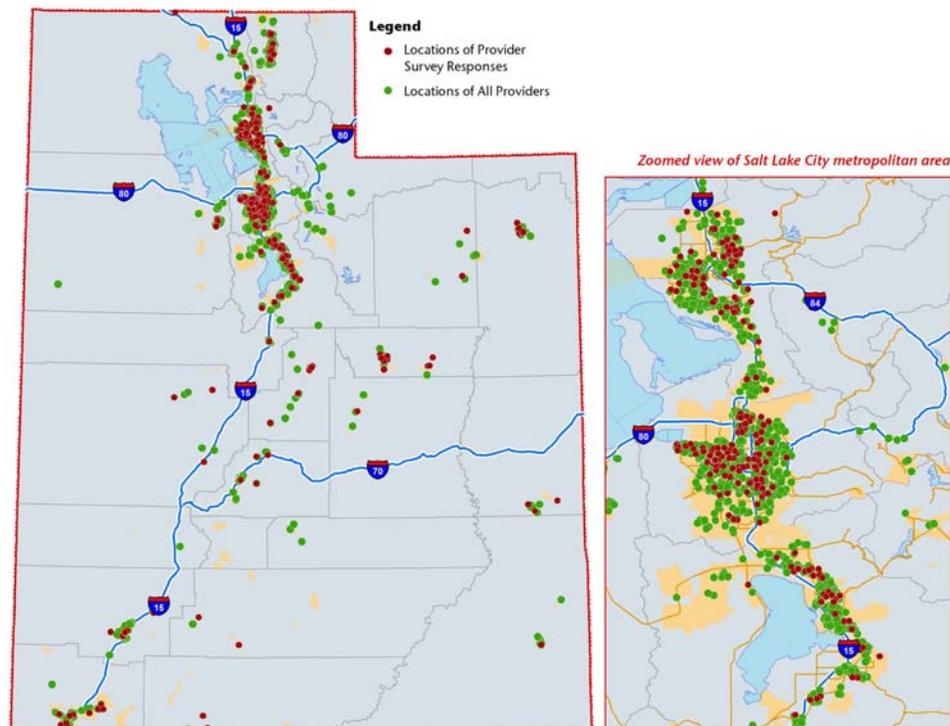
This section presents survey results first for licensed child care providers (centers and care in family homes) and then for FFN providers.

Licensed Child Care Providers

The Department of Health's Bureau of Child Care Licensing maintains a database of nearly 1,600 regulated and licensed child care providers throughout the State of Utah. For this study, paper surveys were mailed to these providers. A total of 402 responses were received for a 26 percent response rate. Exhibit III-1 displays the geographic distribution of all licensed care providers and survey respondents.

Exhibit III-1.
Location of
Licensed Child
Care Providers
versus Survey
Respondents

Source:
BBC Research &
Consulting.



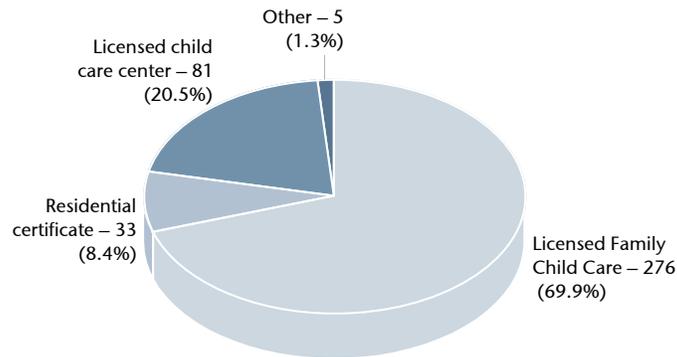
Of the 402 survey respondents, 17 no longer provide child care services. Not enough money and lack of demand for care were the top two reasons that the survey respondents no longer provide care.

Provider characteristics. This section helps provide a better understanding of the type of licensed providers taking care of children receiving child care services, with a special emphasis on infants and toddlers, and provides information on those facilities' costs and hours of operations. This section also discusses how the current economic downturn may be adversely affecting providers.

Provider type. The vast majority of providers—70 percent—responding to the survey are licensed family child care (FCC) providers; 21 percent were licensed child care centers (CCC). The remaining 10 percent of respondents hold residential certificates or classified themselves as “other.”

Exhibit III-2.
Type of Provider of Licensed Child Care Providers

Source:
BBC Research & Consulting.



A very small proportion of respondents are affiliated with a church/synagogue/religious institution (2 percent) and only 3 percent of respondents are employer sponsored and operated programs.

It should be noted that these proportions do not represent how infants and toddlers are cared for in the State; the intention of the data in this section is to present information about providers. As described in Section IV., Parent Survey, 19 percent use family child care arrangements and 14 percent use child care centers.

Total enrollment and waitlists. According to the enrollments reported by survey respondents, CCCs have the capacity to care for more children than FCCs. CCC survey respondents care for approximately 55 children in full-time child care and an additional 14 children in part-time care. In comparison, FCC respondents reported caring for an average of 8 children in full-time care and 4 children in part-time care. More specific to infant and toddler care, CCCs reported providing full-time care to an average of 8 infants and 10 toddlers, compared with 2 infants and 2 toddlers at FCCs.

**Exhibit III-3.
Average Enrollment for
Family Child Care and Child
Care Center Providers**

Source:
BBC Research & Consulting.

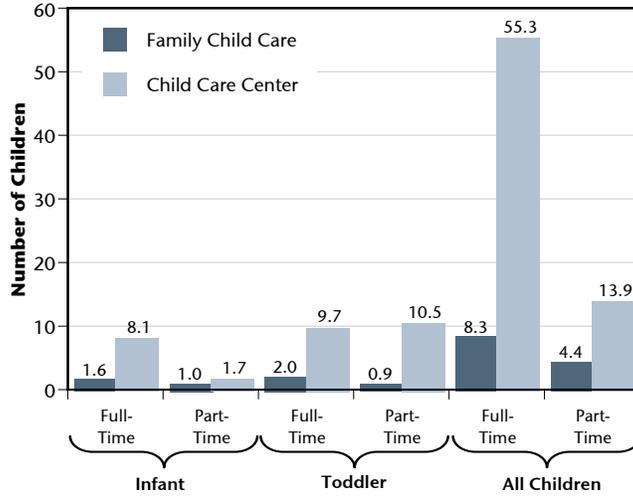


Exhibit III-4 aggregates all children reported to be in care by the survey respondents and presents their distribution by age and by the type of care in which they are currently enrolled. CCCs are most likely caring for many of the infants and toddlers currently enrolled in licensed care. For example, 58 percent of infants in full-time care and 58 percent of toddlers in full-time care represented in this survey were enrolled in CCCs. This does not adjust for the fact that CCCs only accounted for 21 percent of survey responses. As indicated in Exhibit III-4 and again in the following exhibit, CCCs have greater care capacity than FCCs and are able to care for more children.

**Exhibit III-4. (continued on following page)
Percent of Children Represented in Survey by Provider Type and Age**

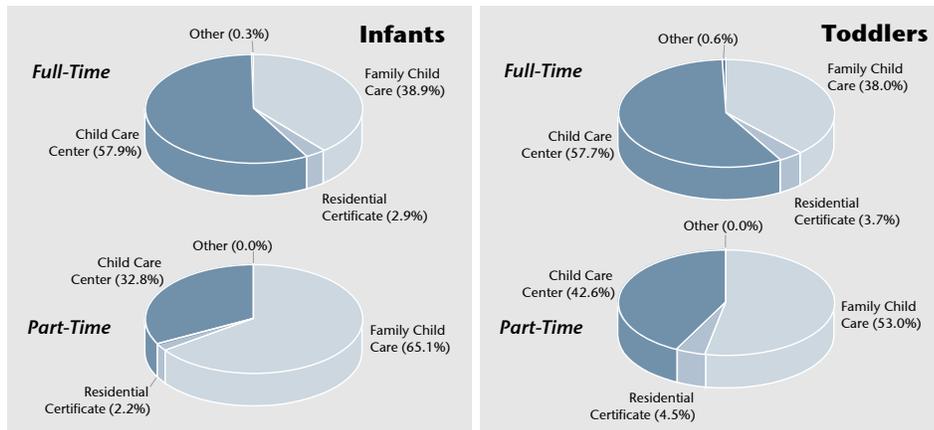
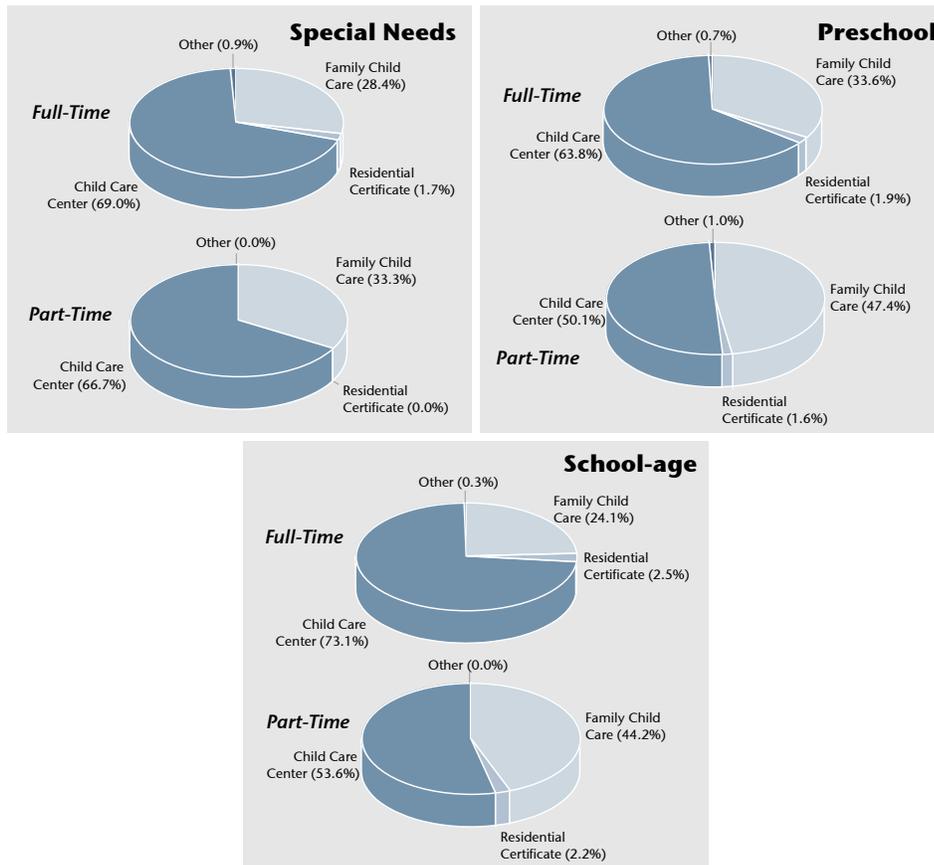


Exhibit III-4. (continued)
Percent of Children Represented in Survey by Provider Type and Age



Note: These percentages do not adjust for the number of survey respondents by provider type.

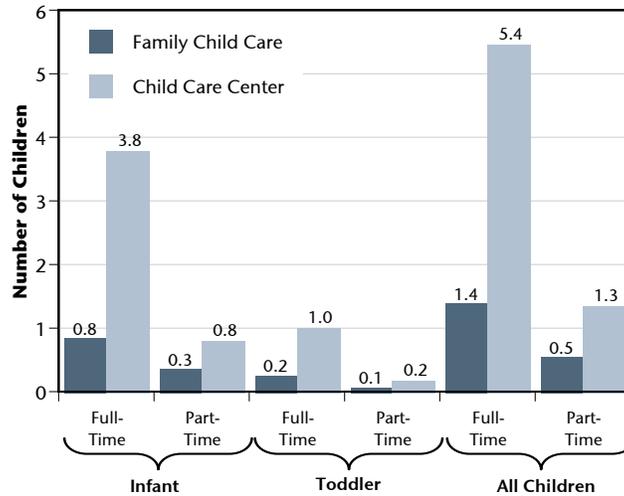
Source: BBC Research & Consulting.

Infants and toddlers comprise a large proportion of both FCC and CCC current waitlists. FCC survey respondents reported waitlists of 380 children seeking full-time care and 150 part-time children seeking part-time. Infants accounted for 60 percent of the full-time slots and 64 percent of the part-time slots. Toddlers accounted for 18 percent of the full-time slots and 11 percent of the part-time slots. Similarly, of the 440 children seeking full-time care and 110 part-time children seeking part-time on waitlists at CCCs, infants accounted for 69 percent of the full-time slots and 59 percent of the part-time slots and toddlers accounted for 18 percent of the full-time slots and 13 percent of the part-time slots.

On average, CCCs have 8 infants enrolled in full-time care and an additional 4 infants on waitlists. In other words, for every two infants enrolled in a CCC, one infant is waitlisted. *It is not uncommon for infants to comprise the entire waitlist at a CCC.* The following exhibit displays the average number of infants and toddlers on CCC and FCC waitlists, compared to the total number of children overall on waitlists.

**Exhibit III-5.
Average Waitlists for
Family Child Care and
Child Care Center
Providers**

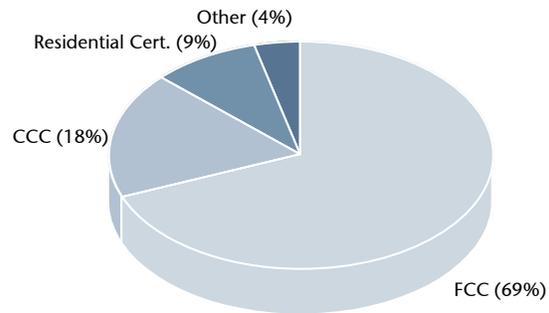
Source:
BBC Research & Consulting.



Infant and toddler care. Of the 402 survey respondents, 92 percent (373) reported providing care for infants and toddlers. Of the respondents who reported caring for infants and toddlers, 69 percent were FCCs, 18 percent were CCCs, 9 percent had residential certificates and the remaining providers were classified as “other.”

**Exhibit III-6.
Respondents Reporting Infant and Toddler
Care Available by Provider Type**

Source:
BBC Research & Consulting.



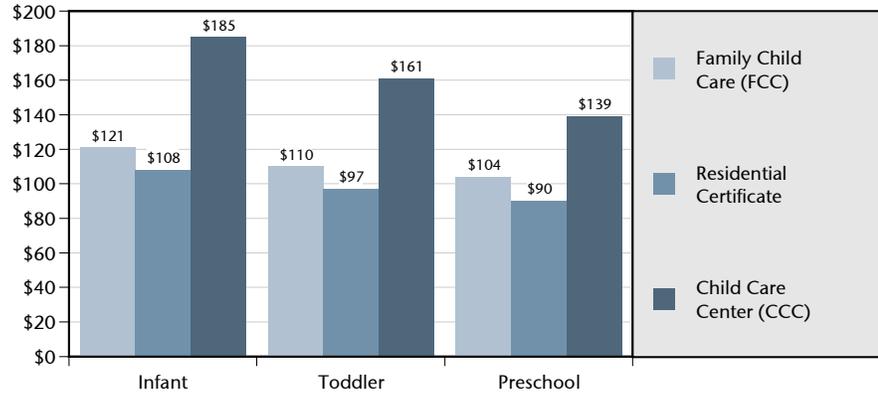
Of the providers that reported offering infant and toddler care, 23 percent of those providing infant and toddler care have always provided care, whereas 77 percent have not always provided care for infants and toddlers during their tenure as a child care provider, but have begun offering infant and toddler care recently.

No clear consensus was reached as to why providers began accepting infants and toddlers. However, the most commonly cited reason that both FCC and CCC began accepting infants and toddlers into their facilities was because they were already offering care to older siblings. In other words, infant and toddler care was offered to retain business, as opposed to it being the primary service area for many providers.

Cost of care. CCCs charge more than FCCs for child care, and they are more apt to differentiate child care fees more across age categories, particularly for infant and toddler care. For example, FCC survey respondents charge an average of \$121 weekly for infants, \$110 for toddlers and \$104 for preschool age children. CCCs charge \$185 for infants, \$161 for toddlers and \$139 for preschool children. The following exhibit displays cost for child care services by provider type.

**Exhibit III-7.
Average Cost of
Licensed Child Care
Provider Type**

Source:
BBC Research & Consulting.



Licensed child care providers primarily receive their revenue from fees paid for their services. However, in some instances, centers receive additional funding from other private or private funding sources. Twenty-four percent of FCCs and 42 percent of CCCs reported additional revenue sources, averaging \$4,700 and \$21,800 per year, respectively¹.

Hours of operation. As would be expected, FCC providers are more flexible in their service hours, opening and closing at various times throughout the day. CCCs are more stringent in their hours, often opening around 6 a.m. and closing at 6 or 7 p.m. It is rare for both FCCs and CCCs to provide weekend care; however, FCCs are more likely to offer some form of weekend care. Ten percent of FCCs offer at least one day of weekend child care.

Impact of economic downturn. The recent/current economic downturn, which has been accompanied by declines in home prices and higher unemployment rates, has also had adverse affects on child care providers. Forty-seven percent of providers reported declines in enrollment in the last 2 years; 27 percent cited a decrease in net revenues; and 33 percent reported a decrease in the number of children on the waitlist.

Although nearly all of the 21 percent of survey respondents reporting that the economic downturn had “no effect” on their child care business were CCCs, the economic downturn has had a negative impact on all types of licensed providers. For example, 43 percent of FCCs reporting declines in enrollment, and 62 percent of CCCs reported a similar trend. It is likely that during times of economic downturns, family members or a newly unemployed parent assumes child care responsibilities as a cost saving mechanism.

Staffing and qualifications. The following section provides information on staff and the qualification of staff members. This section specifically looks at the number of full-time and part-time staff at licensed facilities, benefits offered to staff members and professional attainment

Number of staff. FCC providers often employ no staff. Of the FCC survey respondents, on average, they employ an average of less than one full-time (.78) and less than one part-time (.48) staff member. Conversely, CCCs rely heavily on staff, employing an average of 8 full-time and 4 part-time staff members.

¹ 110 FCC and CCC providers total reported receiving additional subsidies.

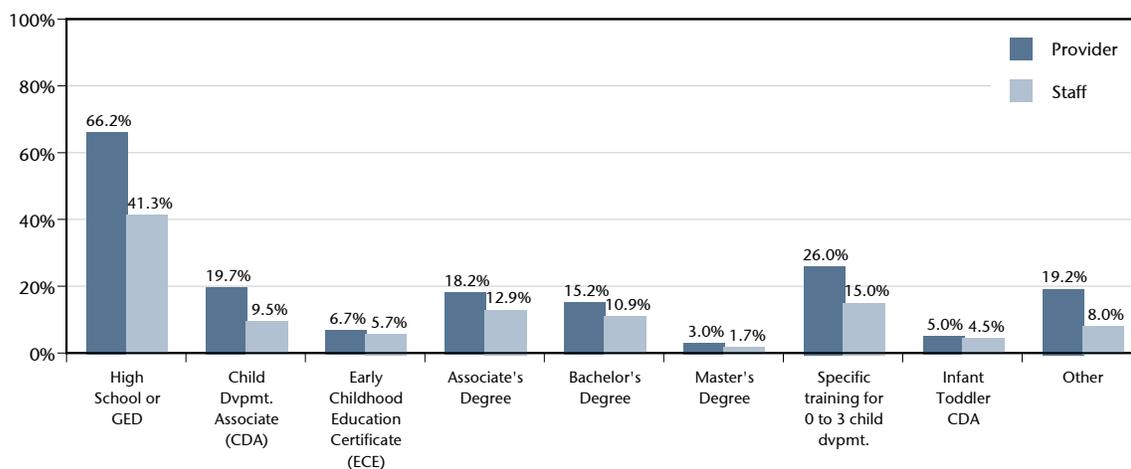
Staff benefits. CCCs are the only licensed provider that rely heavily on staff support for operations. The provision of benefits among CCCs varies:

- 39 percent of CCC respondents provide at least some of their employees with health insurance;
- 30 percent offer sick leave;
- 55 percent offer vacation days;
- 33 percent award performance bonuses; and,
- 55 percent offer discounted tuition at the CCC for the children of employees.

Not all employees receive the benefits discussed above. For example, most CCCs provide all employees (full-time and part-time) with sick and vacation leave. However, health insurance benefits are typically reserved for full-time employees and the most senior employees.²

Professional attainment. The most common level of educational attainment for both primary providers and their staff is a high school diploma or GED. Many providers also reported specific training in the care of infants and toddlers for themselves and their staff.

**Exhibit III-8.
Educational Attainment for Primary Provider and Staff**



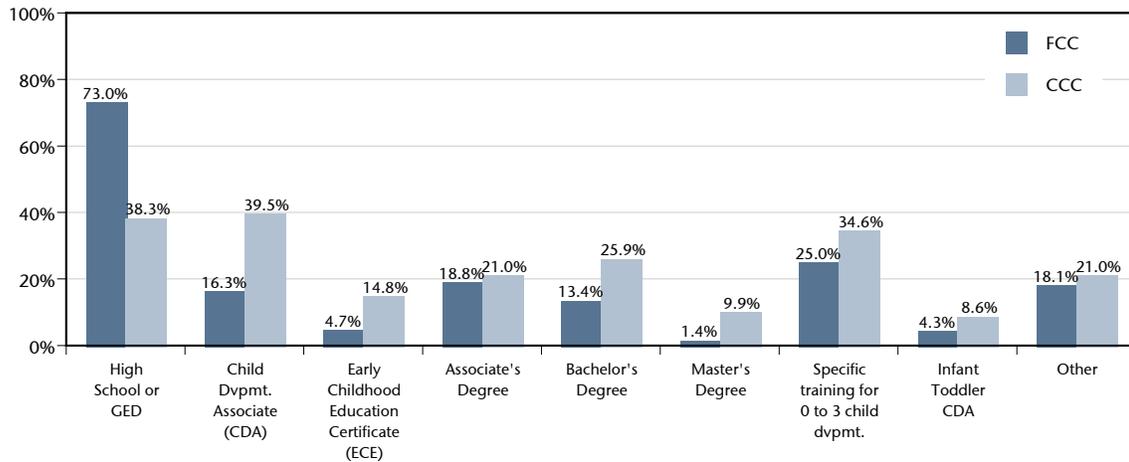
Note: The primary provider is the survey respondent, which is assumed to be the individual in charge of the child care facility.

Source: BBC Research & Consulting.

² The number and type of employees receiving discounted child care services at their CCC of employment is difficult to determine, as the number of employees with children who would utilize the benefit was not asked as part of this survey effort.

Educational attainment varies between the primary providers of FCCs and CCCs.³ Overall, individuals in charge of CCCs have higher levels of educational attainment and are more likely to hold other types of certifications.⁴

Exhibit III-9.
Educational Attainment for Primary Providers of FCC and CCC



Note: The primary provider is the survey respondent, which is assumed to be the individual in charge of the child care facility.

Source: BBC Research & Consulting.

Although educational attainment, credentials and training do not directly correlate with quality care provision, it is undeniable that education and training do provide workers with knowledge and resources necessary for their work. Child care providers agree, as 69 percent of providers reported they could see a difference in the performance of staff who have taken infant and toddler care giving courses. Respondents noted increases in patience, awareness and quality of care, as well as better communication skills (with children and parents) and a better understanding of children’s developmental needs after taking infant and toddler courses. Additionally, respondents noticed that staff seem more engaged in their work after taking courses, which leads to less turnover.

Turnover and length of stay. Quality staff, particularly when caring for infants and toddlers who require additional care and attention, is crucial for running a successful child care operation. CCCs, in particular, rely heavily on staff to support operations and increase the care capacity within their centers. However, staffing is often challenging for centers, as the emotional demands on staff combined with low wages often lead to staff turnover. For example, many survey respondents reported that wages of infant and toddler caregivers in their centers are “average” compared with staff members that care for children in other age groups.

³ The individual who responded to the survey are referred to, in this case, as the primary provider. It is assumed that they are in charge of the facility and are the primary caretaker within their business.

⁴ This only includes the primary provider and does not include staff.

Despite obvious challenges in finding qualified and reliable staff, staff members caring for infants are experienced and provide stable care for infants at their facilities. It is not uncommon for staff caring for infants to remain with the same infant for up to a year or more, particularly at FCCs, where 78 percent of survey respondents reported that, on average, infants remain with the same teacher for 2 to 3 years.⁵ The largest proportion of CCCs (52 percent) reported that infants remain with the same teacher for 1 to 2 years, and an additional 39 percent reported 6 months to 1 year.⁶

**Exhibit III-10.
Length of Time Infants
Remain with the Same Teacher**

	0 to 6 months	6 months to 1 year	1 to 2 years	2 to 3 years
FCC	0%	8%	14%	78%
CCC	0%	39%	52%	9%

Source:
BBC Research & Consulting.

According to survey respondents, 65 percent of staff members caring for infants have 2 to 3 years of experience caring for infants at their child care centers. An additional 22 percent have 1 to 2 years of experience. Lastly, when asked whether child care providers have experienced changes in the turnover of staff in the past year, 82 percent have experienced no changes, indicating recent stability in staffing.

Challenges and needs. The survey asked providers to list the greatest challenges associated with caring for infants and toddlers, and what the providers need to address some of the challenges.

Challenges. Responses to the challenges of providing infant and toddler care were open-ended, so responses varied greatly. However, a number of overarching themes were identified from the providers' responses. The following presents commonly stated challenges from FCCs and CCCs. Overall, FCCs expressed concern with managing infant and toddler care with older children, primarily because of their varied schedules (e.g., napping) and additional attention infants and toddlers require. Challenges identified by CCCs were primarily related to the cost of caring for infants and toddlers, as well as difficulties recruiting and retaining staff. The number of responses given for each challenge is noted in parentheses.⁷

FCC challenges:

- Infants and toddlers require more time and energy than other age groups (150). FCC providers said that infants and toddlers require more time and energy because of scheduling around feeding and nap schedules, potty training, the need to monitor their activities more closely due to safety concerns and their need to be held more often.
- Balancing care of children of multiple ages (98). Providers find it challenging to balance the care of infants and toddlers with older children. They find it difficult to stock and separate toys for multiple age groups, find activities enjoyed by all age groups, prevent fighting and ensure that older children receive necessary attention, given that staff need to spend so much time with infants and toddlers.

⁵ 185 FCCs responded to the question "How long are your infants with the same teacher?"

⁶ 66 CCCs responded to the question "How long are your infants with the same teacher?"

⁷ Each survey respondent was allowed to identify up to three challenges. The challenges listed below are not exhaustive, but do represent the most commonly discussed challenges among survey respondents.

- Operational challenges (34). Operational challenges include adhering to staff and child ratios, meeting licensing requirements and finding good, qualified staff.
- Managing relationships with parents (28). Managing parental expectations of care while providing cost-effective care can be difficult.
- Discipline and teaching (23). Disciplining infants and toddlers is seen as a challenge to some providers. Infants and toddlers are more prone to biting, as well as temper tantrums.
- Capital needs (22). Infants and toddlers require costly equipment that also requires additional space.

CCC challenges:

- Operational challenges (80). Although CCCs did not express different concerns than FCCs regarding operational challenges, these challenges were more frequently cited by CCC providers. CCCs are often running larger facilities and are therefore more business focused. Operational challenges include the cost of caring for infants and toddlers, the difficulty in finding and retaining qualified staff, adhering to staff and child ratios and maintaining consistent enrollment.
- Infants and toddlers require more time and energy than other age groups (18).
- Capital needs (7). CCCs cited the need for additional space for their facilities.
- Managing relationships with parents (5).
- Balancing care of children of multiple ages (3).

Needs. Providers were asked to identify the things that would make caring for infants and toddlers easier. Each survey respondent was allowed up to three respondents. The most commonly cited responses were categorized and are listed below separately for FCCs and CCCs:

FCC needs:

- Capital improvements and equipment (48). The need for additional space and more toys and equipment were the most commonly cited things that would make care provision easier for FCCs.
- Workforce improvements (31). If economically viable, FCCs would like to hire additional staff.
- Additional resources (24). Increased networking to discuss activities, challenges, etc. with other providers was listed as something desirable. Recommended mediums for networking included Facebook groups, online groups and in-person networking at training. Providers also mentioned the need for information on activities.
- Parental support (21). Increased appreciation, improved communication, more cooperation and parents working more with children at home would help FCCs with child care provision.
- Additional financial resources (18).

CCC needs:

- Additional financial resources (31).
- Staff-related needs (20). Many CCCs need additional funding for staff salaries and benefits. CCCs would also like a consideration of the required staff and child ratios.
- Miscellaneous resources (19). CCC respondents cited the need for more affordable training opportunities for staff, more consistency with rules and regulations at the state level, a parental understanding of state and provider requirements and more curriculum ideas.
- Capital improvements (3). Three respondents need bigger facilities and more space for infant and toddler care.

When asked what types of information they would like to receive to improve their child care facilities, each provider type favored different types of information.

- FCCs and family care providers would like information on strategies for mixed-aged child care programs.
- CCCs are most interested in resources for web-based, interactive training courses.

Exhibit III-11.

Information Providers Would Like to Receive by Provider Type

	FCC	Family Home Care	CCC
Strategies for mixed-age child care programs	57%	36%	44%
Resources for web-based interactive training courses	34%	36%	66%
Resources for face-to-face training courses	25%	21%	58%
Financial management of CCCs	19%	12%	41%

Source: BBC Research & Consulting.

Training and education needed. When asked about training and educational needs, many respondents solidified the need and value of current resources. The follow summarizes respondent's needs.

- **CCR&R.** Providers are extremely satisfied with the work CCR&Rs are doing in providing education and training to providers throughout the State. Many providers are enrolled in the Career Ladder program, and will continue to use this program and other opportunities at CCR&Rs to further their education and training.
- **Online tools are valuable.** Many providers have children of their own and have a minimal amount of time to invest in coursework and training in addition to the child care work they perform. Providers in rural areas find traveling into nearby cities time-consuming and difficult. Online resources provide the flexibility providers need and will continue to be an important tool in continued training and education of providers.
- **Nutrition.** Providers find it difficult to prepare nutritious and cost-effective meals across age groups, particularly when infants and toddlers often have special dietary needs.

- **Behavioral and special needs training.** Many providers seek assistance with understanding how to handle behavior problems with infants and toddlers, as well as additional help in working with children with special needs, such as ADHD. With some providers caring for children of various age groups, they find it difficult to spend substantial amounts of time disciplining toddlers.
- **Activities that integrate various age groups.** Providers expressed an interest in finding out more about activities that incorporate the various age groups in which they care for. Many facilities do not separate age groups, so ensuring activities are applicable to multiple age groups is important.

State policies and programs. The State’s role in child care provision is difficult, as it balances both supportive and regulatory roles to the child care industry. To ensure the safety of the children under the supervision of child care providers, the State must regulate these providers and impose rules and requirements on them. However, the State is also a supporter to the child care industry through the provision of financial assistances and resources. With budget cuts and dwindling revenue, the State will be challenged with providing necessary funding and programs to child care providers, which may place additional strain struggling child care businesses.

Recently, the State passed a law requiring child care staff be U.S. citizens. Although nearly 80 percent of respondents were aware of the law, 94 percent of respondents were not concerned about citizenship requirements for their staff.⁸ Nearly all survey respondents anticipated the law will have no impact on their businesses.

The Baby Steps: Quality Infant/Toddler Care Project was launched in 2003 by the Office of Child Care to “increase the overall quality of center-based infant-toddler child care and to help centers maintain the services they now provide.”⁹ The program recognized the cost strains on quality improvement for centers and provided funding and other financial incentives to “work towards increasing and maintaining quality over an extended time period.” A rating mechanism known as the Infant/Toddler Environment Rating Scale (ITERS-R) was implemented to evaluate centers.

When asked whether they had ever participated in the Baby Steps program, 58 percent of respondents had not participated, 15 percent had participated, 23 percent were not a CCC and could not participate in the program and 19 percent were unsure or not familiar with the program.¹⁰ Thirty respondents stated that the discontinuation of Baby Steps would impact their ability to continue providing infant and toddler care. The impacts of eliminating Baby Steps varied; some CCCs predict closing their business as a result of not having access to the program, while others predict the inability to buy necessary equipment.

⁸ 359 of the 402 respondents replied to this question.

⁹ <http://jobs.utah.gov/opencms/occ/occ2/infanttoddler/babysteps/index.html>

¹⁰ 368 of the 402 respondents replied to this question. Respondents were not limited to one answer choice and may have provided more than one response (ex: did not participate and not a CCC).

FFN Survey

A total of 3,231 friends, family and neighbor child care providers (FFN providers) registered with the state were mailed surveys as part of this study. Contact information for FFN providers was gathered by the state when providers contacted the state for information on compensation, classes, etc. It should be noted that these providers are representative of FFNs who have received State support at some point in time and may not represent the entire universe of FFN providers in the State. However, the data from the FFNs was fairly similar to the data on FFNs reported by parents in the parent survey.

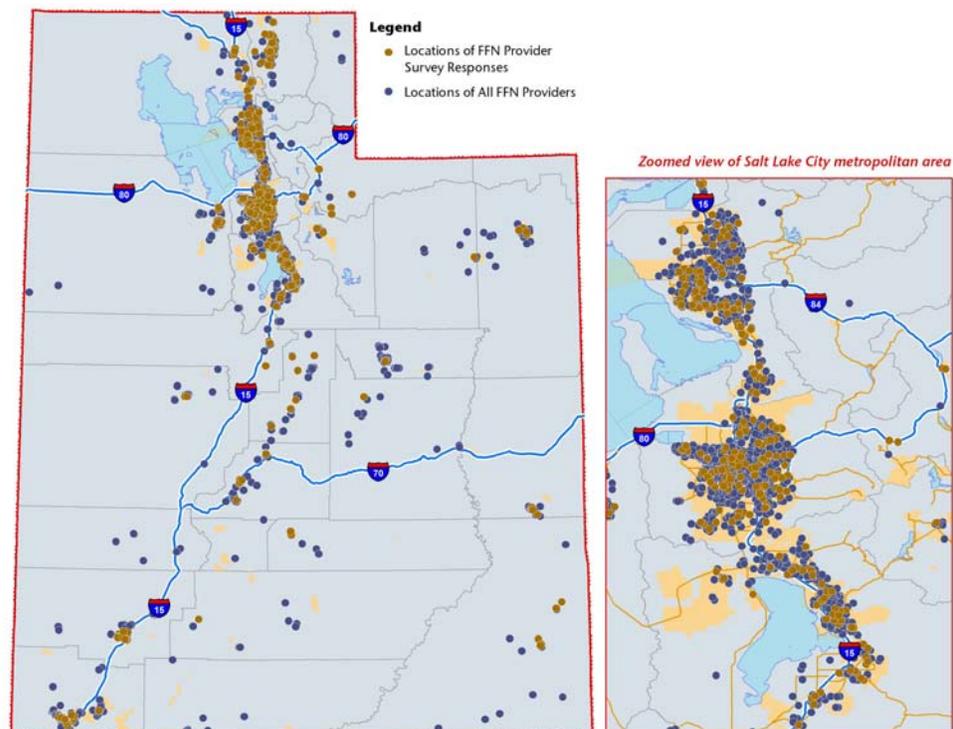
A total of 339 surveys were received from FFN providers. Assuming addresses in the state's database are up to date and represents active providers, the response rate of FFN providers was 10 percent. It is likely that the response rate is much higher than this, given the size of the FFN database and likelihood that some contacts no longer provide care.

For the purposes of this study, the definition of FFN child care includes informal (unlicensed) child care providers caring for children of relatives, friends or neighbors. Utah currently allows these providers to care for up to 4 children before licensing is required.

Geographically, concentrations of FFN survey respondents align well with the location of FFN providers overall, as shown in Exhibit III-12.

Exhibit III-12.
Location of
FFN Child Care
Providers and
Survey
Respondents

Source:
BBC Research &
Consulting.



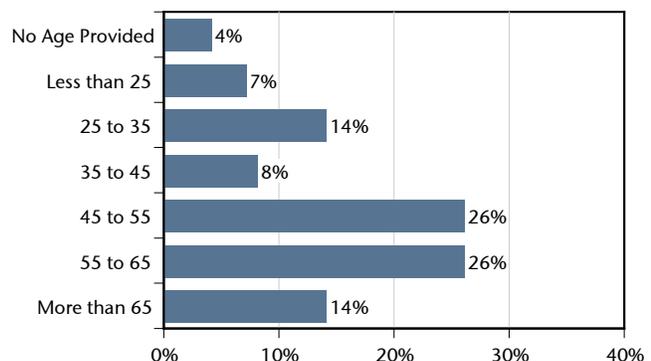
Not all FFN survey respondents still provide child care services; of the 339 survey respondents, 19 were no longer providing child care services. Reasons FFN providers no longer provide child care services varied, but primarily, the 19 providers cited a lack of demand, not enough money and difficulty with what are perceived as frequently changing and stringent state regulations.¹¹ The types of regulations were not specified by respondents. The State of Utah requires that FFN providers complete background checks; in addition, FFN providers can no longer receive State subsidies if the children they care for live in their home.

FFN demographics. This section lists the demographic characteristics of the FFN providers, including age of providers, race, marital status, homeownership and number of own children.

Age. FFN providers tend to be older than other type of care providers. The average age of a FFN provider is 50; the median age is 53.¹² Over 50 percent of FFN providers are between the ages of 45 and 65. As discussed below, this is because the vast majority of FFN providers are grandparents taking care of their grandchildren.

Exhibit III-13.
Age of FFN Providers, Utah, 2009

Source:
BBC Research & Consulting.



Race. Seventy-six percent, or three out of every four, FFN survey respondents identified themselves as white. An additional 11 percent identified themselves as Hispanic.

Marital status. Sixty-six percent of FFN providers are currently married, 16 percent are divorced, 10 percent are never married and 9 percent are widowed.¹³

Housing tenure. Seventy percent of survey respondents own the home in which they reside; the remaining 30 percent rent.¹⁴

Children in household. The 339 survey respondents reported 400 children resided in their homes for an average of 1.2 children per respondent. However, 168 of the respondents (50 percent) reported having no children, either because they have no children at home or they chose not to answer the question. T

¹¹ It should be noted that State regulations for FFNs are minimal. The State recently started requiring background checks for FFN providers.

¹² 326 of the 339 survey respondents provided their age.

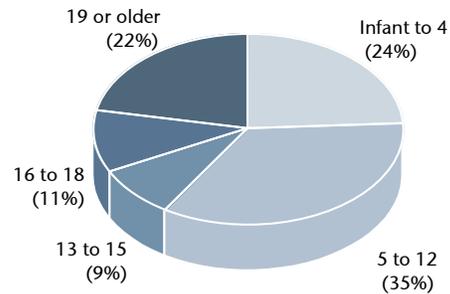
¹³ 313 of the 339 respondents replied to this question.

¹⁴ 314 of the 339 respondents replied to this question.

The 171 respondents with children have an average of 2.3 children living in their home. The ages of the children living at home vary; 24 percent of children living with FFN providers are infants, 35 percent are aged 5 to 12, 19 percent are aged 13 to 18 and the remaining 22 percent are 19 or older.

**Exhibit III-14.
Age Distribution of Children
Living with FFN Provider**

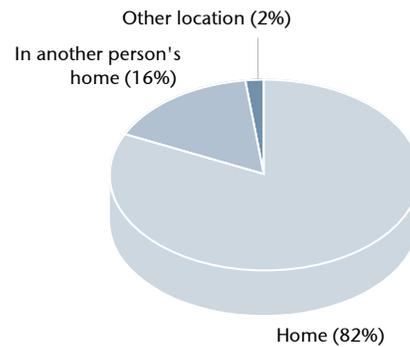
Source:
BBC Research & Consulting.



Place of care. The vast majority of FFN providers worked out of their home, although almost one-fifth provide care in someone else’s home or another location.

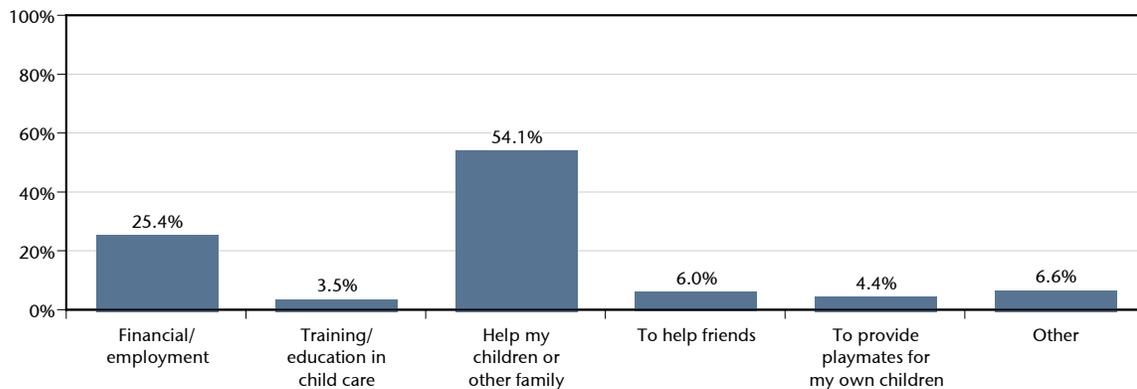
**Exhibit III-15.
Location of Child Care Provision**

Source:
BBC Research & Consulting.



Why do FFNs provide care? Motivation for establishing an FFN varied among survey respondents.¹⁵ The slight majority—54 percent of providers—cited the desire to “help their children or other family” as a reason for providing care. Twenty-five percent cited “financial/employment.”

**Exhibit III-16.
Main Reasons FFN Providers Provide Child Care**



Note: Percentages calculated from the 519 responses.
Source: BBC Research & Consulting.

¹⁵ Respondents were not required to limit their answers to only one reason for providing child care; as such, 519 reasons were provided from the 339 respondents for an average of 1.5 reasons per survey respondent.

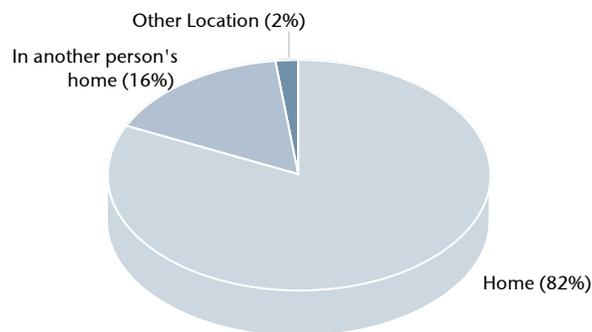
The need to help children was not mutually exclusive with a motivation for financial and employment benefits from providing child care services: 102 respondents (32 percent) cited both assistance to children and financial/employment benefits as their rationale for providing child care services.¹⁶

Most respondents provide child care because they were asked to by their children (64 percent); 30 percent volunteered to provide care for their family or neighbor; the remaining 6 percent provide care for “other” reasons. Many providers said they provided care because the parents of the children they care for could not afford other, more formal child care services.

Number of children. FFN providers each care for an average of 2.9 children.¹⁷ In many instances, FFN providers also provide care for their own children. Accounting for the presence of providers’ own children, FFN providers care for an average of 2.4 children, other than their own.¹⁸

**Exhibit III-17.
Relationship of Providers
and Children in Care**

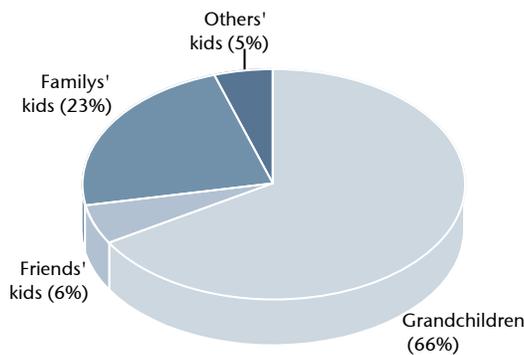
Note:
Represents the total number of children reportedly cared for by FFN providers
Source:
BBC Research & Consulting.



Relationship to children. Nearly two-thirds (66 percent) of the kids in FFN child care are grandchildren of the provider; 23 percent are children of other family (nephew, nieces, cousins, etc); 6 percent are children of friends; and, 5 percent have “other” types of relationships to the FFN provider, which survey respondents have primarily defined as great-grandchildren, neighbors and other types of family.

**Exhibit III-18.
Relationship of FFN
provider and Children**

Source:
BBC Research & Consulting.



¹⁶ Percent calculated based on the 319 respondents who provided at least one reason as to what they provide child care. Respondents were not limited in the number of reasons they provided for providing child care services.

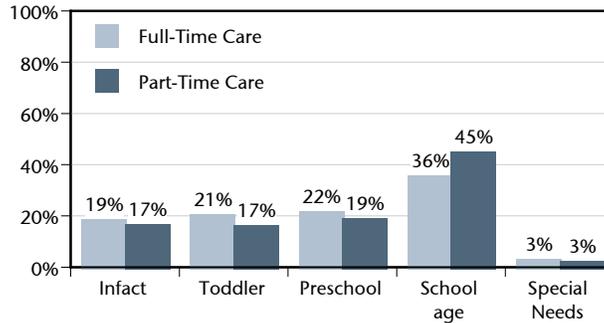
¹⁷ 331 of the 339 respondents replied to this question.

¹⁸ In some instances, respondents report more of their own children than children they care for. In these instances, it was assumed that all children they care for are their own children.

Age of children. School age children comprise the largest age groups cared for by FFN providers, as shown by Exhibit III-19.

Exhibit III-19.
Distribution of Ages in FFN Provider Care

Source:
BBC Research & Consulting.



Care hours. FFN care providers are providing care for a variety of schedules, from full-time infant and toddler care to part-time after school care for school-aged children. On average, FFN providers provide care an average of 4.1 days per week. Sixty-seven percent of providers provide care all 5 days of the week. Additionally, 40 percent of providers provide care at least 1 of the 2 weekend days each week.

Most children in FFN care are cared for full time. Survey respondents provided information on care type for 862 children; 547 of those children are receiving full-time care from the FFN providers (63 percent), and 315 are receiving part-time care (37 percent).

Cost of care. The average cost for care of infants, toddlers and preschoolers at an FFN provide varied by cost per week; however, per hour, FFN providers charged approximately \$4.00 per hour for service.

Exhibit III-20.
Average Cost for Care

Source:
BBC Research & Consulting.

	Average per Week	Average per Hour
Infants	\$132	\$3.75
Toddlers	\$120	\$4.03
Preschoolers	\$103	\$3.86

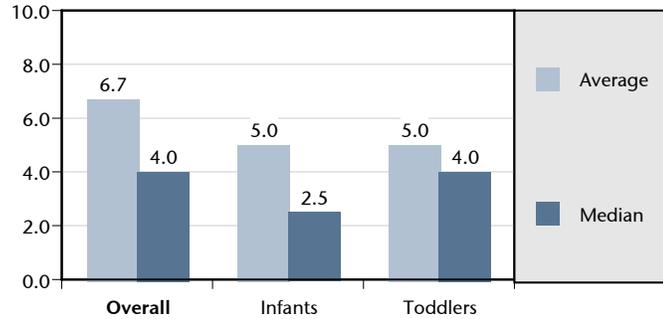
In some instances, free care is provided. Of the 126 FFN providers that reported providing full-time and/or part-time care for infants other than their own children, 16 (13 percent) did not charge for their services. Of the 130 providers that care for toddlers either full-time and/or part-time, 12 (9 percent) provide free services. Lastly, of the 139 FFN providers caring for preschoolers other than their own, 8 (6 percent) do not charge for their child care services.

Qualifications of FFN Providers. The informal arrangements of FFN providers may mean that they have less formal training in caring for infant and toddlers than licensed providers who are subject to more regulations and accreditation.

The experience of FFN providers varies. Overall, FFN providers have an average of 6.7 years of experience and a median of 4 years of experience. FFN providers who are caring for infants and toddlers have less experience providing child care services to children other than their own, with an average of 5 years of experiencing caring for both infants and toddlers, as shown in Exhibit III-21.

**Exhibit III-21.
Average and Median Years of
Experience of FFN Providers**

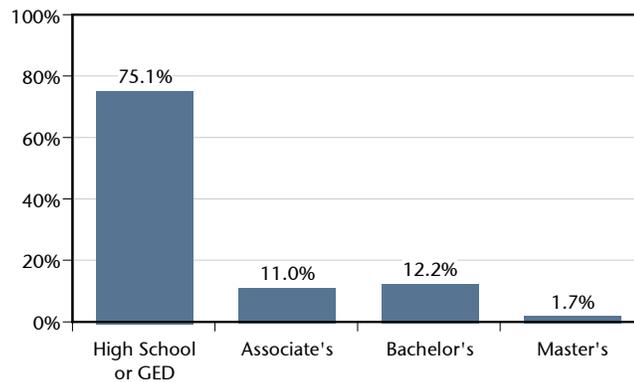
Source:
BBC Research & Consulting.



Many FFN providers lack formal and/or informal training specific to child care; however, many have received other forms of degrees. Of the 237 respondents that provided information about their educational attainment (completion of high school, college or graduate school), 75 percent had a high school diploma or a GED, 11 percent had Associates degrees and the remaining 14 percent had a Bachelor’s or Master’s degree.¹⁹

**Exhibit III-22.
Educational Attainment**

Source:
BBC Research & Consulting.



Very few survey respondents (approximately 1 percent) hold training or certificates pertinent to child care, and, more specifically, infant and toddler care. A large proportion of survey respondents cited having “Other” professional attainment (61 of 339 respondents). Many specified their experience to be related to raising their own children, partial completion of college and degrees within the medical field.

Few FFN survey respondents have formal experience, either as a teacher’s aide or working for/owning a licensed child care provider business.

- Twenty-one percent of survey respondents have been employed as a teacher’s aide or child care teacher in a licensed program prior to be an FFN provider.²⁰ Those survey respondents with aide and/or licensed provider experience averaged 6 years of experience, with a median of 3 years of experience.

¹⁹ 237 of the 339 survey respondents provided degree information.

²⁰ 333 of the 339 survey respondents provided aide and/or child care teacher information.

- A lower 12 percent of survey respondents have run a licensed home-based provider business.²¹
- Moreover, 27 percent of survey respondents have other jobs in addition to providing child care as an FFN provider.²² Most of those jobs are not related to child care and include, but are not limited to, the following: cosmetologist, school bus driver, RN, retail worker and therapists.

Challenges and assistance. The informality surrounding FFN care provision creates unique challenges. Lacking in formal training, many have accepted their roles as child care providers out of duty or obligation to their families, as well as for additional income. Many caring for infants, which present even more care challenges, simply do so because their family/friends had a baby and needed child care assistance. Many lack formal child care training and many more have no experience in licensed child care facilities or homes.

The educational needs of FFN providers vary. However, when asked what courses FFN providers would take if offered, a number of consistent themes emerged. In particular, FFN providers desire information on child development/brain development/child psychology to help them better understand children, as well as information on CPR and first aid. The following provides a synopsis of the responses:

- Brain development, child development and child psychology (to become familiar with child development stages) (44)
- CPR and first aid (38)
- Food preparation, nutrition and low cost meals (5)
- GED (8)
- Help with licensing (5)
- Behavior and discipline (4)
- Business and computers (7)
- Play and educational activities (6)
- Special needs (particularly autism) (5)

In many instances, the educational needs reflect the generation gap between many grandparents and older care takers and the children they are caring for. Challenges identified by FFN providers also reflect that gap. When asked what their biggest challenges were in child care provision, many mentioned the difficulties of balancing the demands and difficulties of raising small children with the aging process. Additionally, many providers highlighted the challenges of knowing which activities would educate children, while keeping them entertained.

²¹ 326 of the 339 survey respondents provided licensed care provider information.

²² 333 of 339 survey respondents provided information on other employment.

Responses to this open-ended question varied. The themes that emerged from the responses are summarized below. The number of responses each category received is provided in parentheses.

- Routine challenges of caring for infants and toddlers (109). The most commonly cited challenges fell into a category related to meeting the basic needs of infants and toddlers. Providers discussed the challenges of getting children to take naps, keeping a safe environment for them, changing diapers, potty training and disciplining small children. Some providers also mentioned the difficulties of transporting small children, particularly when they also care for older children. Not only is it logistically difficult to travel with multiple children, but it is also physically challenging to carry car seats.
- Care is time consuming and demanding (49). Many respondents simply mentioned that caring for infants and toddlers was “demanding” and “time-consuming”. In addition to citing age as one of their challenges, as mentioned above, many providers mentioned the difficulty in keeping up with small children and tending to basic their needs, such as cleaning up after children. Others also mentioned the challenges of balancing child care services with spending time with their spouses or meeting other obligations, such as doctor appointments.
- Aging caretakers (35). FFN providers are often grandparents who are met with the challenge of taking care of small children while also dealing with the effects of age. FFN providers mentioned feeling exhausted and see “keeping up” with children and the energy that is required to do so as a major challenge to child care provision. Many providers simply put that their “health” was their primary challenge.
- Financial, capital and operational challenges (33). Because of the informality of many FFN care scenarios, providers discussed challenges with receiving payment for care and having difficulty paying for the needs of the children they care for. Similarly, many discussed not having the space for proper care, as well as not having proper toys and books.
- Relationship with parents (28). Because grandparents comprise a large portion of FFN providers in this survey, they discussed difficulty in getting payment from the children’s parents, as well as feeling underappreciated.
- Balancing care of multiple children (25). As with many providers offering care for children of varying ages, FFN providers suggested challenges of providing care for infants and toddlers while also providing care for older children. Specific challenges include separating toys and preventing fights.
- Activities and entertainment (25). Respondents discussed challenges in finding activities for infants and toddlers that not only keep them busy and entertained for any length of time, but also activities that are educational and beneficial to the children’s development.
- Food and nutrition (21). Respondents expressed difficulty in getting children to eat, as well as knowing what to get give children that would be nutritious and cost-effective.

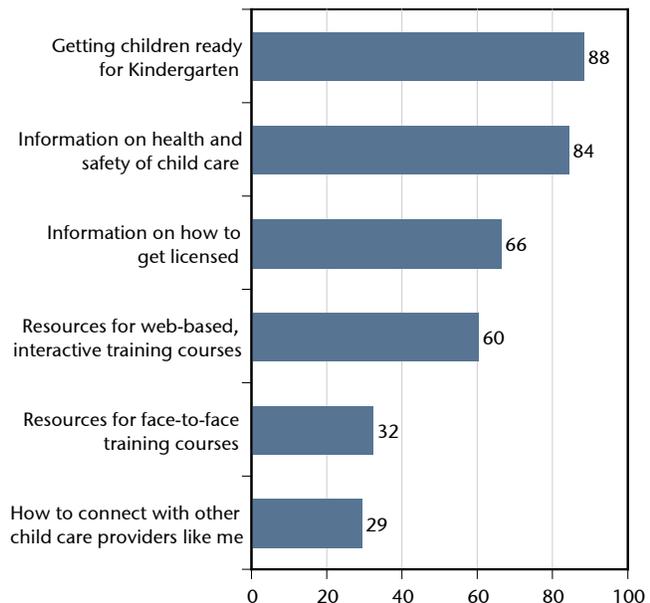
When asked what would help FFN providers' jobs easier in providing care specifically for infants and toddlers, providers said the following:

- Help from parents (33). More consistency in pay and in pick-up times were primary concerns from FFN providers. Many also suggested that more input and cooperation from parents would make care easier to provide. For example, providers hoped that parents would help more with discipline, getting children into routines and potty-training at home.
- Facility improvements and equipment (36). Providers discussed the need for additional space, as well as space that was better configured and more conducive to caring for children. Others suggested a need for outdoor play equipment and outdoor space.
- Financial assistance and operational improvements (28). Many respondents simply mentioned the need for more money to help. Others mentioned needing additional help and assistance in cleaning their homes.
- Toys and activity ideas (24). FFN providers said additional toys and activity ideas would make child care provision easier for them. Suggestions for needed items included books, DVDs/videos and craft ideas.
- Training (10). Ten respondents said that training would make their child care operations easier. Specific courses suggested included CPR, safety and English language.

When asked what sort of information FFN providers would like to receive to feel better equipped for their child care responsibilities, many responded they would like information on getting children ready for Kindergarten and information on health and safety of child care.

**Exhibit III-23.
Information FFN Providers
Would Like to Receive**

Source:
BBC Research & Consulting.



SECTION IV.
Parent Survey

SECTION IV.

Parent Survey

In summer 2009, BBC surveyed 1,825 Utah parents with children age two or younger regarding their child care choices. The surveys were administered by phone in both English and Spanish by subcontractor Davis Research.

This section presents the results of the surveys, through addressing the following questions:

- What proportion of Utah's infants and toddlers are cared for by someone other than a parent?
- If parents do not need care, why not?
- Who are the care providers? Are they the parent's first choice?
- Have parents faced challenges in finding care? What challenges?
- Are parents satisfied with the care their infants and toddlers receive? What would they change if they could?

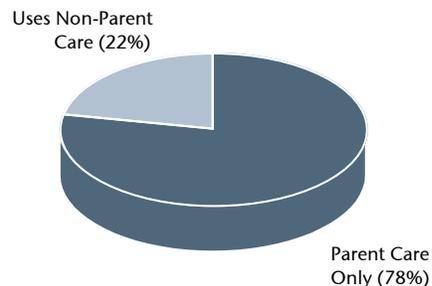
Infant and Toddler Care Utilization

For 78 percent of Utah households with children age two or younger the child's parents are the sole caregiver, apart from occasional babysitters.

Exhibit IV-1. Proportion of Utah Households with Infants and Toddlers who Use Non-Parent Child Care

Note:
n =1,825 households.

Source:
BBC Research & Consulting Parent Survey, 2009..

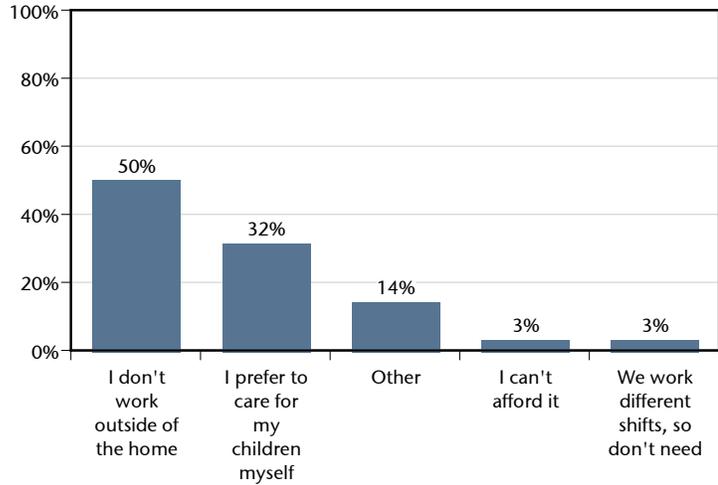


Parents who do not use infant and toddler care. For most of these parents, the decision to be their child's only caregiver is because at least one parent does not work outside the home. Exhibit IV-2 below presents the five most frequently mentioned reasons why some parents do not use outside child care. In addition to the reasons detailed in Exhibit VI- 2, four parents used to have care, but it closed; four parents couldn't find quality care, and three parents mentioned that quality care was too far away.

**Exhibit IV-2.
What is the primary reason you do not have someone other than yourself regularly care for your children age two or younger?**

Note:
n =1,425 households.

Source:
BBC Research & Consulting Parent Survey, 2009.

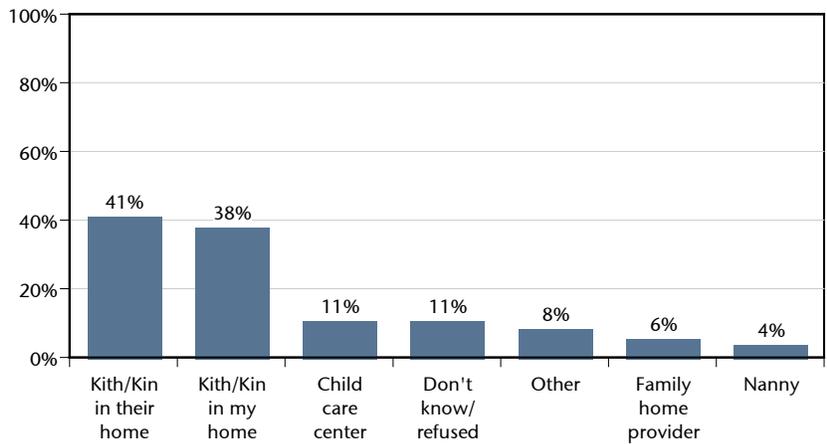


A segment of parents who do not currently use outside child care providers were asked what type of care arrangement that would best suit their needs, were outside care to become necessary. As shown in Exhibit IV-3, FFN care (also called kith/kin care) in their home or the parent's home were the preferred non-parent child care arrangement.

**Exhibit IV-3.
If you needed care, what type of arrangement would best meet your needs for your children age two and younger?**

Note:
n=253 households.
BBC Research & Consulting Parent Survey, 2009.

Source:
These households cited a lack of access to quality care, affordable care or "other" to the question regarding the primary reason why outside care is not used (depicted in Exhibit IV-2 above).

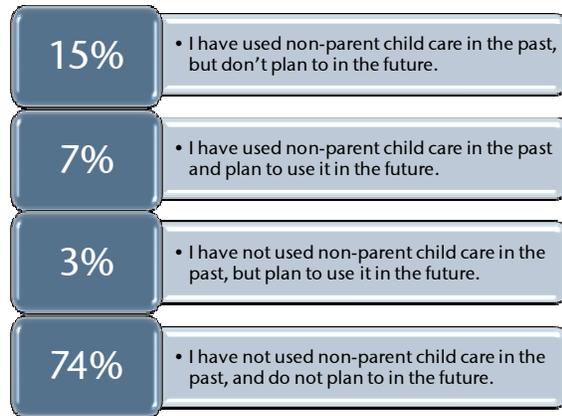


With respect to their plans to use non-parent care in the future, parents were read four statements and were asked to select the statement that best reflected their future plans. Among those parents not currently using outside caregivers, 10 percent plan to use outside care in the future.

Exhibit IV-4.
Which of the following statements best describes your past or future intentions with regard to non-parent child care?

Note:
 n=1,425 households.
 Not shown in the exhibit is the 1 percent of households who responded Don't Know.

Source:
 BBC Research & Consulting Parent Survey, 2009.



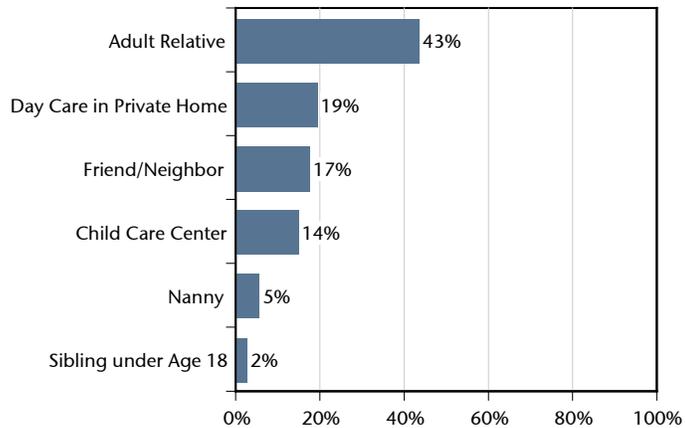
Child Care Arrangements for Children Age 2 or Younger

The 22 percent of Utah households with infants or toddlers who use non-parent child care employ a variety of caregivers, ranging from child care centers to adult relatives to nannies. The greatest proportion of children age 2 and younger in non-parent care (43 percent) are being care for by an adult relative.

Exhibit IV-5.
Which of the following best describes the types of providers you use to care for your children age 2 or younger?

Note:
 n=443 children age 2 or younger.
 Numbers add to greater than 100 percent because multiple caregivers are employed.

Source:
 BBC Research & Consulting Parent Survey, 2009.

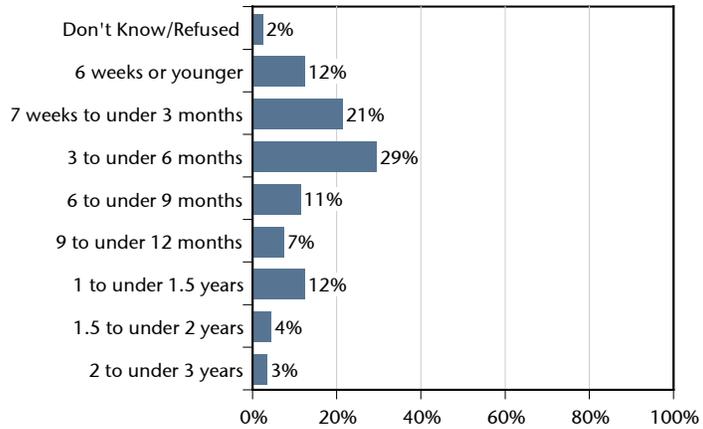


Age of child when non-parent care began. More than 62 percent of the children age two or younger in non-parent care first entered the care arrangement by the age of six months. Exhibit IV-6 details the age at which a child first entered non-parent care.

Exhibit IV-6.
How old was your child when someone other than you or your spouse began to regularly care for him or her?

Note:
 n=443 children age 2 or younger.

Source:
 BBC Research & Consulting Parent Survey, 2009.

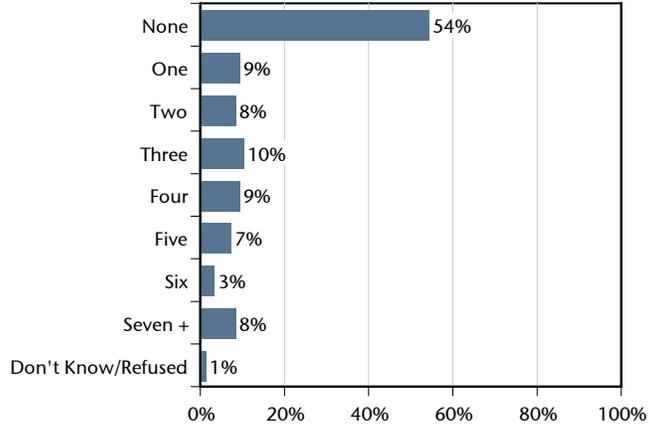


Number of providers parent(s) evaluated before final selection. When asked about the number of providers that parents considered before selecting a provider, 54 percent report evaluating no providers. It's likely that most of these parents use FFN care, and did not consider any other alternatives. Amongst those parents who considered one or more providers, no particular number of providers emerges as a "typical" number of providers to evaluate. Rather, approximately the same proportion of households considered one provider as considered four as considered seven or more.

Exhibit IV-7.
How many different child care providers did you evaluate before making a final choice?

Note:
 n=400 households.
 Numbers add to greater than 100 percent due to more than one child per household.

Source:
 BBC Research & Consulting Parent Survey, 2009.

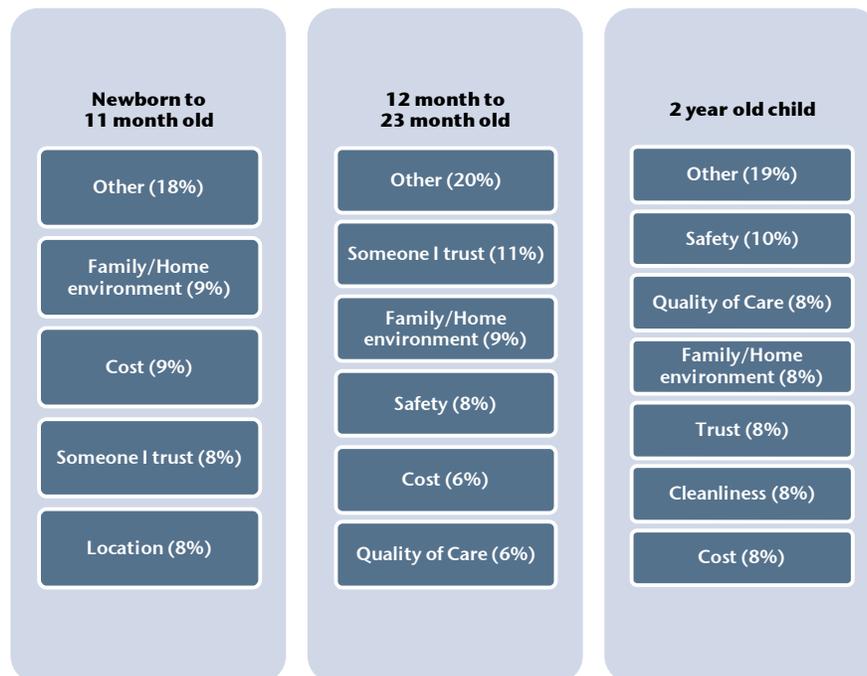


Most important factors when evaluating providers. Parents who use non-parent care considered a variety of factors when evaluating child care providers. Exhibit IV-8 presents the top five factors parents considered, based on the age of the child. Responses in the “other” category include:

- Selecting a licensed provider;
- Understanding the provider’s hiring process, including background checks and caregiver training and certifications;
- Student to teacher ratios;
- Provider’s experience caring for children;
- The provider’s attitude, professionalism and the atmosphere of the facility/home;
- The provider’s reliability;
- Willingness to provide care in the parent’s home; and
- The provider already cared for the child’s sibling(s), among other factors.

These did not vary by the age of the child.

Exhibit IV-8.
When you were evaluating different child care providers, what were the most important factors you considered?



Note: Only the top five responses are detailed in this exhibit for each age cohort. Newborn to 11 month old n=224 responses. 12 month to 23 month old n=293 responses. 2 year old child n=226 responses. The larger sample sizes are due to individual parents providing multiple responses to this question.

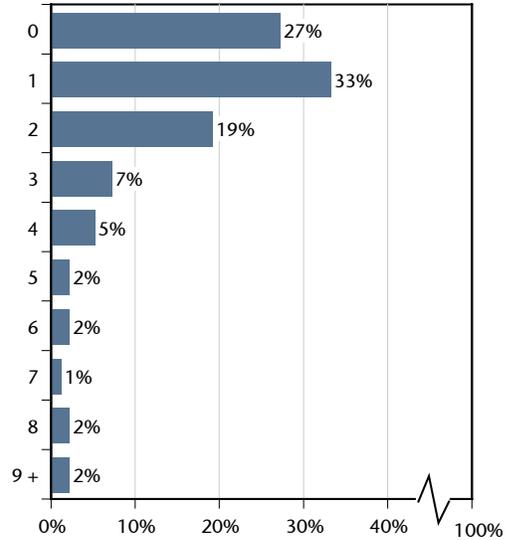
Source: BBC Research & Consulting Parent Survey, 2009.

Number of other children cared for by provider. As shown in Exhibit IV-9, one-third of the children in non-parent care share their caregiver with one other child. Slightly more than one in four children are the only child in the care giving environment.

Exhibit IV-9.
In addition to your child, how many other children are cared for by your primary child care provider?

Note:
n=427 children.

Source:
BBC Research & Consulting Parent Survey, 2009.

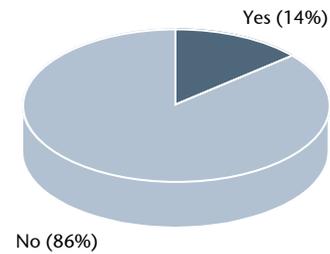


Waitlist experience. Overall, 14 percent of children in non-parent child care were waitlisted by their provider of choice.

Exhibit IV-10.
Were you ever on a waitlist for your child?

Note:
n=434 children

Source:
BBC Research & Consulting Parent Survey, 2009.

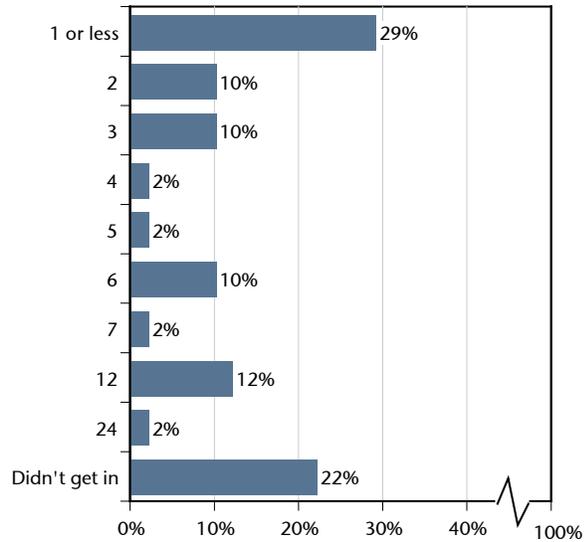


Waitlist duration. The duration of time on the waitlist ranged from one month or less up to two years. Exhibit IV-11 details the months that children who were waitlisted spent on the list. Slightly more than one in five children did not get in to the provider of choice.

Exhibit IV-11.
Approximately how long was your child on the waitlist before he or she got in?

Note:
 n =434 children.

Source:
 BBC Research & Consulting Parent Survey, 2009.



Perspectives on Using Non-Parent Care for Infants/Toddlers

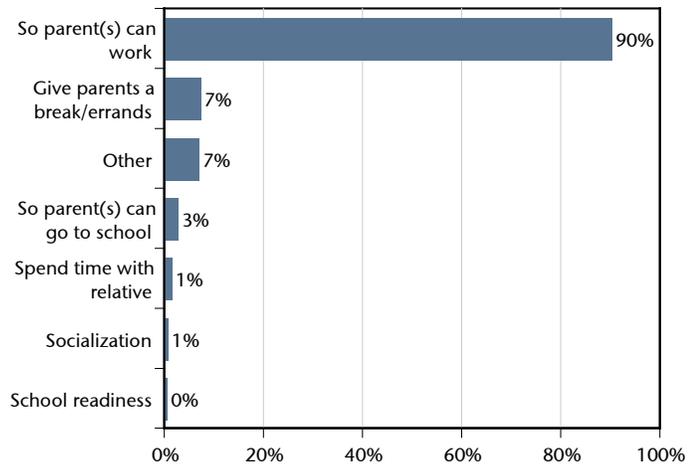
This section explores parents’ perspectives on regularly employing persons or organizations other than parents or guardians to regularly care for their children age two or younger.

Primary reason for using non-parent child care. The primary reason that parents of children age two or younger use non-parent child care is so that one or both parents can work. Exhibit IV-12 details the reasons parents mentioned for seeking non-parent care.

Exhibit IV-12.
What is the primary reason your child is in child care?

Note:
 n=400 households.
 Responses add to greater than 100 percent due to multiple children per household. Parents provided a reason for child care for each child age two or younger (443 children in all).

Source:
 BBC Research & Consulting Parent Survey, 2009.



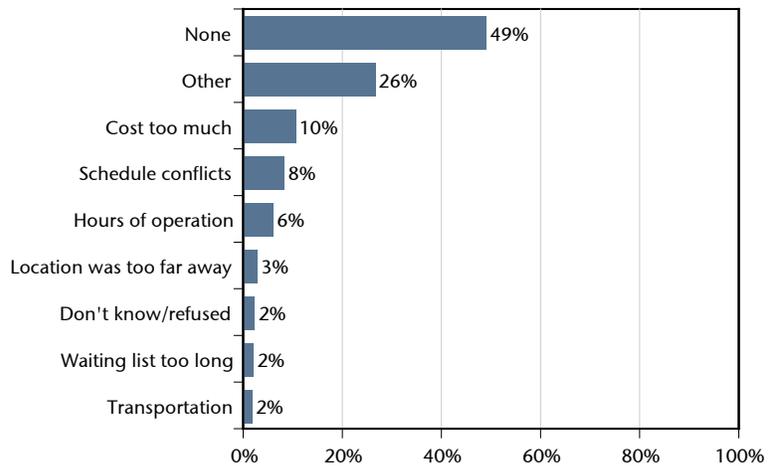
Challenges finding or using child care. Parents of children age two or younger who use outside child care were asked to describe the challenges encountered in the past year in finding and using child care. Slightly more than 50 percent of parents who use outside care experienced one or more challenges in finding and using care in the past 12 months. Parents offered a very wide range of challenges, including the most frequently mentioned: cost. Responses in the “Other” category include:

- Difficulty finding a program that would accept an infant;
- Regret about having to depend on someone other than a parent to provide care;
- Limited options to choose from; and
- Finding a dependable caregiver.

Exhibit IV-13.
In the past 12 months, what were the biggest challenges you’ve had in finding and using child care for your children under age two or younger?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.



Satisfaction with current care arrangement. Despite encountering some challenges in finding or using child care, the vast majority of parents are very happy with their current care arrangement. When asked to rate their happiness with their current arrangement, nearly three out of four parents were “Very Happy” with their arrangement. Not a single parent was “Very Unhappy” with their arrangement.

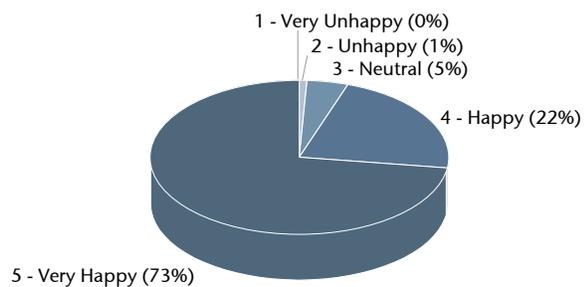
Exhibit IV-14.
On a scale of 1 (Very Unhappy) to 5 (Very Happy) how happy are you with the arrangements you’ve made for your children?

Note:
 n=400 households.

The average of these responses was 4.67 on a scale of 1 to 5, with a rating of 5 indicating that a parent was “Very Happy” with the current child care arrangement.

No parent was “Very Unhappy” (a rating of 1) with their current arrangement.

Source:
 BBC Research & Consulting Parent Survey, 2009.

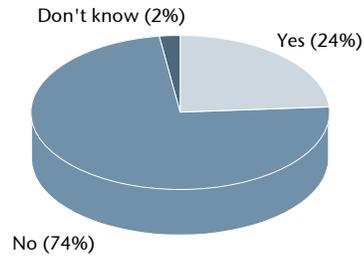


Desire to change current child care arrangement. It's not surprising that most parents would not change their current child care arrangements, given the response to the previous question. However, 24 percent of parents would change their arrangement if possible.

Exhibit IV-15.
Would you make other arrangements for your infant or toddler's care if you could?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.



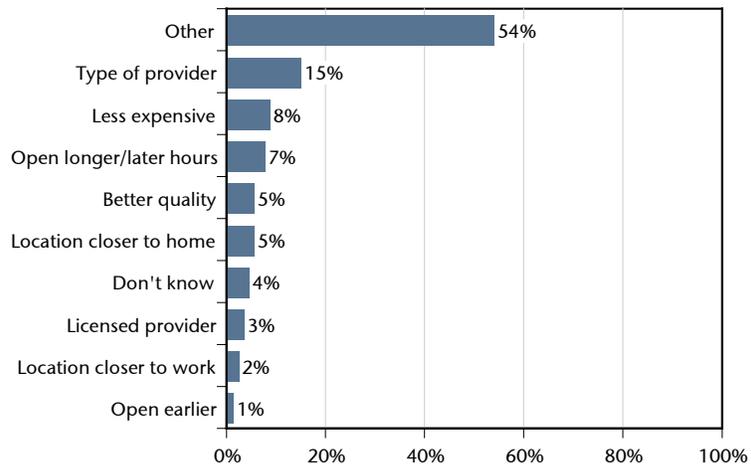
Those parents who would choose to change their child care arrangement if they could, offered a wide range of reasons for wanting a change. For 15 percent of these households, the parents would prefer to change the type of provider. Among those parents, the majority would prefer to switch from their current arrangement to a provider that was a relative or would prefer parent-only care. This is not to suggest that all parents who want a change are in non-parent settings: 29 percent of the parents had their children cared for by a relative, compared to 23 percent at a child care center and 22 percent in care with a friend or neighbor (17 percent was in a family care setting).

Included in the “Other” category were a variety of changes, ranging from not having to use non-parent care to a change in how the care is administered (e.g. less TV).

Exhibit IV-16.
What would you like to change about the care arrangement for your infant or toddler?

Note:
 n=95 households.
 Among those parents who selected “Other” as a response, only half provided a concrete example of what they would change.

Source:
 BBC Research & Consulting Parent Survey, 2009..



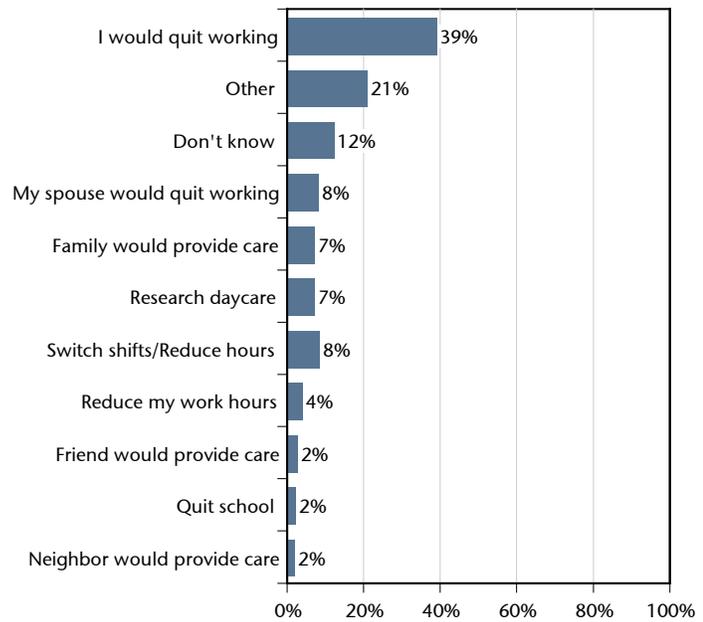
Ramifications of not having access to non-parent care. When parents were asked what they would do if child care were no longer available, they offered a range of outcomes. The majority related to their workforce decisions, ranging from leaving the workforce entirely to changing shifts or reducing hours. As shown in Exhibit IV-17, 39 percent of households using non-parent care would lose one parent from the workforce if child care were not available. Responses in the “Other” category included:

- Having to take children on errands or visits to the gym;
- Changing jobs; and
- Attempt to work from home.

Exhibit IV-17.
What would you do if you didn't have child care available?

Note:
 n=400 households.
 Numbers add to greater than 100 percent due to multiple responses.

Source:
 BBC Research & Consulting Parent Survey, 2009.

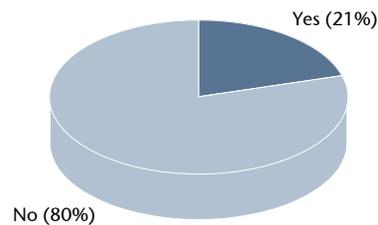


Summertime child care arrangements. One in five families make different child care arrangements during the summer months.

Exhibit IV-18.
Do you make different child care arrangements in the summer?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.



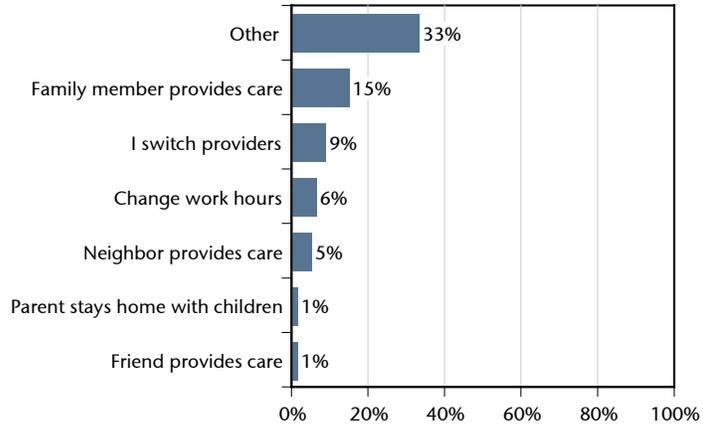
Those households that do make alternative child care arrangements in summer tend to employ a variety of strategies. Most prominent among them is changing providers or reducing the time spent with the usual provider while adding another provider to the mix. Only half of the parents who mentioned “Other” as a response provided specifics for how their care arrangement changed during the summer. Those who did provide details described:

- The addition of a teenage babysitter to the care giving schedule to compensate for reduced time spent with relatives or in more formal child care arrangements;
- The ability for a parent to resume all care giving duties during summer months; and
- Reduced number of days per week that the children are in non-parent care.

Exhibit IV-19.
How do these arrangements change during the summer months?

Note:
 n = 82 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.



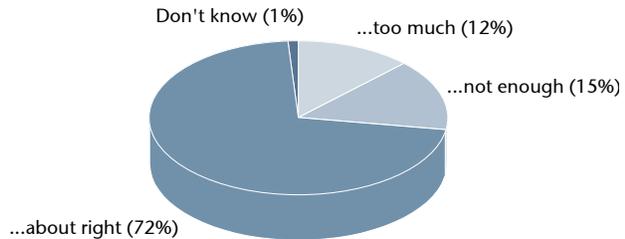
Paying for Non-Parent Child Care

The majority of parents who pay for non-parent child care believe that the amount they pay is "About Right."

Exhibit IV-20.
Do you think the amount you pay for child care is ...?

Note:
 n=281 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.

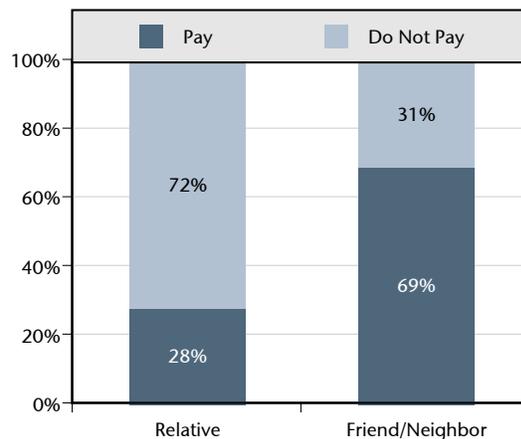


Paying relatives, friends, neighbors. As shown in Exhibit IV-21, the majority of parents who entrust their infant or toddler to a relative do not pay cash for the relative's child care services. Nearly the opposite is true for friends and neighbors who provide care. When the children cared for by relatives and friend/neighbors are combined, only 39 percent receive payment for their services.

Exhibit IV-21.
Do you pay the relative, friend or neighbor who cares for your child?

Note:
 n=189 children cared for by relatives.
 n= 75 children cared for by friends and neighbors

Source:
 BBC Research & Consulting Parent Survey, 2009..



Cost of child care.

Newborns up to age 11 months. Exhibit IV-22 compares the cost of caring for newborns up to the age of 11 months between FFN care versus child care centers and family home day cares. Not surprisingly, child care centers and family home day care centers cost more per week on average. It is important to note that the numbers for Relative/Friend/Neighbor care include only those receiving payment, which excludes 72 percent of relatives and 31 percent of friends/neighbors.

Exhibit IV-22.
Weekly cost of caring for newborns up to 11 months, by hours per week

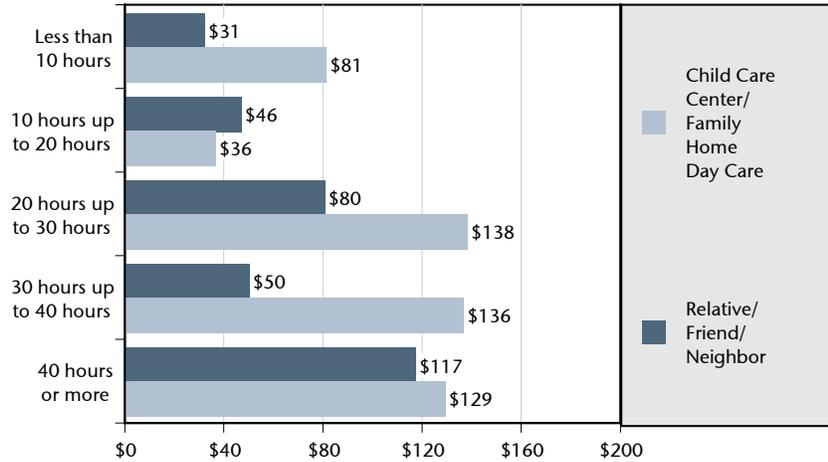
Note:

n=28 children cared for by relatives, neighbors, friends.

n= 33 children cared for by child care centers and family home day care centers.

Source:

BBC Research & Consulting Parent Survey, 2009.



Ages 12 months up to 23 months. Exhibit IV-23 compares the cost of caring for children between the ages of 12 and 23 months.

Exhibit IV-23.
Weekly cost of caring for children ages 12 months up to 23 months, by hours per week

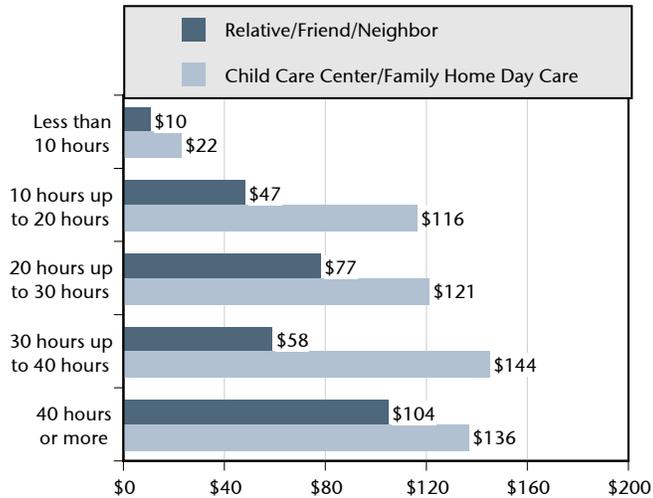
Note:

n=37 children cared for by relatives, neighbors, friends.

n=47 children cared for by child care centers and family home day care centers.

Source:

BBC Research & Consulting Parent Survey, 2009.

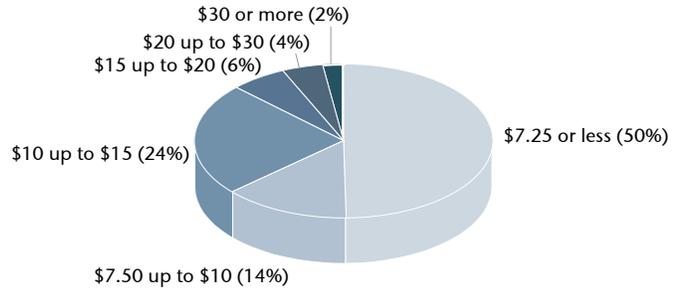


Estimated wages of child care providers. Parents were asked to estimate the hourly wage of the person who cares for their child. Wage estimates ranged from 40 cents up to \$75 per hour. On average, parents estimate that their provider makes \$6.52 per hour. The median wage is \$10 per hour. Minimum wage in Utah is currently \$7.25.

Exhibit IV-24.
On average, how much do you think the person who cares for your child makes per hour?

Note:
 n=213 respondents.
 Wage estimates exclude unpaid care providers.

Source:
 BBC Research & Consulting Parent Survey, 2009.



Parent Perspectives on Licensing of Child Care Providers

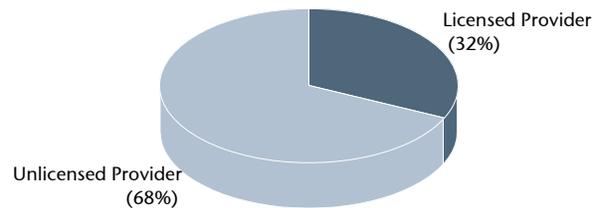
In the course of detailing the types of arrangements made to care for their children age 2 or younger, parents were asked whether or not their child care provider is licensed by the State of Utah.

Proportion of children in licensed care. Overall, 32 percent of children age two or younger whose parents use some type of non-parent care are provided for by licensed caregivers.

Exhibit IV-25.
Is that child care provider licensed by the Bureau of Child Care Licensing?

Note:
 n=443 children.

Source:
 BBC Research & Consulting Parent Survey, 2009.

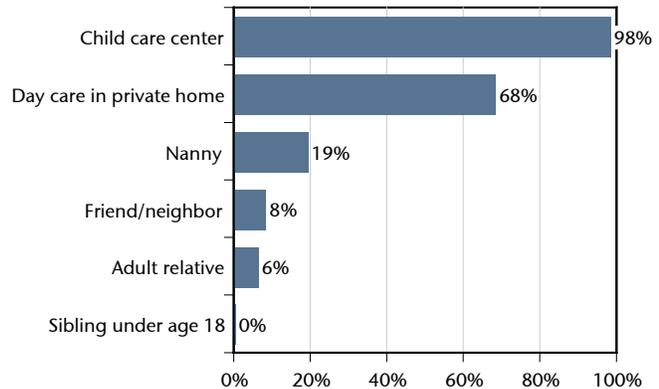


Proportion of licensed providers by type. It is not surprising that whether or not a provider is licensed by the State varies by type of provider. It is not surprising that nearly all child care centers are licensed, while less than 10 percent of FFN care providers are licensed, as detailed in Exhibit IV-26.

Exhibit IV-26.
Is that child care provider licensed by the Bureau of Child Care Licensing?—by Type of Provider

Note:
 Adult Relative, n=191 children.
 Day Care in Private Home, n=84 children.
 Friend/Neighbor, n=75 children.
 Child Care Center, n=64 children.
 Nanny, n=22 children.
 Sibling Under Age 18, n=10 children.

Source:
 BBC Research & Consulting Parent Survey, 2009.

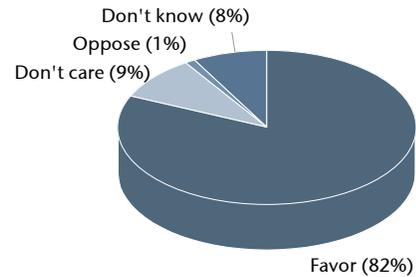


Opinions regarding licensing. The vast majority of parents favor the concept of licensing child care providers. The reasoning behind these opinions is explored below.

Exhibit IV-27.
Some child care providers are licensed by the State of Utah and some are not. What is your opinion on the subject of licensing child care providers?

Note:
n=378 households.

Source:
BBC Research & Consulting Parent Survey, 2009.



Reasons for supporting licensing. Parents who favor licensing child care providers offered explanations for their opinions as well as situations where licensing was unnecessary.

- Parents believe that child care centers should be licensed.
- Parents believe that individuals or organizations that provide child care professionally or as a business should be licensed.
- Parents do not believe that family members need to be licensed.
- Parents believe that anyone who is a “stranger” to the parent should be licensed (e.g., not a relative, friend or neighbor).
- Parents believe that individuals or organizations that care for multiple children that are not related to the provider need to be licensed.

Reasons for opposing or being indifferent to licensing. Parents who didn’t necessarily express a favorable opinion of licensing offered the following types of opinions:

- Licensed providers are not necessarily providing a higher quality of care than an unlicensed provider.
- Current resources do not allow frequent enough inspections for regulations to be adequately enforced, thus eliminating the benefit to parents of licensing.

In-depth Analysis of FFN Care

Kith and kin, or FFN, care includes relatives, neighbors and close friends who provide child care. This section explores that type of care in more detail. Overall, 44 percent of the households who use non-parent care choose to have an adult relative care for their infant or toddler.

Relative’s relationship to child. As shown in Exhibit IV-28, 70 percent of the adult relatives caring for infants and toddlers are Grandmothers. The second largest segment of relative caregivers is Aunts.

Exhibit IV-28.
What is the adult relative's relationship to your child?

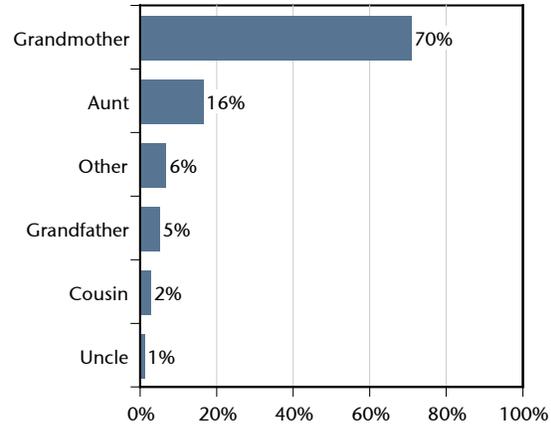
Note:

n=175 households.

"Other" includes Brother, respondents who employ multiple relative caregivers and respondents who declined to specify the nature of the relationship of the relative to the child.

Source:

BBC Research & Consulting Parent Survey, 2009. Note:



Age of FFN provider. Slightly more than one in three FFN providers are between the ages of 55 to 74, as shown in Exhibit IV-29.

Exhibit IV-29.
Age of Adult Relative, Neighbor or Friend Providing Child Care

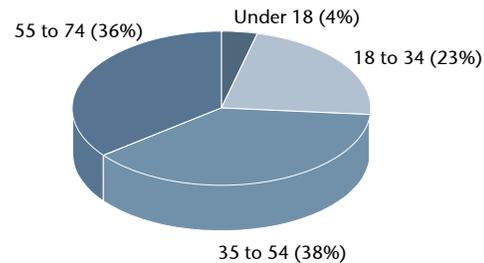
Note:

n=238 households.

Originally, "Age 75 or older" was included as a category. However, only 1 respondent had a caregiver in that age group, therefore that respondent is included in the 55 to 74 category.

Source:

BBC Research & Consulting Parent Survey, 2009.



Preference for FFN care. As shown below, having a relative, friend or neighbor care for their infant or toddler was the preferred choice for 94 percent of parents.

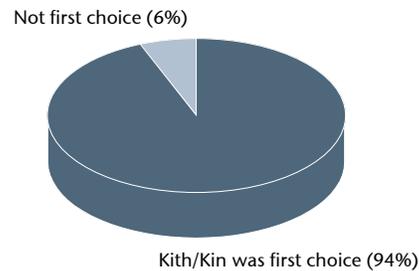
Exhibit IV-30.
Was having this relative/friend/neighbor care for your child your first choice?

Note:

n=238 households.

Source:

BBC Research & Consulting Parent Survey, 2009.



FFN providers volunteer. Three out of four FFN providers volunteered to provide child care, as shown in Exhibit IV-31.

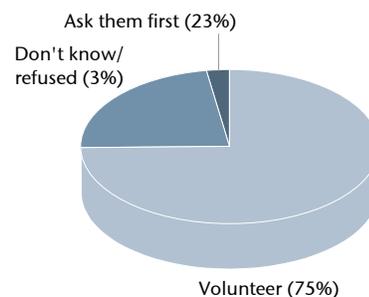
Exhibit IV-31.
Did your relative/friend/neighbor volunteer to care for your child, or did you have to ask them first?

Note:

n=238 households.

Source:

BBC Research & Consulting Parent Survey, 2009.



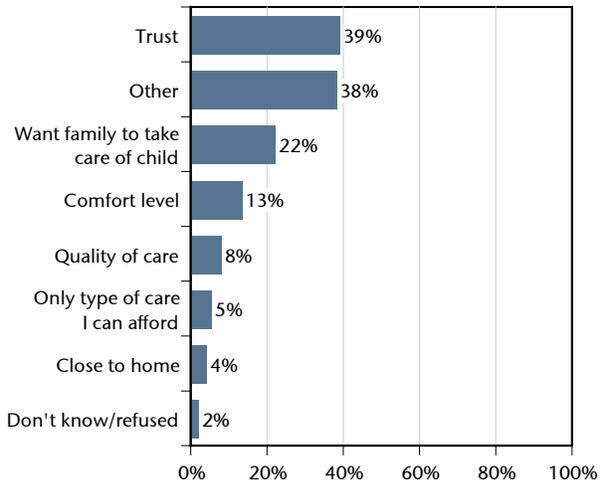
Primary reason for choosing FFN care. Parents offered a wide range of reasons for choosing to have a relative, neighbor or close friend care for their infant or toddler. Exhibit IV-32 presents those responses. Nearly 40 percent of parents chose FFN care because of trust. The “Other” category is comprised of a variety of reasons, including:

- Safety
- Availability at odd hours (e.g., 4 a.m., during graveyard shifts)
- Availability for a few hours a week, such as when a parent needs to run errands or attend a class;
- Free child care; and
- The familiarity the child has with the caregiver.

Exhibit IV-32.
What is the primary reason you choose to have a relative/neighbor/friend care for your child?

Note:
 n=238 households.
 Numbers add to greater than 100 percent due to multiple responses.

Source:
 BBC Research & Consulting Parent Survey, 2009.



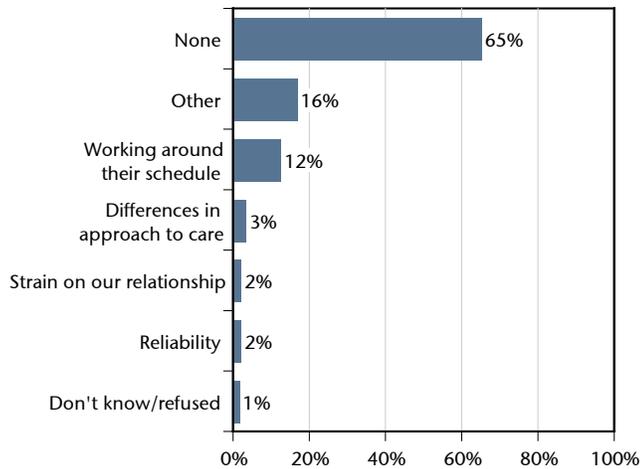
The challenges of FFN care. Overall, parents who have a relative, close friend or neighbor care for their child, do not report encountering any challenges resulting from the care arrangement. Exhibit IV-33 details the reported challenges. Challenges included in the “Other” category are:

- Trying to determine the appropriate amount to pay for care;
- Concerns about relatives spoiling the child;
- One respondent stated that it was difficult for the caregiver to become licensed so that the State can pay for the care;
- One parent was concerned that their caregiver did not have CPR training; and
- Others expressed their wish that their circumstances would allow for parent-only care, rather than using an outside provider.

Exhibit IV-33.
What challenges have you encountered in having a relative, friend or neighbor care for your child?

Note:
 n=238 households.
 Numbers add to greater than 100 percent due to multiple responses.

Source:
 BBC Research & Consulting Parent Survey, 2009.



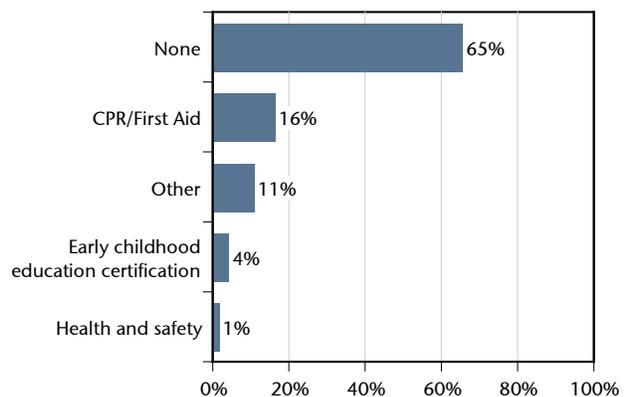
Training/child development education. Parents were asked about the types of training or child development education that they wished their current FFN care providers had. The majority of parents (65 percent) did not desire any training or education for their caregiver. Among the respondents who did desire training, 16 percent would prefer that their caregiver had CPR/First Aid training. Responses in the “Other” category include:

- Infant/toddler brain development;
- Nutrition;
- Music and art;
- Life experience, including being a parent;
- Potty-training;
- Knowledgeable about children with Autism; and
- Child development education in general.

Exhibit IV-34.
What types of training or child development education do you wish your caregiver had?

Note:
 n=238 households.
 Numbers add to greater than 100 percent due to multiple responses.
 Response of Don't Know/Refused (7 percent) not shown

Source:
 BBC Research & Consulting Parent Survey, 2009..

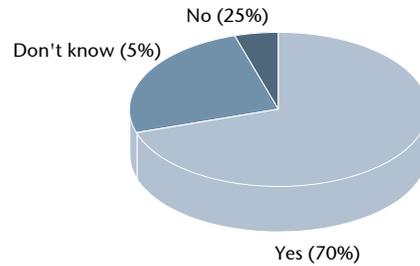


Those parents who mentioned a desire for their relative, friend or neighbor to have some type of training were asked whether or not the caregiver would take the training if offered. As shown in Exhibit IV-35, 70 percent believe their caregiver would take advantage of the training.

Exhibit IV-35.
If this type of training were available, would your relative, friend, neighbor take advantage of it?

Note:
 n=83 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.



Demographic Profile of Households Using Non-Parent Child Care for Children Age Two and Younger

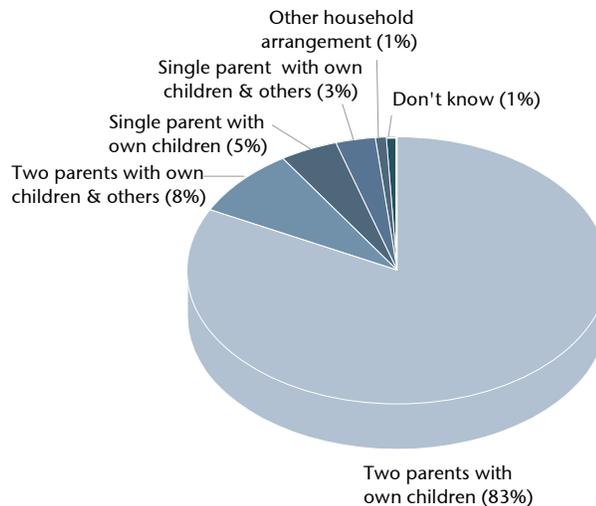
This section presents a demographic and socioeconomic profile of the Utah households with children age two or younger that regularly utilize non-parent child care for those children.

Household composition. With respect to household composition, 83 percent of the households utilizing non-parent child care are comprised of two parents living with their own children. Less than 10 percent of households needing child care for infants or toddlers are comprised of single parents living with children.

Exhibit IV-36.
How would you describe the composition of your household?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.

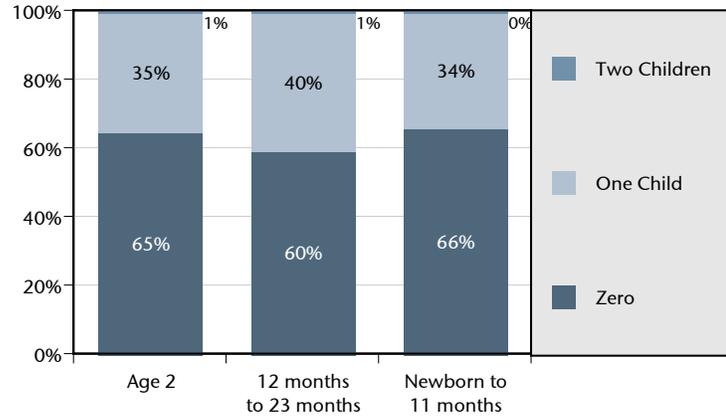


Number of children in the household age two or younger. Exhibit IV-37 details the number of children age two or younger in households that use non-parent care. One-third of these households have an infant.

Exhibit IV-37.
Number of children age 2 or younger in the household, but child's age

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.

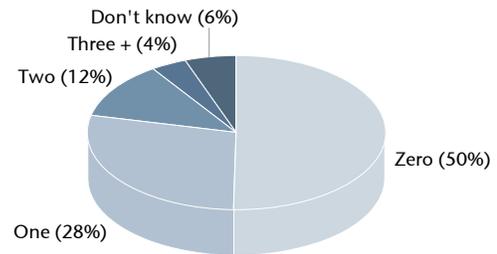


Number of planned children who will need child care in the future. When asked the number of children the family plans to have in the future who will also require child care, half of the respondents did not anticipate having any additional children that will require outside care.

Exhibit IV-38.
How many additional children do you anticipate you will have who will need child care in the future?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.

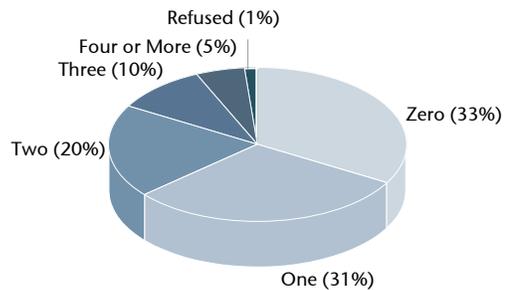


Other children in the household. One third of the households with infants or toddlers in non-parent care do not have any other children age three or older.

Exhibit IV-39.
How many other children, age 3 to 17, are in your household currently?

Note:
 n=400 households.

Source:
 BBC Research & Consulting Parent Survey, 2009.

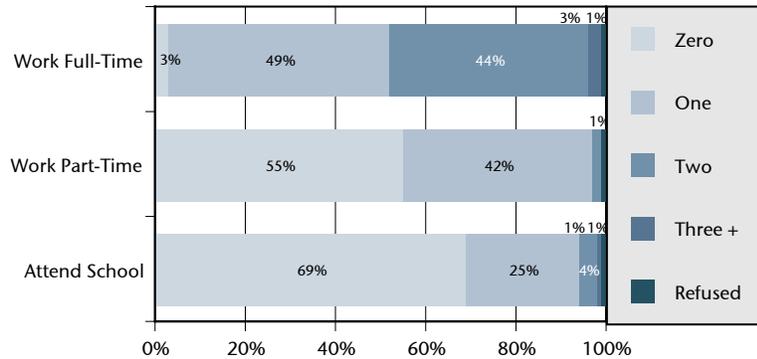


Employment and schooling. Nearly 50 percent of the households using non-parent care have only one adult working full-time for pay. Slightly more than two in five households have an adult that works part-time. One in four households have an adult attending school or certificate programs.

Exhibit IV-40.
How many adults in your household ... work full-time, work part-time or attend school?

Note:
n=400 households

BBC Research & Consulting Parent Survey, 2009..

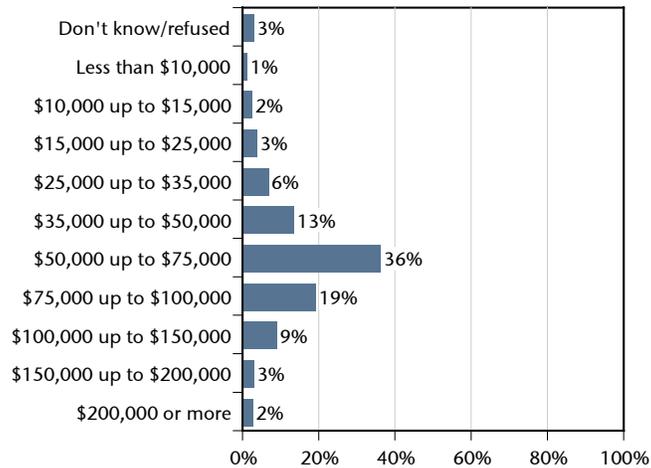


Household income. Parents of infants and toddlers who use non-parent child care have annual household incomes that range from less than \$10,000 per year to more than \$200,000 per year. Slightly more than one-third of these households report annual incomes of \$50,000 up to \$75,000.

Exhibit IV-41.
Which of the following includes your household's annual household income from all sources?

Note:
n=400 households.

Source:
BBC Research & Consulting Parent Survey, 2009.



Respondent's race/ethnicity. Nearly 90 percent of the respondents who employ non-parent caregivers for their infant or toddler are Caucasian/White.

Exhibit IV-42.
Which of the following best describes your ethnic or cultural group?

Note:
n=400 households.

Source:
BBC Research & Consulting Parent Survey, 2009.

