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JEFFERSON COUNTY EARLY CHILDHOOD WORKFORCE SURVEY PROJECT

FINAL REPORT

FUNDED BY COLORADO GIVES FOUNDATION

About The Fund for a Healthier Colorado

The Fund for a Healthier Colorado (Healthier Colorado) is a nonpartisan nonprofit organization working statewide to improve the health and wellbeing of all Coloradans. We believe every individual across the state should have the opportunity to live a healthy life, regardless of race, income, geography, disability status, gender, gender identity, and sexual orientation. That is why we work across the state and across the aisle to further policies that give Coloradans an equitable opportunity to live healthy lives.

About Open Answer

Open Answer is an integrity-driven organization committed to community outreach, connection, and empowerment. They work with campaigns and nonprofit groups to provide direct outreach and field strategy. Open Answer believes that when you engage with individuals and activate their voice, you unleash their power to make change.

About Groundswell for Good, LLC

With more than a decade of research experience in the public policy and advocacy field, Sarah founded Groundswell for Good, LLC to support mission-focused organizations in identifying, analyzing and communicating data to advance social change. As a mom to two toddlers, Sarah is passionate about using her lived and professional experience to advance work that helps moms and young children thrive.

Acknowledgments

Healthier Colorado extends our sincere gratitude to the Jefferson County early childhood providers who participated in our survey and shared their lived experiences to inform this report. We would also like to recognize the individuals who were interviewed to inform the design of the survey, including: Pat Bolton, Carrie Kennedy, Amber Bilby, Representative Lorena Garcia, and Commissioner Leslie Dahlkemper. We are grateful to the Colorado Gives Foundation for their funding and support. Last, we want to thank our sister organization, Open Answer, and Sarah Hughes with Groundswell for Good, LLC for partnering on this project.

EXECUTIVE SUMMARY

The Colorado Gives Foundation sought feedback directly from early childhood educators and providers currently working in Jefferson County to learn more about **a)** the challenges that they are experiencing and **b)** what improvements are needed to retain them in the field.

METHODOLOGY

A survey was created in both English and Spanish and fielded in Jefferson County, Colorado in January - March 2024, and was fielded with a range of licensed and unlicensed providers who worked in JeffCo, including: teachers, nannies, babysitters, at-home childcare providers, and directors at private child care facilities. Utilizing an interest form allowed the early childhood providers to schedule interviews at a specific date and time or they were able to complete the survey through tabling events at libraries. Outreach was also conducted directly to licensed facilities utilizing public data from the Colorado Department of Early Childhood (CDEC) to conduct additional interviews if people were interested.

HIGH-LEVEL FINDINGS

Benefits

A large share of providers were not offered important benefits through their jobs as child care providers. For example, only 54% of providers in licensed settings reported being offered health insurance and only 42% were offered retirement benefits. In general, administrators (e.g., directors, assistant directors, etc.) were most likely to report being offered benefits through their jobs. Family child care providers were the least likely to report being offered benefits.

Support for Providers

Providers generally found many existing forms of support to be helpful. When providers were asked to rate programs detailed in the survey on a scale from 1 (not at all helpful) to 5 (most helpful), no program had an average ranking below 3.49. The forms of support considered most or least helpful varied by provider type.

- The existing forms of support rated most helpful to providers were family engagement, coaching and/or mentoring, and child care health/nurse consultants.
- The existing forms of support rated least helpful to providers were quality improvement (e.g., QRIS, Colorado Shines, CCCAP, etc.); local department of public health consultants; and the Colorado Early Childhood Mental Health Support Line.
- The potential new forms of support rated most helpful to providers were services to support children's challenging behavior, subsidized benefits, and an early childhood teacher salary increase pilot.
- The potential new forms of support rated least helpful to providers were regular social events with other providers; access to shared services; and a substitute teacher pool.
- Many providers were unaware of or had not used several existing forms of support. Among all providers, the programs identified with the least awareness or lack of use were the Early Childhood Mental Health Support Line (62%), early childhood mental health consultation services (53%), and Early Intervention/Preschool Special Education (47%).
- When asked about their biggest sources of support, providers frequently mentioned their colleagues, their administrators, and their family members.
- When asked about support they feel is missing in Jefferson County, providers frequently named adequate compensation, benefits, and mental health support for providers.
- Nearly one in five providers reported they always or often felt like there was no one they could turn to for support with issues related to providing child care.



Challenges

When asked about the biggest challenges and concerns they currently faced, providers frequently named compensation, staffing, and general demands associated with the job. Providers stated that if they could create any form of support for JeffCo child care providers the most commonly cited ideas included higher compensation; streamlined resources (e.g., a centralized place where providers could go to access existing resources); and peer support or mentorship. Child care providers also stated that they would like the following tasks to be taken off their plate: administrative burdens (e.g., paperwork, taxes, payroll, etc.); licensing or regulation requirements; and recruiting, hiring or staffing.

Economic security

Nearly one in four providers said it was hard or very hard for them to pay for basic needs, with teachers reporting the highest levels of difficulty. Housing, food and utilities emerged as the needs providers have the most difficulty affording.

RECOMENDATIONS:

Recommendation #1

Form a policy workgroup, inclusive of providers and parents, that can generate and design, when funded, a policy that could provide holistic, comprehensive support for the mixed-delivery child care system that promotes parent choice, children's needs, and providers' ability to thrive.

- Form the workgroup to generate and design a policy that could provide holistic, comprehensive support for the child care industry in JeffCo.
- Use philanthropic dollars to pilot the policy.
- Evaluate the pilot program and use the results to improve the quality of the policy.
- Utilize the pilot and evaluation results to advocate for additional funding.

Recommendation #2

Reimagine child care as a public good in the JeffCo community to help advocate for increased investments at the federal, state, and local levels.

- Advocate at the federal level.
- Create a public awareness and education campaign.
- Build a strong coalition of grasstops and grassroots supporters.
- Form strategic partnerships across the state.
- Educate and collaborate with businesses, employers, and nontraditional stakeholders.

Recommendation #3

Ensure there is equitable distribution of resources across different provider types and geographic areas.

- Implement the recommendations learned through the Thriving Providers Project.
- Ensure that the JeffCo Local Coordinating Organizations (LCOs), Early Childhood Council, and other community-based organizations serving providers are adequately funded and resourced to deliver services to providers throughout the county.
- Set conditions for all providers to thrive.

JEFFERSON COUNTY EARLY CHILDHOOD WORKFORCE SURVEY PROJECT



ABOUT THE PROJECT

The early childhood field has experienced high turnover rates for many years, and the COVID-19 pandemic only exacerbated this trend. Further, the field does not recruit enough new teachers to backfill those positions that have been lost. There are a lot of assumptions in the field and other research that has been completed to explain why there is turnover and low recruitment. These reasons include but are not limited to, low salaries, little to no benefits access, low appreciation for caregiving work, burnout/mental health issues, and isolation.

Therefore, the Colorado Gives Foundation sought feedback directly from early childhood educators and providers currently working in Jefferson County to learn more about a) the challenges that they are experiencing and b) what improvements are needed to retain them in the field. This project is grounded in the belief that those community members most impacted by policies should be engaged throughout the policy building and implementation process. This report includes the survey methodology, data analysis, trends, and policy opportunities to sustain the long-term vision of the JeffCo community.

METHODOLOGY

To assist the Colorado Gives Foundation with this important work, Healthier Colorado partnered with Groundswell for Good, LLC (Groundswell) to create a survey that was utilized to collect data directly from the early childhood workforce about their challenges, experiences, and hopes for the future of the field. Groundswell conducted background research on methodologies for surveying childcare providers on their well-being, experiences, and needs and conducted five interviews with early childhood stakeholders to solicit input on topics to be included in the survey. The survey was then finalized with Open Answer Mobilize (OA), one of Healthier Colorado's sister organizations, that provides canvassing services for mission-driven efforts in communities across Colorado. Their focus on community engagement allowed them to review the survey through the lens of a potential participant. They are well-versed in survey creation and flow, and their experience was an asset to ensuring that providers were comfortable and open to completing the survey.

OA translated the survey into Spanish, and fielded both the English and Spanish surveys in JeffCo from January 10 - March 15, 2024. During those two months, OA connected with a range of licensed and unlicensed providers who worked in JeffCo, including: teachers, nannies, babysitters, at-home childcare providers, and directors at private child care facilities. OA utilized an interest form which allowed them to schedule interviews with participants at a specific date and time, which worked well for individuals that were primarily working with young children in shift schedules. Trusted partners sent the interest form to their networks, which was invaluable in reaching many different types of early childhood providers. Providers were then able to self-select or "opt in" to the survey.

Other canvassing tactics were used to reach additional providers, such as tabling at libraries, mainly during story time and young child-related events, to collect in-person surveys from unlicensed providers, like family, friend, and neighbors (FFN) and nannies. Tabling was conducted at the following Jefferson County Public Library locations: Arvada Library, Belmar Library, Columbine Library, Lakewood Library, and Standley Lake Library. Further, the OA team also conducted outreach to licensed early childhood facilities utilizing public data from the Colorado Department of Early Childhood (CDEC) to introduce the project and conduct interviews if people were interested. The majority of the surveys were conducted over the phone.

The average length of time it took for providers to complete the survey was 10-12 minutes. OA was able to compensate providers for the time and energy they spent completing the survey through a \$25 gift card. Overall, 404 surveys were collected, 9 of which were in Spanish. Twelve surveys were removed from the analysis because the individual had already submitted a survey or because they did not meet the eligibility requirements (i.e. not a child care provider). Therefore, a total of 392 responses were analyzed for the purposes of this report. [See Appendix A for full summary of the OA process].

KEY FINDINGS

The findings to all questions in the survey can be accessed fully in Appendix B.

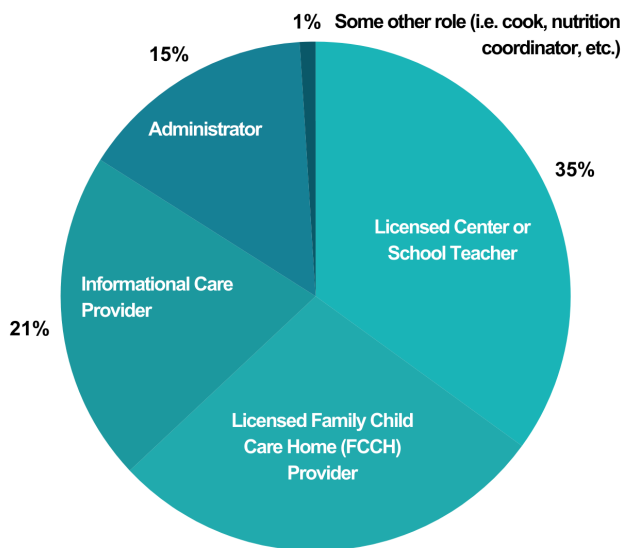
Demographics of survey respondents

One in ten of survey respondents were ages 18-24, and more than half (53%) were between the ages of 25 to 44. While not a high percentage, it is important to note that 5% were 65 or older. Almost all (95%) respondents identified themselves as female with just 3% identifying as male. Most respondents (70%) were white, non-Hispanic/Latinx with 1 in 6 (17%) identifying as Hispanic/Latinx. Twenty-four percent - or almost 1 in 4 - of respondents had incomes below \$50,000. Thirty-nine percent had incomes between \$50,000-\$99,999, and 16% had incomes of \$100,000 or higher. The majority of respondents lived and worked in JeffCo, but there were respondents who did not live in JeffCo in spite of working there.

Provider Settings, Role, Experience

While 79% of providers surveyed were licensed, one in five were unlicensed or informal care providers, such as nannies or family, friend, and neighbor (FFN) providers. Providers generally worked across different age ranges (0-6).

Provider by Type

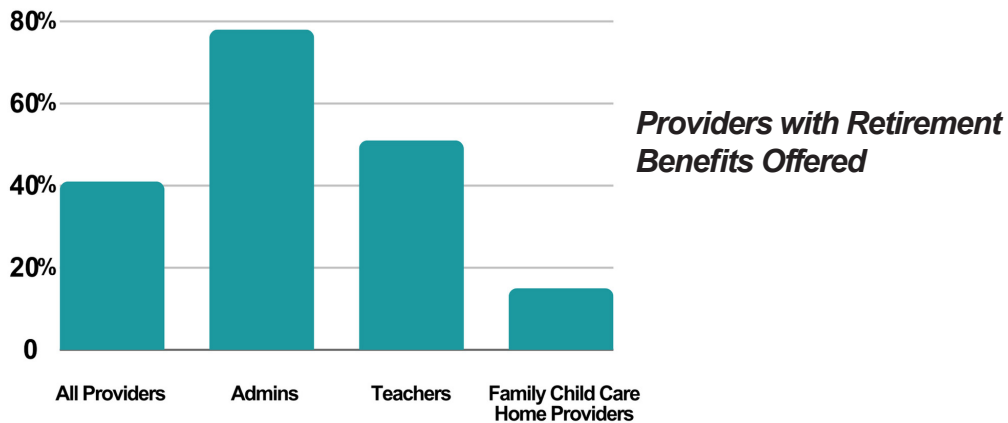
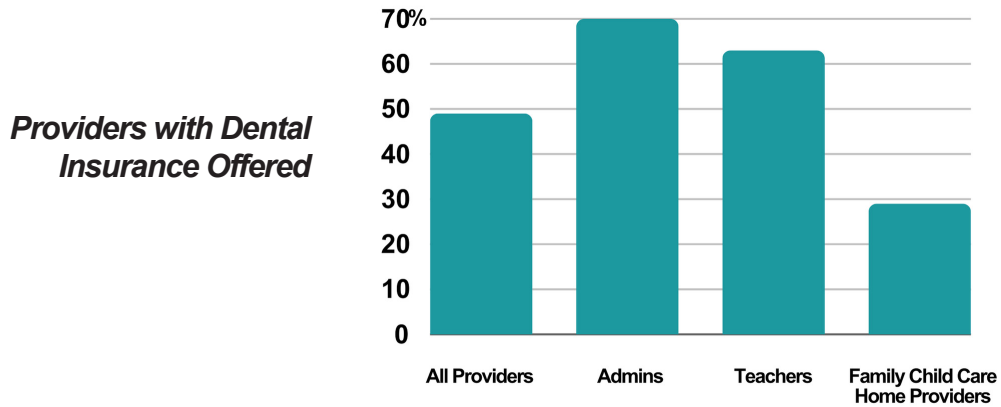
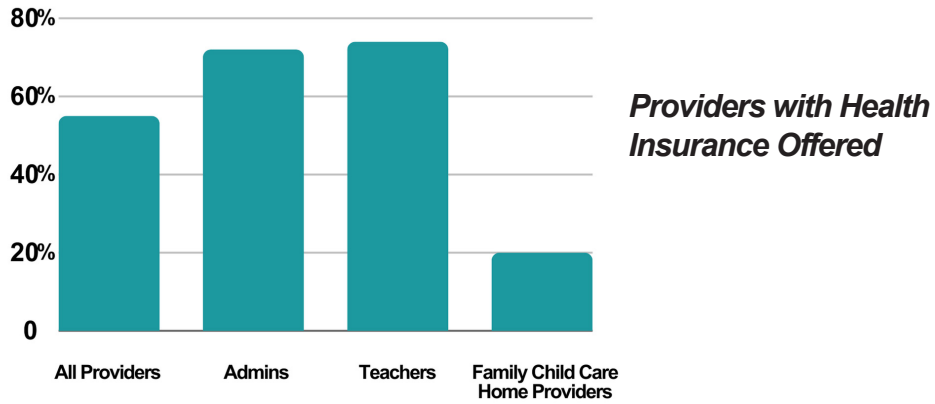


The majority (64%) of providers in licensed settings had more than 10 years of experience, while the majority (74%) of informal care providers had less than 10 years experience. And while half (48%) of licensed providers intended to remain in the field for the foreseeable future (more than 10 years), only 13% of informal providers intended to continue to provide child care for 10 or more years. There were also a significant percentage of providers surveyed who stated they were unsure how long they would stay in the child care field (26% of licensed providers and 33% of informal care providers).

The majority (82%) of informal providers reported being paid for providing care; however, that means that almost 1 in 5 informal providers were not receiving payment. While most informal providers (68%) reported receiving at least some form of training, 32% had not received any training related to child care.

Benefits

A large share of providers in licensed settings are not offered important benefits through their jobs as child care providers. For example, only 54% of providers in licensed settings report being offered health insurance, 49% are offered dental insurance, and only 42% are offered retirement benefits.

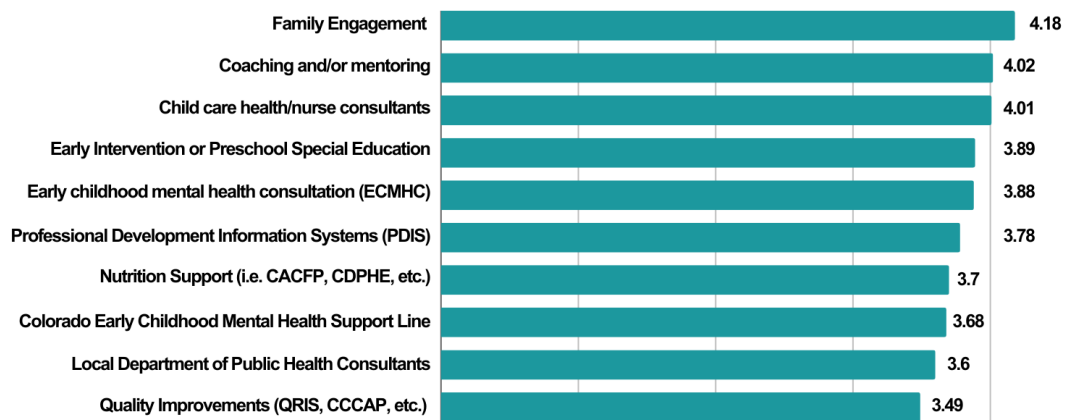


In general, administrators (e.g., directors, assistant directors, etc.) are most likely to report being offered benefits through their jobs. Family child care providers are the least likely to report being offered benefits with only 2 in 5 sharing that they have access to paid sick days or paid vacation days and less than 1 in 5 (17%) that have access to paid professional development days [See Appendix B. for the full analysis of benefits by provider type].

Forms of Support for Providers

Providers generally found many existing forms of support to be helpful. When providers were asked to rate programs on a scale from 1 to 5 - least helpful to most helpful respectively - no program had an average ranking below 3.49.

Average Helpfulness Ratings For Areas of Support



“When there are issues with a child, getting the parents to understand deeper things are going on and that they need to be addressed by the parents. This helps the child’s ability to grow and learn and thrive.”

The top three existing forms of support based on averages across all providers were family engagement, coaching and/or mentoring, and child care health/nurse consultants. However, the forms of support considered most helpful varied by provider type. Below are the three highest-rated programs among each type of provider setting and role and the average rating:

Licensed providers:

- Family engagement: 4.15
- Child care health/nurse consultants: 4.05
- Coaching and/or mentoring: 4.01

Teachers:

- Family engagement: 3.99
- Child care health/nurse consultants: 3.92
- Professional Development Information System (PDIS): 3.90

Informal care providers:

- Family engagement: 4.38
- Coaching and/or mentoring: 4.15
- Early Intervention/Preschool Special Education: 4.00

Family child care home providers:

- Family engagement: 4.31
- Early Intervention/Preschool Special Education: 4.07
- Coaching and/or mentoring: 4.03

Admins:

- Child care health/nurse consultants: 4.44
- Family engagement: 4.33
- Early Intervention/Preschool Special Education: 4.27

[See Appendix B. for the full analysis summary for breakdowns by provider type].

When rating the helpfulness of each program, providers were also able to share that they did not know of or were not aware of certain forms of support. These data show that there is a need for more outreach among providers to increase awareness and uptake of these services. Across nearly all programs, the share of those reporting they were unaware of or had not used a form of support was highest among family child care home providers and informal care providers, indicating a need for outreach to these providers in particular.

Among all providers, the programs with the highest share of providers reporting they were not aware of or had not used them were:

- Early Childhood Mental Health Support Line: 62%
- Early childhood mental health consultation services: 53%
- Early Intervention/Preschool Special Education: 47%

- Nutrition support (Child and Adult Care Food Program (CACFP), Colorado Department of Public Health and Environment, etc.): 46%
- Local Department of Public Health Consultants: 45%

However, when asked to rate which potential new forms of support would be most helpful to providers (on a scale from 1 to 5 - least helpful to most helpful respectively), the number one answer across all providers was “services to support children’s challenging behavior.” Therefore, it is clear that additional outreach and education about the Early Childhood Mental Health Support Line and Early Childhood Mental Health Consultation services should be prioritized, and if either of these services are not available to informal care providers, expansion of these services should be considered.

*“Probably mental health services [are missing].
What we get offered is “ok,” but it would be easier
if we had more of an avenue to guide us.”*

The other two potential new forms of support rated most helpful when looking across all providers were subsidized benefits (second) and an early childhood teacher salary increase pilot (third), but there were differences across provider type. The top three highest rated ideas among each type of provider setting and role and the average rating are included below:

Licensed providers:

- Services to support children’s challenging behaviors: 4.58
- Subsidized benefits: 4.48
- Early Childhood Teacher Salary Increase Pilot: 4.43

Admins:

- Funding and/or support for paid time off for professional development: 4.58
- Services to support children’s challenging behaviors: 4.47
- Operations grants that could be used toward the costs of rent, insurance, materials and professional development: 4.37

Informal care providers:

- A directory of enrichment providers or activities located within Jefferson County: 4.26
- Paid vacation days: 4.21
- Subsidized benefits: 4.16

Teachers:

- Services to support children's challenging behaviors: 4.76
- Early Childhood Teacher Salary Increase Pilot: 4.74
- Funding and/or support for paid time off for professional development: 4.58

Family child care home providers:

- Operations grants that could be used toward the costs of rent, insurance, materials and professional development: 4.63
- Subsidized benefits: 4.55
- Services to support children's challenging behaviors: 4.47

The potential new forms of support rates least helpful across all providers were regular social events with other providers, access to shared services, and a substitute teacher pool.

Sources of Help

Providers were asked an open-ended question about who or what has helped them as a child care provider. Amongst providers that listed at least one source of help, the categories that most often rose included:

- Colleagues/Peers (n=93)
- Administrators (n=51)
- Family members (i.e. spouse, children, etc.) (n=40)
- Community-based resources (i.e. the Jefferson County Child Care Association, Early Childhood Council, etc.) or local government (n=19)
- Parents of children they care for (n=19).

Other sources of help that were mentioned less frequently included government programs, like Colorado Shines or the Professional Development Information System (PDIS), coaches or mentors, grants, and peer support groups. About one-quarter of providers stated nothing or no one was providing help at this time.

Challenges

Providers were asked an open-ended question about the biggest challenges and concerns they currently faced as child care providers. Themes that arose most often were:

- Compensation (n=77)
- Staffing (n=75)
- Demands of the job (n=32)
- Challenging behavior among children (n=27)
- Challenges with licensing and/or regulations (n=27).



“Salary is the biggest concern being a teacher and being a director. It’s impossible to make a living wage and provide someone with a living wage.”

Other challenges mentioned frequently include difficulties with the parents and families of the children in care, difficulty recruiting families to enroll, lack of benefits, lack of support or appreciation, and the high costs of doing business, among others.

Support that is Missing in JeffCo

Providers were also asked what sources of support they feel are missing for providers in JeffCo. Among the providers who answered, themes that were most common included:

- Adequate compensation (n=51)
- Benefits (n=28)
- Mental health support for providers (n=27)
- Behavioral support for children in their care (n=26)
- Streamlined resources (e.g., a centralized place where providers could go to access existing resources, rather than hearing about them from multiple different sources) (n=23)

“I think [the challenges are] being able to keep the care affordable for families while also being able to staff our programs in a way that we are able to offer quality care. We want to be staffed with enough staff that they are not stressed while also being able to offer good pay and benefits to keep people and keep cost down for families. I wish we could have 2 people per 15 kids instead of just 1.”

Other ideas that surfaced multiple times included more grants for providers, support with recruiting and retaining staff, help with the licensing process, education and training for providers, support specific to family child care home providers, peer groups, community support, access to substitutes, more activities for children, support geared toward new providers, business training, support for children with special needs, Colorado Child Care Assistance Program (CCCAP) reform, coaching/mentoring and bilingual resources.

What Types of Support Providers Would Create

Providers were asked to imagine that they could create any form of support for Jefferson County child care providers. Themes that arose most commonly included:

- Higher compensation (n=42)
- Streamlined resources (e.g., a centralized place where providers could go to access existing resources, rather than hearing about them from multiple different sources) (n=38)
- Peer support (e.g., regular meetings where providers can talk or learn from each other; a network of experienced providers who could provide mentorship; etc.) (n=36)
- Funding (n=33)
- Mental health support for providers (n=24)

Other ideas that surfaced frequently were more accessible education or training for providers (e.g., higher education scholarships or free or low-cost training opportunities); benefits; support with getting licensed; support designed for new providers; more activities for children to do in the community; a way to access substitutes; support specific to family child care home providers; support with children's challenging behaviors; coaching and mentoring opportunities; support with staffing; training on running a business; and support for families.

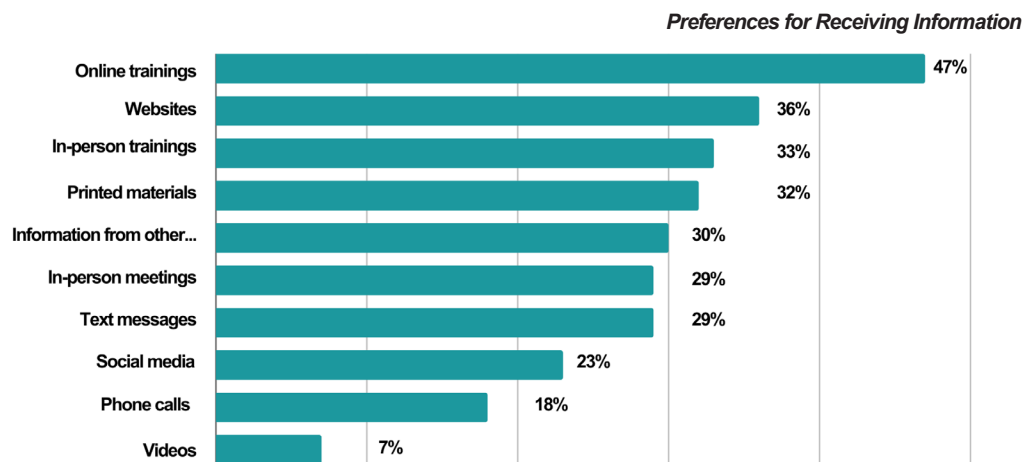
What Providers Want Taken off their Plate

- Providers were asked to complete the sentence, "If I could have one thing taken off my plate as a child care provider, it would be..." The most common themes were:
- Administrative burdens (e.g., paperwork, taxes, payroll, etc.) (mentioned 55 times)
- Licensing or regulation requirements (mentioned 21 times)
- Recruiting, hiring or staffing (mentioned 18 times)
- Long hours (mentioned 17 times)
- Financial stress (mentioned 15 times)

Other things providers frequently mentioned included developing curriculum or planning, managing difficult parent relationships, finding substitutes, managing children’s behavior, having fewer kids in their classrooms, overall stress of the job, training requirements, low pay, collecting payment from parents, and recruiting families.

Preferences for Receiving Information

Providers were asked how organizations could best let them know about opportunities for support, services, or resources for child care providers or caregivers. Preferences are detailed in the graph below:



Economic Security and Social Connectedness among Providers

Among all providers, more than one in four (27%) reported that it was difficult or very difficult for them to pay for basic needs such as food, housing, medical care, and utilities. Another 29% said that it was somewhat difficult - meaning that more than half of providers (56%) found it at least somewhat hard to afford basic needs. Teachers were most likely to report the highest level of difficulty in paying for basic needs [The breakdown across different provider types can be found below].

Licensed providers:

- Very hard: 12%
- Hard: 16%
- Somewhat hard: 27%
- Not very hard: 43%
- Prefer not to say: 2%

Informal care providers:

- Very hard: 6%
- Hard: 18%
- Somewhat hard: 36%
- Not very hard: 36%
- Prefer not to say: 4%

Admins:

- Very hard: 12%
- Hard: 9%
- Somewhat hard: 23%
- Not very hard: 54%

Family child care home providers:

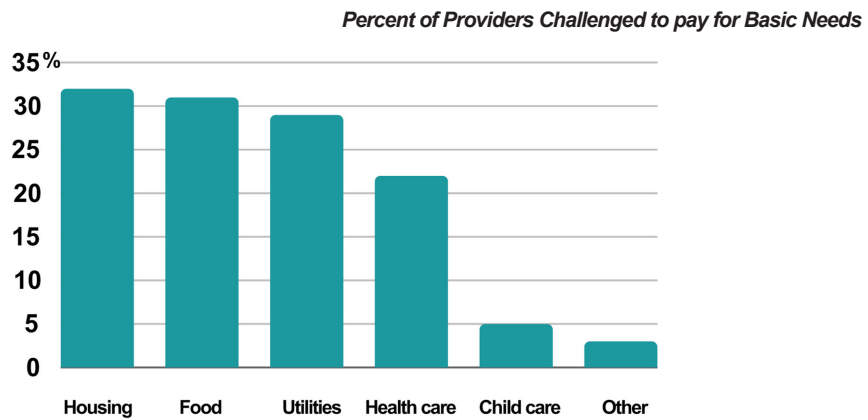
- Very hard: 6%
- Hard: 20%
- Somewhat hard: 25%
- Not very hard: 47%

Teachers:

- Very hard: 15%
- Hard: 16%
- Somewhat hard: 31%
- Not very hard: 36%

“Trying to make a living basically [is a challenge]. Trying to provide parents with what they need and trying to make it affordable in an area that is not necessarily affordable to live [is a challenge].”

While 41 percent of providers stated that they experienced no difficulties with paying for basic needs over the past month, the majority of providers shared challenges paying for the following items:



“Continue coming out with grants to subsidize costs, we are paying a substantial amount for supplies and food. Offsetting these costs would be really helpful.”

Providers were also asked how often they felt that there was no one they could turn to with issues related to providing child care. Nearly 1 in 5 providers reported they always or often felt like there was no one they could turn to for support with issues related to providing child care. Family child care home providers were most likely to report they always (6%) or often (18%) felt like there was no one to whom they could turn, while teachers were least likely to report they always (4%) or often (8%) felt like there was no one to whom they could turn.

RECOMMENDATIONS

The following are recommendations to the JeffCo Bright Futures Roadmap Steering Committee, Colorado Gives Foundation, and other early childhood stakeholders in JeffCo utilizing the results of the survey, national and state data trends, and other nationally-recognized best practices.

Recommendation #1

Form a policy workgroup, inclusive of providers and parents, that can generate and design, when funded, a policy that could provide holistic, comprehensive support for the mixed-delivery child care system that promotes parent choice, children's needs, and providers' ability to thrive.

During the COVID-19 pandemic, there were many challenges in the child care industry which strained families' access to care across the country. To help keep the industry afloat, the federal government made a historic investment in the child care industry in March 2021 by providing \$24 billion in subsidies to child care providers for stabilization. The goal of these funds was to help child care providers stay open by retaining staff, paying rent, and keeping the lights on during a period in which revenue was uncertain due to continuing shut down orders and illness. Qualitative and quantitative data collected before, during, and after the fund dispersal has shown that the supply-side funds help stabilize the child care industry, improving wages for workers while reducing cost to parents. Therefore, it is reasonable that a similar policy implemented on an ongoing basis could help to mitigate the challenges in the child care industry and stabilize it for the future.

- **Form the workgroup to generate and design a policy that could provide holistic, comprehensive support for the child care industry in JeffCo.** The workgroup should be inclusive of parents and caregivers with lived experience, providers across all settings and roles, individuals from different geographic areas of the county, and policy and systems experts. This will ensure that the policy is co-created with people with lived expertise from the onset, helping to ensure the creation of a more equitable policy.
- **Use philanthropic dollars to pilot the policy.** Seek private funding to conduct a pilot, implementing the pilot across the county with all types of providers in different geographic regions (urban, suburban, rural). This pilot should be administered by local agencies that are trusted partners with different provider types, and also include a data collection and evaluation partner. The pilot should be conducted for an appropriate length of time and with an appropriate population size to show meaningful results that could hopefully be replicated in the future.
- **Evaluate the pilot program and use the results to improve the quality of the policy.** To best understand the positive or negative outcomes of the pilot program, the pilot should be evaluated by a third-party to learn if these funds improve access to child care for families and support the ability for providers of different types to thrive. The evaluation can also help with continuous quality improvement, to make ongoing adjustments to the policy to ensure equitable positive outcomes and decrease unintended consequences.
- **Utilize the pilot and evaluation results to advocate for additional funding.** See recommendation #2.

“If it wasn’t for my husband it would be difficult to pay for many things, even rent. I think providers have the right to certain benefits, it would be great to have a program that supports with resources and rent. I am interested in grants but we do need to be assisted, we are taking care of future adults which needs to be valued more.”

Recommendation #2

Reimagine child care as a public good in the JeffCo community to help advocate for increased investments at the federal, state, and local levels.

Our country has historically and persistently undervalued and therefore underinvested in the child care sector. Rooted in gender and racial discrimination, the vast majority of child care providers and educators are women with an over-representation from women of color. Our society also devalues the importance of caregiving more broadly. However, the rising cost of living has made it necessary for women to work to support their families, even in two-parent households. In the United States, we treat K-12 education as a public good, but child care still exists as a mostly private market, with public subsidies that are outdated and historically underfunded. That is why it is essential that we treat early childhood care and learning as the public good that it is - learning does not begin at age 5. Investing in the early years not only enables their parents to fully participate in the labor force, but also improves the children’s health outcomes, reduces their likelihood of being incarcerated, and provides the foundation for their educational and economic futures. Some tactics for advocacy could include:

- **Advocate at the federal level.** To fix these complex child care challenges we are seeing in JeffCo and across the state, federal policymakers need to hear from their direct constituents about the need and vital importance of a historic and comprehensive ongoing investment in the child care sector across the country. Similar to K-12 schools, child care is a public good that benefits families, communities and the economy; therefore, large federal investments are not only necessary to solving this crisis, but also long overdue.
- **Create a public awareness and education campaign.** Everyone depends on someone that depends on child care. Parents, child care providers, and child and family advocates must raise awareness among the public and policymakers about the child care challenges facing our communities today - and its importance. The high-costs and lack of supply, particularly for infant and toddler care, make finding licensed care slots impossible for some families and in certain communities. The low-wages and high-expenses associated with child care has caused child care closures across the nation and a workforce shortage that has surpassed crisis level. This public campaign should also include a spotlight on the workforce, raising awareness of how important the services they are providing are to families, communities and businesses. People recognized the importance of caregivers during the COVID-19 pandemic - we must continue to highlight the importance of this workforce.

- **Build a strong coalition of grassroots and grassroots supporters.** Build a large listserve of people who support improving the access to child care, including grassroots parents and providers and grassroots community leaders. These folks can be called upon to support the public awareness and education campaign as well as to contact their elected officials and other policymakers to push for policy improvements. Find ways to continue to engage with these individuals so they feel part of a greater movement for change. It would also be an asset for a small group of core parents, caregivers, and providers to be trained and prepared as advocates and spokespeople. Storytelling is a vital component to any campaign and having folks ready to share their lived experiences will allow for rapid response as opportunities arise.
- **Form strategic partnerships across the state.** If not already in partnership, stakeholders in JeffCo should collaborate with other efforts across the state to improve access to child care. To ensure that all families in Jefferson County have a variety of high-quality early care and education options that meet their needs and are provided through a mixed-delivery system, Colorado will need significant state and federal investments on top of local investments.
- **Educate and collaborate with businesses, employers, and nontraditional stakeholders** - As seen in the results of this survey, a lack of affordable, available child care and other child care issues impacted families' ability to work or go to school. Given the challenges many companies are facing with hiring qualified staff, solving the child care crisis could expand the number of people seeking work or schooling to improve their marketable skills. Large employers may be interested in opening up a child care center of their own, and can be connected to the employer-based child care work occurring across Colorado.

“I personally don’t need to have anything taken off of my plate. I care for my grandchildren because I love them and enjoy the close bond that we have formed because of it. But, I also do it to help out my own children because the cost of daycare in our country is astronomical. The US government needs to do something to assist young parents with caring for their children when they have to go to work in order to support their families.”

Recommendation #3

Ensure there is equitable distribution of resources across different provider types and geographic areas.

Given that a high rate of families are seeking and utilizing care from unlicensed care providers - FFN providers, nannies, nanny-shares, and babysitters - it is vitally important that these providers have access to resources to support them in their caregiving work. Unlicensed and informal child care providers are often the only option for many families with nontraditional, volatile work

schedules or low-incomes who cannot afford licensed care. Further, licensed family child care home providers offer a valuable service to families who want a licensed setting but also want their child in a home. These providers' needs might look different than those of a center or school-based provider, and should be prioritized as such. Further, JeffCo is a large county that spans urban, suburban, and mountain rural communities. Our state and local agencies must be prepared to meet the needs of every provider in their catchment area, regardless of geographic location. Some opportunities include:

- **Implement the recommendations learned through the Thriving Providers Project** - The full report can be accessed [here](#).
- **Ensure that the JeffCo Local Coordinating Organizations (LCOs), Early Childhood Council, and other community-based organizations serving providers are adequately funded and resourced to deliver services to providers throughout the county.** These organizations are intermediaries that contract with the Colorado Department of Early Childhood and also receive funding from private foundations and philanthropy to serve and meet the needs of providers across the county. They offer training, technical assistance, coaching/mentorship, as well as opportunities for peer learning and other services and supports. If the state and local governments continue to underfund the nonprofits and local agencies that are intended to serve providers, we will continue to hear from providers that they are not receiving what they need to provide high-quality child care services. To achieve this goal, state-level advocacy will be necessary to ensure adequate funding for other parts of the system that these organizations depend on, like Infant and Early Childhood Mental Health Consultants or language accessibility for existing training and materials. JeffCo should also ensure that the local agencies are able to assist providers with the navigation of services they may need, including warm hand offs to other government agencies when applicable.
- **Set conditions for all providers to thrive.** Providers across different settings and roles need to be able to support themselves and their families. Research tells us that the health of the caregiver is vital to the healthy development and wellbeing of the child - this is true for parents as well as those that provide care. And yet, we do not ensure that our child care providers across different settings have the conditions they need to thrive, like appropriate medical/dental/vision insurance, safe and healthy housing, or access to healthy food. While funding for these services is a major obstacle, and advocates must elevate these issues with policy and decision makers, education around existing programs and services could also be better communicated to providers so they know what is publicly available for them. Local agencies and nonprofits should gather information on public benefits programs and opportunities and conduct coordinated and targeted outreach to all providers to share this information. Some of the programs include, but are not limited to the Colorado Option Health Insurance, the Colorado Child and Adult Care Food Program, or the Low-Income Home Energy Assistance Program (LEAP).

“Mental health consultants are too busy to work with us in Conifer. The mountain towns seem to be forgotten with the funding and the resources.”



“It’s such an important and often overlooked position to take care of children. These little beings will be the ones taking care of us in the future”

APPENDIX A.

Open Answer Summary of Survey Collection

The Process

The Open Answer team began collecting surveys from childcare providers on January 10th, 2024, and were able to extend our efforts until March 15, 2024. In those two months, we were able to connect with a range of licensed and unlicensed providers, including: teachers, nannies, babysitters, at-home childcare providers, and folks who run private childcare facilities. Our success came from being able to schedule interviews ahead of time through our interest form. Having trusted partners send this form to their networks was invaluable for this project! Being able to have a number of providers “opt in” to this survey was the best way for us to get our initial surveys, and then layer on our other tactics like tabling. We would table at the following libraries throughout the project, mainly during story time, and toddler-related events, to collect in-person surveys from Family, Friend, and Neighbor (FFN) providers.

- Belmar Library
- Columbine library
- Standley Lake Library
- Lakewood Library
- Arvada Library

We would then use the afternoon to contact folks who indicated interest, as well as visit private facilities, and family child care homes to either introduce ourselves, or follow-up in person with individuals with whom we made prior contact. Most of our surveys came over the phone, and many were from family childcare home providers.

The Numbers

- Total Surveys Collected: **404**
- Total Spanish Surveys: **9**
- Total Shifts Worked: **198**
- Total Surveys Collected per Shift: **2.05**

Feedback

The team loved working on this project and providers loved having these conversations! The average survey time was 10-12 minutes. The one thing that could be improved about the survey, was more clarity on the scaled questions, as far as differentiating between “1- Not at all helpful” and “Not at all helpful for me.” Some providers wanted to answer the question for the majority of providers, even if the change would not affect them directly. For example, “Free or reduced child care for your own child(ren).” We spoke with older folks who wouldn’t find it helpful for them currently, but definitely know how impactful it would be for their colleagues and for the industry as a whole. Additionally, The incentive (\$25 gift card) was a major draw for folks to complete the survey, and give us their time. The method of Giftogram could be re-thought in the future, as we experienced many unforeseen and unexplainable glitches. The last addition to the survey would be a question about future involvement in Healthier Colorado advocacy activities. That will make it seamless to identify folks for the healthier team to contact for current and future legislative work.

APPENDIX B.

Bright Futures Provider Survey: Key Data Points

Background

The survey of Jefferson County child care providers received 404 responses (including responses to both English and Spanish versions). Twelve responses were excluded because they were either duplicate responses or did not meet the survey eligibility criteria (i.e., they were not a child care provider), leaving a total of 392 responses for analysis.

Demographic Characteristics of Sample

Age: More than half of respondents were between the ages of 25 to 44.

- 10% were 18 to 24
- 26% were 25 to 34
- 27% were 35 to 44
- 19% were 45 to 54
- 12% were 55 to 64
- 5% were 65 or older
- 1% chose prefer not to say

Gender: Reflecting the child care field as a whole, most respondents were female.

- 95% were female
- 3% were male
- 1% were nonbinary
- 1% chose prefer not to say

Race: Most respondents were white, with about one in six identifying as Hispanic or Latino.

- 70% were white
- 17% were Hispanic or Latino
- 4% were Black or African-American
- 1% were multiracial
- 1% were Middle Eastern or North African
- 1% were Asian
- 0.5% were American Indian or Alaska Native
- 0.3% were Native Hawaiian or Pacific Islander
- 0.3% were Some Other Race
- 5% chose prefer not to say

Household income: The highest share of respondents had household incomes between \$50,000 and \$74,999 or between \$75,000 and \$99,999.

- 7% had household incomes below \$35,000
- 17% had household incomes between \$35,000 and \$49,999
- 20% had household incomes between \$50,000 and \$74,999
- 19% had household incomes between \$75,000 and \$99,999
- 10% had household incomes between \$100,000 and \$149,999
- 6% had household incomes of \$150,000 or higher

Geography: ZIP codes in Lakewood, Arvada and Littleton were most common among respondents.

- 26% of respondents provided a Lakewood ZIP code
- 16% in Arvada
- 14% in Littleton
- 9% in Golden
- 7% in Wheat Ridge
- 5% in Edgewater
- 5% in Broomfield
- 5% in Denver
- 3% in Westminster
- 2% in Morrison
- 1% in Foxton
- 1% in Evergreen
- 1% in Ken Caryl
- 1% in Aurora
- 1% in Bailey
- 1% in Indian Hills
- 1% in Pine
- 1% in Sheridan
- 0.3% in Buffalo Creek
- 0.3% in Keenesburg
- 0.3% in Northglenn
- 0.3% in Thornton

Provider Settings, Roles and Experience

Licensed vs. unlicensed settings: More than three-quarters of providers worked in licensed settings (center- or school-based child care or preschool programs or family child care homes).

- 79% of providers worked in licensed settings
- 21% were informal care providers (FFN, nannies, babysitters, etc.)

Age group(s) providers work with (note that these percentages will add up to more than 100% because providers could select more than one age group):

- 55% work with infants
- 77% work with toddlers
- 88% work with preschoolers

Provider characteristics: Teachers in center- or school-based programs made up the largest share of respondents, followed closely by family child care home providers.

- 35% of respondents were teachers in a licensed center- or school-based program
- 28% were licensed family child care home providers
- 21% were informal care providers (FFN providers, nannies or babysitters)
- 15% were administrators (e.g., directors, assistant directors, etc.) in a licensed center- or school-based program
- 1% had some other role (e.g., cook, nutrition coordinator, etc.)

Provider characteristics (more detailed):

- 28% were licensed family child care home providers
- 24% were teachers in a licensed center-based program
- 21% were informal care providers
- 11% were teachers in a licensed school-based program
- 9% were administrators in a licensed center-based program
- 6% were administrators in a licensed school-based program
- 1% had some other role

Years in their current program (among providers in licensed settings only): Nearly 40% of providers in licensed settings had been in their current program for more than 10 years.

- 7% had been in their current program for less than one year
- 25% had been in their current program for 1 to 3 years
- 28% had been in their current program for 3 to 10 years
- 39% had been in their current program for more than 10 years

Total years of experience caring for children who are not their own: Providers in licensed settings typically had more years of experience caring for children than those providing informal care.

All providers:

- 1% had less than one year of experience
- 13% had 1 to 3 years of experience
- 30% had 3 to 10 years of experience
- 57% had more than 10 years of experience

Providers in licensed settings:

- 1% had less than one year of experience
- 8% had 1 to 3 years of experience
- 26% had 3 to 10 years of experience
- 64% had more than 10 years of experience

Informal care providers:

- None had less than one year of experience
- 30% had 1 to 3 years of experience
- 44% had 3 to 10 years of experience
- 26% had more than 10 years of experience

Intent to remain in the child care field: Providers in licensed settings plan to remain in the child care field for longer than those providing informal care.

Providers in licensed settings:

- 1% said they intended to remain in the field for less than one year
- 8% intended to remain between 1 and 3 years
- 17% intended to remain between 3 and 10 years
- 48% intended to remain for more than 10 years
- 26% were unsure

Informal care providers:

- 6% said they intended to continue providing child care for less than one year
- 26% intended to remain between 1 and 3 years
- 22% intended to remain between 3 and 10 years
- 13% intended to remain more than 10 years
- 33% were unsure

Receiving payment for care provided (among informal care providers only): Most informal care providers were receiving payment.

- 82% were receiving some form of payment for care
- 18% were not receiving any payment

Received training related to providing child care or child development (among informal care providers only): Most informal care providers reported they had received some form of training related to child care.

- 68% had received some form of training
- 32% had not received training

Benefits (among Providers in Licensed Settings Only)

Below are data on the percent of providers in licensed settings who report that they are offered each benefit through their job as a child care provider (not necessarily those who are actually receiving the benefit – i.e., a provider may be offered health coverage but not actually be able to afford to take advantage of it). Data are presented for all providers, as well as by role (e.g., admin, teacher, family child care home provider).

Across all benefits, the share of providers reporting they were offered each benefit was lowest among family child care providers.

Health insurance:

- All providers: 54%
- Teachers: 74%
- Admins: 72%
- Family child care home providers: 20%

Dental insurance

- All providers: 49%
- Teachers: 63%
- Admins: 70%
- Family child care home providers: 19%

Vision insurance:

- All providers: 47%
- Admins: 67%
- Teachers: 62%
- Family child care home providers: 17%

Life insurance:

- All providers: 34%
- Admins: 53%
- Teachers: 45%
- Family child care home providers: 10%

Retirement benefits:

- All providers: 42%
- Admins: 68%
- Teachers: 51%
- Family child care home providers: 16%

Paid sick days

- All providers: 70%
- Admins: 84%
- Teachers: 89%
- Family child care home providers: 39%

Paid vacation days:

- All providers: 68%
- Admins: 88%
- Teachers: 81%
- Family child care home providers: 40%

Paid professional development days:

- All providers: 53%
- Admins: 81%
- Teachers: 71%
- Family child care home providers: 17%

Free child care:

- All providers: 30%
- Admins: 35%
- Teachers: 38%
- Family child care home providers: 19%

Discounted child care:

- All providers: 52%
- Admins: 68%
- Teachers: 72%
- Family child care home providers: 20%

Provider Perceptions of Existing Forms of Support

Providers were asked to rate several existing forms of support on a scale from 1 to 5, with 1 being not at all helpful and 5 being most helpful. Below are average ratings for each form of support, listed in order from most helpful (higher numbers) to least helpful (lower numbers). Perceptions varied by provider setting and role, so ratings are disaggregated by setting and role in the next section.

Average helpfulness ratings among all providers (from most helpful to least helpful):

- Family Engagement: 4.18
- Coaching and/or mentoring: 4.02
- Child care health/nurse consultants: 4.01
- Early Intervention or Preschool Special Education: 3.89
- Early childhood mental health consultation (ECMHC): 3.88
- Professional Development Information System (PDIS): 3.78
- Nutrition support ((Child and Adult Care Food Program (CACFP), Colorado Department of Public Health and Environment, etc.): 3.70
- Colorado Early Childhood Mental Health Support Line: 3.68
- Local Department of Public Health consultants: 3.60
- Quality improvement (QRIS, CCCAP, etc.) : 3.49

Average helpfulness ratings by provider setting and role:

The table on Page 33 breaks down ratings by provider setting (i.e., in a licensed setting or providing informal care), as well as by provider role (i.e., admin, teacher, and family child care home provider). These breakdowns highlight how some programs are perceived differently by different types of providers, likely due to the varying goals and intended recipients of each program. (I.e., some programs are geared toward licensed providers, and thus informal providers may not see much value in them).

Form of Support	Average rating among all providers	By provider setting		By provider role		
		Average rating among licensed providers	Average rating among informal providers	Average rating among admins	Average rating among teachers	Average rating among family child care home providers
Early childhood mental health consultation services (ECMHC)	3.88	3.88	3.89	3.98	3.76	3.90
Colorado Early Childhood Mental Health Support Line	3.68	3.66	3.84	3.88	3.58	3.76
Coaching and/or mentoring	4.02	4.01	4.15	4.24	3.85	4.03
Child care health/nurse consultants	4.01	4.05	3.83	4.44	3.92	4.0
Local Department of Public Health Consultants	3.60	3.64	3.39	4.02	3.70	3.36
Professional Development Information System (PDIS)	3.78	3.79	3.77	3.85	3.90	3.70
Nutrition support (Child and Adult Care Food Program (CACFP), Colorado Department of Public Health and Environment, etc.)	3.70	3.70	3.78	3.81	3.57	3.79
Early Intervention/Preschool Special Education	3.89	3.89	4.00	4.27	3.67	4.07
Family Engagement	4.18	4.15	4.38	4.33	3.99	4.31
Quality Improvement (Quality Rating and Improvement System (QRIS), Colorado Child Care Assistance Program (CCCAP), etc.)	3.49	3.50	3.47	3.81	3.38	3.53

Below are the three highest-rated programs among each type of provider setting and role:

Licensed providers:

- Family engagement: 4.15
- Child care health/nurse consultants: 4.05
- Coaching and/or mentoring: 4.01

Informal care providers:

- Family engagement: 4.38
- Coaching and/or mentoring: 4.15
- Early Intervention/Preschool Special Education: 4.00

Admins:

- Child care health/nurse consultants: 4.44
- Family engagement: 4.33
- Early Intervention/Preschool Special Education: 4.27

Teachers:

- Family engagement: 3.99
- Child care health/nurse consultants: 3.92
- Professional Development Information System (PDIS): 3.90

Family child care home providers:

- Family engagement: 4.31
- Early Intervention/Preschool Special Education: 4.07
- Coaching and/or mentoring: 4.03

Overall awareness and/or use of each form of support

When rating the helpfulness of each program, providers could also select “N/A – I am not aware of or have not used this form of support.” The share of providers choosing this option is reported below to highlight which sources of support may need to conduct more outreach among providers to increase awareness or uptake. **Across nearly all programs, the share of those reporting they were unaware of or had not used a form of support was highest among family child care home providers and informal care providers, indicating a need for outreach to these providers in particular.**

- Among all providers, the programs with the highest share of providers reporting they were not aware of or had not used them were:
- Early Childhood Mental Health Support Line: 62%
- Early childhood mental health consultation services: 53%
- Early Intervention/Preschool Special Education: 47%
- Nutrition support (Child and Adult Care Food Program (CACFP), Colorado Department of Public Health and Environment, etc.): 46%
- Local Department of Public Health Consultants: 45%

Form of Support	% reporting they were unaware of or had not used each form of support (<i>all providers</i>)	By provider setting		By provider role		
		Licensed providers	Informal providers	Admins	Teachers	Family child care home providers
Early childhood mental health consultation services (ECMHC)	53%	47%	78%	30%	40%	65%
Colorado Early Childhood Mental Health Support Line	62%	59%	76%	54%	51%	70%
Coaching and/or mentoring	29%	23%	51%	21%	16%	31%
Child care health/nurse consultants	39%	33%	64%	13%	24%	54%
Local Department of Public Health Consultants	45%	38%	71%	21%	37%	49%
Professional Development Information System (PDIS)	27%	15%	73%	4%	12%	24%
Nutrition support (Child and Adult Care Food Program (CACFP), Colorado Department of Public Health and Environment, etc.)	46%	40%	71%	46%	39%	40%
Early Intervention/Preschool Special Education	47%	42%	69%	28%	32%	61%
Family Engagement	27%	24%	35%	19%	18%	35%
Quality Improvement (Quality Rating and Improvement System (QRIS), Colorado Child Care Assistance Program (CCCAP), etc.)	44%	36%	76%	25%	38%	41%

Provider Perceptions of Potential New Forms of Support

Providers were also asked to rate several potential new forms of support based on how helpful they thought each type of support would be for them, where 1 is not at all helpful and 5 is most helpful. Below are average ratings for each form of support, listed in order from most helpful (higher numbers) to least helpful (lower numbers). There are some significant variations in ratings by provider type, so ratings by provider type are included in the next section.

Average helpfulness ratings among all providers (from most helpful to least helpful):

- Services to support children’s challenging behaviors: 4.47
- Subsidized benefits (retirement benefits, or health, disability, life insurances, etc.): 4.41
- Early Childhood Teacher Salary Increase Pilot: 4.31
- Funding and/or support for paid time off for professional development: 4.28
- Paid vacation days: 4.28
- Operations grants that could be used toward the costs of rent, insurance, materials and professional development: 4.27
- Mental health support for providers: 4.22
- A directory of enrichment providers or activities located within Jefferson County: 4.11
- Tuition assistance or scholarships for higher education: 4.10
- Access to the Child and Adult Care Food Program (CACFP): 3.83
- Funding to help utilize substitutes: 3.81
- Free or reduced child care for your own child(ren): 3.78
- A substitute teacher pool: 3.67
- Access to shared services (for example, IT support, payroll, bulk purchasing, benefits administration, etc.): 3.65
- Regular social events (not professional development-focused) with other providers: 3.63

Average helpfulness ratings by provider setting and role:

The table on Pages 37-38 breaks down ratings by provider setting (i.e., in a licensed setting or providing informal care), as well as by provider role (i.e., admin, teacher, and family child care home provider) to illustrate which strategies are perceived as most helpful across different groups of providers.

Idea for support	Average rating among all providers	By provider setting		By provider role		
		Average rating among licensed providers	Average rating among informal providers	Average rating among admins	Average rating among teachers	Average rating among family child care home providers
A substitute teacher pool	3.67	3.84	3.09	3.89	4.29	3.25
Funding to help utilize substitutes	3.81	3.98	3.19	4.19	4.38	3.39
Funding and/or support for paid time off for professional development	4.28	4.37	3.96	4.58	4.58	4.04
Access to shared services (for example, IT support, payroll, bulk purchasing, benefits administration, etc.)	3.65	3.76	3.24	3.72	3.96	3.53
Mental health support for providers	4.22	4.27	4.06	4.18	4.54	3.99
A directory of enrichment providers or activities located within Jefferson County	4.11	4.08	4.26	4.23	4.07	4.14
Regular social events (not professional development-focused) with other providers	3.63	3.58	3.88	3.77	3.51	3.62
Services to support children's challenging behaviors	4.47	4.58	4.04	4.47	4.76	4.47

Idea for support	Average rating among all providers	By provider setting		By provider role		
		Average rating among licensed providers	Average rating among informal providers	Average rating among admins	Average rating among teachers	Average rating among family child care home providers
Tuition assistance or scholarships for higher education	4.10	4.18	3.84	4.30	4.37	3.93
Free or reduced child care for your own child(ren)	3.78	3.91	3.30	4.12	4.10	3.53
Early Childhood Teacher Salary Increase Pilot	4.31	4.43	3.88	4.32	4.74	4.12
Operations grants that could be used toward the costs of rent, insurance, materials and professional development	4.27	4.43	3.70	4.37	4.32	4.63
Access to the Child and Adult Care Food Program (CACFP)	3.83	3.96	3.33	3.75	3.98	4.05
Paid vacation days	4.28	4.30	4.21	4.14	4.55	4.09
Subsidized benefits (retirement benefits, or health, disability, life insurances, etc.)	4.41	4.48	4.16	4.33	4.50	4.55

The top three highest rated ideas among each type of provider setting and role are included below:

Licensed providers:

- Services to support children's challenging behaviors: 4.58
- Subsidized benefits: 4.48
- Early Childhood Teacher Salary Increase Pilot: 4.43

Informal care providers:

- A directory of enrichment providers or activities located within Jefferson County: 4.26
- Paid vacation days: 4.21
- Subsidized benefits: 4.16

Admins:

- Funding and/or support for paid time off for professional development: 4.58
- Services to support children's challenging behaviors: 4.47
- Operations grants that could be used toward the costs of rent, insurance, materials and professional development: 4.37

Teachers:

- Services to support children's challenging behaviors: 4.76
- Early Childhood Teacher Salary Increase Pilot: 4.74
- Funding and/or support for paid time off for professional development: 4.58

Family child care home providers:

- Operations grants that could be used toward the costs of rent, insurance, materials and professional development: 4.63
- Subsidized benefits: 4.55
- Services to support children's challenging behaviors: 4.47

Biggest Challenges or Concerns

Providers were asked an open-ended question about the biggest challenges and concerns they are currently facing as child care providers. Themes that arose most often were:

- Compensation (mentioned 77 times)
- Staffing (mentioned 75 times)
- Demands of the job (mentioned 32 times)
- Challenging behavior among children (mentioned 27 times)
- Challenges with licensing and/or regulations (mentioned 27 times)

Other challenges mentioned frequently include difficulties with families or parents, difficulty recruiting families to enroll, lack of benefits, lack of support or appreciation, and the high costs of doing business, among others.

See supplemental document with open-ended responses to read the full list of providers' thoughts in their own words.

Sources of Help for Providers

Providers were also asked an open-ended question about who or what is helping them as a child care provider. Among providers who identified at least one source of help, themes that arose most often were:

- Colleagues (mentioned 93 times)
- Administrators (mentioned 51 times)
- Family members (mentioned 40 times)
- Community-based resources (e.g., the Jefferson County Child Care Association, Early Childhood Council, etc.) or local government (mentioned 19 times)
- Parents of children they care for (mentioned 19 times)

Other sources of help included state programs (e.g., Colorado Shines, PDIS, etc.), coaches or mentors, grants and peer groups. Many providers also noted no one/nothing was helping them. See supplemental document with open-ended responses to read the full list of providers' thoughts in their own words.

Support that is Missing in Jefferson County

Providers were asked what type(s) of support they feel are currently missing for providers in Jefferson County. Among providers who felt some form of support was missing, the themes that were most common included:

- Adequate compensation (mentioned 51 times)
- Benefits (mentioned 28 times)Mental health support for providers (mentioned 27 times)
- Behavioral support for children in their care (mentioned 26 times)
- Streamlined resources (e.g., a centralized place where providers could go to access existing resources, rather than hearing about them from multiple different sources) (mentioned 23 times)

Other ideas that surfaced multiple times included more grants for providers, support with recruiting and retaining staff, help with the licensing process, education and training for providers, support specific to family child care home providers, peer groups, community support, access to substitutes, more activities for children, support geared toward new providers, business training, support for children with special needs, CCCAP reform, coaching/mentoring and bilingual resources. See supplemental document with open-ended responses to read the full list of providers' thoughts in their own words.

What Types of Support Providers Would Create

Providers were asked to imagine that they could create any form of support for Jefferson County child care providers. Themes that arose most commonly included:

- Higher compensation (mentioned 42 times)
- Streamlined resources (e.g., a centralized place where providers could go to access existing resources, rather than hearing about them from multiple different sources) (mentioned 38 times)
- Peer support (e.g., regular meetings where providers can talk or learn from each other; a network of experienced providers who could provide mentorship; etc.) (mentioned 36 times)
- Funding (mentioned 33 times)
- Mental health support for providers (mentioned 24 times)

Other ideas that surfaced frequently were more accessible education or training for providers (e.g., higher education scholarships or free or low-cost training opportunities); benefits; support with getting licensed; support designed for new providers; more activities for children to do in the community; a way to access substitutes; support specific to family child care home providers; support with children's challenging behaviors; coaching and mentoring opportunities; support with staffing; training on running a business; and support for families. See supplemental document with open-ended responses to read the full list of providers' thoughts in their own words.

What Providers Want Taken off their Plate

Providers were asked to complete the sentence, “If I could have one thing taken off my plate as a child care provider, it would be...” The most common themes were:

- Administrative burdens (e.g., paperwork, taxes, payroll, etc.) (mentioned 55 times)
- Licensing or regulation requirements (mentioned 21 times)
- Recruiting, hiring or staffing (mentioned 18 times)
- Long hours (mentioned 17 times)
- Financial stress (mentioned 15 times)

Other things providers frequently mentioned wanting taken off their plates included developing curriculum or planning, managing difficult parent relationships, finding substitutes, managing children’s behavior, having fewer kids in their classrooms, overall stress of the job, training requirements, low pay, collecting payment from parents, and recruiting families. See supplemental document with open-ended responses to read the full list of providers’ thoughts in their own words.

Preferences for Receiving Information

Providers were asked how organizations could best let them know about opportunities for support, services, or resources for child care providers or caregivers. Preferences are listed below, from most preferred to least preferred.

- Online trainings: 47%
- Websites: 36%
- Printed materials: 32%
- In-person trainings: 33%
- Information from other providers or caregivers: 30%
- In-person meetings: 29%
- Text messages: 29%
- Social media: 23%
- Phone calls: 18%
- Videos: 7%

Economic Security and Social Connectedness among Providers

Difficulty paying for basics like food, housing, medical care and heating: Among all providers, more than one in four reported it was hard or very hard for them to pay for basic needs such as food, housing, medical care and utilities. Among different provider roles, teachers were most likely to report difficulty affording basic needs.

All providers:

- Very hard: 10%
- Hard: 17%
- Somewhat hard: 29%
- Not very hard: 42%
- Prefer not to say: 3%

Licensed providers:

- Very hard: 12%
- Hard: 16%
- Somewhat hard: 27%
- Not very hard: 43%
- Prefer not to say: 2%

Informal care providers:

- Very hard: 6%
- Hard: 18%
- Somewhat hard: 36%
- Not very hard: 36%
- Prefer not to say: 4%

Admins:

- Very hard: 12%
- Hard: 9%
- Somewhat hard: 23%
- Not very hard: 54%

Teachers:

- Very hard: 15%
- Hard: 16%
- Somewhat hard: 31%
- Not very hard: 36%

Family child care home providers:

- Very hard: 6%
- Hard: 20%
- Somewhat hard: 25%
- Not very hard: 47%

Specific needs that have been hard to pay for in the past month: Providers were asked which household needs were hard for them to pay for in the past month. Below is the percent of providers who reported difficulty paying for each need:

- Housing: 32%
- Food: 31%
- Utilities: 29%
- Health care: 22%
- Child care: 5%
- None of the above: 41%
- Prefer not to say: 7%
- Other: 3% (responses included bills and insurance, car payments, gas, transportation, etc.)

Isolation

Providers were asked how often they feel that there is no one they can turn to with issues related to providing child care. Overall results are provided, as well as results by type of provider. Family child care home providers were most likely to report they always or often felt like there was no one to whom they could turn with issues related to child care. Teachers were least likely to report they always or often felt like there was no one to whom they could turn with issues related to child care.

All providers:

- Always: 5%
- Often: 13%
- Sometimes: 26%
- Rarely: 29%
- Never: 26%
- Prefer not to say: 2%

Licensed providers:

- Always: 5%
- Often: 13%
- Sometimes: 23%
- Rarely: 31%
- Never: 26%
- Prefer not to say: 2%

Informal care providers:

- Always: 5%
- Often: 13%
- Sometimes: 36%
- Rarely: 23%
- Never: 23%
- Prefer not to say: 1%

Admins:

- Always: 5%
- Often: 12%
- Sometimes: 16%
- Rarely: 30%
- Never: 37%

Teachers:

- Always: 4%
- Often: 8%
- Sometimes: 26%
- Rarely: 38%
- Never: 22%
- Prefer not to say: 2%

Family child care home providers:

- Always: 6%
- Often: 18%
- Sometimes: 23%
- Rarely: 26%
- Never: 24%
- Prefer not to say: 3%





JEFFERSON COUNTY EARLY CHILDHOOD WORKFORCE SURVEY PROJECT

FINAL REPORT