

# **AFS Provider Survey:**

**From Child-Care Providers Serving Parents Who Receive  
Child-Care Assistance**

**Prepared for Adult and Family Services Division**

**Oregon Department of Human Resources**

**by**

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## Executive Summary

### AFS Child Care Provider Survey

AFS conducts a periodic survey of child-care providers who are serving parents receiving child-care assistance through the Integrated Child Care Program.\* The first child-care provider survey was conducted in 1990, and provided information that was useful in making extensive changes in program. The survey was carried out again in 1994, and more recently, in 1998. The survey identifies the type of care they provide—such as center, provider home, or child’s home, and asks how they collect fees from parents, what training has been completed, and how they evaluate the AFS program and payment system. This information can be viewed with information from a survey of parents conducted at the same time (see *AFS Child Care Consumer Survey*). The following provides some highlights from the recent provider survey.

#### AFS Child Care Providers

- The four major types of child-care providers responding to the survey were licensed centers or nursery schools (11%), licensed group homes (2%), family day care, i.e., provider’s home (71%), and care in the child’s home (16%).
- Significant differences exist between the types of child care provided, such as centers and family homes, and their policies regarding charging registration fees, requiring payment in advance, and adjusting rates to accommodate family needs.
- Centers offer a significant amount of drop-in care, but provide little other care for alternative work schedules of parents, such as in the evenings and weekends.
- Among relatives and in-home caregivers, high percentages (66% to 80%) provide child care during evenings and on weekends.
- Grandparents are an important child-care resource for AFS parents. Relatives, in general, are most likely to provide care when a child is sick.
- Important differences exist in the training completed by child-care providers. 80% of center staff, 58% of registered family day care providers, and 29% of all grandparents reported having completed CPR and First Aid training.
- Evaluation of AFS’s billing and payment system varies by the type of provider. In the patterns of responses, grandparents and other relatives of the child were more likely than licensed providers to report timely payment, being able to speak to someone, having their questions answered, and that staff were always helpful.

\* The Integrated Child Care Program primarily serves parents who either participate in JOBS program activities or are employed. A small number of students (259 statewide) also receive child-care assistance through this program.

## **AFS Provider Survey**

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References

Copy of AFS's Provider Questionnaire

## Introduction

Based on a survey by the Adult and Family Services Division of the Oregon Department of Human Resources, this report summarizes findings about 3114 child-care providers serving parents who were receiving child-care assistance during January of 1998. In order to offer maximum opportunity for parents to respond with written comments, AFS sent their questionnaire to all 12,751 providers in the child-care assistance payment system, for a response rate of 24 percent. Ten percent of the sample were providers of licensed care in centers or group homes, compared to six percent of all providers in the payment system. The response rate from licensed providers was higher—40%—compared to 23% from those providing care in family homes. In other respects, there can be no guarantee that the responding sample is or is not representative of the population surveyed.

Of the 3114 providers who responded, 622 (20%) failed to identify the type of care they were providing—center or family day care or some form of care by a relative—and as a result their responses could not be used to compare types of care. A composite statistical profile of all providers would not be meaningful, since centers may have a large staff and clientele. This has to be a study of the various types of providers whose care profiles are so different. The 622 unclassified providers were not useless, however; 32% were grandparents and they were combined with all other grandparents in a composite of 788 providers who were grandparents of a child in their care.

Four major types of care were distinguished—licensed center, licensed group home, provider's home, and child's home—and then four subtypes of provider homes and four subtypes of child's home providers, for a total of ten types of child care. An appendix was created for each type of care provided, presenting a detailed profile with distributions of all study variables. There are often good reasons of opportunity and choice why different families use different types of child care; so it is useful to examine the providers of each type of care as a separate sample.

Ten additional profiles were created in order to combine and compare groups of provider types in various ways, such as relative versus nonrelative homes, registered versus unregistered, or live-in versus "comes-in" care in the child's home by related versus unrelated persons.

The following summary highlights the findings that stand out for the different types of care. To provide perspective on possible trends, we cite selected findings from previous surveys, although there is no guarantee of comparable sampling, response rate, or bias.

The survey covered questions designed to distinguish the different kinds of child-care providers; length of time as a child-care provider; ages of the children and their patterns of care; transportation provided; and how rates, copay, and billing were handled. Providers were asked about the services provided them by AFS, by a child-care resource and referral agency, and by USDA. They were asked about problems with the AFS program, collecting copay; and whether they were satisfied with the AFS program. Providers were asked what training they had completed, were in, and would like to attend.

## Types of Child Care Providers

For most analyses in this survey the total sample consists of 2492 providers whose care could be classified unambiguously in mutually exclusive categories. In all, those 2492 providers cared for 16,888 children under the age of six and 6381 children age six or older, for a total of 23,269 children. Of the care for children under six, 4904 or 29% was paid by AFS; and of the care for children six or older, 2622 or 41% was paid by AFS; for a total of 7526 paid for by AFS, which was 32% of the care supplied by this sample of providers used by AFS.

These providers are of such diversity in type of care and numbers of children cared for that the different types of care must be examined separately. Licensed facilities account for about a quarter of the providers in the sample caring for the children under age six, but those facilities provided two-thirds of the care for that age group.

There are four major types of providers in the sample:

Licensed centers or nursery schools	266	11%
Licensed group homes	54	2
Provider's family home	1771	71
Care in child's home	<u>401</u>	<u>16</u>
All providers	2492	100%

However, providers who care for children in the provider's home may be caring for related or unrelated children and they may be registered with the state or unregistered, thus care in a provider's home splits into four different types of providers each of whom pose different implications for policy. Sixty-four percent of these providers are unrelated to the children they care for. This is known as family day care, and 83% of them were "registered". Surprisingly, 65% of the providers providing home care to relatives were "registered" as well. Probably there is overlap, with those reporting relative care "registering" because they also care for unrelated children. The four types of care in a provider's home are shown in the next table. However, it is not clear what providers may have had in mind when they said they were registered. They may not have meant that they were registered with the Child Care Division of the Employment Department, but simply that they were signed up with AFS to receive reimbursement.

Care in a child's home is given by providers who may or not be related to a child, and the caregiver may live in the child's home or come in to provide care. Again this creates four types:

- Child's home by live-in relative
- Child's home by live-in nonrelative
- Child's home by "comes-in" relative
- Child's home by "comes-in" nonrelative.

The frequencies are shown in the next table. Forty-five percent of the sample of providers in a child's

home were unrelated to the children, and 77% of them came in. Fifty-two percent of relative care in a child's home was also by "comes-in" relatives.

**Total Sample N=2492 Providers**

Licensed Facilities N=320	Licensed Centers N=266	Licensed Group Homes N=54
Care in Homes N=2192	Provider's Family Home N=1771	Care in Child's Home N=401

**Provider's Family Home N=1771**

	Relative's Home N=635	Family Day Care (Nonrelative) N=1136
Registered Family Homes N=1356	Registered Relative's Home N=415	Registered Family Day Care (Nonrelative) N=941
Unregistered Family Homes N=415	Unregistered Relative's Home N=220	Unregistered Family Day Care (Nonrelative) N=195

**Care in Child's Home N=401**

	Child's Home by Relative N=221	Child's Home by Nonrelative N=180
Child's Home by Live-In Caregiver N=146	Child's Home by Live-In Relative N=105	Child's Home by Live-In Nonrelative N=41
Child's Home by "Comes-In" Caregiver N=255	Child's Home by "Comes-In" Relative N=116	Child's Home by "Comes-In" Nonrelative N=139

### What are the usual child-care billing practices for different aged children?

Providers different rates for four different age categories, and, separately for full or part-time care, they bill in one or more of four different ways—hourly, daily, weekly, or monthly. That's 32 possible rates, ignoring geography. This was not a market-rate survey, and AFS's interest here was to know whether its reimbursement policy fits the way that providers do their billing—that is, how many bill hourly or monthly or daily or weekly. The frequencies and percents are presented in detail in a separate appendix for each type of child care. For an overview, first we select school-age care (6 years to 13 years) which has always posed a problem for defining full-time versus part-time care. The table shows the percent who bill in each way. For school-age care, the data do not point to any one preferred billing basis. No one basis has a majority, and it is clear only that for school-age care the definition of "full time" has a special, Pickwickian meaning. "Full time" and "part time" have different meanings for different age groups and perhaps for different programs.

#### School age (6 years to 13 years)

#### Full Time

#### Part Time

Provider	Hourly	Daily	Weekly	Monthly	Hourly	Daily	Weekly	Monthly
Licensed Centers N=266	29	16	21	45	33	17	20	33
Licensed Group Homes N=54	32	11	17	33	30	7	13	30
Registered Family Day Care N=941	42	8	11	22	44	7	7	10
Unregistered Family Day C. N=195	31	5	5	14	28	4	3	4
Relative's Home N=635	27	3	3	16	22	3	3	6
Care in Child's Home N=401	28	3	2	22	17	1	1	5

**Toddler (13-30 months)**

**Full Time**

**Part Time**

Provider	Hourly	Daily	Weekly	Monthly	Hourly	Daily	Weekly	Monthly
Licensed Centers N=266	14	7	15	36	15	8	12	18
Licensed Group Homes N=54	28	13	22	43	26	17	17	24
Registered Family Day Care N=941	44	9	13	31	42	8	8	9
Unregistered Family Day C. N=195	31	7	5	19	22	4	5	5
Relative's Home N=635	22	4	4	20	15	3	3	4
Care in Child's Home N=401	21	4	2	15	10	1	0	2

**Do providers charge a registration fee? And do they require payment in advance?**

Policy	Centers	Group homes	Registered Family Day Care	Unregistered Family Day Care	Relative's Home	Child's Home
% who charge a registration fee	79	24	8	3	3	2
% usually require payment in advance	71	47	19	6	4	4

**Do providers usually adjust their rates to accommodate family needs?**

Policy— <u>Percent who provide:</u>	Centers	Group homes	Registered Family Day Care	Unregistered Family Day Care	Relative's Home	Child's Home
Sliding scale for low-income families	12	21	20	21	18	21
Discount for multiple children	73	48	48	24	19	14
Scholarships	25	2	2	1	1	2
Other	44	33	30	26	24	33
Adjust rates for AFS families	77	56	59	45	38	39

- Large numbers of providers of all kinds report discounting their fees either on the basis of multiple children from one family or on the basis of a parent's ability to afford the care or on the basis that they need to adjust the rates to accommodate AFS families.

### Do providers have different arrangements for the copay from their AFS families?

Provider's Copay Policy— Percent of Providers Who:	Center s	Group homes	Registered Family Day Care	Unregistere d Family Day Care	Relative' s Home	Child' s Home
Collect at the beginning of the month	43	33	27	19	17	17
Collect copay during the month	53	44	41	25	24	21
Collect when the family can pay	26	20	31	32	32	32
Trade services instead of money	3	7	4	3	10	6
Do not collect copay	7	2	6	14	18	16

### The Accessibility and Flexibility of Services Provided

An issue for parents in choosing care is how well the times when care is offered fit a parent's work schedule. Providers were asked what they provide, and there were significant differences across types of providers in the services offered.

#### P E R C E N T

Services Provided	Centers	Famil y Day Care	Relative' s Home	Care in Child's Home by Live-in Relative	Care in Child's Home by Comes-in Relative	Care in Child's Home by Comes-in Nonrelativ e	Care in Child's Home by Live-in Nonrelativ e
Care during evenings	10	53	69	72	68	80	71
Care on weekends	6	46	66	68	65	68	63
Overnight care	3	35	42	42	37	42	34
Drop-in care	35	56	40	19	30	43	12
Care when children sick	3	40	63	58	71	63	59

- Centers offer a significant amount of drop-in care, but little other care for alternative schedules.
- Family day care providers are more likely to offer drop-in care than relatives.
- Relatives are most likely to provide care when a child is sick.
- For care during evenings, 80% of non-relatives who come to the house—the traditional sitter.
- Many forms of informal caregivers state they will provide care on weekends and on evenings.

It takes all kinds of care to make a child-care market, as evidenced by the services these providers indicate they provide. The pattern of services offered by grandparents was identical to that in the third column *Relative's Home*. These percentages are consistent with parent perceptions of center care as providing less flexibility than other types of child care.

### **Grandparents (N=788)**

- The provider was a grandparent in 27% of all providers of care in a provider's home.
- The provider was a grandparent in 69% of care in a relative's home.
- The provider was a grandparent in 67% of care in a child's home.
- The provider was a grandparent in 73% of care in child's home by a live-in relative.
- The provider was a grandparent in 61% of care in child's home by a relative who comes in.

Grandparents, probably mostly grandmothers, emerged as a huge resource in the child care paid for by AFS. In view of the crucial flexibility and family care they afford many families, the number of grandparents involved raises questions about how best to take advantage of and work with this valuable resource. As shown in the next section on training, approximately one-third of grandparents also showed they had had or were receptive to training.

### **Training completed and training that providers would like to attend.**

- 74% of providers at centers, 67% at licensed group home providers, and 59% of providers at registered family day care homes reported having completed training in basic health and safety, along with 23% of grandparents; while 21% of unregistered family day care providers, 26% of nonrelatives who come in to the child's home, 20% of live-in non-relatives, and 10% of grandparents, asserted that they would like to attend such training.
- A similar pattern was reported for child-development training. Licensed center providers were most likely to report having completed child-development training (65%), followed by licensed group homes (57%) and registered family day care providers (36%). Of all types of providers those who most said they would like to have child-development training were live-in nonrelatives (34%). Among all grandparents combined, 15% said they had completed child-development training and 10% said they would like to.
- First-aid training was completed by 43% of non-relative providers in the child's home, but first-aid training reached 80% in centers, 69% in licensed group homes, 58% in registered family day care, and 29% of grandparents. Another 17% of grandparents said they would like to take first-aid training.

The following tables provide training data for selected types of providers, in **percent** of providers. Additional data are available in appendices concerning training in social and emotional development, child abuse prevention, infant-toddler caregiving, caring for children with special needs, Child Development Associate

certification, AA degree in early childhood education, and multi-cultural diversity.

### Training in Basic Health and Safety

Type of Provider	% Completed Training	% Would Like to Attend
Licensed centers	74	5
Licensed group homes	67	11
Registered family day care	59	18
Unregistered family day care	23	21
Relative's home	27	13
Child's home, Live-in relative	16	11
Child's home, Comes-in relative	19	10
Child's home, Live-in nonrelative	27	20
Child's home, Comes-in nonrelative	29	27
All grandparents	23	10

### Child-Development Training

Type of Provider	% Completed Training	% Would Like to Attend
Licensed centers	65	9
Licensed group homes	54	9
Registered family day care	36	18
Unregistered family day care	19	20
Relative's home	18	14
Child's home, Live-in relative	11	16
Child's home, Comes-in relative	7	21
Child's home, Live-in nonrelative	10	34
Child's home, Comes-in nonrelative	22	27
All grandparents	15	10

### Training in CPR & First Aid

Type of Provider	% Completed Training	% Would Like to Attend
Licensed centers	80	5
Licensed group homes	69	17
Registered family day care	58	19
Unregistered family day care	31	30
Relative's home	34	20
Child's home, Live-in relative	24	17
Child's home, Comes-in relative	22	23
Child's home, Live-in nonrelative	44	22
Child's home, Comes-in nonrelative	42	25
All grandparents	29	17

### How long have they provided child care?

- A differential approach to training may be required depending on how experienced the provider is, as well as on provider's intent to be registered, licensed, or certified. The following table focuses on those who have been providing care one year or less versus those who have been doing it for three years or longer.

Type of Care	% One Year or Less	% 3 Years or More
Licensed centers	2	87
Licensed group homes	4	76
Registered family day care	30	39
Unregistered family day care	62	15
Registered care in relative's home	27	40
Unregistered care in relative's home	46	20
Care in child's home by live-in relative	50	22
Care in child's home by live-in nonrelative	56	22
Care in child's home by "comes-in" relative	46	26
Care in child's home by "comes-in nonrelative	44	34

### Which providers participate in the USDA food program?

- 85% of licensed group homes, 67% of registered family day care homes, 32% of licensed centers, and 7% of providers of care in the child's home.

### Do providers know about the services available from their local Child Care Resource and Referral agency, and did they use R&R services?

- High levels of knowledge and use of R&R's comes from licensed group homes (76% know about R&R, 50% use R&R), registered family day care providers (68% know about R&R, 52% use R&R), and licensed centers (61% know about R&R, 50% use R&R). Among all kinds of providers of care in the child's home, 30% report knowing about R&R services and 12% using them.

### Do providers have reliable transportation in case of emergencies?

- Approximately 90% of providers of all types said Yes.

### Do they provide transportation for children to attend school, medical appointments, or other care arrangements?

- Those who said Yes: 47% of licensed centers and group care, 73% of related providers of care in their homes, 66% of providers of care in the child's home, 48 % of registered family day care providers, and 58% of unregistered family day care providers.

### Among providers who give care in their homes, what is their policy on smoking?

Type of Care	No smoking in my home %	No smoking while in care %	Allow smoking %	Smoking in Designated Areas %
Licensed group homes	79	6	0	13
Registered family day care homes	76	7	3	12
Unregistered family day care homes	73	7	3	14
Relative's home	67	7	6	18
Child's home, Live-in relative	67	3	5	21
Child's home, Comes-in relative	57	15	3	17
Child's home, Live-in nonrelative	47	11	5	34
Child's home, Comes-in nonrelative	57	8	1	23
All grandparents	67	6	5	20

### Providers' evaluation of AFS billing and payment system over the past six months.

Providers were asked what best described their experience with the AFS billing and payment system over the past six months, using a scale *Never, Rarely, Sometimes, Often, Always*. The following table shows the percent who responded *Often* or *Always* to four statements. In the pattern of responses, grandparents and other relatives of the child were more likely than licensed providers to report timely payment, being able to speak to someone, having their questions answered, and that staff were always helpful.

PERCENT ( % *Often* + % *Always*)

Type of Care	Payments are timely	Staff is helpful	My questions are answered	Able to speak to someone
Licensed centers	39+37=76	34+35=69	35+30=65	16+20=36
Licensed group homes	19+54=73	29+41=70	28+37=65	14+20=34
Registered family day care homes	31+50=81	26+41=67	24+42=66	20+28=48
Unregistered family day care homes	18+63=81	19+47=66	22+48=70	14+35=49
Relative's home	21+63=84	19+54=73	18+53=71	16+38=54
Child's home, Live-in relative	13+70=83	17+53=70	16+51=67	12+45=57
Child's home, Comes-in relative	23+52=75	17+56=73	23+57=80	17+42=60
Child's home, Live-in nonrelative	39+45=84	12+41=63	25+31=56	23+35=58
Child's home, Comes-in nonrelative	27+42=69	20+36=56	17+39=56	12+34=56
All grandparents	19+66=85	17+55=72	18+55=73	14+39=53

**Did providers have any problems with the AFS child-care program during the past six months?****Percent who checked each item**

Statement	Centers	Group Homes	Registered Family Day Care	Unregistered Family Day Care	Relative's Home	Child's Home
<b>No problems.</b>	<b>19</b>	<b>31</b>	<b>33</b>	<b>54</b>	<b>47</b>	<b>40</b>
Changes in the amount of copay caused problems.	42	32	26	13	17	15
Not notified about changes in parent's eligibility.	31	26	19	7	9	5
AFS rates are lower than the rates I usually charge.	62	57	43	26	19	18
Too difficult to get information when I need it.	34	33	22	16	14	15
Amount of care authorized does not meet care provided.	44	37	34	19	21	17
Did not receive payment for care provided.	21	20	17	8	9	10
Other	18	11	17	12	10	9

- It appears that those providers who have a larger clientele experience more problems with AFS's child-care program. They also are the providers who charge more and have more difficulty with copay and reimbursement rates.

Averaging all the family day care providers—registered and unregistered—37% reported no problems with the AFS child care program. This is an increase in problems reported since the 1991 AFS survey of family day care providers, when 45% reported no problems. At that time, the number of problems reported directly increased with the number of children they cared for, which is consistent with these 1998 findings. In 1991, 28% of family day care providers reported being registered with the Children's Services Division. In the 1998 Survey, 83% of family day care providers reported being registered, although it is unclear what they meant by "registration". Nevertheless, Oregon requirements and policies have seen a large increase in the registration of family day care.

**References**

Arthur C. Emlen, Paul E. Koren, Kathryn Schultz Yoakum, and Matthew D. Emlen. *A Survey of Family Day Care Providers in AFS Programs*. Portland State University and Adult and Family Services, 1991.

