



NEVADA HOME-BASED CHILD CARE STUDY



ACKNOWLEDGMENTS

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INTRODUCTION

Home-based child care (HBCC) providers care for approximately 6.4 million children ages 0-5 nationally, and an estimated 5 million of these providers are known as *Family, Friend, and Neighbor Caregivers*.¹ Relative and community providers have been a cornerstone for parents as the most relied-upon and enduring form of child care throughout history. Disruptions during the COVID-19 pandemic underscored the significance of the home-based sector, where many families transitioned amid widespread closures of child care centers. Subsequent recognition of HBCC providers and their impact on millions of children has grown, and Federal initiatives like the Child Care and Development Block Grant and Preschool Development Grants Birth-Five now emphasize the importance of honoring family choice and comprehensive early care options inclusive of home-based child care.

The State of Nevada in turn has been actively focused on understanding and supporting home-based care, aiming to better serve children, families, and providers. An estimated 134,000 children 5 years old and younger are regularly enrolled in some form of child care in Nevada;² and the availability, affordability, and quality of child care options, including HBCC, are concerns that impact families, businesses, and communities. Child care difficulties can affect family finances, workforce participation, and parental well-being, all of which have important implications on the early learning and development of children.³

Addressing these issues and understanding the dynamics of home-based child care is essential not only for improving the vitality of Nevada's families but also for supporting the broader state economy. **Nevada currently loses an estimated \$1 billion annually due to child care challenges,**⁴ **emphasizing the need for data and solutions across the landscape.** While more is known about center-based child care, there remains a notable gap in research specifically exploring HBCC.

Home-based child care refers to child care provided in a residential setting, typically by a family member, friend, community member, or a child care home provider. This care can take place in the child's home, the provider's home, or a combination of both in some arrangements.

This study offers critical context for Nevada's early care and education system by gathering insights from parents and HBCC providers on their experiences, available supports, and areas for improvement needed to enhance outcomes for children, families, and caregivers.

STUDY DESIGN

The goal of the study was to learn from parents and guardians who use child care for children 5 years old and younger and from home-based child care providers across Nevada about their experiences, preferences, and challenges related to child care.

The study sought to answer these primary research questions:

- What are the characteristics of HBCC settings across Nevada?
- What are the decision-points, needs, and wants of parents and guardians who choose HBCC?
- How do these decision points, needs, and wants compare to parents who choose center-based care?
- What are the characteristics of care, challenges, and desired supports of HBCC providers?
- What themes arise among caregiver and family relationships?
- What are the experiences of families and providers with existing child care resources?

Survey pathways were developed to target four key groups: **1)** parents and guardians using home-based child care for children 5 years old and younger, **2)** parents and guardians using center-based child care for children 5 years old and younger, **3)** family child care home operators and workers, and **4)** family members, friends, or neighbor caregivers (also known as kith and kin providers) who provide regular care for children 5 years old or younger in Nevada.

Survey Pathway Target Population Descriptions <i>Responses were limited to one survey per household or child care home.</i>
Home-Based Parent Pathway Any parent or guardian in Nevada with at least one child 5 years old or younger who is cared for in a home-based child care setting on a regular basis
Center-Based Parent Pathway Any parent or guardian in Nevada with at least one child 5 years old or younger who is cared for in a center-based child care setting on a regular basis
Family, Friend, and Neighbor Pathway Any person in Nevada who regularly provides child care to a family member, friend, neighbor or community member's child, age 5 years old or younger, on a regular basis
Family Child Care Home Pathway* Any person in Nevada who owns, operates, or provides care to children 5 years old or younger through a home-based child care business in their own home or someone else's home ----- *This pathway includes both lawfully exempt non-licensed home-based child care providers operating as a business and licensed child care homes.

METHODS

Surveys for parents and providers were distributed electronically and accessible from any device with internet access to allow broad participation statewide. All recruitment materials and survey pathways were available in English and Spanish, and participants could choose their language preference at the start of the survey.

The survey was launched via Qualtrics, and unique URL and QR codes were included in recruitment materials such as email campaigns and flyers to minimize the risk of fraud. Additional recruitment methods to ensure targeted responses included leveraging direct phone outreach, established community networks, and provider-to-provider referrals.

To supplement the surveys collected, a select number of respondents were consulted to provide additional feedback through guided conversations with a trained interviewer. Survey participants and follow-up contributors received a \$20 gift card for their time and engagement.

Qualifying Questions

Screeners items were developed to assess which survey pathway was appropriate for respondents who self-identified as meeting the criteria described in the outreach materials. The items are as follows:

Which best describes you? Please select all.

- I am a parent and my child(ren) are cared for in a child care center (*send to center-based parent pathway*)
- I am a parent and my child(ren) are cared for in a Family/Home-Based Child Care (*send to HBCC parent pathway*)
- I am a parent and my family, friends and/or neighbors help take care of my child(ren) on a regular basis (*send to HBCC parent pathway*)
- I help take care of children who are 5 years old or younger that are not my own (*IF selected, even with other options, send to provider pathway*)
- None of these describe me (*exit the survey*)

For parents, further screening consisted of confirming respondents are involved with decision-making about child care for their children:

Who makes decisions about child care in your home? Select one.

- I make most of the child care decisions.
- I make child care decisions with another parent or guardian.
- Someone else makes most of the child care decisions for my children. (*exit the survey*)

For providers, further screening consisted of determining which provider pathway was most appropriate:

Which best describes you?

- I run or operate a family child care home (*send to FCH pathway*)
- I work as a family child care home provider or assistant (*send to FCH pathway*)
- I help take care of a child or children in my family on a regular basis (*send to FFN pathway*)
- I help take care of a child or children of friends or neighbors on a regular basis (*send to FFN pathway*)
- I work for a family or families as a nanny or babysitter on a regular basis (*send to FFN pathway*)

CHALLENGES

One overarching challenge of this study was connecting with home-based providers, particularly those offering care as license-exempt Kith and Kin or unregistered Family, Friend, and Neighbor Providers. **These caregivers are still gaining recognition in formal child care support systems and may not yet consider themselves "providers" within those contexts, creating a barrier to recruitment through conventional referral channels.**



To increase responses from unknown networks, phone calls were made to Family Child Care Home Providers identified through internet searches. **Many providers did not perceive these calls as legitimate, likely due to the rising frequency of scam calls, which interfered with this recruitment method.** A provider referral system was attempted through already known home-based providers, but this yielded few additional responses.

Another challenge arose during the administration period when **bots and AI-driven programs attempted to complete the survey in exchange for incentives.** To address this, the evaluation team implemented rigorous data cleaning procedures to identify and filter out fraudulent responses, using fraud detection values from Qualtrics and manual data review. While efforts were made to filter out these responses, the interference highlighted a limitation of online survey tools.

To mitigate these issues in future research, in-person or guided survey facilitation is recommended for these populations. This approach is more time and cost-intensive but can reduce the risk of automated responses, ensure data accuracy, and improve participation rates from groups who generally may be less likely to respond to unsolicited online surveys.

SAMPLING

This study gathered data from a convenience sample consisting of 1,343 parents and guardians of children 5 years old and younger who were utilizing child care services in Nevada, as well as 183 home-based child care providers across the state.

The sample size for the parent surveys is sufficiently large to provide reliable estimates of prevalence within the population of families with children 5 years old and younger. This enables the results to be representative of this specific demographic and establishes a strong foundation for further analysis.

While reaching informal and unregistered caregivers remains a challenge, **this exploratory sample begins to shed light on the perceptions, needs, and preferences of the full spectrum of home-based child care providers across Nevada.**

Additional research with a larger sample is necessary to yield more reliable and generalizable estimates for the provider population.

Primary Population	Respondent Type	Sample Size
Parents with children 5 years old or younger in child care (n = 1,343)	Parents with Home-Based Care	932
	Parents with Center-Based Care	411
Home-Based Child Care Providers (n = 183)	Family, Friend, Neighbor or Nanny Caregiver	90
	Family Child Care Home Provider	93

Of the 1,343 parents and guardians who responded to the survey, fewer than 10% reported utilizing more than one arrangement. Parents were segmented as either Family, Friend, and Neighbor Care Only (FFN Only), Family Child Care Home Only (FCH Only), Center Care Only, or as a Mixed Arrangement group if they represented either a combination of home-based care arrangements or a combination of home-based and center-based arrangements. The FFN Only group at times was further segmented between family and friends or neighbors for additional analysis. **Responses to arrangement-specific information represent 1,529 care arrangements in total.**

Parent Demographics

AGE

2%	18 - 24 years old
71%	25 - 34 years old
25%	35 - 44 years old
2%	45 - 54 years old

RACE & ETHNICITY

1%	Native Hawaiian or Pacific Islander
4%	Asian or Asian American
4%	American Indian or Native American
12%	Hispanic or Latino
13%	Black or African American
67%	White

GENDER

42%	Man
58%	Woman

EDUCATION

11%	High School Graduate
21%	Some College
52%	College Graduate
14%	Post College Graduate

Home-Based Provider Demographics

AGE

6%	18 - 24 years old
54%	25 - 34 years old
22%	35 - 44 years old
10%	45 - 54 years old
8%	55 or older

RACE & ETHNICITY

1%	Native Hawaiian or Pacific Islander
2%	Asian or Asian American
2%	American Indian or Native American
10%	Hispanic or Latino
18%	Black or African American
62%	White

GENDER

13%	Man
84%	Woman

EDUCATION

8%	High School Graduate
15%	Some College
38%	College Graduate
35%	Post College Graduate

DESCRIPTION OF THE PARENT SAMPLE

Family Size

Overall, respondents in the study **represented smaller family sizes** when compared with general population data for Nevada. This is likely due to the study's requirements that participants have at least one child 5 years old or younger. Seventy-one percent of the sample reported they had one child, and 25 percent reported they had two children.

Education Distribution

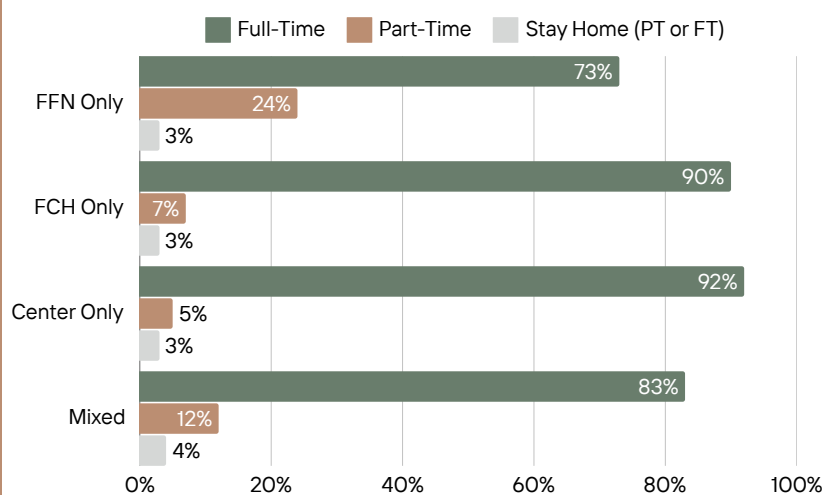
The sample also consists of a **higher proportion of respondents with college experience and advanced degrees** when compared with data for the general Nevada population (43% college graduates and 17% postgraduates vs. 19% and 10% respectively).⁵

Employment Distribution

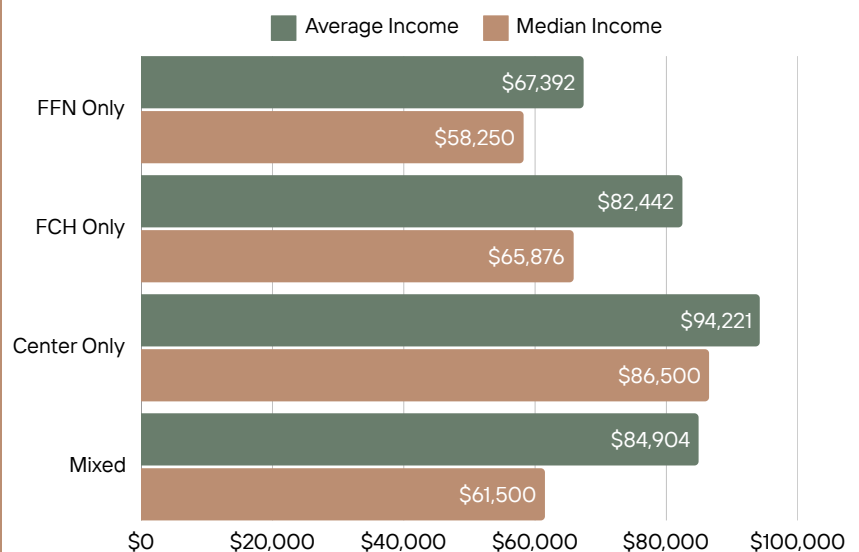
Eighty-five percent of the parent sample reported they were employed full-time. Twelve percent reported they were employed part-time. Only 3% reported they were a stay-at-home parent either full-time or part-time.

Sixty-four percent of the sample reported working in-person only. Seventeen percent reported working hybrid, sometimes from home and sometimes in-person.

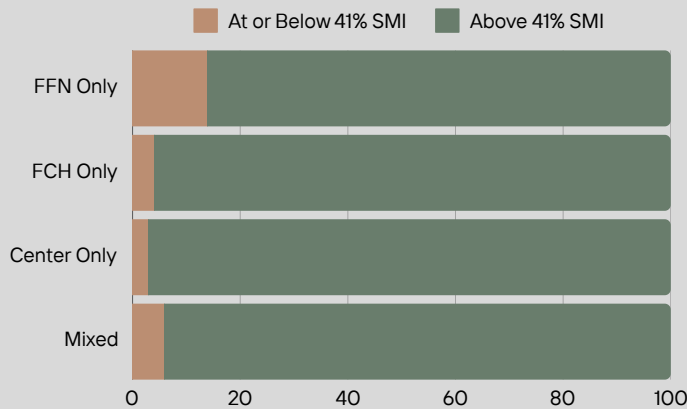
Parent Sample Employment Distribution



Parent Sample Household Income



Parent Sample Household Income



At the time of this report, Federal eligibility limits for child care assistance allow support for families earning 85% of State Median Income (SMI).

The State of Nevada supports new child care assistance for families earning 41% SMI - which results in a current eligibility gap for Nevadan parents and guardians.

Exploratory income results of this study were analyzed at the State eligibility level.

SAMPLE LIMITATIONS

Data is Self-Reported

The nature of this study relies upon self-reported data, shaped by personal perspectives and experiences rather than objective measures.

Race and Ethnicity Distribution

Recruitment targets of 385 surveys per racial and ethnic group were set to yield a 5% margin of error for population-level estimates, but the final sample did not fully meet these goals. Specifically, **the parent sample over-represents white participants, while Hispanic or Latino and Asian and Asian American groups are underrepresented.**

Although Black and African American participants were slightly oversampled compared to general Nevada population data, their total number fell short of the target. These imbalances increase the margin of error (e.g., $\pm 7.95\%$ for Hispanic or Latino and $\pm 7.47\%$ for Black and African American parents) and limit the accuracy of population-level estimates for these communities. The over-representation of white participants also risks biasing conclusions toward their views and experiences.

Income Distribution

The parent sample reported incomes lower than the general population of Nevada families, though the proportion of low-income families (at-or-below 41% of the State Median Income) was smaller than the state average. Despite small sample sizes in these subgroups, further analysis could provide valuable insights into income-related disparities.

RESULTS

NEVADA PARENTS

RESULTS

Exploring Parental Child Care Choices, Workforce Engagement, and Community Structure

Parents make complex decisions regarding child care, balancing practical needs, personal preferences, and available resources. Work schedules, industry demands, and social networks were also found to influence the child care choices of parents and guardians examined in this study.



**NEEDING TO WORK
WAS THE MOST
REPORTED PRIMARY
PURPOSE FOR CHILD
CARE ACROSS ALL
PARENTS**

One of the most prevalent themes across the study findings is the relationship between child care and employment. Parents were asked to select one primary purpose of child care for their family, and “needing to go to work” was most reported by the overall sample (44%).

Exploratory data suggests this primary purpose of child care held true across care types used and income ranges. Only FFN parents with incomes at-or-below 41% SMI more often selected “learning and development” and “exposure to other adults” ahead of “needing to work” in this sample.

Sixty-five percent of center-based parents cited work as the driving factor behind child care, compared to 41 percent of FCH parents and 27 percent of FFN parents.

Twenty-two percent of **FFN parents** reported “wanting their child to get exposure to other adults such as family, friends, or child care providers,” and another 14 percent reported “wanting children to participate in activities that support learning and development.”

Fifteen percent of **FCH parents** selected “wanting their child to have exposure to other children” as their primary purpose of care, while another 13 percent cited “wanting their children to be in a different environment outside the home.”

RESULTS

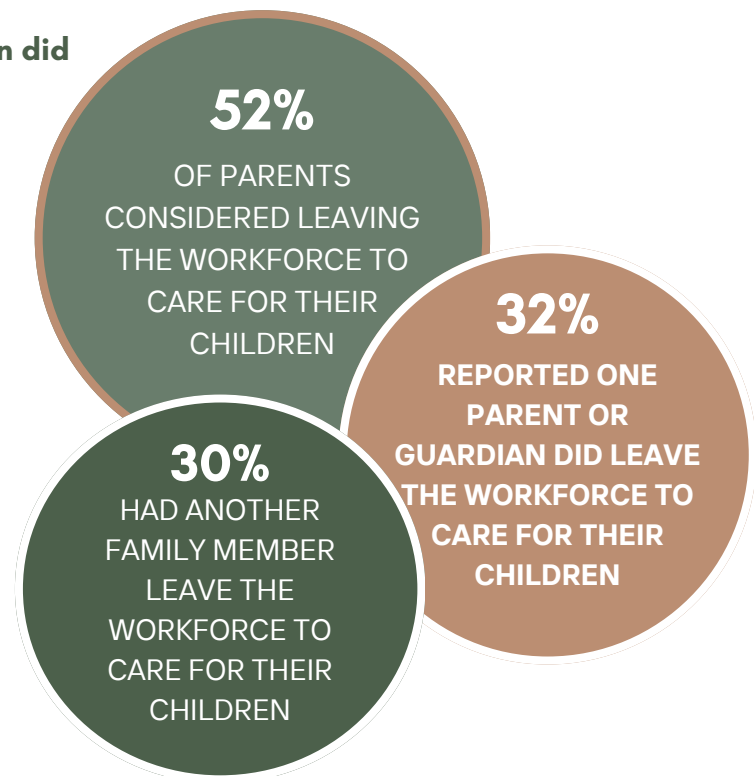
Exploring Parental Child Care Choices, Workforce Engagement, and Community Structure

When asked what considerations or decisions parents and extended family made to support respondents' care needs, **more than half of parents (52%) reported they or the child's other parent or guardian considered leaving the workforce to care for their children.**

In 32% of cases, a parent or guardian did leave the workforce to care for their children.

A higher proportion of parents using center-based child care reported leaving the workforce (38% compared to 29% of FCH Only parents and 23% of FFN Only parents).

Parents also reported that in 34% of cases **another family member** considered leaving the workforce for this purpose, and 30% did have another family member do so. The data followed similar trends when examined by subgroup as parents leaving the workforce (37% of center-based parents compared to 29% of FCH Only parents and 19% of FFN Only parents).



Exploratory data suggests parents with household incomes at-or-below 41% SMI considered leaving the workforce to care for their children more often than those with higher household incomes (72% of low-income respondents compared to 50%), however, both groups decided to leave the workforce at the same rate. Families with incomes above 41% SMI had other family members both consider (37%) and decide (32%) to leave the workforce to help with child care more often than low-income families (13% and 10% respectively).

RESULTS

Exploring Parental Child Care Choices, Workforce Engagement, and Community Structure

23%
of parents relocated or
moved to another town,
state, or country
for child care

When asked if they considered relocating or moving to another town, state, or country for child care, 1/3 of parents reported they did, and 23% made the decision to do so. These choices were similar among parents using different types of child care.

Twenty-nine percent of the sample had another family member consider relocating or moving to help, and **25 percent of the overall sample did have another family member relocate to care for their children. Parents using home-based options reported a family member decided to relocate to help with child care more often when compared with center-based parents (29% to 21%).**

While families with incomes at-or-below 41% SMI considered relocating at a higher rate (54% compared to 33% of respondents with household incomes above 41% SMI), **families with incomes above 41% SMI decided to move more frequently to meet child care needs (24% compared to 10% of low-income families).**

Another family member considered moving 31% of the time as reported by the above 41% SMI group and only 13% of the time by the at-or-below 41% SMI group. **Another family member did relocate to support 26% of respondents earning above 41% SMI but only in 12% of cases for families with household incomes at-or-below 41% SMI.**

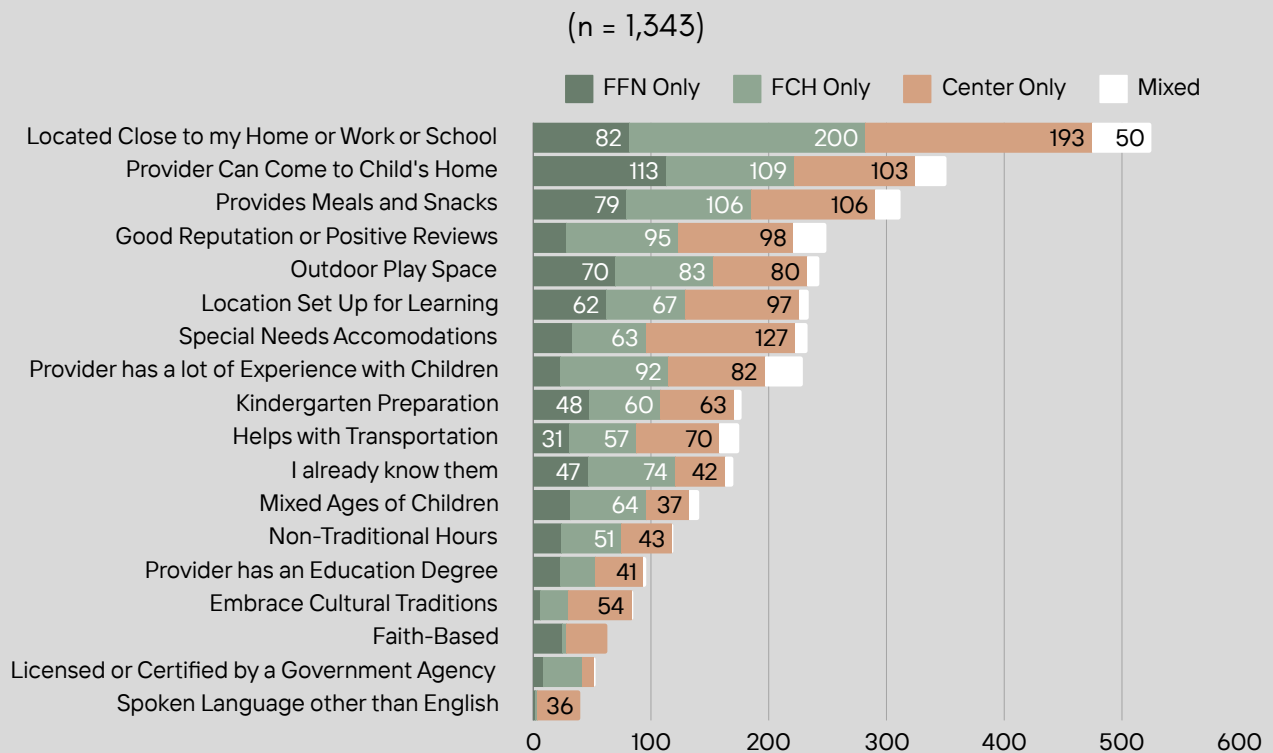
Exploratory data suggests families at-or-below 41% SMI less often had family members leave the workforce or relocate to help them with child care compared to families with incomes above 41% SMI

RESULTS

When asked which factors were most important when making child care decisions, **finding child care “located close to my home or work or school” was the most reported decision-making factor across the overall parent sample.** This held as most reported when looking at FCH Only parents and Center Care Only parents, and the choice only fell second for FFN Only parents, who more often chose “the provider can come to my house.”

Following “located close to my home or work or school” - selected by 39% of the overall parent sample - and “the provider can come to the child’s home” - selected by 26% - 22% of parents selected the caregiver’s ability to “provide meals and snacks” in their top three decision-making factors. Nineteen percent of the overall sample selected the provider having a “good reputation or positive reviews” was of top importance, and another 18 percent prioritized an “area for outdoor play.”

Which of these factors are most important to you when making decisions about child care (assuming care is reliable, affordable, and occurs in a healthy and safe environment)? Select up to 3.

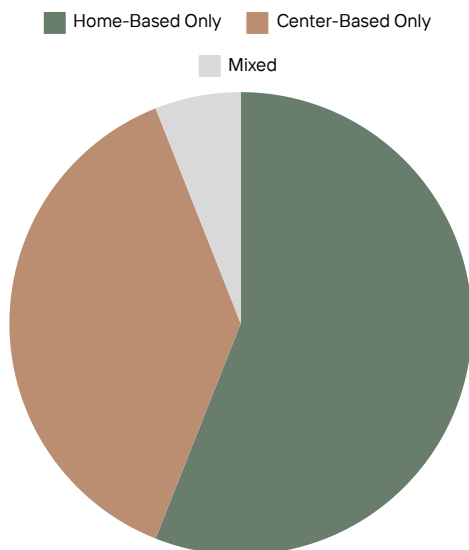
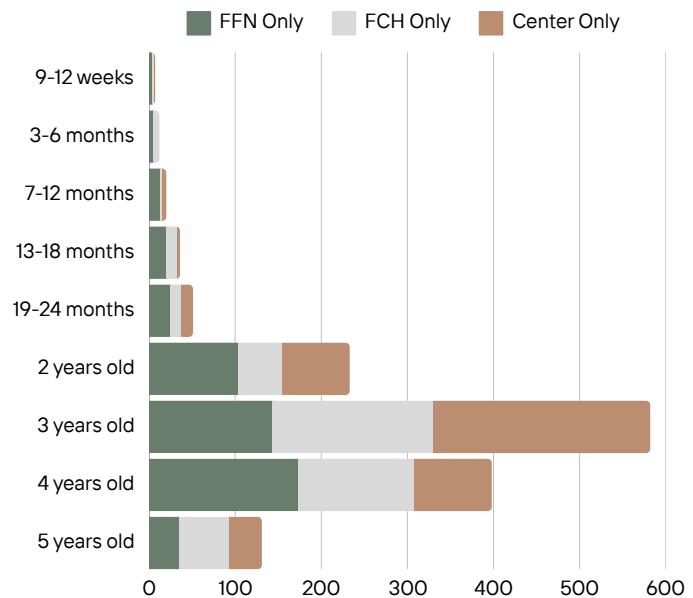


RESULTS

Child Care Arrangement Characteristics

Parents provided information about their current child care arrangements for their youngest child 5 years old or younger, including information about their caregiver, weekly schedules, cost, forms of payment, and recommended improvements to care.

Arrangements reported in this study predominantly involve children aged 2 and older. Age 3 was most reported as the parent or guardian's youngest child 5 years old or younger in regular child care in this sample.

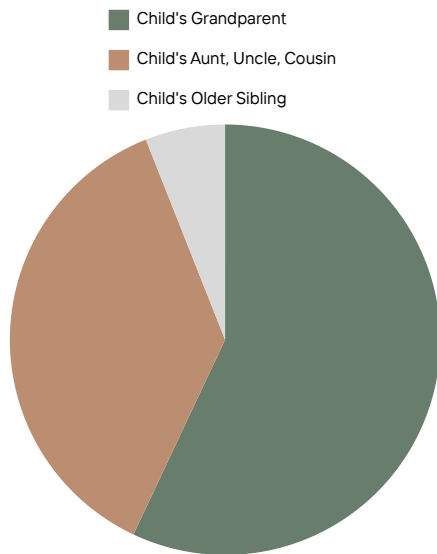


Arrangement Types

Overall, 56% of parents had one HBCC arrangement only, while 38% had one center-based arrangement only. Six percent had mixed arrangements. Demographic analysis did not show any trending differences in the types of care used between single-parent and two-parent or guardian households.

RESULTS

Child Care Arrangement Characteristics



PARENTS WITH FAMILY CARE

Parents who reported using a **Family Provider** were asked about their specific relationship.

Fifty-seven percent of Family Providers were reported to be the child's grandparent. Thirty-seven percent were the child's aunt, uncle, or cousin, and 6 percent were the child's older sibling.

Location of Family, Friend, and Neighbor Care

Fifty-two percent of Family Providers deliver care in the child's home. Forty percent deliver care in their own home, and 8 percent split time between both.

Fifty-one percent of Friend and Neighbor Providers deliver care in the child's home. Forty-four percent provide care in their own home, and 5 percent split between both.

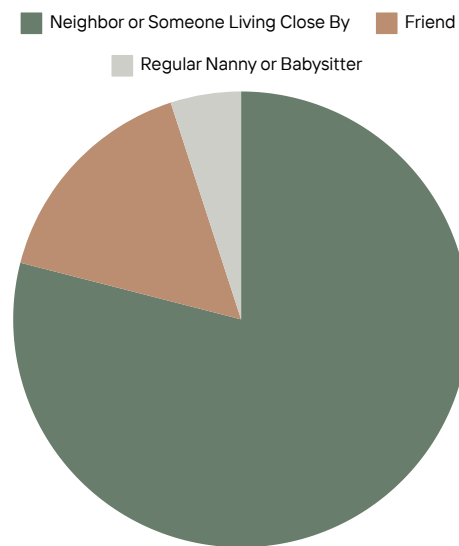
48% of parents using a Family Provider reported that caregiver lived in their home

RESULTS

Child Care Arrangement Characteristics

Of parents who reported they used friend or neighbor care, 79 percent identified the provider as “a neighbor or someone who lives close by.” Sixteen percent identified the provider as “a friend,” and 5 percent as “a regular nanny or babysitter.”

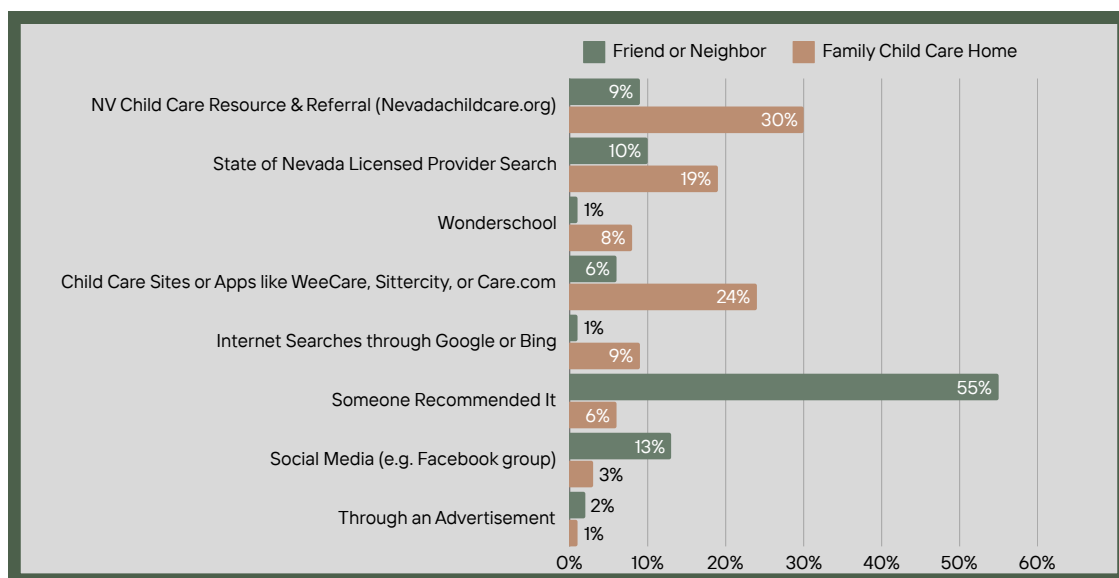
PARENTS WITH FRIEND & NEIGHBOR CARE



HOW DID YOU FIND THIS CARE?

Fifty-five percent of parents with a Friend or Neighbor Provider were connected because “someone recommended it.” Thirteen percent were connected through social media.

Parents with children enrolled in Family Child Care Homes were most often connected through Nevada Child Care Resource & Referral.



RESULTS

Child Care Arrangement Characteristics

When asked how many hours per week their child was usually in their reported care arrangement, **parents most often selected 21-30 hours of care per week overall.**

Parents with Family Providers

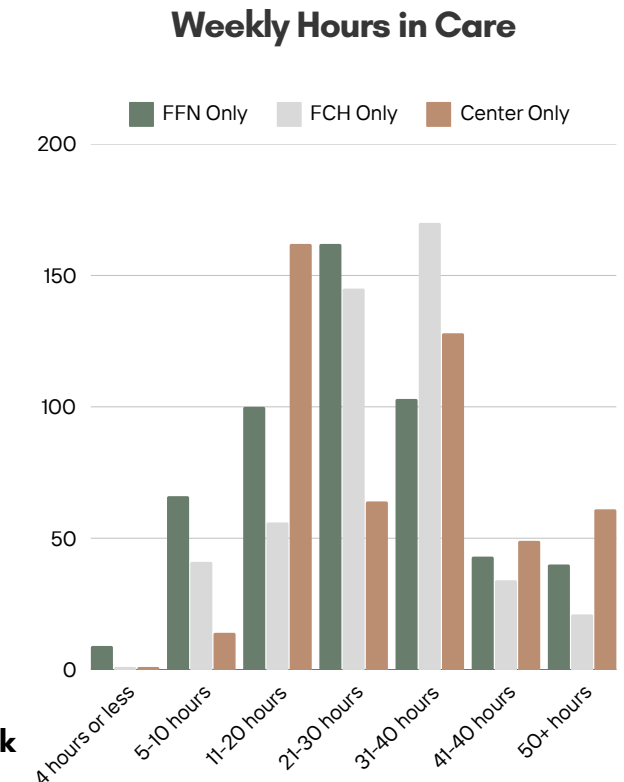
- 74% use more than 20 hours of weekly care
- Most often selected 21-30 hours per week
- **20% reported more than 40 hours per week with a family caregiver**

Parents with Friend or Neighbor Providers

- 48% use more than 20 hours of weekly care
- Most often selected 31-40 hours per week
- **4% reported more than 40 hours per week with a friend or neighbor caregiver**

Parents using Family Child Care Homes

- 79% use more than 20 hours of weekly care
- Most often selected 31-40 hours per week
- **12% reported more than 40 hours per week in a Family Child Care Home**



Parents with Center-Based Care

- 63% use more than 20 hours of weekly care
- Most often selected 11-20 hours per week followed by 31-40 hours per week
- **23% reported more than 40 hours per week in a center-based setting**

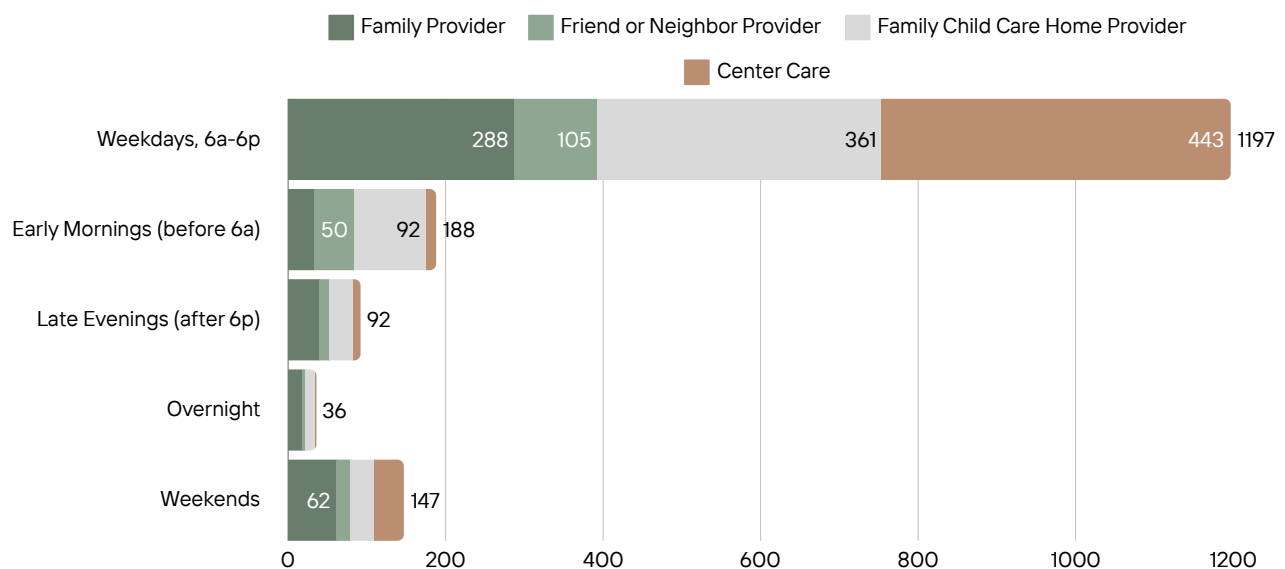
RESULTS

Child Care Arrangement Characteristics

Weekly Schedule

- **Family Providers** were reported more than other caregivers to support Overnight and Weekend Care.
- **Friend and Neighbor Providers** and **Family Child Care Home Providers** were the caregivers most reported for use of Early Morning (before 6 a.m.) Care.
- Only 2.5% of parents with **Center-Based Care** reported using Early Morning Care, and fewer reported Late Evening (after 6 p.m. - 2%) and Overnight Care (n=1).

**Weekdays 6 a.m. - 6 p.m.
was overwhelmingly
reported as the most
frequent time of care overall
and across care types**



RESULTS

Child Care Arrangement Characteristics

Paying for Child Care

Parents in this study answered questions about out-of-pocket monthly costs for child care, informal exchanges, and the use of child care assistance for their current arrangements.

30%
**OF PARENTS USING
FAMILY PROVIDERS
REPORTED PAYING \$0
FOR THEIR CHILD
CARE**

Parents with Friend or Neighbor Providers

- Only 4% of friends and neighbors were reported to provide care at zero cost
- \$201 - \$300 per month was most reported for friend and neighbor caregivers
- 74% pay \$600 or less per month (excluding zero cost care)

Parents using Family Child Care Homes

- \$101 - \$200 and \$301 - \$400 per month were most reported for Family Child Care Homes
 - Parents using Family Child Care Homes reported using child care assistance for 41% of arrangements
- 49% pay \$600 or less per month

Parents with Family Providers

- \$501 - \$600 per month was the most reported cost of care for paid family caregivers
- 68% pay \$600 or less per month (excluding zero cost care)

Parents with Center-Based Care

- \$801 - \$900 per month was most reported for center-based care
- 30% pay \$600 or less per month

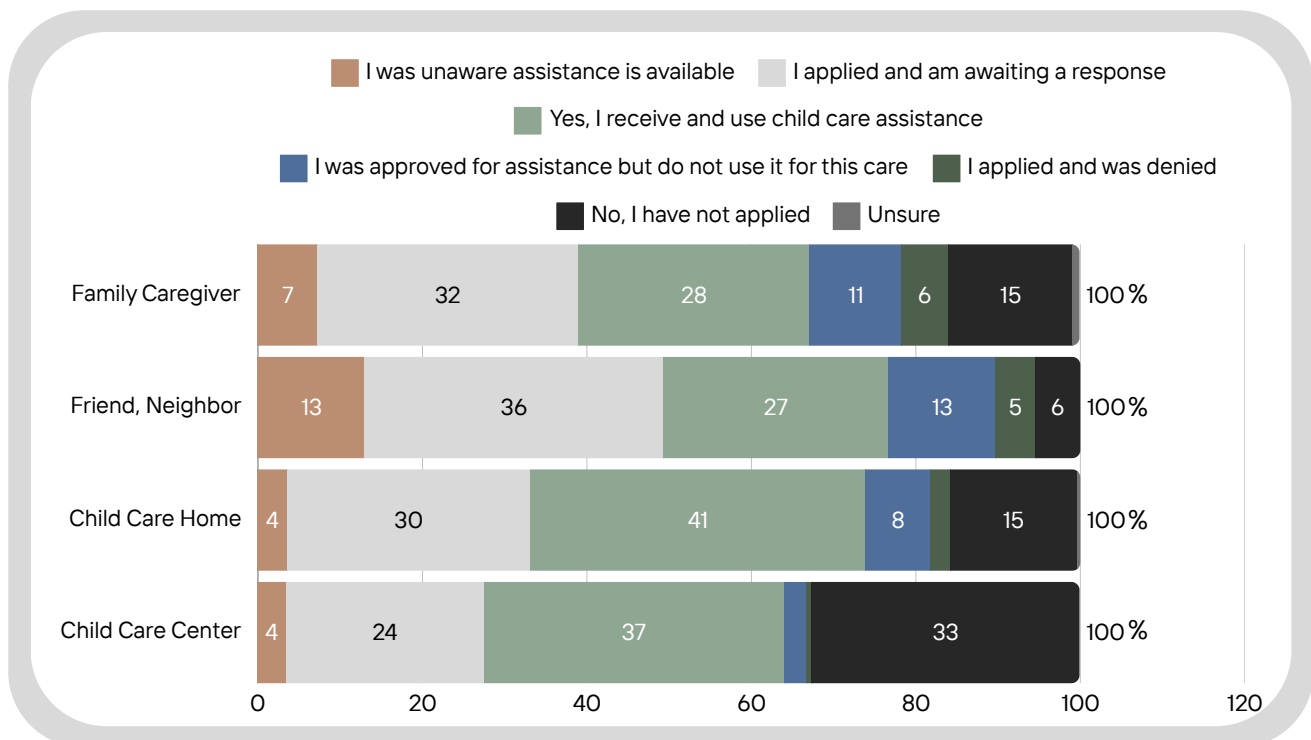
RESULTS

Child Care Arrangement Characteristics

Child Care Assistance

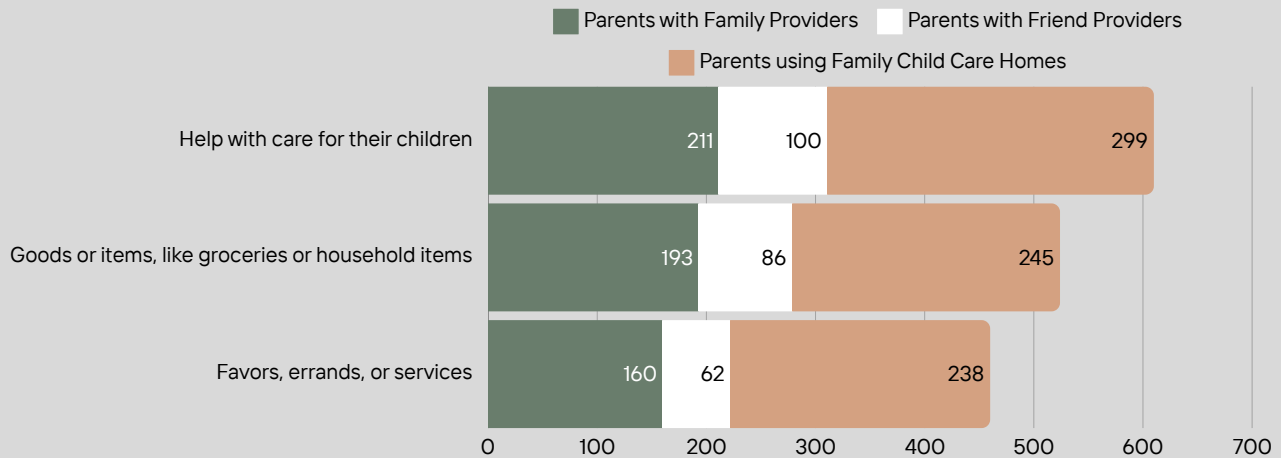
To complement out-of-pocket cost information, parents were also asked about their awareness, engagement, and use of child care assistance.

- 28% of parents using a **Family Provider** reported using child care assistance. Another 32% reported they applied and were awaiting a response.
 - Parents using **Friend and Neighbor Providers** followed similar trends.
- 41% of parents using **Family Child Care Homes** reported using assistance. Another 30% were awaiting a response to their application.
- More than 1/3 of the sample of parents using **Center-Based Care** (37%) reported using child care assistance.



RESULTS

Have you exchanged any of the following instead of or in addition to payment for this care in the last three months?



Non-Monetary Exchanges

Parents were asked about non-monetary exchanges made instead of or in addition to payments for child care. **Exchanging “help with child care” for their provider’s child was most selected overall and across home-based care types.** *This question was not asked of parents using center-based care.*

In more than half of Family Provider arrangements, parents reported exchanging “help with child care” (56%) and “goods or items like groceries or household items” (51%) for child care. Forty-two percent reported exchanging “favors, errands, or services.”

Parents reported even higher rates of these exchanges for Friend and Neighbor Providers (“help with child care” in 69% of arrangements, “exchanging goods and services” in 59%, and “exchanging favors, errands, or services” in 43% of arrangements).

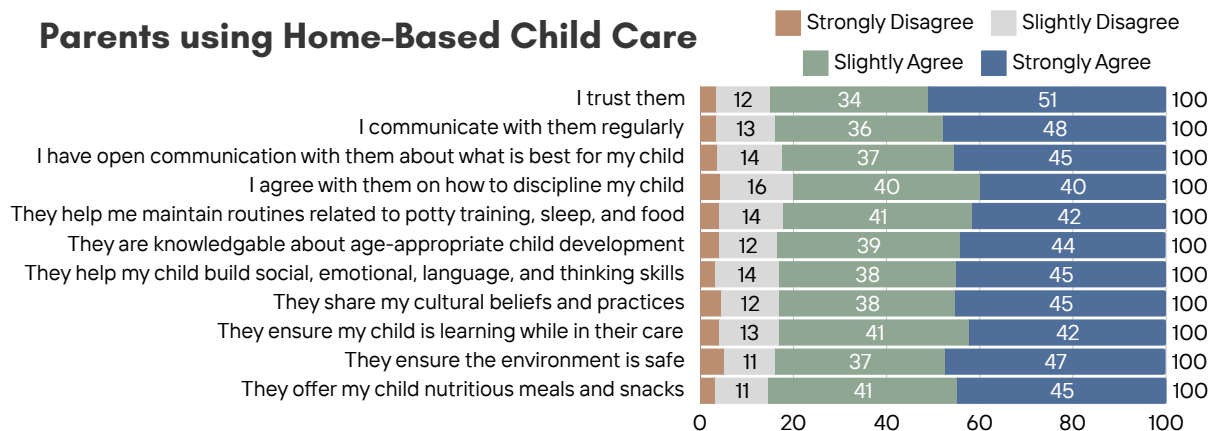
In more than half of reported **Family Child Care Home** arrangements, parents reported they exchanged in all three categories. **Exploratory data did not reveal a difference in non-monetary exchanges for households above or at-or-below 41% SMI.**

RESULTS

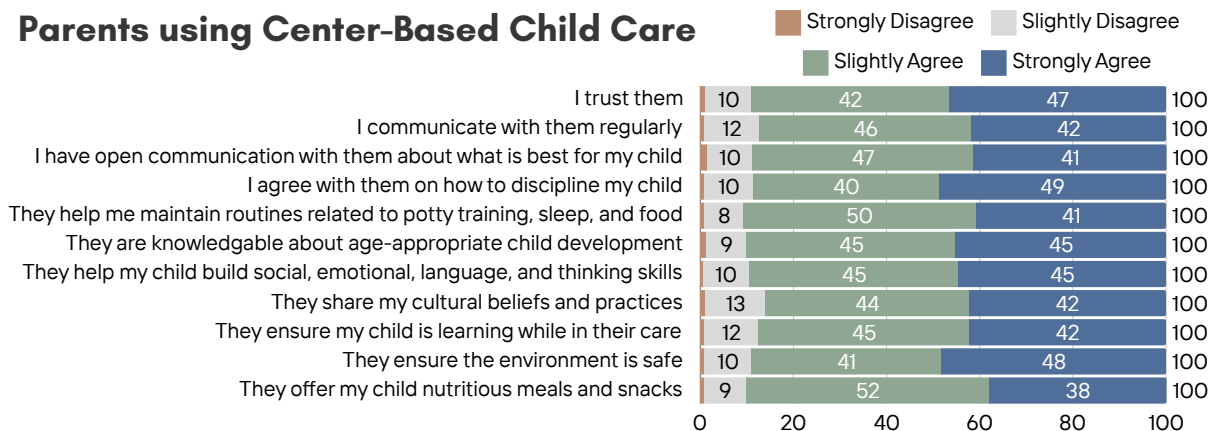
Parent Perceptions of Current Providers

Parents were asked several questions related to their perceptions of their primary provider in order to understand more about the parent-provider relationship and if there were any trends among parents using HBCC compared to parents using center-based care. **Feedback from both groups was very comparable, and, overall, parents reported positively about trust, communication, and child care practices.** Exploratory data did not reveal observable differences when responses were segmented by demographic variables.

Parents using Home-Based Child Care



Parents using Center-Based Child Care



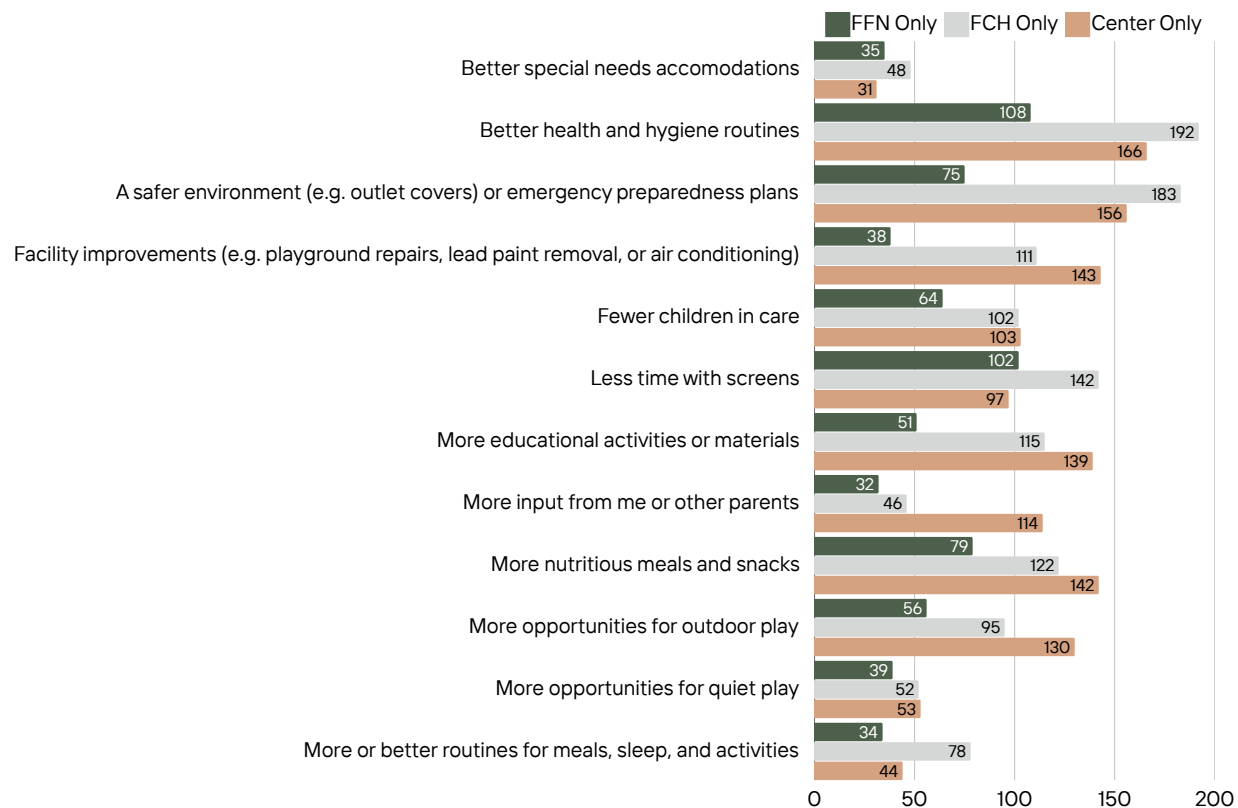
RESULTS

Parent Perceptions of Current Providers

When asked about ways their child care provider could improve, parents offered various suggestions based on their experiences with different types of care providers. **Of all parents, “better health and hygiene routines” was most selected (37%).**

Only 1% of parents did not have any recommendations for their provider

How could your child care provider use support to care for your children? Please select up to 3.



RESULTS

Parent Perceptions of Current Providers

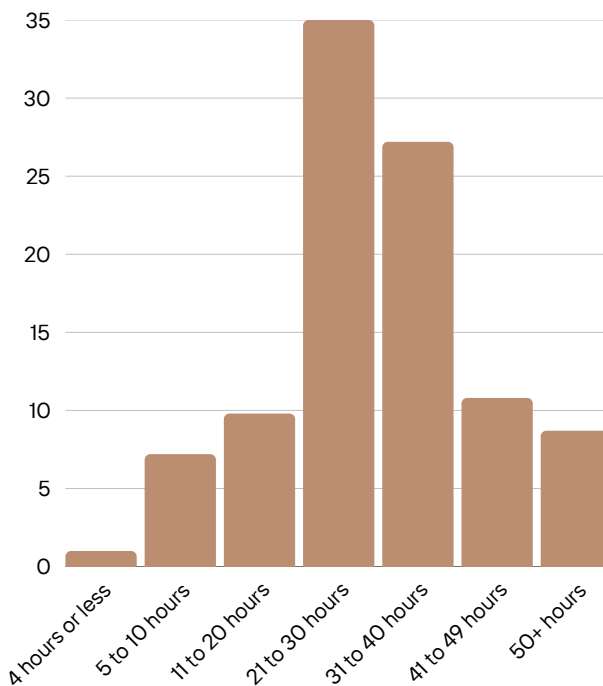
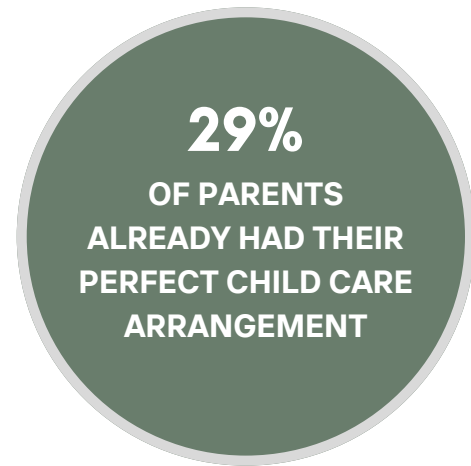
- **“Better health and hygiene routines”**
 - 43% of FFN Only parents selected this improvement, while 40% of FCH Only parents and 34% of Center-Based parents chose this.
- **“A safer home environment or emergency preparedness plans”**
 - **1/3 of the sample selected this improvement.** Family Child Care Home parents selected this option most often (42%), followed by Center-Based parents (35%). **FFN Only parents and those with Mixed Arrangements selected this less often - 17% and 6% of their respective segments.**
- **“Fewer children in care”**
 - **22% of parents selected this overall.** 26% of FFN Only parents selected this improvement, with 21% of parents using Family Child Care Homes and 20% of parents using Center-Based Care.
- **“Less time with screens”**
 - **27% of parents selected this overall. 41% of FFN Only parents selected this option, compared to 29% of FCH Only and 19% of Center-Based parents.**
- **“More educational activities or materials”**
 - **26% of parents selected this overall.** More than half of parents with Mixed Arrangements chose this option (52%), while 27% of Center-Based parents, 24% of FCH Only parents, and 20% of FFN Only parents did so.
- **“More nutritious meals and snacks”**
 - **29% of parents selected this overall.** 31% of FFN Only parents selected this choice, as did 46% of Mixed Arrangement, 28% of Center-Based, and 25% of FCH Only parents.

RESULTS

Ideal Child Care Arrangements

All parents were asked what their perfect arrangement would be for their youngest child in care. Twenty-nine percent of parents reported already having their ideal arrangement.

Nearly 40% of parents indicated a center-based option would be their perfect arrangement, and 32% reported an HBCC setting would be ideal. Approximately 1/3 of each parent subset by care type indicated a home-based option would be perfect.



Perfect Weekly Care Hours

Parents were also asked how many hours of child care would be ideal each week.

21 - 30 hours per week was selected most often (by 35% of all parents).

Twenty-seven percent reported 31-40 hours of care would be perfect.

Twenty percent would use more than 40 hours per week in their ideal arrangement.

RESULTS

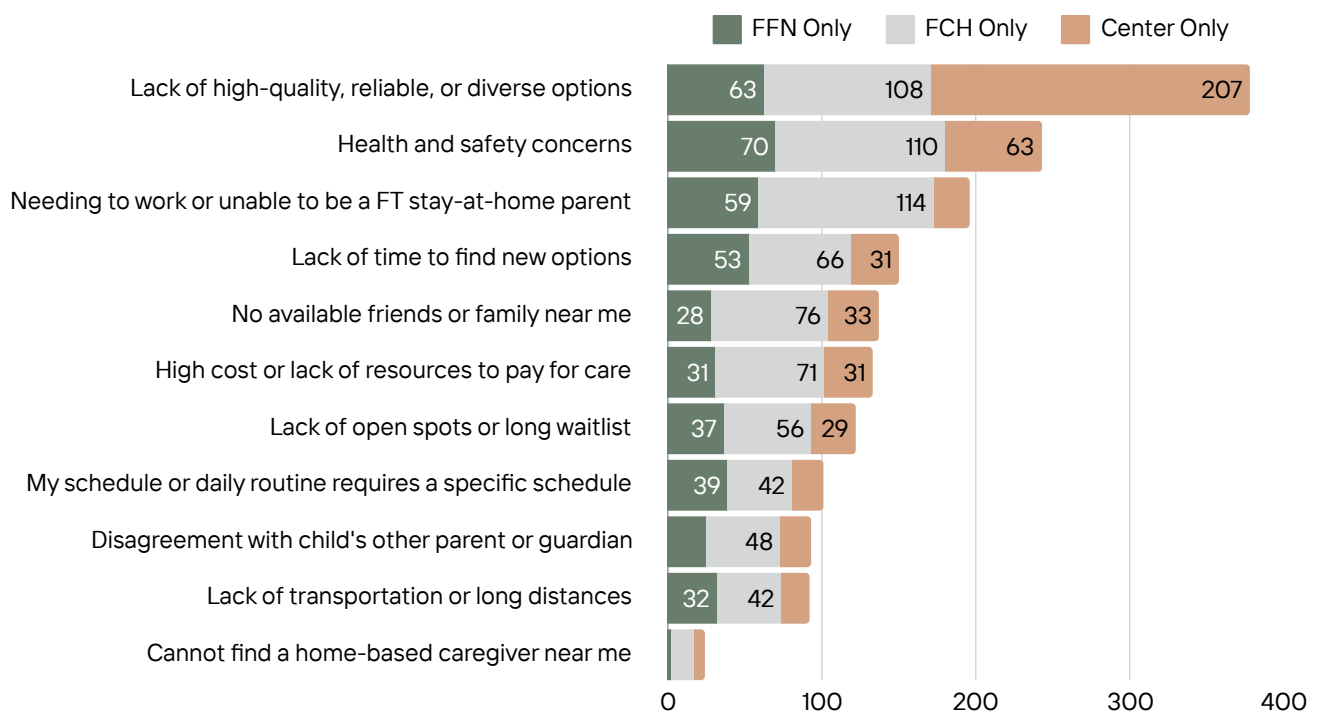
Ideal Child Care Arrangements

Barriers to Perfect Care Arrangements

Parents overall reported **1)** lack of high-quality, reliable, or diverse options (44%), **2)** health and safety concerns (29%), and **3)** needing to work or unable to be a stay-at-home parent (25%) most often as barriers to their perfect-world arrangement.

These figures are exclusive of parents already in their perfect arrangement.

What stops you from having your “perfect” child care arrangement for your youngest child in care? Please select all that apply.



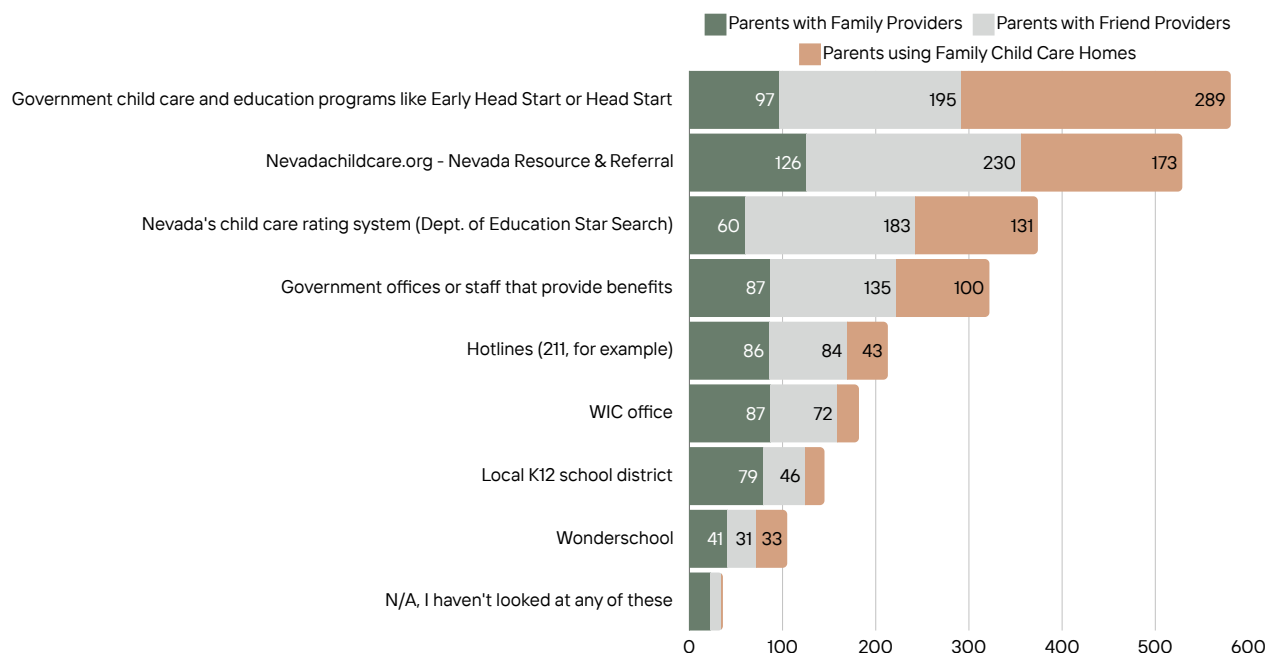
RESULTS

Parent Resources

When learning which sources parents turned to for child care information, **“government child care and education programs like Early Head Start or Head Start”** and **“Nevadachildcare.org - Nevada Resource and Referral”** were most identified by all parents across the study (48% and 43% respectively).

“Nevada’s Child Care Rating System (Dept. of Education Star Search)” was reviewed by 33% of the overall sample, by 70% of parents with Mixed Arrangements, and by 38% of FCH Only parents. About 25% of FFN Only and Center-Based parents viewed this resource. Exploratory data suggests the rating system was viewed more often by families with income above 41% SMI than by those at-or-below 41% (34% compared to 17% respectively).

Have you looked at any of the following sources for information about child care either in-person, via phone, or on the internet?
Please select all that apply.

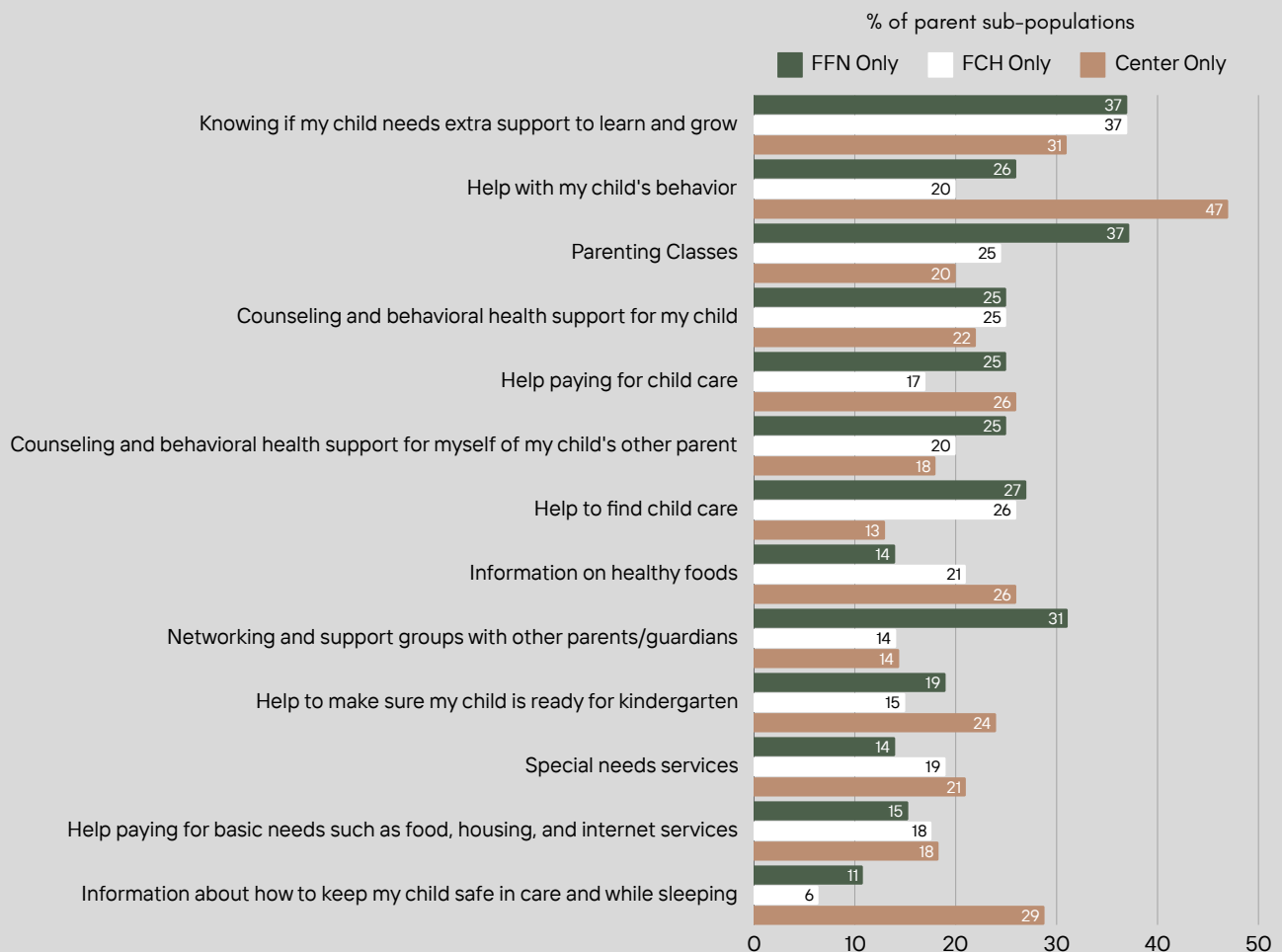


RESULTS

Parent Resources

When learning which resources would be most helpful to parents and guardians, **“knowing if my child needs extra support to learn and grow”** was most selected overall.

As a parent or guardian, what support or resources would be most helpful for you? Select up to 4.



RESULTS

Parent Resources

As a parent or guardian, what support or resources would be most helpful for you? Select up to 4.

FFN Only parents chose **“parenting classes”** at about the same rate as **“knowing if my child needs extra support to learn and grow”** most (37% and 36% respectively). **Thirty-one percent** selected **“networking and support groups with other parents”** as most helpful, and **“help to find child care”** was selected by another 27%.

FCH Only parents selected **“help to find child care”** (26%) and **“counseling and behavioral health support for my child”** (25%) most often after the top overall response (37%). **“Parenting classes”** were selected by 25% of the subsample.

Center Care Only parents most often chose **“help with my child’s behavior”** (47%), followed by the overall top response (31%) and **“information on how to keep my child safe, including when they are in care and while sleeping”** (29%).



RESULTS

HOME-BASED CHILD CARE PROVIDERS

RESULTS

Overview

The following results are based on data gathered from 183 home-based care providers.

Two pathways were developed to distinguish between **Family, Friend, and Neighbor (FFN) Providers** and **Family Child Care Home (FCH) Providers**, resulting in some questions that were specific to each group at certain points. While a small number of providers were categorized as in-home nannies or babysitters, these were not the primary focus of the study.

90

Family, Friend, or Neighbor Providers

93

Family Child Care Home Providers

PROVIDER DEFINITIONS

Family, Friend, and Neighbor Care or **FFN Care** are terms used nationally to describe child care provided by relatives, friends, neighbors, and community members, as reflected in the name. This care is also sometimes referred to as **Kith and Kin Care**.

Recognition of these providers has grown in recent years, along with unique policies and definitions. **The State of Nevada has developed an FFN registration process; and, in Nevada, the term “Family, Friend, or Neighbor Provider” officially refers to a provider registered with the State as such.** Family and community caregivers who are license-exempt and choose not to register are referred to, then, as Kith and Kin Providers in the Nevada context. (Child care providers are license-exempt while caring for up to four children who are not related to them and/or for whom they receive payment in Nevada.)

This report uses the term “Family, Friend, and Neighbor (FFN) Care” to refer to providers who identified as a family member, friend, or neighbor, rather than as a Family Child Care Home Provider in the survey screener questions. Participants were asked about their registration status during the survey, however, **the term FFN Provider throughout these results should not infer State registration.**

Similarly, determinations between Family Care Homes and Group Care Homes - based on size according to Nevada licensing - were not made for this study.

RESULTS

Provider Attributes

Survey questions about prior experience with children, credentials, and provider registration or licensure were asked to describe qualities of FCH and FFN Providers in this study.

The majority of FCH and FFN Providers (82% and 86%) reported having children of their own, and approximately 70% with children had children 5 years old or younger overall.

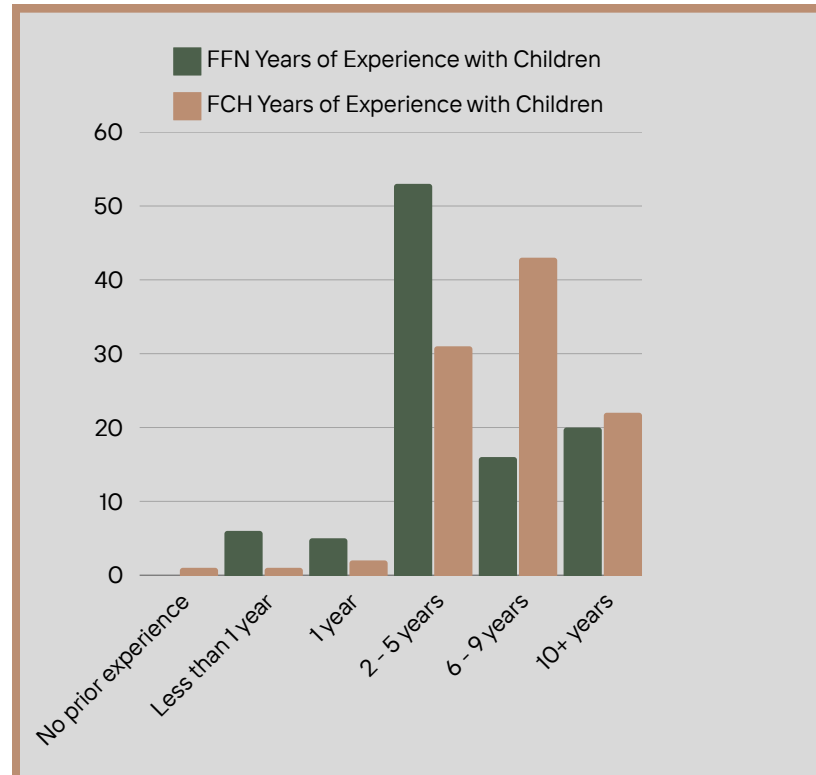
"I LOVE CHILDREN AND WANTED TO STAY HOME RAISING MY OWN CHILDREN"
-STUDY PARTICIPANT ON MOTIVATION FOR PROVIDING HBCC

Fifty-nine percent of FFN Providers and 43 percent of FCH Providers reported having **First Aid Certification**. Forty-two percent of FCH Providers and 53 percent of FFN Providers reported being **CPR certified**.

Forty-six percent of FCH Providers and 18 percent of FFN Providers had a **National Child Development Associate Credential**.

Sixteen percent of FCH Providers had an **associate's degree related to early childhood education**, along with 12 percent of FFN Providers in the sample.

Seventeen percent of FCH Providers had a **bachelor's degree related to early childhood education**, with 6 percent of FFN Providers. Seven percent and 3 percent had related **master's degrees**, respectively.



RESULTS

Provider Attributes

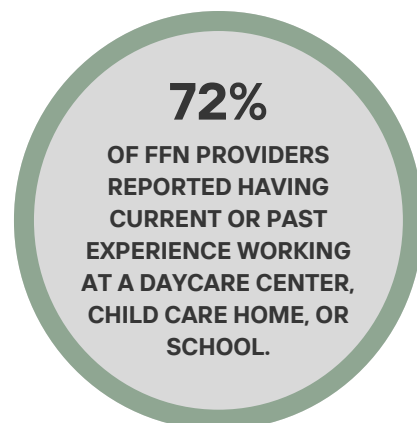
Seventy-seven percent of FFN Providers in this study reported they were a family member, friend, or neighbor regularly caring for a child 5 years old or younger but were not registered with the State. Twenty percent of respondents to the FFN survey pathway reported being registered in Nevada as a Family, Friend, or Neighbor Provider.

Of FFN respondents who were not registered in Nevada, 48 percent were interested in becoming a registered Family, Friend, or Neighbor Provider. Thirty percent reported interest in becoming licensed as a small home-based child care.

Fifty-five percent of FCH respondents reported being licensed with the Nevada Division of Welfare and Supportive Services. **Fifty-five percent of unlicensed FCH Providers reported they were interested in becoming licensed.**

When providers who were not licensed or registered were asked what was currently preventing them from doing so:

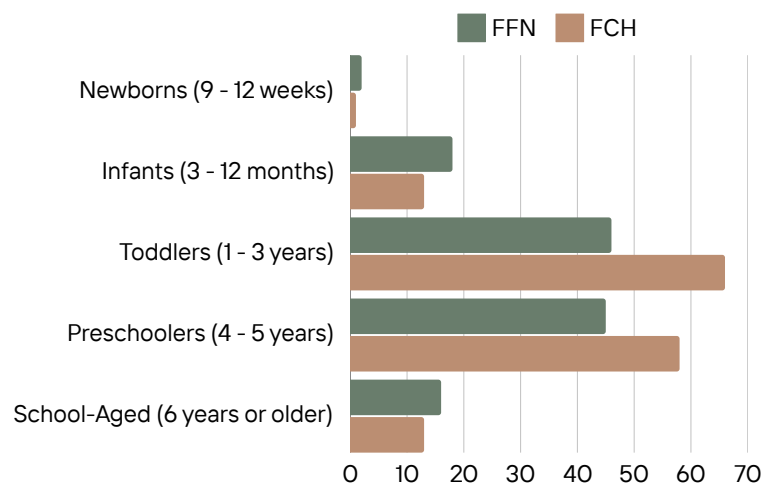
- **55% of FCH Providers selected “lack of money or resources for licensing fees and liability insurance” (reported by 28% of FFN providers)**
- **36% of FCH Providers selected “I don’t know where to start/I need more information”**
- 32% of FFN Providers selected a “lack of time to invest in the full licensing process”
- 30% of FFN Providers were “unsure about the benefits”



RESULTS

Arrangement Details

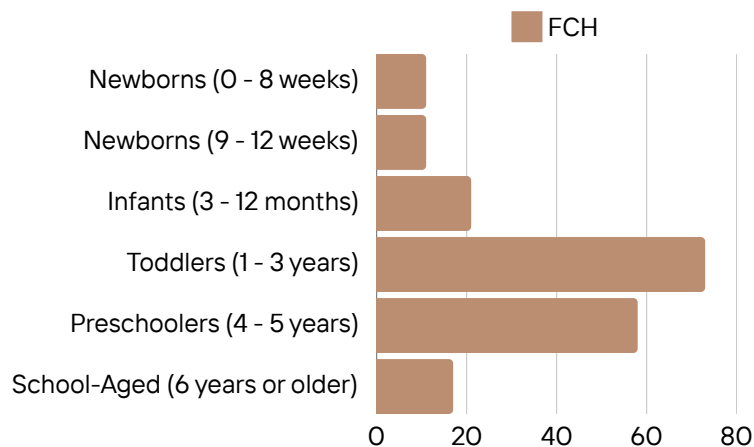
Ages Of Children Currently in Care



FFN and FCH Providers were asked about the ages of the children they currently care for.

"Toddlers 1-3 years old" were most reported in care, then were "Preschoolers 4-5 years old."

Ages of Care Offered (FCH only)

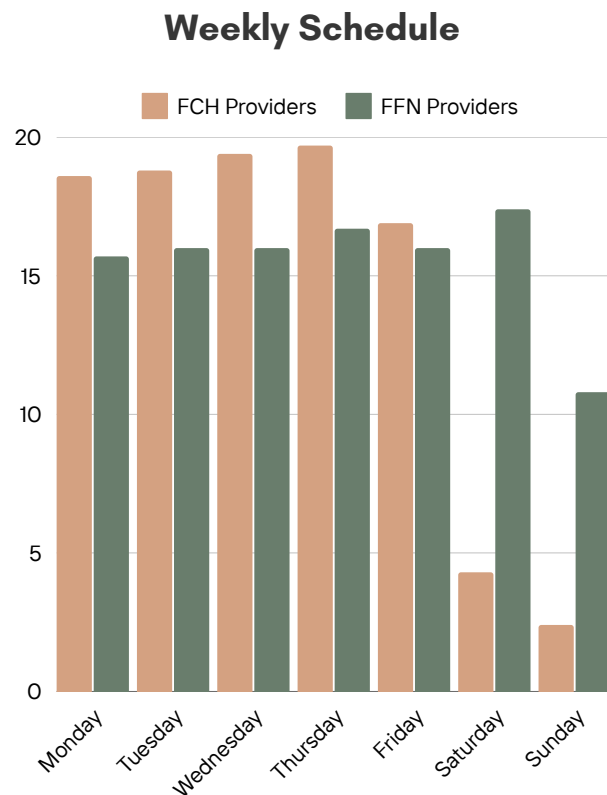


FCH Providers alone were asked which ages they *offer* care for at their child care home. Seventy-nine percent offer care for "Toddlers 1-3 years old," and 62 percent offer care for "Preschoolers 4-5 years old."

Only 12% of FCH Providers offer care for "Newborns 0-12 weeks," while 23% do for "Infants 3-12 months."

RESULTS

Arrangement Details



When asked which days of the week they normally provide care, **FCH Providers most often reported caring for children on weekdays** (ranging from 99% of providers reporting care on Thursdays on the high-end to 85% providing care on Fridays on the low-end of weekday care).

Twenty-two percent of FCH Providers care for children on Saturdays, and only 12 percent reported providing child care on Sundays.

FFN Providers also reported weekdays as the most frequent days of care across the sample, ranging from 78% providing care on Thursdays on the high-end to 70% caring for children on Mondays.

Forty-eight percent of FFN Providers care for children on Saturdays, and 33 percent do so on Sundays.

FFN Hours of Care

30% reported providing care

5 – 10 hours per week

28% reported

40+ hours per week

19% reported

31 – 40 hours per week

- **38% of FFN Providers split care between their home and the child's home**
- **35% deliver care in their own home**
- **27% provide care in the child's home**

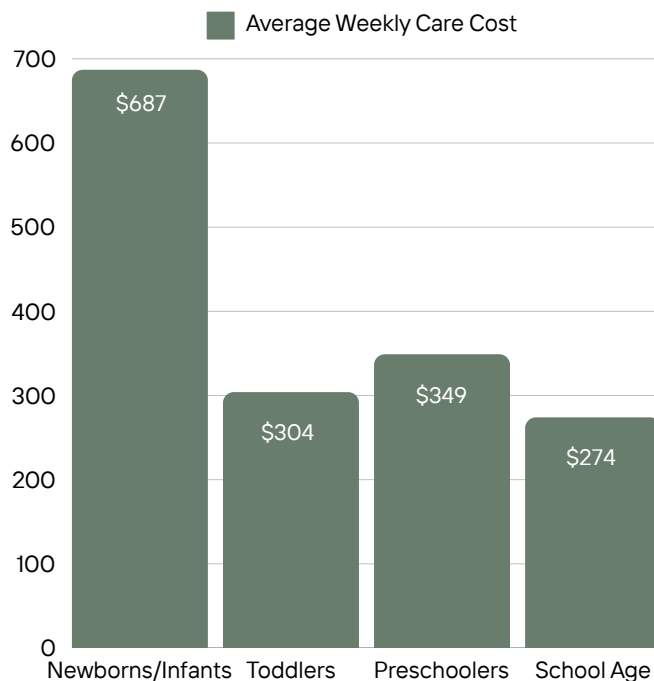
RESULTS

Arrangement Details

Payments and Non-Monetary Exchanges

When asked if they accepted payment for taking care of children – either in cash, check, or through electronic apps – 67% of all providers said yes. **Eighty-one percent of FCH Providers reported accepting payment, while 48 percent of FFN Providers reported they do not receive payment for child care.**

How much do you typically charge per week for these age groups? (FCH Only)



Thirty-four percent of FFN Providers reported exchanging “help with child care,” along with 15 percent of FCH Providers.

Half of FFN Providers (50%) reported “exchanging goods, like groceries or household items” for child care.

Seventeen percent of FCH Providers and **44 percent of FFN Providers reported “exchanging favors, errands, or services for child care.”**

FCH Providers were asked how much they charged per age group. **On average, the weekly care cost for newborns and infants was \$687, for toddlers was \$304, for preschoolers was \$349, and for school-age children was \$274 in Family Child Care Homes.**

RESULTS

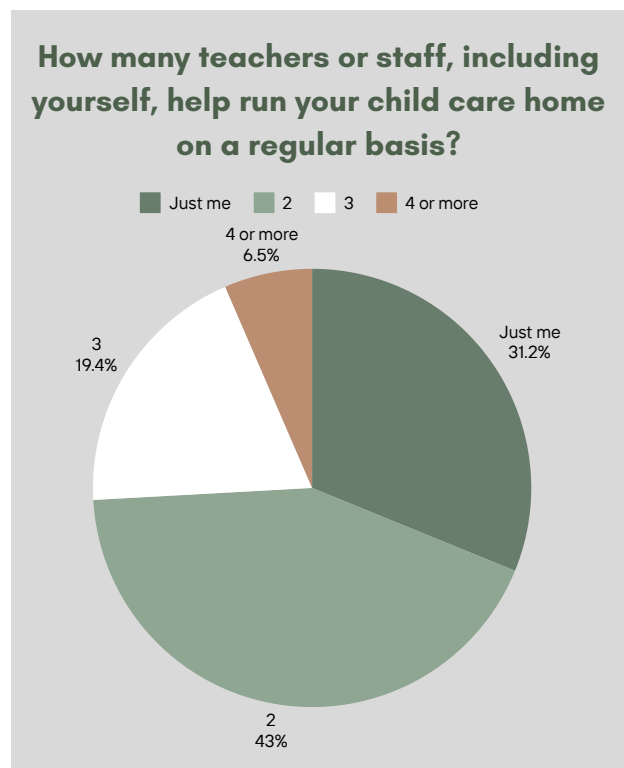
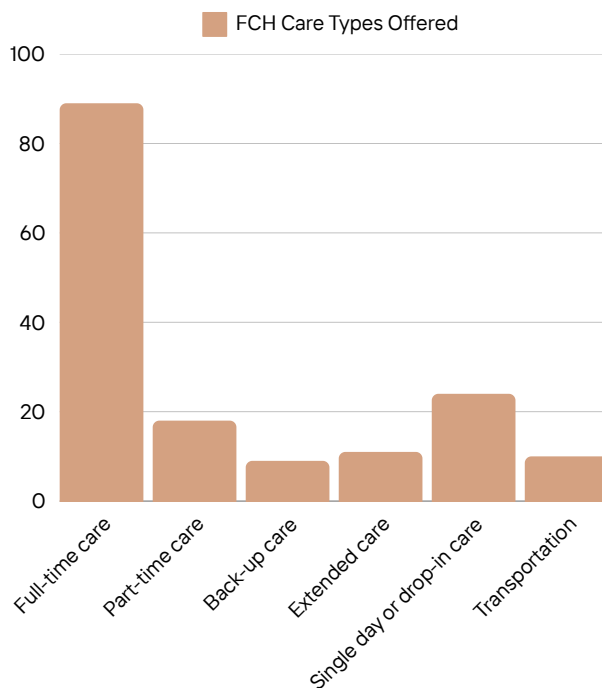
Arrangement Details

Family Child Care Homes

Family Child Care Home Providers were asked which **types of care** they offer. “Full-time” care was most reported, by 96% of respondents. Nineteen percent offer “part-time care,” and 26 percent offer “single day or drop-in care.” Twelve percent offer “extended care,” while 11 percent support “transportation” and 10 percent offer “back-up care.”

On a regular basis, 31% of FCH Providers operate their child care home by themselves.

Forty-three percent have another person helping them run the child care home, and nearly 20 percent had two other staff. **When providers are sick, on vacation, or unable to care for children, 75% reported a paid substitute steps in for care.** Twenty-five percent indicated parents are responsible for finding care when they are unavailable.



RESULTS

Learning and Development in Home-Based Care

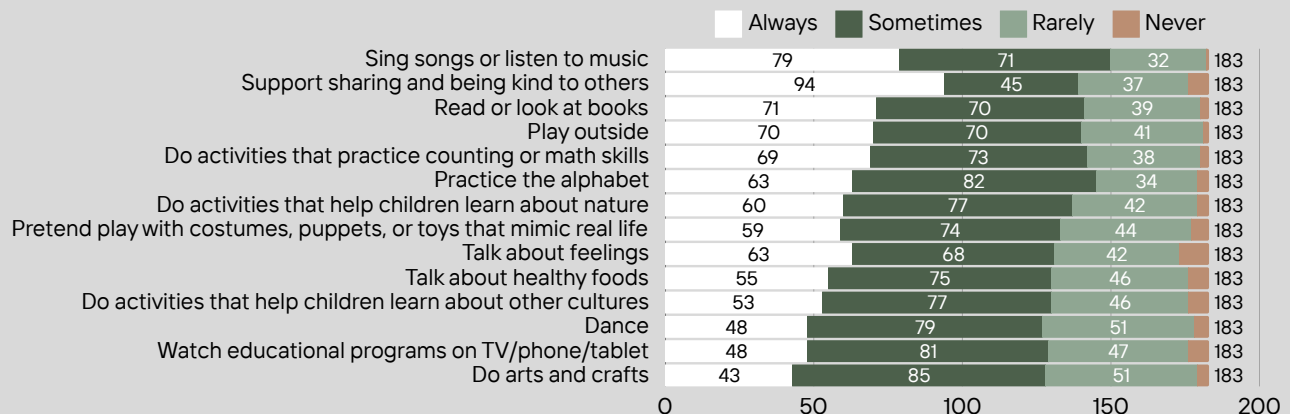
All providers were asked about their regular learning and development practices while delivering care. **On a four-point scale, HBCC providers most often reported:**

- Singing songs or listening to music;
- Supporting sharing and being kind to others;
- Reading or looking at books;
- Playing outside;
- Doing activities that practice counting or math skills; and,
- Practicing the alphabet.

Activities reported to occur least often were:

- Arts and crafts;
- Watching educational programs on a TV/phone/tablet;
- Dancing;
- Doing activities that help children learn about cultures; and,
- Talking about healthy foods.

In a typical week, how often do you do any of the following when caring for children?



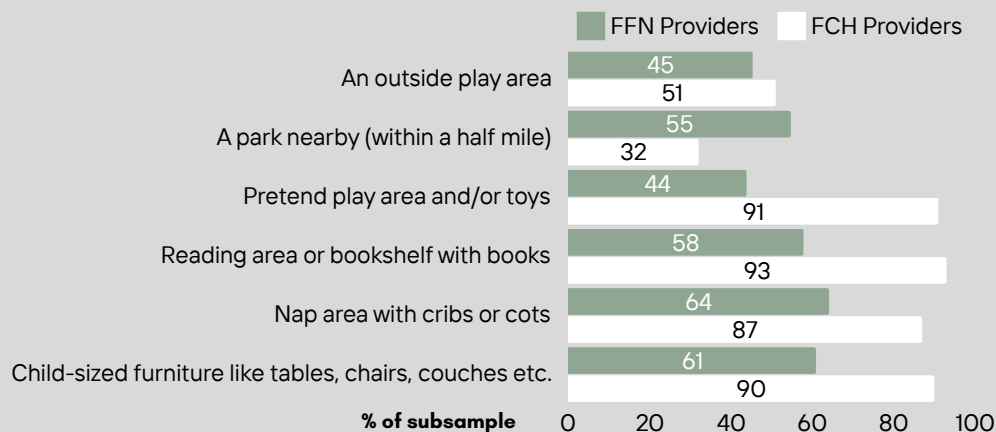
RESULTS

Learning and Development in Home-Based Care

Providers were asked about the learning environments where they care for children. Most **FCH Providers** reported being equipped with toys and play areas (91%), books or reading areas (93%), cribs or nap areas (93%), and child-sized furniture (90%). Only 32% deliver care within a half mile of a park, though half (51%) reported having an outdoor play area.

In general, FFN Providers in this sample reported having these materials and designated areas where they provide care less often. Sixty-four percent reported having a nap area with cribs or cots, and 61 percent reported having child-sized furniture. **Only 58% of FFN Providers reported having a reading area or bookshelf with books, and fewer (44%) reported having a pretend play area or toys.**

Does the home where you care for children or child care home have any of the following?



53% of FCH Providers said they conduct regular developmental screenings with children at their child care home

RESULTS

Exploring Special Needs Care

Providers were asked about their experiences and knowledge related to special needs care. When asked how many of the children they currently care for have a physical, sensory, or mental disability or are considered “special needs,” 72 percent of **FCH Providers** reported that none of the children they cared for had disabilities or special needs. Twenty-two percent reported caring for one child with a disability or special needs.

22% of Family Child Care Home Providers reported serving at least one child with special needs

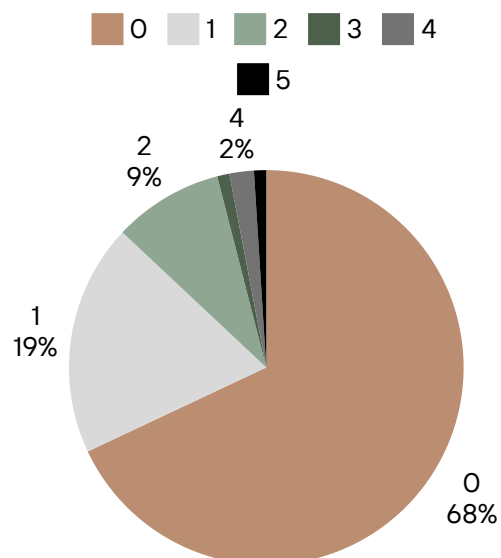
When asked how knowledgeable **FCH Providers** feel about where to find resources and support related to caregiving for children with special needs:

- 10% reported they were “not familiar at all” with where to find resources or support
- 27% reported they “have questions or want to learn more”
- 28% felt “familiar”
- 36% indicated they were “well-informed”

When asked about their current comfort level with caring for children with special needs:

- 7% reported feeling “not at all” comfortable
- 15% reported feeling “a little” comfortable
- 26% reported feeling “somewhat” comfortable
- 52% reported feeling “very” comfortable

How many children do you currently care for with a disability or special needs?



RESULTS

Exploring Special Needs Care

When asked how many of the children **FFN Providers** currently care for have a physical, sensory, or mental disability or are considered “special needs,” 72% reported that none of the children they cared for had disabilities or special needs. Twenty-eight percent reported caring for one child with a disability or special needs.

28% of Family, Friend, and Neighbor Providers reported serving at least one child with special needs

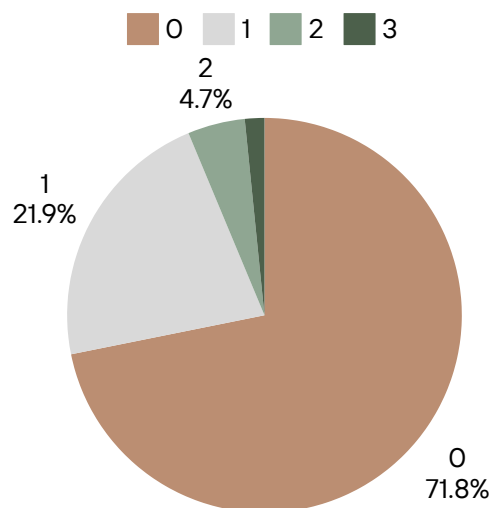
When asked how knowledgeable **FFN Providers** feel about where to find resources and support related to caregiving for children with special needs:

- 19% reported they were “not familiar at all” with where to find resources or support
- 30% reported they “have questions or want to learn more”
- 34% felt “familiar”
- 17% indicated they were “well-informed”

When asked about their current comfort level with caring for children with special needs:

- 17% reported feeling “not at all” comfortable
- 22% reported feeling “a little” comfortable
- 28% reported feeling “somewhat” comfortable
- 33% reported feeling “very” comfortable

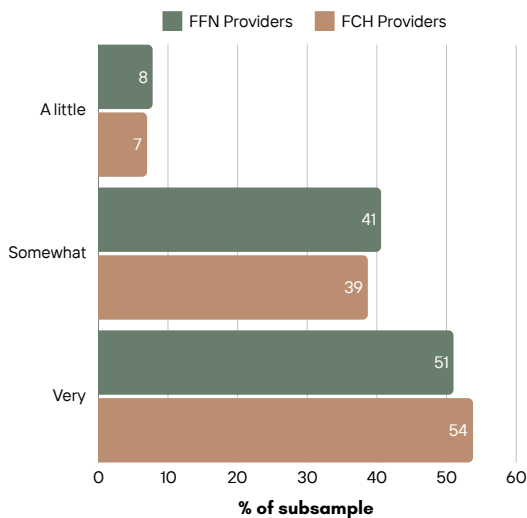
How many children do you currently care for with a disability or special needs?



RESULTS

Relationships with Parents

Generally, how comfortable do you feel talking to parents and guardians about their child's development or learning?

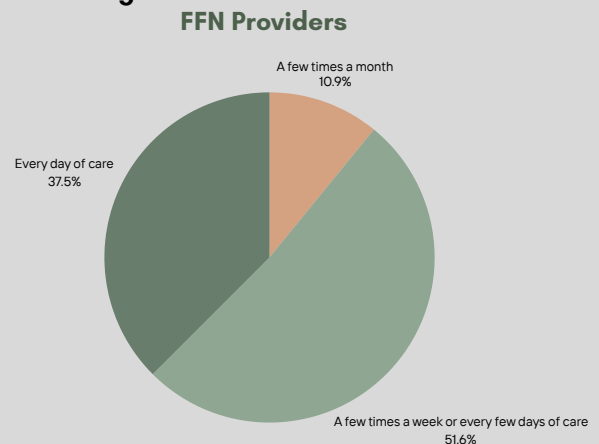
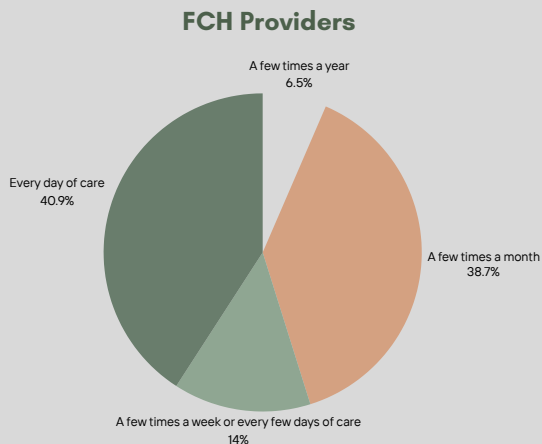


When asked about communication with parents, **half of FCH Providers (54%) and half of FFN Providers (51%) reported they were "very comfortable" talking to parents about their child's learning and development.**

Approximately 40% of providers reported they were "somewhat comfortable."

FFN Providers reported providing updates to parents more frequently, with 89% touching base weekly compared to 55% of FCH Providers. Thirty-nine percent of FCH Providers reported providing updates to parents a few times per month.

How often do you usually provide updates to parents or guardians about their child's development or learning?



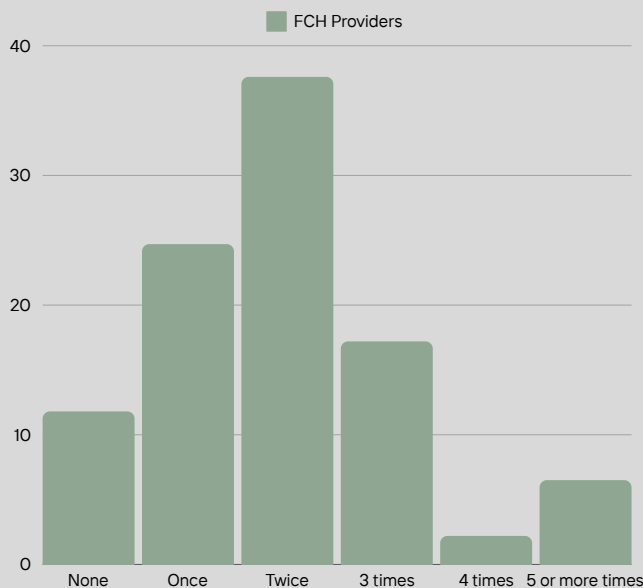
RESULTS

Relationships with Parents

88%

OF FCH PROVIDERS
HAVE PARENT/GUARDIAN
HANDBOOKS OR ANOTHER
TYPE OF DOCUMENT THAT
COMMUNICATES RULES OR
GUIDELINES TO FAMILIES

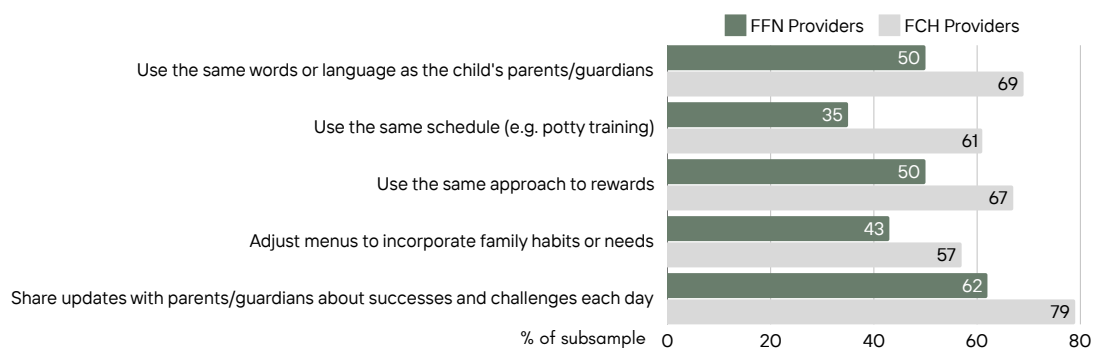
In the last three months, how often did you host activities that included parents/guardians? This could be birthday celebrations, open houses, or holiday-related activities.



At least half of providers in this sample reported using the same words or language and the same approach to rewards, while also sharing successes of the day to meet parent preferences.

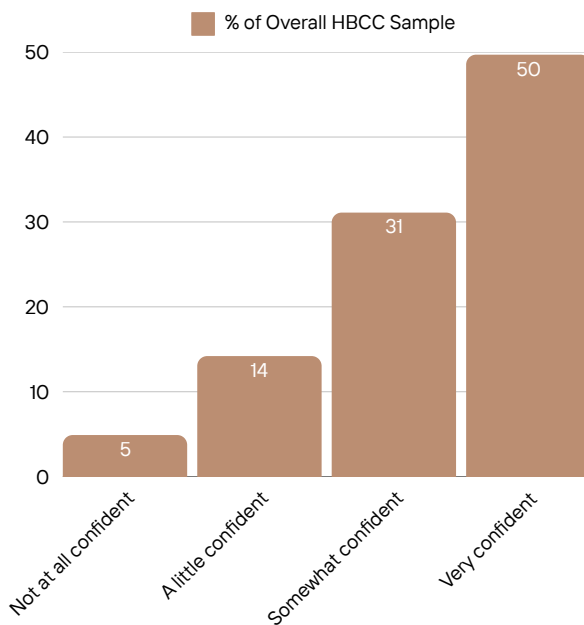
Fewer **FFN Providers** reported adjusting menus (43%) or using the same schedules (35%) compared to **FCH Providers** (57% and 61% respectively).

Do you do any of the following to adjust your care to meet parent or guardian preferences?



RESULTS

Provider Resources



HBCC Providers were asked about their **confidence in finding resources** to support their child care needs. Half (50%) reported being “very confident.” Almost a third (31%) were “somewhat confident,” while 19% were “a little” or “not at all” confident.

When asked if they were interested in a variety of **training topics, child development, teaching language and literacy skills, and positive guidance and discipline** were selected most often.

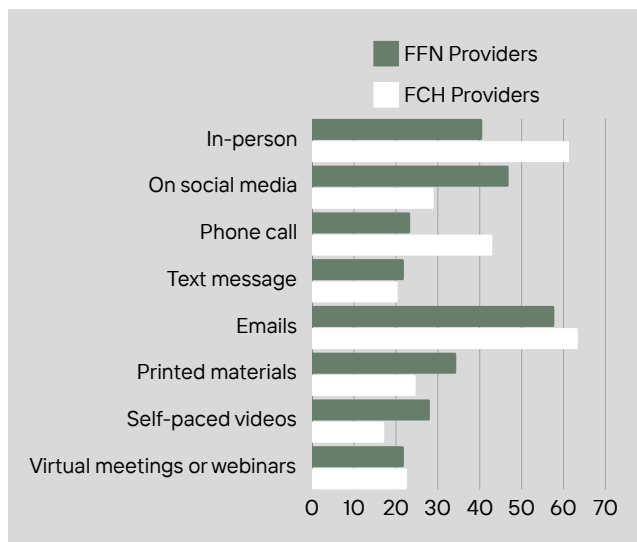
**Are you interested in learning more about any of the following topics?
Please select your top 3 choices.**



RESULTS

Provider Resources

When asked about delivery styles, **HBCC Providers selected “in-person” (59%) and “emails” (58%) most often as preferred methods of receiving supportive resources.**

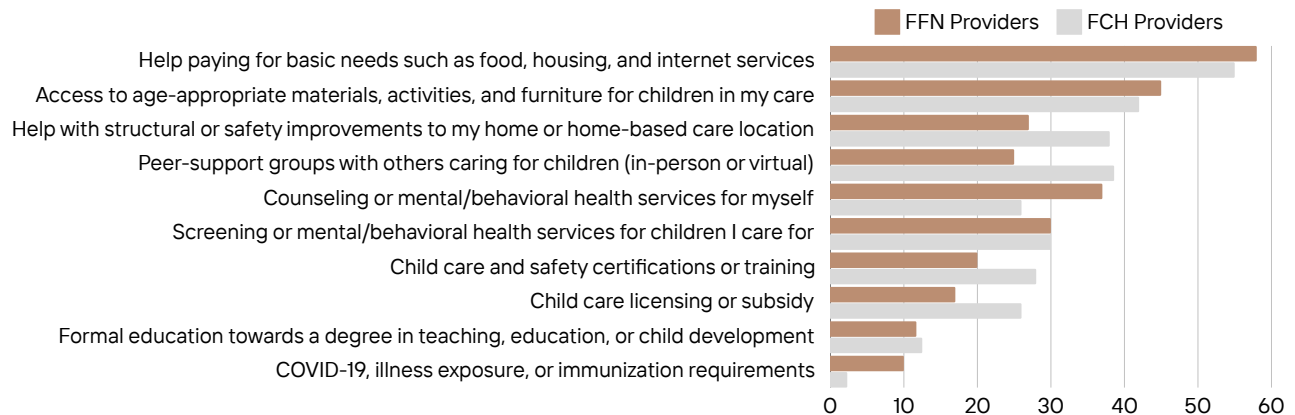


Half of providers in this sample selected “help paying for basic needs” (52%) and “access to age-appropriate materials, activities, and furniture” (49%) when asked about interest in supports.

“Help with structural or safety improvements to the home or child care home,” “peer support groups,” and “counseling” were each selected by 1/3 of the overall sample.

Are you interested in any of the following resources?

Please select your top 3 choices.



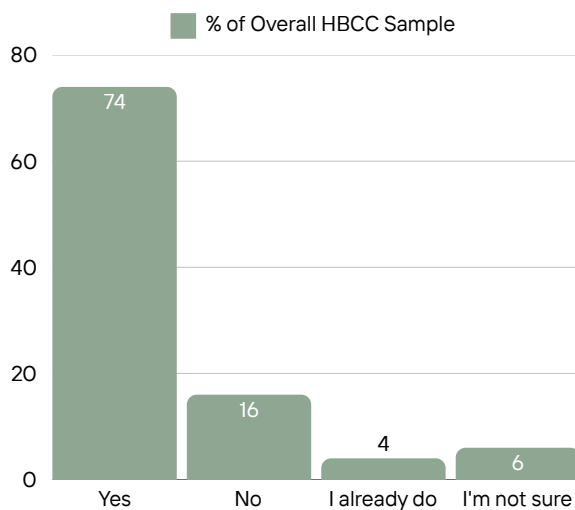
RESULTS

Provider Resources

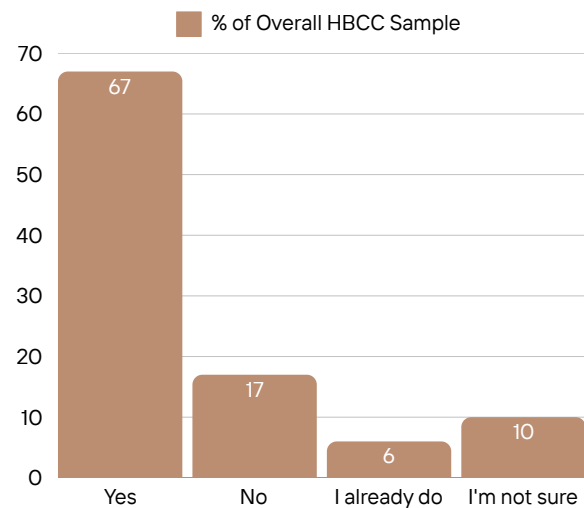
HBCC Providers were asked if they were interested in potentially participating in a substitute pool with other home-based caregivers. **Sixty-seven percent of the sample selected “yes” to being interested.** Another 10% were unsure.

Providers were also asked if they were interested in accessing shared services. Seventy-four percent of this sample said “yes.” Another 6% were unsure.

Are you interested in accessing shared services for HBCC providers?



Are you interested in potentially participating in a substitute pool with other HBCC providers?



IN-SURVEY DEFINITION

“SHARED SERVICES” HELP CHILD CARE PROVIDERS CONNECT WITH BULK DISCOUNTED LEARNING MATERIALS AND SUPPLIES, TUITION AND ATTENDANCE TRACKING SUPPORT, AND INSURANCE AND SOCIAL BENEFITS.

“The chance to foster a supportive and nurturing environment for children, helping them grow and thrive, is my main motivation for providing care.”

- Family, Friend, and Neighbor Provider
Study Participant

Top reported HBCC Provider motivations for caregiving:

1. **Making a positive impact on children**
2. **Adding to self-development and growth**
3. **Loving to care for children**
4. **Supporting families**



DISCUSSION

Home-based child care providers play an important role in the lives of children across Nevada. Forty percent of children regularly cared for by a **Family Provider** are spending more than 40 hours per week in care, as reported by parents and guardians in this study. Children receiving regular care from a **Friend or Neighbor Provider** or attending a **Family Child Care Home** were most often reported by parents to be in care between 31 and 40 hours per week. These extended care hours highlight the need for ongoing engagement with home-based caregivers. **Given the time children spend in these settings, it is essential that HBCC providers are equipped with supports and training focused on child development and learning to effectively align resources across the full spectrum of child care – from center-based to home-based options – and promote positive developmental outcomes for children in diverse environments.**

Family Child Care Home Providers reported having toys and play areas, books or reading areas, cribs or nap areas, and child-sized furniture more than 90% of the time, while surveyed **Family, Friend, and Neighbor (FFN) Providers** were less likely to have these materials and furnished spaces. **Only 58% of FFN Providers reported having a reading area or bookshelf with books for children in their care. Fewer (44%) reported having a pretend play area or toys.** This exploratory data suggests FFN Providers generally had fewer child development resources available compared to Family Child Care Homes.



The need for “**more educational activities or materials**” was echoed by 26% of the parent population when asked *how their child’s provider could use support*.

Forty-one percent of parents using an FFN Provider selected “**less time with screens**” – with 29 percent of parents using Family Child Care Homes – also indicating a need for additional education resources.

DISCUSSION

Meals and snacks were of trending importance to parents throughout the survey.

“More nutritious meals and snacks” was selected by 29% of overall parents when asked how their provider could use support to better care for their child. Further, 22% of parents and guardians identified the caregiver providing “meals and snacks” as one of the most important factors in their child care decisions, the third most selected option overall.

In contrast, HBCC Providers reported **“talking about healthy foods”** with children in their care less often than other activities, and fewer than half of FFN Providers in this study (42%) reported **“adjusting menus to meet parent preferences and habits.”**

“Information to support healthy eating and food allergies” was selected as a topic of interest by fewer than 13% of providers when asked about resources. **These indicators may point to a gap in how parents and providers prioritize meals and a need for additional resources related to health and nutrition.**

More than any other factor, child care being **“located close to my home or work or school”** was most selected by parents overall (39%) as important when making child care arrangements. **“Needing to go to work”** was also most reported as the **primary purpose of child care**, by 44% of overall parents in the study.

Employment and child care are directly linked for most families, with parents and guardians, as well as extended family members, making choices about leaving the workforce to care for children or finding care for children so they can remain in the workforce. More than half of parents in a multi-state study conducted by the U.S. Chamber of Commerce Foundation reported missing work due to child care breakdowns, which can affect the ability of businesses to remain fully staffed or retain skilled labor.⁶

These impacts on the workforce beg businesses to take steps to understand the child care needs of their workforce and implement policies that support families while also preparing employers for when these challenges arise.



DISCUSSION

“Needing to work or unable to be a full-time stay-at-home parent” was also the third most selected *barrier* to why parents overall did not currently have their perfect-world child care arrangement. This data shows that while some are seeking care to remain in the workforce, others might prefer to leave to care for their children themselves.

Newborns and infants were least reported in child care by both parents and providers in this study. Only 12% of Family Child Care Homes (FCH) reported offering care for newborns, while 23% offer care for infants ages 3 to 12 months. Additionally, the cost of care for these age groups was reported as the highest on average. **Given the desire of some parents to be home with their babies during these critical ages, the difficulty in finding available providers for these age groups, and the premium cost of early care, employer solutions that offer parents and guardians time, resources, and flexibility to meet their early care needs could be critical to retaining those who might otherwise exit the workforce.**

“In my perfect arrangement, I could adjust my work schedule or arrangements to prioritize being present for important milestones in my child's early years.”
-Parent Respondent

Home-based child care providers uniquely support the workforce by filling the gaps of non-traditional care hours. **FFN Providers** were most reported by parents to support Overnight and Weekend Care, and **HBCC Providers** overall covered more Early Morning (before 6 a.m.), Later Evening (after 6 p.m.), and Weekend Care compared to hours reported by center-based care families.



The timing of care often aligns with the work schedule of the parent or guardian, and preliminary trends can be observed through the demographic data reported in this study. **Retail and food service workers** in this study more often used HBCC (22% compared to 14% using child care centers). **Construction workers** also reported using HBCC at a higher rate than child care centers (12% compared to 7%). These trends can likely be attributed to the demands of shift work for flexible, around-the-clock child care options.

DISCUSSION

Further exploration of industry-specific preferences of working parents, particularly those who work outside of traditional business hours (such as public safety, healthcare, grocery, and hospitality employees), can help employers shape resources for their unique circumstances. Parents in this study reported child care located near home or work or school was important most often when making care decisions, however, on-site child care at the parent or guardian's work location was not relevantly selected by the sample as their "perfect" arrangement. Employers have the opportunity to gain insights into nuances like these from their employees and create policies that ultimately stabilize their workforce.

Parents reported "a lack of high-quality, reliable, or diverse options" most often as a barrier preventing them from their preferred child care arrangement. "Health and safety concerns," "needing to work or unable to be a full-time stay-at-home parent," and "lack of time to find new options" were also commonly reported across the sample. Some parents chose having "no available friends or family near me" as a barrier to their ideal child care arrangement.

Regional mapping of parental preferences with available child care options, overlaid by major employment industries present, would present an actionable picture of which providers and care types are in demand and where to efficiently deploy resources across the state. Sufficient sampling of racial and ethnic groups is distinctly important in these local assessments. Gaining a deeper understanding of parental "health and safety concerns" might also spark solutions to effectively address these issues and reduce additional barriers to care.

When asked what would be their "perfect arrangement" for their youngest child in care, 32 percent of all parents in this study selected a home-based option. When looking at care preferences across FFN Only, FCH Only, and Center-Based Only parent groups, approximately 1/3 of each chose a home-based option as ideal. Another 40% of overall parents identified a center-based option as perfect. **Respondents across this representative sample of Nevada parents with children 5 years old and younger affirmed choices for child care across center-based and home-based settings as their ideal care option. These findings reinforce the necessity of support for home-based child care, as there are many parents that see these options as ideal, and children across care settings should have resources to develop, learn, and thrive.**

DISCUSSION

HBCC providers are addressing the diverse and specialized needs of parents by offering a range of flexible services. In addition to availability during non-traditional care hours, features of home-based care can include in-home care, assistance with no cost care, or non-monetary exchanges for care. The provider's ability to "come to the child's home" was second most reported overall by parents in this study (26%), inclusive of parents using center-based care only, to be important in child care decisions. Exchanging help with child care, goods like household items or groceries, and errands or favors were reported across home-based care types in exchange for child care. Parents using HBCC also most frequently reported paying zero dollars for care, most commonly with Family Providers. Follow-up conversation with providers revealed home-based providers also offer support with tasks like pick-up and drop-off or transporting children to extracurriculars or appointments.

When asked about statements such as "I trust them," "they help my child build social, emotional, language, and thinking skills," "they ensure the environment is safe," and "I communicate with them regularly," parents currently using center-based and home-based options reported similar levels of agreement. **Overall, parents using all forms of child care reported positively about their experiences with their providers, reinforcing the understanding that a diverse spectrum of providers and settings contribute to an effective and satisfactory early care and education system.** It is important to note these responses may contain inherent bias, as parents are likely to express favorable views about a provider they have personally chosen. While this bias does not detract value from the results, their feedback could be influenced by the decision-making process that led them to select the provider in the first place.

HBCC providers represent a diverse mix of caregiver relationships, levels of education, and early childhood experience. Grandparents have become a general archetype for FFN Providers, and parents did report 57% of FFN Providers to be their child's grandparent; however, 37 percent of parent-reported FFN arrangements were with the child's aunt, uncle, or cousin. **Solutions intended to support grandparent care can sometimes be strategically directed toward FFN Providers, but it remains important that HBCC solutions encompass a broader range of family caregivers.**



DISCUSSION

Most FFN Providers surveyed were not registered as Family, Friend, or Neighbor Providers with the State of Nevada (77%), though 48% of this group expressed interest in becoming a registered provider. Thirty percent of FFN respondents expressed interest in becoming licensed as a small child care home. More than half (55%) of the FCH Providers surveyed reported being licensed, and **more than half (55%) of unlicensed FCH providers reported they were interested in completing the process.**



Reported barriers to licensure or registration included “lack of money or resources for licensing fees and liability insurance,” “I don’t know where to start or I need more information,” and “lack of time to invest in the full licensing process.” **Thirty percent of unregistered FFN Providers were “unsure about the benefits” as a barrier.**

When providers were asked about their current credentials, approximately half of the sample reported they were First Aid and CPR certified.

Forty-six percent of FCH Providers and 18 percent of FFN Providers had a National Child Development Associate Credential, and the sample included FCH and FFN providers that had bachelor’s and master’s degrees related to early childhood. Almost 3/4 of FFN Providers had current or past experience working at a child care center, home, or school.

More than 80% of providers reported having children, with 70% of them having children aged 5 or younger. Open-ended responses suggest that some parents were motivated to become home-based providers to care for their own children. **This finding presents a strategic opportunity to build capacity and engage parents as providers in a way that directly aligns with their existing caregiving roles and motivations.**

When parents were asked which resources would be most helpful, “knowing if my child needs extra support to learn and grow” was most selected overall. Parents also chose “help with my child’s behavior,” “parenting classes,” “counseling and behavioral health support for my child,” and “help paying for child care” most often.

DISCUSSION

Providers overall were most interested in “help paying for basic needs, such as food, housing and internet services,” “access to age-appropriate materials, activities, and furniture for children,” and “structural or safety improvements” to their home or HBCC location. Providers also chose “peer support groups with others caring for children,” “counseling or behavioral health services for myself,” and “screening or behavioral health services for children in care.” **These selections most reported by parents and providers signal a need for accessible mental and behavioral health services benefiting children, parents, and providers.**

This study took an exploratory look at special needs care, and 22% of Family Child Care Home Providers, as well as 28% of FFN Providers, reported caring for at least one child with special needs. **Parents choosing HBCC providers for children with a physical, sensory, or mental disability might be attracted to the individualized attention and flexibility that often come with home-based arrangements.**

Approximately 30% of HBCC providers overall expressed interest in wanting to know more about special needs care, demonstrating an opportunity to strengthen specialized care options for families. Half of FCH Providers (52%) and a third of FFN Providers (33%) reported already feeling “very comfortable” providing special needs care.

Findings on household income were also exploratory and considered the Nevada State income threshold for new child care assistance at 41% of State Median Income (SMI). This study found parents with higher incomes had more family leave the workforce to help them with child care. Families with higher incomes also had more family relocate across town, a state, or the country to support child care. **This data suggests lower-income families may have fewer external resources while also having fewer opportunities to make such sacrifices due to the necessity of their income.**

Income disparity may also reflect differences in access to child care resources. When parents were asked which resources they viewed for information related to child care, households with income above 41% SMI reported viewing the child care rating system, the Nevada Department of Education’s Star Search, at a higher rate (34% compared to 17% of low-income families).

DISCUSSION

Higher-income families are often able to afford formal child care options or receive additional support from extended family members, while lower-income families might be more reliant on informal care arrangements or community-based resources. Higher-income families may also have a wider range of child care options available in their local areas, allowing additional flexibility to choose from multiple quality child care providers nearby.

This exploration comes at a time when State resources have been scaled back, following the depletion of limited Federal emergency funding that was previously allocated to the child care system related to COVID-19. Consequently, fewer families qualify for aid, and the impact on families who are no longer eligible for assistance is not yet understood. There is a growing need for continued data collection to assess these circumstances.

Understanding the specific challenges faced by families in this "gap" – those who earn too much for assistance but still struggle to afford quality child care – is crucial. This data can inform policy decisions that address the evolving needs of low- and moderate-income families, ensuring Nevada parents and guardians have the resources needed to balance work and child care responsibilities.

This study demonstrated that HBCC Providers play a critical role in supporting the workforce, but this could be coming at a cost to their own well-being. FFN and Kith and Kin Providers, specifically, are leaving the workforce themselves, relocating, and offering free or low-cost care to families across Nevada. Approximately 75% of families using Family, Friend, or Neighbor Care reported paying less than \$600 a month for care.

So many providers delivering child care at an unlivable wage highlights the need for sustainable and accessible child care models. Without addressing these financial pressures, providers could face burnout, and families may be left without viable care options.



RECOMMENDATIONS

Based on the findings of this study, the recommendations below aim to address identified gaps and enhance the effectiveness of child care options for Nevada families.

1. **Expand access to learning materials, child development resources, and training opportunities for all home-based child care providers.** Family, Friend, and Neighbor and Kith and Kin Providers, in particular, were found to have fewer materials, such as toys, books, and child-sized furniture, compared to Family Child Care Homes. Providers reported interest in training topics on child development, teaching language and literacy, and positive discipline, all of which stand to benefit the more than 100,000 estimated children in these care settings across Nevada.

1a. Resources related to Health and Nutrition were identified as an area of need in particular, both explicitly by parents in the study and as observed through reported priorities and behaviors.

2. **Recognize parents and guardians as key drivers of the child care market.** Parents and guardians are the primary nexus point for early childhood decisions, whether it be to seek formal child care solutions, leverage family, friends, or neighbors for care, or leave the workforce to care for children themselves. When asked about their “perfect” child care arrangements, only 29% selected they were already in their ideal arrangement – indicating a potential 70% of parents might be seeking a different care option. All parents in this sample had current arrangements, however, many chose “help to find care” as a resource of interest. As families report turning to social media for child care connections, assistance programs should meet parents and guardians where they already engage online while respecting their setting choices as valid.
3. **Involve business and employers in early childhood and child care solutions.** Employers have privileged access to learn from their employees and, themselves, have a special interest in stabilizing their workforce. Industry and company- specific research on child care needs can generate tailored, win-win solutions for employees and businesses. Engaging with services such as the Employer Support Program, including access to HBCC in resource offerings, and prioritizing flexibility for parents and guardians during early childhood years offer a starting place for this work.

RECOMMENDATIONS

- 4. Conduct regional supply and demand mapping for child care.** Community-level needs for child care can vary by population size, industry presence, socio-economic development, cultural dynamics, and more. HBCC was found to uniquely support parents who work during non-traditional hours, and the variance in needs and preferences from parents is crucial to determine in order to efficiently allocate resources that improve child care quality around the state.
- 5. Develop HBCC provider networks to increase strategic engagement.** A key challenge during this study was connecting with un-networked HBCC providers, though providers that responded expressed interest in building connections with other caregivers. Shared services, substitute pools, and peer engagement with others caring for children were favorably selected by HBCC providers across this study. Supporting HBCC networks can allow for these interests to actualize for providers, providing a platform for collaboration and mutual support. Such networks would facilitate access to training, resources, data collection, and overall quality improvements. Many providers expressed interest in pursuing additional registration or licensure, and these networks could support that process and build new capacity in communities with few options.
- 6. Evaluate families who fall in the eligibility gap for assistance.** Parents and guardians who earn above the eligibility threshold for child care assistance but still face financial difficulty in affording care should be considered in future eligibility assessments. With the expiration of Federal emergency funding that broadened support, a group of families who may have previously qualified now earn above the State threshold. The State income threshold for new child care assistance at 41% of State Median Income creates an eligibility gap compared to Federal income limits at 85% of State Median Income. Understanding the impact on these families will be pivotal to creating effective policies that ensure all families have access to affordable, high quality options across diverse child care settings.

CONCLUSION

As Nevada continues to address challenges across the child care landscape, developing a deeper understanding of parental decision-making and care preferences supports the creation of a more effective and responsive child care system. By listening to families and recognizing the integral contributions of Home-Based Child Care Providers, solutions can be shaped that not only benefit children but also strengthen the adults — whether parents, relatives, or older siblings — who help these children thrive. **While some home-based care may present as “families helping families,” its true impact lies in the contributions of these providers to the developmental success of children, regardless of their formal title or status. Acknowledging and supporting this influence is crucial to creating a system that meets the needs of all parents and guardians.**

Moving forward, it will be important to ensure that these providers have access to child development materials, educational resources, and training opportunities that will further elevate the quality of care they provide.

In addition, engaging businesses in child care solutions, conducting further research to map child care needs, and ensuring greater representation of underrepresented racial and ethnic groups will be key in creating a more inclusive and comprehensive child care system.

Developing robust networks for HBCC providers would support caregivers in overcoming the isolation often associated with home-based care. Moreover, revisiting eligibility criteria for families who earn just above the threshold for assistance could address the financial gap that some working families currently face.

This study provides valuable data that can guide Nevada’s ongoing efforts to support home-based child care. By focusing on the needs of working families, understanding parent preferences, and expanding resources at local levels, the state can further enhance its child care infrastructure. A community-driven, responsive approach is essential to ensuring that all children, across care settings, have access to high-quality early education and the support they need to thrive. **With continued investment in HBCC, targeted policy changes, and an emphasis on addressing financial barriers, Nevada is on the path to creating a more equitable and efficient child care system that benefits families, children, and the state as a whole.**

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