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'I Can Kind of Flow How I Want to Flow': Motivations and Perceived Contrasts of Providing Care in Home-Based Settings

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Abstract
The number of family child care (FCC) providers in the United States, or providers who are licensed, certified, or registered to provide care in their home, fell by nearly half between 2005 and 2017 (NCEQA, 2020a). This has implications for families who prefer FCC settings. Understanding providers' motivations for starting their program may provide policymakers with information on how to better support providers drawn to this setting. Through interviews with 30 Black/bi-racial FCC providers, we found providers started their programs to support family/neighbors, to provide an alternative perceived to be safer than center-based programs, and to be in charge. In terms of differences, providers felt they had more control and that they could provide more individualized attention in home-based settings as compared to center-based settings. This research advances the study of why providers work in home-based programs, and how they perceive this work as different from center-based care, with implications for supporting the FCC workforce.

Keywords Family child care · Preschoolers · Early childhood education · Teacher

Introduction and Background

The majority of children in the United States experience non-parental care out of the home by the time they reach kindergarten, with the most recent estimates indicating that approximately 59% of children in this age group are enrolled in at least one non-parental care arrangement per week (Cui & Natzke, 2021). The type of care arrangement parents choose differs somewhat by characteristics such as child age, family region and household income; however, a huge proportion of children younger than school-age will receive care in a home-based setting at some point before they start kindergarten. Understanding and supporting caregivers in home-based settings is thus important to supporting healthy development for children before they reach school age.

Home-based child care (HBCC) encompasses family, friend, and neighbor (FFN) caregivers as well as a smaller subset of family child care (FCC) homes. Although defined differently in the literature, FCC generally refers to licensed child care in a home-based setting, for which the provider is paid. FFN typically refers to a more informal child care arrangement, in which caregivers are often unpaid and typically license exempt; this is the most common care arrangement for children under age five (National Survey of Early Care and Education (NSECE) Project Team, 2016).

Families prefer HBCC settings for their children for a number of reasons; for example, this setting is the most common type of care arrangement for children under age three (NSECE Project Team, 2016), as parents may feel more comfortable with the home-like atmosphere for their infants and toddlers. In addition, other parents may utilize home-based settings because of the opportunity for continuity of care for children from birth through preschool age or because they can keep mixed-age siblings in the same classroom (Lanigan, 2011). Finally, some data indicates FCC care is utilized more often by low-income parents, families in which parents work non-standard hours, and ethnic/racial minorities (Crosby et al., 2019; Porter et al., 2010). It is clear HBCC is a critical aspect of the fragmented early care

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and education landscape in the United States, and that parents use home-based care for a variety of reasons.

Particularly because many vulnerable families prefer and utilize FCC care, ensuring these caregivers are supported and that children are exposed to a high-quality early learning environment in these settings is critical. The research base on quality in FCC settings is mixed; in general, studies have found that global quality in FCC and FFN settings is lower than global quality in center-based and school-based settings (Bassok et al., 2016; Porter et al., 2010), and that global quality in FCC settings is higher than in FFN settings (Porter et al., 2010). However, other research that looks at caregiver interactions has found levels of nurturing and sensitive caregiving in FFN and FCC settings to be high, and comparable to levels found in center-based settings (Porter et al., 2010). Many measures of quality were developed first in centers or schools and later adapted to FCC sites; researchers argue that quality in FCC settings is thus not always appropriately measured and perhaps not fully understood within the unique context of the home-based setting (e.g., Bromer et al., 2021) For example, in interviews conducted with FCC educators, researchers discovered that these providers describe supporting children's learning and development and preparing children for kindergarten as a key facet of FCC quality (Hooper et al., 2021), demonstrating that enhancing children's learning is an important conceptualization of how providers define quality in home-based settings. Refining how to measure what this actually looks like in a home-based setting is thus an ongoing process.

Decline in FCC Providers

Despite the fact that many families prefer FCC settings for their children's early care and education, the supply of FCC care in the United States has been steadily declining over the past decade or so. Longitudinal data indicates that 90,000 licensed FCC homes closed between 2005 and 2017, a drop of roughly 42% of the licensed FCC supply. The decline in supply was driven by small FCC homes, or sites with one provider as the sole caregiver; during this same time period, there was a slight increase in large FCC homes, or home-based sites with two or more people providing care (National Center on Early Childhood Quality Assurance (NCECQA), 2020a, 2020b). This declining supply of licensed FCC homes is concerning for a number of reasons; for example, low-income families and families living in rural areas may rely heavily on FCC care for practical and financial reasons, and the declining number of licensed FCC options may require a heavier reliance on unregulated or substandard care as licensed providers leave the field (Henly & Adams, 2018). Furthermore, families may need to travel further to obtain licensed care, or may enroll children in care that does not fully meet their needs, such as for flexible hours or affordability (NCECQA, 2020b).

In response to this decline, researchers have attempted to understand why so many FCC providers are exiting the field. The reasons for decline in supply are complex and various community factors differentially affect regional supply; however, research indicates that low compensation and benefits, demographic factors, and challenges in business operations may all impact providers' decisions to stay in or leave the field (NCECQA, 2020a). In interviews with FCC providers, Bromer and a team of researchers (2021) found a set of common challenges influenced the decision to exit the field of FCC, including difficulties within the ECE system (e.g., burdensome systems requirements and inequitable subsidy payment rates and policies); working conditions (e.g., long hours and the challenges of managing a business in the home); and the economics of FCC (e.g., unstable enrollment and lack of benefits).

Motivations to Provide FCC

It is clear from the research on FCC providers' decisions to exit FCC that states and cities have issues they could address within ECE systems to better support providers, such as further developing FCC networks and finding ways to get educators at pay parity with other ECE and K-12 education professionals. Understanding the reasons FCC providers begin their programs may also allow ECE systems to further enhance the aspects of the profession that motivated providers toward opening their programs in the first place. Past research regarding FCC provider motivation has indicated some common threads amongst providers for starting FCC programs. For example, most providers cite that they like working with children as a top reason for starting their program (Marshall et al., 2003; Zinsser, 1991). Other reasons commonly cited by providers for beginning their programs include a desire to stay home with their own children and a desire to help other families with their children (Armenia, 2009; Marshall et al., 2003).

Most of these studies are dated, however, with few examinations of provider motivation for entering the field taking place within the current context of the diminishing supply of FCC programs. And most ask providers to respond to a survey with just a few options to choose from as their rationale for starting an FCC program. In one recent study, licensed FCC providers were explicitly asked their reason for becoming licensed, with legitimacy and a higher income being the two main cited responses (Bromer et al., 2021). However, other recent qualitative research focused on reasons for starting a program is limited, despite prior research indicating there may be a host of reasons that drive a provider to

start their program, and that these reasons could differ by provider characteristics. In one study using a large sample of licensed FCC providers in Illinois, Armenia (2009) found that while the majority of providers (79.6%) reported "I wanted to work with children" was a "big reason" for their job entry into FCC, motivations for job entry differed as a function of race. Black providers were significantly more likely than White providers to report "I wanted to be my own boss" and "I wanted to give back to my community" as a "big reason" for job entry into FCC, while White providers were significantly more likely than Black providers to report "I wanted to stay at home with my children" as a "big reason" for FCC job entry. Despite the fact that women of color are overrepresented in the field of ECE as FCC educators (Whitebook et al., 2018), their perspectives have been underrepresented in the research base on FCC (Bromer et al., 2021). One purpose of the current study, therefore, was to get a more in-depth understanding of motivations for FCC provider entry into their roles, specifically focusing on the experiences of providers of color.

In addition, we wanted to understand from the provider's perspective what they believe differentiates their role in FCC from the role of a center-based provider. Many quality measures of FCC are developed first in centers or schools and then modified to fit the home-based setting; likewise, many curricula are developed with schools and centers as the focus and not modified until later (if at all) for home-based settings. It could be the case that FCC providers view their role and their position as very similar to that of center-based educators; as such, it could be that the current approach to developing resources for FCC educators through a center-based lens with adaptations to FCC may be adequate. However, because many FCC educators have prior experience working in the field of ECE, specifically in centers and schools, we wanted to understand from these educators what they perceive to be the differences in their work (if any) as compared to the work of educators in centers and schools. Understanding the provider perspective on these differences could help inform development of resources like curriculum and professional development supports for FCC educators. As such, the research questions for this study were as follows:

(1) What motivates FCC providers to start their programs?
(2) What differences (if any) do providers perceive in working in home-based as opposed to center-based programs?

Method

Research Design

The present study was part of a year-long pilot program designed by one state's Department of Education in the southeast to support collaboration and quality improvement in FCC settings. The pilot program included provider networking opportunities, job-embedded coaching, professional development trainings, and the implementation of child care quality measures in FCC settings that informed coaching conversations. Data for the present study were collected between October 2019 and January 2020.

Participants

Participants ($n = 30$) were registered FCC providers who agreed to participate in the pilot program. Participants were from two regions, one rural ($n = 14$ providers) and one urban ($n = 16$), in one southeastern state. All providers were female and non-Hispanic and 100% identified as Black/African American or bi-racial. The median age range of participants was 50–59 years. For their highest level of education, providers reported some high school (5%), a high school diploma or equivalent (36%), some college/university (36%), and college/university degree (23%). FCC providers reported a mean of 17.8 years of experience caring for children, and their mean gross income in 2018 ranged from $15,000 to $19,999.

Procedure

FCC providers were recruited utilizing two of the state's child care resource and referral (CCR&R) agencies. In conjunction with the state's Department of Education, the CCR&R agencies scheduled three pilot program kick-off meetings, two in the rural region and one in the urban region, where the state and the research team invited FCC providers to participate in the state's pilot program and the present research study, respectively. FCC providers were informed that the research opportunity was separate from participation in the state's pilot program and that providers could choose to participate in the pilot program and choose not to participate in the research study and vice versa. If FCC providers were interested in participating in the research study, they put their name on a sign-up list at the kick-off meeting to receive study recruitment materials and allow a researcher to contact them about study participation. The researchers contacted the providers from the sign-up list via telephone or text message to schedule a time to discuss study participation. A researcher contacted each provider by telephone to explain study participation and, upon agreement, scheduled

a visit to the provider's home for an in-person interview. All recruitment materials and scripts were approved by the host institution's IRB.

Two researchers attended each in-person meeting at the providers' homes. After conducting initial rapport building in the FCC setting, the researchers reviewed the informed consent document with the providers. Then, an interview was completed and audio recorded, and surveys were left for the providers to complete separately.

Measures

Semi-Structured Interview

Interview questions for the providers were developed in consultation with the state's Department of Education staff and based on a literature review of quality improvement in FCC settings as well as on information the state wanted to learn about care in FCC settings. Providers responded to questions about their career trajectory, struggles in the field with ECE systems (i.e., with licensing) and how they organized learning and play opportunities for children, among other topics. Providers were assured they could skip questions at any time; and while the majority of providers consented to having their interview recorded, one provider preferred not to. The initial set of questions focused on in this analysis included "What made you decide to start a family child care home?" and "We are interested in learning more about your experience in the profession. Do you like what you do? Why or why not? Would you consider working in a center over a family home? Why or why not?" The researchers followed the same initial research protocol, and asked follow-up questions when warranted.

Data Analysis

Theoretical Approach

The researchers entered analysis without pre-conceived ideas as to what motivated FCC providers and their perceptions of the differences between home-based and center-based programs. The exploratory nature of the above research questions combined with minimal current prior research in this area necessitated approaching data analysis from a grounded theory framework. The data were coded through a multistage iterative process using inductive reasoning to develop themes.

Prior to data analysis, all interviews were transcribed verbatim. The research team then read through the transcripts and developed an initial set of codes. Through iterative discussions and consensus building, a final codebook was developed based on emergent themes. The interviews were then coded based on the final codebook.

Results

In response to our first question about reasons for starting an FCC program, we found three overarching themes amongst providers: (1) Providers wanted to start their program to fulfill a need in their own family or community; (2) Providers wanted to start their own program because they wanted to have some control and be their own boss; and (3) Providers perceived home-based settings would be a safer option than center-based settings. In response to our second research question about differences in center- versus home-based settings, we found evidence of two themes: (1) Providers could have more control in their own home versus in a center; and (2) Providers could give children more individualized attention in the home-based setting. We identified subthemes within many of these themes, which are explored below.

Motivations for Starting an FCC Program

Fulfilling Needs in their Family or Community

As expected, we found that for many providers, a draw to the profession of home-based education centered around helping their family, whether it was caring for their own children or grandchildren, or helping members of the community, such as families they knew through the neighborhood or in other ways. Previous research has shown that it is not uncommon, particularly for FFN caregivers, to cite wanting to help their own family and that they do not want their own family to experience other caregivers as a motivation behind doing the work they do (Porter et al., 2010). For many providers, starting their licensed program filled gaps they perceived in the community. For example, one provider stated:

> I worked at a daycare. This is how I really got started. I was working at daycare, a school daycare, in the school cafeteria, and it closed down, and so many of the parents didn't have anywhere for their kids to go. And this was way back over 30 years ago, over 35 years ago, and with that I took, I think it was 12 children I took, and I came home and opened a daycare.

Similarly, another provider referenced a community need for summer child care options for families:

> As I said, I was working at Head Start, and, it was getting ready to go into summer and two of my parents

> needed somebody to keep their kids in the summer time. And they didn't have, they couldn't afford child care, but then, they, they were from out of town so, I basically started for them. And I ended up getting some more kids that summer, and I just never went back. And, it's grew from there.

Having Control/Being the Boss

Another theme that emerged as to why home-based programs were started was related to providers having control of their work and being their own boss. For example, one provider stated, "Well, I was working at a daycare, and I had to take the training and do, you know, CPR and everything else so I said if I could work for somebody else I could do it myself." Another provider reported being encouraged to start her own home-based program after working at a center:

> …one of my younger sisters had a day care, and I worked for her for like a year and a half maybe two years, and I enjoyed it so much. And she encouraged me, said, 'Well why don't you come and start taking your hours and stuff, and do your own day care?' And that's what I did, and I been doing it going on 15 years.

FCC Homes as a Safer Option than Center-Based Care

A final theme that emerged related to why providers started their home-based program was related to the perceived safety of children in center- versus home-based care. For example, one provider stated: "Well, I started because I really, I, I really didn't want my grandkids going anywhere else because people are so cruel, and I just couldn't handle that." Similarly, another provider explained:

> Well, um, this might be a little deep for this. Um, I had two of my oldest um to get hurt in child care. Um, it was really bad. To where the doctor was really concerned about one of 'em…So all I could think about you know when I got pregnant, I was just like you know, safety safety safety safety safety. This can't, this can't, this can't happen again; I don't know how I would take this again. And so I was just like well I'm gonna do in-home day care.

Contrasts with Center-Based Care

We also asked educators whether or not they would consider working in a center-based program, and what they perceived the differences of working in a center-based as opposed to a home-based program would be. Most educators had experience working in a center-based setting and reflected on how their work in home-based settings differed. Their conceptions on how providing home-based care differs fell into two main themes.

Providers Could Have More Control in Their Own Home Versus in a Center

One theme that emerged from the interview data included that providers have more control of the environment and interactions with children when comparing home- versus center-based care. For example, one provider stated: "Uh, I felt, maybe felt that I wanted to work with more children, but once I got there [the center], it was just overloaded with more work and not enough help so, I just prefer to be at home." Another provider reported wanting to be able to provide activities based on their own and their children's interests instead of following predetermined activities:

> Because everybody's on the floor the same way [in a center]. Things can be different, where in a family home I can kind of flow how I want to flow and like I said the things that I like and the things that I see the kids like, and I can say I like that so many hands don't come across the kids, you know?

This provider also referenced the preference of being able to limit the amount of caregivers who interact with the children as a difference between center- and home-based care.

Provide More Individualized Attention for Children

Another theme that emerged as a difference between home- and center-based care was the ability to provide more individualized attention to children. For example, one provider stated:

> Well, the difference between a home is, you have more of a one-on-one. You can put more time into that, those kids. But at a child care center you have more than the six that they will allow you in the home, you know what I'm saying? And at, at a center you got right at 20. When I worked, I had 28 kids.

Similarly, another provider explained:

> Uh, you can give the kids, with six kids, you can give them more attention, they learn more, they uh, they come in they're not screaming and hollering because

> it's like, I'm coming home, it's not like, you know, going to school.

Within the theme of providing more individualized attention for children, we also found one subtheme: That providers felt they could provide a more culturally relevant environment for children in a home-based setting versus a center-based setting, and that some felt they could provide a more equitable environment for children in the home. One provider spoke to her concerns that the Black children she cared for would be overlooked in a center-based setting:

> But it's a difference and you can see the different levels and I feel that with me, I want my little Black kids to know just as much as…you know [a White child] is going to go to this school and they are going to teach her and keep her on this level that grows and grows and grows, and my society, they going to put you here and if your behavior is not on par, this is how I grow, and it's not fair.

Another provider mentioned noticing that children were not treated equitably in centers, stating:

> Cause, see, a lot of stuff that go on in child care centers I don't like it…you know, it's like if she got on a pretty dress you know, it's oh, 'let's bring her up here and sit her here so you can just see her.' That's not good. But if one of my little girls, her hair might not be combed as well today, so she got to sit in back.

Discussion

The current study contributes important new findings to the research base on FCC educators and their experiences. To our knowledge, no studies have qualitatively examined motivations for starting an FCC program through the perspective of Black/bi-racial providers, and furthermore, none have explored providers' perceptions of how this line of work differs from center-based care, filling a needed gap in the literature. Although decades of research have explored FCC providers' motivations for providing care in their home, to our knowledge, no interview-based studies with a sample of solely licensed providers of color exists.

Motivations for Engaging in FCC work

We found that many FCC educators in our sample were motivated to engage in this work because they wanted to be their own boss, which aligns with research on preschool teacher well-being and the positive role that autonomy plays in this line of work. The standards movement that has swept through the K-12 education system in the United States has also taken hold in ECE settings: Every state now has early learning standards, or standards that guide what should be taught in preschool classrooms, with more than half of states also having published infant and toddler learning standards or guidelines (Scott-Little et al., 2009). Standards are beneficial in that they promote the types of high-quality learning experiences that research shows support positive child development. However, it could be that for many providers, this focus on standards has brought with it either a real or perceived lack of autonomy in center-based settings, whether through limiting providers' ability to select daily lessons or structures, or by limiting autonomy and control in other important ways. In one study conducted with pre-K teachers in New York City, researchers found that although teachers complied with school policies, they desired more power and control in making teaching decisions (Akaba et al., 2020). Researchers find that teacher autonomy is associated with job satisfaction and job commitment (Collie & Martin, 2017; Skaalvik & Skaalvik, 2014); thus, it may be that the desire for control and autonomy in making programmatic decisions is an important motivator for licensed FCC providers. As many states look to incorporate FCC programs into state-funded pre-K (e.g., Harmeyer et al., 2023), it will be important for states to consider how to promote provider autonomy (for example, by allowing providers to choose from multiple evidence-based curricula or by allowing providers to have voice in decisions like which assessment tools to use).

Furthermore, it is notable that for many FCC educators, a motivation for starting their program was they perceived the home-like setting that is unique to FCCs as safer for children. While there are often highly-publicized accounts of safety violations in center-based settings that include serious injuries or even fatalities in the popular press, there is a more limited research base on adherence to safety regulations in early learning settings. Even though all states monitor safety at licensed child care programs, there are few large, systematic studies analyzing this inspection data. In the few studies that have looked into differences in rates of injuries and accidents in home- versus center-based care, researchers have found that in general, the small number of fatalities that do occur are more likely to occur in home-based settings, and researchers have documented significantly higher rates of violent deaths to infants and incidences of sudden infant death syndrome (SIDS) in home-based as compared to center-based settings (Moon et al., 2000; Wrigley & Dreby, 2005). Despite these differences, research finds that overwhelmingly, rates of unintentional injuries and fatalities in early learning settings are very low (with injury rates

similar to rates that occur at schools, summer camps and playgrounds); however, non-compliance with health and safety violations in centers and FCCs is not uncommon (Hashikawa et al., 2013; Nadel et al., 2010). For instance, in a study of child care centers in one state, Nadel and a team of researchers (2010) found frequent violations of certain safety guidelines: For example, about one-third of infants were placed in an improper sleep position, and safe playground surfacing was observed at just 21% of sites with indoor equipment and 57% of sites with outdoor equipment. Thus, even though child care centers have relatively low rates of unintended serious injuries in children, it may be for the educators in our sample (most of whom had worked in center-based settings at some point), the issues they observed firsthand, or the issues they perceived as ones that could be possibly linked to future safety incidents, were driving their decision to provide home-based care, particularly for their own children or the children of friends and neighbors. It should be the case that safety incidents, accidents and injuries are few and far between regardless of child care setting: States should ensure monitoring and compliance visits and supports occur with enough frequency in both center- and home-based settings that families and providers feel comfortable with the care available to vulnerable children.

Perceived Differences

Providers in our sample noted their ability to offer more individualized attention and support to children in the home-based setting as something that makes this work different from center-based care. States set different requirements regarding group size in FCCs, but in general, these guidelines are smaller than the group size allowed in center-based settings, with the most common ratios in states being 4:1 in infant rooms, 6:1 in young toddler rooms, 8:1 in older toddler rooms, and 10:1 in preschool rooms (NCEQA, 2020b). Research shows, however, that in FCC settings, the average ratio is smaller, with about four children per adult in these settings (Bassok et al., 2016). Previous research has documented the positive effects of a smaller ratio of children to educators, and others have argued this may be particularly important for infants and toddlers (Finn et al., 2005; Shonkoff & Phillips, 2000). The providers in our study stressed that an important difference they perceived in their line of work was that their small setting and small group size allowed for more individualized attention, which they found particularly important when children had specialized health or other needs. Ensuring that the teacher: child ratio in FCC programs stays low is one way that states can support FCC providers in their work, as the providers in our sample reflected on this aspect of FCC as an important difference from center-based care.

Through their reflections on providing individualized attention for children in their homes, some providers also noted that they found their homes were more culturally relevant for children, or that the children in their care would not be overlooked because of their racial or other background characteristics. A large body of research has documented disparities in suspensions and expulsions on the basis of race starting in the preschool years (e.g., Zeng et al., 2019). At least some of the providers in our sample seemed to demonstrate an awareness that other child care or preschool settings may perpetuate the inequities they had seen their own or other children experience, and other studies have demonstrated that having a student of the same racial background makes it less likely that children will be excluded from school (Holt & Gershenson, 2015; Shirrell et al., 2023). Providers in our study viewed their role as one in which children may be afforded more equitable educational opportunities. A recent report found that just 4% of Black children were enrolled in public pre-K that was deemed "high-quality" as per the National Institute for Early Education Research (NIEER) preschool quality benchmarks (Gillispie, 2021). Some providers in our sample had noticed either overt or subtle discriminatory practices toward children; they perceived one difference in FCC care was the ability to buffer against some of these negative and discriminatory experiences they felt could await children in center-based settings.

Finally, providers reflected on their ability to have more control over their decisions in FCC, as opposed to in center-based care. They noted, for example, that they had little control over what other providers were doing in centers, and that they preferred the opportunity to structure their days how they wanted to in their own homes. Others noted that they found that in their homes they could have more control over who was allowed to enroll, versus accepting all children who want to enroll in a center. In center-based settings, teachers may experience situations where they feel a lack of control, such as being moved to a different classroom with a different group of children without the opportunity to provide input (Sandstrom et al., 2023), or a lack of designated daily breaks (Kwon et al., 2022). For the providers in our sample, having control over important decisions, whether it was the families who enrolled or how the day flowed, were important perceived differences that providers noted in FCC settings.

Limitations

While we provide unique perspectives on the work of FCC providers through this research, there are limitations in this study that are important to consider. First, we use a small sample of FCC providers in one state that had already opted in to participating in a pilot program; therefore,

generalizability of the findings to other states or to providers not opting in to a program such as this is not possible. A second limitation of the study is that we include providers with relatively little experience, along with providers with 30 + years of experience. It may be that providers who have recently started their programs may differ from providers with more experience in terms of their motivations to engage in this career path. Future research should look specifically at FCC providers who have started their program more recently, to ascertain whether there are important characteristics that motivate these providers, particularly in the context of decreasing FCC providers across the U.S. as a whole.

Future Research

This exploratory study also brings up other questions that could be answered with future research. Many providers reflected on wanting to fulfil unmet needs in their own family and community, and research shows that many ZIP codes can be classified as child care deserts, or ZIP codes in which child care slots are scarce for children under age 5 (Malik et al., 2016). Future research could focus on how neighborhood context influences providers' motivations to start FCC programs, and furthermore, how the availability of other resources in the neighborhood impacts child outcomes. In addition, the supply of FCC homes was already declining before the pandemic brought on additional stressors to FCC providers, such as financial challenges due to decreased enrollment and attendance and the cost burden of additional cleaning supplies and personal protective equipment (PPE). Understanding if providers' motivations to open an FCC program and their role perception have changed post-pandemic would enhance the findings of this study.

Conclusion

While there are many previous studies documenting FCC providers' motivations for starting their programs, much of this previous research is dated, and focuses on asking providers to select from a few choices regarding their motivations for starting their business. Furthermore, the research that does exist focuses more heavily on FFN providers and often lacks the perspectives of providers of color, despite the fact that women of color make up almost 40% of the FCC workforce (Bromer et al., 2021; Whitebook et al., 2018). Through interviews with a sample of providers of color, we were able to gain a better understanding of what motivates FCC providers to start their programs. While some of their explanations are similar to what other recent surveys have found in terms of starting programs because of a desire to help children and families (e.g., Datta et al., 2021), other common themes, such as wanting to ensure care was safe for children, differed. Likewise, while many FCC educators have previous experience in different ECE settings, little research has explored their perceptions about what makes working in FCC settings different from centers. This study contributes to what is known about FCC providers' motivations for joining this critical workforce; future studies should explore how states could set policies for supporting FCC providers that incorporate their perceptions about the positive aspects of their profession, particularly as the supply of licensed FCC homes continues to decline.

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Declarations

Ethical Approval We certify that we complied with APA ethical principles regarding research with human participants in the conduct of the research presented in this manuscript, including obtaining consent from all participants.

Conflict of Interest The authors have no competing interests to declare that are relevant to the content of this article.

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