

2023 Child Care Provider Technology Survey: Report of Key Findings



Prepared by the University of Connecticut School of Social Work as part of the Connecticut Office of Early Childhood Research Partnership

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This 2023 *Child Care Provider Technology Survey: Report of Key Findings* was made possible by OEC Coronavirus Response and Relief Supplemental Appropriations Act funding. Its contents are solely the responsibility of the authors and do not necessarily represent the view of the United States Department of Health and Human Services, Administration for Children and Families.

Executive Summary

Technology plays an important role in the provision of quality child care and can maximize the efficiency of child care providers. This report describes the technology landscape for a sample of child care providers in Connecticut. Below are the three main findings of the report:



Child care providers in Connecticut **need increased access to properly functioning technological devices for business use**—especially family child care home providers and providers working in towns with higher social vulnerability.



In conjunction with increased access to technology, providers could also benefit from ongoing **technology training and support**.



Child Care Management Software (CCMS) helped providers save time. Most non-users were willing to try CCMS if they received a free one-year subscription, basic setup, initial training, and monthly technical support for one year.

Introduction

Technology can play an important role in the provision of quality child care and can maximize the efficiency of child care providers. Hardware and software resources (e.g., laptops, tablets, printers, CCMS), as well as reliable internet connection, can help child care providers communicate children's daily progress to families, manage administrative tasks, and create learning opportunities for children,¹ among other uses.

However, **access to technology may not be equitable,**² and child care providers may face myriad barriers (e.g., financial, technical) to procuring, installing, and leveraging technological tools in their roles. This report aims to elucidate the current technology landscape for Connecticut's child care providers and inform tailored statewide services to combat technology-related disparities among them.

Survey Methodology

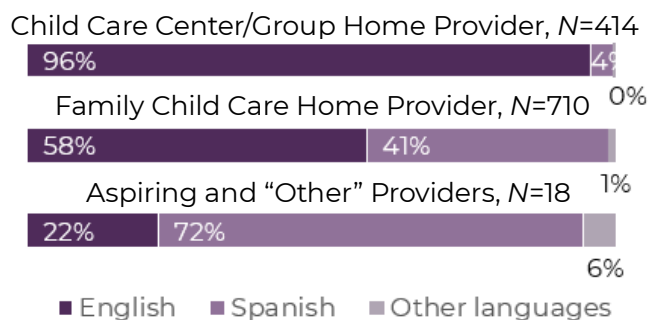
This analysis examines the 1,142 child care providers who responded to a survey about their use, comfort, and preferences related to technology in the workplace (approximate response rate = 30%). The survey was administered by the Connecticut Office of Early Childhood (OEC) to current or aspiring child care providers via Survey Monkey in the spring of 2023. Dissemination was also supported by 211 Child Care, the Women's Business Development Council (WBDC), and the Staffed Family Child Care Networks (SFCCN). Of note, the administration of this survey online is a limitation; the sample likely underrepresents child care providers with the least access to and/or comfort with technology. See the Conclusions section for more on the study's limitations.

Results

Background Information

In all, 1,142 childcare providers across the state of Connecticut responded to the SFCCN technology survey (see [Appendix, Table 1](#) for respondent distribution by town). **Nearly two-thirds of respondents worked in the family child care home setting³** (62%; $n=710$), and most of the remaining providers worked in child care centers or group homes⁴ (36%; $n=414$). Less than 2% of respondents were an “aspiring” child care provider, or otherwise fell into the “other” provider type category. Further, most providers reported that their primary language was English (71%) or Spanish (28%), though this varied by provider type (see Figure 1).

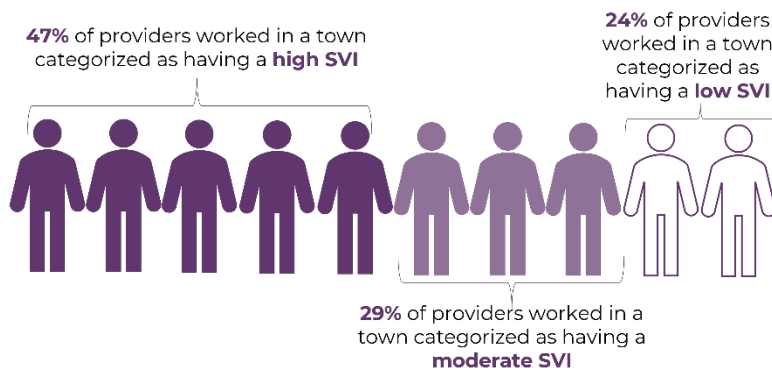
Figure 1. Primary language, stratified by provider type (N = 1,142)



On average, child care providers in the present study had 29 children enrolled; enrollment was higher among child care center/group home providers (mean=66) than family child care home providers (mean=7). Most child care providers in the present study (75%) were part of at least one early childhood or business network/group; on average, providers were members of two networks (see [Appendix, Figures 1a and 1b](#) for the most common networks providers were a part of).

Finally, we used the U.S. Center for Disease Control and Prevention’s Social Vulnerability Index (SVI) to understand patterns of child care provider vulnerability.⁵

Figure 2. Social vulnerability of the towns that providers work in (N = 1,142)

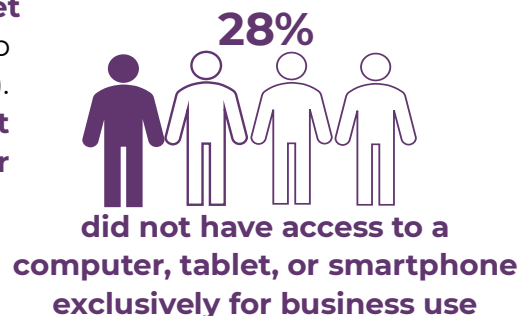


Nearly half (47%) of providers worked in a town that was classified as having a high SVI (>.8), 29% worked in a town with a moderate SVI (.6-.8), and 24% worked in a town with a low SVI (<.6). SVI varied by provider type (see [Appendix, Figure 2](#); for a comparison to the statewide distribution, see [Appendix, Figure 3](#)) and

SFCCN region (see [Appendix, Figure 4](#)) in the present analysis.

Child Care Providers' Access to and Use of Technology

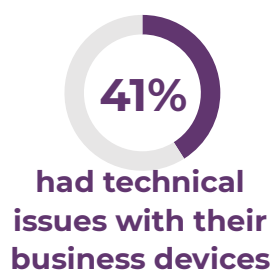
Most providers had access to reliable internet connection (86% of child care center/group providers, 94% of family child care home providers). Similarly, **82% of providers had access to at least one computer, tablet/iPad, or smartphone for exclusive use in business operations** (described as “A device not shared with children in the program, not shared with your family, and not used for personal matters.”). However, this varied by provider type (92% of child care center/group home providers vs. 76% of family child care home providers) and SFCCN region (range: 77% [SFCCN region 5]-88% [SFCCN region 1]). Whether providers had access to at least one computer, tablet/iPad, or smartphone for use in business operations did not vary meaningfully by SVI (see [Appendix, Table 2](#)).



Notably, all providers but one (a family child care home provider) at least “rarely” used one or more of the following devices for business: a laptop, desktop, tablet, or smartphone.⁶ However, child care center/group home providers reported using all devices for business more frequently than family child care home providers (except for smartphones; see [Appendix, Table 3](#)). Indeed, on average, 22% more child care center/group home providers reported “always” or “frequently” using these seven devices.

Condition of Child Care Providers' Business Devices⁷

A sizeable minority of the sample (39%) reported not having access to enough functioning computers and/or tablets for them (or their staff). Family child care home providers reported not having enough functioning computers at slightly higher prevalence (41%) than child care center/group home providers (37%). Responses also varied by SVI and SFCCN region. A higher prevalence of providers working in towns with high (40%) or moderate (43%) SVI endorsed not having enough functioning computers than those working in towns with low SVI (33%). Prevalence across SFCCN regions ranged from 28% (SFCCN Region 6) to 47% (SFCCN Region 5) who did not have access to enough functioning computers (see [Appendix, Table 4](#)).



Furthermore, **41% of providers reported one or more issues with their business technology** (i.e., related to hardware, software, and/or performance). This rate was comparable across provider types, though, of note, more family child care home providers (16%) than child care center/group providers (3%) reported this item was not applicable to them because they did not own business-specific devices. Prevalence varied somewhat by SVI,

with 44% of providers who worked in high SVI towns reporting they had at least one issue with their technology, relative to only 39% of providers working in moderate or low SVI towns. Variance was minimal by SFCCN region; prevalence of having at least one technology issue ranged from 39%-44%.

Child Care Providers' Comfort with Technology

Overall, **most participants were “somewhat comfortable” (47%) or “very comfortable” (43%) with basic use of technology** (10% were “not comfortable”), though comfort-level varied by provider type, with fewer child care center/group home providers reporting feeling uncomfortable with basic technology relative to family child care home providers. Comfort with basic use of technology was generally similar across SVI categorizations and SFCCN regions (see [Appendix, Table 5](#)).

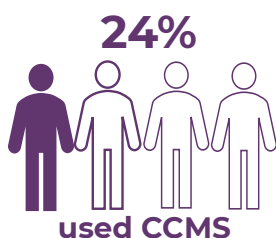
Comfort with basic technology may facilitate administrative and educational task efficiency. Indeed, providers who were at least somewhat comfortable with basic technology reported significantly fewer business-related tasks (e.g., tuition billing, staffing schedules, marketing) and educational tasks (e.g., developmental assessments, progress reports) as taking “significant time to complete” than providers who were not comfortable with basic technology.

Child Care Providers' Technology Needs

One prominent technology need, reported by 57% of respondents in an open-ended response, was the **need for hardware or devices, such as computers, tablets, and phones.** Other technology needs described included the need for software (10%), better internet connection (11%), and training or technical support (10%). Many providers also described the *purpose* of the needed technology, including to communicate, especially with families, and to support children’s learning (see [Appendix, Table 6](#)).

“I am **in desperate need of a website, new computer, printer/copier/scanner/fax and tablets** that the children can use to do academic learning.”
– Family Child Care Home Provider

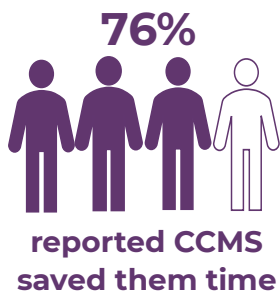
Child Care Providers' Use Child Care Management Systems (CCMS)



Nearly one-quarter of survey respondents (24%) indicated that they currently used CCMS, though use varied by provider type,¹⁰ SVI, and SFCCN region (differences by SVI and SFCCN region were not statistically significant; see [Appendix, Table 7](#)). **The majority of CCMS users in this sample were child care center/group home providers.**

Overall, the most common platforms among CCMS users were Bright Wheel (29%), Procure Online (24%), and Procure Desktop (16%; see [Appendix, Table 8](#)). Most CCMS users (78%) had been using CCMS for one or more years. For most center/group providers (94%) and family child care home providers (63%) who used CCMS, it became a part of their daily routine. On average, providers indicated they used CCMS for five

different business functions, including taking attendance, tuition billing, and enrollment management (see [Appendix, Table 9](#)).



In terms of providers' perceptions of the impact of CCMS, **more than half of current CCMS users (59%) found CCMS to be "very impactful" on their business efficiency.** In fact, more than three-quarters of providers who used CCMS (76%) reported it saved them at least some time. More specifically, compared to child care providers who were not using CCMS, child care providers who were using CCMS endorsed significantly fewer administrative business tasks,¹¹ such as

filing paperwork and generating tax reports for families, and educational functions,¹² such as updating parents on classroom activities, as time-consuming. Other advantages CCMS, included that CCMS is easy to use (66%) and learn (56%), accessible on phones and tablets (61%), and parents love it (50%).

CCMS users in this study also described **challenges associated with CCMS, including that it is expensive**—a shortcoming reported by nearly one-third of users. Other prominent disadvantages included the lack of integration between CCMS and professional registries (27%), payroll systems (25%), bookkeeping systems (22%), and state and federal subsidy systems (22%). Other obstacles to using CCMS included learning how to use the software (38%), choosing a CCMS program that meets all providers' business needs (37%), and budgeting for the cost (27%).

Among those providers not currently using CCMS (76% of respondents), most (83%) reported one or more barriers to use of CCMS. Barriers to use of CCMS included unfamiliarity with CCMS (44%), a dearth of extra funds to buy CCMS (35%), and already being satisfied without CCMS (19%). Nevertheless, **most providers who were not currently using CCMS were somewhat (19%) or very (46%) willing to use CCMS** if they received a free 1-year CCMS subscription, basic setup, initial training, and monthly technical support for 1 year (see [Appendix, Table 10](#)). Providers who were not currently using CCMS were also willing to invest time and money into CCMS. Specifically, most (81%) were willing to invest at least 1-8 hours over a few weeks to get started with a CCMS, and just over half of providers (52%) were willing to invest money to get started with a CCMS.



Conclusions, Implications, and Limitations

Together, the quantitative and qualitative findings speak to the **need for increased access to properly functioning technological devices** among child care providers. Overall, a sizeable minority of the sample (18%) reported not having access to a computer, tablet/iPad, or smartphone exclusively for business use; 39% reported not having *enough* functioning computers; and nearly half the sample (46%) had an issue with the condition of their technology. These prevalence rates were, in some cases,

even higher among family child care home providers (relative to child care center/group home providers) and providers working in towns with higher SVIs (relative to towns with lower SVIs) and likewise varied by SFCCN region, highlighting **disparities in access to, and condition of, technology by provider type, SVI, and geographic region.**

In conjunction with increased access to technology, **providers could also benefit from technology training and technical support.** Only 43% of child care providers reported being “very comfortable” with basic use of technology and 10% of respondents indicated they wanted training or support to improve their technology skills. Our findings also suggest that technology training may foster greater provider efficiency; greater comfort with basic technology was associated with endorsement of significantly fewer business and educational tasks as taking “significant time to complete.”

“I need to learn how to use things on the computer because I don't know how to do a lot of things.”
– Family Child Care Home Provider

Finally, most **providers who used CCMS found that the software was timesaving,** helping them to be more efficient in their daily child care business and educational tasks. Among those providers not currently using CCMS, there was a high level of willingness to invest time into getting started with CCMS and **interest in trying CCMS for free for one-year with support and training.**

It is important to interpret these findings in light of several limitations. First, the recruitment and survey administration strategies employed may contribute to sample bias. For example, because this survey was administered online, **child care providers with the least access to technology and/or lowest levels of comfort with technology may be underrepresented in this work.** Second, there were differences in response rates across survey items, with sample sizes particularly small for the technology-specific questions. It is unclear whether providers who did not respond to items about technology varied systematically from those who did. Furthermore, small sample sizes by town precluded comparisons at the town-level (see [Appendix, Table 1](#)) and, in some cases, even at the SFCCN region level.

Third, these **measurement tools** were made for the present study and **were not validated.** In some cases, items were inconsistently worded or open to participant interpretation. For instance, in the item, “How comfortable do you feel with basic use of technology (hardware/software)?”, “basic use” was not operationalized, and participants may interpret this phrase in different ways.

References

1. <https://tech.ed.gov/earlylearning/principles/>
2. E.g., disparities in access to broadband or devices, such as laptops/desktops and tablets, have been identified by income ([Pew Research Center Study](#)) and race (<https://digitalplanet.tufts.edu/digital-injustice-covid19/>)
3. Includes predominantly licensed family child care home providers (n=707 [99.6%] licensed, n=3 [0.4%] unlicensed)
4. Includes providers who work in child care centers (n=384; 93%), group homes (n=19; 5%), or who are license exempt (n=5; 1%), work hereafter referred to as “center/group home providers.”
5. The SVI was established to indicate the relative resilience (lower SVI) or vulnerability (higher SVI) of communities to hazardous events. In the present analysis, SVI was tabulated at the town level by synthesizing census data on various socioeconomic and demographic factors, such as education, employment, family characteristics, housing, racial and ethnic minority status, and disability.
6. Differences in item wording may account for discrepancies in 1) the proportion of providers who had “at least one computer, tablet/iPad, or smartphone used for your business operations? i.e., A device not shared with children in the program, not shared with your family, and not used for personal matters.” (82%) and 2) the proportion of providers who reported at least “rarely” using a computer, tablet, or smartphone for business (i.e., selected a response other than “I do not have one”; 99.9%). Specifically, providers who reported at least “rarely” using these specific devices in Table 1 may share these devices with children in the program, their family, or also use the devices for personal matters.
7. In terms of the age of providers’ most recently purchased business devices, most providers’ devices were under 4 years old, though age of business devices varied by provider type. More family child care home providers reported having business devices that were 5 or more years old (32%) compared to child care center/group providers (25%). Age of devices also varied somewhat by SFCCN region. For example, between 29% (SFCCN Region 3) and 38% (SFCCN Regions 1 and 4) of providers across regions had a device that was 0-2 years old. By comparison, between 26% (SFCCN Region 1) and 33% (SFCCN Region 3) had devices that were 5 or more years old. Age of devices did not vary meaningfully by SVI.
8. $R^2 = .09$, $F(1, 1,140) = 113.7$, $p < .001$
9. $R^2 = .13$, $F(1, 1,140) = 177.3$, $p < .001$
10. $F(2,1,141) = 16.9$, $p < .001$

11. $R^2 = .24, F(1, 1,140) = 364.1, p < .001$

12. $R^2 = .30, F(1, 1,140) = 499.8, p < .001$

Appendix

Table 1. Number of survey respondents by town and stratified by provider type (N=1,142)

| Town | Child Care Center/Group Providers | Family Child Care Home Providers | “Other” Providers | Total |
|---------------|-----------------------------------|----------------------------------|-------------------|-------|
| Andover | | 1 | | 1 |
| Ansonia | | 3 | | 3 |
| Avon | 2 | | | 2 |
| Barkhamsted | | 1 | | 1 |
| Beacon Falls | | 1 | | 1 |
| Berlin | 2 | | | 2 |
| Bethel | 2 | 5 | | 7 |
| Bloomfield | 2 | 9 | | 11 |
| Branford | 3 | 1 | | 4 |
| Bridgeport | 18 | 51 | 1 | 70 |
| Bristol | 3 | 14 | | 17 |
| Brookfield | 3 | | | 3 |
| Brooklyn | | 4 | | 4 |
| Burlington | 1 | 1 | | 2 |
| Canaan | 1 | | | 1 |
| Canterbury | 1 | | | 1 |
| Chaplin | 1 | | | 1 |
| Cheshire | 6 | 1 | | 7 |
| Chester | 1 | 3 | | 4 |
| Clinton | 2 | | | 2 |
| Colchester | 2 | 5 | | 7 |
| Columbia | 1 | 2 | | 3 |
| Cornwall | 1 | | | 1 |
| Coventry | | 1 | | 1 |
| Cromwell | 3 | 1 | | 4 |
| Danbury | 5 | 24 | 2 | 31 |
| Darien | 2 | 1 | | 3 |
| Derby | | 2 | | 2 |
| Durham | 1 | | | 1 |
| East Granby | 1 | | | 1 |
| East Haddam | 1 | 1 | | 2 |
| East Hampton | 2 | 1 | | 3 |
| East Hartford | 1 | 20 | | 21 |
| East Haven | 2 | 14 | | 16 |
| East Lyme | 1 | | | 1 |

| Town | Child Care Center/Group Providers | Family Child Care Home Providers | “Other” Providers | Total |
|---------------|-----------------------------------|----------------------------------|-------------------|-------|
| East Windsor | | 2 | | 2 |
| Easton | 2 | | | 2 |
| Ellington | 4 | 2 | | 6 |
| Enfield | 3 | 11 | | 14 |
| Fairfield | 9 | 2 | | 11 |
| Farmington | 3 | 1 | | 4 |
| Glastonbury | | 3 | | 3 |
| Granby | 1 | 2 | | 3 |
| Greenwich | 6 | | | 6 |
| Griswold | 1 | 2 | | 3 |
| Groton | 5 | 2 | | 7 |
| Guilford | 1 | | | 1 |
| Haddam | 2 | | | 2 |
| Hamden | 9 | 10 | | 19 |
| Hartford | 20 | 38 | 4 | 62 |
| Hartland | 1 | | | 1 |
| Killingly | 1 | 5 | | 6 |
| Lebanon | 3 | 2 | | 5 |
| Ledyard | 3 | 1 | | 4 |
| Lisbon | | 2 | | 2 |
| Litchfield | 2 | 1 | | 3 |
| Madison | 4 | 2 | | 6 |
| Manchester | 4 | 7 | | 11 |
| Mansfield | 3 | 1 | | 4 |
| Marlborough | 1 | 1 | | 2 |
| Meriden | 8 | 15 | 1 | 24 |
| Middlebury | 1 | | | 1 |
| Middlefield | 2 | 1 | | 3 |
| Middletown | 4 | 7 | | 11 |
| Milford | 3 | 7 | | 10 |
| Monroe | 1 | 4 | | 5 |
| Montville | 2 | 4 | | 6 |
| Naugatuck | 4 | 5 | | 9 |
| New Britain | 3 | 14 | 1 | 18 |
| New Canaan | 2 | | | 2 |
| New Fairfield | 1 | | | 1 |
| New Hartford | 2 | | | 2 |
| New Haven | 24 | 61 | | 85 |
| New London | 3 | 9 | 1 | 13 |

| Town | Child Care Center/Group Providers | Family Child Care Home Providers | “Other” Providers | Total |
|------------------|-----------------------------------|----------------------------------|-------------------|-------|
| New Milford | 3 | | | 3 |
| Newington | 6 | 6 | | 12 |
| Newtown | 3 | 2 | | 5 |
| North Branford | 1 | 5 | | 6 |
| North Canaan | | 1 | | 1 |
| North Haven | 3 | 2 | | 5 |
| North Stonington | 6 | 1 | | 7 |
| Norwalk | 13 | 21 | 1 | 35 |
| Norwich | 5 | 7 | | 12 |
| Old Lyme | | 1 | | 1 |
| Old Saybrook | 1 | | | 1 |
| Orange | 3 | 2 | | 5 |
| Oxford | 2 | | | 2 |
| Plainfield | | 2 | | 2 |
| Plainville | 1 | 5 | | 6 |
| Plymouth | 3 | 3 | | 6 |
| Pomfret | 1 | 2 | | 3 |
| Portland | | 1 | | 1 |
| Prospect | 1 | | | 1 |
| Putnam | 4 | 2 | | 6 |
| Ridgefield | 2 | | | 2 |
| Rocky Hill | 1 | 3 | | 4 |
| Salem | 2 | | | 2 |
| Scotland | | 1 | | 1 |
| Seymour | 2 | 1 | | 3 |
| Sharon | 1 | | | 1 |
| Shelton | 4 | 4 | | 8 |
| Sherman | 1 | | | 1 |
| Simsbury | 3 | | | 3 |
| South Windsor | 3 | | | 3 |
| Southbury | 2 | 1 | | 3 |
| Southington | 7 | 8 | | 15 |
| Sprague | | 1 | | 1 |
| Stafford | | 7 | 1 | 8 |
| Stamford | 25 | 25 | 2 | 52 |
| Sterling | 1 | 2 | | 3 |
| Stonington | 4 | 3 | | 7 |
| Stratford | 5 | 20 | | 25 |
| Suffield | 1 | 3 | | 4 |

| Town | Child Care Center/Group Providers | Family Child Care Home Providers | “Other” Providers | Total |
|---------------|-----------------------------------|----------------------------------|-------------------|-------------|
| Thomaston | 2 | | | 2 |
| Thompson | 4 | 1 | | 5 |
| Tolland | 2 | 1 | | 3 |
| Torrington | 5 | 3 | | 8 |
| Trumbull | | 4 | | 4 |
| Vernon | 4 | 5 | | 9 |
| Wallingford | 4 | 1 | | 5 |
| Waterbury | 9 | 98 | 3 | 110 |
| Waterford | 1 | 3 | | 4 |
| Watertown | 1 | 1 | | 2 |
| West Hartford | 8 | 7 | | 15 |
| West Haven | 4 | 32 | 1 | 37 |
| Weston | 1 | 1 | | 2 |
| Westport | 2 | | | 2 |
| Wethersfield | 2 | 6 | | 8 |
| Wilton | 9 | | | 9 |
| Winchester | 1 | 1 | | 2 |
| Windham | 5 | 6 | | 11 |
| Windsor | 3 | 4 | | 7 |
| Windsor Locks | 1 | 1 | | 2 |
| Wolcott | 3 | 1 | | 4 |
| Woodbridge | 2 | | | 2 |
| Woodstock | 2 | 1 | | 3 |
| Total | 414 | 710 | 18 | 1142 |

Figure 1a. Top network choices for child care center/group home providers, N=414

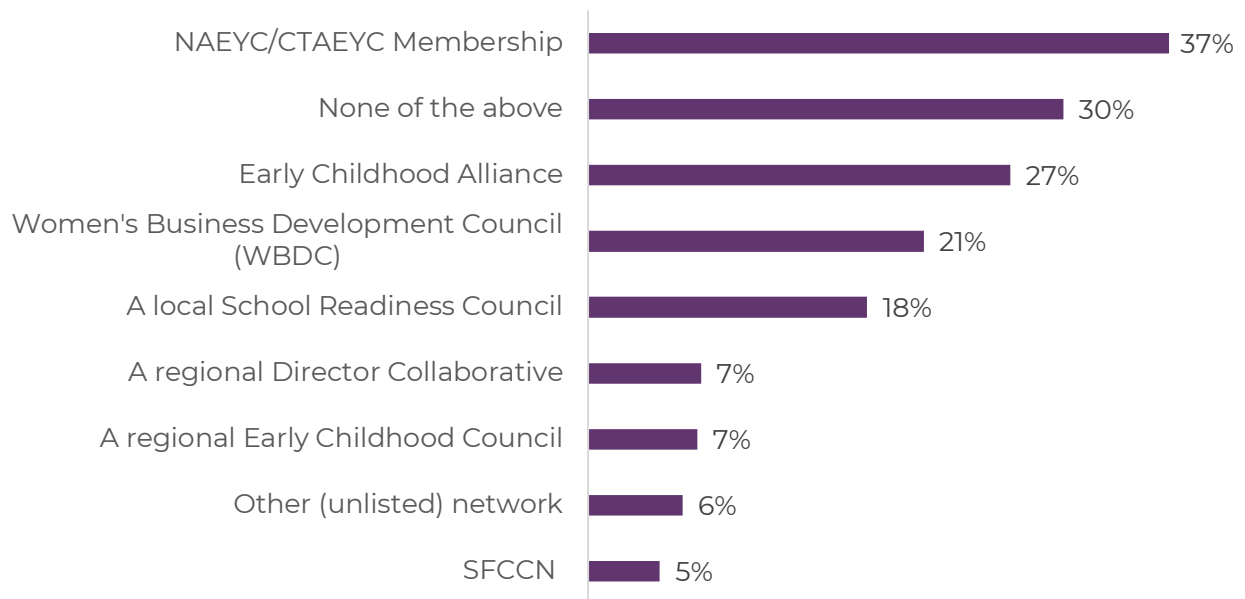
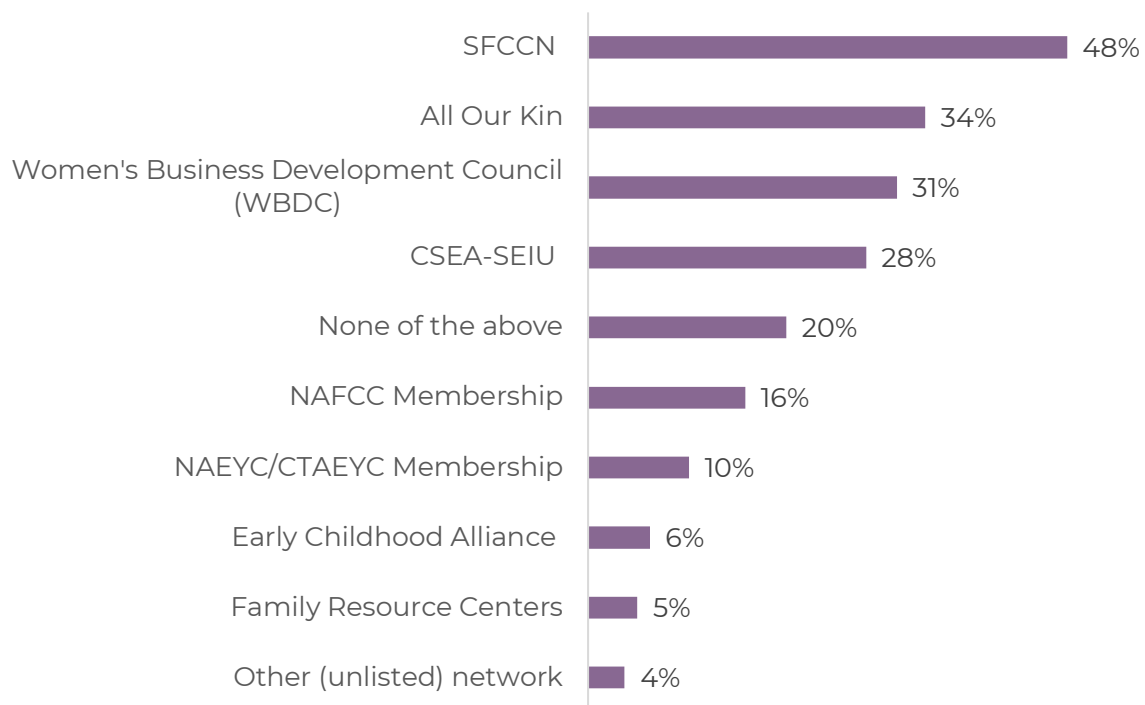
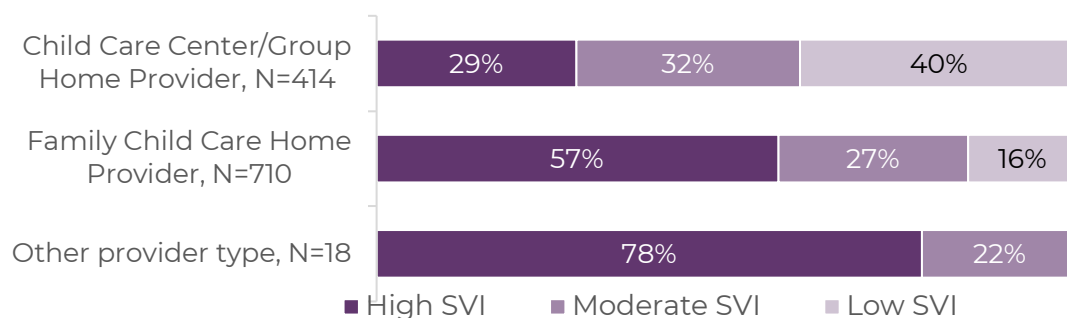


Figure 1b. Top network choices for family child care home providers, N=710



The most common networks participants were a part of varied substantially by provider type. For instance, whereas 37% of child care center/group home providers were part of NAEYC/CTAEYC, only 10% of family child care home providers were.

Figure 2. Prevalence of child care businesses in towns with high, moderate, and low SVI, stratified by provider type (N=1,142)



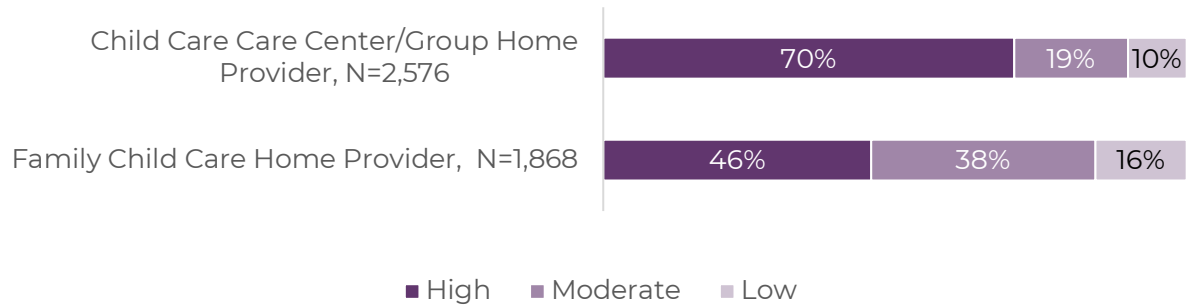
Note. "Other" providers were predominantly "Aspiring" child care providers or selected "Other provider type" without specifying their role.

More than half of family child care home providers (57%) worked in a town with a high SVI, compared to 29% of child care center/group home providers. That family child care home providers disproportionately worked in high SVI towns may underlie some of the differences in technology access discerned in the present report by provider type (e.g., more family child care home providers than child care center/group home providers indicated they do not have a computer, tablet, or smartphone exclusively for business use).

Despite the small sample of aspiring or "other" providers (n=18), it is noteworthy that 78% resided or worked in a town with a high SVI. It may be important to allocate technology support and resources to aspiring providers to aid in their transition from aspiring providers to providers. Future research related to aspiring providers is warranted.

For a comparison of the distribution of SVI by provider type in the present study relative to the statewide distribution of SVI by provider type, see the Appendix, Figure 3.

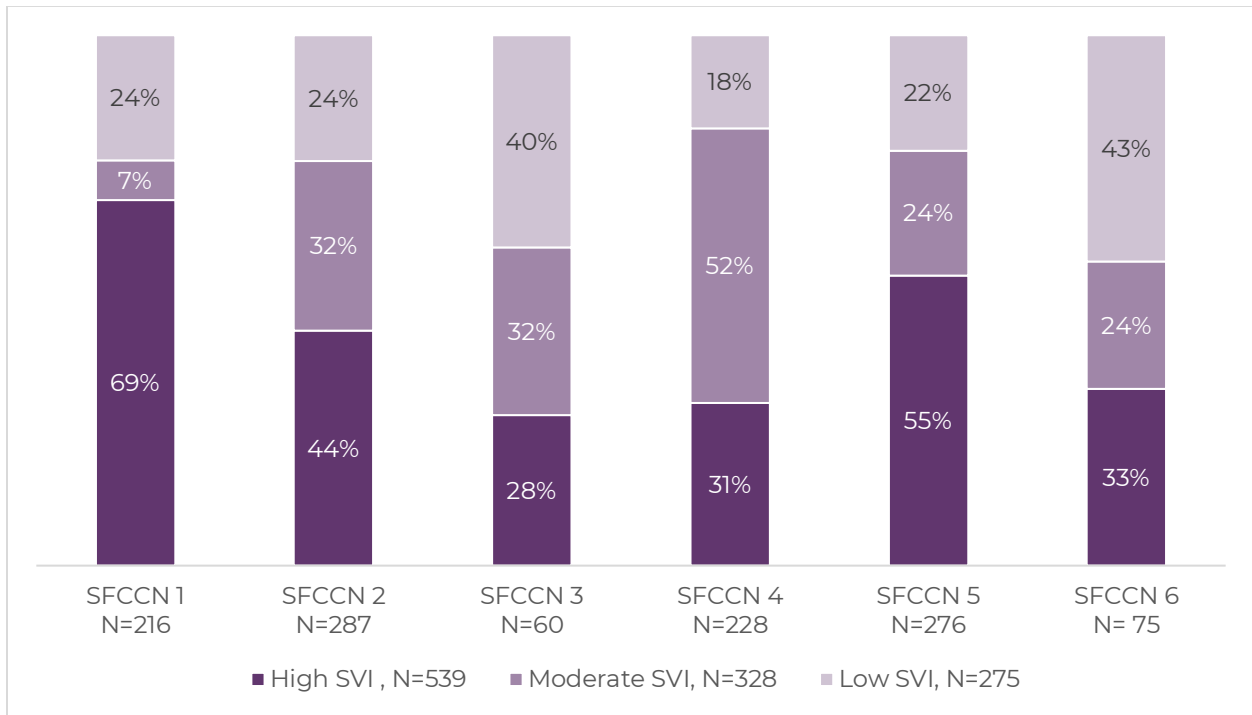
Figure 3. Statewide distribution of providers by SVI (N=4,444)



Note. Sample size includes 162 “temporarily closed” providers. Data for this figure were drawn from the April 2023 Omnibus Report generated by the United Way of Connecticut. SVIs were tabulated using this data set in October 2023 by the OEC-UConn SSW Research Partnership. Due to rounding, percentages may not sum to 100.

Relative to the statewide distribution above, family child care home providers (especially those working in high SVI towns) were overrepresented in the present sample, and child care center/group home providers working in high SVI towns were underrepresented in the present sample.

Figure 4. Survey respondents by SVI category and SFCCN region (N=1,142)



Note. Due to rounding, percentages within groups may not sum to 100.

SVI varied by SFCCN region; a greater proportion of child care providers in SFCCN regions one (69%) and five (55%) worked in a town with a high SVI relative to the other regions (range of high SVI prevalence across SFCCN regions: 28-69%).

Table 2. Providers who possess at least one computer, tablet/iPad, or smartphone used exclusively for business operations, N=809

| | <i>n</i> | % |
|--|----------|-----|
| By provider type | | |
| Child care center/group home provider, N=311 | 287 | 92% |
| Family child care home provider, N=498 | 378 | 76% |
| By SVI category | | |
| High SVI, N=363 | 295 | 81% |
| Moderate SVI, N=235 | 195 | 83% |
| Low SVI, N=211 | 175 | 83% |
| By SFCCN regions | | |
| SFCCN 1, N=144 | 127 | 88% |
| SFCCN 2, N=215 | 173 | 80% |
| SFCCN 3, N=48 | 38 | 79% |
| SFCCN 4, N=156 | 134 | 86% |
| SFCCN 5, N=192 | 148 | 77% |
| SFCCN 6, N=54 | 45 | 83% |

Note. N=Total number within the category who responded to this item, n=number of providers who indicated they possessed at least one computer, tablet/iPad, or smartphone for exclusive business use. Due to rounding, percentages within groups may not sum to 100.

More child care center/group home providers than family child care home providers had at least one computer, tablet/iPad, or smartphone exclusively for business use. Given the minimal variability in access to a business device by SVI, it is possible that provider type is the more salient factor related to access to one of these devices for exclusive business use, and/or that provider type, SVI, and SFCCN region overlap in ways that obscure their unique contribution to variance.

Table 3. Frequency of using devices for business stratified by provider type (N=809)

| | Always or frequently | Sometimes | Rarely | I do not have one |
|---|----------------------|-----------|--------|-------------------|
| Child care center/group home providers | | | | |
| Printer, N=323 | 94% | 5% | 0% | 0% |
| Copier, N=321 | 93% | 5% | 1% | 2% |
| Scanner, N=292 | 86% | 5% | 4% | 5% |
| Smartphone, N=296 | 85% | 5% | 6% | 3% |
| Laptop computer, N=297 | 82% | 5% | 4% | 8% |
| Tablet/iPad, N=269 | 56% | 6% | 12% | 26% |
| Desktop computer, N=311 | 67% | 5% | 3% | 25% |
| Family child care home providers | | | | |
| Printer, N=445 | 76% | 12% | 3% | 9% |
| Copier, N=453 | 67% | 17% | 3% | 12% |
| Scanner, N=471 | 49% | 19% | 11% | 20% |
| Smartphone, N=471 | 87% | 7% | 2% | 4% |
| Laptop computer, N=460 | 53% | 18% | 7% | 22% |
| Tablet/iPad, N=496 | 38% | 16% | 10% | 36% |
| Desktop computer, N=498 | 40% | 9% | 7% | 44% |

Note. Due to rounding, percentages within groups may not sum to 100. N=Total number within the category who responded to this item.

Child care center/group home providers reported using all devices for business more frequently than family child care home providers (except for smartphones). On average, 22% more child care center/group providers reported “always” or “frequently” using these seven devices.

Table 4. Providers' access to enough functioning computers (N=809)

| | <i>n</i> | % |
|--|----------|-----|
| By provider type | | |
| Child care center/group home provider, N=311 | 197 | 63% |
| Family child care home, N=498 | 296 | 59% |
| By SVI category | | |
| High SVI, N=363 | 217 | 60% |
| Moderate SVI, N=235 | 135 | 57% |
| Low SVI, N=211 | 141 | 67% |
| By SFCCN regions | | |
| SFCCN 1, N=144 | 88 | 61% |
| SFCCN 2, N=215 | 135 | 63% |
| SFCCN 3, N=48 | 31 | 65% |
| SFCCN 4, N=156 | 98 | 63% |
| SFCCN 5, N=192 | 102 | 53% |
| SFCCN 6, N=54 | 39 | 72% |

Note. N=Total number within the category who responded to this item. n=number of providers within the category who had access to enough functioning computers. % column represents the percentage of the total sample size within the category that had access to enough functioning computers (i.e., n/N).

Having access to enough functioning computers was somewhat more common among child care center/group home providers than family child care home providers, and among providers working in towns with lower SVI relative to higher SVI. Further, whereas nearly three-quarters of respondents in SFCCN region 6 reported having access to enough functioning computers, only about half of respondents in SFCCN region 5 did (though subsample sizes are small and, thus, regional differences should be interpreted with caution).

Table 5. Child care providers somewhat or very comfortable with basic use of technology (hardware/software; N=809)

| | <i>n</i> | % |
|-----------------------------------|----------|-----|
| By provider type | | |
| Child care center/group, N=311 | 299 | 96% |
| Family child care home, N=498 | 429 | 86% |
| By SVI category | | |
| High SVI, N=363 | 323 | 89% |
| Moderate SVI, N=235 | 211 | 90% |
| Low SVI, N=211 | 194 | 92% |
| By SFCCN regions | | |
| SFCCN 1, N=144 | 127 | 88% |
| SFCCN 2, N=215 | 173 | 80% |
| SFCCN 3, N=48 | 38 | 79% |
| SFCCN 4, N=156 | 134 | 86% |
| SFCCN 5, N=192 | 148 | 77% |
| SFCCN 6, N=54 | 45 | 83% |

Note. N=Total number within the category who responded to this item. n=number of CCMS providers within the category who were somewhat or very comfortable with basic technology use. % column represents the percentage of the total sample size within the category that were comfortable with basic technology use (i.e., n/N).

Comfort-level with basic use of technology varied by provider type, with fewer family child care home providers feeling comfortable with basic technology relative to child care center/group home providers. Comfort with basic use of technology was similar across SVI categorizations and, in general, across SFCCN regions, with the lowest comfort-levels reported by providers in SFCCN region 5.

Table 6. Child care providers' business technology needs: Key qualitative themes (N=624)

| | Hardware/devices | Internet access or better internet connection | Software | Training and/or technology support | No technology needs |
|---|--|--|--|---|--------------------------------|
| Percentage of providers describing this need | 57% | 11% | 10% | 10% | 8% |
| Exemplar quotes | "Tablets for each classroom to update children's daily notes and a faster more efficient printer/copier (or 2) would be ideal. " | "A stronger internet connection that doesn't need to be reset once a week and can accommodate the many computers being used in the program." | "Good software to do all my business account, tablets for the kids." | "I would like to learn to use more technology and computer it's very hard for me to use computer I always have to ask my son for help." | "I really don't need anything" |

Note. More than half of providers in this study (55%) responded to the open-ended survey item, "What is your biggest technology need for your business?" Themes and codes were not mutually exclusive. Minor grammatic revisions were made to quotes for clarity.

Table 7. Prevalence of CCMS use (N = 193)

| | <i>n</i> | % |
|--|----------|-----|
| By provider type | | |
| Child Care Center/Group Home Provider, N=314 | 151 | 48% |
| Family Child Care Home Provider, N=495 | 42 | 8% |
| By SVI category | | |
| High SVI, N=365 | 73 | 20% |
| Moderate SVI, N=233 | 63 | 27% |
| Low SVI, N=213 | 57 | 27% |
| By SFCCN regions | | |
| SFCCN 1, N=146 | 31 | 21% |
| SFCCN 2, N=214 | 50 | 23% |
| SFCCN 3, N=48 | 14 | 29% |
| SFCCN 4, N=156 | 35 | 22% |
| SFCCN 5, N=192 | 45 | 23% |
| SFCCN 6, N=55 | 18 | 33% |

Note. N=Total number within the category who responded to this item. n=number of CCMS users within the category. % column represents the percentage of the total sample size within the category that used CCMS (i.e., n/N).

Whereas nearly half of child care center/group home providers reported using CCMS, only 8% of family child care home providers did. There were also differences in prevalence of CCMS use by SVI category and SFCCN region. Fewer providers working in high SVI towns used CCMS than providers in lower SVI towns. Rates of CCMS use were highest in SFCCN region 3 (though subsample sizes are small and, thus, regional differences should be interpreted with caution).

Table 8. Types of CCMS in use, stratified by provider type, N=193*

| | Child care center/ group home provider | | Family child care home provider | |
|---|---|-----|------------------------------------|-----|
| Number of respondents to this item | 151 | | 42 | |
| | <i>n</i> | % | <i>n</i> | % |
| BrightWheel | 49 | 28% | 9 | 15% |
| Procure Online | 43 | 25% | 4 | 7% |
| Procure Desktop | 28 | 16% | 3 | 5% |
| Child Plus | 8 | 5% | 6 | 10% |
| Tadpoles | 6 | 3% | 5 | 8% |
| HiMama | 5 | 3% | 4 | 7% |
| KidKare | 0 | 0% | 8 | 13% |
| Smartcare | 5 | 3% | 3 | 5% |
| Playground | 1 | 1% | 4 | 7% |
| Wonderschool | 0 | 0% | 3 | 5% |
| Alliance CORE | 0 | 0% | 2 | 3% |
| Curra Cubby | 2 | 1% | 0 | 0% |
| Kangaroo Time | 0 | 0% | 2 | 3% |
| Other | 25 | 15% | 8 | 13% |
| Total | 172 | | 61 | |

Note. Some providers selected more than one CCMS they were currently using; the total number of in-use programs selected was 200. Percentages may not sum to 100 due to rounding.

The CCMS platforms child care providers choose may vary depending on whether they work in the family child care home setting or child care center/group home setting. For example, one of the most common CCMS platforms among family child care home providers in the present study was KidKare; by comparison, no child care center/group home providers reported using this platform. Because most CCMS users in the present sample were child care center/group home providers, findings—especially in the context of family child care home providers—should be interpreted with caution. Future research with a larger sample of family child care home providers who use CCMS is needed to better understand these providers' preferences related to CCMS.

Table 9. Uses of CCMS, stratified by provider type

| | Child care center/group home provider | | Family child care home provider | |
|-------------------------------------|---------------------------------------|-----|---------------------------------|-----|
| Number of Users | 151 | | 42 | |
| Types of Use | <i>n</i> | % | <i>n</i> | % |
| For attendance | 119 | 79% | 22 | 52% |
| For tuition billing | 109 | 72% | 18 | 43% |
| For tuition collection from parents | 105 | 70% | 18 | 43% |
| For enrollment management | 98 | 65% | 21 | 50% |
| For printing parent statements | 81 | 54% | 11 | 26% |
| For tax reports | 77 | 51% | 16 | 38% |
| For staff time tracking | 71 | 47% | 2 | 5% |
| For medical record compliance | 64 | 42% | 8 | 19% |
| For parent newsletter | 59 | 39% | 5 | 12% |
| For accident reports | 51 | 34% | 13 | 31% |
| For tuition collection from subsidy | 42 | 28% | 16 | 38% |
| For filing paperwork | 28 | 19% | 6 | 14% |
| For staffing schedules | 25 | 17% | 3 | 7% |
| For marketing | 7 | 5% | 2 | 5% |
| For policy | 5 | 3% | 2 | 5% |
| For other uses | 11 | 7% | 4 | 10% |

Note. n=number of providers who reported each type of CCMS use.

Key uses of CCMS varied somewhat by provider type, though tuition, attendance, and enrollment management-related tasks were among the most common uses for both family child care home providers and child care center/group home providers.

Table 10. Willingness to use a CCMS in the next 6 months* (N=550)

| | Very willing | Somewhat willing | Neutral/unsure | Very unwilling |
|-------------------------------------|---------------------|-------------------------|-----------------------|-----------------------|
| By provider type | | | | |
| Child care center/group home, N=147 | 36% | 20% | 36% | 8% |
| Family child care home, N=401 | 50% | 18% | 20% | 12% |
| Other provider type, N=2 | 0% | 100% | 0% | 0% |
| By SVI categories | | | | |
| High, N=259 | 50% | 20% | 22% | 8% |
| Moderate, N=153 | 46% | 20% | 22% | 12% |
| Low, N=138 | 38% | 16% | 30% | 17% |
| By SFCCN regions | | | | |
| SFCCN 1, N=98 | 62% | 17% | 13% | 7% |
| SFCCN 2, N=147 | 41% | 20% | 27% | 12% |
| SFCCN 3, N=29 | 24% | 21% | 38% | 17% |
| SFCCN 4, N=108 | 47% | 18% | 25% | 10% |
| SFCCN 5, N=133 | 42% | 20% | 26% | 12% |
| SFCCN 6, N=35 | 46% | 17% | 23% | 14% |

Note. Due to rounding, percentages within group may not sum to 100. N=Total number within the category who responded to this item.

*If CCMS subscription is free for one year, basic setup and initial training are provided, and monthly technical support is accessible for 1 year.

Family child care home providers, providers who worked in a high SVI town, and providers who worked in SFCCN region 1 reported willingness to use CCMS* at the highest rates.