



Risks of Family Child Care Closures: A Weighted Risk Analysis for Why a Licensed Family Child Care Provider Would Consider Closing in the Philadelphia area.

A Report for Quality Influential Professionals
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Background

Quality Influential Professional (QIP) is launching a program called, T.R.I.A.G.E, intended to retain home-based child care providers in the early learning sector and assure continued services to families with young children in Philadelphia and the surrounding areas.

This report summarizes the research conducted to identify the key risk factors that typically lead to the closure of Philadelphia home-based early learning programs (e.g., low enrollment, licensing-related repair costs, isolation, and insurance costs). This list of risk factors will be used to select 30 home-based providers (15 annually) considered at risk of program closure to receive training and peer-based support from the T.R.I.A.G.E outreach program.

Methodology

This research used both survey data and interviews to collect insights on the reasons why a licensed family child care provider in the Philadelphia area would consider closing. Our general hypothesis was that the reasons listed below were the most common reasons why a provider would consider closing. The research sought to validate/disprove whether these reasons occurred regularly and to uncover which reasons were most likely to lead to a closing.

- Lack of retirement benefits
- Long hours/lack of flexibility
- Low enrollment
- Insufficient income
- The overwhelming demands on business
- Desire to pursue other passions
- Inadequate health insurance
- Other caregiving responsibilities (e.g. for an elderly parent)
- Poor health
- Social isolation

To begin, a survey was sent to 100 QIP members, collecting data on the number of years a provider has been in business, their age, whether they have staff members, have considered closing, and why. We received 50 responses. The survey was also used to recruit providers to participate in focus groups or individual interviews.

Interviews and focus groups took place over a period of 10 days. Only participants who had indicated they had considered closing or had previously closed on the survey were invited to interview. Participants were then grouped based on the number of years in business and their likelihood of closing in the future. A total of 22 providers were invited to interview. 12 providers

did not respond or did not attend the focus group/interview. Ultimately, we heard from a total of 10 providers. All interviews and focus groups were conducted in English by QIP board members, Adrienne Briggs and Diane Gardner. The vast majority of QIP's membership base are women who identify as Black or African American and native English speakers. Likewise, given Adrienne and Diane's own experience as child care providers, they were uniquely able to connect with interviewees to create a comfortable environment where providers could speak freely of their struggles.

A semi-structured interview methodology was used in which the interviewers progressed through a series of questions related to the providers' history of becoming a child care provider, hardships of being a licensed family child care provider, reasons why a provider has considered closing, and context of their consideration to close (e.g. years in business, private vs. public pay clients, staff, etc.) Interviewers also asked structured questions on how specific reasons for closing were likely to lead to an actual closure. Using a likert scale of 1-5, participants were asked the degree to which each reason listed above (e.g. low enrollment, etc.) would cause them to close.

Interviews were recorded and notes were taken. We then used a deductive coding methodology to analyze the interview data. Quotes from interviews were pulled and assigned a predetermined theme. In this case, the themes were the previously identified reasons for closing listed above.

To analyze the weighted risk factors that are likely to lead a licensed family child care home to close, we assigned a risk level and an associated value to each reason (low risk =1, medium risk =2, high risk=3) based on participant responses to questions. For example, in the survey, we assigned a high-risk value to each reason that was selected in response to the question, "Select the top three reasons you have/would/did consider closing." In the structured interview, we assigned a low-risk value to any time a provider indicated a "1" on the scale, "How likely is [e.g. low enrollment] to be a reason for you to consider closing." Whereas, a "4" or "5" on the scale was assigned a high-risk value, and a "2" or "3" on the scale was assigned a medium risk value. The total risk rank across each data source was summed to arrive at a [final ranking of the risk factors](#) that are likely to lead a licensed family child care business to close.

Findings - Survey Data

Demographics

Of the 50 respondents, the vast majority were women between the ages of 40 and 59 years old (75%) and who identified as Black or African American (88%). Likewise, most respondents

had been caring for children for a significant portion of their careers; 52% of respondents have been caring for children for more than 20 years, and 30% have been caring for children for 10 to 20 years. Only 12% have been caring for children for 5 to 10 years, and 6% have been in the field for less than 5 years. For more details see [Tables 1 - Table 3 in the Appendix](#).

Propensity to Close

The majority (54%) of respondents indicated they have considered closing and 10% have already closed. Of those who are considering closing, 38% of providers said that they are somewhat likely or very likely to close. Only 36% indicated they have not considered closing.

The most common reasons for considering closing were; (1) the need for benefits like a retirement plan, 401(k), etc, (2) the draining long hours, (3) low enrollment, (4) the need for higher income.

The top three reasons most likely to lead to closing were low enrollment, the overwhelming demands on providers' business (e.g paperwork, regulations, changes with agencies, etc.), and the fact that providers simply do not earn enough income. See [Tables 4-9 in the Appendix B](#) for details.

Characteristics of Those Likely to Close

Survey data revealed that there is a strong relationship between a provider's likelihood of closing and whether they have support staff working with them. For example, 72% of providers that *do not have* staff have considered closing or have already closed. Comparatively, just 53% of providers who *have* staff have considered closing or already have closed while. Similarly, 68% of providers that *have considered closing do not have staff*. While just 53% of providers that have *not considered closing have staff*.

Likewise, the longer a provider had been caring for children, the more likely she was to consider closing. 34% of providers who have been caring for children for more than 20 years have considered closing or already have. Whereas, just 8% of providers who have been in business for less than 10 years have considered closing. Granted, providers who are new to caring for children represented just 18% of survey respondents while providers who have been caring for children for 10 or more years represented 82% of survey respondents. Meaning, that either QIP's members are typically older, seasoned child care providers, QIP's services are particularly valuable to providers later in their career, or there are very few new family child care providers entering the field at large. [See Table 12 in the Appendix for details.](#)

Findings - Focus Group Insights

Reasons for Closing

All but one participant expressed their frustrations with being a family child care provider and had or currently do consider closing. On average, providers described 4.2 reasons to consider closing. In total, eight reasons that were consistently mentioned as reasons to consider closing. The top three most commonly mentioned reasons to consider closing were; the overwhelming demands on the business, insufficient income, and not feeling valued by the parents of the children they care for.

Most Common Reason to Consider Closing: Not Feeling Valued by Parents

The most common reason to consider closing was **not feeling valued by the parents** of children cared for by providers. This was not a reason we had anticipated and not included in our original list. Nonetheless, it was mentioned enough to warrant highlighting. Providers told many stories of parents not respecting the provider's policies, like consistently being late to drop off/pick up, not making their \$5 copayments on time, getting upset about a provider taking a vacation, and just generally not feeling valued by parents. Many providers spoke about how "parents are different these days." They experienced a noticeable difference in recent years in how parents interact with their child's educator. It feels more transactional, rather than relational. Providers feel they are pouring their heart, time, and energy into caring and educating young children without parents considering their well being. Providers explain:

- "But the only troubles I have sometimes, that make me question my job too, is these parents these days. I mean, when I started this business, my parents used to participate in everything, and were very supportive, but it seems like now they're not like that. It's like they bring their child here, drop their child off, that's it. That's just it..."
- "Parents are different. They want a lot from us or from me, my staff, and they're not considerate to me with the copays and also the time...I have social media platforms, I have newsletters and I can't get a response. I'll ask a question in a newsletter or I'll send something out, even putting it on the bulletin board and they won't even look at it."
- "I consider closing every year, too. For number one, the parents are starting to really get on my nerves. I don't have their parents like I used to have...they don't want to collaborate."

- "I don't like when a parent may disagree with your rules or regulations and they will immediately call subsidy and be able to transfer and take their children out of the program without notification...one parent, she didn't like...that I had got to go on vacation...she called subsidy...and had her son transferred."

At QIP we recognize that families also face many challenges including unstable economic well-being and enormous stress that can make on-time pick-up and timely co-payments challenging. The tensions between families and providers reflect, in our opinion, the overall lack of investment in the sector and the fact that neither families nor providers are thriving. Efforts to improve the early childhood field must focus on improving compensation and conditions for providers while improving access and affordability for parents.

Most Common Reason to Consider Closing: Demands on Business

Providers equally considered closing due to the **overwhelming demands on the business; the paperwork, navigating changes in regulations, coordinating with different agencies, etc.** This was mentioned just as frequently as not feeling valued by parents. Providers described their frustrations with high turnover in regulating agencies, feeling overwhelmed by new regulations, paperwork, the different systems they are required to use, etc. Likewise, providers describe feeling generally disrespected by the innate power dynamics between the regulating agencies and them as business owners. Providers explain:

- "Nobody ever stays in a job at the agency... That is the annoying thing. I've gone through more specialists than you would believe."
- "Our work becomes difficult because we are doing a lot of busy stuff and the busy stuff that we do doesn't really translate into how we are effectively working with kids and preparing them for kindergarten."
- "That application is a bit much....I think that's the reason why a lot of times I didn't participate in a lot of stuff because the paperwork sometimes just be overwhelming..."
- "Y'all putting all this extra stuff on us. Then this drill stuff, all this new drill stuff, it's ridiculous..."
- "But it's frustrating as hell to go to Pelican, and then you have to go to the CACFP (food program), and they annoying...And then you got to do the DHS (child care licensing). It's just a lot, going to all them systems. It's so time-consuming."

- "I do consider closing pretty much every year...because...I feel as though we have become a slave to CCIS (child care subsidy) and CCIS becomes welfare."
- "People from the agency, they barely got their diploma dry, the ink dry on it, and they're telling us everything we do wrong. I've been doing this for 34 years. Yeah, it might not be booked proper, but this is what works in my neighborhood."

Third Most Common Reason to Consider Closing: Insufficient Income

Behind the frequency in which the overwhelming demands on the business were mentioned as a reason to close, was the **insufficient income** of being a family child care provider. Providers spoke very little about the practical nature of not earning enough. There was no mention of providers struggling financially or stories of financial hardship. Rather, providers described feeling like they were not adequately compensated for the scope of their services – for the long hours, for unconditionally serving families, for managing the differing regulations, licensure, etc. Providers described their frustrations with the fact that they have advanced degrees, but earn less than an hourly wage job at Walmart. Providers explain:

- "I got a master's degree. Why am I only making X amount of dollars? I still qualify for Medicare."
- "I'm thinking life is short, do I really want to go through this bull and make no money? Where I could go to Walmart too and make \$20 an hour."
- "I've considered closing so many times. Why? Because of the low pay...I feel like I went back to school and I obtained a bachelor's degree to pay myself 10 or \$12 an hour depending on how many kids I get."
- "I felt like I wasn't making enough money, and I was putting everything into the children. The parents didn't appreciate it. It was just like I was getting taken advantage of."

Similarly, providers often mentioned how difficult it was to retain staff due to the low pay and burdensome qualifications required to be employed in a licensed family child care home. Many providers described their **inability to maintain staff as a primary reason to consider closing**. They need the help, and can't maintain working long hours without it.

- "It's like I had workers, and then I'm asking them to take training, jump through this hoop, do these things, do these 10 tasks every day. And then she just went to Wawa, because she could make 17.45 an hour and doesn't have to do any training, don't have to do no CPR."

- I can't hire someone for only \$7.25 an hour, they're not going to do it especially if they can go somewhere else and get paid more while working fewer hours.

Other Commons Reasons to Consider Closing

The fourth, fifth, and sixth reasons most commonly mentioned reasons to consider closing were the **long hours**, lack of time and flexibility, **lack of retirement benefits**, and **feeling isolated**. See [Table 13 in the Appendix](#) for a full list and count of how often a reason was mentioned. Providers described **feeling burnt out by the long hours**; having to care for children 10-12 hours a day, then clean, prepare for the next day, and manage the business in the evening. Nearly all the providers who felt burnt out by the long hours did not have support staff to relieve them. Providers explain:

- "I've considered closing so many times. Why? Because... we have to work long hours"
- "I feel like I've been locked in this same space every day for the last 16 years. I need to get out. I need air."
- "It seems like daycare, you're never done...It seems like either you're cleaning something, you're planning something, you're writing something, you're collecting supplies for something. I don't know, it just seems like it encompasses your whole life."
- "My problem with health issues is getting time to make doctor's appointments. Because no doctors want to see you at night like they used to. There's no more walk-in. And trying to find somebody to cover for me, so I can go make an appointment."

The majority of providers interviewed had been caring for children for more than 15 years. QIP's network is more likely to reach providers who have been in the field for a while and are aware of resources like QIP. As a result, for many providers, the reality of retirement is close on the horizon. Providers interviewed spoke of their **desire to retire, but not feeling financially secure to be able to do so**. Those that did take the initiative to start saving for retirement, did so later in life. As a result, the lack of retirement benefits is not necessarily a reason to close at this point in their career, but something they would have more closely considered when they started their journey as a family child care provider. Providers explain:

- "I'm going to be 60. I didn't even start [putting money into retirement] till five years ago. We didn't think we'd be doing this for 31 years. I always thought I was going to go back to real work. But then like I said, I did like it. I'm very good at it."

- "I'm not fully ready to retire financially...I still want to be involved with the children. I love what I do, but being as though financially is not profitable for me...so that's the reason why I wanted to venture out to be a teacher."

Likelihood that Common Reasons Stated Would Lead to Closing

During the structured portion of our interviews, we asked providers to indicate, on a scale of 1-5, the degree to which the pre-identified reasons for closing would actually lead to a closure. Five being, "It's enough of a reason for me to close" and one being, "It's annoying, but I can handle it." **Aligned with the discussion that was most prominent in the unstructured portion of the interviews, providers who felt overwhelmed by the demands on their business and the lack of sufficient income, were most likely to close.** The third reason that would most likely cause a provider to close was the need to care for other family members. However, providers made no mention of this during the unstructured interviews. The question in the structured interview was likely framed as a general feeling of an obligation to be a present and supportive parent/spouse/etc., rather than an acute need to care for the health of a family member, like an elderly sick parent. Thus, most providers spoke of their obligations to continually care for others, for example, their own child with special needs or to help their mother navigate starting a new business. It is not surprising that the role of caregiving and their sense of responsibility in doing so extends beyond their child care business.

Findings - Weighted Risk Factors

Data from the survey, unstructured interview, and structured interview questions were compiled to assign a risk rank to each reason for closing mentioned. Please see the [Methodology section](#) for details on how we estimated risk and calculated a risk rank. You can find how each risk factor is ranked by the source of data in Table 14 in the [Appendix](#).

In summary, **the following reasons posed the highest risk for closing:**

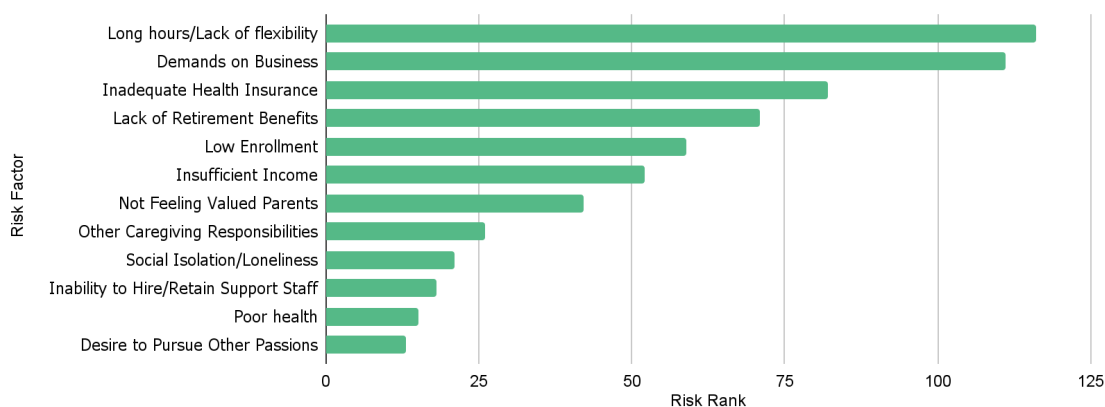
1. **The long hours and the lack of flexibility:** Providers feel burnt out by spending 10-12 hour days with children only to then clean, prepare, and manage the business before and after. While as business owners they described the freedom to spend their day as they see fit, they struggled to find time to do anything other than child care – take vacation, spend quality time with their own family, make doctor appointments, etc. This struggle was evident in both survey data and interviews.
2. **The overwhelming demands on their business:** Providers feel overwhelmed by trying to keep up with the changes in regulations, understand new programs being offered, navigate the process to participate, manage the associated paperwork, etc. More importantly, they feel that they are not sufficiently compensated for the time they invest

in trying to keep up with the external demands on their business. This frustration emerged in both survey data and interviews.

3. **Inadequate Health Insurance:** Surprisingly, inadequate health insurance emerged to be a considerably high risk reason for a provider to close. This was evident in survey data, but emphasized less in interviews. During our interviews, providers tended to either receive healthcare from their spouse’s employer, medicaid or qualify for a low-premium health plan on the open market. Thus, they *had* health insurance. However, they expressed fear of how their healthcare costs would be covered without these options. More importantly, they described their frustration that this was not a consideration for educators in other settings (public school teachers, child care centers, etc).
4. **Lack of Retirement Benefits:** Likewise, lack of retirement benefits emerged to be a medium risk for closing. In interviews, providers explained that lack of retirement benefits is perversely a reason NOT to close. They felt they did not have the financial security to retire. Rather, they expressed frustration over not earning enough over the years to comfortably put money aside, not having access to employer-sponsored 401(K)s, or simply not knowing how to establish a retirement plan.

Overall Weighted Risk Factors

Risk of Family Child Care Closures



Conclusions

The hardships of owning and operating a family child care home are endless. Many of the reasons to consider closing are inextricably linked. For example, insufficient income is a cause for providers’ inability to retire and retain staff, which leads to burnout. Yet there appear to be certain circumstances that may make a provider more likely to close. For example, providers

later in their careers are more likely to consider closing. They are nearing retirement age and feeling generally burnt out by the accumulation of challenges; the long days, the surmounting regulations, the lack of benefits, etc. Likewise, providers who do not have support staff are more likely to consider closing. Without this support, the long days and endless work take a toll. Thus, *this research reveals that QIP's T.R.I.A.G.E program should prioritize targeting licensed family child care providers who have been caring for children for more than 15 years and/or those that do not have support staff.*

Given the weighted risk factors, *QIP's T.R.I.A.G.E program will be most effective at helping providers find ways to reduce their hours while not disrupting services to families who rely on their flexible and after-hours program options-* be it by supporting the identification and onboarding of assistants and other staff, improving compensation via participating in the local pre-k and contract slot programs, creating new policies for their program, empowering them to take vacation, etc. Likewise, *continuing to offer ways for providers to navigate changing regulations, systems, etc. will make a powerful impact on the lives of providers who feel overwhelmed by trying to keep up.*

In interviews, providers were prompted to come up with their own ideas of how QIP could support other child care providers. These ideas included:

- Social events: Gatherings that allow providers to relax, have adult conversations, and build relationships with others. Ideas for these events included bingo nights, candle-making workshops, a spa day, etc – just anything that gave providers an avenue to do something for themselves.
- Mentorship: For example, we heard stories from several providers who relied heavily on a mentor in QIP's network to help them apply for a new program. Having someone hold their hand, break down the process, and hold them accountable, was life-changing.
- Networking: Connecting providers with other providers who have been successful, passionate about their work, and can provide a positive example of owning and operating a family child care business.
- Consultation: Working one-on-one with providers to solve a problem. For example, QIP should acknowledge that some providers shouldn't be business owners or can't afford to stay open, and thus, help them find other avenues to work with children. Likewise, QIP could help identify creative ways for providers to work fewer hours, find staff, etc.

In interviews, providers were asked what they might be doing instead of running their family child care home. Nearly all providers expressed interest in staying in the field of early childhood – just in a capacity that allows them to work fewer hours with more autonomy. For

example, providers dreamt of using their time to become traveling tutors, substitute teachers in the school district, or early intervention specialists. Despite the hardships that come along with owning and operating a family child care home, providers are motivated to stay in business because of their deep commitment and passion for early learning. QIP is poised to leverage this passion and encourage providers to continue serving children and families in their community.

Appendix - Data Charts

Table 1 - Survey Data: Race/Ethnicity

<i>What is your race/ethnicity?</i>	COUNT	PERCENT
American Indian or Alaska Native	1	2.00%
Asian or Asian American	1	2.00%
Black or African American	44	88.00%
Jamaican	1	2.00%
Mixed	1	2.00%
Multiracial	1	2.00%
White or Caucasian	1	2.00%
Grand Total	50	100.00%

Table 2 - Survey Data: Years Caring for Children

<i>How long have you cared for children?</i>	COUNT	PERCENT
More than 1 and < 5 years	3	6.00%
More than 10 and < 20 years	15	30.00%
More than 20 years	26	52.00%
More than 5 and < 10 years	6	12.00%
Grand Total	50	100.00%

Table 3- Survey Data: Age of Providers

Age	COUNT	PERCENT
60+	10	19.61%
50-59	23	45.10%

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40-49	15	29.41%
30-39	2	3.92%
18-29	1	1.96%
Grand Total	50	100.00%

Table 4 - Survey Data: Providers Propensity to Close

<i>Have you ever considered closing?</i>	COUNT	PERCENT
I did close	5	10.0%
No	18	36.0%
Yes	27	54.0%
Grand Total	50	100.00%

Table 5- Survey Data: Likelihood of Closing

<i>How likely are you to consider closing in the future?</i>	COUNT	PERCENT
	0	
1	11	22%
2	8	16%
3	12	24%
4	8	16%
5	11	22%
Grand Total	50	100%

Table 6 - Survey Data: Reasons to Consider Closing

<i>Values</i>	Grand Total
Enrollment is low	18
I need benefits like a retirement plan	21
The long hours are draining	20
There is not enough flexibility	13
I just don't earn enough income	17

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The demands on my business are too much work	17
I need to care for a family member/friend	4
I'm ready for a change	11
I need better healthcare	9
My health is poor	3
I feel lonely	3
I need to care for a family member/friend	4
Other	11

Table 7 - Survey Data: Top Reason to Consider Closing

#1 Reason	COUNT
Enrollment is low	18
I need benefits like a retirement plan, 401(K), etc.	11
N/A: I am not considering closing	7
The long hours are draining	6
I need to care for a family member/friend	2
I need better healthcare	2
There is not enough flexibility	1
The demands on my business is too much work	1
I'm ready for a change	1
Already closed	1
Grand Total	50

Table 8 - Survey Data: Second Top Reason to Consider Closing

#2 Reason	COUNT
The demands on my business are too much work	11
The long hours are draining	10
There is not enough flexibility	8
I just don't earn enough income	3
I need to care for a family member/friend	2

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I need benefits like a retirement plan, 401(K), etc.	2
My health is poor	1
I need benefits like a retirement plan	1
do not have enough good helps	1
Grand Total	40

Table 9 - Survey Data: Third Top Reason to Consider Closing

#3 Reason	COUNT
I just don't earn enough income	18
I'm ready for a change	7
The demands on my business are too much work	6
There is not enough flexibility	1
Staffing	1
Parents don't pay on time: can't pay staff on time: parents are disrespectful, inconsiderate and feel they should receive service without regard to paying for the service given.	1
My health is poor	1
I want to increase the salary of my hard-working staff	1
Grand Total	36

Table 10- Survey Data: Providers Who Have Considered Closing Who Have Staff

Have you ever considered closing?	COUNT	PERCENT
I did close	2	10.53%
No	9	47.37%
Yes	8	42.11%
Total Providers Who Have Staff	19	100%

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Table 11- Survey Data: Providers Who Have Considered Closing Who DO NOT Have Staff

<i>Have you ever considered closing?</i>	COUNT	PERCENT
I did close	2	6.90%
No	8	27.59%
Yes	19	65.52%
Total Providers Who DO NOT Have Staff	29	100%

Table 12- Survey Data: Providers' Time Caring for Children and Consideration of Closing

<i>How long have/did you care for children?</i>		<i>Have you ever considered closing?</i>			
		I did close	No	Yes	Grand Total
More than 20 years	How long have/did you care for children?	2	9	15	26
	Have you ever considered closing?	4%	18%	30%	52%
More than 10 and < 20 years	How long have/did you care for children?	1	6	8	15
	Have you ever considered closing?	2%	12%	16%	30%
More than 5 and < 10 years	How long have/did you care for children?	2	1	3	6
	Have you ever considered closing?	4%	2%	6%	12%
More than 1 and < 5 years	How long have/did you care for children?		2	1	3
	Have you ever considered closing?		4%	2%	6%
Grand Total	How long have/did you care for children?	5	18	27	50
	Have you ever considered closing?	10%	36%	54%	100%

Table 13 - Interviews: Count of How Often Reasons to Close Was Mentioned

<i>Risk Factor</i>	COUNTA of Risk Factor
Parents not valuing/respecting them	10
Navigating regulations	10
Insufficient Income	9

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Lack of time/flexibility	7
Lack of retirement benefits	5
Feeling isolated	3
Can't keep support	3
Lack of health benefits	2

Table 14 - Interviews: Count of How Many Reasons to Close Each Participant Mentioned

<i>Participant ID</i>	COUNTUNIQUE of Risk Factor
TT9	8
TG7	6
AM1	5
TL8	4
RM6	4
MD5	4
L4	3
JS3	3
EP2	1

Table 15- Risk Ranking of Each Reason to Close by Data Source

Risk Factor	Risk Ranking - Survey	Risk Ranking- Structured Interview	Risk Ranking - Unstructured Interview	Total Risk Rank
Long hours/Lack of flexibility	78	17	21	116
Demands on Business	57	24	30	111
Inadequate Health Insurance	63	13	6	82
Lack of Retirement Benefits	39	17	15	71
Low Enrollment	54	5		59
Insufficient Income	6	19	27	52
Not Feeling Valued Parents	12	NA	30	42
Other Caregiving Responsibilities	6	20		26
Social Isolation/Loneliness	0	12	9	21
Inability to Hire/Retain Support Staff	9	NA	9	18

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Poor health	3	12	15
Desire to Pursue Other Passions	0	13	13