

# Study of Access to Quality Improvement Activities by Family Child Care Home Providers

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PREPARED FOR:

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# Table of Contents

<b>Acronyms .....</b>	<b>iv</b>
<b>Executive Summary .....</b>	<b>vii</b>
<b>Introduction .....</b>	<b>1</b>
<b>Literature Review .....</b>	<b>3</b>
<b>Child Care Quality Improvement Activities in California .....</b>	<b>9</b>
<b>Study Design and Methodology.....</b>	<b>12</b>
<b>Sampling Design and Study Participation .....</b>	<b>18</b>
<b>Results.....</b>	<b>25</b>
<b>System Map .....</b>	<b>43</b>
<b>Overall Summary of Results.....</b>	<b>47</b>
<b>Recommendations.....</b>	<b>52</b>
<b>Appendix A: Review of Other States’ Quality Improvement and Related Systems to Support Family Child Care .....</b>	<b>56</b>
<b>Appendix B: Summaries and Logic Models for Five Quality Improvement Programs Considered for this Study .....</b>	<b>62</b>
<b>Appendix C: Summaries for Three Other CDD-Funded Quality Improvement Programs.....</b>	<b>78</b>
<b>Appendix D: Focus Group Summary .....</b>	<b>83</b>
<b>Appendix E: Telephone Survey Results .....</b>	<b>96</b>

<b>Appendix F: Sequence of Participation in Quality Improvement Activities .....</b>	<b>114</b>
<b>Appendix G: Patterns of Entry and Access in the Five Quality Improvement Programs Considered for this Study .....</b>	<b>122</b>
<b>Appendix H: Generalized System Map of Quality Improvement Activities for Family Child Care in California.....</b>	<b>123</b>

# Acronyms

The following acronyms are used in this report:

- **CAEYC: California Association for the Education of Young Children.** A statewide organization of educators of young children dedicated to advancing excellence throughout the early care and education profession.
- **CARES: Compensation and Retention Encourage Stability.** A program with the purpose of increasing the quality of child care and worker retention by providing stipends to child care providers who complete college courses towards a higher level permit on the Child Development Permit Matrix and/or towards a degree in Child Development or related major.
- **CCDBG: Child Care Development Block Grant.** Established through legislation in 1990, federal funds dedicated to support families by increasing the availability, affordability, and quality of child care.
- **CCIP: Child Care Initiative Project.** This program recruits and trains family child care home providers to help meet areas of demand for child care services in California.
- **CCL: Community Care Licensing.** A division of the California Department of Social Services that holds the licensing responsibilities for all Community Care Facilities including licensed child care centers and licensed family child care homes.
- **CDD: Child Development Division.** A division of CDE that provides leadership and support to contractors and the child development community, in order to ensure high quality early education programs are provided to children ages birth to 13 years.
- **CDE: California Department of Education.** Oversees the State's public school system (Child Care and Development Programs, Preschool, Elementary, Secondary, and Adult) and provides leadership, assistance, oversight and resources in order to facilitate access to a high quality education.
- **CDTC: Child Development Training Consortium.** This program was created with the objective to provide students and professionals in the field of child development with training programs, financial assistance and technical

assistance to meet the requirements of the California Children’s Center Instructional and Supervision Permits.

- **CECMP: California Early Childhood Mentor Project.** This program selects, trains, and compensates experienced qualified teachers, directors, and providers to mentor student teachers in early childhood settings.
- **CPIN: California Preschool Instructional Network.** This network provides professional development and technical assistance to preschool teachers and administrators to prepare preschool children to enter school.
- **FCCH: Family Child Care Home.** Licensed child care, where the setting is the provider’s home.
- **FCCADP: Family Child Care Association Development Project.** A statewide program that provides funding to start new and support existing local family child care home associations.
- **FCCIB: Family Child Care at Its Best.** This program works with local agencies and organizations accessed by family child care home providers to provide university-based child development classes. The goal of the classes is to help providers improve their knowledge, skills, and the quality of care that they provide. Classes qualify for academic credit or continuing education units through University of California – Davis Extension.
- **FPI: Family Partnership Initiative.** Administered by WestEd, Center Child and Family Studies, this program provides innovative trainings to center-based programs and family child care homes with the primary goal to support parent and staff partnerships.
- **NAEYC: National Association for the Education of Young Children.** A national organization for early childhood professionals dedicated to improving the well-being of all young children, with particular focus on the quality of educational and developmental services for all children from birth through age 8.
- **PITC: Program for Infant and Toddler Care.** This program was developed to meet the training needs of child care providers who care for infants and toddlers by providing comprehensive multi-media trainings materials and on-site demonstrations.

- **QIP: Quality Improvement Program.** A statewide quality improvement program that supports child care providers in an effort to improve the quality of care they provide.
- **R&Rs: Resource & Referral Agencies.** Local organizations that facilitate access to child care by offering a myriad of services, such as training and resources to child care providers and parents.

“Early child care has a great affect on how children develop. Providing children [with] the right foundation helps them to be productive their entire lives.”

[Data Source: Family Child Care Survey Telephone Surveys]

## Executive Summary

In June 2007, the California Department of Education (CDE), Child Development Division (CDD) contracted with WestEd’s Center for Child & Family Studies Evaluation Team to conduct a descriptive study to examine access to quality improvement activities by licensed family child care home providers in California. “Quality improvement activities” were defined as program supports and professional development opportunities that promote high quality child care through training, technical assistance, and grants.

### Study Design and Methodology

This study was designed to be descriptive in scope and to achieve the following objectives:

- 1) Describe CDD-funded quality improvement activities available to family child care home providers.
- 2) Describe how family child care home providers access and utilize these quality improvement activities.
- 3) Identify additional quality improvement activities, not funded through CDD, that are accessed by family child care home providers.

Programs featured in this study were those funded by CDD to support quality improvement in family child care. In particular, the programs highlighted in this study were the following: California Early Childhood Mentor Program (CECMP), Child Care Initiative Project (CCIP), Child Development Training Consortium (CDTC), Family Child Care at Its Best (FCCIB), and the Family Child Care Association Development Project (FCCADP).

Data collection for the study occurred in five phases, with each phase informing the subsequent phase. The five phases of data collection were the following: (1) review of the research literature and background information regarding similar services in other states, (2) interviews with CDD consultants, (3) interviews with administrators from the quality

improvement programs, (4) focus groups with field staff and family child care home providers, and (5) telephone surveys with family child care home providers.

## Characteristics of Licensed Family Child Care Home Providers

According to the *California Early Care and Education Workforce Study* (2006),<sup>1</sup> “the typical licensed family child care home provider in California is in her mid-forties and has been taking care of children in her home for ten years (p. 3).” Licensed family child care providers in California were most likely women who had exceeded state education and training requirements and were more likely than the general female adult population to have attended college or completed an Associate degree.

A review of the research literature indicated similar characteristics for family child care providers outside of California. The research literature also showed a trend toward higher levels of education among family child care home providers in recent years as compared with earlier studies. Most licensed family child care home providers were motivated to provide child care because they liked children and enjoyed the convenience of working from home while their own children were young; however, those whose motivation was to feel useful and to make a difference for children and parents tended to provide higher quality care than those whose primary motivation was to work at home until their own children entered school.

Overall, the research literature indicated that licensed family child care home providers were generally satisfied with their current career choice and were generally more committed to providing child care than center-based teachers or unlicensed providers. Providers who viewed their work as a career had higher levels of education and those with higher educational attainment in any field provided higher quality care through individualized interactions with children and fewer adult-directed activities.

According to the research literature, family child care home providers were less likely to participate in formal training in early childhood education than center-based teachers. Providers who participated in training had greater confidence, commitment, interest, and skills, provided higher quality care, and stayed in the field longer. Providers with less formal training were less comfortable accessing formal professional development; however, when treated as partners by program staff, they were more likely to access training and support in the future.

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<sup>1</sup> Center for the Study of Child Care Employment, Institute of Industrial Relations, University of California at Berkeley, & California Child Care Resource and Referral Network. (2006). *California Early Care and Education Workforce Study: Licensed Child Care Centers and Family Child Care Home Providers, Statewide Highlights, July 2006*.

Overall, family child care home providers who viewed their work as a profession had more previous training and more employment options than those who did not view their work as profession. Those who were more professional also provided more stable, high quality family child care and had larger support networks. As compared with center-based teachers, family child care home providers who viewed their work as a profession more often accessed support from other caregivers, family members, and government agencies.

## Review of Other States' Efforts

Throughout the country, federal Child Care and Development Block Grant (CCDBG) funds were used to fund various types of quality improvement programs, the majority of which were available to both center-based and family child care home providers. In general, initiatives funded with CCDBG funds were quality rating systems, professional growth incentives, wage supplementation, grant programs, training registries, and training, technical assistance, and site-visit consultations provided through local resource and referral agencies (R&Rs).

Eight states had quality improvement programs that specifically served family child care homes. They were Alabama, Connecticut, Georgia, Louisiana, Maryland, Massachusetts, South Dakota, and Wisconsin.

- Five of these states funded quality improvement for family child care homes through training, technical assistance, site visit consultations, or ongoing support. These activities were largely directed toward starting family child care businesses, helping existing family child care businesses to improve the quality of the care environment, providing training on child development, and moving existing family child care businesses toward accreditation or a Child Development Associate's degree.
- Two states provided grants to family child care home providers to improve the environment or to offset costs of opening a family child care.
- One state funded a mentor program for family child care home providers, where experienced family child care home providers mentored those who were new to the field.
- The U.S. Army and U.S. Coast Guard provided training and support to family members of military personnel for the dual purposes of improving the quality of family child care and creating employment opportunities for family of military service members.

In summary, few other states specifically focused on quality improvement activities for family child care homes. Those who did focus CCDBG funds in this way generally provided support through one avenue, such as through training and technical assistance, grants directly to family child care homes, or mentoring.

## Child Care Quality Improvement Activities in California

After a review of systems and quality improvement activities in other states, California appears to provide the most comprehensive system of quality improvement activities available to family child care home providers. California's multi-faceted system is guided by the following principles set forth by CDD:

- To not duplicate existing resources,
- To address unmet needs,
- To address emerging issues,
- To support statewide access to services, and
- To maximize and leverage additional public and private resources to enhance the overall professional development of the field.<sup>2</sup>

These guiding principles directly informed the research questions for this study. In particular, the extent to which family child care home providers were supported was not yet fully known. This descriptive study was a key step in examining and reviewing quality improvement activities to assess the extent to which the statewide system of quality improvement programs supports family child care home providers. These results will inform CDD regarding how existing resources have been used, gaps that still exist, and emerging issues for family child care home providers.

California's state-funded quality improvement system is comprised of three activities that were developed for family child care specifically and five activities that were developed for the early childhood education community in general, including both child care centers and family child care homes.

The following five programs were considered for this study:

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<sup>2</sup> Child Care and Development Fund Plan for California. California Department of Education, Child Development Division. (2006). *Quality Improvement Program Plan: 10/1/05-9/30/07*.

- ***The California Early Childhood Mentor Program (CECMP)*** – This program selects, trains, and compensates qualified, experienced teachers, directors, and family child care home providers to mentor student teachers, who are enrolled in a practicum class for credit, in early childhood settings. This program is administered statewide, and there are coordinators at 95 participating community colleges. During the 2005-06 fiscal year, there were a total of 635 mentors, of which only 40 were family child care home providers.
- ***The Child Care Initiative Project (CCIP)*** – This project strives to create new child care slots in licensed family child care homes throughout the state. It does this by identifying demand, recruiting potential family child care home providers, and providing training, technical assistance, and ongoing support, emphasizing quality and retention. There are 71 CIPP sites throughout California, housed at local R&Rs. Larger counties have more than one local R&R and more than one CIPP grant. According to their 2007-08 annual report, CIPP recruited 1,415 new family child care homes and created 5,590 new child care slots.
- ***The Child Development Training Consortium (CDTC)*** – This program provides support to the ECE workforce to achieve career and educational goals and promote high quality child care. CDTC reimburses ECE students for educational expenses, such as tuition, enrollment fees, and books. It provides funds and technical assistance to center-based teachers and family child care home providers to obtain Child Development Permits. It provides training and support for Professional Growth Advisors, who provide consultation to ECE students for selecting classes toward attaining a Child Development Permit or academic degree. It also provides financial support for the California School-Age Consortium, which supports professionals caring for school-age children. During the 2006-07 fiscal year, CDTC provided services to 20,110 members of the ECE workforce, including both center-based and family child care home providers.
- ***Family Child Care Association Development Project (FCCADP)*** – The purpose of this program is organizational development – to establish new and strengthen existing local family child care associations through grants and training to licensed family child care home providers. It provides start-up grants, training, and technical assistance to support the development of new and existing associations.

- ***Family Child Care at Its Best (FCCIB)*** – This program works with local agencies and organizations to provide university-based child development classes for family child care home providers. The goal of the classes is to help family child care home providers improve their knowledge, skills, and the quality of care that they provide. Classes qualify for academic credit or continuing education units through University of California – Davis Extension, but are provided within each of the 58 counties throughout California. Training topics include child development, school readiness, health and safety, cultural sensitivity, and management of a family child care business. Over 8,000 students participated in 501 FCCIB classes during the 2006-07 fiscal year.

Additionally, the current study identified local resources and other statewide programs, that were not funded by CDE, but that contributed to the system of quality improvement activities accessed by family child care home providers. Programs providing these other activities were not comprehensively reviewed for this study; however, their inclusion in some data collection phases provided additional information about how service gaps and regional needs were addressed.

## Summary of Results

Focus groups with field staff from the five programs considered for this study and licensed family child care home providers identified the following: “entry points” and “access points” to quality improvement activities, ways that quality improvement activities were accessed and utilized by family child care home providers, motivations for utilizing services, additional resources accessed, and providers’ perceptions of the impact of quality improvement activities on the care they provided.

Telephone surveys were conducted with licensed family child care home providers who had participated in at least one of the five programs considered for this study.

Respondents were asked about their participation in quality improvement activities, including how they first learned about them and the supports received from each program; additional resources or services desired, their perceptions of how the services received through the programs improved the quality of care they provide and their sense of professionalism, their professional growth goals, and length of time they intend to remain in the field.

Results from focus groups and telephone surveys are summarized below, and describe the system of quality improvement activities available to and accessed by family child care home providers in California.

## FOCUS GROUP RESULTS

An “entry point” was defined as the place where a provider first entered into the system of quality improvement services. An “access point” was defined as the place through which providers, who had previously utilized services, would return when they were ready to access additional quality improvement services. Common entry and access points were R&Rs, family child care associations, and community colleges. Also, additional services and resources for family child care home providers were identified regionally, such as services provided in specific languages, projects serving military families, city-funded programs, First 5 projects, and local child care planning council projects.

Family child care home providers reported choosing to participate in quality improvement activities that most addressed their immediate needs. They especially preferred training related to business aspect of running a family child care business and practical ideas they could easily apply in their work. Primary motivations for participating in quality improvement activities were to (1) receive technical assistance, free training, or materials for their programs, especially when available in their home languages; (2) relationships they had built with program staff; and (3) the desire to provide quality child care.

Focus group participants reported that quality improvement activities resulted in positive changes to the family child care home environment, as well as greater retention, increased professional identity, and more confidence in abilities for family child care home providers.

When asked about additional resources and services desired, responses varied by whether focus group participants were field staff from quality improvement programs or family child care home providers. Field staff, especially those working at programs housed at the R&Rs, wanted a more comprehensive orientation for individuals considering a family child care license to assist them in initially determining whether family child care was the “right” choice for them. Providers wanted a “one-stop shop” to access multiple quality improvement activities at one location. They also wanted classes at local community colleges, including general education courses, available on more flexible schedules, to enable them to both work and continue their education.

## TELEPHONE SURVEY RESULTS

Of the 122 family child care home providers interviewed, most had been providing child care for more than 10 years and more than half intended to stay in the field for more than 10 years.

- Respondents from the Central Valley Region had been in the field for the shortest length of time – more than one in five had been in the field for less

than one year. Respondents from Los Angeles had been in the field the longest – over 90 percent had been in the field for more than 10 years.

- Respondents from the Bay Area, Northern/Sierra, and Central Coast expected to remain in the field the longest – two-thirds or more intended to remain for more than 10 year compared with 50 percent or fewer respondents from the other regions.

All had participated in at least one of the quality improvement programs considered for this study, and 71 percent had participated in two or more programs. Participation by program was as follows:

- Two out of three (68 percent) had participated in CCIP.
- Three out of five had participated in CDTC (62 percent) and FCCIB (60 percent).
- Seven percent had participated in CECMP.

The most common motivations for participating in quality improvement activities were to improve quality and to become more confident caregivers. Reasons for respondents' current participation in quality improvement programs included the following: (1) enjoying learning about child development, (2) accessing needed training, (3) valuing the relationships that they have with program staff, and (4) receiving mentoring.

The channels through which family child care home providers were referred to quality improvement activities differed by program. College professors were the most influential referral sources for survey respondents who participated in CECMP and CDTC. R&Rs were the most influential source for respondents participating in FCCIB, CCIP, and FCCADP. The majority of respondents reported that they accessed quality improvement activities through the R&Rs, the local First 5 agency, CARES, and the local family child care association.

Once referred into the system, there were three major points of entry into the five programs considered for this study including (1) child care resource and referral agencies (R&Rs), (2) community colleges, and (3) family child care associations. Once providers entered into the system, these entry points were the key points of access for other services.

- The R&Rs were the predominant entry point, funneling family child care home providers into CCIP, which is housed at the R&Rs, but also into FCCIB, FCCADP, and other quality improvement activities, such as PITC, CARES, Health & Safety Training, and other local services.

- Community colleges were the next most common entry point, and they primarily referred providers to CDTC and CECMP, the two programs that were administered through community colleges and that provided financial incentives to participating students. Other programs accessed through community colleges were PITC, CARES, and local programs.
- Few providers first entered into the system of services through family child care associations. Programs accessed through family child care associations were information support groups, CARES, and local programs.

The two types of support that respondents had received from quality improvement programs that they rated as most helpful were learning strategies to handle children's behavioral problems and learning how to run their family child care as a business.

Over half of the respondents indicated that they had developed personal relationships with staff at quality improvement programs. This most frequently occurred with staff from CCIP. Respondents reported that the most helpful aspects of the personal relationships they developed with program staff were support and confidence to ask questions.

When asked what additional resources or supports they desired for improving the quality of care they provide, three rated most highly were the following: (1) community colleges accommodating the scheduling needs of family child care home providers by offering classes, including general education classes, on weekends and evenings, (2) more advanced training and classes offered in child development, and (3) a single contact person or organization to help them access all available professional development opportunities.

The ways in which respondents perceived that the five programs considered for this study helped them to *improve the quality of care they provided* differed by program. According to respondents:

- CECMP and FCCADP helped them to create a professional support system and promoted retention.
- CCIP helped them make positive changes to the family child care home environment, become more responsive to children, and use more positive guidance with the children in their care.
- CDTC and FCCIB helped them improve quality in many areas, including to the child care environment and in their relationships with children and families.

The ways in which respondents perceived that the five programs considered for this study

helped to *promote their sense of professionalism* differed by program. According to respondents:

- CECMP had the greatest impact on professionalism, in that it increased their confidence and knowledge, helped them to become more professional and business-like, and supported them in gaining more options and opportunities than they had before.
- CCIP, CDTC, and FCCIB helped improve their sense of professionalism in many areas, including their knowledge of child development and their confidence in their child care abilities.

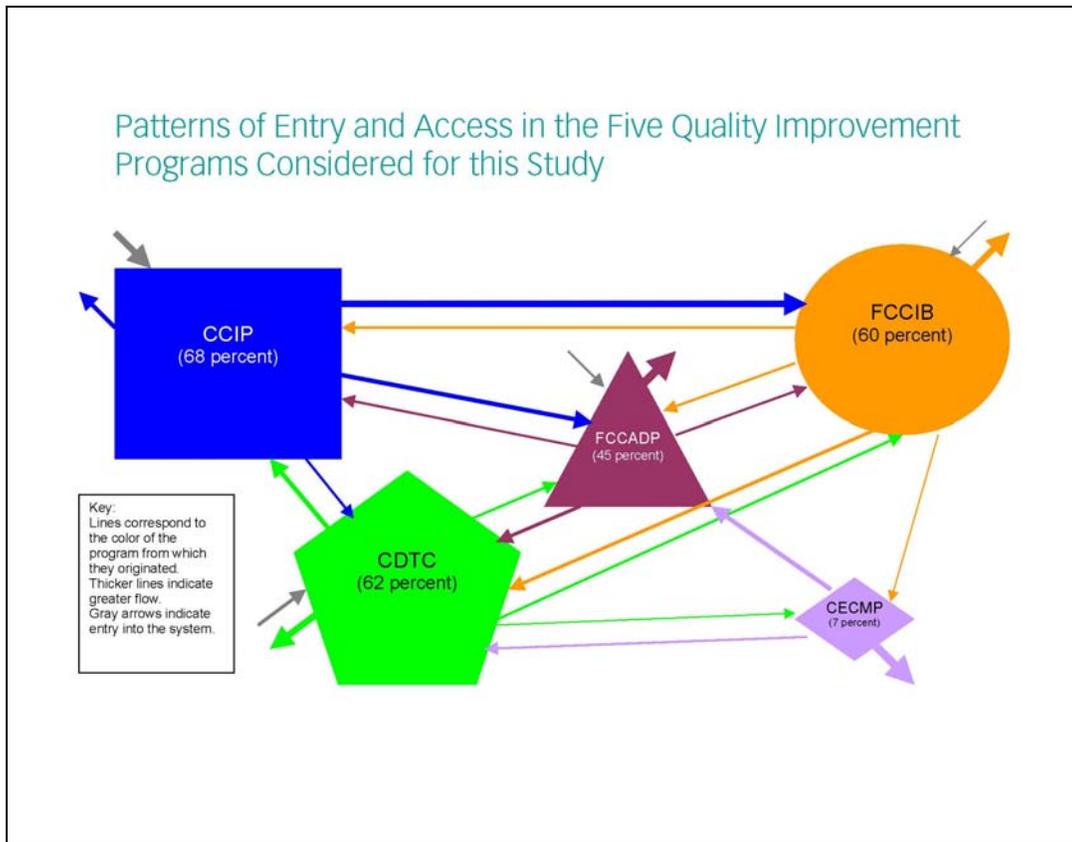
Professional growth goals still desired by the majority respondents were the following: (1) to increase their knowledge of child development, (2) to improve quality in the child care environment, their interactions with children, and materials, (3) to improve their child care business overall, and (4) to become a mentor.

The vast majority of respondents reported that they had recommended the five programs considered for this study to other family child care home providers and that they would recommend these programs in the future.

#### **SEQUENCE OF PARTICIPATION IN QUALITY IMPROVEMENT ACTIVITIES**

A case summary approach was used to understand the sequence of participation by survey respondents in the five quality improvement programs considered for this study, and to document their participation in other quality improvement programs. Both general and specific patterns of participation emerged for the five programs considered for this study. The general flow of participation in the five quality improvement programs considered for this study is shown graphically below and could be summarized as follows:

- Most participated in CCIP (68 percent), CDTC (62 percent), and FCCIB (60 percent).
- Most respondents entered the system through CCIP. After participating in CCIP, most then accessed services through FCCIB and FCCADP.
- The second most common way that respondents entered the system was through CDTC. After participating in CDTC, respondents who did not exit the system then participated in CCIP, FCCADP, or FCCIB.
- CECMP and FCCADP were most often the last programs accessed by respondents.



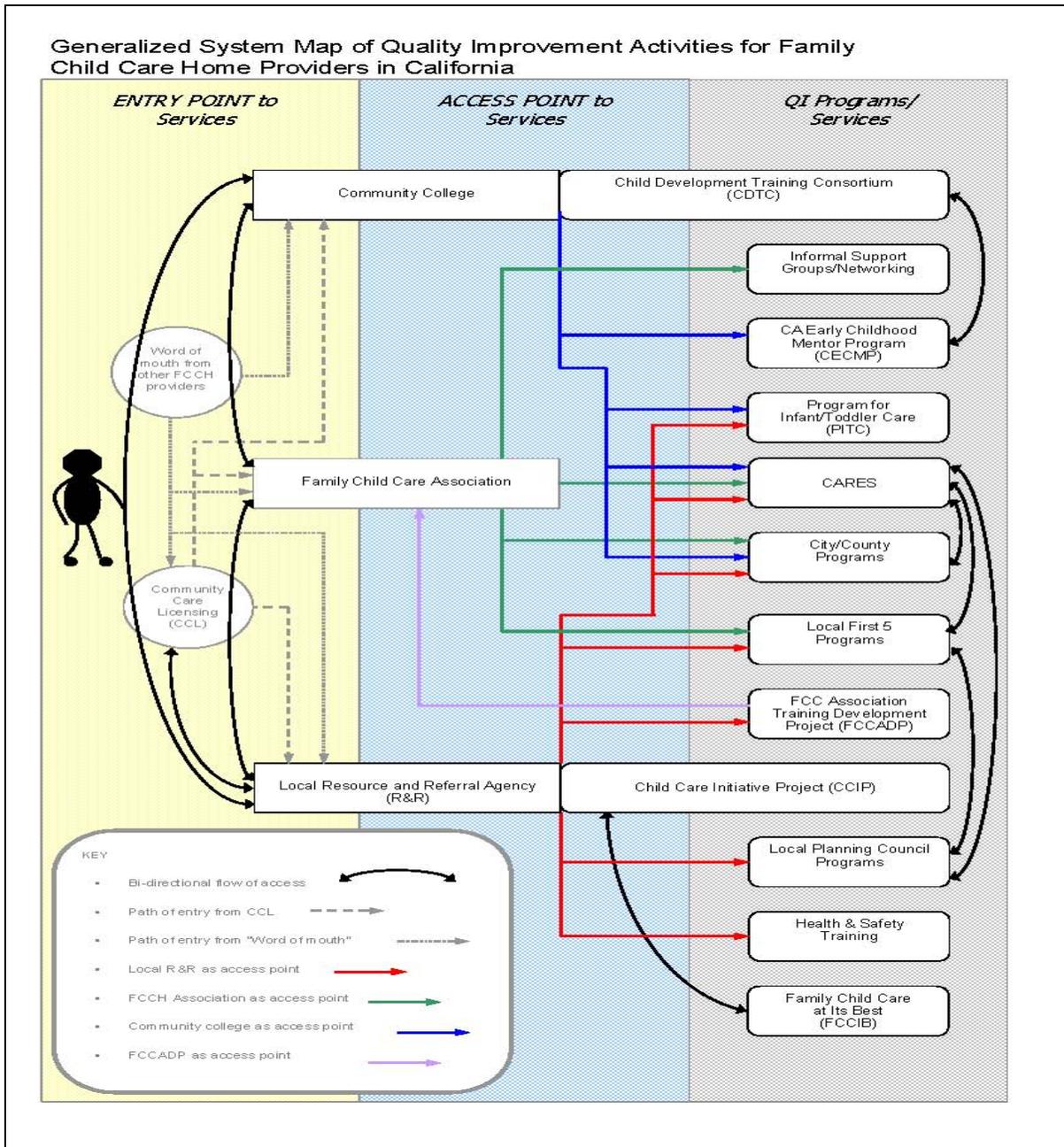
Specific patterns that emerged across the seven regions are summarized below:

- Respondents in the Northern/Sierra region accessed the greatest number of services – overall, more than half of respondents from this region accessed three or more of the five quality improvement programs considered for this study.
- In the Bay Area, Sacramento, and Central Valley regions, more than one-third of the respondents accessed three or more programs.
- Respondents in the Central Coast region participated in the fewest number of programs overall – about one-fourth participated in three or more programs.

### SYSTEM MAP

Following a review of the data collected, a system map was constructed to visually represent the relationships between the five programs considered for this study and the other quality improvement activities available for family child care home providers in California. The map demonstrates their flow of entry and access into this system, as well as

collaborations among programs. The map is shown graphically below, followed by a summary description.



- The most common means through which family child care home providers entered into the system of quality improvement services were word-of-mouth, friends and family members, and the Community Care Licensing orientation.

- Three major entry points into the five programs considered for this study were (1) the R&Rs, (2) community colleges, and (3) family child care associations. Once providers entered into the system, these entry points were the key points of access for other services.
  - The R&Rs were the predominant entry point, funneling family child care home providers into CCIP, which is housed at the R&Rs, but also into FCCIB, FCCADP, and other quality improvement activities, such as PITC, CARES, Health & Safety Training, and other local services.
  - Community colleges were the next most common entry point, and they primarily referred providers to CDTC and CECMP, the two programs that were administered through community colleges and that provided financial incentives to participating students. Other programs accessed through community colleges were PITC, CARES, and local programs.
  - Few providers first entered into the system of services through family child care associations. Programs accessed through family child care associations were information support groups, CARES, and local programs.
- Collaborations existed between many of the entities in the quality improvement system and appeared to facilitate access to services for providers. In particular, the collaboration between Community Care Licensing and the local resource and referral agency facilitated access to services provided through the R&R. Cross-referrals and collaborations among entry and access points, as well as among quality improvement programs, facilitated participation by family child care home providers in other quality improvement services.

## Recommendations

Based on the results of this study, the following recommendations are offered:

- 1) ***Continue to support the existing system of quality improvement activities for family child care home providers.*** California provides the most comprehensive system of quality improvement activities for family child care home providers in the nation. Although California provides more services than other states, there is not duplication of services nor a patchwork of local services with many possible entry points. Rather, there are a small number of complementary programs that are provided statewide – CCIP recruits, trains, and supports new family child care

home providers; FCCIB works with local agencies and organizations to provide university-based child development classes for family child care home providers in less formal settings, such as R&Rs and community agencies; FCCADP supports the development of family child care associations; CDTC provides financial support to offset educational expenses, such as course tuition, fees, and books; and CECMP provides formal one-on-one mentoring for student teachers in degree-seeking programs. Although California's system supports entry and access to services through multiple avenues, entry largely occurs through one of two ways – (1) R&Rs or (2) community colleges. The system provides a range of informal and formal opportunities for professional development with open communication, collaboration, and cross-referral between programs. So, regardless of how they first entered the system, once they are in the system, family child care home providers can easily access additional services. Family child care home providers were most likely to enter the system of quality improvement activities through CCIP; however, even those who entered elsewhere frequently participated in CIPP activities at a later point. After CIPP, most then accessed FCCIB and FCCADP, followed by CDTC, and, lastly CECMP. This flow of entry and access represents a progression of professionalism where family child care home providers can build confidence and skills in less formal settings before engaging in formal opportunities.

- 2) ***Improve access to locally-based, informal support and mentoring through recognition of the need for two levels of support.*** Study participants identified mentoring as an important support for family child care home providers. Focus group participants discussed informal ways that they had been mentored; however, they also expressed a desire for more formal mentoring. Many reported feeling isolated and were looking for opportunities to learn from others. Seasoned family child care home providers expressed a desire to apply their years of experience to provide mentoring and guidance to newer family child care home providers as a means for furthering their own professional development. However, different approaches are needed to support family child care home providers who are less experienced as compared with those who are more experienced.
  - a. ***There is currently an effective mentoring program in place for more seasoned, degree-seeking family child care providers.*** CECMP is a formal mentoring program provided through colleges to students enrolled in advanced early childhood education classes. Study participants who had participated in this program were highly satisfied with it and felt that it had helped to build their confidence in the care they provide as well as support

their professional growth.

*b. Less formal methods of support, currently not systematically available, are also needed to reach family child care home providers who may not be seeking a college degree.* According to the research literature, family child care home providers who do not choose to participate in formal training opportunities are the most isolated. They tend to be suspicious of formal training because they view caregiving as an innate nurturing skill. However, after receiving informal support and participating in exchange of information with others like themselves, they are more receptive to formal training later on. Local family child care association meetings and networks could provide this level of informal support in California. FCCADP has strengthened participation in family child care associations, especially in the rural north; however, FCCADP's funding cycle has now ended. Results of this study indicated that the local R&Rs were the most common entry and access points of service for family child care home providers who have not been enrolled in a formal college degree program. CIPP, which is housed at the local R&Rs, could be a vehicle for continuous support of local family child care associations. Additionally, CCIP could link newer with more seasoned family child care home providers to reduce feelings of isolation and facilitate access into the system of quality improvement activities.

3) *Designate local liaisons for family child care quality improvement activities.* Study participants wanted a “one-stop-shop” that would be a single place through which they could access all available quality improvement activities. A local liaison could be an overarching organization or position that brings the various quality improvement programs in each county together and facilitates networking among CDD-funded family child care quality improvement programs, as well as other programs in the community. They could serve as a “bridge” between the dual-track entry and access points (R&Rs and community colleges), and build on existing regional collaborations. Many R&Rs already serve as a sort of “one-stop-shop,” but this varies by region. Since the greatest number of CDD-funded quality improvement services were accessed through the R&Rs and cross-referrals were routinely made between them and the other two primary access points – community colleges and family child care associations – R&Rs could effectively function in this role as liaisons or “one-stop-shops.” For example, in San Diego County, an informal system exists that is coordinated through strong collaborative relationships between the local R&R, CCL and the local family child care

association. Participants from San Diego County felt very supported as a result of this relationship. Replicating this system in other communities requires local collaboration and planning, driven by specific locally-identified needs.

- 4) ***Increase availability of advanced-level training and workshops in child development.*** Telephone survey respondents, who were generally more seasoned providers, expressed a need for advanced-level training and classes in child development. They felt that many of the available opportunities were for newer, rather than more seasoned, providers. Study participants reported that they had already taken all of the basic child development classes and wanted access to the latest early childhood research, such as the research on brain development and its implications for the care they provide. They wanted more opportunities to stay current with the latest research.
  
- 5) ***Track data related to the delivery of quality improvement activities for family child care home providers.*** There is not currently a formal way of tracking participation by family child care home providers within the system of quality improvement activities. Before the current study, little was known about the extent to which family child care home providers accessed multiple quality improvement activities and about the linkages in their participation across activities. The data that were collected for this study relied upon providers' memories of the order in which they participated in the various activities. Further, providers did not always associate the name of the program with the services they received. A data system that tracks participation in activities over time would provide more accurate information about the flow of participation in programs, as well as the amount of time that lapsed between participation in programs and the ways in which activities were accessed simultaneously. Such a system could provide real-time tracking of the flow of access statewide, as well as within regions of the state. Further, there is a need for more information about the extent to which services resulted in improved child care quality. Few programs collected evaluation data other than participant satisfaction with classes or workshops. To more accurately assess the extent to which quality improves, it will be necessary to conduct observational assessments of quality indicators, including interactions with children, relationships with families, materials, and the environment.

**My vision of a high-quality child care environment is...**

“Warm, nurturing, flexible, structured, educated, professional, child-centered, responsive, and supportive of families and staff.”

[Data Source: Telephone Surveys with Family Child Care Home Providers]

## Introduction

In June 2007, the California Department of Education (CDE), Child Development Division (CDD) contracted with WestEd’s Center for Child & Family Studies Evaluation Team to conduct a descriptive study to examine access to quality improvement activities by licensed family child care home providers in California. “Quality improvement activities” were defined as program supports and professional development opportunities that promote high quality child care through training, technical assistance, and grants.

The study was completed in September 2008. This report describes the implementation and results of this study. It is organized into several sections:

- The “Literature Review” summarizes available research literature regarding the characteristics, motivations, and professional development needs and desires of family child care home providers.
- The “Child Care Quality Improvement Activities in California” section describes eight programs that support quality improvement for family child care home providers in California.
- The “Study Design and Methodology” section presents the overall study design, research questions, and data collection methods for all data collection activities.
- The “Sampling Design and Study Participation” section describes how study samples were selected.
- The “Results” section provides a brief summary of key findings from each data collection method, followed by an overall summary of findings across all methods.
- The final section presents recommendations based on the findings of the study.

More thorough results from each data collection activity are in the appendices as follows:

- Appendix A presents results from a review of other states' quality improvement and related systems that support family child care.
- Appendix B presents the program summaries and logic models for the five quality improvement programs considered in this study. The information for the program summaries and logic models were compiled from interviews with CDD consultants and quality improvement program administrators.
- Appendix C presents program summaries for three other CDD-funded quality improvement programs that serve the early childhood community. The information for these summaries was compiled the programs' annual reports and scopes of work.
- Appendix D presents the focus group summary from the 12 focus groups conducted with field staff at quality improvement programs and with family child care home providers.
- Appendix E presents results from the telephone surveys conducted with family child care home providers.
- Appendix F presents charts displaying the sequence of participation in quality improvement activities for the sample of providers responding to the telephone surveys.
- Appendix G presents a system map depicting entry and access points to quality improvement activities for California's family child care home providers.

**I plan to stay in the child care field because...**

"I like to be silly and play with the kids and I love seeing them happy and laughing. I really enjoy it."

"I like to help kids and parents so they can learn and feel safe and respected."

[Data Source: Telephone Surveys with Family Child Care Home Providers]

## Literature Review

This section summarizes available research literature regarding the characteristics of individuals who provide group care in a home-based setting, their quality improvement needs, and their motivations for seeking professional development. Sixteen articles and reports, published between 1977 and 2007, were reviewed, representing geographic diversity within the United States, as well as Canada and Israel. Some studies compared characteristics of licensed family child care home providers with center-based teachers or unlicensed providers.<sup>ab</sup> One study compared family child care home providers with samples of non-employed and employed mothers.<sup>c</sup> Others described characteristics of family child care home providers, or reported on factors related to recruitment, training, retention, satisfaction, and support for family child care homes.

### Characteristics of Family Child Care Home Providers

According to the *California Early Care and Education Workforce Study* (2006),<sup>d</sup> "the typical licensed family child care home provider is in her mid-forties and has been taking care of children in her home for ten years (p. 3)." Her level of educational attainment and training related to early childhood education (ECE) "exceed state requirements (p. 5)." Most had received education beyond high school (71 percent) and were more likely than California's general female adult population to have attended college or completed an Associate degree. Family child care providers in California more closely reflected the ethnic diversity of the state's young children than public school teachers and "licensed family child care home providers of color have attained a Bachelor's degree or higher at a proportionate rate" as compared to all California adults of their ethnicities (p. 7).

Other than the California Workforce study, 12 other studies described characteristics of family child care home providers.<sup>efghijklmnop</sup> Most family child care home providers were between 30 and 50 years old, with average ages between 32 and 44 years;<sup>q</sup> they were generally married or partnered;<sup>r</sup> and had children of their own, though not necessarily young children who were still in care.<sup>s</sup> In most studies, the highest level of education attained was one year of college.<sup>t</sup> In studies before the mid-nineties, most family child care

home providers did not have ECE training prior to providing family child care.<sup>u</sup> In several studies, they had been providing child care in their homes for an average of 3 to 7 years,<sup>v</sup> although a few studies focused on newly-licensed providers.<sup>w</sup> In the Massachusetts study, the average length of time providing family child care was 18 years.<sup>x</sup> They cared for an average of five to eight children.<sup>y</sup> As compared to these studies, licensed family child care home providers in California were slightly older, had been providing child care for about 3 more years, and had higher levels of educational attainment.<sup>z</sup>

Family child care providers worked longer hours, had less help with care, and had lower incomes, but more breaks, than center-based teachers.<sup>aa</sup> They also worked more hours per week compared with unemployed mothers or mothers employed outside the home, and their husbands were more likely to be employed as laborer or operatives rather than as technicians or professionals.<sup>bb</sup> Family child care was more likely to contribute to half or more of the family income when providers cared for children to whom they were not related.<sup>cc</sup>

## Motivations, Satisfaction, and Retention

Most licensed family child care home providers were motivated to provide child care because they liked children and enjoyed the convenience of working from home. For some, providing child care enabled them to be home while their own children were young, to have playmates for their children, to be of service to other families, and to watch children grow and develop. For some, the initial motivation was to work from home while their children were young, but their motivation for continuing once their children were in school was their enjoyment of children. Those for whom the motivation was to feel useful and to make a difference for children and parents tended to provide higher quality care than those whose primary motivation was to work at home until their children entered school.<sup>dd</sup>

Overall, providers were generally very satisfied with their current employment,<sup>ee</sup> and were generally more committed to providing child care than center-based teachers or unlicensed providers.<sup>ff</sup> Those who were most satisfied had been stable providers for two years or more and provided higher quality care.<sup>gg</sup> Factors affecting dissatisfaction and attrition were desires for more adult contact, stable income, respect from parents, and personal time.<sup>hh</sup> Findings were mixed as to whether providers caring for their own children in their family child care experienced more or less stress than those only caring for unrelated children.<sup>ii</sup>

## Education Level

Family child care providers were less educated than center-based teachers.<sup>jj</sup> However, family child care providers who viewed caring for children as a career were more educated – one study of providers in 17 states found that those who cared for unrelated children were three times more likely to have attained education beyond high school than providers caring for related children.<sup>kk</sup> Those providing higher quality care had higher levels of educational attainment than those providing lower quality care.<sup>ll</sup> In fact, those with a Child Development Associate (CDA) degree, college courses in ECE, or an Associate degree in any field provided higher levels of age-appropriate stimulation for children than providers with lower education.<sup>mmm</sup> Providers with higher levels of educational attainment saw themselves as more professional, more readily recognized their influence on children’s behaviors, and, therefore, spent more time in individual interaction with children and less time in adult-directed group activities with children.<sup>nn</sup>

## Motivations to Participate in Professional Development

Most family child care home providers had not participated in formal ECE training,<sup>oo</sup> and were less likely to do so than center-based teachers.<sup>pp</sup> Those who did participate in training were found to have improved confidence, commitment, interest, skills, and provide higher quality care.<sup>qq</sup> Those who had been providing care the longest were least likely to attend training,<sup>rr</sup> but those who had some training had higher levels of retention than those with no training.<sup>ss</sup>

One study explored factors related to high, low, and no levels of participation in training. Differences in the varying levels of training participation were not accounted for by age, educational attainment, income, marital status, or number of own children, but rather, as follows:

- Those with the highest levels of training participation were more likely to have a driver’s license; have had previous employment outside the home; engage in a variety of training opportunities, including college credit and options requiring a long-term commitment; actively accessed resources in the community related to the needs of children in their care; recognize family child care as a profession that requires specialized knowledge and skills; and have spouses who supported their child care careers. Although they were generally planning to go into other employment when their children entered school, they also had the most serious commitment to providing high quality care.

- Those who did not participate at all in formal training were the most isolated. They tended to not have a driver’s license, had husbands who did not encourage them to work, and did not view child care payments as part of the family income. They were committed to providing child care long-term and were most likely to continue to provide care after their children were grown. At best, they were suspicious of formal training. Many found the concept of formal training offensive because they viewed nurturing as an innate characteristic and prided themselves on their neighborhood reputations as “good mothers.” However, they saw utility in meeting with others like themselves for support and exchange of information and were more receptive to participating in formal training after these peer-group experiences.
- Those with low-levels of participation in formal training, or who only participated in home-based training were the most ambivalent about their long-term commitment to a family child care career. They tended to be newly licensed or to have held a license intermittently. They were either unwilling or unable to spend much time in training. Although they tended to have a driver’s license, they had low driving skills, so were generally not as mobile as the high-participation group.<sup>11</sup>

Providers in a Washington state study, who did not have access to professional affiliations, were also suspicious of resources or support from individuals other than family child care home providers and felt that seeking external help or resources would be interpreted as “deficiencies” in their abilities to care for children. However, as providers benefited from services and shared their experience with others, more providers were likely to engage in services. Once they accessed services, the extent to which they were treated as partners influenced the likelihood that they would continue to access training and support resources again in the future.<sup>12</sup>

## Professional Identity and Support

Over the 30-year span the literature encompassed, there was a growing trend toward greater identification with family child care as a professional career choice. Overall, providers who viewed family child care as a profession, even when they provided family child care for only a short period of time, were those who had more previous training and more employment options. They provided family child care for more stable periods and with higher quality than those who did not view it as a profession. They cared for more children, made more money, and participated more in training opportunities. Licensed providers, compared with unlicensed providers, more often viewed themselves as

professionals and were more likely than center-based teachers to access support from other caregivers, family members, and government agencies. Among family child care home providers, those providing higher quality care viewed family child care as a profession and had larger support networks, including other caregivers, neighbors. They also had better retention in the field.<sup>vv</sup>

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- <sup>a</sup> Eheart, B. K., & Leavitt, R. L. (1986). Training day care home providers: Implications for policy and research. *Early Childhood Research Quarterly, 1*, 119-132.
- <sup>b</sup> Pence, A. R., & Goehlman, H. (1987). Who cares for the child in day care? An examination of caregivers from three types of care. *Early Childhood Research Quarterly, 2*, 315-334.
- <sup>c</sup> Atlanson, A. M., (1992). Stress levels of family day care providers, mothers employed outside the home, and mothers at home. *Journal of Marriage and the Family, 54*, 379-386.
- <sup>d</sup> Center for the Study of Child Care Employment, Institute of Industrial Relations, University of California at Berkeley, & California Child Care Resource and Referral Network. (2006). *California Early Care and Education Workforce Study: Licensed Child Care Centers and Family Child Care Home Providers, Statewide Highlights, July 2006*.
- <sup>e</sup> Atlanson, 1992.
- <sup>f</sup> Bollin, G. G., (1993). An investigation of job stability and job satisfaction among family day care providers. *Early Childhood Research Quarterly, 8*, 207-220.
- <sup>g</sup> Eheart & Leavitt, 1986.
- <sup>h</sup> Esposito, B., & Kalifeh, P. (2006). *Seminole County Child Care Workforce Study*. Tallahassee, FL: Early Learning Coalition of Seminole.
- <sup>i</sup> Layzer, J. I., & Goodson, B. D. (2007). *Care in the Home: A Description of Family Child Care and the Experiences of the Families and Children Who Use It: Executive Summary*. Cambridge, MA: Abt Associates, Inc.
- <sup>j</sup> Marshall, N. L., Creps, C. L., Burstein, N. R., Cahill, K. E., Robeson, W. W., Wang, S. Y., Schimmenti, J., & Glantz, F. B. (2003). *Family Child Care Today: A Report of The Massachusetts Cost/Quality Study: Family Child Care Homes*. Family Child Care Today. Wellesley Centers for Women and Abt Associates, Inc.
- <sup>k</sup> Mueller, C. W., & Orimoto, L. (1995). Factors related to the recruitment, training, and retention of family child care home providers. *Child Welfare, 74(6)*, 1205.
- <sup>l</sup> Nelson, M. K. (1990). A study of turnover among family day care providers. *Children Today, March-April*, 9-12, 30.
- <sup>m</sup> New Jersey Association of the Child Care Resource and Referral Agencies [NJACCRRRA], & The Child Welfare League of America [CWLA]. (2005). *The State of Family Child Care in New Jersey*. Trenton, NJ: NJACCRRRA.
- <sup>n</sup> Pence, A. R., & Goehlman, H. (1991). The relationship of regulation, training, and motivation to quality of care in family child care. *Child and Youth Care Forum, 20(2)*, 83-101.
- <sup>o</sup> Pence & Goelman, 1987.
- <sup>p</sup> Rosenthal, M. K. (1991). Behaviors and beliefs of caregivers in family day care: The effects of background and work environment. *Early Childhood Research Quarterly, 6*, 263-283.
- <sup>q</sup> Bollin, 1993; Eheart & Leavitt, 1986; Esposito & Kalifeh, 2006; Layzer & Goodson, 2007; Marshall, et al, 2003; Mueller & Orimoto, 1995; NJACCRRRA & CWLA, 2005; Pence & Goehlman, 1991; Pence & Goelman, 1987; Rosenthal, 1991.
- <sup>r</sup> Bollin, 1993; Eheart & Leavitt, 1986; Esposito & Kalifeh, 2006; Mueller & Orimoto, 1995; Nelson, 1990; Pence & Goehlman, 1991; Pence & Goelman, 1987; Rosenthal, 1991.
- <sup>s</sup> Bollin, 1993; Eheart & Leavitt, 1986; Mueller & Orimoto, 1995; Pence & Goehlman, 1991; Pence & Goelman, 1987; Rosenthal, 1991.
- <sup>t</sup> Atlanson, 1992; Eheart & Leavitt, 1986; Esposito & Kalifeh, 2006; Layzer & Goodson, 2007; Mueller & Orimoto, 1995; NJACCRRRA & CWLA, 2005; Pence & Goehlman, 1991; Rosenthal, 1991.
- <sup>u</sup> Bollin, 1993; Eheart & Leavitt, 1986.
- <sup>v</sup> Bollin, 1993; Eheart & Leavitt, 1986; Esposito & Kalifeh, 2006; Layzer & Goodson, 2007; NJACCRRRA & CWLA, 2005.
- <sup>w</sup> Mueller & Orimoto, 1995; Pence & Goehlman, 1991; Rosenthal, 1991.
- <sup>x</sup> Marshall, et al, 2003.
- <sup>y</sup> Eheart & Leavitt, 1986; Layzer & Goodson, 2007; Marshall, et al, 2003; Pence & Goehlman, 1991.
- <sup>z</sup> Center for the Study of Child Care Employment & California Child Care Resource and Referral Network. (2006).
- <sup>aa</sup> Eheart & Leavitt, 1986.

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- <sup>bb</sup> Atlanson, 1992.
- <sup>cc</sup> Layzer & Goodson, 2007.
- <sup>dd</sup> Bollin, 1993; Eheart & Leavitt, 1986; Layzer & Goodson, 2007; Marshall, et al, 2003, Mueller & Orimoto, 1995; Nelson, 1990; NJACCRRRA & CWLA, 2005; Pence & Goehlman, 1991; Rosenthal, 1991.
- <sup>ee</sup> Nelson, 1990; Rosenthal, 1991.
- <sup>ff</sup> Pence & Goehlman, 1987.
- <sup>gg</sup> Bollin, 1993; Pence & Goehlman, 1991.
- <sup>hh</sup> Layzer & Goodson, 2007; Marshall, et al, 2003; Mueller & Orimoto, 1995; Nelson, 1990; NJACCRRRA & CWLA, 2005; Rosenthal, 1991.
- <sup>ii</sup> Deery-Schmitt, D., & Todd, C. M., (1995). A conceptual model for studying turnover among family child care home providers. *Early Childhood Research Quarterly, 10*, 121-143; Layzer & Goodson, 2007.
- <sup>jj</sup> Eheart & Leavitt, 1986.
- <sup>kk</sup> Layzer & Goodson, 2007.
- <sup>ll</sup> Pence & Goehlman, 1991.
- <sup>mm</sup> Marshall, et al, 2003.
- <sup>nn</sup> Rosenthal, 1991.
- <sup>oo</sup> Bollin, 1993; Eheart & Leavitt, 1986; NJACCRRRA & CWLA, 2005; Pence & Goelman, 1991.
- <sup>pp</sup> Eheart & Leavitt, 1986; Pence & Goelman, 1987.
- <sup>qq</sup> Mueller & Orimoto, 1995; Nelson, 1990; Pence & Goehlman, 1991.
- <sup>rr</sup> Deery-Schmitt & Todd, 1995.
- <sup>ss</sup> Nelson, 1990.
- <sup>tt</sup> Wattenberg, E. (1977). Characteristics of family day care providers: Implications for training. *Child Welfare, LVI(4)*, 211-229.
- <sup>uu</sup> Lanigan, J., Peterson, K., & Jewett, J. (2006). Building leadership capacity of family home childcare providers. *Journal of Family and Consumer Sciences, 98(1)*, 70-74.
- <sup>vv</sup> Bollin, 1993; Marshall, et al, 2003; Nelson, 1990; NJACCRRRA & CWLA, 2005; Pence & Goehlman, 1991; Pence & Goehlman, 1987.

**I plan to stay in the child care field because...**

"The children are the main reason I stay in the field and I enjoy making sure they have the best care possible. Early childcare has a great effect on how children develop. Providing children the right foundation helps them to be productive their entire lives."

[Data Source: Family Child Care Home Provider Telephone Surveys]

## Child Care Quality Improvement Activities in California

California has historically been committed to supporting early childhood education and child development.<sup>3</sup> In particular, the state's program goals have prioritized quality in child development programs and services. Since the availability of the federal Child Care and Development Block Grant (CCDBG) funds, through which states were mandated to use a percentage for quality improvement, California expanded child care and development services. Through this expansion, the strategy was to fund successful, existing programs and to use the following principles to guide funding decisions:

- Not duplicate existing resources,
- Address unmet needs,
- Address emerging issues,
- Support statewide access to services, and
- Maximize and leverage additional public and private resources to enhance the overall professional development of the field.<sup>4</sup>

These guiding principles directly informed the research questions for this study. In particular, the extent to which family child care home providers were supported was not yet fully known. This descriptive study was a key step in examining and reviewing quality improvement activities to assess the extent to which the statewide system of quality

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<sup>3</sup> Lanham Act in 1943. Licensing law 1913.

<sup>4</sup> Child Care and Development Fund Plan for California. California Department of Education, Child Development Division. (2006). *Quality Improvement Program Plan: 10/1/05-9/30/07*.

improvement programs supports family child care home providers. These results will inform CDD about how existing resources have been used, gaps that still exist, and emerging issues for family child care home providers.

## Current Activities

The CDD Quality Improvement Plan (QIP) describes the use of CCDBG funds in California. From the QIP, eight quality improvement programs were identified as being available to family child care home providers. Each of these programs falls into one of two categories: (1) those that address the specific training and support needs of family child care home providers, and (2) those that serve both center-based and family child care home providers.

Three programs specifically serve family child care home providers:

- ***The Child Care Initiative Project (CCIP)*** – This project strives to create new child care slots in licensed family child care homes throughout the state. It does this by identifying demand needs, recruiting potential family child care home providers, and providing training, technical assistance, and ongoing support.
- ***Family Child Care Association Development Project (FCCADP)*** – The purpose of this program is organizational development – to establish new and strengthen existing local family child care associations through grants and training to licensed family child care home providers. It provides start-up grants, training, and technical assistance to support the development of new and existing associations.
- ***Family Child Care at Its Best (FCCIB)*** – This program works with local agencies and organizations accessed by family child care home providers to provide university-based child development classes within each of the 58 counties throughout California. The goal of the classes is to help providers improve their knowledge, skills, and the quality of care that they provide. Classes qualify for academic credit or continuing education units through University of California – Davis Extension. Training topics include child development, school readiness, health and safety, cultural sensitivity, and management of a family child care business.

Five programs serve the entire early childhood education (ECE) community:

- ***The California Early Childhood Mentor Program (CECMP)*** – This program selects, trains, and compensates qualified, experienced teachers, directors, and providers to mentor student teachers in early childhood settings.
- ***The Child Development Training Consortium (CDTC)*** – This program provides support to the ECE workforce to achieve career and educational goals and promote high quality child care.
- ***Family Partnership Initiative (FPI)*** – This program offers Training-of-Trainers Institutes to support child-development trainers in enhancing partnerships between families and staff in state-funded programs serving children birth to 12 years.
- ***Health and Safety Training*** – This training is funded through federal Child Care and Development Block Grant (CCDBG) funds and is required training for all licensed child care providers in California, including family child care home providers. The intent of this training is to “support improved health and safety training programs” in child care programs in California.<sup>5</sup>
- ***The Program for Infant/Toddler Care (PITC)*** – This program strives to improve child care quality through training on a responsive, relationship-based approach to infant/toddler care. It provides services through two main activities: (1) a comprehensive Training-for-Trainers Institutes, and (2) the Partners for Quality Regional Support Network that provides onsite training and technical assistance directly to center-based teachers and groups of family child care home providers.

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<sup>5</sup> Amended Program Requirements for Health and Safety Training Activities for Licensed and Licensed-Exempt Providers, April 1, 2006 – June 30, 2007.

**My vision of a high quality child care provider is...**

“Respect for children. Love of children. Recognition when stress level is high to step back and take a breath and a break.”

[Data Source: Family Child Care Home Provider Telephone Surveys]

## Study Design and Methodology

### Study Design

This study was designed to be descriptive in scope. It provides a “snapshot” of what quality improvement services are available to the family child care community in California, as well as how those services are utilized. Because the intent of this study was to describe the system and its use, this report does not evaluate or judge the quality of individual programs, groups of programs, or the entire sample of participating programs. Instead, it attempts to achieve the following objectives:

- 1) Describe Child Development Division (CDD)-funded quality improvement activities available to family child care home providers.
- 2) Describe how family child care home providers access and utilize these quality improvement activities.
- 3) Identify additional quality improvement activities accessed by family child care home providers.

There are eight programs that are funded by CDD to support quality improvement in early care and education programs, including family child care homes. These eight programs can be organized into two categories.

The first category consists of three programs that specifically serve family child care homes. They are the following: Child Care Initiative Project (CCIP), Family Child Care at Its Best (FCCIB), and the Family Child Care Association Development Project (FCCADP). All three of these programs were included in all phases of data collection.

The second category consists of five programs that serve California’s early childhood education community in general, and are, as follows: California Early Childhood Mentor Program (CECMP), Child Development Training Consortium (CDTC), Family Partnership Initiative (FPI), Health and Safety Training, and Program for Infant and Toddler Care (PITC). Of these, only CECMP and CDTC were included in all phases of

data collection.

Therefore, of the eight programs funded by CDD to support quality improvement in early care and education (ECE) programs, the five that were considered for this study and included in all phases of data collection, were CECMP, CCIP, CDTC, FCCIB, and FCCADP. The three remaining CDD-funded quality improvement programs - FPI, Health and Safety Training, and PITC – were only included in the first phase of data collection for the following reasons:

- Participants in the FPI training were predominantly from center-based programs; very few family child care home providers have participated to date.
- The Health and Safety Training is required for all licensed child care programs, and, therefore, must be accessed by all licensed family child care homes.
- PITC provides services through train-the-trainer institutes and through onsite training and technical assistance plans to programs. Although family child care home providers directly received this latter aspect of PITC, it is also undergoing a separate experimentally-designed study to determine its efficacy.

In addition, FPI and PITC are activities that are managed by WestEd Center for Child and Family Studies. Although none of the staff working on those projects were involved in this evaluation, a secondary reason for excluding those activities from this study was to minimize perceived conflict of interest.

## Methods

This study was designed to meet the overall study objectives. Data collection occurred in five phases, with each phase informing the next phase. The phases of data collection are listed below, followed by more detailed descriptions.

- 1) During the first phase of the study, WestEd reviewed background information for the eight programs funded by CDD to support quality improvement in programs and conducted a literature review of similar services that existed in states other than California.
- 2) During the second phase of the study, WestEd interviewed CDD consultants about California's Quality Improvement Plan and system of quality improvement programs.

- 3) During the third phase of the study, WestEd interviewed administrators from the CECMP, CCIP, CDTC, FCCIB, and FCCADP programs about the design and implementation of these quality improvement programs.
- 4) During the fourth phase of the study, WestEd conducted focus groups with field staff from the CECMP, CCIP, CDTC, and FCCIB programs and family child care home providers regarding how family child care home providers access and utilize quality improvement services.
- 5) During the fifth, and final, phase of the study, WestEd conducted telephone surveys with family child care home providers throughout California to determine the extent to which their experiences reflected the themes generated from the review of written materials, interviews, and focus groups.

#### **PHASE 1: REVIEW OF BACKGROUND MATERIALS**

First, WestEd reviewed background information provided by CDD and the eight programs funded by CDD to support quality improvement in ECE programs. The background information included scopes of work, monthly and annual reports, and previous evaluation summaries for each project.

Second, WestEd conducted a literature review of quality improvement programs and related systems that exist in states other than California. This review was done to determine the best practices and lessons that could be learned from other states in terms of their own resources available to and accessed by family child care home providers. Initially, WestEd searched for programs that specifically provided quality improvement in family child care homes. Then a search was conducted on available statewide evaluations and best practices. These programs were reviewed to determine their efficacy in supporting quality in family child care homes.

The literature review process was initially guided by the following research question:

- 1) Which states provide training and quality improvement activities to family child care home providers?

Of the states identified as having quality improvement activities, the following questions were explored:

- 2) How were they funded – for example, through public, private, or mixed funding?
- 3) What services were provided? How were these services administered?
- 4) Were evaluations of their programs conducted? If so, how have they used what

they learned?

- 5) How do they interact with other quality improvement programs? Do collaborations exist with other programs? If so, in what ways do these programs collaborate?

If the state was identified as having a system of services supporting family child care, the following questions were explored:

- 6) Do their services form a statewide system supporting licensed family child care homes? If so, is this system separate from one that supports center-based programs?
- 7) How well is the system working?

Keyword searches using “child care quality improvement” and “family child care quality” produced results that guided WestEd to various programs and websites that led to further discovery of information on quality improvement in other states. The National Child Care Information and Technical Assistance Center (NCCIC), Child Care and Early Education Research Connections, and Education Resources Information Center (ERIC) online collections of publications and articles were also helpful in identifying information about quality improvement activities throughout the country.

### **PHASES 2-3: CDD CONSULTANT INTERVIEWS AND ADMINISTRATOR INTERVIEWS**

After a thorough review of each program’s background materials, WestEd developed protocols for interviews with CDD consultants in the Quality Division. The primary purpose of these interviews was to understand the overarching plan for quality improvement in early childhood programs in general, as well as, in family child care homes specifically.

Next, WestEd developed protocols for interviewing administrators from the CECMP, CCIP, CDTC, FCCIB, and FCCADP programs, the five programs considered for this study. The primary purpose of these interviews was to gain a better understanding of how these individual programs were designed and implemented to improve quality in family child care. All program administrators were asked questions to clarify program implementation, strengths and constraints of their programs, and successful collaborations and partnerships with other quality improvement programs. They were also asked to discuss any evaluation data collected about their programs and to identify local staff who could participate in focus groups. Several programs also provided lists of family child care home providers that had participated in their programs.

#### PHASE 4: FOCUS GROUPS

After reviewing all the information gathered from previous activities WestEd developed protocols and research questions for focus groups. It was decided that focus groups would be conducted with two groups of key stakeholders:

- Program field staff working directly with family child care home providers or program staff who provide local level administration, and
- Family child care providers participating in at least one of the five programs included in all phases of data collection.

The CECMP, CCIP and CDTC programs were administered through existing local agencies, such as community colleges and local child care resource and referral agencies (R&Rs). The FCCIB project was implemented locally, but administered statewide. Research questions guiding the development of focus groups with field staff focused on filling in gaps of understanding about how programs were administered and accessed locally. Since there were not local field staff associated with the FCCADP, this program was not represented at these focus groups.

Specific research questions for focus groups with field staff were the following:

- 1) What do family child care home providers need from quality improvement activities provided locally?
- 2) How do family child care home providers access services locally?
- 3) What other programs are family child care home providers accessing locally?
- 4) How do local programs collaborate with other programs? How do these collaborations benefit family child care home providers?
- 5) How do programs provide services locally to family child care home providers? How does the administration of these programs differ across regions?
- 6) What challenges have programs faced providing services to family child care home providers? How have they addressed these challenges?
- 7) What are the programs' strengths when working with family child care home providers? How do they determine their successes?
- 8) How are data used locally to improve services?

The research questions for focus groups with family child care home providers were

developed to understand the accessibility and utilization of quality improvement programs. Research questions were the following:

- 1) What motivates family child care home providers to participate in quality improvement activities?
- 2) What are the points of entry for family child care home providers into quality improvement programs?
- 3) How do family child care home providers access quality improvement activities?
- 4) What do family child care home providers find challenging about participating in quality improvement activities?

#### **PHASE 5: TELEPHONE SURVEYS**

The research questions that guided focus groups with family child care home providers provided the framework for telephone surveys with this population. In particular, the purpose of the telephone surveys was to provide insight into the extent to which the experiences of a statewide sample of family child care home providers reflected the experiences of those participating in focus groups. These research questions were the following:

- 1) What were the points of entry for family child care home providers into quality improvement activities? To what extent were the points of entry into quality improvement programs the same or different across family child care home providers?
- 2) What motivated family child care home providers to participate in quality improvement activities?
- 3) How accessible were the quality improvement programs?
- 4) What was challenging about participating in quality improvement activities for family child care home providers?

**My vision of a high-quality child care environment is...**

"An environment that allows the children to discover for themselves their own bodies and minds and to learn about their own environment. A lot of different books, toys and art projects available to use at their own speed."

[Data Source: Family Child Care Home Provider Telephone Surveys]

## Sampling Design and Study Participation

The sampling design varied for each data collection activity. Separate samples were employed for each method as they provided different perspectives, both generalized and specific, within the child care field. The following is a description of the sampling and study participation for each data collection activity, which occurred in Phases 2 through 5.

### Phases 2-3: Interviews with CDD Consultants and Quality Improvement Program (QIP) Administrators

In October 2007, WestEd conducted interviews with CDD consultants and program administrators responsible for managing quality improvement programs (QIP). The following CDD consultants participated in the interviews: Mary Smithberger, Tom Cole, Gail Brodie, Sy Dang Nguyen, Margaret Bakalian, and Mari Fitch. The following QIP administrators were interviewed: Jacky Lowe and Ana Fernandez (CCIP), Patti Scroggins (CDTC), Linda Olivenbaum (CECMP), Diane Harkins (FCCIB), and Lisa Schulman (FCCADP).

During the interviews, QIP program administrators were asked to identify local field staff who could participate in focus groups. The CECMP, CCIP, CDTC, and FCCIB supplied names of local staff who could participate in focus groups. Since the only staff associated with the FCCADP project was the program administrator, there were not any field staff to participate in these focus groups. Program administrators were also asked to supply WestEd with lists of family child care home providers who had participated in their projects; these lists were used to generate participants for the family child care focus groups and telephone surveys. The CECMP, CDTC, and FCCADP projects provided lists. The list provided by FCCADP was a list generated by the California Association of Family Child Care. FCCIB and CCIP were unable to provide lists for the following reasons:

- FCCIB was unable to provide a list, because they use paper sign-in sheets to count the number of participants in each class and the number of classes offered. They do not have a centralized list of students other than what is tracked through the UC Davis system, which, has strict rules on student confidentiality, so it is a much more involved process to obtain participant information. FCCIB was not able to obtain that information from UC Davis within the time frame needed for this study.
- CCIP was not able to provide a list because they do not have a centralized database of CCIP participants. This information was housed in the local R&Rs. CCIP would like to eventually move to a centralized system, but would need resources and support for this migration.

## Phase 4: Focus Group Participants

WestEd conducted six focus groups with field staff and six with family child care home providers from quality improvement projects. In order to promote diverse participation, focus groups were conducted in the following six regions throughout California: Fresno, Los Angeles, San Diego, Oakland, Sacramento and San Bernardino. The focus groups participants represented the following 22 counties: Alameda, Butte, Contra Costa, Fresno, Glenn, Imperial, Kings, Los Angeles, Madera, Merced, Placer, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Sonoma, Trinity, Tuolumne, and Yolo. The local child care resource and referral agencies (R&Rs) provided meeting space for the focus groups in five of the six regions. Eight to twelve participants were identified for each focus group.

### FOCUS GROUPS WITH FIELD STAFF

Attempts were made via telephone and mail to contact all of the 128 field staff identified through the lists provided by quality improvement program administrators. Out of the 128 contacted, 65 confirmed in advance that they would attend. Reminder phone calls were made to all participants 1-2 days before each focus group. A total of 44 field staff participated across the six focus groups. Table 1 summarizes the number of field staff participating in each location.

**Table 1****Focus Groups with Field Staff from Quality Improvement Projects**

<b>Location</b>	<b>Number of Participants</b>
Valley Oak Children’s Services Chico, CA	7
Central Valley Children’s Services Network Fresno, CA	10
Crystal Stairs, Inc. Los Angeles, CA	4
BANANAS, Inc. Oakland, CA	12
KidsNCare San Bernardino, CA	7
San Diego County Office of Education San Diego, CA	4
TOTAL	44

Note: All focus groups were conducted in English. Language accommodations were not needed for any of the field staff to participate. Participating field staff may have been bilingual, but this was not assessed.

**FOCUS GROUPS WITH LICENSED FAMILY CHILD CARE HOME PROVIDERS**

CCIP staff helped WestEd recruit family child care home providers to participate in those focus groups. A total of 70 family child care home providers confirmed participation in advance, with a total of 76 participating across the six groups. The large number of focus group participants could have been the result of over-recruitment by CCIP coordinators or simply word-of-mouth amongst family child care home providers. Table 2 summarizes the number of family child care home providers participating in each location. Language accommodations were made, as needed, with some groups conducted in Spanish, or with translation.

**Table 2****Focus Groups with Family Child Care Home Providers**

<b>Location</b>	<b>Number of Participants</b>	<b>Description of Group</b>
Central Valley Children’s Services Network Fresno, CA	18	Spanish-speaking providers
Crystal Stairs, Inc. Los Angeles, CA	10	English-speaking providers
BANANAS, Inc. Oakland, CA	11	English, Spanish and Vietnamese-speaking providers
Child Action, Inc. Sacramento, CA	11	English and Spanish-speaking providers
KidsNCare San Bernardino, CA	12	English-speaking providers
San Diego County Office of Education San Diego, CA	14	English and Spanish-speaking providers
TOTAL	76	

**Phase 5: Telephone Survey Respondents**

Telephone surveys were completed during summer 2008. A master list of 686 family child care home providers was compiled from lists provided by quality improvement programs. The master list was then divided into seven regions (refer to Table 3 and Figure 1). WestEd requested information about the languages spoken by family child care home providers on the lists provided by quality improvement programs. Unfortunately, they did not have this information available, which made it impossible for WestEd to plan for surveys conducted in languages other than English or Spanish. WestEd employed interviewers who were fluent in written and spoken English and Spanish to conduct the telephone surveys.

**Table 3**

**California Counties Grouped by Region\***

<b>Region*</b>	<b>County</b>
Northern/Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra Siskiyou, Sutter, Tehama, Trinity, Tuolumne, and Yuba
Sacramento	El Dorado, Placer, Sacramento, and Yolo
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma
Central Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura
Los Angeles	Los Angeles
Southern	Imperial, Orange, Riverside, San Bernardino, and San Diego

\*Regions defined in the *Children Now 2007 California County Data Book*

**Figure 1**

**Map Depicting Seven California Regions Used for Telephone Survey Sampling**



Stratified random samples of 30 providers per region were initially generated. Re-sampling was done, as needed, to meet the goal of completing at least 14 surveys per region. A list was obtained from the Community Care Licensing database, to support re-sampling in the Los Angeles and Southern regions because of small numbers of providers on the lists from quality improvement programs.

Attempts were made to call 316 providers. Of those, 68 (22 percent) could not be reached after multiple attempts. An additional 112 (35 percent) refused to participate in the study, for the following reasons:

- 31 (28 percent) did not have time to participate at the time that they were called.
- 29 (26 percent) refused because they were no longer providing family child care.
- 26 (23 percent) refused because they had not yet participated in any quality improvement programs.
- 26 (23 percent) refused because they did not want to participate.

An additional six providers (2 percent) were unable to participate because they had very limited English skills and their primary language could not be determined. These six providers were from the Community Care Licensing database.

A total of 130 surveys were completed (41 percent of attempts; 104 percent of intended sample). Eleven were conducted in Spanish; 111 were conducted in English. Table 4 presents the numbers of intended interviews, supplied by quality improvement programs (QIPs), and completed by region. Data for eight completed surveys were removed during data analysis because although they had accessed quality improvement activities, they had not participated in any of the following five programs: CECMP, CCIP, CDTC, FCCADP, or FCCIB. The final sample included in analysis was comprised of 122 completed surveys.

**Table 4****Desired Sample, Population, and Number of Completed Interviews by Region**

Region	Desired Sample		Number on Lists from QIPs	Completed Interviews*	
	Number	Percent	Number	Number	Percent
Northern / Sierra	14-18	14.3	97	19	14.6
Greater Bay Area	14-18	14.3	44	17	13.1
Sacramento	14-18	14.3	222	18	13.8
Central Valley	14-18	14.3	143	18	13.8
Central Coast	14-18	14.3	83	17	13.1
Los Angeles	14-18	14.3	57	21	16.2
Southern	14-18	14.3	40	20	15.4
<b>TOTAL</b>	100-125	100.1	686	130	100.0

\*Although they participated in the interviews, eight respondents did not participate in any of the five quality improvement programs considered for this study, so their data were not used in analyses. These eight respondents were from the Bay Area (N=4), Central Valley (N=1), Central Coast (N=2), and Los Angeles (N=1).

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

“The outreach counselor helped me fill out the application, explained to me what classes were good for the next year, and explained my questions.” [sic]

[Data Source: Family Child Care Home Provider Telephone Survey]

## Results

This section presents results from each data collection phase.

### Phase 1: Review of Background Materials

Results from the literature review identified types of quality improvement programs (QIP) and systems of programs that were implemented throughout the country, and that specifically addressed needs of family child care home providers.

Throughout the country, federal Child Care and Development Block Grant (CCDBG) funds were used to fund various types of quality improvement programs, the majority of which were available to both center-based and family child care home providers. In general, initiatives funded with CCDBG funds were quality rating systems, professional growth incentives, wage supplementation, grant programs, training registries, and training, technical assistance, and site-visit consultations provided through local resource and referral agencies (R&Rs).

Eight states had quality improvement programs that specifically served family child care homes. They were Alabama, Connecticut, Georgia, Louisiana, Maryland, Massachusetts, South Dakota, and Wisconsin.

- Five of these states funded quality improvement for family child care homes through training, technical assistance, site visit consultations, or ongoing support. These activities were largely directed toward starting family child care businesses, helping existing family child care businesses to improve the quality of the care environment, providing training on child development, and moving existing family child care businesses toward accreditation or a Child Development Associate’s degree.

- Two states provided grants to family child care home providers to improve the environment or to offset costs of opening a family child care.
- One state funded a mentor program for family child care home providers, where experienced family child care home providers mentored those who were new to the field.
- The U.S. Army and U.S. Coast Guard provided training and support to family members of military personnel for the dual purposes of improving the quality of family child care and creating employment opportunities for family of military service members.

Evaluations of quality improvement programs were sparse. The literature review yielded one study that resulted in the establishment of a family-child-care-focused quality improvement program in Connecticut. The study found that the number of licensed homes was declining due to unmet licensing requirements. The evaluation led to the implementation of a program that provided resources to family child care home providers to help them successfully start and improve their family child care homes.

### Phases 2-3: Interviews with CDD Consultants and QIP Administrators

As a result of interviews with CDD consultants and QIP administrators and the review of background materials, a statewide perspective on the QIP system was gained. This statewide perspective was summarized in the “Quality Improvement Programs in California” section of this report.

As previously discussed, eight programs were funded by CDD to support quality improvement in early care and education (ECE) programs. Five were considered for this study and included in all phases of data collection: California Early Childhood Mentor Project (CECMP), Child Care Initiative Project (CCIP), Child Development Training Consortium (CDTC), Family Child Care at Its Best (FCCIB), and Family Child Care Association Development Project (FCCADP). An overall understanding of each of these individual QIPs was developed and described through program summaries and logic models that depicted the resources, activities, and intended outcomes for each of the five programs considered for this study. These individual program summaries and logic models are located in Appendix B. Following are short summaries of each of these programs:

- ***The California Early Childhood Mentor Program (CECMP)*** – This program selects, trains, and compensates qualified, experienced teachers, directors, and family child care home providers to mentor student teachers,

who are enrolled in a practicum class for credit, in early childhood settings. This program is administered statewide, and there are coordinators at 95 participating community colleges. During the 2005-06 fiscal year, there were a total of 635 mentors, of which only 40 were family child care home providers.

- ***The Child Care Initiative Project (CCIP)*** – This project strives to create new child care slots in licensed family child care homes throughout the state. It does this by identifying demand, recruiting potential family child care home providers, and providing training, technical assistance, and ongoing support, emphasizing quality and retention. There are 71 CIPP sites throughout California, housed at local R&Rs. Larger counties have more than one local R&R and more than one CIPP grant. According to their 2007-08 annual report, CIPP recruited 1,415 new family child care homes and created 5,590 new child care slots.
- ***The Child Development Training Consortium (CDTC)*** – This program provides support to the ECE workforce to achieve career and educational goals and promote high quality child care. CDTC reimburses ECE students for educational expenses, such as tuition, enrollment fees, and books. It provides funds and technical assistance to center-based teachers and family child care home providers to obtain Child Development Permits. It provides training and support for Professional Growth Advisors, who provide consultation to ECE students for selecting classes toward attaining a Child Development Permit or academic degree. It also provides financial support for the California School-Age Consortium, which supports professionals caring for school-age children. During the 2006-07 fiscal year, CDTC provided services to 20,110 members of the ECE workforce, including both center-based and family child care home providers.
- ***Family Child Care Association Development Project (FCCADP)*** – The purpose of this program is organizational development – to establish new and strengthen existing local family child care associations in California’s rural northern counties. It provides start-up grants, training, and technical assistance to support the development of new and existing associations.
- ***Family Child Care at Its Best (FCCIB)*** – This program works with local agencies and organizations to provide university-based child development classes for family child care home providers. The goal of the classes is to help family child care home providers improve their knowledge, skills, and the quality of care that they provide. Classes qualify for academic credit or

continuing education units through University of California – Davis Extension, but are provided within each of the 58 counties throughout California. Training topics include child development, school readiness, health and safety, cultural sensitivity, and management of a family child care business. Over 8,000 students participated in 501 FCCIB classes during the 2006-07 fiscal year.

Overall, most programs identified funding as a challenge and, therefore, found it necessary to consolidate resources through partnerships and collaborations with other QIPs and community-based organizations in order to meet their programs' objectives. For example, CECMP and CDTC relied on local community colleges to provide outreach to ECE students, including current and future licensed family child care home providers. CCIP, FCCADP, and FCCIB relied on the local R&R for outreach. Partnerships were not only key to providing outreach, but facilitated understanding of the local needs of family child care home providers and how best to address those needs.

The quality improvement programs specifically serving licensed family child care home providers (CCIP, FCCADP, FCCIB) seemed to take a more active role in recruiting participants as compared with QIPs who served ECE students more generally. They did this by presenting at Child Care Licensing (CCL) orientations and through cross referrals. The local R&R frequently facilitated entry of family child care home providers into these QIPs.

The community colleges most frequently facilitated entry into the CECMP and CDTC programs by college students who sought out these services. The vast majority of CECMP participants were center-based ECE staff rather than family child care home providers, which is reflective of college ECE student population. CDTC was not able to distinguish between the number of participants who were current or potential family child care home providers.

The three remaining CDD-funded quality improvement programs – Family Partnership Initiative (FPI), Health and Safety Training, and Program for Infant/Toddler Care (PITC) – were only included in the first phase of data collection. Summaries of these programs were developed from their annual reports. These are located in Appendix C. Logic models were not developed. Following are short statements summarizing each of these programs:

- ***Family Partnership Initiative (FPI)*** – This program offers Training-of-Trainers Institutes to support child-development trainers in enhancing partnerships between families and staff in state-funded programs serving children birth to 12 years. The Institutes are intended for child development

leaders who impact the professional development of ECE practitioners in their regions, providing them with techniques for assisting program staff with incorporating family partnerships in their staff development, program goals, and evaluation activities. Family child care home providers benefit from this program when they are part of a family child care home network that receives support from a Training-of-Trainers participant. FPI participants have reached over 1,800 individuals in the ECE workforce; however, it is unclear how many of those may have been family child care home providers.

- ***Health and Safety Training*** – This training is funded through federal Child Care and Development Block Grant (CCDBG) funds and is required training for all licensed child care providers in California, including family child care home providers. The intent of this training is to “support improved health and safety training programs” in child care programs in California.<sup>6</sup> This training is administered through the local R&R and consists of 15 hours of preventative health training.
- ***The Program for Infant/Toddler Care (PITC)*** – This program strives to improve child care quality through training on a responsive, relationship-based approach to infant/toddler care. It provides services through two main activities: (1) a comprehensive Training-for-Trainers Institutes, and (2) the Partners for Quality Regional Support Network that provides onsite training and technical assistance directly to center-based teachers and groups of family child care home providers. Nominal cash awards, resource grants, and academic credit are available to ECE program staff participating in Partners for Quality services. During the 2007-08 fiscal year, Partners for Quality provided over 12,000 hours of onsite training and technical assistance to approximately 4,500 infant care teachers caring for over 17,000 infants and toddlers. Approximately 40 percent of Partners for Quality participants are family child care home providers.

#### **Phase 4: Focus Groups with QIP Field Staff and Family Child Care Home Providers**

Several themes were derived from the focus group dialogues with QIP field staff and family child care home providers. Specifically, results identified entry points and access points to quality improvement activities, ways that quality improvement activities were

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<sup>6</sup> Amended Program Requirements for Health and Safety Training Activities for Licensed and Licensed-Exempt Providers, April 1, 2006 – June 30, 2007

accessed and utilized by family child care home providers, motivations for utilizing services, additional resources accessed, and providers' perceptions of the impact of quality improvement activities on the care they provided. Overall results are summarized below. A thorough summary of all results is located in Appendix D.

### **ENTRY POINTS AND ACCESS POINTS**

Participants identified entry points and access points to quality improvement activities. An “entry point” was defined as the place where a provider first entered into the system of quality improvement services. An “access point” was defined as the place through which providers, who had previously utilized services, would return when they were ready to access additional quality improvement services. Common entry and access points were R&Rs, family child care associations, and community colleges. Also, additional services and resources for family child care home providers were identified regionally, such as services provided in specific languages, projects serving military families, city-funded programs, First 5 projects, and local child care planning council projects. Information from the focus groups informed the first draft of a system map that depicted entry and access points to this system. The system map was later refined to reflect data collected through telephone surveys. The system map is described in the next section.

### **UTILIZATION OF QUALITY IMPROVEMENT ACTIVITIES**

Overall, there was variety in the activities that family child care home providers utilized. Regardless of the length of time in the field, participants overwhelmingly said that they chose services based on their immediate needs. They particularly favored training about the business aspect of running a family child care home and practical ideas that they could easily apply in their work. They also accessed different types of quality improvement activities for different needs. Many providers created their own support systems through networking and informal support groups.

### **MOTIVATIONS TO UTILIZE QUALITY IMPROVEMENT ACTIVITIES**

Focus group participants identified the various motivations of family child care home providers to utilize quality improvement activities. They mentioned motivations, such as the technical assistance they received through these services; the relationships built with QIP staff; incentives received, such as materials for their programs and free training; resources and services in their home languages; and the desire to provide quality care for the children in their programs.

### **ADDITIONAL RESOURCES AND SERVICES DESIRED**

Participants identified resources desired for family child care home providers, beyond those currently available. Field staff, especially those working at programs housed at the

R&Rs, wanted a more comprehensive orientation for potential licensed providers to determine whether family child care was the right choice for them. Providers wanted a “one-stop shop” to access quality improvement activities at one location. They also wanted classes at the community college, including general education courses, available on a more flexible schedule, in order to enable them to both work and continue their education. Other desired resources included affordable health insurance, a substitute pool, grants to allow for sick time, and grants to help them improve the child care environment. Both field staff and family child care home providers desired resources and opportunities for training and workshops that expanded upon particular topics. They also desired training and resources in languages other than English, more professionalization of licensed family child care through higher minimum requirements for professional development.

### IMPACT OF QUALITY IMPROVEMENT ACTIVITIES

Focus group participants identified several ways that participating in quality improvement activities positively impacted family child care home providers. Field staff reported positive changes made by providers to make their family child care homes more “child-friendly.” Participants reported greater retention in the field because of the relationships that they made with field staff and other family child care home providers through quality improvement activities. Many providers viewed themselves more professionally – some printed business cards or began attending state and national early childhood conferences. They reported receiving more respect from parents. Some became mentors to other family child care home providers, either in formal or informal ways. Many reported sharing what they learned from quality improvement activities with parents of children in their programs, including ideas for activities that parents could do with their children at home. Finally, providers felt more confident in their own abilities, and became stronger advocates for family-friendly and early childhood policies at the local and state levels.

### REGIONAL VARIATION

In San Diego County, it was apparent that a strong, collaborative relationship existed between the local R&R, CCL, and the family child care association. This strong relationship provided a navigatable system where providers were able to easily identify services that were most appropriate for their needs. Mentoring for newer family child care home providers was formalized in a system that created opportunities for seasoned family child care home providers as mentors and trainers. High levels of professionalism and strong family-child-care identities were also evident amongst these providers.

In Fresno County, the unemployment office was a unique point of access to QIP services. For example, it often referred individuals to the local R&R for information about

becoming a licensed family child care home.

## Phase 5: Telephone Surveys with Licensed Family Child Care Home Providers

Results from telephone surveys with licensed family child care home providers are summarized in tables in Appendix E.

### PARTICIPATION IN QUALITY IMPROVEMENT ACTIVITIES

Survey respondents were asked several questions to ascertain whether they had actually participated in each of the five quality improvement programs (refer to Appendix E, Table E-1). Several questions were asked because providers often did not recognize the programs for name. For example, family child care home providers who did not recognize the FCCIB program by name often recognized “UC Davis training.” Further, they were more likely to attribute the services provided by CCIP as being provided through the R&Rs. Participation in each of the five quality improvement programs considered for this study was summarized as follows:

- The highest participation was in CCIP – over two-thirds had participated; two out of five were still participating.
- Over half had also participated in CDTC and FCCIB – three out of five had participated in each of these programs; one in four were still participating in CDTC and one in five were still participating in FCCIB.
- Eight (7 percent) had participated as mentors in CECMP. Four were still participating as mentors, representing 10 percent of CECMP family child care mentors statewide.
- The majority (N=87; 71 percent) had participated in two or more quality improvement programs.

### YEARS IN THE FIELD

Respondents were asked how long they had worked in the child care field and how long they planned to stay (refer to Appendix E, Table E-2). More than two-thirds had worked in the child care field for more than 10 years. Over half indicated that they intend to stay in the field for more than 10 years.

- All eight (100 percent) participating in CECMP had been in the field for more than 10 years; more than two-thirds of those participating in CDTC,

FCCADP, and FCCIB had been in the field for more than 10 years; 60 percent of those participating in CCIP has been in the field for more than 10 years (refer to Appendix E, Table E-3).

- Higher percentages of respondents participating in CCIP, FCCADP, and FCCIB – the three programs that served only family child care home providers – had been in the field for fewer than three years compared with the percentage of respondents participating in CECMP and CDTC (refer to Appendix E, Table E-3).
- Respondents from the Central Valley Region had been in the field for the shortest length of time – more than one in five had been in the field for less than one year. Respondents from Los Angeles had been in the field the longest – over 90 percent had been in the field for more than 10 years (refer to Appendix E, Table E-4).
- The highest percentage of respondents (34 percent) had been in the field for more than 10 years and intended to remain in the field for at least 10 more years (refer to Appendix E, Table E-5).
- Respondents participating in CECMP expected to remain in the field for the shortest length of time – only 50 percent intended to remain for more than five years compared with more than 60 percent of respondents participating in the other programs (refer to Appendix E, Table E-6).
- Respondents from the Bay Area, Northern/Sierra, and Central Coast expected to remain in the field the longest – two-thirds or more intended to remain for more than 10 years compared with 50 percent or fewer respondents from the other regions (refer to Appendix E, Table E-7).
- The seven respondents who had been in the field for fewer than three years accessed significantly fewer programs than those who had been in field for three or more years (one less program, on average,  $t = -2.619$ ,  $df = 9$ ,  $p = .028$ ).

#### LEARNED ABOUT QUALITY IMPROVEMENT PROGRAMS

Survey respondents were asked how they heard about each of the five quality improvement programs considered for this study (refer to Appendix E, Table E-8).

- College professors or teachers (63 percent) were the most common way that respondents learned about CECMP, which is a program offered through community colleges.

- The most common ways that respondents learned about CDTC were through local community colleges (51 percent), local R&Rs (44 percent), college professors or teachers (43 percent), fliers received through the mail (41 percent), or fliers posted on college campuses (41 percent).
- The most common ways that respondents heard about the three programs that specifically served family child care home providers – FCCIB (73 percent), CCIP (63 percent), and FCCADP (54 percent) – was through the local R&R.
- In addition to the local R&R, the most common ways that respondents heard about FCCADP was through the local family child care association (52 percent) or a flier received in the mail (50 percent).

Respondents were asked about to indicate how influential several referral sources were to their participation in each quality improvement program (refer to Appendix E, Table E-9).

- College professors or teachers (50 percent) were the most influential sources for respondents participating in CECMP. College professors or teachers (21 percent) and the local community college (16 percent) were the most influential sources for respondents participating in CDTC.
- R&Rs were the most influential source for respondents participating in FCCIB (56 percent), CCIP (45 percent), and FCCADP (19 percent).

Respondents were asked to rate the extent to which several motivations influenced their participation in quality improvement activities (refer to Appendix E, Table E-10).

- The two most common responses across all programs were (1) to improve quality (63 to 90 percent), and (2) to be more confident caregivers (67 to 81 percent).
- Eight in ten respondents participating in CCIP, CDTC, and FCCIB also identified “learning more about child development” as very influential.
- Seven in ten respondents participating in CCIP, CDTC, and FCCIB indicated that “learning how to deal with behavioral problems” was very influential.

Respondents were asked about reasons why they chose to participate in each quality improvement program (refer to Appendix E, Table E-11).

- The most common responses across all programs were (1) “trust” in the program staff (81 to 100 percent), (2) “they give thorough and complete information” (70 to 88 percent), (3) “they offered the specific services I was looking for” (67 to 92 percent), and (4) “I have a good relationship with them and their staff” (67 to 78 percent).
- Other responses that were very high for specific programs were the following:
  - “They offered connections to community college classes” (77 percent), tuition reimbursement (69 percent), or help getting a permit (67 percent) for CDTC respondents.
  - “They offered continuing education classes” for FCCIB (75 percent) respondents.
  - “They offered training about how to start a family child care home” for CCIP (71 percent) respondents.
  - “My first contact led me there” for CCIP (68 percent) and FCCIB (67 percent) respondents.

When asked about other programs and agencies where they had accessed quality improvement activities (refer to Appendix E, Table E-12), four out of five identified the R&Rs; two-thirds identified the local First 5 agency, and over half identified CARES.

Respondents were asked about the reasons why they were currently involved with quality improvement programs (refer to Appendix E, Table E-13). Two-thirds or more said that they were involved for two reasons: (1) they liked learning about child development, and (2) the program provided the training they needed. Additionally, over half indicated that they valued the relationships that they have with staff and that they liked receiving mentoring.

The primary reasons varied slightly by region (refer to Appendix E, Table E-14):

- For *Northern/Sierra* respondents, the two most common reasons mirrored the overall results: (1) they liked learning about child development (83 percent), and (2) the program provided the training they needed (78 percent).
- For *Bay Area* respondents, the three most common reasons were (1) they liked learning about child development (62 percent), (2) they liked receiving mentorship (54 percent), and (3) it was moving them toward a degree (54 percent).

- For ***Sacramento*** respondents, the two most common reasons were (1) they liked learning about child development (89 percent), and (2) they valued the relationships that they had with staff (83 percent).
- For ***Central Valley*** respondents, the two most common reasons mirrored the overall results: (1) they liked learning about child development (65 percent), and (2) the program provided the training they needed (65 percent).
- For ***Central Coast*** respondents, the two most common reasons were (1) the program provided the training they needed (53 percent), and (2) it was moving them toward a degree (53 percent).
- For ***Los Angeles*** respondents, the two most common reasons mirrored the overall results: (1) they liked learning about child development (68 percent), and (2) the program provided the training they needed (68 percent).
- For ***Southern*** respondents, the three most common reasons were (1) they liked learning about child development (65 percent), (2) the program provided the training they needed (60 percent), and they liked receiving mentorship (60 percent).

Respondents were asked about other programs they accessed for quality improvement activities (refer to Appendix E, Table E-15). Half of the respondents, or 61 of 122, indicated that they had accessed services at other programs. Of those, over one-fourth accessed services through the local family child care association.

#### **SUPPORT RECEIVED FROM QUALITY IMPROVEMENT PROGRAMS**

Survey respondents were asked to rate the helpfulness of several types of support they may have received from quality improvement programs and to choose the one support that was the most helpful (refer to Appendix E, Table E-16). More than four out of five respondents rated the following as “mostly” or “very” helpful:

- Having a relationship with an agency that understands family child care home providers (89 percent),
- Learning strategies in order to handle behavioral problems (85 percent),
- Learning strategies in order to communicate better with families (85 percent), and
- Advanced level trainings for providers in child development.

The two supports most frequently selected as most helpful were (1) learning strategies to handle children’s behavioral problems (13 percent), and (2) learning how to run their family child care as a business (10 percent).

Over half of the respondents (N=69; 57 percent) indicated that they had developed personal relationships with staff at programs and agencies where they had engaged in quality improvement activities (refer to Appendix E, Table E-17).

- Over one in three had developed personal relationships with staff at CCIP (37 percent).
- More than one in four had developed personal relationships with staff at the local R&R (25 percent).
- One in five had developed personal relationships with staff at CDTC (23 percent).

Respondents reported that the most helpful aspects of the personal relationships they developed with program staff were support and confidence to ask questions.

#### **ADDITIONAL RESOURCES OR SERVICES DESIRED**

Survey respondents were asked to rate how helpful various types of support might be for improving the quality of care they provide and to choose one that would be the most helpful (refer to Appendix E, Table E-18). The three desired supports rated most highly were the following:

- Community colleges accommodating the scheduling needs of family child care home providers by offering classes, including general education classes, on the weekends and evenings,
- More advanced training and classes offered in child development, and
- A single contact person or organization to help them access all available professional development opportunities.

#### **PERCEIVED IMPACT ON CHILD CARE QUALITY**

Survey respondents were asked to indicate their levels of agreement with several statements about their perceptions for how the quality improvement programs had improved the quality of child care they provide (refer to Appendix E, Table E-19).

- CECMP and CCIP were the programs with the highest percentages of respondents indicating that participation in those programs had improved child care quality.
  - CECMP respondents indicated that it helped them to create a professional support system (63 percent) and provided necessary support for remaining in the field (63 percent).
  - CCIP respondents indicated that they had made positive changes to the family child care home environment (63 percent), became more responsive to children (62 percent), and used more positive guidance with the children in their care (62 percent).
- About half or more of the respondents who had participated in CDTC and FCCIB felt that these programs had helped them improve quality in many areas, including to the child care environment, and in their relationships with children and families.
- FCCADP had the lowest percentage of respondents indicating that participation had improved child care quality. The highest rated impacts for FCCADP participants were that it helped them to create a professional support system (36 percent) and provided with necessary support for staying in the field (35 percent).

#### PERCEIVED IMPACT ON PROFESSIONALISM

Survey respondents were asked to indicate their levels of agreement with several statements about their perceptions of how the quality improvement programs had promoted their sense of professionalism (refer to Appendix E, Table E-20).

- CECMP had the highest percentage of respondents indicating that participation had improved their feelings of professionalism – 88 percent reported feeling improvements in the following areas: confidence in their child care abilities, confidence communicating with parents, more professional and business-like, more knowledgeable about child development, becoming a mentor to others, and becoming an advocate for the field and for families. Additionally, 63 percent felt that they had become someone with more options and opportunities than they had before.
- Six in 10 respondents for CCIP reported positive improvement in their knowledge of child development, confidence in their child care abilities, and becoming more professional or business-like in their programs.

- More than half of the respondents who had participated in CDTC and FCCIB felt that these programs had helped improve their sense of professionalism in many areas, including their knowledge of child development and their confidence in their child care abilities.
- FCCADP had the lowest percentage of respondents indicating that participation had improved their sense of professionalism. The highest rated improvements were in their (1) confidence in their child care abilities (39 percent), and (2) sense of being someone with more options and opportunities than before (39 percent).

### PROFESSIONAL GROWTH GOALS

Survey respondents were asked about several professional growth goals still desired (refer to Appendix E, Table E-21). The goals most often still desired were:

- To increase child development knowledge (88 percent),
- To improve the child care environment (85 percent), interactions with children (84 percent), and materials (80 percent),
- To improve their child care business overall (80 percent), and
- To become a mentor (71 percent).

### RECOMMENDING QUALITY IMPROVEMENT PROGRAMS

Survey respondents were asked whether they had recommended each of the five quality improvement programs in the past, and whether they would recommend each program in the future (refer to Appendix E, Table E-22). Overall, the vast majority had recommended (83 to 100 percent) and would recommend (89 to 100 percent) each program.

- All eight (100 percent) CECMP respondents said they had recommended it in the past and would recommend it in the future.
- All 71 (100 percent) FCCIB respondents said they would recommend this program in the future.

## Sequence of Participation in Quality Improvement Activities

A case summary approach was used to understand the sequence of participation by survey respondents in the five quality improvement programs considered for this study, and to document their participation in other quality improvement programs. The sequence of participation for individual cases were summarized and are represented in tables by region (refer to Appendix F). The individual case summaries documented the order that respondents participated in CCIP, CDTC, FCCADP, and FCCIB. Participation in each of these four programs was uniquely represented by icons in specific geometric shapes and colors, as designated in the legend at the bottom of the page. The icons were organized for each respondent in the order that respondents reported participating in each program. For example, a blue square followed by a green pentagon meant that the respondent reported participating in two programs – CCIP first, followed by CDTC. Participation in CECMP was not indicated for individual cases because there were only eight respondents overall who participated in this program and it would therefore be possible to identify individual cases. Other agencies where respondents indicated that they had participated in services were also indicated for each respondent, though the order of participation in these services was not tracked.

In reviewing the case summaries, both general and specific patterns of participation emerged for the five programs considered for this study. First, results of the analysis of the general patterns were summarized into a figure in Appendix G. The general flow of participation in the five quality improvement programs considered for this study could be summarized as follows:

- Most participated in CCIP (68 percent), CDTC (62 percent), and FCCIB (60 percent).
- Most respondents entered the system through CCIP. After participating in CCIP, most then accessed services through FCCIB and FCCADP. When respondents did not first participate in CCIP, they most often accessed CCIP after participating in CDTC.
- The second most common way that respondents entered the system was through CDTC. After participating in CDTC, respondents who did not exit the system then participated in CCIP, FCCADP, or FCCIB.
- CECMP and FCCADP were most often the last programs accessed by respondents.

- When CECMP was not the last program where respondents participated, then they most often accessed FCCADP after CECMP.
- When FCCIB or FCCADP was not the last program where respondents participated, then they most often accessed CDTC next after participating in FCCIB or FCCADP.

Specific patterns that emerged across the seven regions are summarized below (see Tables F-1 to F-7):

- Respondents in the Northern/Sierra region accessed the greatest number of services – overall, more than half of respondents from this region accessed three or more of the five quality improvement programs considered for this study.
- In the Bay Area, Sacramento, and Central Valley regions, more than one-third of the respondents accessed three or more programs.
- Respondents in the Central Coast region participated in the fewest number of programs overall – about one-fourth participated in three or more programs.

Regional variations in participation are summarized below (see Tables F-1 to F-7):

- **CECMP** – Only eight respondents overall had participated in CECMP. It was not the first program accessed, but rather was accessed after CDTC for five respondents and after FCCIB for three respondents. It was most often accessed by respondents from the Los Angeles region. It was the second program accessed for four respondents, the third program accessed for three respondents, and the fourth program accessed for one respondent.
- **CCIP** – CCIP was frequently the first of the five programs considered for this study that was accessed by respondents. Over three-fourths of respondents in the Northern/Sierra, Sacramento, and Central Valley regions participated in CCIP. Participation was lowest for Bay Area respondents, though still more than half had accessed it. Many respondents in the Sacramento, Central Valley, and Central Coast regions went on to participate in FCCIB after participating in CCIP.
- **CDTC** – All respondents from the Bay Area had accessed CDTC and it was the first program accessed for 69 percent. Participation in CDTC was also high (over 70 percent) among respondents in the Northern/Sierra and Los Angeles regions. Participation was lowest in the Central Valley region (fewer than one-

third of cases). It was most often immediately preceded by FCCIB in the Central Valley and Central Coast regions.

- **FCCIB** – Participation in FCCIB was near 90 percent among respondents in the Northern/Sierra region. It was also high (more than two-thirds) for respondents in the Central Coast, Central Valley, and Sacramento regions. In the regions where participation was high, it was frequently the first program accessed. Participation was lowest for Bay Area respondents (fewer than one-fourth), and it always occurred later in the sequence of programs in this region.
- **FCCADP** – Participation in FCCADP was highest in the Northern/Sierra (74 percent) and Southern (60 percent) regions. Fewer than one-third of respondents from the Sacramento and Central Valley regions, 35 percent of respondents from Los Angeles, and 38 percent of respondents from the Bay Area participated in FCCADP. In a few rare instances, it was the first program accessed. It was most often the last program accessed.
- Across all regions, 89 percent or more of respondents accessed other quality improvement programs in addition to the five programs considered for this study. These “other” programs accessed were most often the following:
  - The local resource and referral agency (Northern/Sierra, Sacramento, Central Valley, Los Angeles, and Southern regions).
  - The local First 5 (Northern/Sierra, Bay Area, Central Valley, and Central Coast regions).
  - CARES (Sacramento region).

**My vision of a high quality child care provider is...**

"Provides safety, tenderness, openness, and education."

[Data Source: Family Child Care Home Provider Telephone Surveys]

## System Map

A system map was constructed to visually represent the system of quality improvement programs for family child care home providers in California, as well as, the relationships between the various activities and family child care home providers' flow of entry and access into this system (refer to Appendix H).

The system was comprised of programs and projects that served both the larger child care community, as well as, those that served family child care specifically. The map demonstrates entry points, access points and collaborations between programs. An "entry point" was defined as the program through which a provider first entered into the system of quality improvement services. An "access point" was defined as the program through which family child care home providers, who had previously utilized services, would return when they were ready to access additional quality improvement services.

The first iteration of this system map was developed after the following data collection activities: the CDD consultant interviews, QIP administrator interviews, and focus groups with QIP field staff and family child care home providers. The map was reviewed and revised following the telephone surveys with family child care home providers.

### MEANS OF ENTRY

The two most common referrals into the system of quality improvement activities for family child care home providers were (1) word-of-mouth and (2) Community Care Licensing (CCL).

- Word-of-mouth from other family child care home providers was one of the most common means through which a provider connected to an entry point. Friends and family members, who had already entered into the system of quality improvement services, would often direct potential providers or unconnected providers into the system.

- CCL was also a common vehicle through which providers entered into the system of services. Oftentimes, CCL gave providers a list of programs offering quality improvement services, or referred them to local resource and referral agencies (R&Rs). Providers who took the CCL Health & Safety Training were referred to the R&Rs to obtain reimbursement for the training. In some counties, the R&Rs either hosted the CCL orientation or attended the orientation. In these ways, the R&Rs became entry points for providers going through the licensing process.

### ENTRY POINTS AND ACCESS POINTS

Three major entry points into the five programs considered for this study were (1) the R&Rs, (2) community colleges, and (3) family child care associations. Once providers entered into the system, these entry points were the key points of access for other services.

- The R&Rs were the predominant entry point, funneling family child care home providers into CCIP, which is housed at the R&Rs, but also into FCCIB, FCCADP, and other quality improvement activities, such as PITC, CARES, Health & Safety Training, and other local services.
- Community colleges were the next most common entry point, and they primarily referred providers to CDTC and CECMP, the two programs that were administered through community colleges and that provided financial incentives to participating students. Other programs accessed through community colleges were PITC, CARES, and local programs.
- Few providers first entered into the system of services through family child care associations. Programs accessed through family child care associations were information support groups, CARES, and local programs.

The CCIP and CDTC programs were also identified as entry points for some family child care home providers. However, since CCIP and CDTC were administered at the R&Rs and community colleges, respectively, it was unclear whether CCIP and CDTC were the access points or whether the R&Rs and community colleges were the access points. Access to CDTC was through community colleges, so, once they entered into this system, they were able to access additional services through the community colleges. With CCIP being located at the R&Rs, for providers first entering the system through CCIP, the R&Rs then became the access point for additional services.

When the R&Rs were the entry point, they typically became the access point through which providers returned to participate in other quality improvement activities. The

R&Rs essentially were a “hub” for accessing services. In particular, they connected family child care home providers with the following projects and programs: FCCADP, CARES, PITC, FCCIB, CECMP, Health & Safety Training, local planning council projects, local First 5 projects, and local city or county programs.

Family child care home providers, who first entered the system of services through community colleges, followed a similar path to those who entered into the system through the R&Rs. Providers who started at the community college learned about and accessed further quality improvement activities through the college. Quality improvement projects and activities they typically accessed through the community colleges included: CECMP, FCCIB, CDTC, PITC, CARES, NAEYC, CAEYC, and local city or county programs.

When the entry point was the family child care association, this generally became the access point to CARES, NAEYC, CAEYC, local First 5 projects, local city or county programs, and informal support groups. For some family child care home providers who were not already part of a family child care association, FCCADP provided access to a family child care association, through which they then accessed other quality improvement activities.

## COLLABORATIONS

Collaborations existed between many of the entities in the quality improvement system and appeared to facilitate access to services for family child care home providers.

- In many counties, there were active collaborations between Community Care Licensing (CCL) and the R&Rs. In some counties, the R&Rs hosted the CCL licensing orientation. In others, local R&R staff visited the licensing orientation and provided information to potential licensees about services available through the R&Rs.
- Collaborations also existed among the entry and access points – community colleges, local family child care association, and the R&Rs. These organizations provided cross-referrals, to facilitate access to additional services for family child care home providers. In addition, both community colleges and R&Rs frequently provided meeting or training space for many of the programs.
- Collaborations that existed among the quality improvement programs were as follows:
  - Between CCIP and FCCIB.

- Between CDTC and CECMP.
- Between CARES and local city and county programs, local First 5 programs, and local planning council programs.
- Between local First 5 and local planning council programs.

**My vision of a high quality child care provider is...**

"In tune with children to create conversations and to get to know them. Is able to be a manager for the day-to-day needs of the children as well as create a stimulating environment."

[Data Source: Family Child Care Home Provider Telephone Surveys]

## Overall Summary of Results

The results of this study described the system of quality improvement activities available to and accessed by family child care home providers in California. After a review of systems and quality improvement activities in other states, it became clear that California was unique in how quality improvement activities were provided for family child care home providers. California appears to have one of the most comprehensive systems of services for improving quality in family child care.

California's state-funded quality improvement system is comprised of three activities that were developed for family child care specifically and five activities that were developed for the early childhood education community in general, including both child care centers and family child care homes.

The following five programs were considered for this study:

- ***The California Early Childhood Mentor Program (CECMP)*** – This program selects, trains, and compensates qualified, experienced teachers, directors, and family child care home providers to mentor student teachers, who are enrolled in a practicum class for credit, in early childhood settings.
- ***The Child Care Initiative Project (CCIP)*** – This project strives to create new child care slots in licensed family child care homes throughout the state. It does this by identifying demand, recruiting potential family child care home providers, and providing training, technical assistance, and ongoing support, emphasizing quality and retention.
- ***The Child Development Training Consortium (CDTC)*** – This program provides support to the ECE workforce to achieve career and educational goals and promote high quality child care through reimbursements for educational expenses, such as tuition, enrollment fees, and books.

- ***Family Child Care Association Development Project (FCCADP)*** – The purpose of this program was to establish new and strengthen existing local family child care associations.
- ***Family Child Care at Its Best (FCCIB)*** – This program works with local agencies and organizations to provide university-based child development classes for family child care home providers.

Additionally, the current study identified local resources and other statewide programs, that were not funded by CDE, but that contributed to the system of quality improvement activities accessed by family child care home providers. Programs providing these other activities were not comprehensively reviewed for this study; however, their inclusion in some data collection phases provided additional information about how service gaps and regional needs were addressed.

Results from focus groups and telephone surveys from the current study are summarized below, and describe the system of quality improvement activities available to and accessed by family child care home providers in California.

#### **FOCUS GROUP RESULTS**

An “entry point” was defined as the place where a provider first entered into the system of quality improvement services. An “access point” was defined as the place through which providers, who had previously utilized services, would return when they were ready to access additional quality improvement services. Common entry and access points were R&Rs, family child care associations, and community colleges. Also, additional services and resources for family child care home providers were identified regionally, such as services provided in specific languages, projects serving military families, city-funded programs, First 5 projects, and local child care planning council projects.

Family child care home providers reported choosing to participate in quality improvement activities that most addressed their immediate needs. They especially preferred training related to business aspect of running a family child care business and practical ideas they could easily apply in their work. Primary motivations for participating in quality improvement activities were to (1) receive technical assistance, free training, or materials for their programs, especially when available in their home languages; (2) relationships they had built with program staff; and (3) the desire to provide quality child care.

Study participants reported that quality improvement activities resulted in positive changes to the family child care home environment, as well as greater retention, increased professional identity, and more confidence caring for children.

When asked about additional resources and services desired, responses varied by whether focus group participants were field staff from quality improvement programs or family child care home providers. Field staff, especially those working at programs housed at the R&Rs, wanted a more comprehensive orientation for individuals considering a family child care license to assist them in initially determining whether family child care was the “right” choice for them. Providers wanted a “one-stop shop” to access multiple quality improvement activities at one location. They also wanted classes at local community colleges, including general education courses, available on more flexible schedules, to enable them to both work and continue their education.

### TELEPHONE SURVEY RESULTS

Taken together, quality improvement activities appeared to be well accessed by family child care home providers. All had participated in at least one of the quality improvement programs considered for this study, and the majority had participated in two or more programs. The majority of respondents participated in CCIP, CDTC, and FCCIB. Very few had participated in CECMP.

The most common motivations for participating in quality improvement activities were to improve quality and to become more confident caregivers. The channels through which family child care home providers were referred to quality improvement activities differed by program. College professors were the most influential referral sources for survey respondents who participated in CECMP and CDTC. R&Rs were the most influential source for respondents participating in FCCIB, CCIP, and FCCADP. The majority of respondents reported that they accessed quality improvement activities through the R&Rs, the local First 5 agency, CARES, and the local family child care association.

Once referred into the system, there were three major points of entry into the five programs considered for this study including (1) child care resource and referral agencies (R&Rs), (2) community colleges, and (3) family child care associations. Once providers entered into the system, these entry points were the key points of access for other services.

- The R&Rs were the predominant entry point, funneling family child care home providers into CCIP, which is housed at the R&Rs, but also into FCCIB, FCCADP, and other quality improvement activities, such as PITC, CARES, Health & Safety Training, and other local services.
- Community colleges were the next most common entry point, and they primarily referred providers to CDTC and CECMP, the two programs that were administered through community colleges and that provided financial

incentives to participating students. Other programs accessed through community colleges were PITC, CARES, and local programs.

- Few providers first entered into the system of services through family child care associations. Programs accessed through family child care associations were information support groups, CARES, and local programs.

#### SEQUENCE OF PARTICIPATION IN QUALITY IMPROVEMENT ACTIVITIES

A case summary approach was used to understand the sequence of participation by survey respondents in the five quality improvement programs considered for this study, and to document their participation in other quality improvement programs. Both general and specific patterns of participation emerged for the five programs considered for this study. The general flow of participation in the five quality improvement programs considered for this study could be summarized as follows:

- Most participated in CCIP (68 percent), CDTC (62 percent), and FCCIB (60 percent).
- Most respondents entered the system through CCIP. After participating in CCIP, most then accessed services through FCCIB and FCCADP.
- The second most common way that respondents entered the system was through CDTC. After participating in CDTC, respondents who did not exit the system then participated in CCIP, FCCADP, or FCCIB.
- CECMP and FCCADP were most often the last programs accessed by respondents.

Specific patterns that emerged across the seven regions are summarized below:

- Respondents in the Northern/Sierra region accessed the greatest number of services – overall, more than half of respondents from this region accessed three or more of the five quality improvement programs considered for this study.
- In the Bay Area, Sacramento, and Central Valley regions, more than one-third of the respondents accessed three or more programs.
- Respondents in the Central Coast region participated in the fewest number of programs overall – about one-fourth participated in three or more programs.

## SYSTEM MAP

Following a review of the data collected, a system map was constructed to visually represent the relationships between the five programs considered for this study and the other quality improvement activities available for family child care home providers in California. The map demonstrates their flow of entry and access into this system, as well as collaborations among programs.

- The most common means through which family child care home providers entered into the system of quality improvement services were word-of-mouth, friends and family members, and the Community Care Licensing orientation.
- Three major entry points into the five programs considered for this study were (1) the R&Rs, (2) community colleges, and (3) family child care associations. Once providers entered into the system, these entry points were the key points of access for other services.
  - The R&Rs were the predominant entry point, funneling family child care home providers into CCIP, which is housed at the R&Rs, but also into FCCIB, FCCADP, and other quality improvement activities, such as PITC, CARES, Health & Safety Training, and other local services.
  - Community colleges were the next most common entry point, and they primarily referred providers to CDTC and CECMP, the two programs that were administered through community colleges and that provided financial incentives to participating students. Other programs accessed through community colleges were PITC, CARES, and local programs.
  - Few providers first entered into the system of services through family child care associations. Programs accessed through family child care associations were information support groups, CARES, and local programs.

Collaborations existed between many of the entities in the quality improvement system and appeared to facilitate access to services for providers. In particular, the collaboration between Community Care Licensing and the local resource and referral agency facilitated access to services provided through the R&R. Cross-referrals and collaborations among entry and access points, as well as among quality improvement programs, facilitated participation by family child care home providers in other quality improvement services.

# Recommendations

Based on the results of this study, the following recommendations are offered:

- 1) ***Continue to support the existing system of quality improvement activities for family child care home providers.*** California provides the most comprehensive system of quality improvement activities for family child care home providers in the nation. Although California provides more services than other states, there is not duplication of services nor a patchwork of local services with many possible entry points. Rather, there are a small number of complementary programs that are provided statewide – CCIP recruits, trains, and supports new family child care home providers; FCCIB works with local agencies and organizations to provide university-based child development classes for family child care home providers in less formal settings, such as R&Rs and community agencies; FCCADP supports the development of family child care associations; CDTC provides financial support to offset educational expenses, such as course tuition, fees, and books; and CECMP provides formal one-on-one mentoring for student teachers in degree-seeking programs. Although California’s system supports entry and access to services through multiple avenues, entry largely occurs through one of two ways – (1) R&Rs or (2) community colleges. The system provides a range of informal and formal opportunities for professional development with open communication, collaboration, and cross-referral between programs. So, regardless of how they first entered the system, once they are in the system, family child care home providers can easily access additional services. Family child care home providers were most likely to enter the system of quality improvement activities through CCIP; however, even those who entered elsewhere frequently participated in CIPP activities at a later point. After CIPP, most then accessed FCCIB and FCCADP, followed by CDTC, and, lastly CECMP. This flow of entry and access represents a progression of professionalism where family child care home providers can build confidence and skills in less formal settings before engaging in formal opportunities.
- 2) ***Improve access to locally-based, informal support and mentoring through recognition of the need for two levels of support.*** Study participants identified mentoring as an important support for family child care home providers. Focus group participants discussed informal ways that they had been mentored; however,

they also expressed a desire for more formal mentoring. Many reported feeling isolated and were looking for opportunities to learn from others. Seasoned family child care home providers expressed a desire to apply their years of experience to provide mentoring and guidance to newer family child care home providers as a means for furthering their own professional development. However, different approaches are needed to support family child care home providers who are less experienced as compared with those who are more experienced.

- a. ***There is currently an effective mentoring program in place for more seasoned, degree-seeking family child care providers.*** CECMP is a formal mentoring program provided through colleges to students enrolled in advanced early childhood education classes. Study participants who had participated in this program were highly satisfied with it and felt that it had helped to build their confidence in the care they provide as well as support their professional growth.
- b. ***Less formal methods of support, currently not systematically available, are also needed to reach family child care home providers who may not be seeking a college degree.*** According to the research literature, family child care home providers who do not choose to participate in formal training opportunities are the most isolated. They tend to be suspicious of formal training because they view caregiving as an innate nurturing skill. However, after receiving informal support and participating in exchange of information with others like themselves, they are more receptive to formal training later on. Local family child care association meetings and networks could provide this level of informal support in California. FCCADP has strengthened participation in family child care associations, especially in the rural north; however, FCCADP's funding cycle has now ended. Results of this study indicated that the local R&Rs were the most common entry and access points of service for family child care home providers who have not been enrolled in a formal college degree program. CIPP, which is housed at the local R&Rs, could be a vehicle for continuous support of local family child care associations. Additionally, CCIP could link newer with more seasoned family child care home providers to reduce feelings of isolation and facilitate access into the system of quality improvement activities.

- 3) ***Designate local liaisons for family child care quality improvement activities.*** Study participants wanted a "one-stop-shop" that would be a single place through which they could access all available quality improvement activities. A local liaison

could be an overarching organization or position that brings the various quality improvement programs in each county together and facilitates networking among CDD-funded family child care quality improvement programs, as well as other programs in the community. They could serve as a “bridge” between the dual-track entry and access points (R&Rs and community colleges), and build on existing regional collaborations. Many R&Rs already serve as a sort of “one-stop-shop,” but this varies by region. Since the greatest number of CDD-funded quality improvement services were accessed through the R&Rs and cross-referrals were routinely made between them and the other two primary access points – community colleges and family child care associations – R&Rs could effectively function in this role as liaisons or “one-stop-shops.” For example, in San Diego County, an informal system exists that is coordinated through strong collaborative relationships between the local R&R, CCL and the local family child care association. Participants from San Diego County felt very supported as a result of this relationship. Replicating this system in other communities requires local collaboration and planning, driven by specific locally-identified needs.

- 4) ***Increase availability of advanced-level training and workshops in child development.*** Telephone survey respondents, who were generally more seasoned providers, expressed a need for advanced-level training and classes in child development. They felt that many of the available opportunities were for newer, rather than more seasoned, providers. Study participants reported that they had already taken all of the basic child development classes and wanted access to the latest early childhood research, such as the research on brain development and its implications for the care they provide. They wanted more opportunities to stay current with the latest research.
  
- 5) ***Track data related to the delivery of quality improvement activities for family child care home providers.*** There is not currently a formal way of tracking participation by family child care home providers within the system of quality improvement activities. Before the current study, little was known about the extent to which family child care home providers accessed multiple quality improvement activities and about the linkages in their participation across activities. The data that were collected for this study relied upon providers’ memories of the order in which they participated in the various activities. Further, providers did not always associate the name of the program with the services they received. A data system that tracks participation in activities over time would provide more accurate information about the flow of participation in programs, as well as the amount of time that lapsed between participation in programs and the ways in which

activities were accessed simultaneously. Such a system could provide real-time tracking of the flow of access statewide, as well as within regions of the state. Further, there is a need for more information about the extent to which services resulted in improved child care quality. Few programs collected evaluation data other than participant satisfaction with classes or workshops. To more accurately assess the extent to which quality improves, it will be necessary to conduct observational assessments of quality indicators, including interactions with children, relationships with families, materials, and the environment.

# Appendix A: Review of Other States' Quality Improvement and Related Systems to Support Family Child Care

In Fall 2007, WestEd conducted a literature review of quality improvement programs and related systems that support family child care in states other than California. Statewide evaluation and best practices were also reviewed to determine their efficacy in supporting family child care.

## Methodology

Programs that provided quality improvement activities for family child care were identified using internet search engines. Key word searches for “child care quality improvement,” “family child care quality,” and “family child care program” produced results that guided WestEd to various websites and program sites with quality improvement programs. These sites oftentimes led to further sites/resources on the web. Online collections of articles and publications were also utilized which included the National Child Care Information and Technical Assistance Center (NCCIC), Child Care & Early Education Research Connections, and Education Resources Information Center (ERIC). Finally, a 2002 report from the Government Accounting Office<sup>7</sup> on quality improvement initiatives provided information about states with family-child-care-specific quality improvement initiatives and programs. The search ended when no new resources were discovered in the key word searches and other search venues were exhausted.

WestEd created the following questions to guide this literature review process when programs that were family child care specific were identified.

WestEd staff first asked:

- 1) Which states provide training and quality improvement activities to family child care home providers?

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<sup>7</sup> U.S. General Accounting Office. (2002). *Child Care: States Have Undertaken a Variety of Quality Improvement Initiatives, but More Evaluations of Effectiveness Are Needed*. GAO-02-897. Washington, DC: September 2002.

Of the states identified as having quality improvement activities, the following questions were researched:

- 2) How were they funded – through public, private, or mixed funding?
- 3) What services were provided? How were these services administered?
- 4) Have there been evaluations of the programs? If so, how have they used what they learned?
- 5) How do they interact with other programs? Do collaborations exist with other programs? How do these programs collaborate?

If the state was identified as having a system of services supporting child care, the following questions guided further research:

- 6) Are they part of a state family child care system? Is this system separate from one that supports center-based programs?
- 7) How well is the system working?

## Results

### QUALITY IMPROVEMENT FOR ALL PROVIDERS

Across the country, the CCDBG quality improvement funds were being utilized for various types of programs. Many were designed for all child care providers and included services for both center-based and family child care home providers. The predominant types of these programs that were found in the literature review are as follows:

- ***Quality Rating Systems*** – A Quality Rating System (QRS) awards quality ratings to early care and education programs that meet a set of defined program standards. These systems provide an opportunity for States to increase the quality of care and education for children; increase parents’ understanding and demand for higher quality care; and increase professional development of child care providers. QRS can also be a strategy for aligning components of the early care and education system for increased accountability in improving quality of care.
- ***Professional Growth Incentives or Scholarships*** – Many programs supported providers through scholarships and other incentives to attain professional growth markers such as accreditation, a degree or a certificate.

- ***Wage Supplementation*** – These programs supported providers through salary supplements. Some programs were education-based salary supplements and others were available to providers who served particular family populations such as low-income families or subsidy families.
- ***Grants*** – Various grant programs exist for providers to make environmental improvements, or to purchase materials or supplies.
- ***Services Through the R&Rs*** – Many resource and referral agencies (R&Rs) provided training, technical assistance, site visit consultations, and referrals to other provider resources. These services were not branded under any particular project name, but were found under the umbrella of general R&R services to the community. Training topics ranged from running a family child care business, difficult behaviors, inclusion, infant/toddler care, and specialized training tailored to the needs of the provider.
- ***Professional or Training Registry*** – The registry programs strived to document and recognize professional achievement of providers. They were generally voluntary and some were paired with the state’s quality rating system.

#### QUALITY IMPROVEMENT PROGRAMS FOR FAMILY CHILD CARE

The literature review revealed a number of states had programs that provided services specifically for family child care. These are listed in Table A-1 below:

**Table A-1****Family Child Care Specific Quality Improvement Programs**

<b>State</b>	<b>Program</b>	<b>Administered by</b>	<b>Funding source</b>	<b>Services provided</b>
Alabama	Family Child Care Partnerships	Auburn University	Department of Human Resources, Alabama	Assist family child care home providers to provide high quality child care services, with a focus on moving them toward national accreditation standards. Supports for providers include: individualized, in-home training, mentorship, equipment grants, assistance with professional certification or accreditation, facilitation between family child care home providers and other related agencies and mentor-facilitated group training meetings.
Connecticut	Family Child Care Support Project	United Way of Connecticut	Connecticut Department of Social Services	Resource for family child care home providers to successfully start and improve their family child care. Offers home visits, consultation, technical assistance, training and ongoing support.
Georgia	Unnamed service through the R&R. Associated with the 2-1-1 Child Care program.	Community Connection of Northeast Georgia (R&R)	Department of Early Care and Learning (DECAL)	The purpose of this project is to make quality child care more available for Georgia families, with emphasis on low-income families and families of children with special needs through mini-grants for family child care home providers for equipment, materials, and supplies. Technical assistance, site visits, and professional development consultations/facilitation also provided.
Louisiana	Child Care Technical Assistance Program (CCTAP)	Agenda for Children: Child Care Resources (R&R)	Louisiana Department of Social Services (DSS)	Offers assistance to providers who are receiving Child Care Assistance payments from the state. Offers to family child care home providers training (health & safety, child development, CPR, first aid), home visits, and technical assistance to improve child care environments.

<b>State</b>	<b>Program</b>	<b>Administered by</b>	<b>Funding source</b>	<b>Services provided</b>
Maryland	The Family Day Care Provider Grant Program	Maryland State Department of Education, Office of Child Care (OCC)	Maryland State Department of Education, Office of Child Care (OCC)	A quality incentives grant program. Helps registered family child care home providers offset many of the costs of opening their child care programs. Grants awarded for expenses that a provider incurs to achieve or maintain compliance with regulations in family child care. Eligibility is based upon certain income levels and family size.
Massachusetts	Family-Based Childcare Training Program	Jamaica Plain Neighborhood Development Corporation	<i>[missing information]</i>	Provide ongoing support, subsidies, and professional development opportunities including classes leading to the national CDA (Child Development Associate) certification for providers in the community. Offer trainings to start a family child care business and to learn about child development.
South Dakota	Child Care Mentor Program	R&Rs	South Dakota Department of Social Services, Division of Child Care Services	A personal mentoring program designed to help new child care providers learn the "in's" and "out's" of the child care business. Trained family child care home providers serve as mentors to new family child care home providers; offering them information, encouragement and resources.
Wisconsin	Satellite Family Child Care	Dane County Parent Council, Inc.	City of Madison, United Way, and the University of Wisconsin, parent/provider fees	Supports approximately 100 family child care homes located in Madison, Wisconsin and surrounding communities through referrals to trainings, information on accreditation programs, First Aid/CPR courses, small business information and memberships associations, site visits, and phone/email consultations.
US Army and US Coast Guard	Family Child Care Home Providers	<i>[missing information]</i>	<i>[missing information]</i>	Enables spouses or other family members of Coast Guard members to operate a child care business in their homes. The Family

State	Program	Administered by	Funding source	Services provided
	Program			Child Care Home Providers Program provides cost-effective and convenient child care for members with greater flexibility than center-based daycare while providing a second source of income for the family child care home provider.

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## Evaluations

Overall, there were very few quality improvement programs nationwide for family child care which accounts for the lack of evaluations that inform these types of programs. The literature review did produce information of an evaluation that resulted in the establishment of a family child care focused quality improvement program. In Connecticut, a literature review and summary of the state’s family child care programs was published in June of 2007. Before this point in time, there was no statewide effort to specifically improve quality in family child care. Dr. Peg Oliveira concluded that the number of licensed homes was declining due to unmet licensing requirements. She recommended that the Connecticut Department of Social Services specifically address quality improvement in family child care. In July 2007, the Family Child Care Support Project was launched providing courses, programs, visits, consultations, and information to family child care home providers.

## Collaborations and Statewide Systems

Overall, the eight states and U.S. Army and Coast Guard initiatives were very basic and could not be classified as systems, per se. Rather, services were primarily provided through single agencies, such as the R&Rs and were mostly focused on opening new programs to meet families’ child care needs or providing financial support or training to meet minimum standards. Alabama’s system appeared to be the most comprehensive. With the goal of improving quality through accreditation, the Alabama system provided training and technical assistance, mentorship, and equipment grants, as well as, supporting family child care home providers in accessing services through other agencies.

# Appendix B: Summaries and Logic Models for Five Quality Improvement Programs Considered for this Study

## Overall Summary

Eight programs were funded by the California Department of Education (CDE), Child Development Division (CDD) to support quality improvement in early care and education programs. The five considered for this study were the following:

- 1) California Early Childhood Mentor Program
- 2) Child Care Initiative Project
- 3) Child Development Training Consortium
- 4) Family Child Care at Its Best Project
- 5) Family Child Care Association Development Project

This section provides summaries of these five programs, using information gathered from multiple sources. First, available background information, including previous evaluation summaries, scopes of work, and annual reports from each project were reviewed. Second, interviews were conducted with CDD consultants who monitor these projects, in order to understand the projects from the point of view of their funding sources. Finally, telephone interviews were conducted with project directors from these five projects in order to learn about how each was organized and run at the ground level.

The five programs considered for this study, though different and varying in their attention to family child care, all strive to improve the quality of child care in California. Through descriptions of their structures, purposes, actions and intended impacts at every level, these summaries paint a clear picture of exactly how family child care is supported to improve quality.

## California Early Childhood Mentor Project (CECMP)

**Administered by:** City College of San Francisco

**Program Director:** Linda Olivenbaum

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

### BACKGROUND

The California Early Childhood Mentor Program was established in 1988 at Hayward's Chabot College with funds from private foundations.

### SUMMARY OF SERVICES

The purpose of the California Early Childhood Mentor Program (CECMP) is to recruit and retain qualified child care providers. CECMP selects, trains, and compensates experienced teachers and caregivers to mentor student teachers in early childhood settings. The CECMP is the largest mentoring program for child care professionals in the United States. In order for family child care home providers to qualify as mentors, they must have attained an Associate degree or certificate in early childhood, including a supervised practicum, have at least two years experience providing child care, and be eligible for the Master Teacher permit level or above within the Child Development Permit matrix.

After qualifying for their permits, potential mentors must complete an initial course in mentoring and submit a formal application to a local Mentor Selection Committee. Selection is based upon experience, education and a quality assessment of the applicant's classroom. Those selected as mentors are paid stipends for using their programs as environments for training student teachers and providing supervision to mentees – ECE student teachers earning community college, university, or high school credit for a practicum completed under the guidance of a mentor. Mentors receive advanced training on facilitating adult learning in the ECE classroom setting and are eligible to receive additional stipends for providing a minimum number of hours of post-practicum support to mentees.

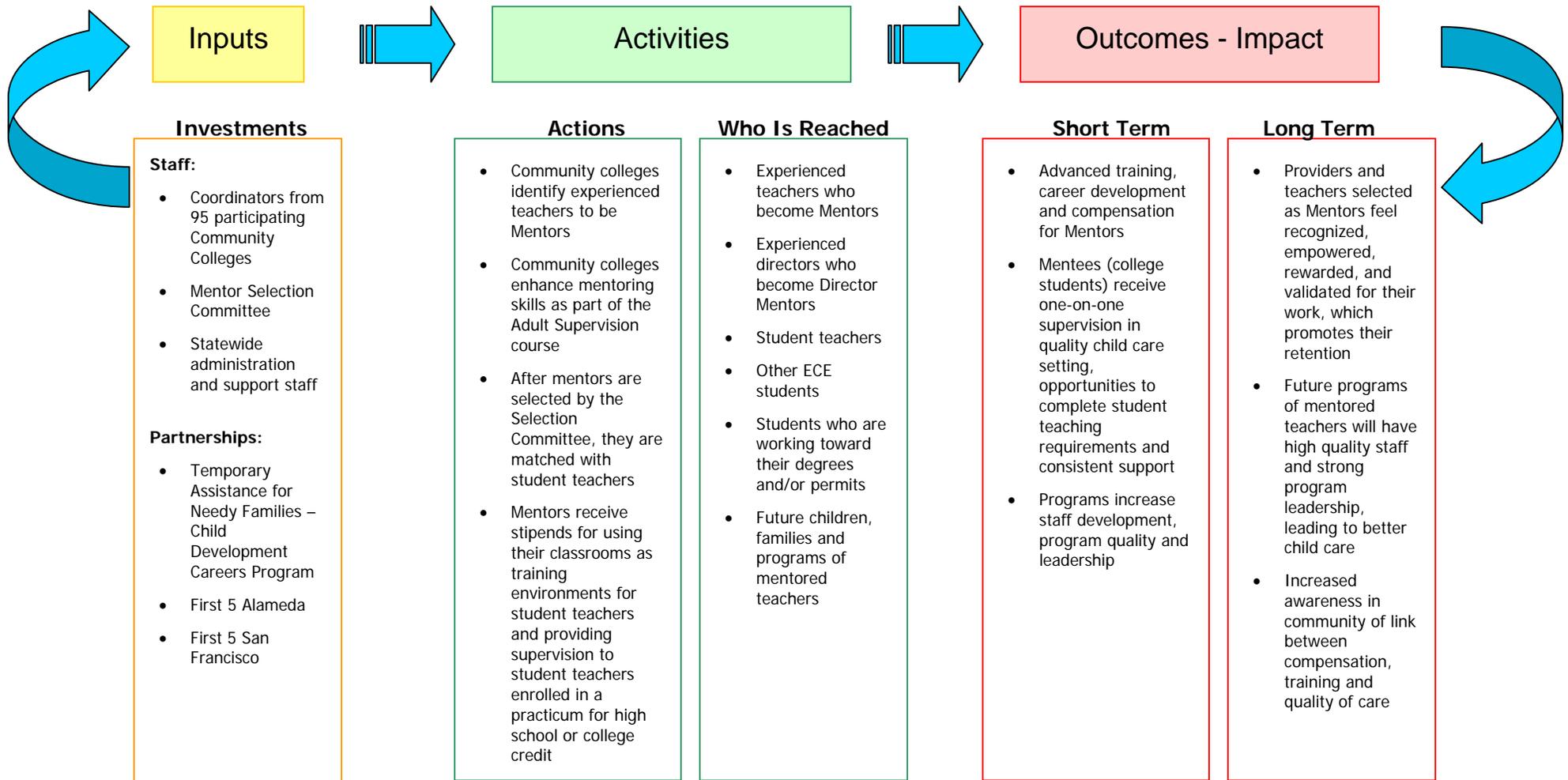
According to the 2005-2006 California Early Childhood Mentor Program Annual Report, there were a total of 635 mentors, but only 40 were family child care home providers. Additionally, CECMP does not collect data on the number of college students

participating as mentees in family child care, as they do not discriminate in their reporting as to whether students participate in center-based or family child care homes; therefore, little is known about how many are current or potential family child care home providers. Program administrators acknowledge that, more than likely, students interested in family child care may be mentored by center-based mentors due to the low number of family child care mentors. Ultimately, CECMP would like to see the field professionalize in a way that avoids creating a two-track system distinguishing family child care from the rest of the early childhood workforce. Program administrators are cognizant that this creates a rigorous standard, which presents special challenges for family child care home providers who have not received a formal education from an institution of higher learning. CECMP recognizes that family child care home providers are a unique population that have needs that may not always be accommodated due to uniform qualification requirements.

CECMP does not actively provide outreach to family child care home providers, but program administrators believe that their involvement with The Comprehensive Approaches to Raising Educational Standards (CARES) program has provided family child care home providers with much needed outreach support and incentives to enroll in community colleges and access both the Child Development Training Consortium (CDTC) and CECMP. Unfortunately, CARES is only offered in 44 counties across the state and is not available to all family child care home providers in California.

Figure B-1 presents a logic model that summarizes the resources, activities and intended outcomes of the CECMP project.

**Figure B-1**  
**California Early Childhood Mentor Program (CECMP)**  
**Logic Model**



## Child Care Initiative Project (CCIP)

**Program Managers :** Jacqueline Lowe and Ana M. Fernández León

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

**Administered by:** California Child Care Resource and Referral Network

### BACKGROUND

The California Child Care Initiative Project (CCIP) was developed in 1985 by The Bank of America Foundation to improve quality through training and technical assistance and increase the number of available child care slots in the state of California. The CCIP model is one of the oldest, statewide models for increasing child care supply in the country and has been successfully replicated in other states.

### SUMMARY OF SERVICES

The CCIP model is comprised of 5 objectives:

- 1) Assess child care supply and demand and address shortage of care in specific areas,
- 2) Recruit individuals to become licensed family child care home providers,
- 3) Train individuals to become licensed family child care home providers who provide quality care and are effective at running a small business,
- 4) Provide technical assistance on attaining a license and begin a family child care home, and
- 5) Provide support to licensed family child care home providers so that they can stay in business.

CCIP is a statewide project that provides quality improvement funding for the development of family child care homes and the training of family child care home providers with an emphasis in infant and toddler care. There are 71 CCIP sites in California. Each county in California has a CCIP project housed at the local resource and referral agency (R&R). Larger counties have more than one local R&R and more than one CCIP grant.

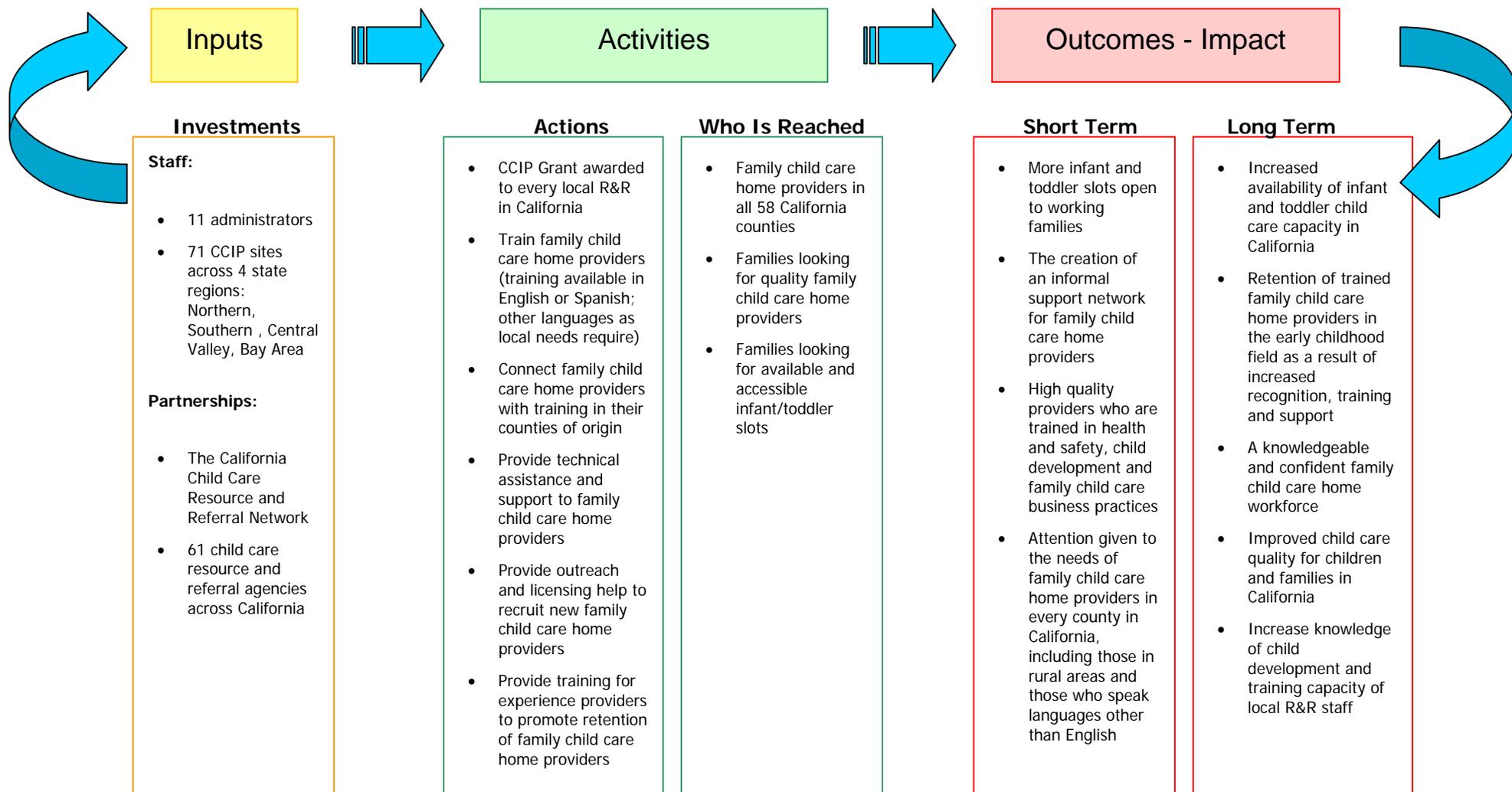
There are 61 local R&Rs that provide CCIP projects with data on local child care supply and demand. This allows local CCIP projects to accurately recruit and train family child care home providers to meet the five objectives of the CCIP model. The California Child Care Resource and Referral Network (CCR RN) plays an important role in coordinating and administering each CCIP project. The CCR RN CCIP staff provide training and support to all the CCIP sites through regional and statewide trainings, yearly site visits, and phone and written technical assistance.

Partnerships are critical to completing the objectives set forth by the CCIP model, especially with regard to training. In an effort to provide access to quality improvement training, CCIP collaborates with the Program for Infant and Toddler Care (PITC), community colleges, local First 5 organizations, Family Child Care at Its Best, California Preschool Instructional Networks (CPIN) and national organizations such as Touchpoints. A key collaboration for CCIP is with their local community care licensing (CCL) program. Through CCL's orientation sessions, CCIP is able to recruit new licensed family child care home providers. Many of the local CCIP teams work directly with Community Care Licensing to provide information and orientations to prospective new family child care home providers.

According to their 2007-08 annual report, CIPP recruited 1,415 new family child care home providers across the state and created 5,590 new child care slots.

Figure B-2 presents a logic model that summarizes the resources, activities and intended outcomes of the CCIP project.

**Figure B-2**  
**Child Care Initiative Project (CCIP)**  
**Logic Model**



## Child Development Training Consortium (CDTC)

**Administered by:** Yosemite Community College District

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** 20,110 individual child care providers or teachers benefited from CDTC services statewide in 2006-07.

### BACKGROUND

The Child Development Training Consortium (CDTC) was created in the 1982-1983 fiscal year to address the critical shortage in the number of licensed child care center workers in the state of California. The project was designed to help early care and education (ECE) providers employed in agencies funded by the California Department Education, Child Development Division (CDE/CDD) meet the requirements of the California Children’s Center Instructional and Supervision Permits.

### SUMMARY OF SERVICES

The objective of CDTC is to provide students and professionals in the early childhood development field with training programs, financial assistance and technical assistance. CDTC can be found in 96 colleges across the state of California. The primary goal of CDTC is to ensure that the ECE workforce are obtaining any one of the six permits awarded by the California Commission on Teacher Credentialing. Although CDTC is available to the entire ECE workforce, it prioritizes support for students who work in state-funded programs. Both center-based teachers and family child care home providers participate in CDTC programs. Descriptions of the seven programs administered by CDTC are listed in Table B-1.

**Table B-1**

#### Programs administered by CDTC

CDTC Program	Program Description
Community College Program	<ul style="list-style-type: none"><li>▪ Reimbursement of educational expenses</li><li>▪ Provision of courses not funded by the colleges’ general fund budget</li><li>▪ Support for ECE students to set and achieve career and education goals</li></ul>
Child Development Permit Stipends	4,239 permits submitted to the California Commission on Teacher Credentialing

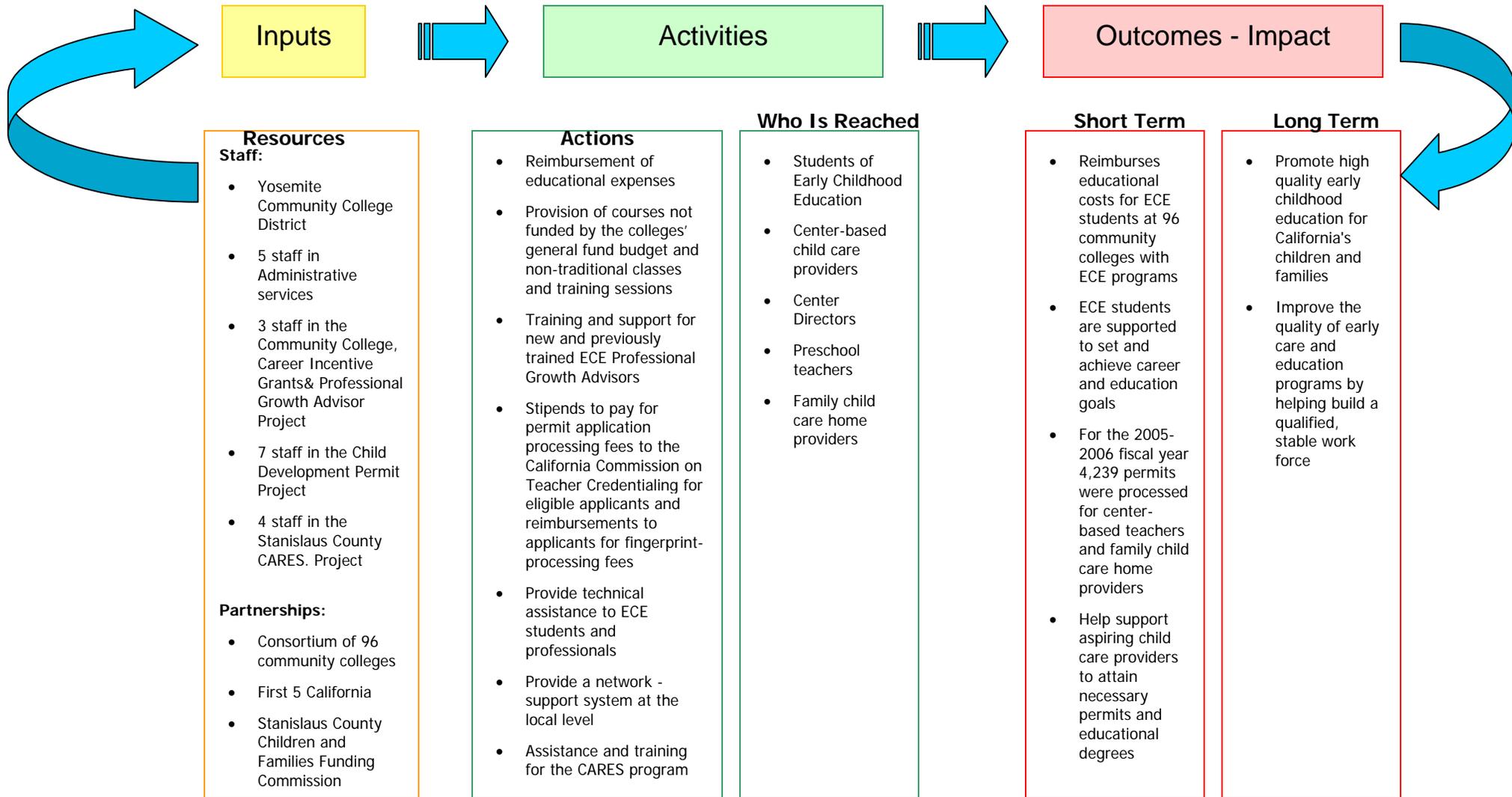
<b>CDTC Program</b>	<b>Program Description</b>
Career Incentive Grants	Grants awarded for reimbursement of tuition, enrollment fees and books
Professional Growth Advisor Project (PGAP)	Training and support for new and previously trained professional growth advisors
Financial Support for California School-Age Consortium (CalSAC)	Meets the unique needs of professionals who provide care for school-age children

Family child care home providers are a diverse segment of the ECE workforce. With greater needs for support in languages other than English, non-traditional class schedules, and assistance navigating formal education systems, there are several potential obstacles to their utilization of CDTC services.

CDTC supports family child care home providers, but does not maintain services specifically designed for this population. CDTC program administrators felt that the most significant limitation to the current CDTC model is the lack of sufficient funding to provide outreach to family child care home providers and to develop services to meet the unique needs of this population. However, as a result of CDTC’s close working relationship with the Comprehensive Approaches to Raising Educational Standards (CARES) Program, there has been growing participation among family child care home providers in CDTC services. CARES provides outreach and support to family child care home providers and helps them navigate the community college system. Unfortunately, CARES is not available to all family child care home providers in California. It is currently offered in only 44 counties, with variations in program objectives in each county.

Figure B-3 presents a logic model that summarizes the resources, activities and intended outcomes of the CDTC project.

**Figure B-3**  
**Child Development Training Consortium (CDTC)**  
**Logic Model**



## Family Child Care Association Development Project (FCCADP)

**Administered by:** International Child Resource Institute

**Program Manager:** Lisa Shulman

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

### Background

The Family Child Care Association Development Project (FCCADP) was awarded to the International Child Resource Institute by the California Department of Education (CDE), Child Development Division (CDD) for 2006 to 2008 funding years due to a recognized need to support the professional development of licensed family child care home providers through local family child care associations.

### Summary of Services

Program objectives for the 2006-2007 fiscal year were to provide outreach to counties who did not currently have an active family child care association, provide 3 regional training sessions to rural northern California counties and three additional regional training sessions in regions that could be easily accessed by family child care home providers in the rural north. Also, FCCADP offered local association-development training grants at two funding levels: (1) grants for associations that were just starting out, and (2) grants for already-established associations. Individual grant awards did not exceed \$5,000. A total of 12 regional training sessions were administered per year, as well as, ongoing technical assistance provided primarily via phone and email. Technical assistance consisted of reviewing grant applications and providing support to new applicants throughout their application and development processes. Stipulations included providing technical assistance and training to the following seven rural northern California counties: Alpine, Del Norte, Mariposa, Mono, Sierra, Siskiyou and Trinity.

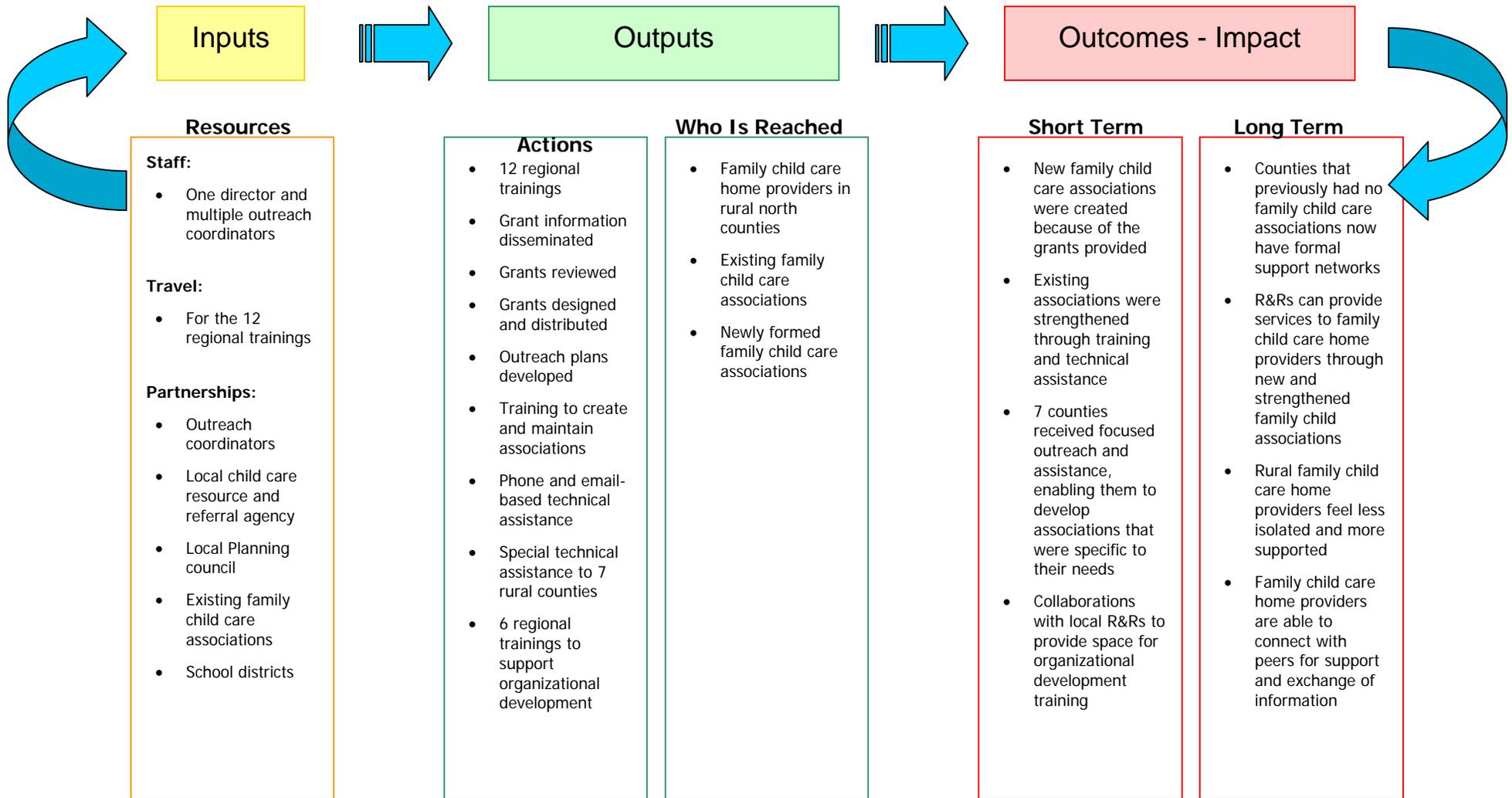
In order for FCCADP to successfully meet its objectives, program administrators worked in collaboration with local child care resource and referral agencies (R&Rs) across the state to provide outreach to family child care home providers. Relationships forged with local R&Rs were significant for accessing local family child care leaders and existing

family child care groups.

According to the FCCADP program administrators, the CDE/CDD priority of developing family child care associations in the seven non-urban rural northern communities had significant barriers that proved difficult to overcome. First, there were few previous associations in these counties. Second, each of the seven counties had limitations with regard to weather, distance, and terrain, all of which inhibited the development and stability of family child care associations. Third, several counties simply did not have enough family child care home providers with which to form an association.

Figure B-4 presents a logic model that summarizes the resources, activities and intended outcomes of the FCCADP project.

**Figure B-4**  
**Family Child Care Association Development Project**  
**(FCCADP)**  
**Logic Model**



## Family Child Care at Its Best (FCCIB)

**Administered by:** Center for Excellence in Child Development, UC Davis Extension

**Program Manager:** Diane Harkins

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

**Population Served:** Family Child Care

### SUMMARY OF SERVICES

The overarching purpose of the Center for Excellence in Child Development, UC Davis Extension, Family Child Care at Its Best Project (FCCIB) is to provide training throughout California to family child care home providers, with the objectives of educating providers in child development theory and increasing provider retention. These objectives are pursued by facilitating access by family child care home providers in quality improvement training, attainment of academic units, and acquisition of continuing education units through the UC Davis extension.

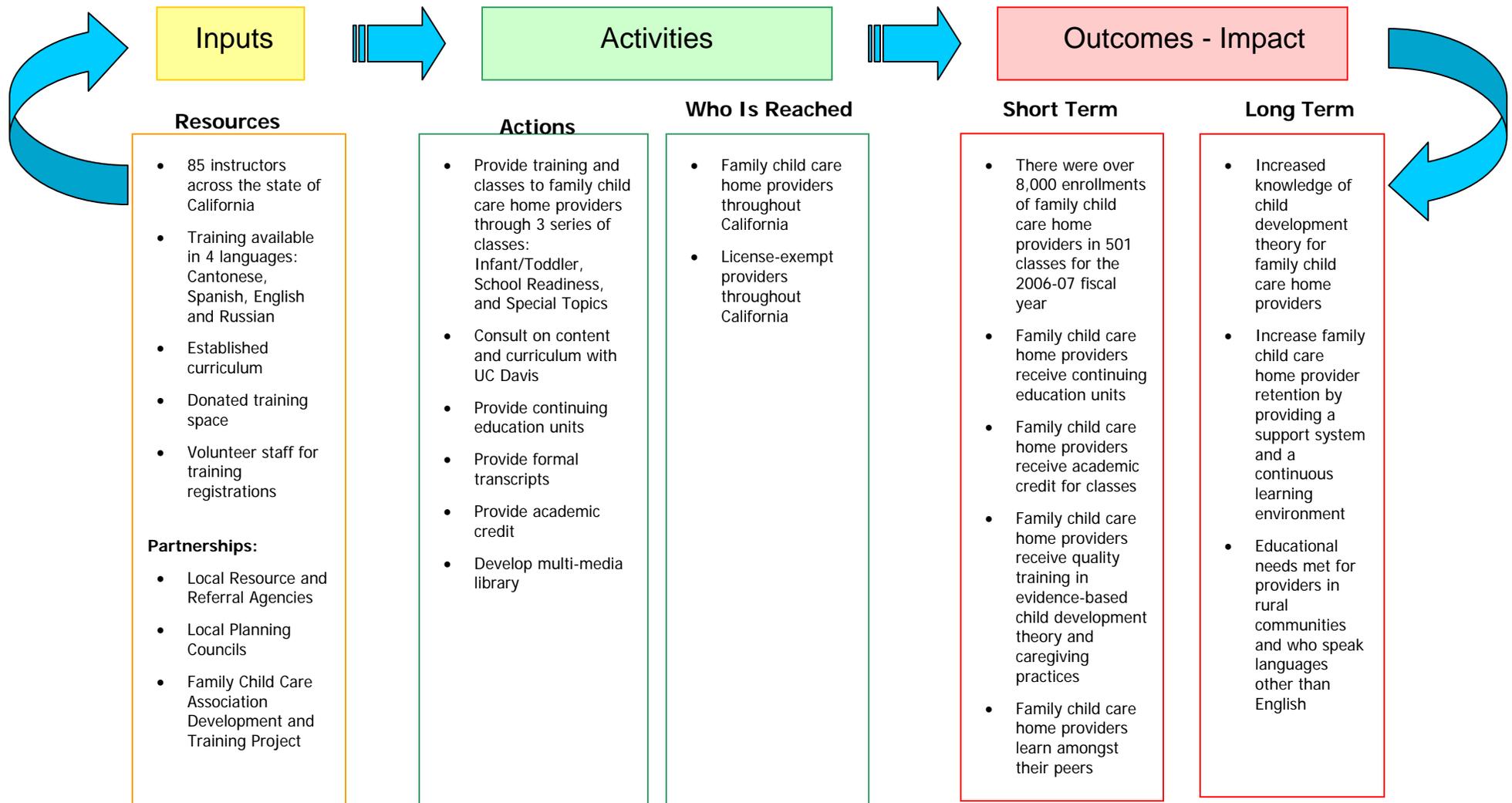
A total of 85 instructors administer classes statewide and in four different languages including English, Spanish, Cantonese and Russian. Three categories of classes are available: (1) the Infant Toddler Series, which includes three classes offered at one unit of college credit each; (2) the School Readiness Series, which offers five half-unit classes each, and (3) the Special Topics Series, which offers three one-unit classes and one half-unit class. For the 2006-07 fiscal year, a total of 12 types of classes were offered and 501 classes were conducted throughout the state of California. UC Davis reviews all curriculum and content. FCCIB policy states that instructors who work at agencies that host FCCIB classes cannot teach for their own agency as an FCCIB instructor.

In order to best assess the training needs of local family child care home providers, FCCIB works in partnership with local child care resource and referral agencies (R&Rs), local planning councils and family child care associations to identify the courses most needed throughout California's 58 counties. FCCIB does not currently conduct outreach, but instead relies on local agencies such as the local R&Rs and family child care associations to identify the classes needed in their communities. The local R&Rs also donate training space and staff time. Administrators believe that without these partnerships, FCCIB would not be able to meet their program deliverables or the training needs of family child

care home providers in all 58 counties.

Figure B-5 presents a logic model that summarizes the resources, activities and intended outcomes of the FCCIB project.

**Figure B-5**  
**Family Child Care at Its Best (FCCIB)**  
**Logic Model**



# Appendix C: Summaries for Three Other CDD-Funded Quality Improvement Programs

## Overall Summary

Eight programs were funded by the California Department of Education (CDE), Child Development Division (CDD) to support quality improvement in early care and education programs. The three that were not considered for this study were the following:

- 1) Family Partnership Initiative Project
- 2) Health and Safety Training Project
- 3) The Program for Infant and Toddler Care

Each project has a unique approach to improving the quality of child care in California – through improved relationships with parents, through safe and healthy practices, or through teaching responsive, relationship-based care for infants and toddlers. These three programs are summarized in this section based on available background information, including previous evaluation summaries, scopes of work, and annual reports.

## Family Partnership Initiative (FPI)

**Administered by:** WestEd, Center Child and Family Studies

**Program Manager:** Caroline Pietrangelo Owens (formerly Rebeca Valdivia)

**Funding:** California Department of Education (CDE), Child Development Division (CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

### BACKGROUND

In 2003, the California Department of Education (CDE) contracted with WestEd Center for Child & Family Studies to develop and implement the Family Partnership Initiative

project.

### **SUMMARY OF SERVICES**

This program offers Training-of-Trainers Institutes to support child-development trainers in enhancing partnerships between families and staff in state-funded programs serving children birth to 12 years. The primary objective of the Family Partnership Initiative Training-of-Trainer Institutes trainings is to explore innovative ways to support parent and staff partnerships. CDE/CDD contracted with WestEd Center for Child and Family Studies to continue to develop the Family Partnership Initiative (FPI) Project. The FPI Project offers resources to state-funded programs for young children (birth to twelve) to address family partnerships in their staff development, program goals, and evaluation activities. The first step was to expand materials CDE had created for FPI and to develop a family partnership guide to complement the existing materials. In expanding the materials, WestEd paid particular attention to issues of cultural diversity and the inclusion of children with disabilities or other special needs. Materials include an FPI toolkit, which consists of a training manual, parent handouts, and implementation materials, which support instruction to ECE programs.

Since assuming responsibility for this project, WestEd has been conducting regional Institutes throughout California. The FPI project offers Training-of-Trainer Institutes, Advanced Institutes, and customized training to the child development field. The Institutes are intended for child development leaders who impact the professional development of ECE practitioners in their regions, providing them with techniques for assisting program staff with incorporating family partnerships in their staff development, program goals, and evaluation activities. Through training and technical assistance, Institute participants support center-based programs and family child care home networks to implement FPI strategies in their programs. FPI participants have reached over 1,800 individuals in the ECE workforce; however, it is unclear how many of those may have been family child care home providers.

### **Health and Safety Training**

**Administered by:** Local child care resource and referral agencies

**Program Manager:** Gail Brodie

**Funding:** Grant from the Federal Department of Health and Human Services

**Regions Served:** Statewide

## BACKGROUND

This training is a result of California Assembly Bill 243 that established specific health training requirements for child care providers as an amendment to the California Health and Safety Code. It is required training for all licensed child care programs, and is funded through federal Child Care and Development Block Grant (CCDBG).

## SUMMARY OF SERVICES

The Health and Safety Training project provides preventative health and safety training to child care facilities, child care centers, and family child care homes. Family child care providers must undergo fifteen hours of preventative health training, including pediatric and cardiopulmonary resuscitation (CPR), pediatric first aid, prevention of infectious disease and prevention policies, preventative health practice and injury prevention. There are currently 58 health and safety contracts across California. Selected Program Coordinators from each participating resource and referral agency administer the training.

## The Program for Infant/Toddler Care (PITC)

**Administered by:** WestEd, Center for Child and Family Studies

**Program Managers:** Ron Lally and Peter Mangione

**Funding:** California Department of Education, Child Development Division (CDE/CDD) with Federal Child Care and Development Quality Improvement funds

**Regions Served:** Statewide

## BACKGROUND

In 1986, the California Department of Education Child Development Division (CDE/CDD) in collaboration with WestEd created the Program for Infant/Toddler Care (PITC), which became the first comprehensive, multimedia program to address the professional development needs of infant and toddler caregivers.

## SUMMARY OF SERVICES

PITC was developed to meet the training needs of child care providers who care for infants and toddlers. PITC's mission is to improve the quality of care for infants and toddlers by increasing the number of highly trained infant and toddler care teachers. This is accomplished by the development of multi-media training materials organized into four training modules, the training of infant and toddler care teacher trainers at statewide training institutes, a regional provision of on-site instruction and technical assistance to child care programs, and the provision of information about quality inclusive practices for

children with special needs. PITC also has demonstration sites at three children's centers located on community college campuses.

All materials and instruction provided by PITC are based in six essential policies rooted in responsive, relationship-based care. These policies are (1) Primary Care, (2) Small Groups, (3) Continuity of Care, (4) Individualized Care, (5) Inclusion of Children with Special Needs, and (6) Cultural Responsiveness.

The two primary PITC activities are: (1) a comprehensive Training-for-Trainers Institutes, and (2) the Partners for Quality Regional Support Network that provides onsite training and technical assistance directly to center-based teachers and groups of family child care home providers.

PITC Training-for-Trainers Institutes are conducted three times per year in California. California residents are eligible to receive fellowships from the California Department of Education that cover the cost of participation. The Institutes are offered to educators, program managers, and other professionals responsible for training infant and toddler care teachers. PITC Institutes help trainers deepen their understanding of each module's content and acquire skills in the integrated presentation of the concepts in the PITC videos and guides. Upon completing the certification requirements, participants receive a certificate of completion from WestEd and the California Department of Education that recognizes them as trainers for the specific module in which they received training.<sup>8</sup>

The purpose of the PITC Partners for Quality (PQ) Regional Support Network (RSN) is to support the development and improvement of infant and toddler child care and development programs through onsite training, mentoring, coaching, and reflective action planning. The Regional Support Network includes 15 Infant/Toddler Specialist Coordinators and 110 certified PITC infant/toddler specialists located in 12 regions throughout California.

PQ collaborates with several organizations to carry out its mission. There is an enduring partnership with Beginning Together, a project that has developed a PITC module on the topic of inclusion for children with disabilities or other special needs. PQ collaborates with the Child Care Initiative Project (CCIP) and Family Child Care at Its Best (FCCIB) to ensure that training is available on recommended infant/toddler practices throughout California. Local R&Rs collaborate with PQ to support experienced family child care home providers in receiving full PiP services, in recruiting provider groups, and in providing meeting spaces.

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<sup>8</sup> [http://www.pitc.org/pub/pitc\\_docs/institutes.html](http://www.pitc.org/pub/pitc_docs/institutes.html)

PQ RSN services are provided directly to center-based teachers and groups of family child care home providers through PITC in Practice (PiP) plans, which are implemented over a 10 to 18 month time period. Any infant/toddler center, licensed family child care home, or license-exempt provider serving children birth to three years of age is eligible to participate in PiP. Family child care home providers are served in groups of five to ten providers.

Nominal cash awards, resource grants, and academic credit are available to ECE program staff participating in PQ services. During the 2007-08 fiscal year, PQ provided over 12,000 hours of onsite training and technical assistance to approximately 4,500 infant care teachers caring for over 17,000 infants and toddlers. Approximately 40 percent of participants are family child care home providers.

# Appendix D: Focus Group Summary

In April and June 2008, WestEd Center for Child & Family Studies Evaluation Team conducted 12 focus groups with family child care home providers and quality improvement program (QIP) field staff from the five quality improvement programs considered for this study for the following purposes:

- 1) To learn how family child care home providers access and utilize quality improvement activities.
- 2) To identify additional quality improvement activities that are available to family child care home providers.
- 3) To learn about the impact of quality improvement activities on family child care home providers.

## Focus Group Participants

A total of 76 family child care home providers and 44 QIP field staff participated in 11 focus groups. The focus groups were conducted throughout the state to promote diverse participation. Providers and QIP field staff from the following 22 counties participated in the focus groups: Alameda, Butte, Contra Costa, Fresno, Glenn, Imperial, Kings, Los Angeles, Madera, Merced, Placer, Sacramento, San Benito, San Bernardino, San Diego, San Francisco, San Mateo, Santa Clara, Sonoma, Trinity, Tuolumne, and Yolo.

Language spoken during the focus groups was determined by participants' preferences. English, Spanish and Vietnamese-speaking family child care home participants were accommodated. No language accommodations were needed in focus groups with QIP field staff.

QIP directors and managers provided lists with names of QIP field staff, from which WestEd recruited participants for the focus groups. The QIP field staff, in turn, assisted with the recruitment of family child care home providers for the remaining focus groups. Staff from the Child Care Initiative Project (CCIP) who were housed within local Resource & Referrals agencies (R&R) were key in the recruitment of family child care home providers. WestEd staff filled in gaps in the recruitment when needed.

Details about who participated in the focus groups are summarized in Table D-1.

**Table D-1****Focus Group Participants**

<b>Location</b>	<b>Number of Participants</b>	<b>Description of Group</b>
Central Valley Children's Services Network Fresno, CA	10	English-speaking QIP field staff
Central Valley Children's Services Network Fresno, CA	18	Only Spanish-speaking family child care home providers
Crystal Stairs, Inc. Los Angeles, CA	4	English-speaking QIP field staff
Crystal Stairs, Inc. Los Angeles, CA	10	English-speaking family child care home providers
KidsNCare San Bernardino, CA	7	English-speaking QIP field staff
KidsNCare San Bernardino, CA	12	English-speaking family child care home providers
Valley Oak Children's Services Chico, CA	7	English-speaking QIP field staff
Child Action, Inc. Sacramento, CA	11	English and Spanish-speaking family child care home providers
BANANAS, Inc. Oakland, CA	12	English-speaking QIP field staff
BANANAS, Inc. Oakland, CA	11	English, Spanish and Vietnamese-speaking family child care home providers
San Diego County Office of Education San Diego, CA	4	English-speaking QIP field staff
San Diego County Office of Education San Diego, CA	14	English and Spanish-speaking family child care home providers

Several themes were derived from the focus group dialogues, indicating how quality improvement activities were accessed and utilized by family child care home providers and

the impact of these services. Results are summarized below.

## Entry Points and Access Points to Quality Improvement Activities

To gain a better understanding of how family child care home providers access quality improvement activities and the relationships among these services, both QIP field staff and family child care home providers were asked to describe the journey a provider would take in her/his professional growth and development. Participants proceeded to describe a system of services that supports family child care home providers within their respective regions.

As the systems were described, it became clear that there was a distinction between entry points and access points to quality improvement activities. An “entry point” was the place where a provider first enters into the system of services in order to gain access to quality improvement activities. An “access point” was the place where a provider, who has previously utilized services, could return to access other quality improvement activities. This distinction was difficult to make during the focus groups and was further explored during the telephone surveys that occurred later.

Another obstacle faced in the focus groups with providers was distinguishing the actual projects that providers accessed. In some cases, providers were very knowledgeable about the projects they accessed, but more often, providers referred to the general service provider as the source of a given quality improvement activity rather than identifying the actual project name. For example, Child Care Initiative Project (CCIP)-related training was simply referred to as training provided by the local R&R, and training by the Family Child Care at Its Best Project (FCCIB) was generally referred to as “UC Davis training.”

Focus group participants identified various means through which a provider would enter into the system of quality improvement activities. Word-of-mouth was one of the most common means through which a provider connected to an entry point such as the local R&R, a family child care association, or another quality improvement service provider. Community Care Licensing (CCL) was also a common vehicle through which providers entered into the system of services. Oftentimes, CCL gave a family child care home provider a list of quality improvement activities they were eligible to access or referred them to the local R&R. In some counties, the R&R either hosted the CCL orientation or attended it, thereby becoming the entry point into quality improvement activities for those providers. Personal research via the web and receiving information through outreach materials were other ways that family child care home providers learned about available quality improvement activities.

Common entry points into quality improvement activities were the local R&Rs, community colleges, and family child care associations. When a provider entered into this system of services through the R&Rs, the agency served as a hub from which the provider was introduced to other quality improvement activities, such as FCCIB, family child care associations, services at the community college, and existing community resources. The R&Rs were also the access points to which a provider returned when needing to access additional quality improvement activities.

When a provider's entry point was the family child care association, they were introduced to other quality improvement services through the association. Providers then returned to the family child care association to access more quality improvement activities; therefore, it was also an access point for additional services.

A provider whose entry point was the community college tended to have a parallel path to those who entered into the system from local R&Rs or family child care associations. When the provider first accessed services through the community college, that was the key point of access for future quality improvement activities.

## Utilization of Quality Improvement Activities

As focus group participants shared how a provider would access quality improvement activities, themes in the utilization of these services surfaced.

- ***Informal Support Groups and Mentoring*** – After a provider entered into the system of services, two of the most effective access points for quality improvement activities were through networking with other providers and through informal support groups. Providers connected with each other and shared information while participating in quality improvement activities. Many created their own informal support groups with other providers they met through quality improvement activities. The more seasoned providers within these groups functioned as informal mentors to newer providers. Those who were a part of these informal support groups and who actively networked with others reported being more likely to continue accessing quality improvement activities. The continued participation in quality improvement activities and informal support groups helped keep them connected to services and reduced feelings of isolation.
- ***Utilizing Different Services for Different Needs*** – Quality improvement activities ranged in the type of growth and development they offered providers. Some offered an understanding of child development theory, while

others were more practical and more readily applied. Still others provided invaluable emotional support. As quality improvement activities ranged in purpose, providers utilized those services for varying reasons.

- ***Useful and Desirable Topics of Training*** – Providers indicated that quality improvement activities of a certain kind and topic were more useful and desirable than others. For example, many reported that training topics that could be readily applied were most useful, such as dealing with difficult behaviors, biting, or communicating with parents. Workshops that provided information and support for running a family child care home as a business were also very desirable.
- ***Services that Seasoned Providers Continued to Access*** – Providers that were in the field longer tended to prefer the following types of quality improvement activities: informal support groups and mentoring, family child care associations, community college courses, CARES, grants, PITC, CPIN, FCCIB, CCIP retention activities, First 5 grants and training, training on the Early Childhood Environment Rating Scale (ECERS), and advanced training provided through the R&Rs.
- ***Accreditation*** – Accreditation can be useful as a marketing tool, but many providers reported that parents were not aware of the accreditation process or its meaning. Several reported that the accreditation process was too expensive. Some providers became accredited through their own initiative or through campaigns to increase the pool of accredited providers, such as one launched by the California Association for the Education of Young Children (CAEYC). Overall, few of the participating providers were accredited or were seeking accreditation.

## Motivations to Utilize Quality Improvement Activities

Upon establishing which quality improvement activities were accessed and how they were utilized, providers were asked about motivations for participating in these activities. QIP field staff were asked about their most successful strategies for recruiting providers. Providers and QIP field staff gave similar responses, which are summarized below.

Most quality improvement activities for family child care home providers involved some level of technical assistance, which many felt was key to the continued utilization of services. QIP field staff shared that consistent one-on-one technical assistance was one of the most successful ways to keep providers connected to services. Technical assistance

occurred in person, on the phone, and during site visits to providers' homes. QIP field staff shared that they helped providers fill out applications or forms and answered questions regarding issues related to specific children in providers' care. Some also noted that they have accompanied providers to local community colleges to provide support with the enrollment process. Providers gave similar responses and described technical assistance as the reason why they continued to access quality improvement activities.

Relationships between providers and QIP field staff were also essential in keeping providers connected to quality improvement projects. Providers named specific staff at quality improvement programs that they continually turned to when issues arose in their family child care homes. QIP field staff felt that communicating trust and authenticity in their interactions was key to supporting quality improvement in family child care homes.

Incentives, such as free training and materials, were more tangible motivations that were described by both providers and QIP field staff as effective ways of engaging providers in quality improvement activities. QIP staff felt that many family child care home providers often struggled to run a viable business and welcomed any additional resources that could improve quality in their programs.

Many providers were motivated to participate in quality improvement activities in order to address particular issues with a child in their care or to enhance the overall quality of care in their family child care homes. Providers accessed training when they began to care for a child with special needs or a child with specific behavioral issues, such as biting. They were then motivated to become knowledgeable and well-equipped to handle a variety of situations. More generally, they simply wanted to provide the best care possible to the children in their homes, and they felt that accessing these services was one of the ways this could be accomplished. QIP field staff further shared that providers who continuously accessed quality improvement activities were going "above and beyond" what was required of them. They accessed services to provide high quality care to the children in their programs.

For providers whose primary language was not English, services in their home languages was a factor in choosing which quality improvement activities they accessed. These providers often found limited choices of services available in their home languages. QIP field staff found that providing training and resources in languages other than English enabled these providers to participate in quality improvement activities.

## **Additional Resources and Services Utilized**

Other than the five programs considered for this study, providers and QIP field staff

identified other quality improvement activities that were available in their regions. These activities provided further support for quality improvement in family child care homes and filled in service gaps varied regionally. These additional resources are described below:

- ***Military Projects*** – Programs that train and retain family child care home providers for military families by providing training, technical assistance, and referrals.
- ***Language-Specific Services*** – Services and programs established for populations that speak languages other than English.
- ***First 5*** – Quality improvement activities funded by First 5, such as training, workshops, and grants.
- ***Local Planning Council*** – Quality improvement activities through the local child care planning council, such as training, workshops, and grants.
- ***City or County Programs*** – Quality improvement activities funded through city offices or county departments, such as training, workshops, grants, and wage augmentation.
- ***State and National Organizations*** – Providers participated in professional development through conferences hosted by state and national organizations, such as the California Association for the Education of Young Children (CAEYC), the National Association for the Education of Young Children (NAEYC), and Zero to Three.
- ***Other CDE Projects*** – Providers also access other training that was funded by CDE, such as the California Preschool Initiative Network (CPIN) and the Program for Infant/Toddler Care (PITC).

Specific resources and services were identified for the counties where the focus groups were held. These are summarized in Table D-2 below.

**Table D-2**

**Additional Resources and Services Identified by County**

County	Resources and Services
Alameda	<b>Low Income Investment Fund (LIIF):</b> Provides quality improvement and facility grants to family child care home providers.
Butte	<b>Foster/Kinship Care Education Program:</b> Free training and workshops for providers and the general public, offered through Butte College.
Fresno	<b>Local Small Business Alliance:</b> Local entity that provides business-related resources and support to family child care home providers in the area.
Los Angeles	<p><b>Los Angeles Universal Preschool (LAUP):</b> A county-wide program offered through the local First 5 to provide universal preschool. Training and technical assistance to support high quality preschool is offered to child care centers and family child care homes.</p> <p><b>Steps to Excellence Project (STEP):</b> A pilot quality-ratings project, funded through the Los Angeles County Office of Child Care, that provides resources, such as grants, to participating licensed providers from both centers and family child care homes.</p> <p><b>Unions:</b> Advocacy through Service Employees International Union (SEIU) for child care providers in the region.</p> <p><b>Special Needs Advisory Project (SNAP):</b> A county-wide initiative, provided through local R&amp;Rs, that offers special needs training to providers, as well as other services.</p> <p><b>License-Exempt Assistance Project (LEAP):</b> Provides training and support through the local R&amp;R, primarily for license-exempt providers. This program has been an entry point for family child care home providers who eventually become licensed.</p> <p><b>Child Care Training Institute (CTI):</b> Training and resources provided by the Los Angeles County Office of Education for both licensed center-based and family child care home providers.</p>
San Bernardino	<b>Training through the Regional Center:</b> Offers training to providers who care for children with special needs. Training topics include those offered through the Early Start Institute, Community College Paraprofessional Preparation Project, Family Resources and Supports Institute, as well as other special topics and forums.
Santa Clara	<b>Smart Start San Jose:</b> City-based program that brings together non-profits, local businesses, and local government to provide professional growth opportunities, incentives, and resources to providers in San Jose.
San Diego	<p><b>Chicano Federation:</b> Non-profit agency that provides training, resources, and technical assistance to Spanish-speaking child care providers.</p> <p><b>Preschool for All:</b> A universal preschool program through First 5 and the San Diego County Office of Education.</p> <p><b>Military Respite Care:</b> Respite care available to Marine Corps families through the National Association of Child Care Resource &amp; Referral Agencies (NACCRRRA) and the San Diego R&amp;R.</p>
San	<b>Professional Growth for Family Child Care Homes:</b> San Francisco State University has

County	Resources and Services
Francisco	<p>begun providing classes that are specifically-developed for family child care home providers.</p> <p><b>WAGES+Family Child Care:</b> This program helps family child care home providers augment the wages of their staff and cover the costs of running a quality family child care home. The program is funded by the Department of Human Services in San Francisco County and is administered by the Children’s Council of San Francisco and Nakali Consulting.</p> <p><b>Low-Income Investment Fund (LIIF):</b> Provides grants for quality improvement, expansion, renovation, and repairs for family child care homes.</p> <p><b>Preschool for All (PFA) grants:</b> Through First 5 Alameda County, grants are awarded to early childhood educators with a BA or MA who work at a PFA site.</p>



## Additional Resources and Services Desired

To learn more about how to improve the current system of quality improvement services available to family child care home providers and to identify service gaps, both QIP field staff and family child care home providers were asked what they desired beyond what was currently available. Some responses were unique to providers or QIP field staff and some overlapped between the two groups.

QIP field staff desired:

- ***A More Comprehensive Orientation for Potential Providers*** – QIP field staff, especially from programs that were housed at R&Rs, suggested that, in addition to the CCL orientation, that a pre-orientation or class was needed that better familiarizes potential providers with what they can expect as family child care home providers. They felt that many potential providers go through the process of becoming licensed, but then never open a family child care home. Information about available quality improvement activities could also be provided at this pre-orientation.

Family child care home providers desired:

- ***“One Stop-Shop” for Quality Improvement Activities*** – Providers desired a better-networked system for accessing services. Many voiced a need for a “one-stop shop” where they could learn about all quality improvement activities available to them, instead of being referred from one project to another. They also desired assistance in selecting which projects best fit their needs.

- ***Classes and Training Offered at Times that Were Convenient for Them***– Classes at community colleges and state colleges were often offered at inconvenient times for students who also run family child care homes. This was a barrier for providers in accessing professional growth opportunities through these venues.
- ***Health Care Insurance*** – Providers desired a system for accessing affordable health insurance. Some described fellow providers who left the field because they could not afford health insurance on their own and had to seek employment where it was provided. They shared that those that remained in the field were either covered under a spouse’s plan or went without health insurance coverage.
- ***Other Desired Resources*** – Other resources that providers desired included a substitute pool, grants to cover sick time, grants to help pay for assistants at larger family child care homes, and grants to help them improve the child care environment.

Certain themes arose in both groups of participants. Providers and QIP field staff shared the following desires:

- ***Expanded Topics for Workshops and Training*** – Both providers and QIP field staff expressed a desire for an expansion on topics that were already available to providers. For example, providers felt that introductory-level training was readily available, but that it was more difficult to find training or classes beyond this level. QIP field staff recognized this need, but felt that they would need to reduce the introductory-level courses in order to have sufficient resources to provide expanded workshops.
- ***Training and Resources in Languages Other Than English*** – This was requested both by providers who speak a language other than English and by QIP field staff who worked with diverse populations. Providers often felt limited to accessing services from only one agency because that was the only place where they could access resources in their home languages.
- ***Mandatory Requirements for Family Child Care Home Providers*** – Both providers and QIP field staff felt that in addition to licensing requirements, higher standards for professional development should be required for family child care home providers. They felt that this would raise the quality of care, would raise the professionalism of family child care, and would ensure that all providers were utilizing available resources. They also felt that there should be

more recognition given to providers who have chosen to participate in professional development and quality improvement activities beyond what is minimally required.

## Impact of Quality Improvement Activities

During the focus groups, providers were asked about changes they had made as a result of their participation in quality improvement activities. QIP field staff were asked to describe what success would look like, both in the providers they serve and in their own work. The following are the summarized responses from both providers and QIP field staff:

- ***Changes in Environment*** – During home visits to providers, QIP field staff saw positive changes in family child care home environments as a result of quality improvement training. One QIP field staff member described visiting a family child care home that started off as a bare room with no variation in the space and containing very few interactive toys or materials for the children in her care. When the QIP staff member returned for a follow-up site visit after the provider had engaged in a sequence of training and services, the environment was significantly more appropriate for young children.
- ***Retention*** – Quality improvement activities, especially those that were developed specifically for family child care home providers, promoted retention in the field. In particular, the Child Care Initiative Project (CCIP) was identified as promoting retention. Providers shared that one of the reasons that they continually returned to CCIP training were the opportunities to connect with CCIP staff and other providers.
- ***Growing Professionalism*** – Both providers and QIP field staff reported increased professionalism among family child care home providers, as a result of participation in quality improvement activities. Many providers had printed business cards. One provider arrived at the focus group with a lapel pin that she wears every day, which is engraved with her name and title: “*Family Child Care Specialist.*”
- ***Mentorship*** – Providers reported that after utilizing quality improvement activities, many of them became mentors, whether formally or informally. They reported opening their homes to other providers to share in the growth and training they had received. They reported observing this process of sharing turn into a cycle, whereby newer providers learned in this way from

seasoned providers, eventually seeking out formal training on their own, becoming more seasoned, then opening their homes to newer providers.

- ***Parent Educators*** – Providers reported sharing what they learned from the quality improvement training and resources with parents of the children in their care. One provider reported that she has hosted parent groups where she introduces parents to child development concepts they can utilize at home.
- ***Advocates*** – Both providers and QIP staff reported that providers who were part of family child care associations became advocates for the field and for families at the local and state levels, and in some cases, at the national level. Providers reported that they participated in state and local actions for child care funding issues and child welfare issues. They participated in rallies at the state capitol for increasing funding for families receiving child care subsidies, supported other providers at zoning board hearings, and spoke at conferences regarding issues for which they were most active.
- ***Raising Confidence in Family Child Care*** – Providers reported being more confident in their work and when interacting with children and parents as a result of quality improvement activities. Providers described feeling better able to handle situations that arise with the children in their care. They felt that parents began to address them with more respect and utilize them more as resources for dealing with issues they had with their children at home. QIP staff agreed. One shared a story about a parent who was unfamiliar with and skeptical about using family child care. The parent had requested center-based care for the child, but there were not center-based slots available at the time. The parent was referred to a family child care home temporarily. However, when a center-based slot became available, the parent did not take it, but rather wanted their child to remain in the family child care home.

## Regional Variations

Most of the information summarized in this section thus far highlighted similarities and overarching themes across the 11 focus groups. However, two regional variations of note also emerged:

- ***San Diego County*** – A strong, collaborative relationship existed between the R&R, CCL and the local family child care association. Because of this strong relationship, providers felt both adequately supported and that the system of services was easy to navigate. Unlike other counties, where a common theme

was a desire for more mentoring opportunities, this did not emerge in San Diego County. In this county, there are already opportunities for seasoned family child care home providers to become trainers in quality improvement activities. Providers in San Diego County also reported strong feelings of professionalism and strong sense of identity as a family child care home provider.

- ***Fresno County*** – The unemployment office in Fresno County was a unique point of access to quality improvement activities. It frequently referred people to the local R&R for information about becoming a licensed family child care home provider.

# Appendix E: Telephone Survey Results

**Table E-1**

**Participation in Quality Improvement Programs by Survey Respondents (N=122)**

Program Name	A		B	
	Have Participated		Currently Participating	
	Number	Percent	Number	Percent
California Early Childhood Mentor Program (CECMP)	8	6.6	4	3.3
Child Care Initiative Project (CCIP)	83	68.0	56	45.9
Child Development Training Consortium (CDTC)	75	61.5	31	25.4
Family Child Care Association Development Project (FCCADP)	55	45.1	27	22.1
Family Child Care at its Best (FCCIB)	73	59.8	26	21.3

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Note: Respondents were asked to identify the programs that they had ever participated in (column A); and to identify the programs that they were still participating (column B)

71.3 percent of respondents (N=87) reported participating in more than one program.

**Table E-2**

**Number of Years In The Field Of Child Care**

	Current Number of Years		Additional Number of Years Intended to Stay	
	Number	Percent	Number	Percent
Less than 1 year	4	3.3	5	4.1
1 to 2 years	3	2.5	6	4.9
3 to 5 years	13	10.7	32	26.2
6 to 10 years	19	15.6	15	12.3
More than 10 years	83	68.0	64	52.5
TOTAL	122	100.0	122	100.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-3****Respondent's Years in the Field by Participation in Quality Improvement Programs (in Percent)**

	<b>CECMP N=8</b>	<b>CCIP N=83</b>	<b>CDTC N=75</b>	<b>FCCADP N=55</b>	<b>FCCIB N=73</b>
Less than 1 year	0.0	3.6	0.0	1.8	2.7
1 to 2 years	0.0	3.6	1.3	3.6	1.4
3 to 5 years	0.0	12.0	12.0	14.5	9.6
6 to 10 years	0.0	20.5	16.0	12.7	13.7
More than 10 years	100.0	60.2	70.7	67.3	72.6

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

**Table E-4****Respondents' Years in the Field by Region (in Percent)**

	<b>Northern / Sierra (N=19)</b>	<b>Bay Area (N=17)</b>	<b>Sacra- mento (N=18)</b>	<b>C. Valley (N=18)</b>	<b>C. Coast (N=17)</b>	<b>L.A. (N=21)</b>	<b>Southern (N=20)</b>
Less than 1 year	0.0	0.0	0.0	22.2	0.0	0.0	5.0
1 to 2 years	5.3	5.9	0.0	11.1	5.9	0.0	0.0
3 to 5 years	5.3	23.5	11.1	5.6	11.8	4.8	10.0
6 to 10 years	10.5	17.6	27.8	27.8	11.8	4.8	5.0
More than 10 years	78.9	52.9	61.1	33.3	70.6	90.5	80.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-5****Respondents' Number of Years in the Field and Number of Years Intending to Remain in the Field (N=122)**

Number of Current Years in the Field	Number of Additional Years Intended to Remain					TOTAL
	Less than 1 year	1 to 2 years	3 to 5 years	6 to 10 years	More than 10 years	
Less than 1 year	0.0	0.0	0.8	0.0	2.5	3.3
1 to 2 years	0.0	0.8	0.0	0.8	0.8	2.5
3 to 5 years	1.6	0.8	0.8	0.0	7.4	10.7
6 to 10 years	0.0	0.0	4.9	2.5	8.2	15.6
More than 10 years	2.5	3.3	19.7	9.0	33.6	68.0
TOTAL	4.1	4.9	26.2	12.3	52.5	100.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-6****Number of Years Respondents Expect to Remain in the Field by Participation in Quality Improvement Programs (in Percent)**

	CECMP N=30	CCIP N=83	CDTC N=75	FCCADP N=55	FCCIB N=73
Less than 1 year	0.0	2.4	5.3	1.8	2.7
1 to 2 years	12.5	6.0	1.3	3.6	4.1
3 to 5 years	37.5	24.1	24.0	29.1	28.8
6 to 10 years	25.0	14.5	12.0	7.3	11.0
More than 10 years	25.0	53.0	57.3	58.2	53.4

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

**Table E-7**

**Number of Years Respondents Expect to Remain in the Field by Region (in Percent)**

	<b>Northern / Sierra (N=19)</b>	<b>Bay Area (N=13)</b>	<b>Sacra- mento (N=18)</b>	<b>C. Valley (N=17)</b>	<b>C. Coast (N=15)</b>	<b>L.A. (N=20)</b>	<b>Southern (N=20)</b>
Less than 1 year	0.0	7.7	0.0	5.9	6.7	5.0	5.0
1 to 2 years	0.0	0.0	11.1	5.9	0.0	5.0	10.0
3 to 5 years	15.8	15.4	27.8	29.4	20.0	40.0	30.0
6 to 10 years	15.8	0.0	27.8	11.8	6.7	15.0	5.0
More than 10 years	68.4	76.9	33.3	47.1	66.7	35.0	50.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-8****Percent Indicating How Survey Respondents Heard About Each Program**

	<b>CECMP N=8</b>	<b>CCIP N=83</b>	<b>CDTC N=75</b>	<b>FCCADP N=54</b>	<b>FCCIB N=73</b>
Friend or family member	0.0	21.7	22.7	29.6	13.9
Another family child care home provider	0.0	37.3	36.0	44.4	27.4
Flier received in the mail	12.5	32.5	41.3	50.0	31.5
Flier on a college campus	25.0	10.8	41.3	13.0	5.5
Local Community College	37.5	9.6	50.7	16.7	6.8
Professor or teacher	62.5	7.2	42.7	14.8	6.8
Another participant in the group	0.0	26.5	24.0	33.3	12.3
A parent in your program	0.0	6.0	4.0	7.4	4.1
A center-based provider	12.5	6.0	6.7	7.4	6.8
The internet	12.5	4.8	9.3	9.3	0.0
Local child care resource and referral agency	37.5	63.4	44.0	53.7	72.6
Local family child care association	0.0	21.7	30.7	51.9	27.4
CARES	0.0	20.5	32.0	29.6	13.7
Local First 5	0.0	24.1	25.3	38.9	12.3
Licensing orientation	0.0	22.0	6.7	20.4	6.8
Program for Infant and Toddler Care (PITC)	0.0	7.2	13.3	18.5	4.1
Family Child Care Association Development Project (FCCADP)	0.0	6.0	12.0	27.8	6.8
Child Development Training Consortium (CDTC)	0.0	6.0	29.3	25.9	8.2
California Early Childhood Mentor Program (CECMP)	12.5	2.4	12.0	9.3	2.7
Child Care Initiative Project (CCIP)	0.0	13.3	9.3	18.5	5.5
Family Child Care at Its Best (FCCIB)	0.0	8.4	12.0	18.5	13.7

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

Respondents could select more than one response.

**Table E-9****Percent Indicating Most Influential Sources for Deciding to Participate in Quality Improvement Programs**

	<b>CECMP N=8</b>	<b>CCIP N=82</b>	<b>CDTC N=73</b>	<b>FCCADP N=54</b>	<b>FCCIB N=72</b>
Friend or family member	0.0	6.1	4.1	9.3	4.2
Another family child care home provider	0.0	11.0	8.2	13.0	6.9
Flier received in the mail	0.0	3.7	6.8	11.1	4.2
Flier on a college campus	0.0	1.2	5.5	0.0	0.0
Local Community College	0.0	1.2	16.4	1.9	1.4
Professor or teacher	50.0	1.2	20.5	3.7	0.0
Another participant in the group	0.0	0.0	2.7	5.6	1.4
A parent in your program	0.0	1.2	0.0	0.0	0.0
A center-based provider	25.0	0.0	0.0	0.0	0.0
The internet	0.0	0.0	0.0	3.7	0.0
Local child care resource and referral agency	12.5	45.1	15.1	18.5	55.6
Local family child care association	0.0	4.9	4.1	11.1	9.7
CARES	0.0	0.0	4.1	5.6	5.6
Local First 5	0.0	0.0	1.4	0.0	0.0
Licensing orientation	0.0	7.3	0.0	1.9	1.4
Program for Infant and Toddler Care (PITC)	0.0	1.2	0.0	0.0	0.0
Family Child Care Association Development Project (FCCADP)	0.0	1.2	0.0	3.7	1.4
Child Development Training Consortium (CDTC)	0.0	0.0	0.0	1.9	0.0
California Early Childhood Mentor Program (CECMP)	0.0	0.0	1.4	0.0	0.0
Child Care Initiative Project (CCIP)	0.0	1.2	0.0	1.9	0.0
Family Child Care at Its Best (FCCIB)	0.0	1.2	1.4	1.9	1.4

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

**Table E-10****Percent Indicating Motivations That Were “Very” Influential for Participating in Quality Improvement Activities**

<b>Motivations</b>	<b>CECMP N=8</b>	<b>CCIP N=82</b>	<b>CDTC N=75</b>	<b>FCCADP N=54</b>	<b>FCCIB N=72</b>
I wanted to improve the quality of my program	62.5	89.2	85.3	72.2	90.4
I wanted to receive support from other family childcare providers	0.0	51.8	40.0	46.3	54.8
I wanted to learn more about child development	37.5	79.5	80.0	63.0	81.9
I wanted to learn how to run my childcare program as a business	25.0	62.2	50.0	48.1	56.2
I wanted to learn about children with special needs	37.5	60.2	45.3	38.9	64.4
I wanted to learn how to deal with behavioral problems	12.5	72.3	69.9	51.9	72.6
I wanted to learn more about family child provider associations	12.5	37.0	36.0	50.0	42.5
I wanted to be a more confident caregiver	75.0	80.7	78.4	66.7	79.2
I was new to the field and wanted to learn more about childcare in general	12.5	49.4	45.3	40.7	43.8
I was interested in potential grants that programs were offering	62.5	65.1	56.8	57.4	56.2
A friend encouraged me to get involved	12.5	36.1	28.0	33.3	35.6
A parent in my program encouraged me to get involved	12.5	8.4	2.7	7.5	12.7

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

**Table E-11****Reasons Why Survey Participants Chose to Participate in Quality Improvement Programs (in Percent)**

	<b>CECMP N=8</b>	<b>CCIP N=83</b>	<b>CDTC N=75</b>	<b>FCCADP N=52</b>	<b>FCCIB N=73</b>
It was the only option I had	25.0	32.5	32.0	36.5	16.4
My first contact led me there	50.0	67.5	45.3	46.2	67.1
They offer the specific services I was looking for	87.5	85.5	92.0	67.3	84.9
They give thorough and complete information	75.0	84.3	88.0	69.2	87.7
I have a good relationship with them and their staff	75.0	78.3	70.7	67.3	71.2
I trust them	100.0	84.3	81.3	84.6	82.2
They offer trainings about how to start a family child care program	37.5	71.1	36.0	67.3	61.6
They offer grants	50.0	59.0	50.7	55.8	30.1
They offer connections to community college classes	62.5	61.4	77.3	50.0	53.4
They offer a tuition reimbursement	25.0	28.9	69.3	28.8	26.0
They help getting a permit	0.0	48.2	66.7	28.8	20.5
They provide mentorship	62.5	61.4	52.0	59.6	43.8
They offer continuing education classes	37.5	63.9	66.7	46.2	75.3

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

Respondents could select more than one response.

**Table E-12****Other Programs Accessed by Survey Respondents**

	<b>Number</b>	<b>Percent</b>
Local Resource and Referral Agency	100	82.0
First 5	81	66.4
CARES	64	52.5
Local county office of education	59	48.4
Program for Infant and Toddler Care	46	37.7
Local school district	42	34.4
Local Planning Council	36	29.5
California Preschool Instructional Network	14	11.5
Family Partnership Initiative	13	10.7

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-13****Reasons For Survey Respondents' Current Involvement in Quality Improvement Programs (N=122)**

	<b>Number</b>	<b>Percent</b>
I like learning about child development	83	69.2
The program provides me with the training I need	80	66.7
I value the relationships I have with staff	69	57.5
I like receiving mentorship	67	55.8
It's moving me towards a degree	58	48.3
They provide me with support from other family child care home providers	54	45.0
I need the help with tuition	51	42.5
I would like to receive my permit	36	30.0
The grant money helps support my association	32	26.7
Keeps me motivated	2	18.2
Program is the only option I have	1	9.1
Easy paperwork	1	9.1

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-14****Reasons For Current Involvement in Quality Improvement Programs by Region (in Percent)**

	<b>Northern / Sierra (N=18)</b>	<b>Bay Area (N=13)</b>	<b>Sacramento (N=18)</b>	<b>C. Valley (N=17)</b>	<b>C. Coast (N=15)</b>	<b>L.A. (N=20)</b>	<b>Southern (N=20)</b>
I like learning about child development	83.3	61.5	88.9	64.7	46.7	68.4	65.0
The program provides me with the training I need	77.8	38.5	77.8	64.7	53.3	68.4	60.0
I value the relationships I have with staff	72.2	38.5	83.3	58.8	40.0	47.4	55.0
I like receiving mentorship	61.1	53.8	66.7	58.8	46.7	31.6	60.0
It's moving me towards a degree	38.9	53.8	66.7	58.8	53.3	42.1	35.0
They provide me with support from other family child care home providers	55.6	38.5	66.7	52.9	40.0	26.3	35.0
I need the help with tuition	55.6	38.5	50.0	47.1	40.0	21.1	40.0
I would like to receive my permit	50.0	30.8	38.9	11.8	13.3	10.5	45.0
The grant money helps support my association	44.4	15.4	11.1	23.5	33.3	15.8	35.0
Keeps me motivated	0.0	9.1	5.0	5.9	0.0	0.0	0.0
Program is the only option I have	5.3	0.0	0.0	0.0	0.0	0.0	0.0
Easy paperwork	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-15**

**Percent of Respondents Indicating Other Programs That They Accessed for Quality Improvement  
(N=61)**

	<b>Percent</b>
Family Child Care Association	27.9
Social Services	11.5
College	11.4
National Associations for the Education of Young Children	9.8
Resource and Referral Agencies	9.8
Assessment Tools	4.9
Public (Municipal) Agencies	3.3
Community Care Licensing (CCL) Training	3.3
Business and Entrepreneurship	3.3
Multicultural Education	3.3
Family Literacy	1.6
Safety and Health	1.6
Early Childhood Education	1.6
Other	8.2

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-16****Supports Received by Survey Respondents from Quality Improvement Programs (N=122)**

	A	B
	“Mostly” or “Very” Helpful	Most Helpful
Having a relationship with an agency that understands family child care home providers	88.7	8.5
Learning strategies in order to handle behavioral problems	85.2	12.8
Learning strategies in order to communicate better with families	85.2	8.5
Advanced level trainings for providers in child development	81.3	6.8
The helpful written materials provided by the program	79.6	8.5
Participating in a family child care association	78.7	5.1
Help from program staff with the accreditation process in order to get a permit	77.8	5.1
Entry level trainings in child development for new providers	76.7	6.0
Learning strategies in order to provide care to children with special needs	75.7	2.6
Learning how to run my family child care as a small business	74.7	10.3
Having my program evaluated / observed	72.8	8.5
Intermediate level trainings for providers in child development who have completed entry level child development classes	72.7	9.4
Having a mentor to guide me	72.3	5.1
Phone consultation	65.9	2.6
Home observations	55.4	7.7
Home visits from program staff	55.1	0.9

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Note: Respondents were asked to rate the helpfulness of each support (column A); and to select one support that was most helpful (column B)

**Table E-17****Number and Percent of Respondents Indicating They Developed Personal Relationships with Staff at Quality Improvement Programs (N=71)**

<b>Programs</b>	<b>Number</b>	<b>Percent</b>
Child Care Initiative Project (CCIP)	26	36.6
Local resource and referral agencies	18	25.4
Child Development Training Consortium (CDTC)	16	22.5
Family Child Care at Its Best (FCCIB)	14	19.7
Family Child Care Association Development Project (FCCADP)	10	14.1
California Early Childhood Mentor Program (CECMP)	7	9.9
Community college	4	5.6
CARES	3	4.2
Local county Office of Education	3	4.2
Local First 5	3	4.2
PITC	2	2.8
Family Child Care Association	1	1.4

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Note: N=71 represents 58 percent of all survey respondents with personal relationships with staff. They reported that the most helpful aspect of this relationship was support and confidence to ask questions.

**Table E-18****Possible Supports To Help Survey Respondents Provide Quality Child Care (N=122)**

	<b>A</b>	<b>B</b>
	<b>“Mostly” or “Very” Helpful</b>	<b>Most Helpful</b>
Community Colleges that accommodate the scheduling needs of family child care home providers by offering classes on the weekends and evenings	90.0	21.7
Offer more advanced trainings / classes in child development	87.4	20.0
Have one contact person or organization that can give you access to all of the professional development opportunities available	86.8	18.3
Offer more trainings / workshops on family child care as a business	72.5	7.8
More support for family child care home providers located in the resources and referral agency	71.7	6.1
Another family child care home provider that can provide mentorship	65.8	6.1
More one-on-one support from someone knowledgeable about attaining your permit	63.3	2.6
A knowledgeable representative located at the Community College to help me navigate my classes	63.0	5.2
Have trainings / resources available in multiple languages	56.7	8.7
Provide more initial technical assistance at your home (“home visits”)	53.7	3.5

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Note: Respondents were asked to rate the helpfulness of each possible support (column A); and to select one support that would be most helpful (column B)

**Table E-19****Perceived Impacts of Each Program on Quality of Child Care (in Percent)**

<b>Perceived Impacts</b>	<b>CECMP N=8</b>	<b>CCIP N=82</b>	<b>CDTC N=73</b>	<b>FCCADP N=54</b>	<b>FCCIB N=72</b>
It has helped me make positive changes to my family child care environment	50.0	63.1	54.9	32.8	57.4
It has helped me become more responsive to the children in my care	50.0	61.5	54.1	31.1	56.6
It has helped me improve the way that I communicate with families	50.0	59.0	51.6	34.4	56.6
It has helped me create a professional support system	62.5	57.4	49.2	36.1	50.0
It has helped me have a more positive tone with the children in my care	37.5	59.0	50.8	33.6	56.6
It has helped me use more positive guidance with the children in my care	37.5	61.5	52.5	32.8	57.4
It has helped me incorporate the children's families in the way that I provide care	37.5	57.4	49.2	31.1	54.9
It has provided me with the support I need to remain in the field	62.5	59.0	49.2	35.2	54.9

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

Percents reported represent those who "strongly agreed" with each statement.

**Table E-20****Perceived Impacts of Each Program on Sense of Professionalism (in Percent)**

	<b>CECMP N=8</b>	<b>CCIP N=82</b>	<b>CDTC N=73</b>	<b>FCCADP N=54</b>	<b>FCCIB N=72</b>
I have become more confident in my child care abilities	87.5	61.5	54.9	38.5	57.4
I have become more confident in communicating with the parents of my children	87.5	59.0	50.8	33.6	55.7
I have become more professional or business-like with my program	87.5	60.7	54.1	36.9	54.9
I have become more knowledgeable about child development	87.5	64.8	56.6	36.9	58.2
I have become a mentor and/or educator to other family child care home providers	87.5	54.1	48.4	35.2	51.6
I have become an advocate for the field and for families	87.5	59.0	51.6	36.9	53.3
I have become someone with more options and opportunities than I had before	62.5	58.2	54.9	38.5	54.1
I did not learn from this program	0.0	0.0	0.0	0.8	0.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

Acronyms used: CECMP = California Early Childhood Mentor Program; CCIP = Child Care Initiative Project; CDTC = Child Development Training Consortium; FCCADP = Family Child Care Association Development Project; FCCIB = Family Child Care at Its Best

Percents reported represent those who "strongly agreed" with each statement.

**Table E-21****Professional Growth Goals (N=122)**

	<b>Number</b>	<b>Percent</b>
To increase my child development knowledge	107	87.7
To improve my child care environment	104	85.2
To improve my child care interactions	103	84.4
To improve my child care materials	98	80.3
To improve my business overall	97	79.5
To become a mentor	86	70.5
To get my AA	71	58.2
To get my BA	68	55.7
To obtain my permit	68	55.7
To increase the amount of infant/toddler slots I can offer	62	50.8
To become accredited	61	50.0
To get my large license	49	40.2
To become a preschool teacher	49	40.2
To get my MA	48	39.3
To work in a center	34	27.9
To become a kindergarten teacher	28	23.0
To create my own center	8	6.6
To improve my program's quality	6	4.9
To improve my knowledge of special needs	4	3.3
To affect policy	4	3.3
To retire	4	3.3

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table E-22****Survey Respondents Indicating That They Have or Would Recommend Each Quality Improvement Program (N=122)**

Program Name	Have Recommended		Would Recommend	
	Number	Percent	Number	Percent
California Early Childhood Mentor Program (CECMP)	8	100.0	8	100.0
Child Care Initiative Project (CCIP)	73	89.1	81	97.6
Child Development Training Consortium (CDTC)	67	90.5	71	96.0
Family Child Care Association Development Project (FCCADP)	44	83.1	48	88.9
Family Child Care at its Best (FCCIB)	64	87.3	71	100.0

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

# Appendix F: Sequence of Participation in Quality Improvement Activities

**Table F-1**

**Northern / Sierra Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N=19)**

Case	QIP Programs Studied				Other Programs Accessed								
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative
55	▲	■	●		•	•	•	•		•			
126	●	■	■	▲	•	•	•	•					
119	■	■	▲	●	•	•	•	•	•	•		•	•
125	■	■	●		•	•	•	•	•	•		•	
116	■	▲			•		•		•	•			
56	■	●	■	▲	•		•	•	•	•	•	•	
124	■	●			•		•	•	•				
114	■	▲	●	■	•	•	•	•	•	•	•	•	
115	■	●	■		•	•	•					•	
117	■	●			•		•		•				•
129	▲	■	■	●	•	•	•	•	•	•	•	•	•
118	▲	■	■										
9	▲	●	■	■									
120	▲	●			•	•	•	•	•	•			
122	▲	●			•		•	•		•		•	
130	●	■	■	▲	•		•	•	•	•			•
123	●	■			•	•	•	•	•	•	•	•	
131	●	▲	■				•		•	•			
*127	■ ● ▲ ●				•	•	•	•	•	•			

Legend: CECMP (N=0) ■ CCIP ■ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-2**

**Bay Area Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N=13)**

Case	QIP Programs Studied				Other Programs Accessed									
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative	Professional Growth that is Family Child Care Specific (SF)
4	■	▲	▲		•		•	•	•	•		•		
96	■	▲	▲		•		•	•		•	•	•		
89	■	▲	●	▲	•		•	•	•	•				
88	▲	■					•	•						•
1	▲				•			•						
2	▲				•	•	•	•				•		
7	▲	■	●			•			•	•				
91	▲	▲	■		•	•			•	•				
93	▲						•					•		
94	▲				•									
92	▲				•			•						
8	▲				•			•	•					
6	▲	■	▲	●	•	•	•				•			

Legend: CECMP (N=1) ■ CCIP ▲ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-3**

**Sacramento Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N=18)**

Case	QIP Programs Studied				Other Programs Accessed								
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative
25	■	■			•		•	•	•				
27	■				•	•	•	•	•	•		•	
23	■	■			•	•	•	•	•	•			
15	■	●	■		•		•	•				•	
11	■	●			•		•	•		•			
17	■	●	■					•					
128	■	●	■	▲	•		•	•	•	•		•	
19	■	●					•	•		•			
18	■	●			•		•			•		•	
121	■	▲					•		•				
10	■	▲					•		•				
22	■						•	•		•	•		
13	■	■	●		•	•	•	•		•			
33	●	■	■				•	•		•	•	•	
21	●	■	■		•		•	•	•				
14	●	■	■		•	•	•	•	•	•		•	
16	●	▲			•		•	•		•		•	•
12	●						•	•				•	

Legend: CECMP (N=2) ■ CCIP ■ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-4**

**Central Valley Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N=17)**

QIP Programs Studied					Other Programs Accessed								
Case	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative
63	■	▲			•		•	•			•	•	
75	■	●	◀			•	•			•		•	•
71	■	●	▲		•		•			•	•	•	
78	■	●					•	•					
67	■	●			•		•						
69	■	●			•		•	•	•	•			
70	■	●			•		•	•	•				
62	■				•		•						
64	■				•		•						
68	■				•	•	•	•	•	•		•	•
74	◀	■	●		•	•	•	•		•	•	•	•
61	▲	●				•						•	
76	●	◀	▲		•		•	•		•		•	
73	●	◀				•	•	•	•	•		•	
72	●	■	◀		•	•	•	•	•	•	•		•
66	●	■	▲		•	•	•	•	•	•		•	
77	●	■			•		•						

Legend: CECMP (N=0) ■ CCIP ◀ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-5**

**Central Coast Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N=15)**

Case	QIP Programs Studied				Other Programs Accessed								
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PTIC	Family Partnership Initiative
45	■	▲			•	•	•	•	•	•		•	•
30	■	●	◆	▲				•					
42	■	●	◆	▲	•	•	•	•		•		•	•
48	■	●	▲		•		•	•				•	
49	■	●			•		•	•				•	
46	■	●			•		•						
20	■	●			•		•						
58	◆	●			•		•						
52	◆				•		•					•	
50	◆				•		•	•	•	•		•	
43	▲	●			•			•		•			
47	●	■						•					
44	●	◆				•		•					
57	●	◆	■	▲	•	•	•						
*41	▲	●										•	

Legend: CECMP (N=0) ■ CCIP ◆ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-6**

**Los Angeles Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N = 20)**

QIP Programs Studied					Other Programs Accessed													
Case	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative	LAUP	STEP	Unions	LEAP	CCTI
87	■	▲			•		•				•			•			•	
108	■	▲			•		•											
24	■	▲	▲	●	•	•	•			•								
86	■	●	▲		•		•			•		•		•	•			•
60	■						•											
85	■						•											
84	■				•		•			•								
32	■						•											
34	■																	
28	▲						•		•	•		•					•	
26	▲					•								•				
40	▲	■					•											
83	▲	●	▲		•	•	•			•		•		•			•	
80	▲	●	▲		•	•	•			•		•		•			•	
82	▲	●	▲		•	•	•			•		•		•				
35	▲																	
29	▲	▲	■	●	•		•								•	•		
106	▲	▲	■				•											
79	●	▲	▲		•	•	•	•	•	•	•	•	•					
31	●						•		•								•	

Legend: CECMP (N=5) ■ CCIP ▲ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

**Table F-7**

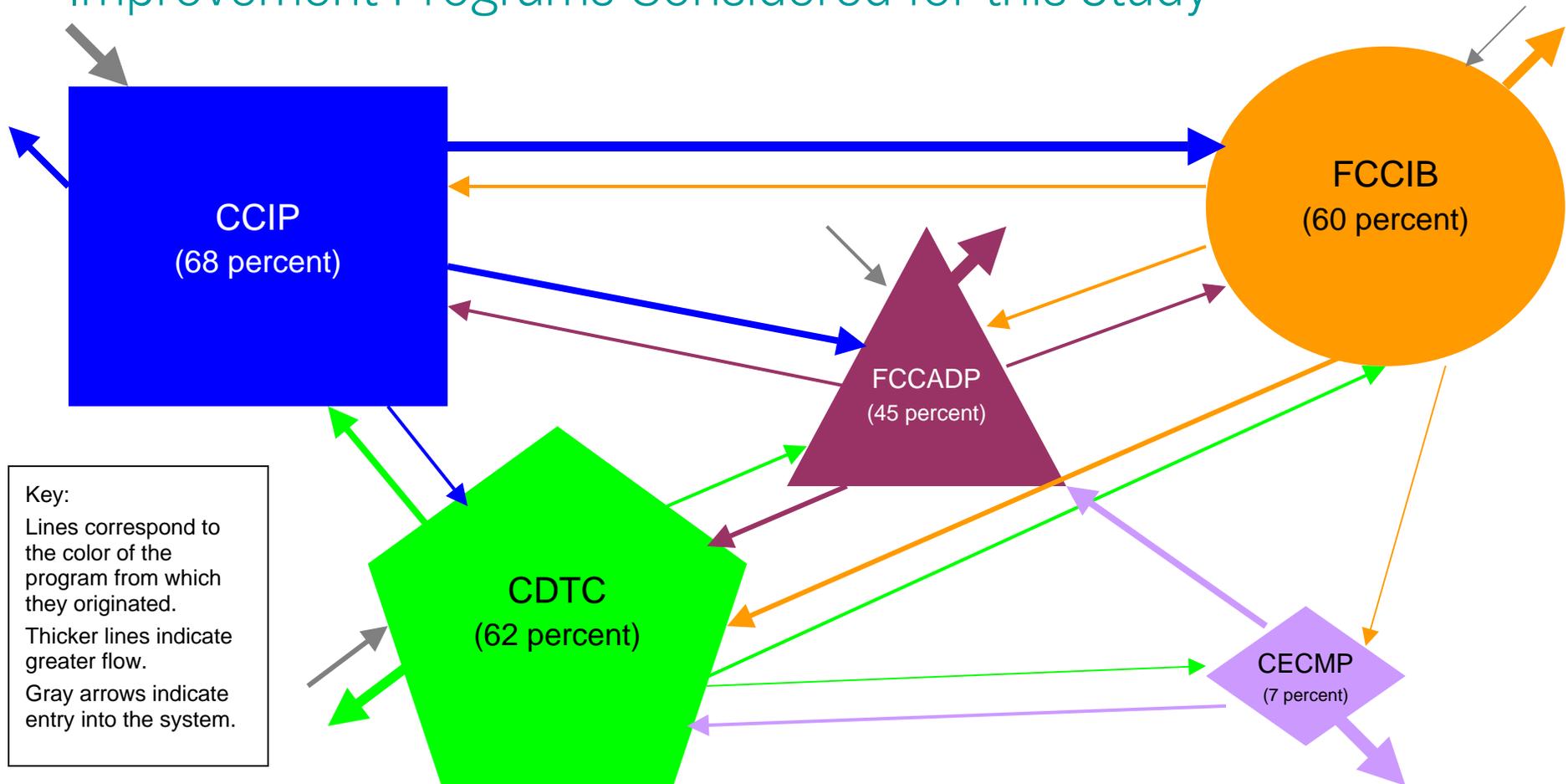
**Southern Region Sequence of Quality Improvement Programs Accessed by Survey Respondents (N = 20)**

Case	QIP Programs Studied				Other Programs Accessed										
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	First 5	Local Planning Council	R&R Agency	CARES	Local School District	Local Co. Office of Education	CPIN	PITC	Family Partnership Initiative	Chicano Federation	Preschool for All
104	■	▲	◆					•							
38	■				•		•					•	•		
109	■				•		•		•	•					
39	■														
36	■								•	•		•			
107	◆	●	■	▲	•		•	•							
99	◆	■	▲							•		•			
102	◆	▲	■		•		•	•		•				•	
101	◆	●	■	▲	•		•								•
105	◆	●	■	▲	•	•	•		•	•					
113	◆						•	•		•					
100	▲	◆	■	●	•		•	•		•					
37	▲						•								
54	▲						•								
111	▲						•		•						
53	▲								•	•					
103	●	■	◆		•		•	•							
132	●	▲	◆	■	•	•	•			•				•	•
110	●						•		•	•		•			
112	●				•			•							

Legend: CECMP (N=0) ■ CCIP ◆ CDTC ▲ FCCADP ● FCCIB • Other QIP programs \* Respondent could not recall sequence

Data Source: 2008 Family Child Care Quality Improvement Telephone Survey

# Appendix G: Patterns of Entry and Access in the Five Quality Improvement Programs Considered for this Study



# Appendix H: Generalized System Map of Quality Improvement Activities for Family Child Care in California

# Generalized System Map of Quality Improvement Activities for Family Child Care Home Providers in California

