

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

*March 2009*

## ***EXECUTIVE SUMMARY***

**PREPARED FOR:**

**California Department of Education, Child Development Division**

**PREPARED BY:**



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“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

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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.

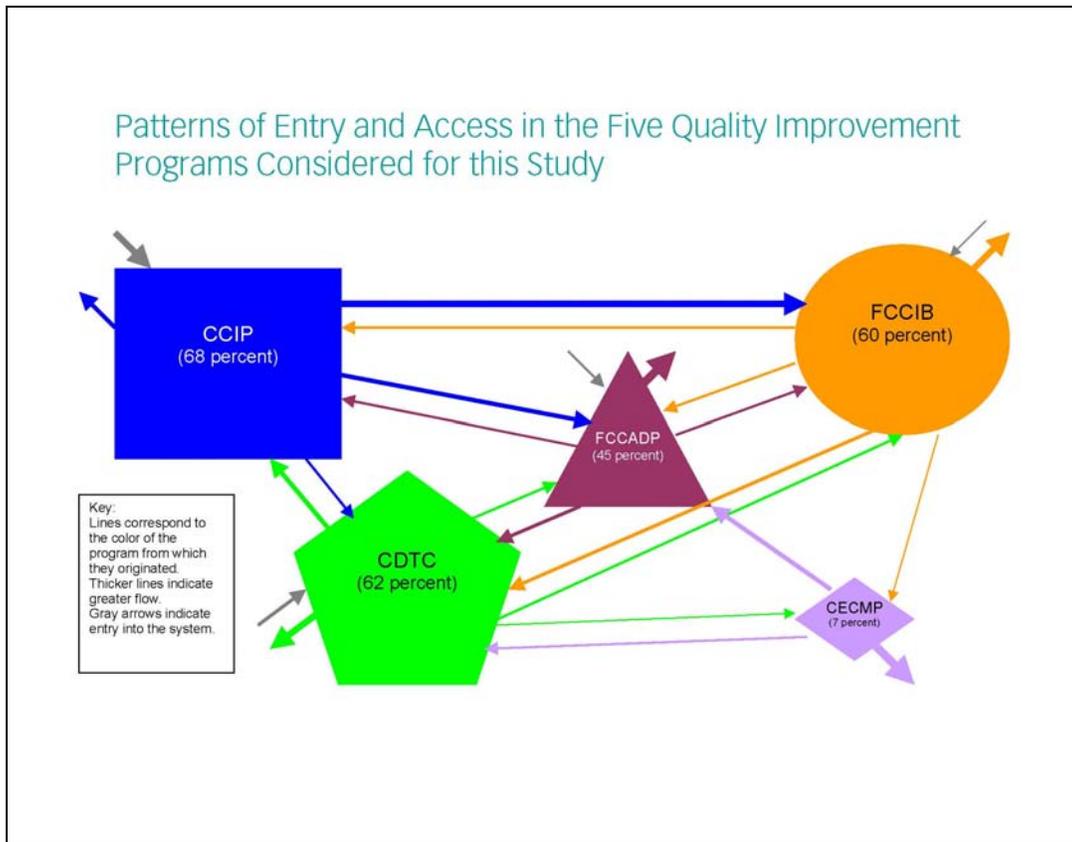
Professional growth goals still desired by the majority respondents were the following: (1) to increase their knowledge of child development, (2) to improve quality in the child care environment, their interactions with children, and materials, (3) to improve their child care business overall, and (4)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



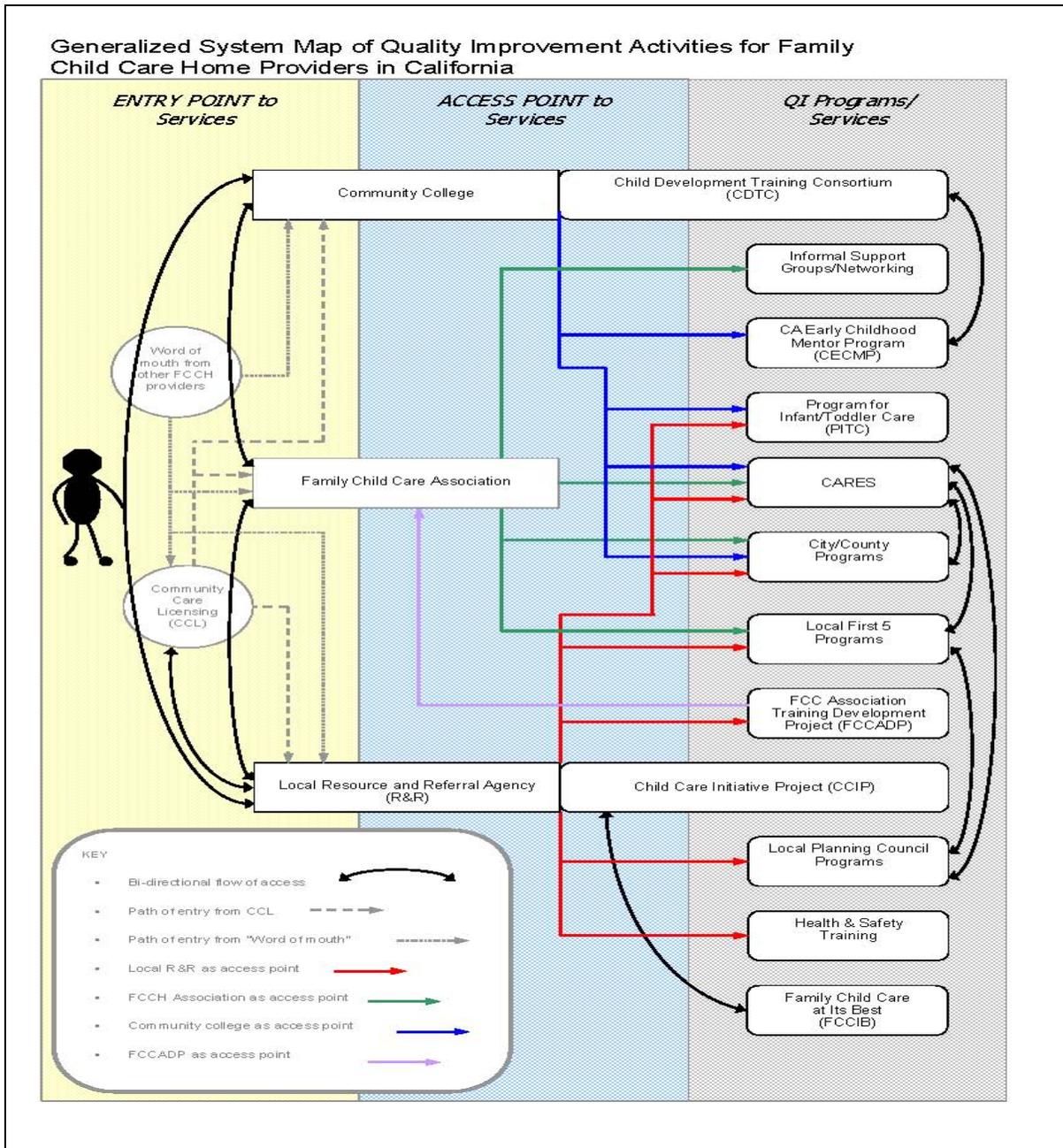
Specific patterns that emerged across the seven regions are summarized below:

- 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.