LICENSED FAMILY CHILD CARE PROVIDERS AND QUALITY IMPROVEMENT: INTERESTS AND BARRIERS

INTRODUCTION

This fact sheet provides key information about licensed family child care providers’ interests and needs for quality improvement (QI) – actions that can directly improve the experiences of children in their care – and professional learning – steps to improve their own capacity and indirectly impact QI. Specifically, it describes the responses of the providers who participated in the California Child Care Research Partnership during the first two project years (2013-14 and 2015-16). The participants were not representative of any larger populations. Data were collected in two samples:

- **Sample 1** was drawn from selected areas of Los Angeles County and San Bernardino County (SoCal: LA/SB). It is predominantly urban (73%) and suburban (25%) with few rural providers (2%).

- **Sample 2** was drawn from Contra Costa County, El Dorado County, and Sacramento County (NoCal: CoCo/ElDo/Sac) and includes many urban (51%) and suburban (36%) as well as a larger proportion of rural providers (13%).

Surveys were mailed to all licensed family child care (FCC) providers in the selected areas and providers chose whether or not to return their surveys. Both samples included approximately even numbers of providers with large and small licenses.

Please also review Fact Sheet 1 which found that Sample 1 (SoCal: LA/SB) included more providers who were diverse in ethnicity and language, lower in household income and lower in educational attainment than Sample 2 (NoCal: CoCo/ElDo/Sac).
A large majority of providers expressed interest ("somewhat" or "extremely" interested) in a range of topics related to the California Early Childhood Educator Competencies as indicated by responses when asked to rate their interest on a scale ranging from "not at all interested" to "extremely interested" (Figure 1). The highest levels of interest were related to children’s and family’s experiences in their care and quality, followed closely by family and community engagement and curriculum. Note that even the topics for which the smallest proportion of providers indicated interest were still of interest to over 60% of respondents. These results suggest that many FCC providers are interested in the areas or topics for which California is offering professional learning and development opportunities.

Providers were also asked about participating in professional development and learning activities (Figure 2). Over half of providers surveyed were interested in 5 of the 6 activities included on the survey, with 43% of providers indicating interest in having a consultant or coach come to the providers’ home. Further research is needed to better understand the relatively lower levels of interest in a consultant/coach. It is interesting to note that larger proportions of providers were interested in the areas or topics than the specific activities listed on our survey. These results point to a need for better understanding the reasons providers’ were relatively less frequently interested, but still interested, in these learning activities, particularly in the context of high levels of interest in the areas (topics) discussed above. Our results suggest that there may be a mismatch between providers’ interests and the activities available for them to engage in professional learning and development.
Providers were asked about what prevents them from participating in both formal education and other professional development (PD), including training, coaching, and Quality Rating and Improvement Systems (QRIS). Relatively few indicated that “nothing” prevents them. For the remaining FCC providers who face at least one barrier, the kinds of barriers they faced varied. Note that we found significant variation across our samples that are likely related to the characteristics of the samples reported in Fact Sheet 1. Providers in Sample 2 (NoCal: CoCo/EIDo/Sac) were significantly more likely to report that “nothing” prevents them from formal education (30%) or other PD (25%) than providers in Sample 1 (SoCal: LA/SB: 18% for formal education and 12% for other PD).

For formal education, including working toward a degree or a California Child Development permit, time/day and cost were the most frequently reported barriers and were reported by over half of respondents in each sample (Figure 3). Providers in Sample 1 (SoCal: LA/SB) were more likely to report cost, lack of technology, and lack of PD in a language other than English as barriers than providers in Sample 2 (NoCal: CoCo/EIDo/Sac).

For other forms of PD, a smaller proportion of providers reported barriers, but time/day and cost were the most frequently indicated barriers (Figure 4). More research is needed to better understand cost as a barrier to other forms of PD, because many agencies offer free PD. It could be that there are “hidden” costs (e.g., taking time away from paid care work or child care for one’s own children for night/evening offerings) or that free offerings are not sufficient for these diverse FCC providers (see Fact Sheet 1).

As California and other states face new requirements to ensure all non-related child care providers serving any child who receives Child Care and Development Fund subsidies must engage in ongoing PD, we need ways to address barriers faced by even small numbers of providers. In addition, even one barrier – for example lack of PD in a language you speak – can block providers from engaging in professional development.
FCC PROVIDERS ARE SATISFIED WITH THEIR PD AND MOST ARE WILLING TO BE RATED FOR QUALITY

Administrators of Quality Rating and Improvement Systems (QRIS) in California, as in other states, have reported difficulty in recruiting FCC providers into QRIS. Two findings from our study are relevant to understanding that difficulty.

First, the large majority of providers were satisfied with their current level of professional development (PD), as indicated by responses to our surveys (Figure 5). They were specifically asked to rate their overall satisfaction with education, training, and technical assistance activities that support their work with young children and improve their knowledge, skills, and practices. If they are happy with their current access to PD, as our results suggest, they may be less motivated to use PD available through the QI offerings of QRIS. These findings about satisfaction with PD are particularly noteworthy in light of a finding presented in Fact Sheet 1 that the highest needs identified by providers were related to their financial situation: stability of enrollment, stability in subsidy rates, other financial hardships, and health and medical concerns.

Second, responses to our survey suggest that over half of the respondents were willing to have a qualified person come into their home to rate the quality of their child care with an additional 25% who were neutral (Figure 6). However, 1 in 5 providers were unwilling. Together with the finding above, that having a coach or consultant come to the home was also the least desired QI activity (Figure 2), these findings suggest that programs seeking to recruit FCC providers need to ensure that visitors to FCC homes are sensitive to the particular needs of FCC providers and impact of visitors on the setting.

Thus, although many providers were willing and still more would likely be open to the idea of being rated for quality, programs seeking to recruit FCC providers into QRIS likely need to sensitively address the diversity and interests of the FCC providers they seek to recruit. For example, programs could ensure that they offer quality improvement activities appropriate to diverse FCC providers’ range of experience and training and that there are benefits in being rated – including benefits for the FCC providers and their FCC homes. Additional effort may be necessary also to effectively communicate with FCC providers about the availability of such quality improvement activities and the benefits of participating in the quality ratings.

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