



Family Child Care Provider

RECOMMENDATIONS

to the
California Department of Social Services

July ★ 2021



childcarelaw.org

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Family Child Care Provider Recommendations

On July 1, 2021, all child care and development programs administered by the California Department of Education, with the exception of the California State Preschool Program, were transferred to the California Department of Social Services (CDSS). This transition of child care and development programs prompted CDSS to commit to creating coordinated, equitable, and accountable early care and education programs that deliver positive outcomes for children and families. Engaging families and child care providers - key stakeholders - is part of the creation process.

Therefore, CDSS contracted with the Child Care Law Center (CCLC) and Social Policy Research Associates (SPR) to capture perspectives from family child care providers across California. Family child care providers' recommendations, based on their experience and expertise, will lead to fairer, more effective policies for CDSS.

★ Child care providers who come from a myriad of cultures, languages, and backgrounds bring richness to the profession - they should all be heard and treated fairly ★



Overview of Provider Focus Groups

Child care providers who come from a myriad of cultures, languages, and backgrounds bring richness to the profession - they should all be heard and treated fairly.

CCLC and SPR brought together family child care providers representing diverse communities, experiences, and regions in four separate focus groups:

Black, English-speaking family child care providers

Chinese, Cantonese-speaking family child care providers

Latina, Spanish-speaking family child care providers

Somali, Somali-speaking family child care providers

CCLC intentionally created these four groups to ensure that perspectives and recommendations from family child care providers from historically underrepresented communities were centered in this report.

A family child care provider leader from each community facilitated the focus group so providers would feel comfortable speaking freely and in the language most comfortable to them. SPR transcribed the conversations and coded each transcript for “key themes”.



Methodology

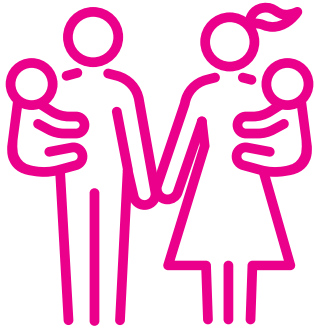
Each focus group had a primary facilitator who reflected the racial/ethnic background and language of the participating providers. Furthermore, with providers' permission, each focus group was recorded and transcribed. SPR coded each transcript for key themes related to the backgrounds of the families that providers care for, the support providers offer to families, key areas of support needed from the state, and recommendations for CDSS. This report summarizes these key themes and recommendations across all four focus groups. For additional detail and provider quotations gathered from the focus groups, please refer to the write-ups provided in the Appendices.



Meaningful engagement with providers
transforms policies, strengthens communities,
and sparks bigger social change.



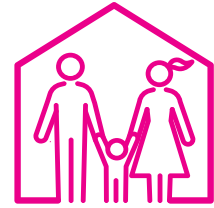
**BLACK
FAMILY CHILD CARE
PROVIDERS**



Focus group
conducted in
English

COUNTY

Los Angeles	33%
Alameda	45%
Contra Costa	11%
Riverside	11%



**SMALL OR LARGE
CHILD CARE HOME**

Small	44%
Large	56%

ACCEPTS FAMILIES WITH SUBSIDIES

100% YES



**LATINA
FAMILY CHILD CARE
PROVIDERS**



Focus group
conducted in
Spanish

COUNTY

Alameda	43%
Santa Clara	14%
Imperial	29%
San Diego	14%



**SMALL OR LARGE
CHILD CARE HOME**

Small	64%
Large	36%

ACCEPTS FAMILIES WITH SUBSIDIES

100% YES



CHINESE
FAMILY CHILD CARE
PROVIDERS



Focus group
conducted in
Cantonese

COUNTY

San Francisco **57%**
Alameda **36%**
Los Angeles **7%**



SMALL OR LARGE
CHILD CARE HOME

Small **64%**
Large **36%**

ACCEPTS FAMILIES WITH SUBSIDIES

71% YES 29% NO



SOMALI
FAMILY CHILD CARE
PROVIDERS



Focus group
conducted in
Somali

COUNTY

San Diego **100%**



SMALL OR LARGE
CHILD CARE HOME

Small **60%**
Large **40%**

ACCEPTS FAMILIES WITH SUBSIDIES

100% YES

Implement Language Justice



When language is accessible to everyone in child care – children, families, and providers thrive. Nobody should be left out or left behind. Language justice means “*recognizing the social and political dimensions of language and language access, while working to dismantle language barriers, equalize power dynamics, and build strong communities for social and racial justice.*”¹ A language justice approach supports and builds multilingual spaces and ensures that all have equal opportunity and access—regardless of language—to inform policy and program development.

Providers shared the following recommendations on how to take a language justice approach with family child care providers:

Ensure translation and interpretation for all CDSS communications and stakeholder engagement. CDSS should not only ensure that all materials and website information are accessible in multiple languages (including Cantonese and Somali), but also ensure that all webinars and relevant public meetings have adequate interpretation so that all providers who speak any language can actively participate. This recommendation was touched on across all four focus groups, particularly in the Chinese and Somali focus groups.

Ensure that all resources and materials for families are translated into Cantonese and Somali. Somali and Chinese family child care providers shared that they take on translating materials and documents to help the families of children in their care apply for CDSS benefits. Families would not have to rely on their child care provider for this support if all CDSS materials were written in Somali and Cantonese.

Increase the readability of CDSS communications. Specifically, Latina family child care providers recommended simplifying language by reducing the number of acronyms and shortening the contents of PINs to focus just on the main points.

Provide PINs and emails in multiple languages to meet the linguistic needs for all providers. The Chinese and Somali family child care providers shared that they would appreciate PINs in their language.

Engage providers from across the Asian American Pacific Islander (AAPI) community. Cantonese-speaking family child care providers offered specific engagement recommendations for the AAPI community. One shared that CDSS should recognize that the AAPI community is made up of many different groups whose needs should not be lumped as one group. The perspectives of Cantonese-speaking providers do not represent the AAPI community as a whole, and their needs may be different than South Asian or Filipino providers, for example. Furthermore, CDSS can provide direct outreach to diverse AAPI providers to participate in advocacy and meaningfully include them in policymaking processes.



Include Child Care Providers in Decision-Making

Meaningful engagement with providers transforms policies, strengthens communities, and sparks bigger social change. The CDSS Transition Plan states that CDSS “will continue to meaningfully engage with stakeholders on an ongoing basis.” Providers represent a key stakeholder group for CDSS to continually engage. Listening to and including providers’ expertise to inform policy development and strengthen the profession will support CDSS’ efforts to center equity in its programs.

It sounds like men in white shirts and ties get together and they say, this is what we feel child care providers need...we have 12-hour days, sometimes six or seven days a week, and then they're pushing paperwork at you and saying, "if you want this \$2,000 a month dangling over your head, jump higher. Jump higher."



Empower
providers
to inform
child care
related
policies

Providers shared the following recommendation on how to meaningfully engage family child care providers:

Empower providers to inform child care-related policies. CDSS should create a family child care provider advisory group that meets regularly to support CDSS with creating policies informed by the providers’ lived experiences. This consistent engagement with providers and recognition of their expertise will improve the professionalism of the field and formally acknowledge family child care providers as educators.

Conduct Thorough Outreach to Providers

Good communication is the difference between confusion and clarity. Across focus groups, providers shared that existing agency platforms for sharing information are challenging to navigate. This makes it difficult for child care providers to get answers to their questions. CDSS can improve information dissemination when it updates its website and resources as part of the transition. This will foster a culture of accountability and better serve family child care providers and families.

The website for education on CDE is very confusing. So, trying to find information that pertains specifically to family child care providers has been an issue. Trying to find out where to go for grants, information on the grants, PPE gear, trying to get any [information] in this area, it's just been... I just gave up. I just go and buy everything by myself.

Providers shared the following recommendations to improve CDSS' communications:

Inform families of all the options and benefits that they qualify for. Black family child care providers shared that when families seek supportive services, many are not told that they have a right to child care services, or that these services can take up to 60 days to be put into place which may prevent families from actually seeking services.

Clearly communicate child care subsidy and licensing rules to providers and parents. Across all focus groups, providers shared that they help parents navigate publicly-funded child care, but the rules are confusing and change often.



Improve access to, and guidance from, Licensing Program Analysts. Providers across all focus groups shared that health and safety policies - for example, fire safety requirements - are inconsistent and confusing. Providers would like consistent regulations (namely, fire safety regulations) that clearly state what they must do to meet health and fire safety standards.

Clearly communicate the age ranges for infants and toddlers.

Latina family child care providers shared that the infant and toddler age categorizations are confusing and that the state must give clearer guidance.

Use a variety of platforms to share Provider Information Notices (PINs).

Providers shared that they would like to receive PINs via email, physical mail, text messages, and direct communication from Licensing Program Analysts (LPAs) or other state/county representatives.



Create a centralized website for family child care providers. Black family child care providers shared that the type of information most helpful on a centralized website includes:

- Active links to California Child Care Associations
- Information about how to get involved in child care associations
- Live chat feature to ask questions directly to an LPA
- Information about training and professional development opportunities across the state
- Search engine for providers to look up provider-specific information
- Glossary of all the acronyms common to the child care system
- Information about resources for providers, such as the Child Care Law Center
- A list of phone numbers for departments and organizations (e.g., CalWORKs) relevant to providers
- Legal information regarding regulations and requirements for family child care homes
- Information about how to respond to any allegations or other legal issues related to providers
- Information about business best practices (e.g., filing taxes as a family child care provider)
- A rate calculator for providers who work with families using child care subsidies



Support Child Care Providers' Recovery from the COVID-19 Pandemic

The pandemic has shown how essential child care is. Providers shared that, due to the pandemic, they are caring for more school-age children, supporting with distance learning, increasing their cleaning and sanitation practices, managing fluctuating enrollment, and implementing constantly-changing public health regulations.

COVID-19 changed everything. The grant we received is not even enough for one day. We have to work hard to prevent the spread of the disease. We have to constantly be cleaning everywhere - restrooms, kitchen, living rooms etc. One time, I went to Restaurant Depot to buy cleaning materials and I kept the receipt, because I want to put it in a frame to show how much we spend on sanitation and how COVID-19 changed our lifestyle.



Create a clear set of pandemic-related safety policies that family child care providers can communicate to families.

The constantly-shifting CDSS COVID-19 guidance and unclear county policies are challenging for everyone to understand.

The CDSS Transition Plan recognizes the need to continue to respond to the COVID-19 pandemic. Providers shared that CDSS can support them with pandemic-related challenges in the following ways:

Chinese family child care providers in particular highlighted this. Clear policies and guidance from the state would help providers navigate what protocols to put in place and enforce.

Offer grants for economic recovery from the pandemic. Providers shared that these grants should be available to providers, regardless of geography or the family's payment source. Moreover, the applications should follow a language justice approach by ensuring that they are translated into multiple languages.

Offer resources for providers to offset the costs of pandemic-related supplies. Providers need additional sanitizing supplies and personal protective equipment to keep up with health and safety regulations. Providers also need support to supply children in distance learning with educational materials like laptops, tablets, and charge cords.

To recover from the pandemic, providers need support to increase enrollment.

Providers shared that one way to increase enrollment would be to update the age definition of infants and toddlers; an infant should be defined as 18 months and under, instead of 24 months and under. This would allow providers to enroll more children in their programs. Furthermore, the state can support better communication between the R&Rs and the providers to help ensure child care programs are at full capacity.

Offer Professional Development to Child Care Providers



Most family child care providers are women of color providing a vital service to their community. They offer warm, nurturing, engaging care, often in a child's home language and in line with the child's culture. In its Transition Plan, CDSS states that "efforts will be made to streamline and infuse new professional development into existing systems" and that "steps will be taken to ensure communication at the local level between training entities, local services and providers to ensure inclusive decision making and to offer maximum information for all child care providers to participate in appropriate professional development opportunities."

Across all four focus groups, providers shared that they want professional development opportunities to help them better serve all the children and families in their care. Thus, as CDSS looks to improve professional development opportunities, providers shared the following recommendations for CDSS to support them with ongoing professional development.





*Well, a problem is that a lot of the classes that are offered are geared towards centers... **We have a very close and personal relationship with a lot of these families, so we need tools that are geared towards us.** Which is my big thing, because I give talks on diversity and inclusion [specifically for small] family child care homes, because diversity training is always geared towards large [centers]. But we're not large. We can't do the exact same things as a center would do. We don't have somebody that is dedicated to family engagement or helping with that thing. We're doing everything.*



Offer education opportunities for providers to obtain an advanced degree.

Providers shared that they are constantly looking to improve their skills and knowledge to better serve the children in their care. For some providers, this means the opportunity to continue their education.

Revise the Quality Ratings Improvement System (QRIS) so that it is more appropriate for family child care providers.

Providers shared that the current QRIS is not reflective of the family child care context, and the curriculum should therefore be revised. Family child care providers who are a part of QRIS would like to reduce the paperwork and frequency of renewals.

Create demographic information about the families and communities providers care for.

Specifically, Latina providers shared that they would like demographic information by zip code, language, race and ethnicity (similar to the census) about the families being served in their community. Providers suggested that this information can be shared by providers (with privacy agreements) and housed on the CDSS website.



Provide spaces for wellness checks and mutual support. Providers – particularly Black and Somali providers – shared that they need spaces and training to manage the stress and trauma associated with their care giving. They consistently experience and witness stress and trauma and therefore need support with their own stress management. While some providers mentioned that they have attended business-related training to support their child care business, they have not had access to any training for managing stress or healing trauma.

Provide education opportunities tailored to family child care providers and that support them in caring for all children.

Providers shared that the family child care context is different than that of child care centers. Training should match this context. Moreover, training should be inclusive of the needs of children who are experiencing trauma, have special needs, and of varying social and emotional levels.

Across all four focus groups, providers shared that they want a child care system that respects their professionalism by incorporating their expertise and supporting them as educators and nurturers. We look forward to working with CDSS to implement the recommendations in this report to create a child care system in which families, children and child care providers will thrive.

*When [the state] first started [family child care], they were like, "Oh, you only need a high school diploma." **They're still treating us like we are babysitters instead of the fact that a lot of us have prior education.** We've worked in homes. We've done this before, or maybe our parents did it. We went through centers, and they're not treating us like professionals. They're treating us like newbies. So then no matter how long you've been in the business, they never elevate how they treat you and what they give you, and the services they provide, because they're constantly treating you like you only have a high school diploma with no experience.*



Integrate Services for Health, Welfare and Financial Benefits

Providers should be treated as the professionals they are by earning wages and benefits that reflect their knowledge, experience, and talent. Providers shared recommendations for long-term systems change. In its Transition Plan, CDSS states that “long-term programmatic and policy-driven goals of this transition build upon the concept of an integrated child care and development system,” that includes “equity, justice, and a whole child/whole family approach at the center.” This whole child/whole family approach recognizes the needs of the child and the parent individually and together.

Providers offer tremendous support to the families and children in their care and are central to a whole child/whole family approach. As noted through each focus group, providers shared that they supply families with basic needs such as diapers, food, formula, transportation, clothing, and school supplies. They help families navigate immigration appointments, support children with special needs, and assist with job applications and medical appointments.

*We do all those services for our clients. We know we have nothing to do with their doctor appointments and their paperwork from their housing and welfare agencies, **some of them ask for a favor, for transportation to the [U.S. Citizenship and Immigration Services] and doctor's appointments and all of that.***

Because, for the most part, [we serve] new immigrants who may not own or have access to any type of transportation. Therefore, we do provide a lot of support to them.

Given that CDSS administers many programs for families, there is an opportunity to integrate multiple programs and services. This would support child care providers, families, and children. Providers would pay less out-of-pocket to support families' basic needs such as food and transportation.



Include family fees in provider subsidy payments. Providers across all four focus groups shared that they often do not charge family fees, recognizing that the families they serve cannot afford them. Providers develop close relationships with their families and understand the challenges many of their families face. As a result, many providers do not want to ask for family fees and end up absorbing them and/or asking families to contribute to the provider's child care business in other ways. For example, Black providers shared that families will volunteer or provide supplies in lieu of paying family fees.

Adjust the family child care providers' subsidy payment to account for the local cost of living and ages of children served. Providers shared that the cost of living is different across zip codes. Subsidy payment rates should reflect differences in the cost of living if they are to fairly compensate providers. Furthermore, both older children and infants and toddlers can require more time and resources from providers. Older children require more food and, particularly during the COVID-19 pandemic, more time to support with distance learning. Toddlers and infants are at a developmental stage that requires more provider attention.

Increase family child care providers' subsidy payment amounts. Family child care providers shared that they are paid less than center staff. Family child care providers often work more hours and have more duties than staff at centers, and many of their expenses are not reimbursable. They feel that this discrepancy is inequitable, given their scope of work. Moreover, this difference in pay devalues their work and demeans their profession.

Improve the speed of subsidy payments. As shared earlier, providers depend on their pay for rent and to maintain their child care business. When counties or Alternative Payment Programs (APs) delay their subsidy payments, providers face challenges. Delayed payments put family child care providers at-risk of losing their home, not being able to pay for food and utilities, and not being able to care for their own families.

Create more accountability for R&Rs to have fair practices. Somali family child care providers shared that the R&R contacted the families they serve, asking if they wanted to change their provider. This is not legal. Providers are having to advocate for themselves and need channels to create accountability for R&Rs.

★ ★ ★ ★ ★

Providers want a child care system that respects their professionalism by incorporating their expertise and supporting them as educators and nurturers ★ ★ ★ ★ ★

Support providers by giving them diapers, formula, and other basic necessities for families in their care. Currently, providers supply these basic needs to families out-of-pocket. CDSS can support providers by leveraging state resources to provide these supplies.

Provide additional training and resources for providers caring for foster youth.

Black and Latina family child care providers highlighted the additional time and training often required when caring for foster youth. Specifically, these providers shared that children with out-of-home placements have often experienced trauma, and trauma-informed training for providers would therefore support their ability to care for foster youth. Furthermore, providers have shared cultural books and materials with foster youth in their care to help them learn more about their racial/ethnic identities. Providers would benefit from additional resources to better serve the foster youth in their care.

Provide additional funding for food from children's cultures. The food program does not cover the full cost of feeding all the children, or of providing culture-specific meals, and child care providers often supplement with their own money. Somali family child care providers, in particular, said that the amount of money (approximately two dollars per day, per child) is not enough to provide children with the food they are used to. Food expenses have increased during the pandemic because of costs, school-aged children who need more food, and the use of food delivery services to avoid exposure to COVID-19.

Eliminate the paperwork and verification needed to receive compensation for working with students with Individualized Educational Plans (“IEPs”).

Providers feel that the IEP paperwork to prove that a child has an IEP (and that they are thus due an enhanced rate while they provide care) is already available through other systems. Requiring providers to complete duplicative paperwork is burdensome and time-intensive.

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The Child Care Law Center educates, advocates, and litigates to make child care a civil right.



Appendix 1

★ **Black Family Child Care Providers** ★

Focus Group Summary

Black Family Child Care Providers

Focus Group Summary

Prepared by Social Policy Research Associates and the Child Care Law Center

This summary reflects the perspectives and recommendations of nine family child care providers. These providers all identified as Black women and operate a large or small family child care home. All providers were located in the following counties in California: Los Angeles, Alameda, Riverside, and Contra Costa. Providers had a range of experience levels, with some just beginning their careers as child care providers and others with more than 25 years of experience. Furthermore, at least two providers were leaders or part of the Child Care Providers Union (CCPU) and approximately two others were members of other child care organizations/associations (e.g., the California Family Child Care Association).

The focus group was held in April 2021 and was facilitated in English. The discussion touched on the following topics: (1) The types of families of the children in their care; (2) The support providers give to families outside of their child care services; (3) The support providers would like from the state to improve their child care services; and (4) Recommendations for the California Department of Social Services (CDSS) to improve the system for providers. The perspectives and recommendations shared in this summary are intended to support CDSS with their post-transition planning.

Overview of the Focus Group

The focus group discussion began with family child care providers describing the types of children in their care and their families. In general, providers shared that the families came from a range of cultural, linguistic, and socioeconomic backgrounds. The families also had a variety of needs as they related to caring for their children (e.g., special needs, trauma-informed care). Key themes regarding families' background characteristics and needs are shared below, which help provide context for the recommendations offered at the end of the summary.

The Families of Children in Their Care

Family child care providers care for a racially, ethnically, and linguistically diverse group of children and their families. While providers shared that the families of the children in their care represented a range of racial/ethnic backgrounds, most are people of color, including Black, Latinx, and Asian. One provider shared that one child in her care speaks both Thai and English and uses this as an opportunity for other children to learn the Thai language. Furthermore, this provider uses translation tools such as Google Translate to better communicate with the child and his family.

Most providers have children in their care who are in out-of-home placement or have unstable housing. Specifically, these children can be part of the foster care system, part of the Department of Children and Family Services (DCFS), or are “couch surfing” among family members. One provider shared that she has a background in working with youths who have experienced trauma and therefore feels comfortable and welcomes several children who are a part of the [Bridge program](#). Furthermore, providers shared that some

of the families who are experiencing a housing crisis need additional support with basic needs for their children (e.g., clothing, hygiene) that the provider often helps with.

It's a lot of needs that I think that probably should be addressed. Just general things that maybe you might not think about, like hygiene and things of that sort, where I have to pull the child to the side and say, "We need to go and we need to correct some things." I try to put it like a, "You need a hygiene check," basically. But those are things that you probably wouldn't have to tell the children in affluent areas. But these children, they don't even know that they need a hygiene check. Because once they go back into the school system, you want the kids to be able to feel good about themselves. They don't always wear clean clothes. These are some of the things that probably are falling through the cracks, because it might be for you common nature, but for somebody who [doesn't] have anything, it's not.

With regard to household composition, providers shared that the families reflect both single-parent and two-parent households. One provider shared that she felt that with the pandemic, the children of her single-parent families are falling behind, as many single parents are struggling more than ever to meet basic needs. Furthermore, parents range from professionals, to students, to those working entry-level jobs. Given this variety in parent occupations and schedules, providers work long days (often twelve hours or more) to accommodate parents' work schedules and needs.

Most providers care for children whose families utilize publicly-funded child care; however, the overall composition of families is economically diverse. Additionally, one provider shared that she has families from the local military base who are on the "lower pay scale of the military." Providers also shared that they utilize the free meal program through the state due to the income status of their families. For some providers, the economic diversity of the families reflects the surrounding neighborhood characteristics, which have shifted over time due to factors like gentrification as well as the pandemic.

I'm in [a neighborhood in Los Angeles County]. And so those of you that are familiar with it know that it's going through gentrification, the area. So I do have Caucasian families. I have families from Spain, I have African-American families. It's been beautiful bringing all that together. I also have same-sex families. So it's been really wonderful blending and working all that in together.

Provider Support to Families Beyond Child Care

Given the variety of backgrounds and needs of the families, providers shared a number of ways that they support the families of the children in their care that do not fall under a "typical" provider job description. With the pandemic, much of what providers shared related to COVID-19 supports. Additional key themes arose around providing for children with special needs, navigating the subsidy program, and meeting population-specific needs.

COVID-19 Safety

Many providers pay for additional sanitizing supplies and personal protective equipment (PPE) for their children and families. PPE materials purchased by providers

include masks (for children and adults), face shields, and hand sanitizer. Providers have purchased additional cleaning supplies and spend more time doing “deep cleans” at the end of each day. While some child care resource and referral agencies (R&Rs) have provided free PPE and cleaning supplies for child care providers, not all providers were able to access these resources. Furthermore, the website for applying for PPE grants is unclear and inaccessible. Therefore, some providers gave up trying to navigate the system and just purchased the PPE themselves.

Caring for school-aged children has created a new set of supports and costs for providers. With COVID-19, more school-aged children started coming to providers. Supporting school-aged children during the COVID-19 often requires assistance with distance learning, including communication with teachers to help children keep up with homework and complete assignments. For some providers, the technology provided by their children’s school district was inadequate. Therefore, providers purchased extra laptops, chargers, and iPads to support their children with distance learning.

*We are in communication with [families] regarding their studies, online activities with the children and their teachers, because they were unable to participate, maybe because they're working or they're not available at that time. It's just been... And extra cords and **we bought new computers, because sometimes the laptops or iPads that they receive from school aren't working**, they don't work and they were getting kicked off or couldn't get in. And it was just driving me nuts. They were all excited and ready. So we purchased two computers and an iPad so that gives us the extra help for them.*

Providers are modifying their curriculum and caregiving to support the children’s mental health and education during the pandemic. Providers noted the emotional toll that COVID-19 has had on the children in their care. They have had to find creative ways to show the children that they are cared for, given the isolation many children feel with social distancing and distance learning. For example, providers have tried to infuse creativity and fun into the children’s lives through going on “YouTube field trips” and other virtual experiences.

Providers have also needed to rearrange their homes and spaces to make them COVID-19 friendly. For example, providers have purchased gates to partition their yards and cones to help maintain distance between children.

Providers are spending more time supporting parents with navigating COVID-19 resources to pay family fees. Providers noted that parents are facing more economic hardship during the pandemic and many are having a challenging time paying for child care. Some counties started paying families fees, but information regarding when and how much of family fees can be covered has been challenging to navigate. Not only are providers spending time helping the families access COVID-19 resources, but they are also being more accommodating to families that are struggling to pay their family fees during the pandemic.

Providing food to children during the pandemic has also been more costly. Specifically, with more school-aged children attending family child care, the amount of food needed for children has increased. And, with children doing distance learning and staying indoors, children have been requesting more snacks “out of boredom.” For

providers who are part of the state's meal program, they have driven meals to families on the days that the child did not come to child care to ensure that these families have food for their children. Furthermore, with the increased need for food, many providers have turned to delivery systems such as Instacart or Doordash to quickly access additional food. These extra costs are not absorbed by the state meal program and come out of the providers' pockets.

So we're on the food program, and when COVID first started, we were handing out lunches. So I would take them to the families that weren't here in our program at the time. So we had some that were here and then some that, because of COVID, they didn't come. So we would just drop off meals to them. During the day we would drop them off some meals, just to make sure, because about half of ours are low income. So we weren't sure if they were getting food or if they had money for food. So we were doing that when COVID first started. But as they started coming back, we've been providing the food for them. But it is a lot more because the school agers eat a lot, especially when they have to sit down and they have to stare at a screen for hours. They're eating a lot more than they would even during our summer breaks, because we're out and about and we were doing things. Now that they're here all day, our food budget has increased quite a bit.

Families and Children with Special Needs

Providers recognize, respond to, and support families and children experiencing trauma. Several providers shared that some of the families of the children in their care experience trauma such as gun violence and justice system involvement. Providers have supported families with finding resources to help cope with this trauma through internet searches or seeking out and attending trauma-informed training.

Providers devote extra time and resources supporting children with specific learning needs. For example, one provider shared that she has set up a specific space away from the rest of the children for her student with a speech delay to be able to engage in distance learning. Another provider discussed how she has advocated for a preschooler with special needs to receive the appropriate accommodations he needs from the district. In this instance, the parent did not have the capacity to attend meetings and correspond with the district about their child's accommodations, so the provider stepped in to support the parent and child.

And then we have a preschooler and he has speech delays that we do extra stuff with him and we help the parents...So the parent was trying to get help from the district and it's a hard thing to do, to get the help and to get them into it. It's not an easy thing...And because she's working, it's even harder because it's a 45 minutes session or something. So she's low income, she has to figure out how she can do that. For a while, she wasn't able to because she couldn't get off work. She couldn't fit it into the schedule because most of those things are during the week and during day working hours. So she wasn't able to do that. So we had to look it up online and try to find ways to help and give resources.

Providing Financial Aid

Providers use their own money or fundraise to support parents with paying their family fees. Providers shared that, in general, many parents struggle to pay family fees as they are still not affordable (even when utilizing publicly funded child care). Providers recognize that these family fees are not affordable for the families but also do not want to deny them child care, given the important role child care plays for families' well-being. As a result, the providers end up paying the family fees and work "in the hole" to ensure that the families in their care can still access child care. For example, one provider shared that family fees can vary between \$32 and \$76 per month for each family. This same provider shared that she is able to seek out private donations to cover the cost of family fees. Specifically, these private donations come directly from a friend of the provider that sees the importance of the role that this provider has in the community.

Providers are flexible and find creative solutions for families to pay for child care. In general, providers help families learn about and access publicly funded child care, as well as understand how much they owe in family fees. One provider also explained that parents will volunteer or provide supplies in lieu of their family fees.

It's easier for us to follow through with our programs by doing this, because our parents don't have the money. Again, they're on low income jobs or are just starting or they're students. And they'll do other things for us. Let's say, if we need copies made, they'll come and work for us here or do different things like that. So they do volunteer. And I have a wonderful friend, he's an older guy, and he loves what we do. And so he sponsors back whatever we pay out or whatever. But to me, it's a blessing. I'm giving back to my business. And you don't have to hassle with them. Or let's say, for instance, the RNR this month, they'll say it's \$76 a month. Then the next month it might be \$32. And so you're going back and forth and back and forth. So we just all work together. Or they'll bring in paper towels or whatever they have to offer extra, or milk or things like that. So we're a community, you know what I mean? So we're all in this together.

Addressing Population-Specific Needs

One provider offers resources specific to the military families of children in her care. Specifically, given this provider's proximity to a military base, she supports families with finding resources to cope with separation anxiety and other challenges the children in her care may face when their parents are deployed. Furthermore, this provider will arrange for video calls or other virtual communication to ensure that deployed parents can still be involved with conferences and other educator/parent meetings.

Providers offer support to families facing racial discrimination. One provider shared that she recently gave resources and support to a family for coping with anti-Asian racism. As exemplified in the proceeding quote, she made sure to adapt her curriculum to share about and honor multiple cultures.

I do have a mixed-race Asian child right now, and so her parents are very scared because of all the Asian violence that has been happening, so I've had to look up new information for them. And she wanted to know how to talk about racism with her child. And they were scared to actually go into LA for

a while. And it's been a lot this last year. It's been a lot... I made sure to give her a list of books, websites, we incorporated some of the conversations in the classroom. And then we make sure to invite families in to share their cultures and different things that they are celebrating within the program so that they all feel welcome and like they're included. So that's a lot of extra time.

Providers offer parenting resources, particularly for new parents. For families with two- and three-year-olds, providers shared that they give a lot of information to families regarding parenting skills. One provider explained that she meets with parents to discuss positive discipline practices and ways to boost their child's self-esteem. This provider highlighted that parents are very receptive to these offerings.

Providers support with learning about their racial/ethnic background. One provider shared that the family has same-sex white fathers who adopted a Black child. This provider (who identifies as Black) often supports this family with helping the child develop her Black identity, as explained in the following quote.

I have a child that's in foster care with... What is it, bi-cultural adoption? Her parents are same sex dads and she's African-American, so kind of helping them with the hair, our hair. And other cultural things like books and affirmations and things like that to help build up, because she's kind of isolated as an only in a certain environment. And they realize that and they're really open to it and really take the suggestions and appreciate what we do.

How CDSS Can Support Providers

Providers shared about the additional support they need from the state to improve their ability to care for families and children. Key themes from this discussion related to the following categories: (1) Materials and Infrastructure Support; (2) Professional Development Support; and (3) System Navigation Support.

Materials and Infrastructure

Providers need support with making home improvements to the spaces they use to care for children. Providers noted that child care centers have the opportunity to apply for grants to make improvements; however, family child care homes are not able to apply for these grants. Family child care homes - just like centers - are in need of resources to upgrade the spaces used for child care. In particular, with COVID-19, family child care providers are needing to modify their spaces to be conducive to distance learning and could use financial support with doing so.

*You're trying to keep building your business because you want to have a quality program and that cost money. If [the state] would maybe, every so often, give us a stipend to say, "Hey, this is some money that can be used to invest in your business." Right now I have a big backyard and I need a room enclosure and that's going to **cost me probably about 20 grand** because I have so many e-learners too. It's like I got to have a place to put these kids and so I need to spread them out there. I need that space so they're not just all right next to each other. That costs money. **\$20,000 is a lot of money to me to invest in this.** I would like to... If [the state] would just every now and then send us*

some money out basically to say, "Invest in your business, whatever it is you need."

Providers need resources for ensuring that their home meets the child care licensing regulations. In many cases, these regulations require providers to purchase extra materials, build new structures or fences, or install additional safety features. For example, one provider was told that her patio had too much cement, and she had to invest in a covering that later developed mildew from the rain. The costs of replacing the covering and cleaning the mildew came out of the providers' pocket, and she would have liked support from the state with paying for the infrastructure updates.

Providers want support with accessing educational materials. During COVID-19, this need became more pronounced as providers were supporting school-aged children with distance learning. Furthermore, one provider noted that for Head Start programs, providers receive new educational supplies every five years. Providers shared that the family child care homes have the same need for new materials and should therefore receive grants for updating their educational supplies as well.

Specifically related to COVID-19, providers need support with acquiring and paying for appropriate PPE. Providers are paying for PPE out of their own pockets and specifically need support with finding and paying for PPE that works for children (e.g., child-sized masks). While some R&Rs do provide PPE in some regions, this is not consistent across California.

Professional Development

Providers need support with finding and accessing professional development opportunities. Providers shared that they would like training and educational opportunities to improve their skills as a child care provider. One provider shared that WestEd's training opportunities for providers costs \$3,000, which is out of reach for many family child care providers. And, trainings that are free for other groups are not free for family child care providers. Therefore, providers need support with both knowing what opportunities are available to them and accessing quality professional development.

The Parent Infant Toddler training... Infant child training program, which is now WestEd. Now it's exorbitant to go back to... It's over almost \$3,000. The middle of last year, they sent me an invite and I wrote them. I was like, "It's during the pandemic and you're going to charge us this amount of money for this." And they wrote back, "Oh, well. In other words, it was affordable and it was worth it. And I guess if you're not interested, goodbye." But I think that's terrible. But if you... Before it shut down, due to the pandemic, they... The resource and referral agencies and some private networks were receiving the trainings, all the modules for free through the resource and referral. Again, it wasn't across the board.

The state can support with making the Quality Rating and Improvement System (QRIS) more accessible to child care providers. QRIS curriculum prices are unaffordable for many family child care providers, making it hard for them to access the materials needed to be involved with QRIS. Furthermore, the curriculum is tailored to child care centers and is therefore not as relevant for family child care homes. The state can support

family child care providers with modifying and augmenting the cost of the QRIS curriculum.

System Navigation

Licensing regulations need to be consistent, in plain language and accessible. Specifically, providers are not given consistent information about the infrastructure needed to meet licensing requirements and end up spending unnecessary time and resources navigating the system. For example, one provider was told that she needed to install a pull-down fire alarm connected to her home's electrical system. Not only is this costly, but this system would also influence the resale value of the home. This provider had to do personal research on fire safety regulations to understand what was required.

Providers do not have reliable and accessible contacts to support them with answering their questions. Providers shared that they currently can only call their R&R for help between 2pm-4pm. Providers are working during that period, which makes it difficult for them to call. Furthermore, providers shared that the CalWORKs case workers are not responsive. Providers will call and leave messages with the CalWORKs case workers and will never hear back. Moreover, providers expressed frustration with their licensing program analysts (LPAs) because they are challenging to get ahold of and often do not have answers to their questions.

The system for supporting children with an Individualized Education Program (IEP) is challenging for providers. Providers shared that they must prove that they are financially impacted by serving children with IEPs in order to receive additional compensation. One provider shared that it did not seem fair to have to prove the financial need because an IEP implies that a child needs special attention, and the paperwork process to prove financial need just adds an unnecessary burden to providers.

Providers also shared that they need support with navigating the Stage 1 program. Specifically, providers shared that the Stage 1 program paperwork is very time-intensive and outdated. Providers need to recertify Stage 1 paperwork by hand and still receive paper checks in the mail for subsidy payments. Providers felt that these processes were inefficient and take up a lot of unnecessary time... Therefore, providers would like the state to support them with making the Stage 1 program processes less time intensive and burdensome.

They could change the whole entire [Stage 1] program because it sucks. For us in Contra Costa County, the Stage One is in the welfare office. The welfare office sucks. If you call them, they don't call you back. If you... There's no way to email them, there's no way to get in contact with them. That's my biggest issue with them. And then it's also the paperwork, turning it in. We still have to fill out every single line. We still have to do all of that. There's got to be a way to electronically do some of these things. And then they don't do direct deposit where our R&R does a direct deposit.

Provider Recommendations to CDSS

The perspectives shared throughout this summary highlight these providers' contexts and needs for improving their ability to support the families and children in their communities. Building from this description, providers shared specific recommendations for improving the child care system, as listed below.

Create Specific Perspectives and Recommendations on Guidance from CDSS

Parents were also asked to provide focused feedback on the guidance distributed from CDSS via Provider Information Notices (PINs) and All County Letters. Providers were shown an example PIN (related to COVID-19 vaccines for child care providers) and were asked if they had seen the guidance. About half of the group had received it and the other half had not. A few providers stated that they did not know they could sign up to receive such guidance. One provider shared that she had found out about the guidance from a provider Facebook group. With regards to the clarity of the guidance, providers shared that often times it is not clear which PINs supersede the other and which PINs no longer apply. At the moment, providers shared that they do not know who to go to when they have a question about how a new regulation might impact them.

For suggestions on how to improve guidance, providers shared that information provided via email is helpful. Furthermore, direct communication from their licensing program analyst (LPA) about the guidance would likely be the most straightforward and helpful way of communicating information. And, with regards to webinars, providers appreciated the shift in timing to after work hours. However, they shared that the webinars can be quite lengthy for the relatively sparse amount of information that is provided. Providers also expressed confusion and concern around the nature of licensing visits taking place during COVID-19.

Create a CDSS “Toolkit” for Providers

Create a centralized website or toolkit housing information relevant to providers. The type of information most helpful includes:

1. Active links to California Child Care Associations.
2. Information about how to get involved in child care associations.
3. Live chat feature to ask questions directly to an LPA.
4. Information about training and professional development opportunities across the state.
5. Search engine for providers to look up provider-specific information.
6. Glossary of all the acronyms common to the child care system.
7. Information about resources for providers, such as the Child Care Law Center.
8. A list of phone numbers for departments and organizations (e.g., CalWORKs) relevant to providers.
9. Legal information regarding regulations and requirements for family child care homes.
10. Information about how to respond to any allegations or other legal issues related to providers.
11. Information about business best practices (e.g., filing taxes as a family child care provider).
12. A rate calculator for providers that work with families using child care subsidies.

The website for education on [California Department of Education] CDE is very confusing. So, trying to find information that pertains specifically to family child care providers has been an issue. Trying to find out where to go for grants, information on the grants, PPE gear, trying to get any [information] in this area, it's just been... I just gave up. I just go and buy everything by myself.

Improve Child Care Policies and Systems

13. Given the need and demand for infant and toddler care, reconsider ratios for infant and toddler care. The current criteria are too restrictive and can be more flexible so providers can care for more children.
14. Eliminate the paperwork and verification processes needed to receive extra compensation for working with students with Individualized Learning Plans.
15. Improve access to and guidance from LPAs so providers have a consistent understanding of regulations and policies (e.g., fire safety requirements).
16. Inform parents of all of the options and benefits that they qualify for, recognizing that many parents are not told that they have access to child care benefits and that these benefits can take up to 60 days to be put into place.
17. Increase the amount of pay that family child care providers receive from subsidy payments. Currently, family child care providers are paid less than child care centers, even though family child care providers often work more hours and have more duties.

My biggest thing would be to get paid more than the centers do. I feel like, we as family childcare providers, we're one person doing all of the jobs that centers get. They get a janitor, they have an assistant teacher, they have the director, they have all of these things. We are one person doing all of those jobs and the amount of paperwork to get funding or to get that we don't have another person to do that. That's us taking time out of our personal time. And then the fact that the disparity in what they pay centers and then what they pay us, it doesn't make any sense to me because even being in QRIS, you get paid as a family child care provider less than what a center does. But if I'm meeting the same quality and I'm at that same level as a center, why am I getting paid less?

Give Professional Development

18. Revise the QRIS system so that it is more accessible and appropriate for family child care providers.
19. Provide education opportunities for providers that would like to obtain an advanced degree.
20. Create a facilities improvement and educational resources grant program for family child care providers that is accessible to providers across the state. This grant should be expanded during the pandemic to account for additional costs related to PPE, distance learning needs, and additional snacks/meals.

21. Provide trainings (e.g., trauma-informed trainings and curriculum trainings) that are tailored to family child care providers, recognizing that their contexts are often different than child care centers.

*Well, that's a problem, is that a lot of the classes that are offered are geared towards centers. And because we have smaller classes, a lot of the tools that they want to give the centers to use will not necessarily work in a smaller group. And especially when... **We have a very close and personal relationship with a lot of these families, so we need tools that are geared towards us.** Which is my big thing, because I give talks on diversity and inclusion in that smaller family childcare homes, because diversity training is always geared towards large staff. But we're not large. We can't do the exact same things as a center would do. We don't have somebody that is dedicated to family engagement or helping with that thing. We're doing everything.*

Expand Outreach and Engagement

22. Create a provider advisory group to support CDSS with creating policies informed by the lived experiences of providers.

It sounds like men in white shirts and ties get together and they say, this is what we feel child care providers need...we have 12-hour days, sometimes six or seven days a week, and then they're pushing paperwork at you and saying, "if you want this \$2,000 a month dangling over your head, jump higher. Jump higher."

23. Improve the professionalization of the field through recognizing that providers have expertise; formally recognize family child care providers as educators.

*When [the state] first started [family child care], they were like, "Oh, you only need a high school diploma." **They're still treating us like we are babysitters instead of the fact that a lot of us have prior education.** We've worked in homes. We've done this before, or maybe our parents did it. We went through centers, and they're not treating us like professionals. They're treating us like newbies. So then no matter how long you've been in the business, they never elevate how they treat you and what they give you, and the services they provide, because they're constantly treating you like you only have a high school diploma with no experience.*

24. Support and provide spaces for providers to come together for wellness checks and mutual support.

*I'm [involved with the] Family Childcare Association also. So we give each other wellness checks and we give each other time to vent. We have a meeting once a month and then our board meeting also once a month, and provide resources such as meditation or different herbs that will help us and relaxing music. And we try our best. And at times it is sad because again, we're putting ourselves at risk also and our families by providing care for others. So it's kind of the way you do the things you do. **We just, we can't give up, you know?***

Appendix 2



Latina Family Child Care Providers

Focus Group Summary

Latina Family Child Care Provider Focus Group Summary

Prepared by Social Policy Research Associates and the Child Care Law Center

This summary reflects the perspectives and recommendations of six family child care providers that work in family child care homes with a capacity of eight to fourteen children. All providers were Spanish-speaking Latina women and have professional experience between four to twenty-eight years. All providers live in California and reside in the following counties: Alameda, Santa Clara, San Diego, and Imperial.

The focus group was held in April 2021, facilitated in Spanish and interpreted into English. The discussion touched on the following topics: (1) The types of families of the children in their care; (2) The support providers give to families outside of their child care services; (3) The support they would like from the state to improve their child care services; and (4) Recommendations for the California Department of Social Services (CDSS) to improve the system for providers. The perspectives and recommendations shared in this summary are intended to support CDSS with their post-transition planning.

Overview of the Focus Group

The focus group discussion began with family child care providers describing the types of children in their care and their families. Overall, most families share similar demographics and experiences as it relates to family composition, economic circumstance, work hours, and home environment. Key themes regarding these familial characteristics are described in more detail below.

The Families of Children in Their Care

Family child care providers care for a mix of families that are low-income and middle-income. Four out of six providers shared that their families mainly represent low-income, blue-collar, working families. These families tend to work in minimum wage jobs across a range of contexts including agriculture, factories, and retail. One provider shared that they are currently providing care for a 15-year-old, single mother. Furthermore, providers shared that most of the families they provide care for can be characterized as Spanish-speaking, Latinx families. Contrarily, the Santa Clara and Yolo county providers shared that the families of the children in their care represent middle-class, white-collar, working families. These families represent a range of racial/ethnic backgrounds including White, Asian, & Latinx and tend to work as nurses, social workers, and professors. Providers noted that this is due to the proximity of the child care center to hospitals and universities where parents work.

The majority of parents are low-income single moms – Imperial County

I would say my group of parents are middle class. I've had a very stable group of parents. – Santa Clara County

Providers primarily provide child care for single mothers and, to a lesser extent, two-parent households. Five out of six providers shared that it is usually single mothers who seek child care services. All providers acknowledged that it is typically women who take on the extra responsibility to locate, enroll, and pay for their children's child care, in

addition to coordinating drop off and pick up times. Furthermore, providers reflected that these circumstances create additional financial burden and emotional distress for single mothers. Like the previous theme, Santa Clara and Yolo County providers shared that they primarily support two-parent households who are financially stable.

The majority of my moms are Latina moms who are single and that work. They care for the children. The dads might take care of the children on the weekends. But sometimes the dads do not want to.

Providers care for children with unstable housing. Providers described that a subset of the children they care for live in unconventional home environments. These include foster care, joint custody arrangements, living with grandparents, or sharing a two-bedroom apartment with ten people. The latter two home environments are mainly attributable to the high cost of living expenses in the regions; many single mothers ultimately make the decision to reduce the cost of their living expenses by sharing a housing unit.

I had a family that lived with 10 people in a two-bedroom apartment... And now due to the pandemic they had to move because their child could not do their homework. So they are living now in another bedroom. But it's been that way... moving from room to room, and it is unstable.

Providers' child care service hours typically align with parents' work schedules. Most providers offer child care services Monday through Friday between 7:30am – 6:30pm (11 hours). Providers shared that they do this because it gives parents the flexibility to drop off and pick up their children without interrupting their eight-hour workdays. One provider shared that she often expands her hours into the early mornings to meet the demands of agriculture workers who work before the sun rises.

I've had to work with moms that work from 8am to 5pm. Then there are mothers that work in the [agriculture] field and they bring them earlier. This means that I take them to school. Also, I have to pick them up from school too.

Provider Support to Families Beyond Child Care

Given that providers primarily provide care for children from single parent households who are paid low wages, providers shared that they offer a range of direct service and basic needs supports that extend beyond what is in a “typical” provider job description. Furthermore, the COVID-19 pandemic has not only exacerbated the demand to meet children's basic needs, but also introduced additional responsibilities like tending to children's academic, social, and emotional well-being.

Providing Financial Aid to Families

Providers often do not charge parents family fees. Because providers have established relationships with parents and therefore know that many parents are experiencing financial constraints. Half of the providers share that these personal stories hit “close to home,” and they sympathize with their experiences, leading them to waive family fees. One provider described that they recently established a payment plan for the parent because they could not pay their child care expenses ahead of time. Furthermore, one

provider shared that they loaned money to a parent because they could not cover expenses to meet their basic needs after paying for child care.

What we do to help families... because we know their needs is that we don't charge family fees for their children. Because it is four children, and it's a lot for me to charge them for that. And that's why these [families] are asking for help because they can't afford to pay.

Accommodating Families' Needs

Providers operate similarly to case managers and connect families to resources. Half of the providers shared that they often take on the role of a case manager to link families with non-profits in their region that might provide housing, food, and basic needs supports. Though providers are happy to act as an additional support system, they also recognize that taking the time to research and identify local community-based organizations that offer direct service and programming creates additional work on top of their busy schedules.

We do more than helping with diapers and food... we give them information about sites where families can ask for help. There are other family centers where they can receive help to cover basic needs, even pay rent and utilities. So I always give them that information.

Providers offer mental health support to parents. Given that many of the parents are single mothers with low-incomes who are experiencing familial and financial challenges, providers often find parents confiding in them. Over time, providers establish relationships with parents and learn first-hand some of their challenges, which makes parents feel comfortable in sharing their feelings and emotions with providers.

You need to understand that we as providers are [like] psychologists because parents share their feelings with us.

Providers offer social and emotional support to children. Providers said that children are candid about the challenges that they experience in their home environments. Children confide in providers about the interpersonal relationship between their separated parents or why they are living with their grandmother. As a result, providers said that these are stories that they cannot ignore and will take extra time to console the child. Given that all the providers in this focus group have been mothers, they empathize with the children and work arduously to create a pleasant child care experience for them.

The kids are sometimes unstable... for example, the kids have to split their time between their parents and sometimes the dad doesn't want to see them. That affects the kids a bit. But as a provider, as a mother, as a Mexican - very caring... Well, we try to make the kids experience happy moments.

Providers offer meals to children in their care that may be experiencing food insecurity. Two providers noted that one of the first questions they ask children in the morning is if they have had breakfast, and sometimes the children will say no. For providers, this means cooking a warm meal for the children – both taking time away from caring for younger children as well as creating an additional expense – as these providers did not indicate that they participated in the state food program and pay for these meals

out of pocket. Finally, one provider noted that the older children tend to eat more food, which was not meant as a critique of older children, but an important contextual factor to consider when thinking about the extra costs that are often overlooked.

When [parents] bring me their children, I always ask them if they've had breakfast. It's something that I ask every day. And if they didn't eat breakfast... I provide breakfast. One of my priorities is that the children are fed.

Providers offer diapers. Half of the providers shared that they donate diapers to parents who cannot afford them. One provider said that she hopes that by providing diapers, it will allow the parent to allocate their financial resources to other pressing matters like food and housing.

I have three mothers that use diapers for their babies. I've found out that many parents are not working during the pandemic. So, when I took the diapers to those parents, they started crying, because they didn't have [money] for the diapers.

COVID-19 Safety

Providers pay for additional sanitizing supplies and personal protective equipment (PPE). COVID-19 supplies include materials like bleach, face masks, gloves, soap, and hand sanitizing gel. Providers noted that their primary goal is to ensure that children are healthy and safely cared for, and they often provide children with face masks when they forget them at home. Secondly, providers deep clean their child care facilities on a daily basis to ensure that they are meeting local health and safety regulations. These additional responsibilities have extended the number of hours that providers work but are not compensated for. Lastly, while some providers received stipends and cleaning supplies from First 5 and other local non-profits, they mentioned that these resources are not enough.

All of my clothes are stained with bleach because there is no Lysol. And also, [stores] don't let you buy a lot of the [supplies], so I buy the bleach [instead of Lysol]. But now my clothes are stained with bleach because I have to do the extra cleaning.

I need face masks because sometimes parents say, "Ay, I forgot." And I think to myself, "what if licensing comes and sees them [children] without face masks?" So I have to give them some of my [face masks]. I have to buy [face masks] because I don't feel safe if the children are without face masks.

Providers provide distance learning support for children. Providers shared that many parents have demanding jobs with unconventional hours, so they prioritize providing distance learning support during and after school hours. This includes making sure that students are signed into their classrooms. This has been challenging for a few providers because they are not tech-savvy and all they can do is offer friendly reminders to children to log into their classroom, but ultimately, they do not know if students are engaging with the curriculum. Furthermore, providers encourage children to do their homework after school because they know that parents some are too tired after work and might not be able to offer support.

I try to help in what I can. Actually, during the pandemic, I had to [provide distance learning support] but it was hard because I didn't even know how to turn on the computer. I wanted to make sure that children did their homework. I helped a lot with that.

The parents' work schedule doesn't allow them to get home [and help their children] because they are very tired, so they might not have the [energy] to make their children do homework. So, I talk to the kids and say, "do 20 minutes of homework" so that they can go home with their completed homework.

How CDSS Can Support Providers

As providers reflected about their experiences providing child care, there was an opportunity for them to share what additional supports they need from the state to improve their ability to provide care for families and their children. Key themes include 1) COVID-19 Materials, 2) Training Opportunities, 3) Transparency and Communications; and 4) Subsidy and Payment Supports.

COVID-19 Relief

Providers need more sanitizing supplies. Providers shared that the cleaning materials and PPE that they receive from local agencies and CBOs are not enough. Many providers spend their own money to purchase extra supplies and are rarely compensated for it. Also, providers shared that the time to acquire the cleaning materials is overlooked. This includes driving to multiple stores to find the right cleaning supplies because some stores are experiencing shortages.

You can't find Lysol. You can't find those. It's a lot of effort. Sometimes the supplies are sold out in one store, and there aren't any the next time you return... it takes extra time.

Providers need more PPE for the children. Providers said that they pay for PPE so that children feel safe and are protected from potential COVID-19 transmission. One provider said that children might use two or three face masks in one day, which increases the frequency of having to purchase masks.

I need [face masks] because children bring their own face masks but they grab [their face masks] a lot. So they use two or three each day. And that is something that I think all providers are going to need.

Professional Development

Providers want professional development opportunities. Providers care for children who have a range of needs and they would like the state to offer professional development on how to best support all children, specifically those who are experiencing trauma. Because COVID-19 has disrupted family and home environments for some of the children, providers would like to know more about how to respond to these children's social and emotional needs.

Actually, in particular everything that [the Imperial County Office of Education] has shown us is useful because of the traumas and all of that. It would be helpful to continue receiving more trainings.

Specifically, providers want training to support children with special needs. One provider shared that they are currently offering care for a child that is on the autism spectrum. Furthermore, the provider added that the child's grandmother would become frustrated with their grandchild during drop off times because of the child's special needs. To that end, the provider believes that it is important to know how to care for children with special needs and additional training on this topic would be helpful.

I had a grandmother who would frustratingly say to me, "I don't understand my grandchild" when she dropped off the kid. And it's because the child had autism.

Transparency and Communication

The state needs to improve its communication with parents on the parameters of their subsidies. Providers sometimes find themselves in the uncomfortable position of informing parents that their subsidies do not cover the expenses for the total number of hours that they are seeking care for. This fragmented communication process ultimately ends up creating confusion for everyone involved. To that end, providers would like for the state to be more proactive in communicating with parents about the restrictions of their subsidies.

And that's another thing. There are providers that are told to only put 52 hours per week, and when you divide by five... And sometimes we have to tell parents that they don't qualify to pay us, they don't pay us. So we told the parents, 'you know what, the program didn't pay us, and you have to pay the rest.' Parent's respond, 'No. The worker said no and we don't have to pay anything.' So they take the child from the [child care].

We need to have communication between workers, providers, and parents.

Providers need a better referral system. Providers shared that there is a disconnect between wait lists and the capacity of their child care facility. Two providers shared that most of the children they care for are referred directly by other parents and not the resource and referral agency. With schools reopening, many providers find themselves with extra space **but the agency has been slow in referring children even though there are waiting lists.** One provider added that Salinas, CA has a system where agencies refer to children directly to child care providers and that it is successful.

For example, I've had my day care for 5 years. From the alternative payment program I signed up for ICOE [Imperial County Office of Education], you know how you need to sign up to be on the list of providers. From that list I haven't received any child, they don't even call me. I always hear that children are on waiting lists, always on waiting lists. And there are lots of providers like me who have space and capacity to take care of children. So why are those children on waiting lists if there is space, if there's a spot? They never call us from ICOE or from the alternative program to ask us what our capacity is, how many children do you need to fill your spots of 8 children?

Payments and Financial Sustainability

Providers need more resources for infant and toddler care. Providers shared that young children require direct care like feeding them and changing their diaper which takes time. Two providers believe that it is more work to care for young children and that payments should reflect that.

Suddenly changing the infant age to 18 months. But then we have kids that are 22 months, and for us that is a baby. But the parent says it's a toddler because they are almost 2 years old. And for us that doesn't now qualify [as a toddler].

Providers need more money and resources to care for school-aged children. Providers shared that while older children are easier to care for, older children not only eat more food and use more utilities (e.g., playing video games or watching television), but they are more active and are prone to accidents, which creates extra responsibility to keep them safe. To that end, providers want to see subsidy payments reflect for the extra level of care they provide.

Providers need more streamlined and efficient systems for completing paperwork. Providers shared that it is frustrating to submit paperwork on a yearly basis when information nor the payments change. One provider noted that sometimes the forms are the same with a different date, so they should not be burdened with submitting the same form year after year.

Provider Experiences of Provide Information Notices (PINs)

Providers shared that they turn to Facebook groups and their fellow Spanish-speaking peers to check their understanding of PINs. Providers offered their reflections on how CDSS can improve its communications so that it can better inform providers about shifting policies and trainings. This includes reflections on accessibility, utility, and comprehension of PINs.

Dissemination

- Continue to e-mail PINs because it is the fastest method to stay updated.
- Physically mailing PINs as back up is helpful for providers who are not tech savvy.
- Use text messages to provide updates on any shifts in policies.

Language

- Simplify language by reducing the number of acronyms.
- Shorten contents of PINs and focus on the main points to make the content more clear.
- Provide PINs in multiple languages to make the content accessible for all providers.

Other

- Diversify staff at the agency who share similar cultural and linguistic backgrounds.

- Clarify who providers can contact with additional questions they might have about PINs.

Provider Recommendations to CDSS

To close out the focus group, providers shared general recommendations for improving the child care system. Key areas include professional development, processes for engaging providers, improving child care policies and systems, and meeting children's basic needs.

Improve Child Care Policies and Systems

1. Increase synergy between CDE and CDSS so that the ongoing system transfer is seamless. Providers are concerned that there might be technology glitches, which can potentially leave parents without child care support.
2. Strengthen communication between resource and referral agencies and providers to ensure that child care facilities are at full capacity. The benefits are twofold – reduce waiting lists and ensure that child care providers have a consistent income.

I don't know if we can now that there is going to be a change in the social services, to have agencies or the government, I don't know, send us kids. I know that our job is to find kids. But in Salinas the [agencies] send the kids said my sister-in-law. I say, 'Wow. How lucky to have them send you kids.' I don't know if we can change that. Providers need kids because some have left [back to school].

3. Streamline communication between agencies, providers, and parents on the parameters of their subsidies and provide clarity on which age group children are characterized (specifically, infants versus toddlers). By providing more clarity, this can help strengthen trust between providers and parents.
4. Provide access to children's demographic data (i.e., similar to the census) so that child care providers are aware of the characteristics of families in their communities and the needs that families are experiencing.
5. Provide more resources and/or higher subsidy payments for providers that care for older children, as well as infants and toddlers.

Some children are bigger. And the kids keeps growing but the payment keeps going down. But I say for me it's not the same. It doesn't seem fair because the kid doesn't stop giving me responsibilities. The kid keeps eating... On the contrary, the bigger the kid the more food they eat and they use more electricity, and take up space. And it's not the child's fault. It's just a reality.

Give Professional Development

6. Provide education opportunities for providers to meet the needs for all children. This includes covering topics like providing adequate social and emotional supports and children with special needs.

7. Revise the QRIS system so that it is more accessible and efficient for providers. This includes revisiting the frequency of how often child care providers are asked to submit renewals and complete their paperwork.

Disperse Health and Safety Equipment

8. Provide additional sanitizing and PPE for providers to keep up with current health and safety regulations so that providers do not have to pay for these expenses out of their own money.
9. Provide additional diapers, food, and other basic needs for providers to ensure that children adequate nutrition and care so that providers do not have to pay for these expense out of their own money.

Expand Outreach and Engagement

10. Convene providers intermittently throughout the year to learn about shifts that that are being experienced at child care facilities so that the state can be more proactive in their supports.

Appendix 3



★ Chinese Family Child Care Providers ★

Focus Group Summary

Chinese Family Child Care Providers

Focus Group Summary

Prepared by Social Policy Research Associates and the Child Care Law Center

This summary reflects the perspectives and recommendations of fourteen child care providers who work in family child care settings. All providers were Cantonese-speaking Chinese/Chinese American women who have professional experience between two to eighteen years. All providers live in California and reside in the following counties: Alameda, San Francisco, and Los Angeles.

The focus group was held in May 2021, facilitated in Cantonese and interpreted into English. The discussion touched on the following topics: (1) The types of families of the children in their care; (2) The support they provide to families outside of their child care services; (3) The support they would like from the state to improve their child care services; and (4) Recommendations for the California Department of Social Services (CDSS) to improve the system for providers. Additionally, the primary facilitator was interviewed soon after the focus group to help clarify the interpreted provider perspectives and provide his own perspective as a Cantonese-speaking child care provider. The perspectives and recommendations shared in this summary are intended to support CDSS with their post-transition planning.

Overview of the Focus Group

The focus group discussion began with providers describing the types of families of the children in their care. Overall, providers care for a mix of English-speaking and Cantonese-speaking families who are mostly private pay, as described in the following key themes.

The Families of Children in Their Care

Most providers do not care for children of families that utilize publicly-funded child care. While a few of the providers did share that child care was publicly funded for some of their families, most families paid for child care by private pay. However, this did not necessarily mean that all families were economically stable. One provider shared that she provides care for a family who is not always able to pay for child care services due to their challenging economic situation.

Providers care for children from a mix of English-speaking and Cantonese-speaking families. Overall, providers shared that they predominantly care for children whose families speak Cantonese and/or English. For some providers with limited English language skills, communicating with English-speaking families can sometimes be a challenge (as further described throughout this summary).

Some families have extended or non-traditional work schedules. Providers noted that drop-off and pick-up times can vary among their families depending on the family's employment location and sector. During COVID-19, providers have noticed that families were wanting to pick up their children later because families are having to find work further away from their homes.

For socio-economically disadvantaged families, from our experience, the families we've served before, yeah, typically they take public transportation. Those

schedules are more hard to control. And then with the COVID, I believe yeah, for those essential work, restaurants, yeah, those type of work, those schedules are tricky.

Enrollment during the pandemic has fluctuated. While some families chose to remove their children from child care during the pandemic, providers shared that other families chose to keep their children in child care. However, providers also mentioned that these families have different perceptions of COVID-19 risk and safety which has influenced whether or not a provider allows a child to re-enter or enroll in their services (e.g., if a family does not want to quarantine after traveling out-of-state).

Provider Support to Families Beyond Child Care

In general, providers shared that they work tirelessly to meet the needs of the families of children in their care. As described below, providers often go beyond what is in a “typical” provider job description. Furthermore, the COVID-19 pandemic has created additional responsibilities for providers. Key themes for this part of the discussion related to the following categories: COVID-19 Safety, Business Development, and Accommodating Families’ Needs.

COVID-19 Safety

Providers spend additional time sanitizing & cleaning due to the pandemic. County public health orders required providers to do additional deep cleaning of their child care homes. One provider shared that she is particularly concerned with the extra exposure to harsh chemicals from the deep cleaning.

Providers are spending more money for their child care business since the pandemic. As noted above, providers are already spending time outside of their operating hours purchasing supplies and sanitizing their space. On top of this, the cost of those materials has gone up since the pandemic. Furthermore, the majority of providers do not participate in the state-sponsored food program and therefore feed the children in their care out-of-pocket. During the pandemic, food costs have gone up, thus adding additional expenses to providers’ business budget.

Business Development

Providers spend their own resources remodeling their homes to meet licensing requirements. Given that all of the focus group participants were family child care providers, their homes are subject to health and safety licensing requirements. Furthermore, because the majority of these providers care for children of families who do not pay with subsidies (private-pay), they are not eligible for government support. Therefore, providers must pay for updates to their homes with their own money. Several providers stated that they have had to hire an architect to help remodel their homes to meet licensing requirements. Furthermore, providers reported spending many hours trying to navigate the health and safety regulations (in particular, the fire regulations) and find them to be inconsistent and challenging to understand (particularly for providers with limited English proficiency).

Providers spend time searching out and applying for resources to support their child care business. As noted above, providers are spending their own money for supplies and

home renovations. As a result, providers shared that they try to seek out resources to help offset these costs. Oftentimes, particularly for providers with limited English proficiency, these opportunities or grant applications are challenging to navigate and require translation. Providers struggle to know if they qualify for certain opportunities and/or why they might not be awarded a specific grant. For example, with COVID-19 relief funds, providers shared that they did not receive any funds despite applying for them, and they were not clear as to why they did not receive this support.

Accommodating Families' Needs

Providers are working after-hours to accommodate families' work schedules. As mentioned previously, providers' families work extended hours, particularly essential workers that use public transportation. As a result, providers often begin their workday early in the morning and do not finish until late in the evening.

Providers spend their free time keeping up with supplies and paperwork for their child care business. Providers shared that family child care is really a seven-day per week job. When they are not caring for children, they are purchasing supplies or filling out paperwork to update their families' records.

Some providers do not charge family fees. To support and help low-income families, some providers will waive the family fee requirement. Other providers, given their challenges with understanding child care-related policies, may not understand that they can charge a family fee and therefore do not receive compensation.

I think the family fee is one thing. Sometimes the provider will just not charge it. Given they need to give out each of those receipts to keep record, but some of them, they may just not take it. But I do know some of them, they mentioned the family, maybe they try to tell them, "I will use the voucher. But I don't come and then you give those refund to me," that type of thing. They come to us and ask us what to do.

For Cantonese-speaking providers with limited English proficiency, they often must find interpretation and translation support to effectively communicate with English-speaking families. The facilitator noted that he provides translation/interpretation support for his mother (who is a child care provider) when needing to communicate with the family about a policy or problem. For some providers without readily available language support, families will sometimes misinterpret or ignore the providers' policies, which has resulted in providers being underpaid.

For my mom, her English, I think her ESL may be level two or level three... Sometimes she includes me as the interpreter... if the parent is monolingual, she can communicate what the child did a provide a daily progress report, she can fill it out and then give a to the parent. But for an in-depth conversation, I would think, yeah, she may need me as their middle person, or my brother, to be the middle person [for interpretation].

For families, if they are English fluent, they may take advantage of something, they may read it, they may interpret it a certain way. They try to force it their way to the provider [with limited English proficiency]. But the provider, sometimes they want to keep the family and please the family, sometimes they will have that

type of a [challenging] dynamic... [providers] cannot enforce [policies] if it is not in their language and they are not able to communicate. It will be really hard for them to enforce.

How CDSS Can Support Providers

Given the challenges that many providers are facing, focus group participants shared several ideas that can help them better support the children in their care and the children's families. Key themes related to 1) COVID-19 Relief, 2) Accessibility and Inclusion, and 3) Transparency and Communications.

COVID-19 Relief

Providers need support with navigating and communicating COVID-19 protocols with families. Providers shared that they have been challenged with clearly communicating and enforcing COVID-19 safety protocols. They highlighted that some families have different safety standards that conflicted with their policies. Furthermore, when seeking guidance from their LPA on how to manage the situation, the LPA often does not communicate in a timely and informative way. Thus, providers suggested that it would be helpful to have clear COVID-19 policies from the state specific to child care that could be shared with families to enforce a consistent policy.

But then I don't think all the providers know their LPA email contact because it's not public. Yeah, because even if you go to their licensing, they assign that to their LPA, sometimes they will be assigned to another person. And then I don't think... I think give out their business card. But I heard from our Chinese provider's LPA said, "Yeah, don't email me. Sometimes I don't read email as often, or I cannot respond to you."

Providers need support with recovering from COVID-19 drops in enrollment. Several providers mentioned that they have experienced drops in enrollment and/or have had to temporarily close due to COVID-19. Providers therefore need support with referrals to help recover from the decrease in enrollment experienced during the pandemic.

Providers, regardless of whether or not they accept subsidies, need more support and resources to meet the COVID-19 context. Several providers shared that they tried to apply for COVID-19 relief funds but were not awarded any funds. Providers shared that the applications for these resources were challenging to complete, and it was not clear why they were not awarded any funds. In some cases, providers shared that they knew they were not eligible because they did not care for children whose families pay with subsidies; however, they still need resources to maintain their child care centers, particularly with the drops in enrollment.

Accessibility and Inclusion

Providers want more language-accessible materials, for both themselves and the families of children in their care. As described, several providers in this focus group have limited English-proficiency and therefore need child care-related materials translated into Chinese. These materials include licensing documents and applications, websites, notices, etc. Translating these materials will not only be helpful for the providers, but also for the families so that providers can be more transparent about any changes in policies and

regulations and help families navigate the child care system. Currently, licensing offers limited calls in Cantonese and furthermore, for Cantonese-speaking providers, the call platform does not allow them to ask questions. Thus, the lack of language accessible materials creates challenges for providers to stay up-to-date on policies and also share their perspective.

Their licensing call, right now they're doing it monthly. So throughout last year, there's only two with Chinese interpretation. And then all other is in English or Spanish, is more often. I think one or two more than for Chinese, it's only two, that I remember. Also, when they attend, they cannot ask questions. Yeah. Those calls are just a one side conversation sometimes. It means that licensing tries to limit their [voice]. Also, in the very beginning with the WebX, this is not easy for the provider to use. They need to log on and they need to call their licensing, to register. Yeah. Even you call and request for a Chinese interpretation they say, "Oh, we will do one soon," instead of offering language access.

Providers, regardless of whether the families of children in their care have publicly-funded child care, want to attend language-accessible trainings at convenient times. Providers who care for families who pay with child care subsidies learn about trainings; however, private-pay providers communicated that they would like to also attend similar trainings. Furthermore, the trainings that these providers do hear of are often not in Cantonese and are offered at times that are not convenient for some providers.

Providers need support with being involved in child care policy advocacy. In addition to trainings, providers also want to attend public hearings and meetings that offer opportunities for providers to weigh in on child care-related policies. Oftentimes, providers cannot contribute to these meetings because Cantonese interpretation is not available. Furthermore, the relevant policy documents are often not translated into Chinese, so it is difficult for the providers to be fully informed of the context.

And during the day, those public meetings, like either hearings, those, they will not be able to attend for the Chinese group. First, the language access. It's not in their language, no interpretation. But even if they want to attend, they may not get the information, because it's not familiar, it's not in Chinese. It's a new system. For me, I know about all this because I attend one meeting. And then one meeting brings another meeting. But if you just ask them to join into the meeting to give meaningful contributions to their legislator, policy maker, who may not get [providers'] frustrations or what a limited English speaking provider may experience.

But even if they want to attend, they may not get the information, because it's not familiar, it's not in [Chinese]. It's a new system. For me, I know about all this because I attended one meeting. And then one meeting brings another meeting. But if you just ask them to join into the meeting, then there is no other context to give meaningful contributions to their legislator, policy maker, they may not get their frustration or what a limited English speaking provider may experience.

Transparency and Communication

In addition to language accessibility, providers need more help with locating and understanding updates on child care regulations and policies. During the focus group, one provider expressed concern over news that she heard regarding President Biden's plan for Universal Pre-K. Specifically, this provider was concerned that her enrollment numbers may decline because her families will choose the free Pre-K option instead of her business. The facilitator commented that this example is endemic of a larger issue in which Cantonese-speaking providers receive limited information about new policies or regulations and do not have insight into the full scope of the policy or regulation. This limited view is the result of the lack of translated materials as well as the lack of knowledge of where to find information and updates. Therefore, providers could use assistance from the state with knowing where to go to learn about updates to relevant policies and regulations.

Providers need clarity on licensing regulations regarding health and safety, particularly fire safety. Providers shared that they receive inconsistent information from local fire departments regarding the mandatory fire safety features required for their family child care home. Each county seems to have different fire safety requirements, which causes confusion among providers and results in them spending time and money on features such as pull-alarms when it is unclear if they are required.

Provider Experiences with Provide Information Notices (PINs)

Overall, providers shared that they do not know who to reach out to when they have a question about licensing or child care-related policies and regulations. In general, providers turn to other providers in their network and some utilize the Family Child Care Association. Most providers had not seen Chinese-language provider information notices. One provider commented that she received the English version via email. The only provider that had seen a Chinese-language PIN saw a paper version at Wu Yee Children's Services in San Francisco. For those providers that received the English-language version, they commented that they do not fully understand the PIN due to their English level. One provider shared that she often asks a spouse or family member to help translate the information. Given these experiences with accessing and understanding PINs, providers offered the following recommendations for improving communications from CDSS.

- Provide a timely translation of all PINs into Chinese.
- Send Chinese versions of PINs via email.
- Licensing should also hold regular meetings to review updates contained in PINs.
- Ensure that webinars and trainings are offered in Chinese.
- Record all webinars and ensure that they include Chinese subtitles.

Provider Recommendations to CDSS

In the context of the key themes that arose during the focus group, providers shared recommendations for improving the child care system, as outlined below.

Improve Language Accessibility

1. Provide Chinese translations of all child care-related policy updates, applications, information notices, and licensing regulations. The Chinese translation should be shared at the same time as the English version.
2. Provide Cantonese interpretation at all public meetings and child care-related trainings. Closed captioning in Chinese is not sufficient as it does not allow for providers to ask questions or provide public comment.

Expand Outreach and Engagement

3. Recognize that the Asian American Pacific Islander (AAPI) community is made up of many different groups and their needs should not be lumped together in one group. In other words, the perspectives of Cantonese-speaking providers should not represent the AAPI community as a whole. The needs of Cantonese-speaking providers may be different than Indian or Filipino providers, for example.
4. Provide direct outreach to Cantonese-speaking child care providers to participate in advocacy and meaningfully include them in policymaking processes.
5. Provide more spaces and opportunities for Cantonese-speaking providers to learn about new regulations and the impact of proposed policies on their child care business (e.g., Universal Pre-K). Doing so will also support Cantonese-speaking providers' participation in child care advocacy.

Support Recovery from COVID-19

6. To help providers recover from the pandemic and boost enrollment, support providers with referring families to their child care business.
7. Provide a clear set of COVID-19 safety policies specific to child care providers that providers can use to communicate COVID-19 safety protocols with families.
8. Offer grant or loan opportunities for providers recovering from COVID-19, regardless of whether or not that do not have families that utilize publicly funded child care. Moreover, these opportunities should be language accessible and clearly communicate eligibility guidelines.

Update Policies and Regulations

9. Create consistent fire safety regulations so that providers are clear on what they need to do to meet fire standards.
10. Update the definition of an infant versus a toddler. Specifically, providers want to lower the age from 24 months to 18 months so they can enroll more children.

Appendix 4



Somali Family Child Care Providers



Focus Group Summary

Somali Family Child Care Provider Focus Group Summary

Prepared by Social Policy Research Associates and the Child Care Law Center

This summary reflects the perspectives and recommendations of fifteen child care providers who work in large and small family child care settings. All providers were Somali women residing in San Diego, California.

The focus group was held in April 2021, facilitated in Somali and interpreted into English. The discussion touched on the following topics: (1) The types of families of the children in their care; (2) The support they provide to families outside of their child care services; (3) The support they would like from the state to improve their child care services; and (4) Recommendations for the California Department of Social Services (CDSS) to improve the system for providers. The perspectives and recommendations shared in this summary are intended to support CDSS with their post-transition planning.

Overview of the Focus Group

The focus group discussion began with providers describing the families of the children for whom they care. Overall, they provide child care for a diverse group of families who primarily have low incomes. As described below, these families reflect both one-parent and two-parent households with a variety of language skills.

The Families of Children in Their Care

Most families have low incomes and represent a mix of one-parent and two-parent households. Many of these parents cannot afford transportation and need support with paying for basic goods and services. Further, providers described that many single mothers utilize their child care services and these families in particular face financial challenges.

Most families utilize publicly-funded child care. Because most of the families of the children the providers care for have low incomes, many of them use publicly-funded child care. Therefore, providers receive a majority of their payments from their local child care resource and referral agency (R&R) – the YMCA and Child Development Associates (CDA).¹

Families speak a number of different languages, including Somali, Arabic, French, Swahili, and English. Some of these families have limited English proficiency or are monolingual English speakers. Therefore, providers navigate multiple languages when interacting with the families of the children in their care.

Many families are recent immigrants. Providers shared that several of the families are navigating the immigration process, having recently arrived in the United States. Some providers shared that they had been through the immigration process and could relate to these families.

¹ While Alternative Payment Programs (APs) issue the subsidy payments to providers, APs are often in the same building as the R&R and therefore the providers refer to the R&Rs as issuing the payments.

Families need child care at non-traditional hours, including weekends. When describing the typical hours that providers care for children, several shared that they begin as early as 8 a.m., with some providers ending their workday at 11 p.m. These flexible hours are meant to accommodate parents' work schedules, many of which are non-traditional.

Some parents are students themselves. In addition to having children who are in school, some parents are also in school. These parents do not work full time jobs and therefore need extra financial support and resources to cover basic needs.

Provider Support to Families Beyond Child Care

Providers often do more for families than child care alone. Providers shared that they develop relationships with these families and feel compelled to support them beyond caring for their children. Key themes for this part of the discussion related to the following categories: (1) COVID-19 Safety; (2) Supporting Families' Basic Needs; (3) Providing Financial Aid to Families; and (4) Addressing Population-Specific Needs.

COVID-19 Safety

During COVID-19, providers have been supporting distance learning. Providers are caring for more school-aged children during the pandemic which has required more one-on-one attention. Specifically, providers are spending more time with each of the children in their care to ensure that they are properly completing their distance learning activities and homework. As a result, providers feel like they are now playing multiple roles, including: teacher, provider, house cleaner, and tutor. Providers also shared that the children in their care often have individual learning needs which requires more of their support and time during distance learning.

Because of the pandemic, providers are spending more time cleaning and more money on food and supplies. As shared in the following quote, the pandemic has created additional costs to help prevent the spread of COVID-19. Providers are largely paying out-of-pocket for personal protective equipment (PPE) and thermometers, which has become very costly. Providers estimated that they have spent more than \$1,000 on COVID-related cleaning supplies.

I spend extra money for cleaning supplies to prevent the kids from the pandemic. I buy a lot of stuff, such as wipes, hand sanitizers, masks, home cleaning items. In the past two years, we have done a lot to prevent the spread of the disease, and we have used social distancing and other methods that cost us unprecedented amounts of money that we pay from our pockets.

Supporting Families' Basic Needs

Providers purchase basic necessities and supplies for the families of children in their care. For example, providers shared that they buy the following items for the families: diapers, backpacks for school, clothes, and baby formula. The extra support is greatly appreciated by the families. However, providers estimated that they spend about half of their income on providing these resources. In general, providers want to make sure that the children in their care have their basic needs met and have the supplies they need to grow and develop.

While some providers participate in food programs, providers pay out-of-pocket for most of the food they serve. Providers have signed up for food programs through the Chicana Federation and Child Development Associates. However, providers shared that the amount of food supplied through these programs is typically not enough to meet the needs of the children in their care and must supplement with buying their own food. One provider shared that she often shares “to-go” meals with the families who are having a hard time affording food on their own.

Providers give transportation support for families who do not have access to a car and/or lack resources to pay for gas. For some families, providers will do pick-up and drop-off to ease the travel burden on the families of children in their care. Furthermore, providers will pay for gas so that families can transport their children to the providers’ home. These services and costs are paid out-of-pocket by the providers.

Sometimes, I meet mothers who are crying for gas money, and I buy gas for them so they can transport their children to the house because the parents are mostly parents who have low incomes who cannot afford their daily expenses. All those expenses are not included in my salary and sometimes... Because some parents do not have cars, they live far away from the facility and cannot depend on the public transportation at all times.

[M]y income was smaller than my expenses. My clients are very poor families, therefore, I cannot charge them everything. So sometimes, I see a mother crying because she is not able to cover her monthly expenses, especially rent and other essential bills. That mother who is crying is a person who's my client and became my friend over the years. For that reason, I cannot ignore her with that much pain, so I try to help with anything that I can, even if it is a small donation.

Sometimes, parents say, they are on their way to pick up the kids and after a while they do not show up, so I call them and they respond as they are on the road and their car died without gas. So I buy a gas can and gas and deliver to them, so there are too many problems in this business. I feel we do not get paid enough, and sometimes I talk to God and ask him to reward for all these services we provide for our clients.

Providers ensure that the children in their care have enrichment and celebration in their lives. In particular, one provider shared that she organizes birthday parties for the children in her care and will take them on field trips to parks and playgrounds.

Providing Financial Aid to Families

Providers often do not charge family fees. Providers shared that they know that many of the families of children in their care cannot afford family fees. They do not even ask some families to pay because providers know that these families are struggling. For example, one provider explained that since she supports her families with paying for food, she does not consider the possibility of the family being able to pay a family fee. These providers end up absorbing the cost of what these families would have paid in family fees.

Addressing Population-Specific Needs

Providers help some families with the immigration process and other essential appointments. Specifically, some providers shared that they take families to their

immigration appointments and support them by filling out immigration paperwork. Recognizing that many of these families are new immigrants and need support, providers will also transport families to doctor's appointments and other essential appointments.

We do all those services for our clients. We know we have nothing to do with their doctor appointments and their paperwork from their housing and welfare agencies, some of them ask for a favor, for transportation to the [U.S. Citizenship and Immigration Services] and doctor's appointments and all of that. Because, for the most part, [we serve] new immigrants who may not own or have access to any type of transportation. Therefore, we do provide a lot of support to them.

For providers who speak both English and Somali, they will often provide translation/interpretation support for the families of children in their care

These providers shared that they will often support Somali-speaking families with paperwork for state benefits or job applications.

I support both the kids and their parents with translation services. Sometimes they bring me paperwork and forms sent to them from other agencies, such as welfare, social services, doctors, employment forms and school districts which they cannot understand or fill out. So I help them understand and fill out those forms for them. I also assist them in finding other resources and finding jobs and so on.

Given that many families work non-traditional hours, providers will extend their normal business hours.

Families have a variety of schedules depending on their employment situation. **And**, for families who take public transportation, they often arrive late to pick up their kids due to the unreliable bus system. As a result, providers often begin their services earlier and end later than "traditional" work hours and often do not charge families for the extra time. Furthermore, some providers offer care on the weekends for families who work Saturday and Sunday.

How CDSS Can Support Providers

With all the additional supports that providers take on, providers shared specific needs to help them improve their ability to care for the children and families of children in their care. Key themes related to: (1) COVID-19 Relief; (2) Additional Resources for Children and Families; (3) Communication and Professionalization; and (4) Trainings.

COVID-19 Relief

Providers need more support with covering the extra costs incurred from COVID-19. Several providers shared that they did receive child care grants and supplies during the pandemic. However, as highlighted in the following quote, these grants and resources were not sufficient to cover the full cost of all the extra materials needed to keep themselves, the children, and families safe during the pandemic. Providers reported that they are spending between \$900 to \$1,800 per month to clean their homes and comply with licensing COVID-19 requirements. Furthermore, the wages that they make are not sufficient to cover the added COVID-19 costs and result in providers making minimum wage. Moreover, providers feel that they need more employees to accommodate the

added cleaning time and one-on-one time, but they lack the financial resources to hire more staff.

COVID-19 changed everything. The grant we received is not even enough for one day. We have to work hard to prevent the spread of the disease. We have to constantly be cleaning everywhere-- restrooms, kitchen, living rooms etc. One time, I went to Restaurant Depot to buy cleaning materials and I kept the receipt, because I want to put it in a frame to show how much we spend on sanitation and how COVID-19 changed our lifestyle.

What is even more than that is that they pay us below minimum wage. If you really calculate the amount of time and effort we put on the kids and the expenses we encounter, especially this pandemic period, as we buy many sanitizing products for sanitation and other things. With all [the expenses], it is possible that I only get paid \$600-700 per month. This is a weekly income for many people who work at other places. It is not fair.

Additional Resources for Children and Families

Providers need more support with providing meals for the children in their care.

Providers shared that they need more money to cover the cost of meals for the children in their care. Providers shared that they currently do not have enough food and that the agencies that reimburse them only cover about a quarter of the cost. Moreover, food should be healthy, high quality, and align with children's cultures, as described in the proceeding quote.

We need training and trainers who understand cultures and traditions. For example, the lunch money is \$2 and a few cents. That's the cost of a cheese sandwich and that is inappropriate for Somali kids because that kid wouldn't eat it. So there needs to be clear guidance about the cultural foods and the cost of those foods.

Providers need support with helping families pay their family fees.

Providers shared that they are consistently losing money because families cannot pay their family fees. As previously described, many providers do not ask families to pay fees because they know that these families cannot afford the payment. As a result, the provider ends up with reduced wages and is dependent on the R&R to provide timely and accurate payments.

Communication and Professionalization

Providers need support in communicating with their local R&R. Providers shared that the R&R can be challenging with processing payments and communicating about licensing. Specifically, providers shared that they often receive payments late and with incorrect amounts. Given that providers rely on these payments to pay rent and bills, late and inaccurate payments can present many challenges. Furthermore, providers shared that the R&Rs have tried to control their business operating hours and at times, have threatened to take away their license. Therefore, providers need support with communicating with their R&R to ensure timely and accurate payments and fair business practices.

For example, you have one family's children and I have availability or a space, and they ask me to provide hours of operation. So they force me to change my hours of operation. This is my business and I want to run my business the way I want, so they should give us respect so we can open and close our facility on the hours of our choice...I believe I have the ultimate decision for my own business and I need the freedom to run my business without asking permission from someone else. I don't want an agency to tell me to fill out small paperwork on how I should run my facility. So we need the state of California to interfere, protect us from these agencies to make sure these agencies follow the rules and regulations of the state.

Providers need support with professionalizing the field. Providers shared that they feel that the R&Rs and the county agencies “look down on them” and do not treat them like professionals. Specifically, when providers raise issues or concerns with R&R practices, providers are not taken seriously. The county tends to side with the R&R and dismisses the evidence presented by the provider.

Training and Professional Development

Providers need training on business management and child care policies and regulations. Providers shared that they need more support with knowing how to run their business. Specifically, providers would like to have a deeper understanding of the policies and regulations that impact child care providers so that they can advocate for themselves when needed.

Providers need spaces and trainings to help manage the stress and trauma associated with their caregiving. While some providers mentioned that they have attended business-related trainings to support their child care business, they have not had access to any trainings related to stress management or trauma. Providers shared that they consistently experience and witness stress and trauma through their profession and therefore need support with stress management.

We did not take any classes related to stress management and we really need those classes as providers. We need stress relief classes, because all day we are in a stressful situation. All they gave us was business related classes but we need classes that relate to interpersonal and behavioral services. We need to come together and talk about our problems... we forget ourselves and all we do is work. We need to take classes that reduce our stress and give relief and relaxation.

Provider Experiences with Provide Information Notices (PINs)

Overall, many providers shared that they do not understand the PINs because they are not translated into Somali. To receive updates on child care-related policies and notices, providers therefore must find someone to support them with translating the English into Somali. **Providers urge CDSS to translate all PINs into Somali and provide trainings in Somali so that they can advocate for themselves,** as described in the proceeding quote.

We want them to train us in Somali language and to listen to our voice. If they communicate in Somali, I can understand our rights and we can write comments and complaints. We can have a meeting with the social service department as a group. We explain our concerns only in Somali but we cannot communicate perfectly in English. Now we can communicate with the union, because we have

someone who can speak Somali and communicate with us... We Somali are oral people and that is how we communicate.

Provider Recommendations to CDSS

In the context of the key themes that arose during the focus group, providers shared recommendations for improving the child care system, as outlined below.

Ensure Language Accessibility and Inclusion

1. Offer child care provider trainings in Somali so that all providers, regardless of the language they speak, have access to the most up-to-date information on the child care policies and regulations that affect them.
2. Current CDSS notices are not in Somali; therefore, providers recommend that CDSS translate all provider-related materials into Somali.

Implement Accountability and Fair Practices

3. Create more accountability for R&Rs to have fair practices. For example, providers shared that the R&R has called their families and asked if they wanted to change their provider, which is not legal. Providers are having to advocate for themselves and need resources and channels to help create accountability for R&Rs.
4. Improve the speed of subsidy payments. As shared earlier, providers depend on their subsidy payments from the R&Rs to pay rent and maintain their child care business. Therefore, when reimbursements are delayed or take a long time to process, providers face challenges.
5. Make the reimbursement rate based on zip code. Providers shared that the cost of living is different across zip codes. Therefore, the reimbursement rate should reflect those differences in costs of living to fairly compensate providers.

Prioritize Providers' Well-Being

6. Provide extra financial assistance to providers and families, particularly with recovering from the pandemic. In light of the additional time and money spent by providers during the pandemic, coupled with the economic hardship many families faced during COVID-19, providers and the families of children in their care need more financial assistance. This financial assistance may come in the form of higher wages for providers, additional grant money to cover COVID-19-related costs, and waiving family fees.
7. Provide additional funding for food that aligns with children's cultures. Current food programs are not sufficient to cover the full cost of food, particularly for those children who are most comfortable with culture-specific foods.
8. Create spaces for providers to support one another. Given the stress associated with being a provider, providers would benefit from having trainings or spaces that were dedicated to supporting one-another's well-being.