The Landscape of Home-Based Child Care in Los Angeles County:

2023

A FRAMEWORK FOR FUTURE PLANNING

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Executive Summary

OVERVIEW

One issue critical to addressing societal challenges and economic drivers is child care. In order for parents to work or go to school and maintain economic stability for their families, child care is essential. Child care enables families, workplaces, and the economy to thrive while providing children with the support needed for their growth and learning.

A key component of California's child care landscape is Home-Based Child Care (HBCC), which is child care offered in a provider's home or the child's home. In addition to being the most common form of nonparental child care for infants and toddlers, HBCC is also used the most by historically marginalized families. These include families with infants and toddlers, low-income families with parents working non-traditional hours, immigrant families, those living in rural communities, families of color or families with children who have disabilities or special needs.[1]

HBCC is often classified into two broad categories. *Family Child Care, or FCC,* refers to providers who are paid to care for children out of their own homes. FCC providers are often regulated and licensed by the state. In the state of California, FCCs are licensed through the Department of Social Services (CDSS). In contrast, *Family, Friend, and Neighbor (FFN)* care commonly refers to providers who offer care in an informal home setting and are unregulated or license-exempt; these providers can be paid or unpaid (Bromer et al., 2021).

The importance of both types of home-based child care cannot be understated. As noted above, HBCC is utilized primarily by marginalized families who are most likely to encounter inequitable access to services and discrimination within

> In addition to being the most common form of nonparental child care for infants and toddlers, HBCC is also used the most by historically marginalized families.

1 Please see Henley & Adams, 2018; Johnson 2005; Laughlin 2013; Layzer & Goodson 2006; Liu 2015; Liu and Anderson 2012; NICHD Early Child Care Research Network 2004; NSECE Project Team 2015; Porter et al. 2010.

systems. Additionally, in California roughly 80% of young children ages birth to 2 and 40% of children ages birth to 5 are cared for by informal caregivers.[2] And because so many families rely on home-based child care, any initiative seeking to ensure equity in child care must address the needs of HBCC providers. However, very little is known about this population of providers.

This report, *The Landscape of Home-Based Child Care in Los Angeles County: A Framework for Future Planning,* is intended to fill this significant gap in knowledge. Featuring data and insights collected from both HBCC providers and the families who rely on them, this report serves as a valuable resource for policymakers, funders and other stakeholders seeking to develop innovative strategies that support the HBCC workforce and improve child care outcomes.

The landscape analysis focuses on four primary goals:

1 **Understand HBCC provider populations, their role and unique needs in providing child care in Los Angeles County.**

2 **Understand families utilizing home-based care, including their rationale for choosing home-based care and their experience.**

3 **Identify successes in home-based care and understand barriers that limit supply, quality, and sustainability.**

4 **Understand how to best support inclusive, culturally and linguistically responsive, quality care for children from birth to age 5.**

ANALYSIS OVERVIEW

Background

To gain a clearer understanding of home-based care in Los Angeles County, First 5 LA launched a five-year strategic partnership in 2021 with the Child Care Alliance of Los Angeles (CCALA), a partnership of ten agencies working together to strengthen families and ensure high-quality child care and early learning across Los Angeles County.[3] As part of this strategic partnership, First 5 LA and CCALA partnered with the Child Care Resource Center (CCRC) to undertake a landscape analysis of HBCC providers in Los Angeles County.

Description

The landscape analysis was conducted over a three-year period by CCALA working with the team of CCRC researchers. The project commenced in the fall of 2021 with landscape project planning, stakeholder engagement and input and research tool development. Upon completion of these activities, the team conducted outreach with CCALA member Resource and Referral and Alternative Payment agency support and key stakeholder engagement in the winter of 2021-22. The bulk of the project took place between February and November of 2022, with the research team collecting data from three key groups: FCC providers, FFN providers,

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2 https://www.packard.org/wp-content/uploads/2015/06/INFORMAL-CHILD-CARE-IN-CALIFORNIA1.pdf

3 https://www.ccala.net/

and parents who use HBCC. To ensure the landscape analysis captured a broad range of perspectives, a mixed methods strategy was employed, with data collected via surveys, focus groups and key informant interviews. And to promote a more diverse and representative interpretation of data, the team held multiple convenings to share their findings and get additional feedback and insights from community members.

Equity Framework

Historic and systemic racism continues to present significant and devastating barriers for children, families, and child care providers. To ensure their voices were heard, an equity-based framework was used during each phase of this landscape analysis to intentionally examine challenges that contribute to inequity. Central to this framework are several key elements, including the identification and engagement of stakeholders who are associated with the equity problem including those who design, regulate, and deliver services as well as those who are intended to benefit from policies and programs.[4]

With this in mind, relevant stakeholders were engaged at every step of the project. During the initial phase, communities of providers and agencies that work with providers were asked to review questions that were developed based on the literature. These stakeholders were also involved in outreach efforts and played key roles in the determination of methods, interpretation of results, and development of recommendations. At the conclusion of the landscape analysis project, they will receive the final reports and presentations.

Sampling, Outreach, and Stakeholder Engagement

Data were collected from HBCC providers throughout Los Angeles County, leveraging the connections and partnerships of agencies across the county and ensuring representation from each Service Planning Area (SPA).[5] Resource and Referral (R&R) and/or Alternative Payment (AP) agencies utilized their respective databases to distribute an online survey to licensed FCC providers; subsidized FFN providers to whom those agencies distribute payments for child care; and non-subsidized providers engaging in both play and learn and quality improvement programs. Electronic surveys were also distributed by R&R and AP agencies to all parents whose care is subsidized and use HBCC. Outreach also occurred through social media platforms, community-based organizations, First 5 LA-funded programs and initiatives such as Best Start Communities, and Los Angeles County offices. To promote additional engagement in the landscape analysis, surveys included an invitation for FFN providers to participate in a Key Informant Interview (KII) and for FCC providers and parents to join a focus group. The project also worked to ensure optimal representation across Los Angeles County SPAs, language groups (Armenian, Mandarin, and Spanish), and race/ethnicity groups, with an increased emphasis on outreach to under-represented populations such as African American or Black providers.

Reaching *non-subsidized FFN providers* is a more challenging task since these care providers do not typically engage in formal programs and events for providers. Successful research on this segment of HBCC providers typically includes expensive national studies that rely on phone calls to households[6] or small-scale studies and programs that intentionally sample small, targeted groups. Non-subsidized FFN providers were not targeted for this analysis but may have been reached through community partners and social media efforts. Future efforts to

4 https://buildinitiative.org/wp-content/uploads/2017/10/EquityActionFramework.pdf
5 http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm
6 https://www.acf.hhs.gov/opre/project/national-survey-early-care-and-education-nsece-2012

> HBCC providers are critical to families' ability to thrive. They are uniquely positioned and, despite the barriers they face, have demonstrated that they are an invaluable resource to the children, families, and communities they serve.

reach non-subsidized FFN providers will need to consider either large-scale household calling or smaller, targeted methods to meet providers where they naturally gather, such as at school sites when picking up or dropping off children in their care.

Community Interpretation of the Data. Community convenings were held with key stakeholders from across Los Angeles County to ensure that both the interpretation of results and development of recommendations were relevant and meaningful to the communities that would be affected by future programs and policies. Convenings were geared toward specific groups, including FFN and FCC providers, parents who use HBCC, agencies that work with providers and parents, county offices, advocates, and funders. To ensure optimal engagement, the information provided at each convening was tailored for the target audience. For instance, providers and parents received information in a more narrative format, while agencies and offices received a more tabular format.

These convenings allowed the research team to assess if the data collected from the surveys, focus groups, and key informant interviews aligned with the experiences of a broader audience. These events also provided the team with additional input on interpretation and recommendations based on the results.

KEY TAKEAWAYS

Providers Currently Serving Children Ages 0-5 Years

FCC – 96%
FFN – 67%

Providers Serving Children During Non-Traditional Hours

FCC – 47%
FFN – 60%

Results from the landscape analysis highlighted the needs and strengths of Los Angeles County HBCC providers and the families who rely on them. Among the key takeaways regarding home-based child care were the following:

Critical for Families

While home-based child care faces challenges caused and exacerbated by historic and ongoing systemic racism and inequities, HBCC providers are critical to families' ability to thrive. They are uniquely positioned and, despite the barriers they face, have demonstrated that they are an invaluable resource to the children, families, and communities they serve.

• **Both FCC and FFN matter.** Approximately half of the parents surveyed enrolled their children with FCC providers and the other half had their children cared for by an FFN provider.

• **Families with young children rely on FCC.** Surprisingly, a greater percentage of FCC providers served children under age 5 compared to FFN providers.

• **Working parents rely on HBCC.** Working outside daytime hours is common, especially in low-wage jobs.[7] Half or more of both FFN and FCC providers surveyed offered care during non-traditional hours.

7 https://www.urban.org/sites/default/files/publication/99148/insights_on_access_to_
quality_child_care_for_families_with_nontraditional_work_schedules_0.pdf

Similar But Not the Same

There are distinct differences between *family, friend and neighbor care, large family child care homes,* and *small family child care homes* in terms of staffing, professional development, motivation for providing care, and their relationships with the families of the children in their care. In addition, providers are diverse in culture, language, and race. Support structures for providers need to understand and be responsive to this diversity.

Underpaid and Undervalued

Due to systemic racism and inequities, home-based providers are significantly underpaid. In any strategy to support home-based providers, living wages must be centered. A livable wage is essential to rectifying the harm of systemic inequities, giving this workforce the dignity and respect it deserves.

Room for Growth

During community convenings, parents expressed admiration over the hard work of child care providers and lamented the low pay and high expectations from the parents and systems experienced by providers. Parents were satisfied with all aspects of the child care environment (87% or higher). The top two areas of suggested improvements include enhancing the educational nature of child care provided and a greater implementation of more activities for the children in care.

In addition to the critical need for child care, addressing whole child and family needs is essential. To ensure that HBCC providers are able to provide optimal care for children, their holistic needs should also be met. Furthermore, policies and practices must meet the holistic needs of families and providers.

Provider Engagement

Home-based child care providers and families are essential to developing solutions. By honoring their lived experience and following their expertise, programs and policies are more likely to be relevant, sustainable, and poised for greater impact on communities.

In any strategy to support home-based providers, living wages must be centered.

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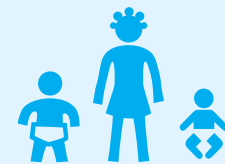
Serving Multiple Age Groups
FCC – 89%
FFN – 47%

Main Reason for Providing Child Care
FCC – 49%
Personal Calling/Career

FFN – 75%
To Help Child, Family, Friend

The data collected from providers and parents, coupled with the insights offered by stakeholders at the community convenings, serve as the foundation for several key recommendations regarding home-based child care in Los Angeles County. Future efforts to improve child care by supporting HBCC providers should incorporate these proposals.

Please see the Conclusions and Recommendations section of the report for greater detail and discussion of these recommendations.

1 RECOMMENDATION 1

Involve Providers in Planning and Development as a Means to Ensure Equitable and Relevant Programs and Policies

Historic and systemic racism, sexism and classism have resulted in policies and programs that, at best, are ineffective and, at worst, harmful to those they intend to serve. One recommendation to change this issue is to actively involve providers in every phase of the design, implementation and evaluation of programs and policies that are intended to benefit them. By incorporating and honoring the lived experience of providers, programs and policies are more likely to be relevant, fiscally sound, and maximize impact for our communities.

First 5 LA is coordinating a Provider Advisory Group as a step in this direction. Continuing this group with the addition of an FFN advisory group is recommended. As the findings from this landscape analysis are shared, participating providers can help design, implement and evaluate future programs and policies.

② RECOMMENDATION 2

Develop Distinct Systems for FFN and FCC Providers that Pertain to Each Group's Unique Needs and Experiences

A key finding from this landscape analysis was that FFN and FCC providers are very distinct groups who need different approaches and models of service.

- This analysis revealed that FFN providers align more closely with the parents they serve, in terms of their background and characteristics, compared to FCC providers. They are also more often a family member or friend and therefore an extension of the family for which they provide child care. FCC providers serve a greater diversity of children in language, race, special needs and other characteristics because they offer care to the community at large. In contrast, FFN providers provide care for their own children and those of one other family.

- The motivations for providing child care tend to differ between the two types of providers. FFN providers are generally motivated to help a family member or friend with a child, while FCC providers view the work as a personal calling or career. Therefore, family-support models such as play-and-learn groups, home visitation, and resource distributions may be most relevant and effective for FFN providers. In contrast, program models for FCC providers may need to reflect more of a business development model with a menu of professional development options. This idea of "separate" service models for FFN and FCC providers has implications for funding models and sources.

- All FCC providers should not be viewed as one monolithic group. Prior research (NCECQA, 2020) and this landscape found that FCC providers also have distinct needs based on the license size. Those with small licenses are at a greater disadvantage and may require different levels of support than those with large licenses. It is important to view those entering, those with small licenses and those with large licenses as a continuum with differential needs of support. New programs should help navigate providers into existing programs and services that best meet their needs based on their career pathway (e.g., Child Care Initiative Project (CCIP) for new and those with small licenses to build skill sets and support them to move to their next career step, and then more advanced or intensive programs for those with large licenses).

③ RECOMMENDATION 3

Develop and Implement New Models for Engaging Providers

Lessons learned from this landscape analysis include the need for new models of outreach to providers as well as ways to engage them once they are reached. Among the suggestions offered by participants and community members are the following:

- Leveraging the strengths of trusted organizations that have relationships with providers and reflect the racial, cultural and linguistic characteristics of the community is essential. To reach those communities that are traditionally underrepresented, agencies supporting home-based care need be in the community where providers naturally are and build relationships with new partners.

- Any reliance on single or "usual" methods to reach underrepresented communities will exclude many providers. Outreach by trusted representatives needs to occur across multiple methods (such as email, phone, social media and community locations) at multiple points in time and in multiple languages.

- Involve promotoras in provider outreach and engagement. Promotoras are typically volunteers or paid workers from the community who share the same language, culture, ethnicity and lived experiences of its residents.

- Given the significant number of FFN providers who provide care for school-age children, programs that support home-based care providers should consider new locations for outreach, such as elementary schools. Snowballing (having one provider reach another provider and so on), networking opportunities, and incentivizing these activities were recommendations that arose from the landscape analysis.

However, community-based organizations operate on very thin financial margins. This level of outreach must be well-funded if traditionally marginalized communities — such as families that are linguistically isolated, experience challenges with technology, or fear agency contact due to citizenship concerns — are to be included.

④ RECOMMENDATION 4

Ensure Seamless, Responsive and Holistic Models of Support for Providers

Unlivable wages and COVID-19 were among the top challenges identified by both types of providers. FCC providers also mentioned additional challenges, such as the declining enrollment of children, lack of benefits, burnout and poor mental health. FFN providers, in turn, noted other difficulties, such as the high cost of food, particularly nutritious provisions.

These challenges highlight the need for a seamless menu of services that meets the needs of each unique provider. Such a framework of services would ensure providers' needs are frequently assessed (often through reflective conversations) and met, such that the burden to bring forward a need is not placed on the provider. For example, in this project, many providers denied needing resources. But when later asked about the care they provide, these providers would mention struggling to afford food for the children in their care.

Staffed support networks are a proven model for engaging FCC providers in both improving the quality of care they offer and obtaining the resources needed to help them thrive as a business (Bromer & Porter, 2017). Examples of these networks include the Family Child Care Home Education Network and Early Head Start-Child Care Partnerships.

As part of this project, the team embarked on a learning tour of several New York City-based programs to learn how they support home-based child care providers. During this trip, the team learned of the success the New York City programs had with helping providers enroll and stay in the Child and Adult Care Food Program (CACFP) to support both the provider and the children in their care. The team also learned of the importance of both formal and informal needs assessments. Specifically, program staff were well-trained to use reflective listening during site visits or phone calls to recognize needs that would arise organically in conversations (e.g., utility expenses, rent challenges). Staff were also knowledgeable about a wide variety of resources and able to quickly address provider needs.

Additional research summarizes[8] programs that provide vital economic supports to providers (e.g., Direct Cash Transfers in Colorado). As programs are developed, access to services should be seamless, responsive and comprehensive, with a large array of services to meet unique and diverse needs so as to not place the burden on the provider to navigate through the significant numbers of resources available or navigate through multiple systems.

(5) RECOMMENDATION 5

Support a Mixed Delivery System and Livable Wages to Ensure the Ongoing Sustainability of the Child Care Provider Community

Providers were unanimous in identifying the abysmally low pay as their most significant challenge. In addition to low pay throughout the child care market nationwide, one of the contributing factors is the low subsidized child care pay rate set by the State of California. Although rates were increased in January 2022, they continue to fall behind the rate of inflation.[9]

In order to survive, many providers are forced to rely on public income support programs, such as the Federal Earned Income Tax Credit (EITC), Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).[10] As an alternative to supporting child care providers through these public aid programs, public funds can instead be used to increase provider wages, thus affording them the dignity they deserve.

Recently, the State of California's Rate and Quality Workgroup set forth a series of recommendations that include the adoption of a cost-based reimbursement system. If approved, this change would entail moving away from the current market-based system that automatically suppresses child care wages to ensure the service will be affordable to low-income and young families (Capito, Fallin Kenyon & Workman, 2022). Continued support for the advocate groups already working to move to a cost-based reimbursement model is needed.

FCC providers also expressed urgent concern over a shrinking mixed delivery system of child care that will further limit child care options for many parents — especially parents with limited financial means, who require child care during non-traditional hours, have infants or toddlers, or have children with special needs or other unique linguistic or cultural requirements. Any program or policy that results in the further decline of the mixed delivery system jeopardizes care for these children and families. California has already faced a 37% decline in FCC providers between 2008-2017 and a subsequent decline of 10% between 2020-2021.

During the New York City learning tour, the project team heard lessons learned from experts launching their Preschool for All program that their exclusion of home-based child care programs resulted in pushing many of these privately-owned child care homes out of business. Actively partnering with school districts to support them in the roll-out and implementation of Transitional Kindergarten (TK) in ways that ensure families are placed at the center so they have access to care is essential.

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8   Dennis, D. (2022)
9   https://childcare.lacounty.gov/wp-content/uploads/2022/04/Policy-Roundtable-Commission-Meeting-Materials-4.13.22.pdf
10 https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/

"The pandemic has put a massive strain in an already difficult underpaid profession. We do this work because we love these children and love giving peace of mind to parents. There are so many moving parts that we juggle with little help and resources. It's been extremely difficult to stay above water, but I love what I do. We need help! It's that simple."

– FCC Provider

6 RECOMMENDATION 6

Develop Strategic Partnerships to Sustain Home-Based Child Care

Active collaboration across sectors is essential to achieve an equitable system that ensures opportunities for all to thrive. The government, for instance, has the capacity to implement policy changes that can impact a substantial number of providers. Philanthropic entities with a proven track record for supporting the field can play an essential role in supporting providers in ways the government cannot. And community-based organizations (CBOs) and community member involvement will ensure program and policy design and implementation is relevant, impactful and fiscally sound.

Any work to change policy must also be aligned with existing efforts to create collective synergy and impact. For example, many of the findings and recommendations in this report align with the California Early Care and Education Coalition. Any complex challenge must be met with complex solutions. Ensuring government, philanthropy, CBOs, and community members have opportunities to work together toward a common goal will ensure greater equity in opportunities for children, families, and providers to thrive.

Active collaboration across sectors is essential to achieve an equitable system that ensures opportunities for all to thrive.

NEXT STEPS

This landscape analysis offers much-needed insight into the nature, role and challenges of home-based child care in Los Angeles County. These findings and recommendations will help First 5 LA, CCALA and other stakeholders identify the changes needed to improve HBCC system and better support care providers in the field. The findings also provide valuable insight for other local jurisdictions seeking ways to support HBCC providers in their own community, as well as state policymakers who shape both provider rates and other aspects of child care.

Home-Based Child Care in California Defined

The research literature does not have a consistent definition of Home-Based Child Care (HBCC) (Bromer et al., 2021). Family Child Care (FCC) providers are most commonly considered to be regulated (licensed in California), and paid to provide care, whereas Family, Friend and Neighbor (FFN) most commonly refers to unregulated, informal or license-exempt home-based child care, who may be paid or unpaid (Bromer et al., 2021). Furthermore, FCC homes can be small (sole provider) or large (two or more providers) (NCECQA 2020). This distinction has important implications, including for example a greater decline in small homes post-recession compared with the decline in the number of large homes (NCECQA, 2020). Large homes may be better resourced due to the possibility of serving a larger number of children.

According to the California Department of Social Services (CDSS)[11], a Family Child Care home is in a licensee's own home where child care and supervision is provided for periods of less than 24 hours. Small Family Child Care homes provide care to no more than 8 children and Large Family Child Care homes provide care to no more than 14 children, with an additional adult to provide care and supervision. These providers apply for their license and undergo a criminal/child abuse background check, and review process with the CDSS Community Care Licensing Division and are required to comply with health and safety regulations. State regulations exempt some providers from licensure, allowing them to legally operate without a license. These providers care for the children of a relative or for the children of one other family in addition to their own children. Although these providers are not regulated by the state in the same way licensed Family Child Care homes are, if the provider receives subsidies from the state of California, they may be required to undertake background checks. For example, they are required to register with TrustLine unless they are a close relative such as a person related by marriage, blood, or court decree, the grandparent, aunt or uncle of the child in child care.[12] Child care providers registered with TrustLine are fingerprinted and they have a criminal background check by the California Department of Justice and the Federal Bureau of Investigation (FBI) and when cleared are found to have no child abuse records or other criminal history that would prevent them from providing child care paid by the state.

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11 https://www.cdss.ca.gov/inforesources/child-care-licensing/resources-for-parents

12 5 Cal. Health & Safety Code §§ 1596.66(a) and 1596.67(a); Cal. Welf. & Inst. Code § 10375 (Added by Stats. 2021, Ch. 116, Sec. 260) (providing for form for certifying health and safety requirements).

Who Uses Home-Based Child Care?

Families with infants and toddlers, low-income families working non-standard hours, those from immigrant backgrounds, those living in rural communities, families of color and/or families with children who have disabilities or special needs are more likely to choose HBCC over centers (Henley & Adams, 2018; Johnson 2005; Laughlin 2013; Layzer & Goodson 2006; Liu 2015; Liu & Anderson 2012; NICHD Early Child Care Research Network 2004; NSECE Project Team 2015; Porter et al. 2010). Of the 61,105 children receiving subsidized voucher-based care in Los Angeles County in August 2021, 77.4% are in home-based child care (39.3% with FFN and 38.1% with FCC providers)[13]. These children and families are more likely to experience inequities in access to services and discrimination within systems. Because these historically under-resourced communities are supported by home-based child care providers it is vital that an equity-focused framework be used in designing any programs intended to serve and strengthen home-based care. As a result of incorporating an equity-focused lens, this work has a greater chance of ensuring everyone, particularly people from historically excluded and/or marginalized communities have a fair and equitable opportunity to access and use supportive services. Any initiative that has the goal of achieving equity for children and families should address the needs of home-based child care providers. However, little is known about this population of providers.

Given the 70% increase in costs to run an FCC business during the pandemic (Center for American Progress, 2020), the continually increasing requirements of providers who participate in quality-improvement initiatives, and the extremely complex and unclear availability of professional development resources (Porter & Bromer, 2020), it is vital that we increase our understanding of the needs of HBCC providers to both sustain and support them. Despite the fact that significant numbers of families, particularly under-resourced families select HBCC, little is known about the needs, resources, and quality of these providers and about the families served by these providers.

> Despite the fact that significant numbers of families select HBCC, particularly under-resourced families, little is known about the needs, resources, and quality of these providers and about the families served by these providers.

13 Personal communication with Cristina Alvarado from the Child Care Alliance of Los Angeles (CCALA collects data on voucher-based child care programs but not direct contracts or Early/Head Start).

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First 5 LA Strategic Plan and Partnership

The First 5 LA (F5LA) 2020-2028 Strategic Plan[14] focuses on ensuring children have high quality early care and education experiences. On September 9, 2021, the F5LA Commission approved a 5-year strategic partnership with the Child Care Alliance of Los Angeles (CCALA). The Child Care Alliance of Los Angeles (CCALA) is a unique partnership of ten agencies that serve communities at the local level. These agencies serve providers, families, and children at a grass-roots level in multiple languages, have culturally competent staff, a strong understanding of their unique communities and long-standing relationships to work effectively with their diverse clientele. Together the CCALA agencies:

- Assist families in finding and identifying quality child care and other supportive services in the community
- Offer comprehensive training, workforce professional development and support for child care providers to enhance their practice with a focus on quality improvement
- Provide subsidized child care vouchers to eligible families through programs such as CalWORKs Stages 1, 2, and 3, Alternative Payment (AP), and the Emergency Child Care Bridge program[15]

Objectives of the overall strategic partnership include: 1) improve the understanding of Home-Based Child Care (HBCC), especially Family Child Care (FCC) and Family, Friend, and Neighbor (FFN) care, 2) identify how F5LA, CCALA and other stakeholders can impact public system changes to support HBCC providers, and 3) improve HBCC providers' ability to offer quality early learning experiences and improve outcomes for children. The phases of this strategic partnership are presented below.

PHASE 1: Launch **landscape analysis**; establish **Provider Advisory Group.**

PHASE 2: **Learn** from landscape analysis and the Provider Advisory Group to further inform strategy, partners, and design.

PHASE 3: **Design pilots** that support and enhance HBCC providers' inherent assets and ability to provide quality early learning experiences.

PHASE 4: Develop **lessons learned** from pilots; **take to scale** to ensure publicly funded systems better meet the unique needs of HBCC providers in LA County.

PHASE 5: Create **sustainable systems change and inform policy** priorities to enhance the system of home-based care providers across the county.

14 https://www.first5la.org/2020-2028-strategic-plan/

15 https://www.ccala.net/

State and Political Context

Programs and policies created in the phases described above will occur within the context of recent work at the state that is intended to support and sustain the workforce. In 2019, the Assembly Blue Ribbon Commission on Early Learning published a report outlining nine key areas for recommended change. Included in this was access to child care, the early care and education workforce, and child care financing models. One statement summarizes several goals: "Create an adequate and sustainable financing structure for all subcommittee recommendations including equitable access to early care and education for all families while targeting those most separated from opportunity, settings that meet their needs and definition of high quality and are affordable; a well-compensated, professionally supported diverse workforce; and necessary facilities, systems, and infrastructure." (CA Assembly Blue Ribbon Commission, 2019, p. 26). In 2020, the California Master Plan for Early Learning and Care up-lifted the need for maximizing equitable access to a diverse range of early learning and care programs (WestEd, 2020). In 2021 Governor Gavin Newsom signed Assembly Bill (AB) 131 into law ratifying the bargaining agreements with the Child Care Providers Union (CCPU). CCPU and the state worked "collaboratively through a Joint Labor Management Committee (JLMC) to develop recommendations for a single reimbursement rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children."[16] The state also convened a Rate and Quality Workgroup to assess the methodology for establishing reimbursement rates and the existing quality standards for child care and development and preschool programs. The Rate and Quality Workgroup published a report setting the foundation and vision for establishing a "Single Reimbursement Rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children" (Rate and Quality Workgroup, 2022, p. 6). Aligned with these efforts, P-5 Strategies published a report in 2022 advocating for the creation of a cost-based model for funding child care in California as opposed to the current Market Rate Survey methodology (which typically sets rates low in low-income communities because that is what parents can afford, perpetuating poverty in certain communities) (Capito, Fallin Kenyon, & Workman, 2022). Finally, the California Department of Social Services added a position solely focused on Family, Friend, and Neighbor care to ensure this often under-represented and under-resourced population is supported. These statewide efforts align with the goals of this Home-Based Child Care (HBCC) Landscape project in evaluating the needs of the HBCC workforce to ensure it is sustainable and supported to provide equitable access to quality child care.

The COVID-19 pandemic and increased understanding of inequities magnified the need to support the HBCC workforce in new ways. Whole community approaches that involve key stakeholders and meet the community where they are is vital. While these events highlighted the needs of under-resourced communities, the state also began moving toward greater support for children and families as described above. Now is the time to make significant moves to support our HBCC communities.

New funder-community models and partnerships need to be fostered to ensure a collaborative and collective approach for the future success and sustainability of programs developed for HBCC providers. A number of funders and/or conveners have proven track records for supporting this group including the David and Lucile Packard Foundation, Home Grown, and the Ballmer Group. Creating the opportunity for providers, government, CBOs and philanthropy to collectively solve the complex challenges faced by providers and the families they serve is vital to ensuring all have the opportunity to thrive.

16 https://edsource.org/wp-content/uploads/2022/01/EarlyChildhoodBudgetSummary.pdf

Los Angeles County Home-Based Child Care Landscape Project

Equity-Based Research

Using an equity-based approach was critical to this work because of the history of racism as it relates to both home-based providers and the families that rely on them. The pandemic and the conversations and accountability regarding race and women's issues heighten the awareness of the systemic racism and misogyny that are a deep part of the history of child care in the United States. As the Center for the Study of Child Care Employment states, "As a system that relies primarily on a market-based structure, by definition it disadvantages those with the least means to purchase services. As services are tied to buying power, the wages of early educators, primarily women, are directly tied to the ability of families to pay. Across different types of settings and job roles in the sector, we see that the wages of Black women, in particular, are systematically lower than those of their peers undertaking the same work".[17]

Excluding community voice continues to result in the development of programs and policies that are irrelevant, fiscally unsound, and continue to harm the groups who need the greatest amount of involvement and opportunity. Actively uplifting and using the provider voice will ensure programs and policies are relevant, fiscally sound, and result in the outcomes needed for successful and thriving communities. Therefore, the project team remains dedicated to an equity-focused research process. This framework is similar to the work

17 https://cscce.berkeley.edu/blog/ece-is-in-crisis-biden-can-intervene/

published by Andrews, Parekh, and Peckoo (2019). Steps include: 1) Gain a better understanding of the communities and ensure an awareness of one's own implicit biases about the communities by engaging community stakeholders at each step including vetting whether the questions of concern are the same areas of concern held by the community (guiding the research questions), 2) Guide the research methods including the questions that are asked and the methods of collecting the information, 3) Ensure data interpretation is grounded in the experience of the community by using a Grounded Theory approach (where codes are derived from the data, not from the assumptions of the researchers), disaggregating the data, and involving the community in interpretation of the data whenever possible, and 4) Disseminate the findings back to the community and prioritize action- and policy-based recommendations. The project team engaged in these steps to ensure the results are based on community expertise and would maximize relevance and impact for the community of interest.

A report describing priorities to dismantle systemic racism in Early Care and Education (ECE) was published in 2020 and updated in 2021 by the Children's Equity Project. The report specifies the need to "prioritize family child care and other home-based care." The report states that key strengths of family child care include culturally responsive care, supporting home languages, serving families during the COVID-19 pandemic, and serving infants and toddlers. And yet they are often left out of quality initiatives and supportive services that are more easily accessed by center-based programs. The authors state that this disparity is even more prominent for family, friend, and neighbor providers and this establishes, solidifies, and perpetuates inequitable systems. Any reform to programs and services for the ECE field must include family child care and family, friend, and neighbor providers.

Recommendations for states and tribes (and can be considered in this work) include:

1. Ensure family child care and other ECE home-based providers are included in needs assessments, workforce development, and technical assistance efforts, and receive equitable support to access and move up Quality Rating and Improvement Systems (QRIS).

2. Use child care quality funding to develop and grow family child care networks where providers can access shared professional development opportunities, including anti-bias and anti-racism programming, dual language immersion models, curriculum and assessment, social-emotional development, and family engagement through an equity lens. Use hubs to connect children, families, and providers to comprehensive services in the community, as needed.

3. Prioritize building family child care supply and networks in child care deserts.

Including home-based providers is a critical first step to ensuring a more equitable system of child care available to support the children of Los Angeles County.

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Project Goals

The specific goals of the HBCC landscape analysis of licensed FCC homes and subsidized, license-exempt FFN care are to:

- Understand these provider populations, their role, and unique needs in providing child care in Los Angeles County,
- Understand families utilizing home-based care, their rationale for choosing home-based care, and their experience with using home-based care,
- Identify successes in home-based care and understand barriers that limit supply, quality, and sustainability,
- Understand how to best support inclusive, culturally and linguistically responsive, quality care for children aged 0-5.

Table 1 below depicts the timing of activities in this HBCC landscape analysis.

TABLE 1. LANDSCAPE ANALYSIS PROJECT OVERVIEW

TASK AND TIMING	ACTIVITIES
Task 1: Planning, Development & Design (Sept-Dec 2021)	• Planning meetings and internal reports • Stakeholder engagement • Research tool development and translation • Development of Landscape Analysis Plan • IRB Approval
Task 2: Implementation (Feb-Nov 2022)	• Stakeholders outreach to HBCC providers and parents • Distribute e-surveys • Recruit, schedule and conduct focus groups and key informant interviews (KII) • Analysis of survey, focus group and KII data • Meetings and internal reports
Task 3: Dissemination of Results (Oct 2022-March 2023)	• Meetings and internal reports • Sense-making meetings with key stakeholder groups • Development of learning briefs • Development of external report • Presentation of final results to key stakeholder groups

Research Questions

To guide the HBCC landscape analysis, the following six Research Questions were developed by F5LA around which the results section and discussion of this report are framed:

1 RESEARCH QUESTION 1:
Who are Los Angeles County's home-based child care providers? How do they **view their job**?

2 RESEARCH QUESTION 2:
How do Los Angeles County's HBCC providers currently **access resources, services, and supports**?

3 RESEARCH QUESTION 3:
What do Los Angeles County's HBCC providers **need** to become a successful family business?
What are their **barriers to success**?

4 RESEARCH QUESTION 4:
How has **COVID-19** changed the experiences of Los Angeles County's HBCC providers and the children they serve?

5 RESEARCH QUESTION 5:
Who are the children and families that Los Angeles County's HBCC providers serve?
How do they view their HBCC provider?

6 RESEARCH QUESTION 6:
What **policies** are needed to build a stronger, more sustainable HBCC sector for the future?

Sampling, Outreach and Stakeholder Engagement

Data was collected from HBCC providers throughout Los Angeles County. Electronic survey links were distributed by Resource and Referral (R&R) agencies to all licensed Family Child Care (FCC) providers in their referral databases and all subsidized Family, Friend and Neighbor (FFN) providers to whom they distribute payments for child care in their subsidy databases. Some agencies have access to non-subsidized FFN providers through programs such as the Child Care Initiative Project (CCIP) and distributed the survey links to these providers. Electronic surveys were also distributed by R&R agencies to all parents in their subsidy databases who use HBCC (FCC and FFN) and whose care is subsidized. Surveys for FFN providers included an opt-in option to participate in a Key Informant Interview (KII). Surveys for FCC providers and parents included an opt-in option to participate in a focus group. By having the R&R agencies distribute the links to the surveys and have participants opt into further research activities CCRC maintained the confidentiality of their contact information and ensured participants consented to releasing their contact information for further research activities (focus groups and KIIs). A total of 30 KIIs were conducted with FFN providers. Based on CCRC's collaborative work with research partners across the nation, we have found that connecting with FFNs via KIIs rather than focus groups is the most effective method of engagement. Based on who opted-in CCRC worked to ensure representation from those who speak Spanish, Mandarin and Armenian. A total of 12 focus groups were conducted with FCC providers (8 groups) and with parents (4 groups).

A Targeted Approach

Research can either be intended to fully represent each demographic group across a particular geography (e.g., a census) or a targeted approach where specific groups are selected to ensure a sampling of voices are included in the work. Census projects are typically extremely expensive and resource heavy. Targeted approaches are more common, based on available resources and ensure specific groups that may not typically be represented in studies are included in some manner. A review of demographic information within Service Planning Areas (SPAs) in Los Angeles County helped guide the targeted approach for this study. This community data was presented to the R&R agencies to verify these were the communities that engaged in their services. All but one agency agreed these statistics represented the providers and parents with whom they engage. An agency in SPA 4 reflected that although there is a large Korean population in their community, the Korean population typically does not engage in their services but there is a community of Armenian providers that does. Based on this community data, targeted outreach was conducted with groups that typically do not engage in studies (e.g., Spanish, Armenian, and Mandarin speakers and the African American communities). The LA Almanac cites Spanish, Mandarin/Cantonese, Tagalog, and Armenian as the top languages in Los Angeles County based on Census data.[18] Little data exists by Service Planning Area. Table 2 illustrates the community demographics from the LA County Department of Public Health's Key Indicators of Health.[19]

TABLE 2. LOS ANGELES COUNTY RACE AND LANGUAGE BY SERVICE PLANNING AREA (SPA) – GROUPS HIGHLIGHTED FOR GREATER OUTREACH

SERVICE PLANNING AREA	LA County	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay
Demographic Groups	LA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
RACE									
Percent Latino	48.4	44.8	40.2	46.3	51.8	16.0	68.2	73.5	40.4
Percent White	28.3	34.6	44.6	21.2	24.8	64.0	2.4	14.0	28.4
Percent Black/ African American	8.5	16.2	3.5	3.7	5.2	5.7	27.4	3.0	14.8
Percent Asian	14.4	3.8	11.5	28.6	17.9	14.0	1.7	9.0	15.4
Percent Native Hawaiian/ Other Pacific Islander	0.2	0.2	0.1	0.1	0.1	0.1	0.2	0.2	0.9
Percent American Indian/ Alaskan Native	0.2	0.4	0.2	0.2	0.2	0.2	0.1	0.2	0.2
LANGUAGES USED MOST OFTEN AT HOME									
Adults who mostly speak Spanish at home	26.6	18.5	21.6	24.7	33.3	8.4	48.8	38.5	17.8
Adults who mostly speak an Asian language at home	8.5	2.4	4.2	24.4	11.6	1.7	1.2	5.0	6.0
Adults who mostly speak other language at home	2.0	1.4	5.5	0.7	0.7	3.2	--	1.6	0.3

18 http://www.laalmanac.com/population/po47.php

19 http://publichealth.lacounty.gov/ha/docs/2015lachs/keyindicator/ph-kih_2017-sec%20updated.pdf

Tables 3 and 4 describe the targeted language groups by method (focus groups for parents and family child care providers and key informant interviews (KIIs) for FFN providers).

TABLE 3. FOCUS GROUP (FG) LANGUAGE TARGETS FOR FAMILY CHILD CARE (FCC) PROVIDERS AND PARENTS

FCC FGS	PARENT FGS
3 English	1 English
3 Spanish	1 Spanish
1 Armenian*	1 Armenian*
1 Mandarin**	1 Mandarin**

* Led by program staff from CCRC fluent in Armenian; trained and supported by CCRC Research (who were present)

** Led by program staff from Mexican American Opportunity Foundation and Options for Learning fluent in Mandarin; trained and supported by CCRC Research (who were present)

NOTE: Targeted outreach was conducted to ensure the inclusion of the Black/African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3, 4, 5 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

TABLE 4. LANGUAGE AND LOCATION OF FAMILY FRIEND AND NEIGHBOR (FFN) PROVIDERS PARTICIPATING IN KEY INFORMANT INTERVIEWS (KII)

SPA TARGETED	NUMBER OF FFN KIIS / LANGUAGE
1: Antelope Valley	3 English, 3 Spanish
2: San Fernando Valley	2 English
3: San Gabriel Valley	1 English, 4 Mandarin*
4: Metro LA	3 Spanish
5: West	1 English
6: South	5 English, 2 Spanish
7: East	2 English, 4 Spanish
8: South Bay	None

* Led by program staff from CCRC, Mexican American Opportunity Foundation and Options for Learning; trained and supported by CCRC Research (who were present)

NOTE: targeted outreach was conducted to ensure the inclusion of the Black/African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

Engaging Communities in Multiple Languages

Focus groups were conducted virtually in English, Spanish, Armenian and Mandarin with participants who opted in for further research activities through the survey. These focus groups represented people from across LA County (tracked and documented through participants' zip codes) and activities were offered in Spanish, Armenian, and Mandarin to ensure participation from a greater diversity of the community. Program staff from CCRC outreached to providers and parents in English and Spanish, as well as conducted the focus groups and interviews in these two languages. Program staff from CCRC fluent in Armenian: 1) outreached to providers and parents with whom they regularly engage to either have them complete the survey by telephone or to help them complete it, 2) signed them up for the focus group or interview, 3) conducted the focus group or interview, and 4) took notes and provided them to CCRC Research to use in the analyses. Program staff conducting these activities were trained by Research staff and Research staff were present for all interviews and focus groups in case any questions arose. This same model was used to engage the Mandarin-speaking communities. Program staff from Mexican American Opportunity Foundation (MAOF) and Options for Learning (OFL) led these activities in Mandarin. Parents and providers from across the county were invited to participate in the non-English language focus groups and interviews (not just those living in the service areas of the two agencies conducting these activities).

Engaging Additional Under-Represented Communities

Multiple steps were taken to engage groups who are disenfranchised or often left out of research due to systemic barriers in an effort to ensure they were provided opportunities to participate in the study. To address anticipated challenges with non-computer-connected groups, the Research Team connected with each agency of the Child Care Alliance of Los Angeles (CCALA) including staff from the R&R programs and staff from the subsidy programs. Many agreed to outreach to those who may not be comfortable with computers and may not have responded to the electronic survey. Many of these staff mentioned that although some providers might not use computers, almost all use a smart phone. Flyers were designed with a QR code that could be posted in lobbies for those who wish to complete the survey via their smartphone. Agencies agreed to distribute these flyers at trainings and events and to promote the study in multiple ways. Additional outreach occurred while staff engaged both parents and providers over the phone for other activities (e.g., during subsidy recertification of child care for parents, engaging FFN providers in their CCIP [Child Care Initiative Project], and engaging all providers during phone calls regarding payments and rates, as well as other outreach activities that were already occurring). To facilitate agreement to complete the survey over the phone, the Research team developed an abbreviated version of the survey tool for this group that included only the questions of greatest interest. Additional outreach was conducted with a group that coordinates family child care home networks out of Mission College and this group distributed outreach materials to their providers and other organizations in their network.

Additionally, Crystal Stairs, Inc. (CSI) partnered with the Research Team to target outreach to the Black/African American community in their service area. They have an active African American Provider Network (AAPN). CSI requested the AAPN group review the research tools prior to translation to additional languages and submission for IRB approval. An additional child care provider who is well-connected in her community and is active in local, state, and national work was also asked to review the questions and research tools.

The full project team leveraged the connections of additional community-based organizations that engage child care providers and parents. A Community Briefing with 75 attendants was held in February 2022. Included were members of the CCALA agencies (Resource and Referral and AP agencies across Los Angeles County), county departments, representatives from child care union Service Employees International Union Local 99, an early

childhood reporter from local radio station LAist, members from the First 5 LA funded Best Start Communities (Networks of parents, communities, local and regional decision-makers, and public systems working together at a local and regional level to affect important policy, systems and community change that improves outcomes for children and families), and other local community-based organizations that serve child care providers and parents. These agencies were asked about other groups to outreach to and for input on future Community Convening meetings. Following the Community Briefing everyone (attendees and those who signed up but were unable to attend) were emailed with outreach materials in English and Spanish and informed that they could be provided with materials in Armenian and Mandarin as needed.

A summary of the groups that have helped distribute the survey and outreach to providers and parents is summarized in Table 5.

TABLE 5. SURVEY DISTRIBUTION GROUP AND STRATEGY

SURVEY DISTRIBUTION GROUP	STRATEGY
CCALA AGENCIES • Child Care Resource Center • Children's Home Society • City of Norwalk • Connections for Children • Crystal Stairs, Inc. • Drew Child Development Corp. • International Institute of LA • Mexican American Opportunity Foundation • Options for Learning • Pathways for Learning • Pomona Unified School District	1-3 monthly meetings with the Resource and Referral and Subsidy groups at each agency to present on the project, share upcoming activities, and progress. Provided with social media and other outreach materials including email templates and flyers with QR codes and links personalized to each agency. Access to google drive with graphics to use in social media and recommended captions and hashtags.
AFRICAN AMERICAN PROVIDER NETWORK (CRYSTAL STAIRS, INC.)	Presentation slide incorporated in their initial meeting, advertising the project.
COMMUNITY COLLABORATIVE • Family Child Care Providers (individual providers in the Long Beach area and the Bell Gardens area) • CCALA agency staff • F5LA staff • County government staff • Visión y Compromiso • County of Los Angeles Office for the Advancement of Early Care and Education	Meetings with project presentation with follow-up of social media and other outreach materials including email templates with hyperlinks and flyers with QR codes and links.
FCC ASSOCIATION/ NETWORK (MISSION COLLEGE)	Meetings with project presentation and social media and other outreach materials including email templates to forward and flyers with QR codes and links.

As stated previously, this project is grounded in an equity-based framework that upholds the lived experience and expertise of the community. A key aspect of this framework is stakeholder engagement in each step of the project. Table 6 describes this ongoing stakeholder engagement.

TABLE 6. STAKEHOLDER ENGAGEMENT

PURPOSE	ENTITY	TIMEFRAME
Funder and partner collaboration for project alignment	• CCALA • Duane Dennis • F5LA	Sept. 2021 - Dec. 2022
Key agency outreach and engagement	**INDIVIDUAL AND 2X/MONTH GROUP MEETINGS** • Resource & Referral staff • Alternative Payment staff • Additional staff as needed	Sept 2021 - Nov. 2022
Ensure project relevance through input on survey, KII, and FG questions	• CCALA R&R/AP agency staff • Tonia McMillian (family child care provider) • African American Provider Network (Crystal Stairs, Inc) • Provider Union (CCU99) [CCALA] • F5LA	Nov. - Dec. 2021
Engage executives of child care agencies	**CCALA AGENCIES** • Project updates and input from executives	Nov. 2021 Jan. 2022 Sept. 2022

Development and distribution of social media graphics and posts, flyers and other material for project and survey outreach	• CCALA R&R/AP agency staff
	• African American Provider Network (Crystal Stairs, Inc)
	• Provider Union (CCU99)
	• F5LA
	• LA County Dual Language Learner project
	• LA County ECE Research Collaborative
	• LAist/Southern California Public Radio (SCPR)
	• FCC Provider
	• Family Child Care Association/ Network coordinated out of Mission College
	• Community Briefing:
	   o *Best Start Communities*
	   o *County government offices*
	   o *County CBOs*
	   o *Child Care Union representatives*
	   o *Child Care Providers*
	   o *CCALA agencies*
	   o *Funder*
	   o *LAist/SCPR*
		Nov. 2021 - Feb. 2022

TABLE 6. STAKEHOLDER ENGAGEMENT (CONTINUED)

PURPOSE	ENTITY	TIMEFRAME
Community engagement in results sense-making and recommended action plans	• Quality Start Los Angeles (QSLA) Workgroup • FFN Providers • FCC Providers (2) • Parents who use home-based care • CCALA agencies (2) • Los Angeles County Child Care Planning Committee • County Offices and CBOs who work with parents and providers (2) • F5LA Workgroup • F5LA Provider Advisory Group	Sept. - Oct. 2022
Dissemination of final results and recommended action steps	• F5LA Commission • R&R/AP agencies • Los Angeles County Child Care Planning Committee • Policy Roundtable for Child Care & Development • Quality Start Los Angeles (QSLA) • Quality Counts California (QCC) • California Department of Social Services (CDSS) • Funders/foundations including David and Lucile Packard Foundation and Home Grown • Members of national HBCC workgroups (e.g., HBCCSQ) • Provider groups including union, State-funded Family Child Care Home Education Network (FCCHEN) and those who participated • Parent groups including Best Start and those who participated	

Community Convenings: Interpretation of Findings

Twelve sessions were held with various groups (see next section) to engage in the next step in equity-based research – ensuring a diverse and more representative interpretation of the data. Measures were taken to include community members who may not have already been part of the research process including participation in the KIIs and focus groups. For a detailed description of the outreach, recruitment, and demographic information of FCC, FFN, and parent Community Convening participants, see Appendix A.

Each meeting was held via Zoom in order to convene people from across Los Angeles County. As with the Focus Groups, each session had a facilitator, a note-taker, and a technical support staff to assist participants who may have struggled with the Zoom platform and to check and announce any information typed into the chat function (to ensure participation by all, including those who did not wish to vocalize their opinions).

Each session had a unique PowerPoint slide deck with project data relevant to that particular group. For example, the parent group saw mostly information from the parent survey and focus groups with some information from the provider survey and focus groups / interviews. To ensure greater accessibility, the community-based groups (e.g., parents and providers) were presented with slides that were not heavy with tables and complex numbers or statistics. Findings were presented more in narrative form followed by questions asking if the findings were similar to their experiences and to expand on their answers. This method was repeated for each topic area. In contrast, agency staff were presented with slide decks that contained more complex presentations of data and statistics and asked for their feedback as to whether the results mirrored their experience in working with parents and providers.

Twelve sessions were held with various groups to engage in the next step in equity-based research – ensuring a diverse and more representative interpretation of the data.

Data Collection Methods and Analyses

Surveys

The electronic survey links for FCC and FFN providers had a great deal of overlap, particularly with questions that typically apply to both groups (e.g., demographic questions), allowing for comparison across the two groups of providers. Other questions specific to one group or the other were included in the survey specific to that group only or worded in ways that were relevant to each perspective group. Additionally, the parent survey had identical demographic questions as the providers in addition to specific questions for the parent group. To ensure participants were not over-burdened, question skip-logic was programmed into the surveys to ensure they were only presented with questions relevant to them. This includes screener questions to screen out any providers who were not home-based (in the event links were accidently distributed to the wrong groups) or meet the definition of providing regular child care defined as at least 5 hours of care per week. Additional screener questions were included in the FCC and FFN surveys in case the wrong link was sent to the wrong group. This screener question automatically diverted the provider to the relevant survey based on the answers to the screener question if they accidentally received the wrong survey. Screener questions also included zip code to ensure only those who live in Los Angeles County responded (some agencies serve multiple counties). Finally, screener questions were provided for parents to ensure they in fact use home-based child care and have at least one child under age six years. Once they completed the survey there was an opportunity to include their contact information and opt in for further research (focus group or Key Informant Interview (KII)). This method worked well in a statewide study of resource/foster parents and child care providers where agencies were prevented from sharing contact information directly with researchers.

Survey responses were tracked twice/week to ensure the project reached the originally intended target groups across the county (by Service Planning Area (SPA), language, and ethnicity). Those opting in were tracked at minimum weekly and tracked via language group, race/ethnicity and SPA to ensure the project reached the intended target groups. When target group numbers were not being met CCRC Research staff connected with the agency serving that SPA for assistance in more targeted and intensive outreach (e.g., sending the survey link to specific subgroups and/or making calls).

All those who opted to give their email or physical address and wanted to be eligible for a gift card incentive were included in a drawing. To ensure that participants from each SPA had an opportunity for this drawing gift card distribution was tracked via SPA and adjusted as needed. All three groups were eligible (FCC, FFN, and parents) for the drawing for the $50 Target gift cards.

For information on the data governance and security, quality assurance, and validation of survey data, see Appendix B.

Focus Groups

Licensed Family Child Care Providers (FCC) and parents who use home-based care were recruited into one of 12 focus groups based on who opted in for further participation from the survey. As conducted in prior research, the Research Team outreached twice via email and phone to those who opted in to schedule them for a focus group based on their demographics/language. Focus groups typically have the greatest synergy and participation when the group is 8-12 people and therefore, the recruitment target was 12 per group with the understanding that some may not show up. Research staff called and emailed those who opted in and provided information on the day, time, link, consent form, and helpful tips for Zoom. This information was provided by the agency staff facilitating in Armenian and Mandarin. For the groups in Armenian and Mandarin, the Research Team worked with the agency staff to schedule

these groups based on their calendar. Agency staff were trained on facilitation, proper notetaking, and the protocol questions. Research staff were present to ensure technical support (CCRC provided the Zoom link) and answer questions that arose. The Research Team facilitated all other focus groups (English and Spanish). All focus groups were recorded in Zoom and transcribed via Otter.ai (recording and transcription cloud-based software). Each person who participated in a focus group received a $50 Target gift card incentive. For detailed demographic information on the focus group participants, see Appendix C.

Key Informant Interviews (KII)

A total of 30 Family Friend and Neighbor Providers (FFN) were recruited into KIIs based on who opted in for further participation from the survey. Where minimal number of participants who met the language and geographical criteria for participation opted in via the survey, the Research staff worked closely with staff at the R&Rs to recruit from the community. As such, several KII participants did not have a completed survey. Research staff outreached twice via email and phone to those who opted in to schedule them for a KII based on their demographics/language. Research staff called and emailed those who opted in and provided information on the day, time, link/phone number for the Zoom call and consent form. This information was provided by the agency staff facilitating in Armenian and Mandarin. For the groups in Armenian and Mandarin, Research staff worked with the agency staff to schedule these calls based on their calendar. Agency staff were trained on facilitation, proper notetaking, and the protocol questions. Research staff were present to ensure technical support (CCRC provided the Zoom link/phone number) and answer questions that arose. Research staff facilitated all other KIIs (English and Spanish). All KIIs were recorded in Zoom and transcribed via Otter.ai. Each person who participated in a KII received a $50 Target gift card incentive. For detailed demographic information on the KII participants, see Appendix C.

Survey Data Analyses

The data were exported from JotForm, the platform used to collect the survey, to Excel and analyzed using SPSS (Statistical Package for Social Sciences). Analysis of the survey data included appropriate descriptive statistics for the question type (frequencies/percentages for categorical or ordinal data, averages/medians for interval data). Appropriate group testing was also conducted (e.g., chi-square or Fisher's Exact for categorical or ordinal data and t-tests for interval data). Group-based comparisons included child age, home language, race, and provider type (FFN compared with FCC) or subgroup (FCC with small licenses compared with FCC with large licenses). Group differences are mentioned only when they were statistically significant at $p < .05$ or lower.

Focus Groups (FG) and Key Informant Interviews (KII) Analyses

Analysis of the FG and KII data proceeded in the following three steps:

1. **Data sensitization.** All FGs and KIIs were recorded via Zoom and transcribed via Otter.ai to ensure the ability to add necessary detail to the notes taken during each session. Coders selected, read, and re-read a small representative sample of notes to allow for a clear understanding of the content and to formulate initial themes and high-order categories.

2. **Coding.** All notes and transcripts were uploaded into the qualitative data analysis software Dedoose®. Coding proceeded deductively from the study questions to speak directly to the study's core areas of focus. Coders also read the notes inductively to generate new themes that may only indirectly address the study questions, but nevertheless provide important new insights that further the evaluation's objectives. Analysis thus proceeded iteratively between deductive and inductive approaches. Coders first coded approximately 10% of the qualitative data. These coded notes were then triangulated to review the coding, and to group and identify themes. This process produced a standardized codebook (i.e., analytical framework) against which the remainder of the qualitative data were coded. To ensure the validity of the analysis, we conducted inter-rater reliability testing whereby we compared coding across coders. The iterative approach between inductive and deductive coding allows for both a structure to the final codes and analyses with the ability for themes relevant to the participants to arise. Because the participants have lived experiences that needs to be honored and reflected in the results, Grounded Theory guided the development of codes that may not have occurred from the original set of codes based on the research questions. Use of Grounded Theory ensures a greater likelihood that results are relevant to the intended recipients of programs and resources and honors their voice rather than merely the voice of the funder or researcher.

3. **Analyzing and interpreting the data.** The categorized data were critically reviewed by the researchers against the study's central research questions (see logical framework above). The categories produced a natural structure by which a narrative summary of the data were produced in the reporting stage.

Results and Discussion

Results are presented for each of the research questions that guided this landscape analysis. Throughout this section table percentages are rounded to the nearest whole number for ease of presentation. This may cause percentages to not sum exactly to 100%. When group differences were found, these are noted. While percentages are presented in the tables, tests to detect differences between groups were conducted using counts. Additionally, statistical comparisons were only conducted on variable cell sizes of approximately 100 because low cell sizes typically violate statistical assumptions. Data presented in tables are based on survey data, unless otherwise specified.

RESEARCH QUESTION 1: Who are Los Angeles County's home-based child care providers? How do they view their job?

Demographic Information

Working with key partners that serve specific SPAs to engage the community in this landscape analysis resulted in representation from each SPA for all landscape analysis participant groups, FCC, FFN, and Parents (see Table 7). Given the lack of licensed care in SPA 1, the larger percentage of FFN providers in that location compared with FCCs and FFN in other SPAs in the county makes sense. The extra measures to engage the African American community in SPAs 1 and 6 resulted in greater numbers of participants in those SPAs. Additionally, the measures to target the Asian-American community in SPAs 3 and 7, particularly the FCC group, resulted in increased numbers of participants there. Programs and researchers still have work to do to gain the trust of these communities in order to increase participation rates.

TABLE 7. PERCENT OF SURVEY RESPONSES FROM LOS ANGELES COUNTY SERVICE PLANNING AREAS

SERVICE PLANNING AREA (SPA)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
SPA 1: Antelope Valley	10%	36%	22%
SPA 2: San Fernando Valley	23%	23%	40%
SPA 3: San Gabriel Valley	12%	5%	2%
SPA 4: Metro LA	8%	7%	6%
SPA 5: West	7%	<1%	4%
SPA 6: South	12%	16%	14%
SPA 7: East	22%	9%	6%
SPA 8: South Bay	7%	3%	5%
Unknown	0%	<1%	2%

As seen in Table 8, the distribution of FCC providers by race and ethnicity who responded to the survey resemble the distribution of FCC one would expect in Los Angeles County based on recent workforce data from the Center for the Study of Child Care Employment (CSCCE; Powell, Kim, & Montoya, 2021). The increased outreach to African American providers in this study resulted in a higher engagement of FFNs than previous work with FFNs (15% vs 28%; Harder and Company, 2014).

TABLE 8. RACE AND ETHNICITY OF SURVEY PARTICIPANTS

RACE / ETHNICITY	LA FCC (CSCCE)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
American Indian or Alaskan Native		1%	2%	2%
Asian or Asian American	13%	9%	2%	2%
Black or African American	19%	15%	28%	21%
Hispanic or Latino	43%	57%	58%	55%
Native Hawaiian or Pacific Islander		0%	<1%	1%
White or Caucasian	17%	13%	10%	19%
Multiple ethnicities	5%	2%	3%	5%
Not listed	4%	2%	<1%	1%
Prefer not to answer		6%	5%	5%

All participants were asked to report their primary home language. For all three groups, the primary home languages reported were English and Spanish. The next largest groups were Armenian for the FFN and Parent groups and Chinese for the FCC group. The primary language spoken by FCCs was similar to that reported by FCCs in Los Angeles County in the CSCCE data which reported 4% of FCCs with Chinese as a fluent language, 86% English, and 45% Spanish (Powell, Kim, & Montoya, 2021). While the 86% of FCC reporting English as a fluent language is higher than the 43% reporting English as their primary home language in this study, that closely matches the 40% who reported monolingual English fluency in the CSCCE study (See Table 9).

TABLE 9. PRIMARY HOME LANGUAGE

PRIMARY HOME LANGUAGE	LA FCC (CSCCE)*	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
English	86%	43%	68%	77%
Spanish	45%	43%	29%	14%
Armenian		4%	2%	6%
Chinese (Mandarin, Cantonese, Other)	4%	5%	<1%	<1%
Other	14%	5%	1%	3%

Note: The CSCCE study collected information on language fluency with participants reporting all languages in which they are fluent. Hence, the total percent across categories will be greater than 100% because participants may be fluent in more than one language. The HBCC landscape study collected information on the participants' primary home language.

The demographics in the table below show that the provider types are clearly distinct groups and as a result will need different levels of supports. Table 10 shows that while each group can be considered low-income, FCC providers in general are more resourced in partnerships, income, education, and home ownership compared with FFN providers and parents. Specifically, FFN providers are younger than FCC providers, less likely to be married/partnered, less likely to own their home, have lower levels of education, and lower levels of income (all comparisons at p<.001). FCC data mirrors that of the LA County FCC data reported by the Center for the Study of Child Care Employment (CSCCE).[20] The only variable that differed was highest level of education where the center reported 47% with some college or less, 23% with a two-year degree, and 30% with a BA or higher (compared with 59%, 17%, and 24% from this sample of FCCs, respectively). The sample from this landscape analysis seems to have a greater percentage with some college or less as compared with data from CSCCE.

TABLE 10. DEMOGRAPHICS OF THE SURVEY PARTICIPANTS

CHARACTERISTIC	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
Gender			
Female	97%	91%	97%
Male	2%	8%	3%
Non-binary	0%	<1%	0%
Prefer not to answer	1%	1%	<1%
Age	(n=719)	(n=436)	(n=686)
Average age	54 years old	49 years old	34 years old
Age range	25-82 years	19-80 years	19-68 years
Standard deviation	10.8	13.7	6.2
Marital Status	(n=732)	(n=417)	(n=641)
Married/partnered	69%	46%	25%
Unmarried/single	31%	53%	75%
Home Ownership	(n=770)	(n=446)	--
Own home	70%	25%	N/A
Rent home	30%	75%	N/A
Income	(n=617)	(n=385)	(n=646)
$35,000 or below	26%	79%	75%
$35,001 to $65,000	36%	14%	20%
$65,001 or more	38%	7%	5%
Highest Level of Education in US	(n=702)	(n=416)	(n=679)
Some college or less	59%	80%	71%
Two-year college degree (AA, AS)	17%	9%	10%
BA degree or higher	24%	11%	19%

Note: N/A-Home ownership was not asked of the Parent group in the survey.

20 https://cscce.berkeley.edu/publications/data-snapshot/demographics-of-the-california-ece-workforce/

National trends reveal that the percentage of FCC providers aged 50 and older has significantly increased from 2012 to 2019 (39% to 48%; Datta, Milesi, Srivastava, & Zapata-Gietl, 2021).

FCC providers with large licenses are often more resourced than those with small licenses and this is the case with education in the current sample and in prior research. The median education in the U.S. reported by FCCs was Some College, High School graduate or GED by FFNs, and Trade School by Parents. In this landscape analysis, FCCs with small licenses reported Some College or less as their highest level of education whereas FCCs with large licenses reported a BA degree or higher (p<.01).

In terms of age, FCC providers are typically older than FFN providers and the parents they serve. National trends reveal that the percentage of FCC providers aged 50 and older has significantly increased from 2012 to 2019 (39% to 48%; Datta, Milesi, Srivastava, & Zapata-Gietl, 2021). This is important to consider when developing programs and materials for FFN and FCC providers and the need to "meet providers where they are" to ensure information and resources are accessible and to understand that even the FCC population has distinct subgroups (large and small licenses) that may require different levels of support. Additionally, the national data (Datta, Milesi, Srivastava, & Zapata-Gietl, 2021) suggest a dire need for designing programs and policies to make the field attractive to younger workers as the field gains experience through age and wisdom but loses the younger workforce over time. Data tables with greater detail for many of the results in this section can be found in Appendix D.

More parents and FFN providers are in the lowest income categories as compared with FCCs (p<.001; see Appendix D for detailed analyses on income). FFN providers may align more closely with the parents they serve than with the FCC providers. Work by F5LA found similar results with 69% of FFN providers making less than $20,000 in a prior study (F5LA 2012). This is important to consider when creating programs to support the two provider groups. Additionally, even within the FCC group, this analysis found that more FCC providers with a small license have the lowest level of income compared with the FCC providers with larger licenses (who have greater percentages in the higher income level; p<.001; see Appendix D for detailed analyses on income). See Table 11. This also speaks to the current capacity of and supports needed by this subgroup of providers. Caution should be exercised while interpreting this income data given the non-response rates of 20% for FCCs and 16% for FFNs. However, this data aligns with the literature speaks to the vulnerability of FFN providers (Harder & Company, 2014) and FCCs with small licenses (NCECQA, 2020). Statewide data on FCC providers (Powell, Montoya, Austin, & Kim, 2022) shows that Transitional Kindergarten teachers with the same educational level as a typical FCC with a large license (BA degree) make 1.5-2 times the salary as the FCC providers. Finally, when asked to provide information about whether they rent or own their home, FCCs were more likely to report that they own compared with FFNs (X^2 (df=1, N=1,216) = 230.68, p<.001). These results demonstrate that FFN providers are the least resourced group of the child care landscape.

TABLE 11. TOTAL HOUSEHOLD INCOME OF FCC PROVIDERS IN 2021, BY LICENSE SIZE

INCOME LEVEL	ALL FCC (N=617)	SMALL FCC LICENSE (N=193)	LARGE FCC LICENSE (N=424)
$35,000 or below	26%	43%	19%
$35,001 to $65,000	36%	35%	36%
$65,001 or more	38%	23%	45%

To learn about the benefits to which providers may have access, they were asked if they currently receive resources including medical benefits, retirement savings, and paid time off. As seen in Chart 1, small proportions of each provider group report receiving each of the benefits. Out of all of the types of benefits queried, both groups had the highest percentage, about a quarter reporting that they receive health insurance. Nevertheless, these proportions are small and over 60% of each group reported not currently receiving any of these benefits. This is low compared with the 87% for FCCs reported by other research (Powell, Montoya, Austin, & Kim, 2022). However, many providers likely qualify for Medi-Cal or through a spouse/partner.

CHART 1. BENEFITS CURRENTLY RECEIVED BY EACH PROVIDER GROUP
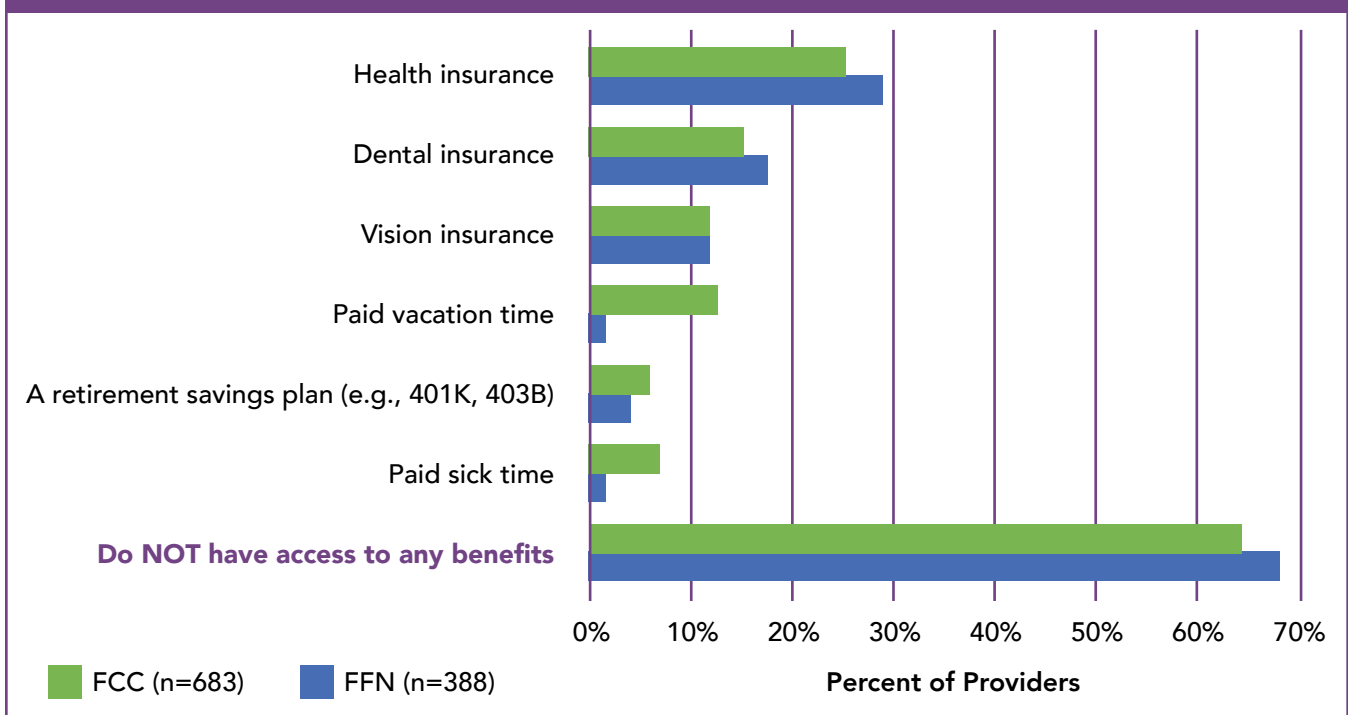
More than **60%** of all providers do not have access to any benefits.

HBCC Provider Tenure and Experience

FFN providers in the sample have less experience in caring for children other than their own as compared with FCC providers (see Chart 2). On average, FFNs have been taking care of children other than their own children for 9 years compared with FCC providers with an average of 19 years. The FFN providers in this sample receive child care subsidies and their length of child care experience may reflect that in their survey responses (half providing child care for less than five years, compared with almost 80% of FCCs providing care for more than 10 years). Similarly, prior research by F5LA found that a majority (65%) of FFN providers had five years or fewer experience providing child care (F5LA, 2012). National surveys find almost 70% of FCC providers have greater than 10 years of experience and this percentage increased between 2012 and 2019 (Datta, Milesi, Srivastava, Zapata-Gietl, 2021). California data from 2020 shows that 73% of FCC providers had greater than 10 years of experience, similar to results in this study (Kim, Austin, Montoya, & Powell, 2022). The data from this landscape analysis as well as national studies show the more fluid nature of FFN providers compared with the more long-term nature of licensed FCC providers and should factor into the development of programs and policies aimed at the two groups of providers.

Family Child Care (FCC) owners begin with small licenses and then some make the decision to take on greater complexity and apply for a larger license. As a result, those who have large licenses have a greater number of years of experience (p < .001) and have had their license longer than those with smaller licenses (p<.001). Those with large licenses have the capacity to care for more children, serving as a hub for more families in the community. As such, they spend more time in activities such as providing care, planning lessons, doing paperwork and other business practices than those with small licenses. In order to increase the child care capacity in our communities, supports may be needed for small FCC businesses to move to large licenses. More detailed group comparison analyses can be found in the Appendix D.

10

Providing Care for Over 10 Years

FCC – 79%
FFN – 29%

CHART 2. NUMBER OF YEARS TAKING CARE OF CHILDREN OTHER THAN THEIR OWN

Percent of Providers

FCC (n=756)   FFN (n=418)
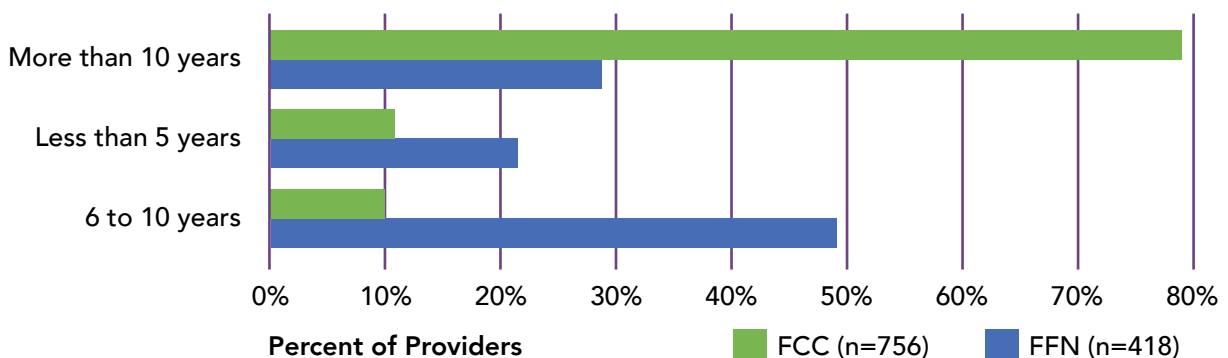
Hours of Operation

Home-based providers offer a wide range of hours of care, supporting the specific needs of families who may need child care outside of the standard 8 AM to 6 PM, Monday through Friday schedule. National surveys find that parents with lower income and single full-time working parents are most likely to need care during non-standard hours of care (Borton, Datta, & Ventura, 2021) and that home-based providers are more likely than center-based providers to offer these hours of care (NSECE, 2015). FFN and FCC caregivers provided information on their hours of care. Specifically, they were asked during what days of the week and what hours of the day children are in their care. Table 12 shows the percent of FFN and FCC who indicated that they had children in their care during the specified days and hours. An additional category, "Non-standard hours" was created for participants who indicated that they provided care during at least one of the following categories: Weekday Evenings, Overnight, or During Weekends. This categorization is based on the definition of non-standard hours in prior research (NSECE, 2015). As shown in Table 12 large proportions of FFN and FCC provide care during non-standard hours with 47% of FCCs and 60% of FFNs providing this. Additionally, 43% of parents reported using care during non-standard hours. Given the reliance of workers during non-standard hours in industries such as food, hospitality, entertainment, emergency and medical services, the HBCC workforce is a vital part of the infrastructure for these industries and should be supported and respected as such.

TABLE 12. HOURS OF OPERATION OFFERED BY EACH PROVIDER TYPE AND USED BY PARENTS

HOURS OF OPERATION	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
Weekday early morning (6am-8am)	75%	48%	45%
Weekday daytime (8am-6pm)	95%	85%	86%
Weekday evenings (6pm-12am)	36%	38%	26%
Overnight (12am-6am)	21%	13%	12%
Weekends	34%	45%	29%
Non-standard hours	47%	60%	43%

Note: Providers were asked to "select all that apply" for all categories other than non-standard hours, which was a code developed for providers who indicated they provide care during at least one of the following timeframes: evenings, overnight, or weekends (based on prior research).

Reasons for Providing Child Care

Providers were asked about their main reason for taking care of children. Results in this study align with prior research. For example, a needs assessment for license-exempt care in Los Angeles County conducted in 2014 yielded similar results with 52% of FFN survey respondents indicating that they chose to become a child care provider to assist a friend or family member (Harder & Company, 2014). However, other research by F5LA (2012) showed this to be lower at 30%. Changes over time in motivations of this group for providing care should be tracked. COVID-19 may have increased value for supporting close family and friends and strengthened this already existing value. Key informant interviewees' experience also validated the survey findings. Overwhelmingly, license-exempt providers cited the desire to help family or friends work as a reason for why they started taking care of children. This reason was selected by 75% of FFN completing a survey, as seen in Table 13, and the theme was present in three-quarters of the KII conducted with FFNS.

"My family needed extra assistance while [the child's mother] was trying to look for a job. And I volunteered to help her out."
– *English-speaking FFN*

TABLE 13. PERCENTAGE OF PROVIDERS REPORTING EACH REASON AS THEIR MAIN REASON FOR TAKING CARE OF CHILDREN

REASON FOR TAKING CARE OF CHILDREN	FCC (N=771)	FFN (N=456)
It is a personal calling or career	49%	7%
To have a job that lets provider work from home	15%	8%
To help the children's parents, own family members, or friends	14%	75%
To help their community	10%	1%
To help children	8%	2%
To earn money	2%	4%
It is a step towards a related career	2%	2%
Other	1%	<1%

When the survey results were presented to FFN providers in the community convening, most agreed that the data reflected their lived experience regarding the main reasons they started taking care of children and that the reasons FFNs take care of children may change over time. For example, many begin with the motivation to help friends and family and then a few decide to become licensed. In this landscape analysis, nearly a quarter of the FFN survey participants who do not plan on taking care of children in their capacity as an FFN within the next five years shared that they have plans to become licensed. In addition, in a trip to learn about child care programs implemented in New York City, the programs operating there found that 25% of FFN providers moved from license-exempt care to obtaining a license. The trip to New York is discussed in greater detail in the Research Question 6 section in this report.

Findings from the focus groups conducted with FCCs aligned and may help contextualize the survey findings. In the focus groups the most frequently cited reason across all language groups for why family child care providers started taking care of children was to be able to earn income and to stay home with their own children. Although not asked explicitly in the survey, FCCs who indicated that the main reason they started taking care of children was so that they could have a job that afforded them the opportunity to work from home may have wanted to work from home in order to take care of their own children. Furthermore, many of the FCCs had prior experience in early care and education before taking care of children as an FCC. These findings diverge from those of a national study (Bromer, Melvin, & Ragonese-Barnes, 2021) where the top reasons for providing care was to work with children (58%; more likely to be endorsed by white providers). Whereas only 19% in that study stated that the rewards of the work come from a "calling" to make a difference (more likely to be endorsed by black providers in that study). Motivations may differ across communities.

The idea that motivations to provide care may change over time was also endorsed by FCC providers in the community convenings. For example, an FCC may begin taking care of children because their own children are young and they want to stay home while earning income and then realize this is their calling and they wish to make it a formal career. Feedback from community convenings with program partners who work with providers agreed that FFN providers align with the motivation to care for families while FCC providers are more motivated with a career mindset.

In addition to learning about why providers take care of children, the landscape analysis sought to also learn why FCC providers decide to get licensed. FCC providers were also asked why they decided to get a license. Wanting to have their own business, being able to increase their ability to make greater income, and to legitimize their business surfaced as the three most frequently cited reasons for becoming licensed.

"I wanted to stay home with and take care of my children when they were little. But I knew I needed something to do, you know, to make money. So, I just decided to open up an in-home daycare."
– *English-speaking FCC provider*

"I got licensed because it's a business and to be taken serious as a professional, you have to be licensed. And to be able to be paid what you want to be paid, it's best to be licensed."
– *English-speaking FCC provider*

"I got my license because I think that's one of the qualities that parents look for versus just looking for a babysitter. I think sometimes parents want, you know, the background checks and stuff like that and the regulations that come with home daycares."
– *English-speaking FCC provider*

"Finding qualified staff. And being able to pay the staff, because it's difficult to be able to compete with Target, and Del Taco when they pay in $18 an hour and you don't need a high school diploma or whatever. And they're offering benefits. It's hard for us to compete. And we want staff in our facilities that have some sort of child development background or knowledge to where they understand why children behave the way they do when they understand how to foster language development, when they understand how to get a picky eater to try something new. So it's difficult when we don't receive the money that we're worth, or that we should be getting, and we have to pay somebody else. So then it's like, we ended up making less than minimum wage, but we can't compete with finding qualified employees. So to me, that's the biggest resource that we need as a small business."
– *Spanish-speaking FCC provider*

These differences in motivations are key to understanding how to approach supports and services for these two distinct populations of caregivers. If one's motivation is centered around supporting loved ones, a family support model will likely need to be considered, particularly for the FFN population. In contrast, if one's motivation for work is to have a home-based business, support the community, and/or the work is seen as a personal calling or career, the supports and services would need to consider a more long-term, career or business model. The former model would likely benefit FFN providers while the latter would more likely benefit FCC providers.

In a report submitted to F5LA by Duane Dennis (2022) as part of the work in F5LA's strategy to learn more and understand home-based child care in Los Angeles, recommendations were suggested that align with the concept that FFN providers view their work as family support. Programs that may work well for FFN providers may align better with the family support model, including through Home Visitation, Play and Learn Groups, and distributions of resources. In this report, an example from New York City was highlighted in which FFN providers who receive child care subsidies are required to register with WHEDco (Women's Housing and Economic Development Corporation), engage in 5 hours of pre-service training and receive home/monitoring visits. Providers are offered a wide range of supportive services including training and technical assistance, enrollment and assistance with the Child and Adult Care Food Program (CACFP), and grants and supports for meeting building code requirements. This group goes beyond an "educational" model of support to ensure the providers' basic needs are met, knowing they are often in great need, much like the families they serve. For example, food cards to address food insecurity, financial assistance, mental health services, and technology supports including internet and devices are provided. This holistic approach with a family support model may be more effective in providing what is needed by FFN providers. The report by Duane Dennis also described the David and Lucile Packard Foundation's 10-year commitment to FFN providers across California that started in 2014. These projects uniquely address the needs of specific communities. For example, digital devices and technology supports for providers to access professional development and resources, virtual playgrounds and storytimes, virtual peer support, cash assistance for cleaning supplies and tools for child well-being, home visitation and remote support for South-East Asian, Slavic, and Arab communities, and COVID-19 supports were offered.

Assistants in Child Care Work

Whether home-based child care providers have assistance in the work that they do in taking care of children was also explored. In California, family child care providers with large licenses are required to have an assistant. In past research on FCCs in California, Muenchow, Pizzo, Zhang, and Harper (2020) reported that 75% of FCC homes that are part of California's contracted networks are programs with large family child care licenses and thus required to have an assistant, compared with the overall state percentage of all FCC programs with large licenses (42%). Similarly, the Erikson Institute (Bromer, Porter, Melvin, & Ragonese-Barnes, 2021) reported that 52% of current FCC providers employed an assistant. Given that 64% of these assistants were relatives of the provider in that sample, it also affords additional employment and income opportunities to the family. In the current study, a small percentage of FFN reported that they have help in their child care activities (10%). A higher percentage of FCCs reported having assistance (78%) with a greater percentage of FCCs with large licenses reporting they have help than those with small licenses. See Table 14. Of the FCCs with small licenses who have assistance, 35% do not pay for this help.

TABLE 14. PERCENTAGE OF PROVIDERS WHO HAVE ASSISTANCE IN THEIR WORK WITH CHILDREN

HAVE HELP WITH CHILD CARE	HAVE HELP	DO NOT HAVE HELP
FFN (n=457)	10%	90%
All FCC (n=758)	78%	21%
FCCs with small licenses (n=229)	48%	52%
FCCs with large licenses (n=529)	92%	8%

While having an assistant is required in California for FCCs with large licenses, challenges with having personnel emerged in the FCC focus groups. Throughout the focus groups, the themes of challenges in recruiting, retaining, and being able to afford qualified staff and the implications of those challenges emerged. Providers discussed having to let go of staff because they could not afford them with the lower enrollment FCCs faced during the pandemic, while others did everything possible to keep qualified staff even though it was a financial burden. Having to compete with employers that offer more pay or benefits than the FCCs could offer was also a challenge, even after the height of the pandemic.

When the results were brought to FCCs in community convenings they were generally not surprised by the findings. For many, like reported by Bromer et al. (2021), spouses often serve as an assistant and work with the children, clean, do chores, prepare and serve food, and provide transportation. About half of the providers attending the community convenings had family members help support their businesses. There was also agreement with the result that finding and retaining qualified staff is becoming an increasingly significant challenge.

"So, if you cannot find or pay someone, you know, good amount or if you cannot find good help or assistant, it is really major issue. And then you get burnout too. Because all day working with kids, you know, sometimes we have problems too. We have other issues too. So yeah, it's really hard then to manage with the kids. We have good days bad days, you know, so we all are humans. So yeah, it's a really hard issue."

– English-speaking FCC provider

Demographics of the Children Served by HBCC Providers

Understanding who home-based child care providers in Los Angeles serve is also important in order to support HBCC providers serve and meet the needs of the children and families in Los Angeles County. As such, the FFNs and FCCs who completed the survey were asked to provide demographic information about the children they serve. Results show that the HBCC providers serve diverse populations of children in terms of age, abilities, and race and ethnicity. As seen in Table 15, 89% of FCCs and 47% of FFNs serve children in more than one age group. The proportions of FCCs who serve infants, toddlers, and preschoolers is greater than FFNs who serve those age groups. The proportion of FCCs and FFNs who serve school-age children does not differ.

TABLE 15. PERCENTAGE OF PROVIDERS SERVING SPECIFIC AGE GROUPS OF CHILDREN AND AVERAGE NUMBERS SERVED PER AGE GROUP

AGE GROUP SERVED	FCCS SERVING AGE GROUP (N=775)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP	FFNS SERVING AGE GROUP (N=459)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP
Infants (0-12 months old) / Toddlers (13-36 months old)	88%	2	38%	1
Preschoolers (3-5 years old, not yet in kindergarten)	88%	3	48%	1
School-age children (5 years and older)	77%	4	73%	2
Serve at least one child 0-5 years old	96%	-	67%	-
Serve more than one age group	89%	-	47%	-

Although both groups, FCCs and FFNs serve diverse groups of children, there were significant differences in the percentages of FCC and FFN who serve children with special needs, are dual language learners, and have child care assistance. More FCC than FFN providers serve children with special needs (39% and 16%, respectively), who are Dual Language Learners (DLL) (77% and 35%, respectively) or whose care is subsidized (72% and 52% respectively). See Table 16. See Appendix D for age groups of children with special needs that providers serve.

TABLE 16. CHARACTERISTICS OF THE CHILDREN SERVED BY HBCC PROVIDERS

AGE GROUP SERVED	FCCS SERVING EACH GROUP	FFNS SERVING EACH GROUP
Serve children with special needs (n=1,226)[1]	39%	16%
Serve Dual Language Learners (DLLs) (n=1,228)[2]	77%	35%
Serve children with child care assistance (subsidy) (n=1,212)[3]	72%	52%

[1] $X^2 (1) = 71.49$, $p<.001$
[2] $X^2 (1) = 211.83$, $p<.001$
[3] $X^2 (1) = 46.88$, $p<.001$

HBCC providers were asked about the languages they speak when taking care of children, the primary home languages of the children they serve, and the race and ethnicity of the children in their care. Chart 3 illustrates the linguistic diversity of the HBCC providers and the children they serve. A majority of both FCC and FFN use English in their care for children with 89% and 85% reporting this, respectively. More FCC (57%) than FFN (44%) reported using Spanish in their care of children. In addition, more FCC (56%) than FFN (32%) reported using multiple languages in their care for children. This may be a reflection of the status of FCC as a business who serve children from multiple families compared with FFN providers who typically take care of their own children and children from one other family (particularly if they are subsidized, as that is the requirement from the state of California[21]).
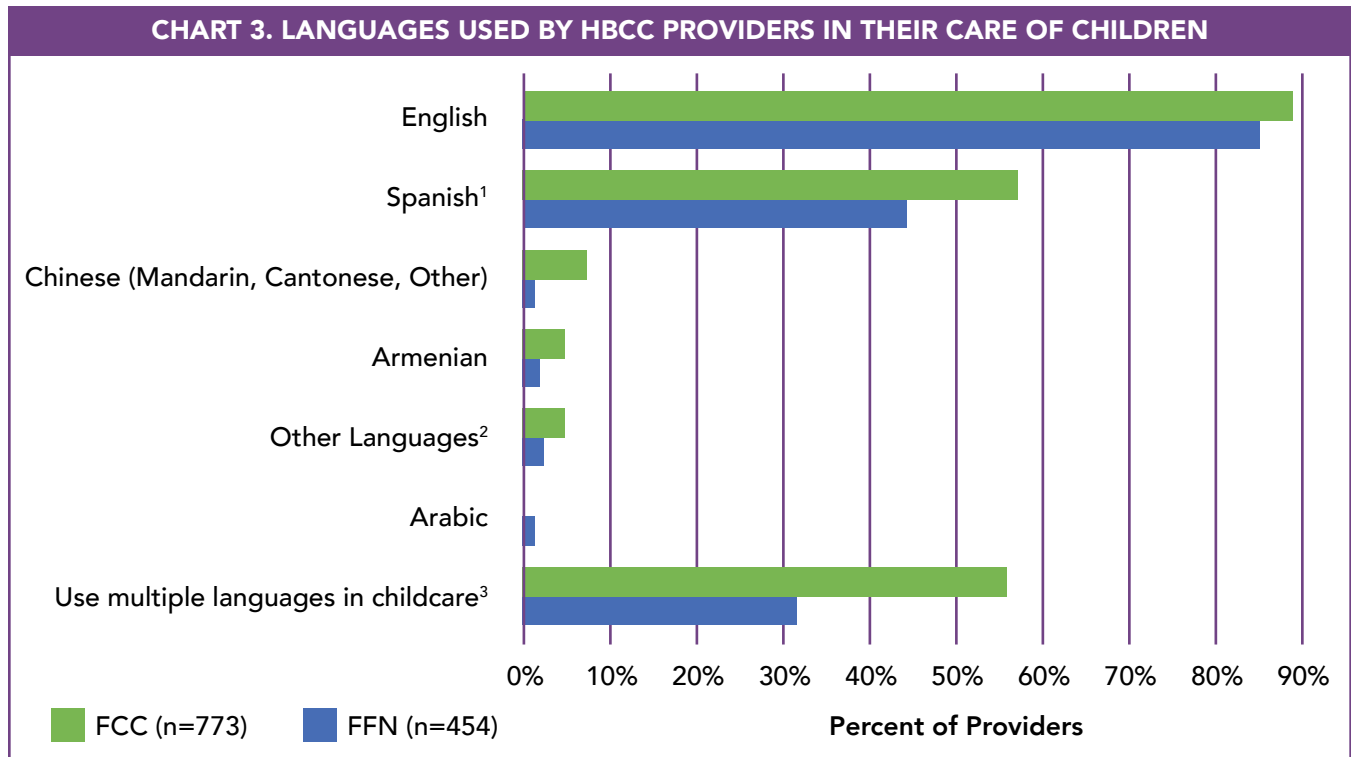
CHART 3. LANGUAGES USED BY HBCC PROVIDERS IN THEIR CARE OF CHILDREN

FCC (n=773)   FFN (n=454)   Percent of Providers

Note: Response option was "select all that apply" and percentages within groups may be over 100%.
[1] X^2 (1) = 17.85, p<.001
[2] Other languages include French, German, Korean, Russian, and Tagalog
[3] X^2 (1) = 68.39, p<.001

In terms of language of the children they serve, 90% of FCC and 95% of FFN serve children whose primary home language is English, followed by Spanish with 72% of FCC and 46% of FFN reporting this (see Chart 4). A significantly greater percentage of FCC providers reported serving children with Spanish as their primary home language and serve multiple language groups of children than the FFN group.
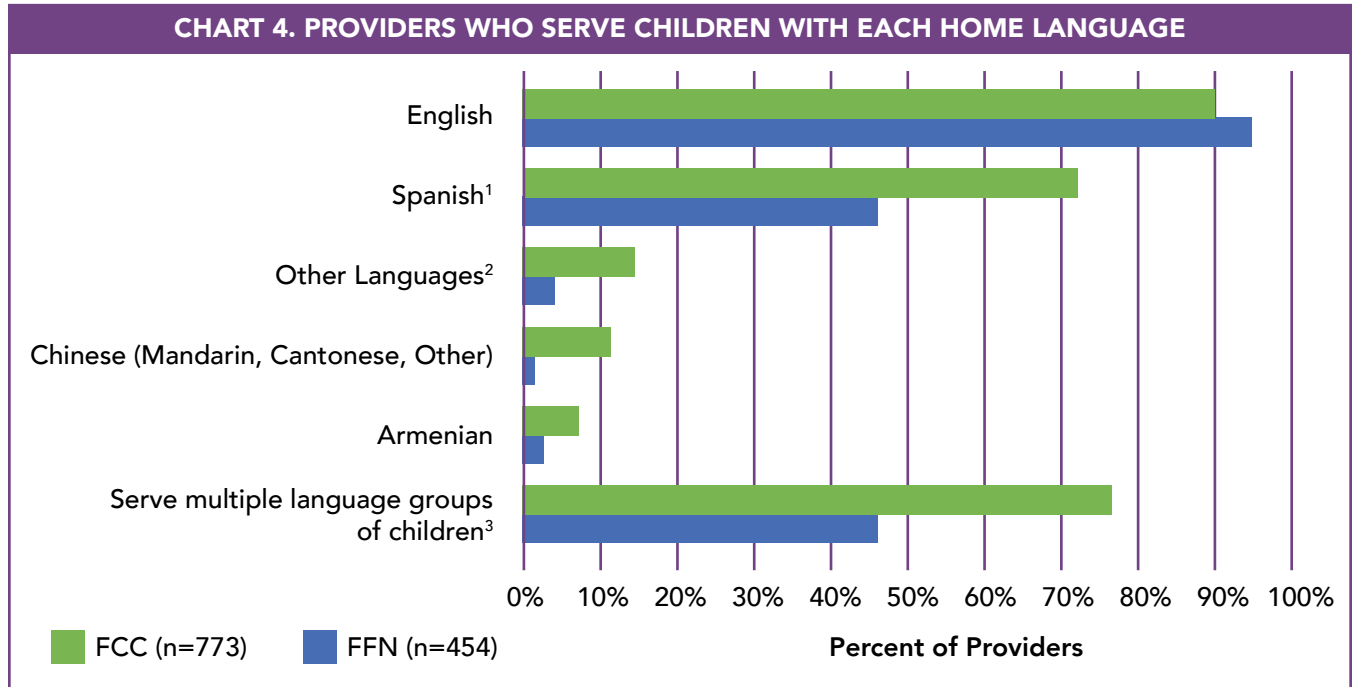
CHART 4. PROVIDERS WHO SERVE CHILDREN WITH EACH HOME LANGUAGE

FCC (n=773)   FFN (n=454)

Percent of Providers

Note: Response option was "select all that apply" and percentages within groups may be over 100%.
[1] $X^2 (1) = 17.85, p<.001$
[2] *Other languages include French, German, Korean, Russian, and Tagalog*
[3] $X^2 (1) = 68.39, p<.001$

A recent report on supporting FCCs as they serve Dual Language Learners and their families provides a number of key recommendations (Zepeda, 2022). Some of these include: 1) funding translation and interpretation services and building staff capacity to ensure equitable access to information, resources and services, 2) funding staffed FCC network models or family navigator models in FCC networks, 3) incentivizing participation of non-English speaking FCC providers in professional development, 4) funding and providing technical assistance to support technology use to access information and professional development, and 5) funding initiatives that require building regional and cross-sector collaborations.

As seen with the language data, home-based child care providers serve children with multiple race backgrounds. Also similar to the language data, the FCC group served more children from multiple backgrounds as compared with FFN providers (see Chart 5). The FFN reporting of racial background of children matches the parent reports of their own background (e.g., 55% Hispanic/Latino, 21% Black/African American, 19% White/Caucasian). Given the large percentage of FFN providers who are close relatives of the children they care for (92%), this seems logical. As stated previously, this data points to how distinct the two HBCC provider populations are with FCC providers serving demographics that reflect their client base, and serving a greater diversity in children and families, as reflected by their status as a business. This is in

comparison with FFN providers who are frequently an extension of the family they serve. It should be noted that asking the provider to report on the racial background of the children in their care may introduce bias if the provider does not intimately know the family (as is often the case with FCC providers) or if they do not collect enrollment forms with this information (some FCC providers do).

CHART 5. HBCC PROVIDERS WHO SERVE CHILDREN OF EACH RACIAL/ETHNIC GROUP

FCC (n=775) FFN (n=459)

Percent of Providers
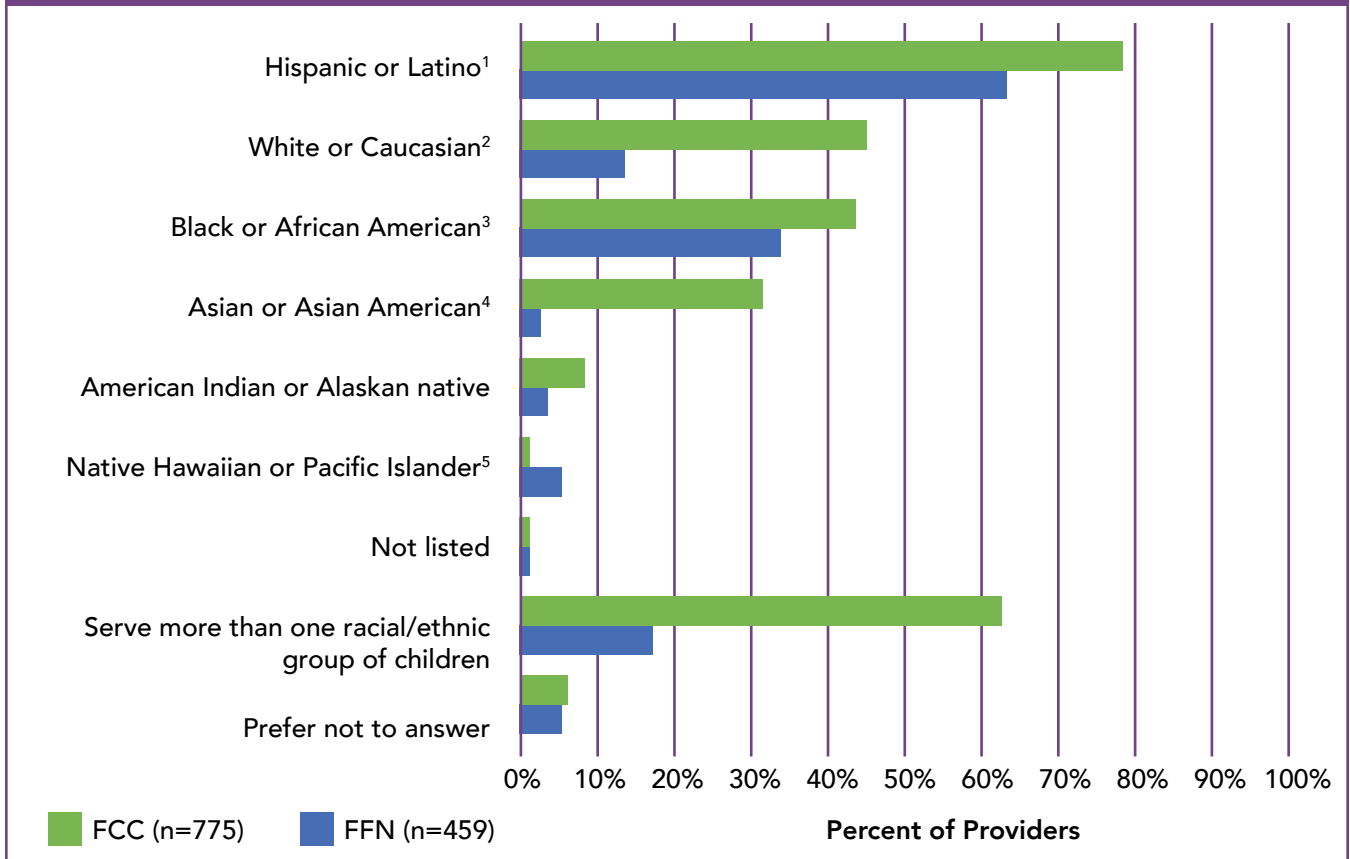
[1] $X^2 (1) = 32.52, p<.001$ [3] $X^2 (1) = 8.99, p<.01$ [5] $X^2 (1) = 13.17, p<.001$
[2] $X^2 (1) = 139.51, p<.001$ [4] $X^2 (1) = 149.18, p<.001$ [6] $X^2 (1) = 16.77, p<.001$

RESEARCH QUESTION 2: How do Los Angeles County's HBCC providers currently access resources, services, and support?

Participation in Professional Development

This landscape analysis sought to learn about the professional development and other supports that HBCC providers access and challenges they face in accessing resources. The data in Table 17 represents FCC and FFN participation in professional development programs at any point, including when responding to the survey. Given the relationship between license size and other factors such as amount of time in the field and having an assistant to run the program, we expected to see some differences in participation by license size type with more FCCs with a large license having greater participation in professional development programs than FCCs with a small license. As such, percentages of FCC providers in each professional development program are presented for the whole FCC group, by license size, and for the FFN group.

Overall, more FCC than FFN participated in professional development programs. Furthermore, larger percentages of FCCs with large licenses reported participation in all programs as compared with FCCs with small licenses, except the Child Care Initiative Program (CCIP). This data was not surprising to providers during community convenings but was more surprising to some agencies that serve providers.

TABLE 17. PERCENTAGE OF HBCC PROVIDERS WHO HAVE PARTICIPATED IN PROFESSIONAL DEVELOPMENT PROGRAMS

PROFESSIONAL DEVELOPMENT PROGRAM	FCC (N=775)	FCC SMALL LICENSE (N=234)	FCC LARGE LICENSE (N=541)	FFN (N=445)
Participate in the Union (SEIU) (n=760)	52%	35%	58%	-
Family Child Care Home Education Network (FCCHEN)[1]	24%	12%	38%	-
California Early Care and Education Workforce Registry[2]	21%	12%	24%	2%
Emergency Child Care Bridge Program for Foster Children[3]	21%	12%	24%	<1%
Early Head Start – Child Care Partnership (EHS-CCP)[4]	18%	11%	21%	-
Quality Start Los Angeles (QSLA)[5]	17%	7%	22%	-
Workforce Pathways Stipend Program	15%	12%	17%	3%
Gateways[6]	11%	7%	12%	-
Child Care Initiative Program (CCIP)	9%	10%	8%	3%
Quality Start Los Angeles Dual Language Initiative (DLL)[7]	5%	<1%	7%	-
None of the above (excluding Union participation)[8]	36%	52%	28%	92%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

Differences between FCCs with small and large licenses:

[1] $X^2 (1) = 27.81, p<.001$ [3] $X^2 (1) = 14.01, p<.001$ [5] $X^2 (1) = 25.74, p<.001$ [7] $X^2 (1) = 10.30, p<.001$

[2] $X^2 (1) = 15.50, p<.001$ [4] $X^2 (1) = 12.75, p<.001$ [6] $X^2 (1) = 4.96, p<.05$ [8] $X^2 (1) = 41.01, p<.001$

"What I use is [local R&R] and [local R&R]. And I just got onto [another R&R] for their Bridge Program that's for that, you know, the foster care children. So, I've been getting, like, a lot of resources and stuff through them, you know, different classes that they'll send to me via email to take and, you know, you can add them on to the – is it that registry? I forgot the name of it. But I'm also you know, I take classes and stuff, I'm very resourceful. The [R&R], they sent a lot of information, you know, they tell you to come down, you can pick up like different material and maybe books. Sometimes they'll give you like, furniture if you're on that the FCCHEN program, they'll give you that and whatever you need."

– English-speaking FCC provider

"I'm with Head Start, so we're blessed with a coach for whatever we need. They're always there, to have support, or to help us to do things better. If we need something, they're also supportive with materials, for things we don't have in the center or daycare. Not just Head Start, but I'm also with Mission College. Workshops, the workshops that they bring to help us prepare more. Every program I've been in has always given us support for the kids and parents."

– Spanish-speaking FCC provider

In addition, FCC and FFN shared about their participation in specific types of professional development activities such as participating in workshops, receiving coaching, and taking a course at a college or university about caring for children within the prior 12 months. The greatest amount of participation reported in the survey and in focus groups and interviews was in workshops, webinars, and trainings with 57% of FCCs reporting participation and 10% of FFN reporting this. Overall, more FCCs than FFN reported participation in professional development activities and more FCCs with large licenses than with small licenses reported participation. See Table 18 for the results from the survey. A consistent trend across the prior questions and this set of questions is that larger percentages of FCC providers with large licenses engage in professional development programs and activities compared with FCCs with small licenses. As stated previously, providers with a large license may be resourced in unique ways (e.g., employ an assistant, have more business income, have different motivations, etc.) that may enable or facilitate participation in professional development programs and activities. New programs and supports should account for these groups differences and not treat FCC providers as a single, monolithic group.

Finally, an interesting difference between survey and other data collection methods was that 33% of FFNs in interviews reported participation in workshops compared with 10% from the survey. This may be due to multiple factors. Several FFN who participated in the interviews shared that they participate in workshops relevant to child care through their own role as parents or their own professional role, that is a career role typically outside of child care. For example, several FFNs shared that they have participated in parenting classes offered through their children's school and in one example an FFN participated in professional development in her role as a promotora, a community worker who provides health information to the community. Another factor may be selection bias – those who engage in more intensive research activities such as participation in the FFN interviews for this landscape analysis may be more likely to also engage in professional development activities.

TABLE 18. PROVIDER PARTICIPATION IN PROFESSIONAL DEVELOPMENT ACTIVITIES IN PRIOR 12 MONTHS

ACTIVITY	FCC (N=775)	FCC SMALL LICENSE (N=234)	FCC LARGE LICENSE (N=541)	FFN (N=448)
Workshop, webinar, or training session[1]	57%	45%	62%	10%
Health and safety training[2]	43%	37%	46%	5%
Coaching[3]	20%	9%	25%	3%
Enrolled in a course on working with children of different races, ethnicities, and cultures	14%	12%	15%	12%
Took course about caring for children at a college or university	12%	11%	12%	4%
Participated in a Home Visitation Program[4]	8%	4%	10%	1%
None of the above[5]	23%	31%	20%	72%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.
Differences between FCCs with small and large licenses:
[1] $X^2 (1) = 18.83, p<.001$ [3] $X^2 (1) = 24.30, p<.001$ [5] $X^2 (1) = 11.94, p<.001$
[2] $X^2 (1) = 5.50, p<.05$ [4] $X^2 (1) = 7.86, p<.01$

A particularly striking result is that 72% of FFN reported that they did not participate in any of the professional development activities queried about compared with 23% of FCCs. FFN discussions in the key informant interviews and community convening shed light on reasons for FFN's lack of participation in professional development activities including lack of time and not wanting professional development when FFNs do not view child care as a career. This is discussed in more detail in the section on challenges accessing supportive services and professional development in this report.

Prior research has shown that professional development, including outreach, needs to be conducted in ways that are tailored to the unique circumstances of FFN providers. Shivers, Farago, and Yang (2016) found that high participation rates and improvement in quality of care was linked to specific program implementation methods. Specifically, hiring staff that are bilingual and bicultural and share the same cultural heritages as most of the participants, outreach based on natural connections where caregivers congregate (schools, faith-based organizations, libraries and community centers), flexible and customized program that meet the needs of specific providers. FFN providers are distinct from FCC providers and will require different methods for improving quality of care and supporting their needs. For the subset that may move toward becoming licensed, they may gradually take on methods of professional development offered to those who are licensed. This may result in a continuum of services offered that fit the unique needs of where providers are in their journey.

"At [the R&R]. Where I live, they cover the area I live in, they also give trainings with being a better provider, personal for the provider, child development, how to implement more activities with the child. To have children be interested with activities. Personal care and also with children. It's the only agency I've worked with, when I went to [the local community college], they also teach you how to care of children, what activities to do with kids, questions with nutrition for children."
– Spanish-speaking FCC provider

"I was receiving internet courses with [the local R&R]. I was in workshops to learn a little more. I took courses in caring for children, about 4 classes, I think. Also, how to do little things with children, with soap, cotton, lots of things, they were going to send a flyer about activities for kids. So that the children are kept busy."
– Spanish-speaking FCC provider

Challenges Accessing Supportive Services and Professional Development

Challenges in accessing supportive services and professional development were explored in the surveys, KIIs, and focus groups. While greater percentages of FCCs access supportive services and professional development than FFNs as seen in Table18, greater percentages of FCCs reported challenges in accessing the resources than FFNs as seen in Table 19. With the exception of the cost of the services and not knowing where to go when help is needed, significantly greater percentages of FCCs than FFNs reported challenges. The lower percentages of FFNs reporting challenges may have to do with the percentages of FFN who are trying to access resources and professional development. If they are not trying to access the resources and professional development, they may not encounter any challenges.

In terms of the top challenges reported, in prior research time/day of and cost were cited as top challenges for California FCC providers (California Child Care Research Partnership Team, 2016). In the current landscape analysis lack of time was the greatest challenge for FCCs and FFNs (See Table 19). Within the FCC group, more FCCs with large licenses reported lack of time as a challenge (X^2 (df=1, N=757) =6.94, p<.01) whereas FCCs with small licenses reported the costs of the services (X^2 (df=1, N=78) =4.286, p<.05) and the benefits do not outweigh the challenges (X^2 (df=1, N=757) =9.39, p<.05). This aligns with other results in this report suggesting that FCCs with small licenses may be at a greater disadvantage economically than FCCs with large licenses. During community convenings, providers and agencies that work with FCCs mentioned the need to incentivize professional development opportunities. As such, methods to address barriers should be tailored to unique circumstances and backgrounds of providers.

TABLE 19. CHALLENGES IN ACCESSING SUPPORTIVE SERVICES AND PROFESSIONAL DEVELOPMENT

HAVE HELP WITH CHILD CARE	FCC REPORTING CHALLENGE (N=775)	FFN REPORTING CHALLENGE (N=459)
Lack of time[1]	50%	36%
Not offered at a convenient time or location[2]	45%	22%
Cost of the services	22%	21%
Not knowing where to go when in need of help	15%	16%
Transportation[3]	5%	10%
Technology challenges[4]	18%	8%
Benefits of participating are not enough[5]	13%	6%
Service or training not offered in own language[6]	13%	4%
Nothing prevents them from accessing services or professional development[7]	18%	30%
Not listed	<1%	1%
Missing/No response	2%	2%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.
[1] *X^2 (1) =20.80, p<.001*   [3] *X^2 (1) =11.73, p<.001*   [5] *X^2 (1) =14.77, p<.001*   [7] *X^2 (1) =25.33, p<.001*
[2] *X^2 (1) =69.25, p<.001*   [4] *X^2 (1) =24.98, p<.001*   [6] *X^2 (1) =28.57, p<.001*

The top challenge in accessing supportive services and professional development that FCCs reported in the survey was congruent with what they shared in the focus groups-difficulties in having the time to participate, particularly when FCCs work 7 days a week and during non-traditional hours. In the KIIs, FFNs shared the many competing priorities that they have in their lives while trying to balance their own family obligations, sometimes having to choose what to attend to.

"Because I am also involved in UPAS is for parents through my child's school. They have meetings twice a week and by me assisting the meetings my daughter gets credits. Sometimes the trainings schedules are the same days as the meetings and I can't be in both. And sometimes, because I have two children and both of my children are in the UPAS program but in different schools. So sometimes I'm on the computer in one meeting and on the telephone in the other at the same time."
– Spanish-speaking FCC provider

"Sometimes it's just the time. Having the time to do it, especially for those that are, like, 24 hours and, you know, I'm 24 hours, five days a week, but that takes up the whole week, you know? So, a lot of times the meetings are in the evenings or whatnot, and you can't do it, but most times, oftentimes, it's the time."
– English-speaking FCC provider

55

To glean further information on the challenge of the service or training not being offered in own language, information on primary language for HBCC who reported that challenge in the survey was reviewed. For both the FCC and the FFN groups, those who indicated Spanish as their primary language reported challenges (69% of FCCs and 77% of FFNs) in accessing training or services in their language (Table 20). In the FCC group, an additional 21% of providers reporting language as a challenge have Chinese (Cantonese, Mandarin, or Other) as their primary home language. Similarly, of the FFN in the KIIs who reported language as a barrier in accessing supportive services and professional development, all spoke Spanish or Mandarin.

TABLE 20. LANGUAGE OF HBCC PROVIDERS REPORTING LANGUAGE AS AN ACCESS CHALLENGE FOR SUPPORTIVE SERVICES AND PROFESSIONAL DEVELOPMENT

PRIMARY HOME LANGUAGE	FCC REPORTING CHALLENGE (N=100)	FFN REPORTING CHALLENGE (N=17)
English	3%	6%
Spanish	69%	77%
Chinese (Cantonese, Mandarin, Other)	21%	0%
Korean	4%	0%
Armenian	2%	6%
Farsi	1%	6%
Hindi	0%	6%

"What has me concerned is that in order to have a day care or take care of children we have to have some fluency in English because of the exams that one has to take."
– Spanish-speaking FFN provider

"I see an email problem with English only resources. For CDE information or resources, I feel translated materials are less and I'm afraid of the information not being correct. I'm not sure where to find all the difference resources because of language."
– Mandarin-speaking FCC provider

A theme that emerged in the KIIs with FFNs for why they do not access supportive services and professional development was that FFNs have a great deal of previous experience in taking care of children, including their own and may not feel they have a need for additional supportive services and professional development.

"I'm not interested in them [the trainings and other resources] because it's my grandkids. So, it's not like I'm doing this for a job, I mean it's my grandkids."
– English-speaking FFN provider

Receiving Information – Current Methods and Preference of Providers

To learn more about how HBCC providers receive information and who they receive it from, HBCC providers were asked to report on who they receive information from on supports, services, and professional development opportunities. The analysis showed that FCC providers learned of opportunities through the R&R agencies, workshops, webinars, and conferences, and through the Union. The preferred modality is through e-mail with 83% of FCCs reporting this, followed by the R&Rs (39%), and workshops, webinars, and conferences (34%). See Table 21. Feedback during the community convenings validated these survey findings. Discussions in focus groups with FCCs reflected the preference to receive information by email. Most of this discussion focused on how busy providers are and receiving emails allows them to attend to the messages when they are able to and receive the information in a timely manner.

TABLE 21. HOW FCCS RECEIVE AND PREFER TO FIND OUT ABOUT RESOURCES ON CARING FOR CHILDREN, PROFESSIONAL DEVELOPMENT OPPORTUNITIES, AND SUPPORTIVE SERVICES

METHOD OF COMMUNICATION	WHERE / HOW FCCs RECEIVE (N=768)	WHERE / HOW FCCs PREFER TO RECEIVE (N=768)
Through email	64%	83%
Through R&R agencies	55%	39%
Through workshops, webinars, and conferences	41%	34%
SEIU (union)	35%	19%
Through social media (websites, blogs, Facebook, etc.)	34%	21%
Word of mouth	26%	5%
Peer support	15%	3%
Coach or mentor	12%	7%
Professional groups	12%	7%
Colleges and universities	7%	1%
Home visitation programs	4%	1%
Play and learn programs	2%	2%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

The top preferences for receiving information about supports, resources, and professional development for FFN providers are through email (87%) through social media (19%) and through workshops, webinars, and conferences (17%), which is similar to how FFNs are already receiving information. See Table 22. FFN preferences differ from that of FCC providers. While both prefer to receive information via email (greater than 80% of providers in each group), FCC providers are much more likely to desire information from R&R agencies and through workshops/conferences. This may again be a reflection of the fact that FCC providers are more likely to see themselves as a business and connected to professional groups and agencies such as R&R agencies, unions, and trainings. Consideration of how to reach FFN providers will be a vital part of the next steps in developing policies and programs for all providers in LA County.

TABLE 22. HOW FFNS RECEIVE AND PREFER TO FIND OUT ABOUT RESOURCES ON CARING FOR CHILDREN, PROFESSIONAL DEVELOPMENT, AND SUPPORTIVE SERVICES

METHOD OF COMMUNICATION	WHERE / HOW FFNs RECEIVE (N=459)	WHERE / HOW FFNs PREFER TO RECEIVE (N=459)
Through email	56%	87%
Through social media (websites, blogs, Facebook, etc.)	29%	19%
Through workshops, webinars, and conferences	11%	17%
Through R&R agencies	11%	11%
Word of mouth	23%	9%
SEIU (union)	7%	8%
Peer support	4%	1%
Professional groups	3%	2%
Colleges and universities	3%	3%
Play and learn programs	2%	5%
Home visitation programs	1%	1%
Coach or mentor	1%	1%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

To further learn about resources and supports HBCC providers have access to, they were asked who they reach out to when they need to talk about something related to their work in caring for children. FCCs providers (58%) indicated that they reach out to another child care provider while FFNs were more likely to reach out to a family member (69%). See Table 23. Given the high percentage of FFNs who completed a survey that take care of a child who is related to them, it is possible that the person the FFN goes to is the child's parent or guardian and this was confirmed by FFN providers during the KIIs.

TABLE 23. PERSON TO WHOM HBCC PROVIDERS REACH OUT FOR INFORMATION RELATED TO THEIR CHILD CARE WORK

SOURCE	FCC (N=771)	FFN (N=452)
Another childcare provider	58%	15%
Family member	46%	69%
Friend	32%	27%
Coach, specialist, or other agency staff	34%	8%
Clergy, religious, or community leader	6%	5%
I don't have anyone to reach out to	7%	13%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

"And then I have friends that have like, grandkids and may have autism or whatever that tell me about stuff too- things that they take, and then things that I might be interested in. And then I have, like I say, my friends- we're all grandmothers. So, we speak amongst ourselves and decide, you know, if there's a problem we kind of talk it out with each other to see "what do you think about this?" And we do that too."
– English-speaking FFN provider

"Sometimes I have friends that have kids, too. So sometimes if I like, have a question why, like, you know, "is this, like, how baby sleeping pattern works" or, you know, certain things like I would ask them."
– English-speaking FFN provider

Professional Development Topics of Interest

Providers were asked to identify up to three topics about which they would be most interested in receiving training, coaching, or information. Both groups of HBCC providers had the same top three topics: child development, behavior management and guidance, and curriculum (for FCCs) / activities for children (for FFNs). Similar results were found in a prior study of FCC providers (California Child Care Research Partnership Team, 2016) and a prior study of FFN providers (Harder & Company, 2014). There were group differences with significantly greater percentages of FCC than FFN expressing an interest in receiving training, coaching, or information on child development, improving the quality of the care provided, caring for infants and toddlers, working with DLL children, working with children with special needs, trauma informed care, and working and communicating with parents. In addition, a greater proportion of FFN providers than FCC providers reported that they were not interested in receiving training, coaching, or information on any of the listed topics with 29% of FFN reporting this and 10% of FCC reporting this. See Table 24.

There were similarities between groups in the percentages of providers interested in receiving training, coaching, or information on nutrition, health and safety, stress reduction and self-care, and cultural responsiveness. Although there was general agreement in all of the community convenings that these are the top areas of interest, many suggested a rising interest in working with children with special needs and learning effective behavior management and guidance. Many have seen increased developmental delays since the pandemic. A few community convening participants also expressed surprise that more FCCs did not select business as an area for further development given that it is vital for the sustainability of FCC.

TABLE 24. TOPICS ABOUT WHICH HBCC PROVIDERS ARE MOST INTERESTED IN RECEIVING TRAINING, COACHING, OR INFORMATION

SOURCE	FCC (N=775)	FFN (N=459)
Child development[1]	43%	29%
Behavior management and guidance	37%	34%
Curriculum (FCCs) / Activities for children (FFNs)	35%	35%
Improving the quality of care provided[2]	20%	11%
Caring for infants and toddlers[3]	12%	7%
Working with Dual Language Learners (DLL)[4]	8%	4%
Working with children with special needs[5]	14%	9%
Trauma-informed care[6]	6%	4%
Nutrition[7]	9%	13%
Health and safety	9%	11%
Stress reduction and self-care	15%	11%
Working and communicating with parents[8]	8%	2%
Business (FCC only)	12%	-
Cultural responsiveness	2%	2%
I don't need additional support at this time[9]	10%	29%
Not listed (e.g., how to become licensed, business, workforce development)	1%	1%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

[1] $X^2 (1) = 23.17, p < .001$ [3] $X^2 (1) = 9.01, p < .01$ [5] $X^2 (1) = 6.48, p < .01$ [7] $X^2 (1) = 7.12, p < .05$ [9] $X^2 (1) = 74.00, p < .001$

[2] $X^2 (1) = 17.63, p < .001$ [4] $X^2 (1) = 6.92, p < .01$ [6] $X^2 (1) = 4.65, p < .05$ [8] $X^2 (1) = 17.23, p < .001$

Through the KIIs and focus groups, FFN and FCC providers highlighted the importance of networks and the connection with other providers. This has been difficult through the height of COVID-19 as described by the FFN provider below. The learning trip attended by Duane Dennis, F5LA, CCALA, and CCRC staff in New York, described in additional detail under Research Question 6, highlighted the importance of networks of providers, both formal and informal in supporting and bringing resources to one another. Feedback from the community convenings also validated the need for facilitating opportunities for providers to network as a way to increase professional development participation.

"We need that, you know, we definitely need that. Licensing they'll give you license; the referral agencies will give you a contract. Nobody prepares you for the day to day. They just don't, you know, it's almost like until you meet a provider that is willing to share and let you know that you're not alone. You know, it's just about supporting one another. And I just love this right here."
– English-speaking FFN provider

"No, because I enter in the training zooms, we hear, we talk, we share the anecdotes between each other but we haven't had the opportunity to exchange numbers and say, oh if you have questions here is my number. We haven't had that opportunity. I think I met two, one of them came and gave me tips on how to take the CPR Training which I took and one other one, I don't remember when they came, but I think that she is involved with the Union."
– Spanish-speaking FFN provider

RESEARCH QUESTION 3: What do Los Angeles County's HBCC providers need to become a successful family business? What are the barriers to success?

Challenges as Educators

In order to support HBCC providers to successfully serve children and families and become a sustainable business, it is important to understand the challenges they face in their work. Providers were asked about the challenges they face including challenges in their work as an early childhood educator and about specific challenges due to the COVID-19 pandemic. When asked to select up to three challenges providers were facing as an early educator, not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of dental, health, and / or other benefits surfaced as the top three challenges for FCCs with 52%, 46%, and 39% reporting this, respectively. FFN providers reported not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and managing COVID-related health situations in their care for children as the top challenges with 51%, 24% and 16% of FFN selecting these challenges, respectively. See Table 25.

TABLE 25. MOST DIFFICULT CHALLENGES PROVIDERS FACE AS AN EARLY EDUCATOR BY PROVIDER TYPE

CHALLENGE	FCCs REPORTING CHALLENGE (N=775)	FFNs REPORTING CHALLENGE (N=459)
Not getting paid enough	52%	51%
Worries about being exposed / infected with the COVID-19 virus[1]	46%	24%
Lack of health, dental, and / or other benefits[2]	39%	13%
Managing COVID-related health situations in the program[3]	32%	16%
Mental health challenges due to stress associated with the pandemic[4]	18%	6%
Too much paperwork (FCC only)	10%	-
Sense of burnout[5]	14%	4%
Not enough flexibility from administrators in what or how to teach children (FCC only)	2%	-
Experiences with racism	1%	1%
None of the above[6]	9%	34%
Not listed	1%	1%

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

[1] $X^2 (1) = 59.92$, $p<.001$ [3] $X^2 (1) = 36.65$, $p<.001$ [5] $X^2 (1) = 34.96$, $p<.001$
[2] $X^2 (1) = 99.11$, $p<.001$ [4] $X^2 (1) = 32.79$, $p<.001$ [6] $X^2 (1) = 116.68$, $p<.001$

The community convenings and FFN KIIs revealed agreement with these top challenges. FFN providers spoke of low and unequal pay, the cost of food and sanitization supplies, and a lack of communication from agencies that pay subsidized child care. FCC providers and agencies that serve them also spoke of low pay and continued decreased enrollment of children.

"COVID or not, I feel like license-exempt providers are grossly underpaid. We still keep children safe and love them. We are the backbone of our communities and families. But it seems like we get the shorter end of the stick compared with larger facilities."
– *English speaking FFN provider in community convening*

"License-exempt have always been treated like 'less than' when it comes to support and compensation."
– *English speaking FFN provider in community convening*

"I don't benefit a lot from the pay, because I have to pay, it's not a lot that I get. I don't consider it to be a lot because it's 3 children. For the 3 children per month, I'm receiving $1800. And it doesn't seem like a lot to me that when I do my taxes, I have to pay. And I can't reduce costs. And so, in that way, it's not convenient for me to take care of children through the government."
– *Spanish-speaking FFN in a KII*

"I was asked would I keep another child, but I tell them no because they're paying like $2 or $3 an hour. I told them the only reason I'm keeping these kids is because they are my relatives, because nobody in their right mind would babysit any of the kids for $2 or $3 an hour."
– *English-speaking FFN in a KII*

FCCs with small and large licenses had the same top three challenges: not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of health, dental, and / other benefits.

Differences in challenges between FCCs with small and large licenses were also explored revealing both similarities between the two groups and differences. As seen in Table 26, FCCs with small and large licenses had the same top three challenges: not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of health, dental, and / other benefits. The significant differences between subgroups were that greater percentages of FCCs who have large licenses reported not getting paid enough (56%), managing COVID-related situations in the program (34%), and too much paperwork (12%) compared with FCCs with small licenses. Additionally, a greater percent of FCCs with small licenses reported that they didn't experience any of the challenges listed, with 13% of FCCs with small licenses reporting this compared with 7% of FCCs with large licenses.

TABLE 26. MOST DIFFICULT CHALLENGES PROVIDERS ARE FACING AS AN EARLY EDUCATOR BY LICENSE SIZE

CHALLENGE	FCC SMALL LICENSE REPORTING CHALLENGE (N=234)	FCC LARGE LICENSE REPORTING CHALLENGE (N=541)
Not getting paid enough[1]	44%	56%
Worries about being exposed / infected with the COVID-19 virus	44%	47%
Lack of health, dental, and / or other benefits	35%	41%
Managing COVID-related health situations in the program[2]	25%	34%
Mental health challenges due to stress associated with the pandemic	16%	18%
Sense of burnout	15%	15%
Too much paperwork[3]	6%	12%
Not enough flexibility from administrators in what or how to teach children	3%	2%
Experiences with racism	<1%	1%
None of the above[4]	13%	7%
Not listed	<1%	1%

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

[1] $X^2(1) = 8.56, p<.01$
[2] $X^2(1) = 6.11, p<.05$
[3] $X^2(1) = 8.23, p<.001$
[4] $X^2(1) = 6.73, p<.01$

Focus group discussions with FCCs on what they would need to continue providing quality care are reflective of the challenges expressed in the survey and community convenings. An increase in salary, funding for supplies, funding for infrastructure, and provision of benefits were the top supports FCCs reported would allow them to continue providing quality care. The conversation around salary was frequently within the context of what having a higher salary would mean. That is, FCCs indicated that receiving a higher salary would ensure that they are able to meet their program's needs for materials, food, and other items to support the children they serve.

"I agree with my colleagues, of course the payments, because we use our own money from our salary to celebrate each child. In addition, I buy the food because I am not enrolled in the Nutrition Program. I have eight children in my care and for me it is important to provide healthy meals. I feed the children not only during meals, but every time they are hungry. Our salary is very little to pay for it out of pocket. We would like for us to be compensated…more. We support/help the parents by celebrating their children's birthdays, buying a pair of shoes, a piece of clothing for their children, these funds come out of pocket. It's very little."
– *Spanish-speaking FCC provider*

"Funds for materials, because of the virus we have to keep disinfecting the furniture, the wood is lifting up, breaking. If our furniture deteriorates there is danger that children could get splinters in their small hands. It is important to have good furniture for the health and wellbeing of the children."
– *Spanish-speaking FCC provider*

"I know, from experience and talking to my aunts who lived in New York, they used to give everyday care money every year, like they would get $2,000 a year, their daycare just to spend where they want it, we get absolutely nothing in the state of California, even prior to the pandemic, we got no extra funds for anything. So, it's like daycare providers are just not there. They don't look at us as an entity that needs help like everybody else. We have to work. Yeah. So, you know, they got money every year just for having a license. Which would help be helpful in the case of what you want for supplies and where you want to go for supplies."
– *English-speaking FCC provider*

FFN providers were asked about what they spend most of their money on when taking care of children and overwhelmingly indicated that they spend the greatest amount on food and related goods for meals and snacks with 82% reporting this and a little over half (51%) reporting that home costs, including utilities and insurance as one of their three highest costs (see Chart 6). The fact that the highest costs are aligned with home/family costs mirrors the concept that FFN providers are often a part of the child's family, as compared with FCC providers as business owners whose costs for materials and staff may be higher. A central theme in the KIIs with FFN providers was how these providers often go above and beyond child care for the families of the children they served and the provision of food either through cooking for the family or grocery shopping was one of the ways in which FFN described that they supported the families of the children in their care. This is reflective of the permeable line between child care and FFN's relationship with the child as a family member or friend of the family.

These findings of family-related costs continue to illustrate the need to view FFN providers distinctly from FCC providers when designing supportive services and to view them often as an extension of the child's family (family support model).
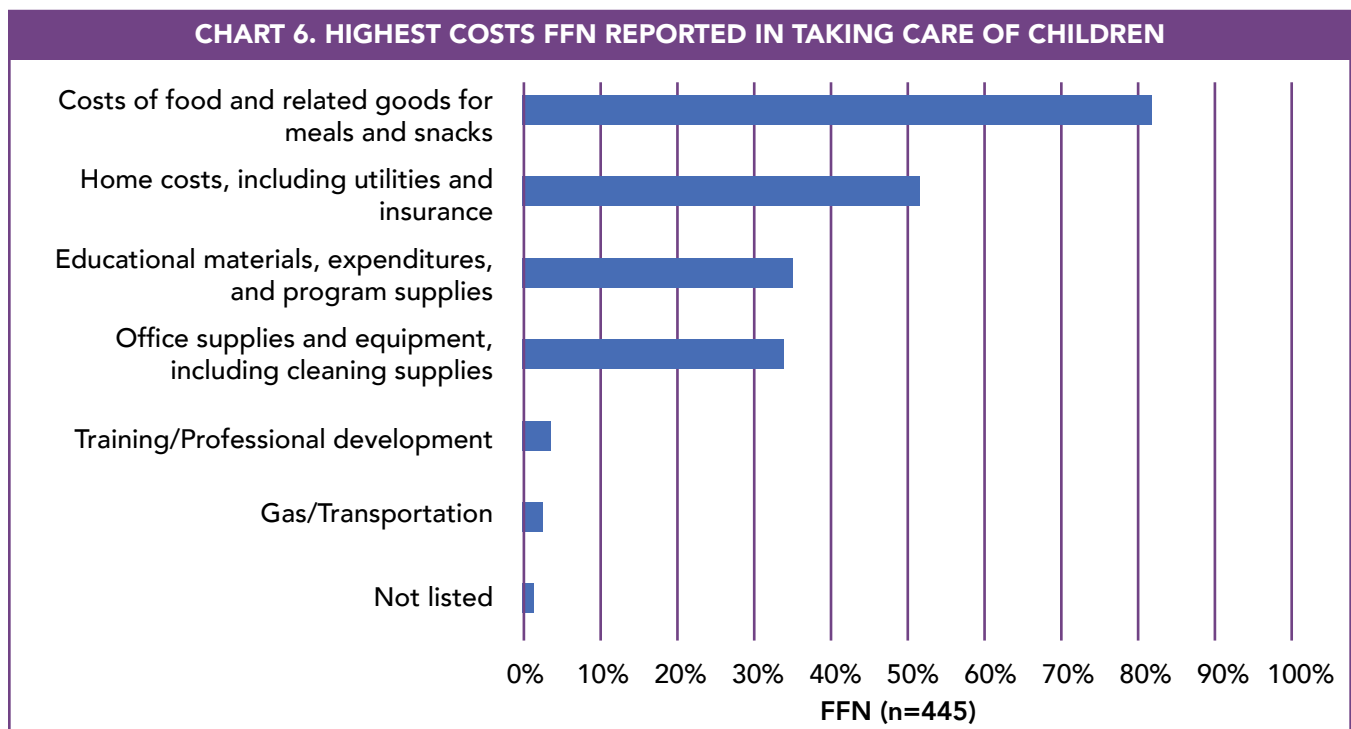
CHART 6. HIGHEST COSTS FFN REPORTED IN TAKING CARE OF CHILDREN

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

"Sometimes, I cook dishes for the parents."
— Mandarin-speaking FFN provider

"I buy them snacks. I find them whatever I'm gonna make for food, you know, because sometimes she's like 'I'm gonna be a little late.' So, I give them food before they even leave."
— English-speaking FFN provider

Plans for Continuing Child Care and Reasons for Considering Leaving

The availability of HBCC is essential for meeting the diverse needs of parents, particularly those with infants/toddlers, who work non-standard hours, have children with special needs, live in rural communities, etc. To learn more about providers' plans for the future, HBCC providers were asked to provide information on how many more years they intend on taking care of children in their current capacity, either as an FCC or FFN. If providers reported that they will cease to take care of children in their current capacity within the next five years, they were asked about their plans. On average, FCCs estimate that they will be working as an FCC provider for 12 more years while FFNs estimate taking care of children as an FFN for 7 more years (see Table 27). Twenty-nine percent of FCC and 49% of FFN indicated that they plan on taking care of children in their current capacity for 5 years or less.

TABLE 27. LENGTH OF TIME HBCC PROVIDERS INTEND TO CONTINUE IN CURRENT POSITION

ESTIMATED AMOUNT OF FUTURE TIME IN CURRENT POSITION	FCC (N=601)	FFN (N=434)
Average length	12 years	7 years
Length range	Less than a year to 50 years	Less than a year to 50 years
Standard deviation	8 years	6 years
Estimate 5 years or less in current position	29%	49%

When asked about the reason for leaving, the majority of FCC (60%) who plan on leaving their current position within the next 5 years indicated that they are retiring while the largest groups of FFN indicated that they are leaving because they are unsatisfied with their current position due to low compensation (24%) or because they plan on working towards their child care license (see Table 28). Although retirement is not necessarily something that can (or should) be prevented, dissatisfaction with low compensation is a factor that can be addressed. If one fifth of FCC providers and a quarter of FFN providers plan to leave the field in the next five years due to low compensation, this will only exacerbate the existing child care deserts faced by parents when looking for care.

TABLE 28. PROVIDERS' REASONS FOR LEAVING WITHIN THE NEXT 5 YEARS

REASON FOR LEAVING CURRENT POSITION IN THE NEXT 5 YEARS	FCC (N=174)	FFN (N=212)
I am retiring	60%	15%
I am unsatisfied with my current position due to low compensation (including benefits, paid leave, etc.)	19%	24%
I am planning to stay at home and care for my own family	6%	21%
I am unsatisfied with my current position due to working conditions (including work hours, professional supports, etc.)	6%	1%
Enrollment issues	1%	N/A
I am planning on working towards a family child care license	N/A	24%
I will no longer be needed by the family	N/A	8%
I am changing careers/starting school	N/A	5%
Other	8%	2%

When this data and the reasons for leaving within five years was presented to parents in a community convening parents expressed recognition of the difficult nature of this work and mentioned challenging children or parents, a lack of breaks and potential feelings of burnout, and unreasonable expectations from parents and the public. They also discussed concerns regarding driving up competition and prices in the field if providers leave the field and concerns that parents would not be able to work without child care providers (particularly working and using child care during non-traditional hours.)

"There is a lot of pressure on what a perfect child care is. And that's not fair to providers. So, it's not surprising that providers don't want to stay much longer. Even my provider has mentioned that unreasonable expectations were put on her by parents that visited."
– Parent from community convening

"It's already hard to find child care and it makes me think maybe only one parent will be able to work because they can't find child care and then maybe not even have any more children because they won't be able to pay for child care."
– Parent from community convening

"Child care would become more expensive if there are less spots. Competition will go out of the window, putting more challenge on parents to afford care."
– Parent from community convening

Providers in community convening sessions also cited key factors such as declining enrollments due to parents working from home and increased numbers of free child care options in their community, particularly for preschool-aged children.

"Most of my peers have retired due to COVID or low enrollment. My friend died in her bedroom providing care because she wasn't able to retire. Most of my friends are not okay and can't retire. I have a husband and am fortunate to be able to retire. I can hand my business over to my children. It's sad for my peers who spend their whole lives in this field and leave with nothing."
– English-speaking FCC provider from community convening

"It's very difficult to see any future in child care because the current compensation rate is so low that you're constantly trying to deal with each day you can't think ahead or prepare for the future. That's why I'm going back to the health care field. Right now, it is not a livable wage. Forty dollars a day for 12 hours of care. It's incomprehensible that it's that low. And they are ok with that?"
– English-speaking FCC provider from community convening

Research by Bromer et al. (2021) describes reasons FCCs exit from the field. Almost half of the reasons for leaving (43%) are based on a tipping point, that is a culminating event or challenge, either personal or work-related that followed years or challenges or made it logistically impossible for providers to continue providing care (housing, personal/family illness or issue), while 27% are due to slow burnout due to an accumulation of struggles including challenges with ECE systems, plus economic challenges, plus working condition challenges (long hours, working alone, etc.). The ECE system challenges cited in Bromer's work included low and inequitable rates, increased regulations and requirements for programs and services that do not reflect the reality of Family Child Care (are center-centric). As program and service models are considered, this work should be reflected upon so as to not increase requirements or be based on center-centric models. Additional research (NCECQA, 2020) found that small FCCs are much more likely to exit the field than large and Muenchow et al. (2020) report that FCC Networks in California suggest that large FCC licenses may be a more sustainable business model with the opportunity to make more money. This was also mentioned in the community convenings with FCC providers where results from the current project were shared with providers. As such, programs may need to consider a different level of support for providers with small versus large licenses to stem the tide of small FCC businesses leaving the field.

Key informant interviews illuminated FFN's level of commitment to help the family for whom they provide care. FFNs were asked about their future plans for taking care of children. While most did not give a determinate amount of time that they intend on taking care of children, a majority of FFN (67%) indicated that they plan on taking care of the children as long as the family of the children they take care of needs them to or when the children start school.

"Well, my plans would be to take care of them until they are young adults. I think that until the age of 16 or 17 years old, if possible. Or until the children are teenagers, when they no longer need an adult to be in their care."
– *Spanish-speaking FFN provider*

"It depends on – I can't say, you know, the last two months, I can't say, it depends on the parents."
– *English-speaking FCC provider*

A subset of FFN providers expressed a desire or plan to become licensed. These were either Spanish or Mandarin speakers and several shared some of the challenges they foresee in earning a license. Some of these challenges are related to language barriers and others around housing and perceived licensing expectations.

"I am prepared, only that the people who have a license and I have talked to have instilled fear in me. They have put the fear in me that the person who comes to do the assessment in my house may not like it. But one of the details is that my home is small but, it has a large patio. I am relocating to another house and it has a patio too so that they don't tell me that the house is too small to take care of children. Because yes, my house is very small."
– *Spanish-speaking FFN provider*

"I would like to get my license to care for more children, or work at a daycare center if possible. I'm not sure about my qualifications because I don't speak English or didn't finish high school, those are the two things that impede me, not speaking English and not having a high school degree."
– *Spanish-speaking FFN provider*

RESEARCH QUESTION 4: How has COVID-19 changed the experiences of Los Angeles County's HBCC providers and the children and families they serve?

To gain an understanding of how COVID-19 has affected HBCC providers and the families who use HBCC, questions on the impact of the pandemic on their child care and financial situation were included in the surveys, focus groups and key informant interviews.

Challenges Families Experienced During the COVID-19 Pandemic

Parents provided information on challenges they experienced during the COVID-19 pandemic. While 39% of parents did not report challenges related to their job or child care, 28% reported that they or their partner lost a job and 25% reported a decrease in their number of work hours as seen in Table 29. Furthermore, 11% indicated they changed their child care arrangements and 5% reported losing their child care. These results were confirmed in community convenings with parents and providers. Finally, more parents with Spanish as their primary home language reported making none of these changes while more parents with English as their primary home language reported changing child care arrangements.

TABLE 29. PARENTS EXPERIENCING EACH WORK AND CHILD CARE RELATED CHALLENGE DURING THE COVID-19 PANDEMIC.

COVID IMPACT	PARENTS REPORTING IMPACT (N=710)
I lost my job, or my spouse/partner lost a job	28%
My employer or my spouse's/partner's employer REDUCED my/their work hours	25%
I started working from home / remote work	13%
I changed the child care arrangements I had from my children[1]	11%
My employer or my spouse's/partner's employer INCREASED my/their work hours	6%
I lost my child care	5%
None of the above[2]	39%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

[1] More English-speaking parents reported this impact, ((X^2 (df=2, N=705) =10.06, p<.01)

[2] More Spanish-speaking parents reported "none of the above" ((X^2 (df=4, N=672) =9.83, p<.05).

Parents provided a more detailed account of the impact of the COVID-19 pandemic on their child care in the focus groups. For most parents, their child care did not close permanently. However, parents across all focus groups described situations where their program closed temporarily. Parents also described changes in the policies at their children's child care which affected parents' jobs and they described the stress and worries that they went through due to either exposure or worry about exposure to the virus.

"I think child care during the pandemic was very hard because there was the worry and the stress of catching COVID, having your kids exposed to other kids. Kids just spread germs like wildfire. And like during the pandemic you wonder, especially during the lockdowns… So yeah, I was worried about that, because I have underlying health conditions. So, I was concerned about catching it myself."
– English-speaking parent

"There's been days where my daughter will have a runny nose and she has been turned away from being accepted in the morning, like because of the cold air or something makes her nose run. And I have to call my job and call off like one hour before the start of my shift, which is an improper call off, it's a write up. Because of the new protocols in place, like you can't go. You can't send them with a runny nose or like any kind of ailment and for children it's so common that it was very difficult. And I did accumulate a number of write ups because of that."
– English-speaking parent

"During the time of the pandemic, they weren't open."
– Mandarin-speaking parent

"Before there was a COVID incident. The facility closed for 3 days and when everything was fine then my child went back."
– Mandarin-speaking parent

When asked about financial impacts as a result of the COVID-19 pandemic, parents' top responses were delaying paying bills, applying for public assistance, and falling behind on rent/mortgage (see Table 30).

TABLE 30. PARENTS EXPERIENCING FINANCIAL IMPACTS AS A RESULT OF THE COVID-19 PANDEMIC

COVID-19 FINANCIAL IMPACT	PARENTS REPORTING IMPACT (N=699)
I have delayed paying other bills (e.g., utilities, medical bills, credit card)	44%
I have applied for public assistance (SNAP/EBT, Medicaid, TANF/cash assistance)	38%
I am behind on paying my rent/mortgage	30%
I have a more difficult time buying groceries or am relying on food banks/food pantries/nonprofits for food assistance	18%
I am relying on friends or family for financial help	16%
I have a harder time paying for health insurance	4%
I have a harder time paying for necessary prescriptions	4%
Other	<1%
None of the above	24%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

"I'm still feeling those effects now. There are some slots that I still have not filled since the pandemic and my income, at this point, it has probably been cut in half because of it. Because when the kids were able to return back to school, all my preschoolers went to elementary schools. So, at this point, I feel like there's so many providers that are scrambling, like I said, to keep their head above water because of capacity issues- our enrollment is down."
– English-speaking FCC provider

Challenges HBCC Providers Experienced During the COVID-19 Pandemic

Research shows that in Los Angeles County, 191 family child care homes closed between January 2020 and January 2021 and this represents 65% of all child care program closures in the County (Bhusal, Blumenberg, & Brozen, 2021). The report suggests that FCC homes are more vulnerable to changes in the economic environment than center-based programs because they operate on a smaller scale. Another report found that many had to close and almost lost their homes and they faced barriers to supports including language, lack of awareness, complexity of applications, and a lack of eligibility (Brooks, Karimi-Taleghani, Griggs-Ross, & Karimi-Taleghani, 2022). This suggests the importance of new methods for outreach, increasing language accessibility, and application assistance for future supports and programs.

As found in the current landscape analysis, the pandemic had direct impacts to HBCC providers' programs and on their personal finances. These impacts continue to threaten their sustainability. As seen in Table 31, over half (54%) of FCCs experienced a decrease in child enrollment and in the focus groups, FCC providers shared that they have not recovered from this. Related to this, 40% of FCCs reported a financial hardship in running their program. For FFN providers, the top two challenges were lack of access to cleaning or safety supplies and challenges with technology with 33% and 34%, respectively, reporting this. There were significant differences between FCCs and FFNs with greater percentages of FCCs than FFNs reporting challenges related to decrease in child enrollment, financial hardship in running the program, and difficulty in supporting children with distance learning. Overall, a greater percentage of FFNs reported that they did not have any of the listed challenges. However, greater percentages of FFNs than FCCs reported challenges with lack of access to cleaning supplies and / or safety supplies and insufficient food for the children they served. FFN providers in the community convening also mentioned the high expense of food, particularly healthy food.

TABLE 31. HBCC PROVIDERS' GREATEST CHALLENGES DURING THE PANDEMIC, BY PROVIDER TYPE

PANDEMIC CHALLENGE	FCCS REPORTING CHALLENGE (N=775)	FFNS REPORTING CHALLENGE (N=459)
Decrease in child enrollment[1]	54%	8%
Financial hardship in running program (FCC) / taking care of children (FFN)[2]	40%	19%
Difficulty in supporting children with distance learning[3]	38%	22%
Challenges with technology (lack of equipment, internet, knowledge)	25%	24%
Not enough access to cleaning supplies and / or safety supplies[4]	22%	33%
Their own health / mental health or that of a family member	19%	16%
Lack of educational activities to support children's learning at home	16%	-
Child mental health concerns	15%	13%
Not enough food for the children in the program[5]	3%	13%
None of the above[6]	7%	29%
Not listed	<1%	<1%

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

[1] $X^2 (1) =267.06, p<.001$ [3] $X^2 (1) =31.68, p<.001$ [5] $X^2 (1) =50.19, p<.001$
[2] $X^2 (1) =58.51, p<.001$ [4] $X^2 (1) =18.22, p<.001$ [6] $X^2 (1) =106.93, p<.001$

Analyses by subgroup of FCCs revealed greater proportions of FCCs with large licenses reporting difficulty in supporting children with distance learning as a top challenge with 40% of FCCs with large licenses and 33% of FCCs with small licenses reporting this (see Table 32).

TABLE 32. FCC PROVIDERS' GREATEST CHALLENGES DURING THE PANDEMIC, BY LICENSE SIZE

PANDEMIC CHALLENGE	SMALL FCCs REPORTING CHALLENGE (N=234)	LARGE FCCs REPORTING CHALLENGE (N=541)
Decrease in child enrollment	55%	54%
Financial hardship in running program	36%	42%
Difficulty in supporting children with distance learning[1]	33%	40%
Challenges with technology (lack of equipment, internet, knowledge)	29%	24%
Not enough access to cleaning supplies and / or safety supplies	19%	23%
Their own health / mental health or that of a family member	19%	19%
Lack of educational activities to support children's learning at home	18%	15%
Child mental health concerns	16%	15%
Not enough food for the children in the program	4%	2%
None of the above	8%	7%
Not listed	<1%	<1%

Note: Response option was "your three biggest challenges" and percentages within groups will be over 100%.
[1] $X^2 (1) = 3.86$, $p < .05$

Within the FCC group, there were also significant differences in the challenges reported by provider's primary home language with significantly greater percentages of FCCs whose primary home language is Spanish reporting challenges with technology, difficulty supporting children with distance learning, and child mental health concerns than FCCs whose primary language is English. In addition, greater percentages of FCCs with English as their primary home language reported not enough access to cleaning supplies and / or safety supplies, financial hardship in running their program, and their own mental health or that of a family member. See Appendix D.

RESEARCH QUESTION 5: Who are the children and families that LA County's HBCC providers serve? How do they view their HBCC provider?

To gain an understanding of how COVID-19 has affected HBCC providers and the families who use HBCC, questions on the impact of the pandemic on their child care and financial situation were included in the surveys, focus groups and key informant interviews.

Parental Need for Child Care

Parents were asked about their work or school status. Sixty-five percent of parents shared that they worked for pay in the last week, 23% reported that they are enrolled in a degree program at a college or university, 75% either worked for pay or were enrolled in a degree program, and 13% reported that they both worked for pay and are enrolled in a degree program at a college or university. See Table 33. While the activities are not clear for the 25% of parents who did not report having worked for pay in the last week or being enrolled in a degree program, it is possible that they experienced a recent change in their school or work status, are in the process of seeking employment, education or housing, are participating in an internship or volunteer work that was not for pay, or other welfare-to-work activities (if they are receiving TANF, Temporary Assistance for Needy Families).

TABLE 33. PARENTS' WORK AND DEGREE PROGRAM ENROLLMENT

WORK OR DEGREE PROGRAM STATUS	PARENTS
Worked for pay in the last week (n=647)	65%
Are enrolled in a degree program at a college or university (n=674)	23%
Either worked for pay in the last week or are enrolled at a college or university (n=625)	75%
Both work for pay and enrolled in a degree program at a college or university (n=625)	13%

Of the 417 parents who did report working for pay in the prior week, the largest numbers of parents are employed in the sales, service, and marketing sector (16%), followed by the health sciences (15%), and human services (13%). See Table 34. Many of these industries require employees to work non-standard hour shifts (sales, service, health, food, transportation, hospitality, etc.), requiring the need for child care outside typical business hours such as overnight and weekends.

TABLE 34. PARENTS' SECTOR OF EMPLOYMENT

EMPLOYMENT SECTOR	PARENTS (N=417)
Sales, Service, and Marketing	16%
Health Science	15%
Human Services	13%
Business Management & Administration	11%
Education & Training	11%
Government & Public Administration	7%
Agriculture, Food and Natural Resources	4%
Manufacturing	3%
Transportation, Distribution & Logistics	3%
Law, Public Safety, Corrections & Security	3%
Hospitality & Tourism	2%
Finance	2%
Arts, Audio/Video Technology & Communications	1%
Information Technology	<1%
Science, Technology, Engineering & Mathematics	<1%
Architecture and Construction	<1%
Other or not known	9%

The Child Care Search and Barriers to Finding Child Care

Parents were asked to provide information on their most recent search for child care for a child who is 0-6 years old. The reason for why parents sought care during their last child care search was so that they could work with 80% of parents reporting this, followed by 12% not being satisfied with their current/prior child care situation (see Table 35). Seeking child care so that parents could work was also a theme from the focus groups where parents across all groups shared that during their last search for child care, they were seeking it so that they could go to school or work or because they had a change in work schedule. While parents provided additional reasons such as wanting to provide their child with educational or social enrichment, and not being satisfied with prior care, those reasons were reported on or discussed less frequently.

TABLE 36. REASONS FOR CHILD CARE SEARCH

REASON FOR CHILD CARE SEARCH	PARENTS (N=710)
So that I could work/change in work schedule	80%
Wasn't satisfied with my prior care	12%
So that I or my spouse could go to school/school schedule changed	8%
To provide my child with educational or social enrichment	4%
To give me some relief (from competing priorities, time constraints, etc.)	1%
Wanted to reduce child care expenses	1%
Provider stopped providing care	1%
To fill in gaps left by my main provider or before/after school	<1%
Child no longer eligible for previous care (aged out, summer break, etc.)	<1%
Housing-related (insecurity, searching)	<1%
Medical leave related	<1%
Other	2%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

"My main reason for childcare was at the time I needed to hurry up and get back to work after experiencing homelessness. My grandma wasn't able to watch her due to her medical issues."
– English-speaking parent

Trusted relationships and word of mouth, followed by their own experience with providers were key for parents searching for child care (see Table 36). Survey responses regarding their last child care search showed that over half (54%) of parents asked friends and family for referrals while 21% asked a child care provider they already knew. Across focus groups, the most commonly cited method for finding child care was asking friends and family. Several parents from the focus groups also shared about their experience in ultimately choosing a provider who had already taken care of one of their children in the past. The second most common way to find child care is through agencies (32%), with almost on fifth finding their provider from a welfare or other social service office and 13% from a Child Care Resource and Referral or other agency that provides child care referrals.

"[The provider] was referred by a friend, so that was already very comforting to me because my friend's son was in her daycare and she spoke very highly of her. So, my decision was basically already made."
– *English-speaking parent*

"My current provider is a referral from a friend of mine. She had her son already enrolled so she assured me and she actually let me walk in and look at the space. So, I was more comforted with that."
– *English-speaking parent*

"My daughter that's 21 now was also in a home-based care. And I was lucky enough that the person who took care of her is now taking care of my son."
– *Spanish-speaking parent*

Methods parents used to look for child care varied by language group (English, Spanish, or all other primary languages). Parents whose primary language was other than English or Spanish were more likely to ask friends and family for recommendations. Parents whose primary language was Spanish were more likely to report referrals from a welfare or social services caseworker. Parents whose primary language was English were more likely to have consulted a R&R agency or local community organization for child care referrals. See Table 37. Given that parents with different language capacities and strengths search for child care through different methods, agencies should ensure the availability of linguistically skilled staff to assist parents. Additionally, if parents whose primary language is neither English nor Spanish ask friends and family for child care referrals, is this because of a level of comfort in turning to friends and family for referrals, ideas or assistance, the need and desire for specific language supports for their children, or is it because community agencies and social service agencies don't have the capacity to serve these families?

TABLE 37. METHODS PARENTS USED TO LOOK FOR CHILD CARE

METHOD OF CHILD CARE SEARCH	PARENTS (N=710)
Asked friends and family with children[1]	54%
Asked providers I knew already	21%
Got help from welfare or social services caseworker[2]	19%
Consulted a R&R agency or local community organization that helps parents find child care[3]	13%
Internet search/Looked in electronic directories for child care providers	10%
Used social media to learn about providers	8%
Asked a healthcare provider, clergy member, or other professional	4%
Looked in paper directories for child care providers	3%
Asked existing family member to take care of child	2%
Posted an ad or responded to an ad	1%
Not listed	<1%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

[1] *Parents with language other than English or Spanish more likely to select this option, (X^2 (df=2, N=694) = 12.09, p<.01).*

[2] *Parents with Spanish as their primary language more likely to choose this option, (X^2 (df=2, N=694) = 13.58, p = .001).*

[3] *Parents with English as their primary language more likely to select this option: (X^2 (df=2, N=694) = 12.34, p<.01).*

Child care decision-making is not a static process. Prior research (CCRC 2021; Weber 2011) found that parental decision-making is not linear but multi-faceted, complex, and changes over time. These preferences also meet with opportunities, barriers and constraints and this complex synergy affects future child and family outcomes. Additionally, Forry et al. (2013) found that decision-making criteria varies by community and employment factors, parent education and income, child age, cultural values, and whether or not one has a child with special needs. In this LA county landscape survey, parents were asked to report on the five most important factors when choosing a child care provider. The top factor was location of the child care provider with 71% of parents choosing this. The next top factors were safety / cleanliness / prevention of illness, flexible hours, loving environment, and cost of care, with 66%, 58%, 43%, and 30% of parents choosing these as top factors, respectively. See Chart 7. However, when asked to report on the main reason they chose their provider, 40% of parents indicated that they chose the provider they felt most comfortable with, followed by quality of care (23%) and the schedule or hours offered (12%), as seen in Table 38.

Focus group discussions about child care decision-making and final selection closely coincided with what parents reported in the survey, with some key differences. It was extremely clear that parents take multiple factors into account when making decisions on child care and the focus group discussions illuminated this. Location of the child care provider, although discussed in most of the parent focus groups was not the most prominently discussed factor in choosing child care. Parents shared that a clean and safe environment, the services provided, such as meals and transportation, and having a quality provider were factors they considered.

When asked about the most important factor in selecting child care, parents discussed specific characteristics of the provider. Parents were searching for someone they felt comfortable with, someone with experience, and someone that they could trust. Parents in the Mandarin group shared that having a provider that is patient is important.


CHART 7. TOP FACTORS CONSIDERED BY PARENTS IN LAST CHILD CARE SEARCH (N=700)
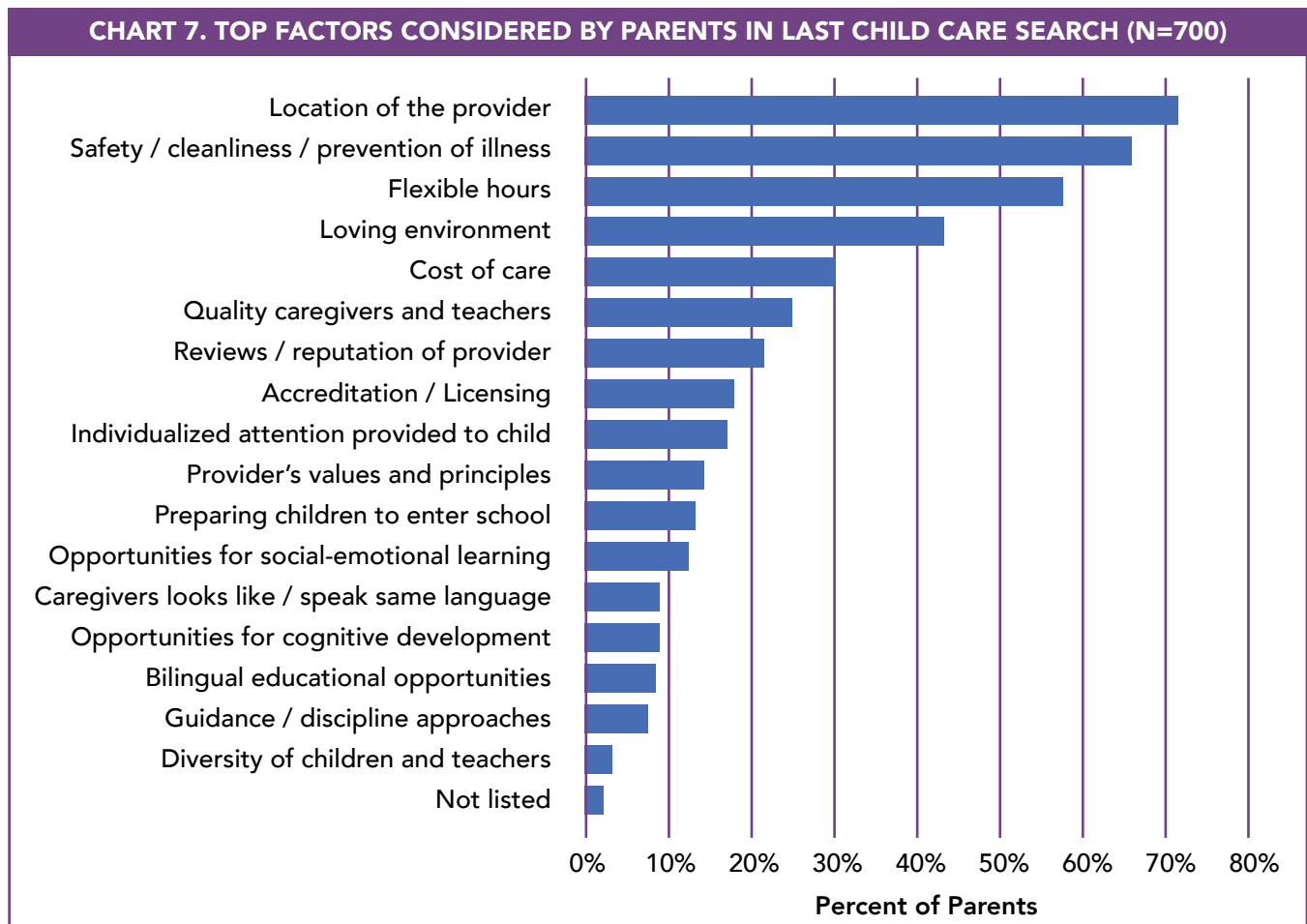
TABLE 38. MAIN REASON FOR PARENT SELECTION OF THEIR CHILD CARE PROVIDER

REASON FOR SELECTING PROVIDER	PARENTS (N=710)
The provider is the one I felt most comfortable with	40%
The quality of care provided	23%
The schedule/hours offered	12%
The provider's location	11%
The cost of care	6%
There were no other choices	4%
The provider had space available	1%
Other	1%
Prefer not to answer	2%

A key factor in child care decision making includes the opportunities, challenges, and barriers to finding care. Forty-one percent of parents reported in the survey either the inability to find their desired child care program or challenges in finding child care during their last search. This did not differ by child age or parent demographics. The most frequently reported challenges in accessing child care were the cost of care, quality of care, and lack of open slots for new children with 27%, 21% and 19% of parents reporting this, respectively (CHART 8).

While barriers in accessing child care was not a topic that was queried directly in the focus groups, the topic did surface in the focus groups conducted in English and Spanish with the cost of child care and lack of child care availability as the top two challenges. Parents shared about their struggles with cost before receiving financial assistance for child care and the challenges in qualifying for the assistance.

"Someone at work told me about [the R&R-AP agency]. I went to apply for help but got denied at first and told that it was only for people that had cash aid and I only had my youngest daughter who was about a year old. So, I figured out the only way to qualify was to receive food stamps. Then I went to get food stamps so that I would qualify. And then I got the help quickly and I had my daughter there in Los Angeles, a very good provider."
– *Spanish-speaking parent*

"I was separated from the children's father and didn't have money to pay for child care because it's expensive. I needed that help and luckily a friend referred me to that office [local R&R-AP agency]. And thank goodness because it helps me a lot."
– *Spanish-speaking parent*

"It took about, like, six months for the county to even get back to issue me money or any type of help. So I felt like all of that played a part in a delay for [my child] …. the kid is constantly, like, losing out."
– *English-speaking parent*

Other parents in the focus groups described challenges in finding available slots. One parent described the challenge in finding child care for her toddler who was not yet potty trained.

CHART 8. MAIN REASON REPORTED BY PARENTS FOR DIFFICULTY IN FINDING CHILD CARE (N=287)
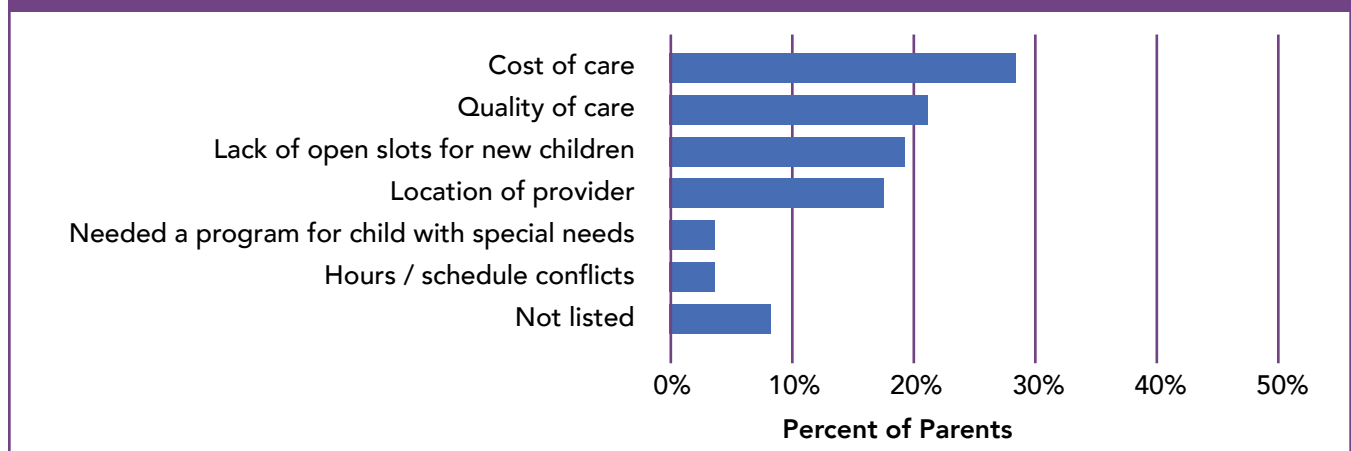
Children in Home-Based Child Care

Parents were asked to provide information on the number of children they have in care, what their child care arrangements are, and the age of the youngest child they have in child care. Subsequent questions about child care were focused on the youngest child they have in home-based care for 5 hours or more a week. The parents who completed the survey had on average 2 children in child care for 5 or more hours a week.

As seen in Table 39, over half of the parents reported using FCC as their child care arrangements for children 6 years and younger. Forty-nine percent reported using FFN care and 2% reported using center-based care. Five percent of parents indicated that they use a combination of care, that is they use a combination of FCC, FFN, or center-based care for their children.

TABLE 39. CHILD CARE ARRANGEMENTS FOR CHILDREN 6 YEARS AND YOUNGER

TYPE OF CARE USED	PARENTS (N=710)
FCC	54%
FFN	49%
Center-based care	2%
Combination of care	5%
COMBINATION OF CARE USED	**PARENTS (N=36)**
FCC & Center-based	17%
FFN & Center-based	31%
FCC & FFN	53%

Most parents reported that the youngest child they have in HBCC is an infant/toddler or preschool-age child. Forty-eight percent of parents have an infant or toddler, 46% have a preschool-age child, and 5% have a school-age child (See Chart 9). This may partly be due to the recruitment methods of this project where our community-based partners outreached to parents with children under 6 years, as this age group is the focus area of F5LA, the funder of this landscape analysis. Type of home-based child care used for their youngest child did not differ significantly from the overall group (53% in FCC and 47% in FFN as their primary care setting) and there is no statistical relationship between age of children and placement setting (See Chart 10). Therefore, infants and toddlers are no more likely to be in one type of home-based care setting than another or in comparison with preschool-aged children.

### CHART 9. AGE OF THE YOUNGEST CHILD PARENTS HAVE IN HBCC (N=710)

School-age (6 years old) **5%**

Preschool-age (3–5 years old) **46%**

Infant / Toddler (birth–36 months) **48%**
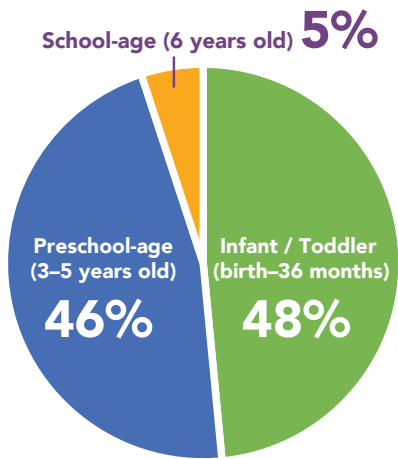
CHART 10. PRIMARY CHILD CARE SETTING FOR THE YOUNGEST CHILD IN HBCC (N=710)

FFN **47%**

FFC **53%**
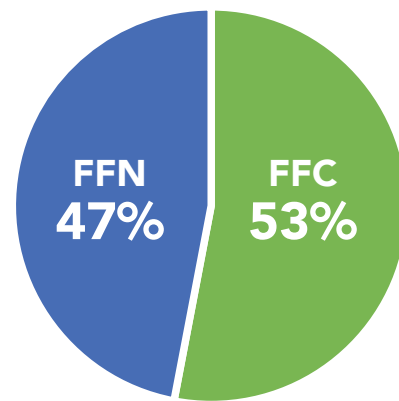
A vast majority of parents who use FFN care as their primary care setting shared that the FFN caregiver is related to the child (92%) and is either a grandparent (54%) or another relative (38%) as seen in Chart 11. This is similar to prior work by Harder and Company (2014) where they found 84% in relative care and 47% cared for by a grandparent. This has important implications when considering supports for this group of providers. Given the close relationships in these care environments, supportive models can be understood as family-support models where resources for the provider will have a greater likelihood of supporting the family as a whole compared with other care environments. This is recognized in one of the quotes from the FFN providers in the community convenings:

CHART 11. RELATIONSHIP BETWEEN THE FFN PROVIDER AND THE CHILD IN CARE (N=710)

Parent's spouse / partner **1%**

Not related to the child **6%**

Other **1%**

Another relative (child's aunt, uncle, cousin, etc.) **38%**

Child's grandparent **54%**
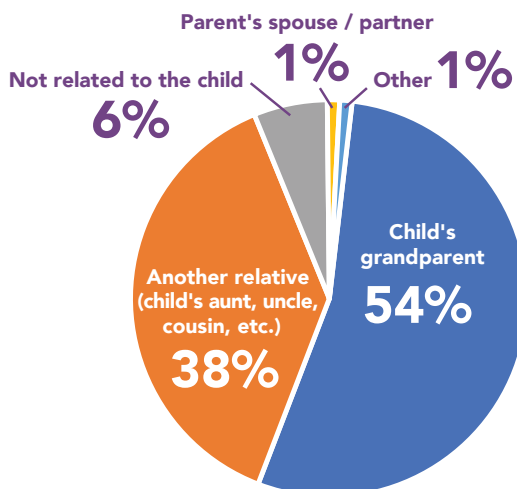
Parents who completed the survey were asked if they received assistance (subsidy) to pay for child care in the prior 12 months. Over half (51%) indicated they receive assistance in paying for child care, 30% reported they did not, and 19% were not sure.

"The first time you get your check, the first thing you do is go get snacks, toys, things for the kids to do. The money doesn't go to your bills. It goes to the children. You go out of your paycheck to provide more to your grandchildren."
– FFN Grandparent Provider

Satisfaction With Their Child Care

As seen in Table 40, parents were satisfied with their child care arrangements with 95% of parents reporting that they are very satisfied or somewhat satisfied with their child care arrangements. This did not differ by care type or parent demographics.

TABLE 40. PARENTS' LEVEL OF SATISFACTION WITH THEIR CHILD CARE ARRANGEMENT

SATISFACTION WITH PROVIDER	ALL PARENTS (N=710)	WITH FFN CARE (N=332)	WITH FCC CARE (N=378)
Very satisfied	85%	87%	84%
Somewhat satisfied	10%	8%	12%
Neither satisfied nor dissatisfied	3%	3%	3%
Somewhat dissatisfied	1%	2%	1%
Very dissatisfied	1%	1%	1%

Parents reported very high levels of satisfaction with over 90% of parents reporting either Good or Excellent for seven of the eight aspects of care queried in the survey (see Chart 12). Focus group discussions provided further insight about parents' thoughts for multiple aspects of care. When asked what they liked most about their home-based child care, central themes included positive treatment of their child, nurturing and safe environment, opportunities for their child to learn, and flexibility.

When sharing about the nurturing and safe environment, parents expressed appreciation for how their children are treated and the opportunities to learn and grow.

"My child considered the child care provider like another mother, and I'm happy about that."
– *Mandarin-speaking parent*

"I love it all because the provider is very loving and attentive with my daughter even if she is not related to her."
– *Spanish-speaking parent*

"I noticed that when my child started TK, he already knew a lot of things. They said he was very intelligent. And how did he learn all of that. I told them that I had a licensed provider. My child knows how to count and knows what the numbers mean from 1 to 20. Because of the provider's help, my child is very advanced."
– *Spanish-speaking parent*

The theme of flexibility was prominent not only in the discussion on what parents liked most about their home-based care, but also in discussions around what parents look for in child care, and ways in which their home-based providers offer support above and beyond what is generally expected of child care. The topic of flexibility centered around care during non-traditional hours or during unusual circumstances.

CHART 12. PARENTS WHO CHOOSE "GOOD" OR "EXCELLENT" SATISFACTION WITH VARIOUS ASPECTS OF CHILD CARE

Aspect	Percent of Parents
Parent's relationship with the provider	~96%
Having a nurturing environment for children	~95%
Child safety	~94%
Meeting family's needs	~93%
How provider communicates with parent	~93%
Teaching children how to get along with other children	~92%
Affordability	~89%
Preparing children to enter school	~85%

Percent of Parents

"Personally, I wouldn't change anything- everything is clean, it's close to home, the provider has a license. I'm happy, my child is happy. And I am grateful that I can work and if there is an emergency I can call [the provider]. So, I wouldn't change anything."
– *Spanish-speaking parent*

"Right now, everything is good. The family child care provider does all of the activities, reading, outdoor activities, explain daily report [on the child]. I have nothing to change. Everything is good."
– *Mandarin-speaking parent*

"In the morning, if I could take my child in earlier, that would be good. I want the facility open earlier to drop off the child."
– *Mandarin-speaking parent*

Recommendations to Improve Home-Based Care

Parents were asked to share suggestions for improving their child care. Sixty-one percent of all parents selected at least one potential improvement with 67% of parents with FCC as their primary care selecting at least one potential improvement and 54% of parents with FFN care as their primary arrangement selecting at least one potential improvement. The greatest percentage of parents selected the desire for a more educational program (28%), followed by more activities (22%), and longer hours (17%). See Table 41. Parents in the focus groups were asked about where their child care provider could potentially use additional support. In the discussions, parents took the opportunity to share how happy they are with their provider and shared minimal supports or improvements for their child care provider. The most prominent theme was in operational factors such as location, hours of care provided, and the size of the home.

**TABLE 41. PARENTS' SUGGESTIONS FOR IMPROVING THEIR CHILD CARE**

IMPROVEMENTS TO CHILD CARE	PARENTS (N=710)
More educational program	28%
More activities	22%
Longer hours	17%
Arts and music	15%
Less expensive/more affordable	12%
More opportunities for parental involvement	11%
Bilingual education in the program	9%
Training or resources for the child care provider	7%
Provide transportation	7%
More providers per each child in the program	5%
Better environment	5%
Bigger facility	5%
Better communication from the provider	5%
Better nutrition or quality of food	<1%
None	<1%
Other	1%

"[The child care] is too far and I want it to be close. I don't drive and take the bus to drop off my child and pick him up which takes a long time. Sometimes I get home at 7 at night. So, I'm looking for somewhere that is closer."
– Chinese-speaking parent

Twenty percent of parents reported that they plan on changing the child care arrangements that they have for the youngest child they have in home-based child care during the next year. Highlighting the importance of location previously discussed, 32% of parents who plan on changing their child care arrangements cited location as a factor in their decision, closely followed by schedule (31%), and needing an environment that is suited to their child's age (26%). See Chart 13. The latter may actually be a higher percentage as a majority of parents who indicated the factor influencing their decision to change their child care arrangements as "Not listed" reported that their child will be moving on to transitional kindergarten, pre-school, or kindergarten.
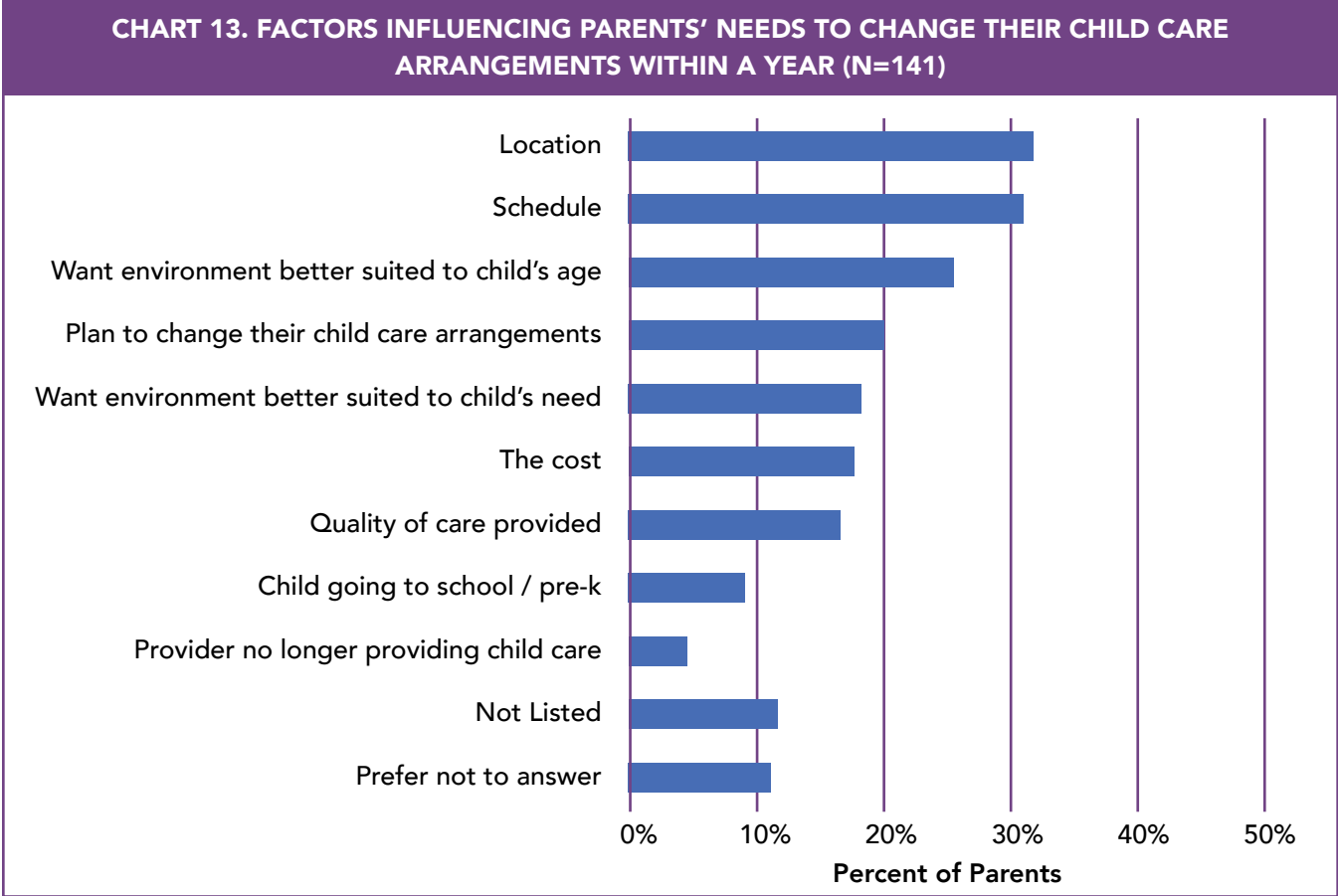
CHART 13. FACTORS INFLUENCING PARENTS' NEEDS TO CHANGE THEIR CHILD CARE ARRANGEMENTS WITHIN A YEAR (N=141)

RESEARCH QUESTION 6: What policies are needed to build a stronger, more sustainable HBCC sector for the future (determined based on lessons learned from the study)?

In conjunction with the HBCC Landscape Analysis on which this report is based, F5LA contracted with Duane Dennis, a consultant in strategic planning, system analysis, public policy, and management who is knowledgeable about the child care landscape in Los Angeles County and other parts of the country. Part of his role is to assist F5LA in understanding some of the core principles involved in HBCC, advise F5LA's course of direction to approach innovative programmatic, policy and system recommendations to improve the HBCC landscape, and facilitate discussions to engage staff and community in the HBCC space. As such, Mr. Dennis conducted interviews with experts across the country and coordinated meetings with experts in New York City from which to learn key lessons on New York City's implementation of programs to support HBCC.

Learning from Experts in New York City

As a part of the report from Duane Dennis (Dennis, 2022) regarding programs and policies from around the nation, his interviews with experts in New York City brought to light many potential lessons to be considered as F5LA moves to create programs and policies for HBCC providers in LA County. Over a period of several months Duane Dennis and Becca Patton from F5LA worked to coordinate a multi-day learning series in New York City (NYC) to further inform and build on key lessons learned for the LA County Home-Based Child Care (HBCC) landscape. This trip included site visits, presentations and discussions at Union Settlement[22] in East Harlem and Women's Housing and Economic Development Corporation (WHEDco)[23] in the Bronx. On the first day, the team learned about the history of home-based subsidized child care in NYC, the past and present political climate and levers needed for success, the development of the staffed networks, and a site visit to a family child care home participating in the network. The second day included a site visit to WHEDco in the Bronx to learn about the history of settlement houses, formal and informal family child care services, the research outcomes from these programs and site visits to licensed and license-exempt provider homes. The team returned to Union Settlement to learn about a grass roots movement called ECE on the Move affecting change on behalf of FCCs. Each day included an exchange of information, dialogue about key lessons learned, and the opportunity to hear not just from the typical program leaders, but also from political leaders and from staff and providers engaged in holistic support services. Each day included a debrief among the LA HBCC team and a post-event meeting was scheduled to discuss key take-aways. Some key take-away themes include:

• The need for multiple champions who can affect change at multiple levels

   • How can we engage and leverage what is already being done at the city, county and state levels?

• The need for a true mixed delivery system that includes all providers from the beginning (a 4-year-old Universal Pre-kindergarten program geared only toward centers almost decimated the home-based care landscape in NYC)

   • Based on lessons learned, the 3K for All program is inclusive of family child care networks

   • Continuity of care, possibly through braided funding to ensure children remain in one location within a single day

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22 https://www.unionsettlement.org/history/
23 https://whedco.org/

- A holistic system of services is needed for providers and parents
  - Ensure that staff are knowledgeable about all community services beneficial to providers and parents and how to connect the community to those services
  - Ensure funding levels are sufficient to do this
  - A home-visitation model may be more relevant for FFN providers
- Leverage existing connections, programs and needs
  - Leverage and connect/align existing programs such as Family Child Care Networks, Child Care Initiative Project (CCIP) and Quality Start Los Angeles (QSLA)
  - Providers are already networking; how do we harness this passion, connection and expertise?
  - Leverage the need for the state to come into compliance with federal guidelines regarding child care providers (e.g., visits) that could serve as the entry point for supports and services
  - Creating a true system of care that is inclusive of FCC and FFN providers will require government to be at the table
- Relationship-based service models provided by trusted Community-Based Organizations (CBOs) that are connected in the community are the most effective.
- Ensure the provider voice is heard, uplifted and empowered to drive change
- Increase ease of access for both providers and families
  - Provide back-end or adminstrative work done by agencies rather than providers
  - Develop a single application for services for families
  - Do not include additional requirements without additional funding for providers
  - Develop a formalized grievance process for providers with forms and liaisons at organizations including CBOs, county offices, unions, and the state

Conclusions and Recommendations

Results from the landscape analysis highlighted the needs and strengths of Los Angeles County HBCC providers and the families who use this care. About half of parents in this landscape analysis enrolled their children with FCC providers and the other half had their children cared for by an FFN provider. Surprisingly, a greater percentage of FCC providers served children under age 5 years, compared with FFN providers. Half or more of both provider groups offered care during non-traditional hours. Parents were satisfied with all aspects of the child care environment (87% or higher). The top two areas of suggested improvements include the educational nature of the child care and implementation of more activities. During community convenings parents expressed admiration over the hard work of child care providers and lamented the low pay and high expectations from the parents and systems experienced by providers. The following recommendations resulted from an analysis and synergy across all the data collected from providers and parents and from the community meetings held to interpret the data and glean recommendations. Efforts to effectively support HBCC providers should address each of these recommendations.

RECOMMENDATION 1: Involve providers in planning and development as a means to ensure equitable and relevant programs and policies

Historical and systemic racism continues to exist within child care and leads to barriers for many diverse groups within our communities. Therefore, it is important to uplift and use providers' voices when developing and creating programs and policies that directly affect providers. First 5 LA has already begun this process by creating a Provider Advisory Group and Crystal Stairs, Inc. has implemented an African American Provider Network. These groups participated in the landscape analysis by assisting in the interpretation of the data collected and offering recommendations. One recommendation is to continue to support groups such as these and convene a separate FFN group for continuous and active participation in the design, implementation and evaluation of future policies and programs. Findings from this landscape analysis along with additional literature on effective practices across the country can be vetted by a group with lived experiences to design programs and policies that would be most relevant and effective for Home-Based Child Care providers.

RECOMMENDATION 2: Develop distinct systems for FFN and FCC providers that pertain to each group's unique needs and experiences

An important finding from the landscape analysis was FFN and FCC providers are very distinct groups that need different approaches and models of service. First, the demographics of FFN providers in this analysis aligned closely with the subsidized parents they serve. For example, FFN providers and subsidized parents often had lower household incomes, were single, and were less likely to have a higher educational background, while FCC providers had higher rates of home ownership, income, educational attainment, and were married or in a long-term partnership. Additionally, 92% of FFN providers were close relatives to the child (either a grandparent, aunt, uncle, or cousin). Family, friend and neighbor providers were more likely to offer child care based on a familial need, usually for less than five years, compared with FCC providers who were more likely to offer child care for more than 10 years. In addition, FCC providers were more likely to serve children with multiple languages and races and FFN providers were more likely to serve relative children or children from one additional family. Half of FCC providers cited a personal calling or career choice as their reason for providing child care, whereas FFN providers cited the motivation to help the children's parents (75%). Lastly, when providers need information regarding their child care work, FCC providers most often reach out to other providers (58%) and FFN providers tend to reach out to family members (69%). The stark differences between FFN and FCC providers' demographics, motivations for providing care, and the number of years in the field alone demonstrate that different models are necessary to ensure each group receives the appropriate programs and services that address their unique needs. Programs that may work well for FFN providers may align better with the family-support model, including home visitation, play and learn groups, and distributions of resources. Programs best suited to FCC providers may need more of a business-development model to address additional programmatic characteristics that do not pertain to FFN providers.

This landscape analysis also found distinct differences between FCC providers with small licenses (licenses to care for a maximum of eight children), and FCC providers with large licenses (licenses to provide care for a maximum of 14 children). Prior research has suggested that those with small licenses may be at a greater disadvantage than those with large licenses (NCECQA, 2020) and therefore need a different support model. Providers with large licenses are more likely to have help in their child care work (paid or non-paid assistants). As a result, they may have greater opportunity to engage in professional development that requires them to travel or takes place during child care hours. Since many HBCC providers offer non-traditional hours care, the time "outside" of child care hours is constrained. Family child care providers with large licenses were more likely to participate in a variety of professional development and quality improvement programs (Family Child Care Home Education Network, Emergency Child Care Bridge Program for Foster Children, Early Head Start – Child Care Partnership (EHS-CCP), Quality Start Los Angeles, and Quality Start Los Angeles Dual Language Initiative) as compared with providers with small licenses.

Similar results were found in the engagement of general types of professional development where FFN providers were least engaged, followed by FCC providers with small licenses, and FCC providers with large licenses participated the most in workshops or trainings, coaching, and home visitation activities. New programs and supports should account for these group differences and not treat FCC providers as a single, monolithic group. Leveraging existing connections, programs, and funds to provide holistic and continuous set of supports for providers is recommended. For example, existing programs such as Family Child Care Networks, Child Care Initiative Project (CCIP), and Quality Start Los Angeles (QSLA) should be leveraged and aligned to support providers at different points in their career ladder.

RECOMMENDATION 3: Develop and implement new models for engaging providers

Lessons learned from this landscape analysis include the need for new models of outreach and engagement with HBCC providers. Ensuring those who are typically underrepresented in programs and services requires significant investments in time and the use of multiple methods across a diverse range of partnerships. The successes of this project in reaching significant numbers of providers and parents were due to the use of a variety of outreach methods (email blasts, phone calls, social media posts, community meetings, etc.), on multiple occasions, in four languages, by multiple community-based and trusted partners.

However, some limitations were realized, and new lessons can be learned. Specifically, some geographies may have been under-represented where the agencies serving that area are not members of key collaboratives. Engaging communities that are the most marginalized (e.g., those not well connected to technology, those who may fear agency contact due to immigration status or other factors, specific language groups, etc.) may also require additional phone calls or working in the community where these providers naturally congregate, which are extremely time-intensive and costly. Additional support for this level of outreach could have increased the ability to reach more Armenian- and Chinese-speaking providers, providers in SPA 8, as well as those who are not typically connected to technology. Many providers are already informally networked with other providers and they could be incentivized to reach additional members of the community.

An additional under-represented group of providers are the FFN providers who do not receive child care subsidy payments. To reach providers not connected to any formal system, some successful models across the nation include large-scale, expensive household calling or small-scale, community-based methods. If the informal (non-subsidized) FFN population is of interest, an alternative model may be to recruit through the K-12 system where providers drop off and/or pick up children from school. Snowballing outreach methods could be used for providers not typically connected to systems as well as those who are.

Regardless of outreach method, efforts need to be repeated (some providers may not be ready to receive information the first few times they experience outreach) and implemented using a variety of modalities (email, phone, social media, personal invitations, or word of mouth, community events) and in multiple languages. All of this requires additional staff time, that is not currently funded. To reach the providers who are often under-represented and may care for the most under-resourced families, additional funding is needed to perform effective outreach. Finally, leaders may want to consider a pilot to implement methods for the state to come into compliance with federal guidelines regarding child care providers (e.g., visits) that could also serve as an outreach and required entry point for supports and services.

Once outreached to, the next important step to consider is how to effectively engage and retain providers in programs and services. Leveraging the strengths of trusted organizations that have relationships with providers and reflect the racial, cultural and linguistic characteristics of the community is essential. Prior research (Shivers, Yang & Farago, 2016) found that high participation rates and improvement in FFN quality was linked to program implementation methods. Specifically, hiring staff that are bilingual and bicultural and share the same cultural heritages as most of the providers, outreach based on natural connections where providers congregate (schools, faith-based organizations, libraries, and community centers), relationship-based supports, and flexible and customized programs that meet the needs of specific providers. A recommendation aligned with this arose from the community convenings. Specifically, several providers and agency staff suggested the need to incentivize participation for all providers and to use promotoras for outreach and engagement of FFN providers. Promotoras are volunteer or paid workers who are from the community, share the same language, culture, ethnicity, and experiences of the community. They build and maintain relationships of trust and respect in their communities and often act as a liaison between a program or service and the members of the community to reduce barriers to services (e.g., health, education, income supports, etc.).

Once programs reach providers, they need to address challenges that prevent providers from engaging in programs and services. Top barriers to engaging in professional development for both groups of providers (particularly for FCC providers) include lack of time, inconvenient time or location, and cost of professional development activities. Family, friend and neighbor providers described transportation as a barrier more often than FCC providers. Given the time and location barriers for both groups of providers, the assumption that providers will travel to a location after a long, often 12-hour day of work may be accurate for those who are resourced (for example, have an assistant, a partner, etc.), but may not be inclusive enough for all providers.

RECOMMENDATION 4: Ensure seamless, responsive, and holistic models of support for providers

This landscape analysis confirmed a well-documented fact about child care providers – they are under resourced and in need of systems of support that are easy to navigate. The top two challenges for both provider groups were low pay and COVID-19. Family child care providers were more likely than FFN providers to cite the following challenges: COVID-19, lack of benefits, burnout, and mental health. Addressing these needs will help prevent the slow burnout and the tipping points described by Bromer et al. (2021) as FCC providers leave the field in significant numbers.

Food was a central theme in the surveys, interviews, and community convenings with FFN providers. Provision of food was an expression of love, culture, and support. However, this was contrasted with themes of high food costs for the children in their care, particularly for nutritious food. Given their extension of the family, this may be a key area for resources as they regularly support the child and often the family with food. One-on-one guidance through enrollment and the requirements of the Child and Adult Care Food Program (CACFP) could provide vital support. Family, friend, and neighbor providers also discussed challenges with being able to pay for utilities and other bills. As supportive programs are designed, it is essential to consider that quality care cannot occur if rent and utilities are unpaid and there is a lack of access to nutritious food.

Recommendations were provided in a report by Duane Dennis (2022) to F5LA that were based on programs in other states that could help sustain providers with their basic necessities. Ensuring FCC providers in Massachusetts were enrolled in CACFP (Child and Adult Food Program) helped them stay in business. Family, friend, and neighbor providers who receive subsidies in Washington and New York City must engage in certain activities (e.g., play and learn groups or training and home visitation) where resources are provided. Finally, direct cash transfers (DCTs) are being implemented in Colorado along with child development supports for FFN providers. Some of these are government funded and some are funded through philanthropy. One of the many recommendations that came out of a trip to New York City as part of this project was that resources and supports need to be redesigned so providers can access multiple systems of support from single entry points. Therefore, as program elements are developed, ease of access for providers should be considered.

Ensuring the basic needs of providers are met can help ensure they are ready to engage in professional development activities – it's difficult to focus on learning while worrying about rent and food. Providers in this project shared about how they engage in professional development and their interests. Family child care providers were more likely to want information from R&R agencies and through workshops and conferences as compared with FFN providers. Staffed support networks are well-known models of success for FCC providers (Bromer & Porter, 2017), fostering connections and building quality and business skills. Successful examples in California include the Family Child Care Home Education Network (FCCHEN) and Early Head Start-Child Care Partnerships. Staffed support networks are recommended for consideration and expansion.

The top areas of interest in professional development topics expressed by providers in this landscape analysis align with prior research: child development, behavior management and guidance and curriculum/activities for children. A greater percentage of FCC providers mentioned interest in many of the topics, compared with FFN providers. The FFN providers who expressed interest in becoming licensed had Spanish or Mandarin as their home languages and expressed concern regarding language barriers and expectations for their homes from licensing. Given the need for more support for Los Angeles County's Dual Language Learning children, it is essential that these providers have the support needed to become licensed.

This landscape analysis confirmed the fact that child care providers are under-resourced and have a wide variety of unique needs. Providers may at times not recognize their own needs when asked directly. For example, in this project many providers denied having needs for resources but when later asked about their child care they would mention struggling to afford food for the children in their care. The field needs a seamless menu of services offered to meet the needs of each unique provider; where their needs are frequently assessed (often through reflective conversations) and met. Staff trained in this type of listening and with the knowledge of available resources to meet a large variety of needs is essential to supporting the HBCC workforce.

RECOMMENDATION 5: Support a mixed delivery system and livable wages to ensure the ongoing sustainability of the child care provider community

The lack of adequate pay and declining enrollments were voiced by providers in surveys, focus groups, interviews, and community convenings. The top challenge reported by FCC and FFN providers was low pay. Although welcome, the increase to the state's reimbursement rates on January 1, 2022, did not keep pace with inflation (CCRC, 2022). In addition to not keeping pace with inflation, reimbursement rates also do not approach the level needed to support quality environments. Analyses showed a shortfall of $477/month to reach base quality levels and $1,374/month to reach aspirational quality levels in FCC homes (CCRC, 2022). Additionally, basing reimbursement rates on surveys of the current market is a policy method that ensures communities remain under-resourced. Families with young children are often at the beginning stage of their career and do not have significant purchasing power. Additionally, providers often subsidize the rates they receive (e.g., many providers talk about suppressing their own rates because parents cannot afford care and purchasing supplies out of their own pockets, much like K-12 teacher do, for families such as diapers, food, etc.). This creates artificially low rates. Therefore, basing reimbursement rates on what these families can pay illustrates the systemic cycle that ensures low pay for providers and that communities remain under-resourced. As a part of the Rate and Quality Workgroup efforts in California, movement toward a cost-based model is recommended as key to ensuring all providers can cover their business costs, provide quality care, and remain sustainable businesses and resources to the community (Capito, Fallin Kenyon, & Workman, 2022). A long-term view is needed for how to implement this, given the upcoming economic slowdown.

Many FCC providers voiced concerns during focus groups and community sessions regarding their perception of a disappearing mixed-delivery system. Recent policy research conducted by CCRC also found this concern from providers from across the state. Providers are facing an unprecedented decline in enrollments. The California R&R Network reported a 37% decline in FCC homes between 2008-2017 and an additional 10% decline between January 2020 and January 2021. These declines are likely a result of multiple factors (economic slowdowns with parents losing jobs, declining birth rates, families moving to more affordable counties, increases in free preschool options, etc.). These declines in available FCC homes result in child care deserts, placing severe constraints on the ability of parents to choose licensed care options that best meet their family's needs (especially non-traditional hours, language or cultural needs, care for children with special needs, etc.). Any program or policy change that does not support or include HBCC providers will continue to push them out of business, further limiting parental choice, particularly for those who have children under age 4 years.

The increase in free preschool options for parents is an incredible opportunity to relieve one of their major family expenses. However, if this is not done in an inclusive and flexible manner the expansion of Transitional Kindergarten (TK) may result in the perfect storm—pushing more HBCC providers out of business. The state intends for school districts to partner with community-based child care. Given the fact that Los Angeles Unified School District is the second largest in the nation (second only to New York City) this will require tremendous resources to involve the community-based provider voice in the roll-out and implementation of TK. As part of this project, a team was sent to New York City to learn from their experts on developing a supportive and inclusive mixed-delivery system. A key lesson learned from those in New York was that

having Universal Preschool funds directed solely to center-based programs resulted in the closure of many community-based child care programs due to the inability to enroll enough families. When New York City began development of a universal program for 3-year-old children, they learned the important lesson that they needed to include HBCC providers in their universal system. Including HBCC providers in the design and implementation of TK will ensure their sustainability and availability to parents who use and need this type of care. Champions and collaborators are needed to continue advocating for a mixed delivery system and partner with school districts to help serve all children.

RECOMMENDATION 6: Develop strategic partnerships to sustain home-based child care

Government participation is essential to re-envisioning a system that works for HBCC providers and strives for structural change. The relationship of government with CBOs will be critical to achieving system change and building an equitable and high-quality system of care. Many advocacy groups currently examine and evaluate the policies that create barriers at the local, state, and federal level and work for positive change. Ensuring information from this analysis (and future work by the Provider Advisory Group) informs these groups will be key to realizing desired changes.

New funder-community models and partnerships need to be fostered. Ensuring a collaborative and collective approach will ensure the future success and sustainability of programs for HBCC providers. Many funders and/ or conveners have proven track records for supporting this group including the David and Lucile Packard Foundation, Home Grown, and the Ballmer Group. Any complex challenge must be met with complex solutions. Ensuring government, philanthropy, CBOs, and community members have opportunities to work together toward a common goal will ensure greater equity in opportunities for children, families, and providers to thrive.

Appendices

Appendix A. Description of Convenings and Participant Demographic Information

Overview: Community convenings were conducted with multiple stakeholders across Los Angeles County in October 2022. These convenings were intended as an opportunity to engage the community and gather input to 1) help interpret the data collected through the landscape analysis, 2) formulate additional questions to explore in the future, and 3) begin generating recommendations.

Recruitment: CCALA, its member agencies, and First 5 LA worked together to recruit participants and conduct 12 convenings, as described in Table A1.

Specific members from the Best Start Community Partners, Community Based Organizations, funders, state leaders, and County Offices were contacted by email and invited to participate.

In order to ensure representation from across the county, parents and home-based child care providers who had not yet participated in the landscape analysis were given priority to partake in community convenings and have their voices heard. When the dates for the convenings were set, information about them was distributed by email to home-based providers and parents of children 6 years and younger. Home-based child care providers and parents then completed an interest form that asked for basic information such as their name, zip code, ethnicity, and age of their children or children served. Groups of 30 potential participants, with priority given to those who had not participated in the data collection phase (survey, key informant interviews, and focus groups) of the landscape analysis, were selected from each group and invitations were distributed. Home-based providers and parents received a $25 gift card for their participation. For demographic information about the HBCC providers and parents who attended the sense-making sessions, see Tables A2-A5.

Community Convening Agendas: Each convening was tailored to the participating group with 1) specific data components relevant to that group and 2) the manner in which data was presented (e.g., more narrative-focused for community members and more tabular presentation of data for agencies). However, the structure of the sessions was the same across all groups and included the following:

- Overview of the Los Angeles County Home-Based Child Care Landscape Analysis and purpose of the community convenings
- Presentation and discussion of the data most relevant to each group
- Discussion of further analyses of the data needed and conversations about potential recommendations

TABLE A1. COMMUNITY CONVENINGS ("SENSE-MAKING") TO GATHER INPUT ON INTERPRETATION OF RESULTS AND COLLECT RECOMMENDATIONS

COMMUNITY GROUP	DATE CONVENED	NUMBER AND DESCRIPTION OF PARTICIPANTS
Quality Start Los Angeles (QSLA) Data System and Evaluation Committee (DSE)	9/20/22	Nine participants from the DSE Committee and First 5 LA
Family, friend, and neighbor (FFN) providers (English)	10/4/22	Ten FFN providers who provide care for children birth to 5 years old
Family child care providers (English)	10/4/22	Nine FCC providers who take care of at least one child birth to 5 years old
Child Care Planning Committee	10/5/22	Forty members representing parents, early educators, community organizations, child care Resource and Referral agencies, institutions of higher education, and Board of Supervisor appointees
Family child care (FCC) providers (Spanish)	10/5/22	Nine FCC providers who take care of at least one child birth to 5 years old
Parents	10/6/22	Nine parents of children birth to 6 years old who use home-based child care
Best Start Communities, Community Based Organizations, and County Offices	10/11/22	Seventeen members of Best Start Community Partner and other Community Based and County Organizations
Best Start Communities, Community Based Organizations, and County Offices	10/18/22	Twenty-seven members of Best Start Community Partner and other Community Based and County Organizations
Resource and Referral Staff	10/19/22 and 10/24/22	Twenty-one staff members from Resource and Referral agencies who work directly with family child care and license-exempt providers
First 5 LA ECE Team	10/20/22	Members of the First 5 LA ECE Team
First 5 LA Provider Advisory Group (PAG) (English with simultaneous translation in Mandarin and Spanish)	10/26/22	Members of the First 5 LA Provider Advisory Group

TABLE A2. DEMOGRAPHICS AND BACKGROUND-PARENT COMMUNITY CONVENING

	PARENT PARTICIPANTS (N=9)
Types of Care Used	
Family Child Care (FCC)	56%
Family, Friend, and Neighbor Care (FFN)	44%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	0%
Black or African American	44%
Hispanic or Latino	22%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	11%
Multiracial	22%
Other	0%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	22%
SPA 2: San Fernando Valley	22%
SPA 3: San Gabriel Valley	0%
SPA 4: Metro LA	0%
SPA 5: West	22%
SPA 6: South	22%
SPA 7: East	0%
SPA 8: South Bay	11%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	56%
Completed a Survey and Participated in a Focus Group	33%
No Prior Participation	11%

TABLE A3. DEMOGRAPHICS AND BACKGROUND: FFN COMMUNITY CONVENING

	FFN PARTICIPANTS (N=10)
Relationship to Child	
Grandparent	40%
Other Relative	30%
Child of Spouse/Significant Other	20%
Multiple Ties to Child	10%
Ages of Children (n=30)	
0-5 years old	57%
6+ years old	43%
Ethnicity	
American Indian or Alaskan Native	10%
Asian or Asian American	0%
Black or African American	50%
Hispanic or Latino	20%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	10%
Multiracial	10%
Other	0%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	30%
SPA 2: San Fernando Valley	50%
SPA 3: San Gabriel Valley	10%
SPA 4: Metro LA	10%
SPA 5: West	0%
SPA 6: South	0%
SPA 7: East	0%
SPA 8: South Bay	0%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	20%
Completed a Survey and Participated in a Key Informant Interview	20%
No Prior Participation	60%

TABLE A4. DEMOGRAPHICS AND BACKGROUND: FCC COMMUNITY CONVENING (ENGLISH)

	FCC PARTICIPANTS (N=9)
FCC License Size	
Small (1-8 Children)	22%
Large (9-14 Children)	78%
Number of Years in the ECE Field	
0-5 Years	33%
6-10 Years	11%
11-15 Years	11%
16-20 Years	11%
21-25 Years	0%
26-30 Years	11%
31-35 Years	11%
No Response	11%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	11%
Black or African American	44%
Hispanic or Latino	11%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	33%
Multiracial	0%
Other	0%
Ages of Children	
0-5 years old	79%
6+ years old	21%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	0%
SPA 2: San Fernando Valley	11%
SPA 3: San Gabriel Valley	22%
SPA 4: Metro LA	11%
SPA 5: West	0%
SPA 6: South	11%

	FCC PARTICIPANTS (N=9)
SPA 7: East	0%
SPA 8: South Bay	44%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	89%
Completed a Survey and Participated in a Focus Group	0%
No Prior Participation	11%

TABLE A5. DEMOGRAPHICS AND BACKGROUND: FCC COMMUNITY CONVENING (SPANISH)

	FCC PARTICIPANTS (N=9)
FCC License Size	
Small (1-8 Children)	22%
Large (9-14 Children)	78%
Number of Years in the ECE Field	
0-5 Years	11%
6-10 Years	11%
11-15 Years	44%
16-20 Years	11%
21-25 Years	22%
26-30 Years	0%
31-35 Years	0%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	0%
Black or African American	11%
Hispanic or Latino	67%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	0%
Multiracial	11%
Other	0%
Prefer Not to Answer	11%
Ages of Children (n=75)	
0-5 years old	63%
6+ years old	37%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	11%
SPA 2: San Fernando Valley	0%
SPA 3: San Gabriel Valley	11%
SPA 4: Metro LA	11%
SPA 5: West	0%

	FCC PARTICIPANTS (N=9)
SPA 6: South	44%
SPA 7: East	0%
SPA 8: South Bay	22%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	33%
Completed a Survey and Participated in a Focus Group	11%
No Prior Participation	56%

Appendix B. Data Governance and Security, Quality Assurance, and Validation of Survey Data

Data Governance and Security

All data collected, including recordings of FGs and KIIs, were stored on secure servers at CCRC. Folders that store the data had strict permission and access settings that allow only authorized users in the CCRC Research Department to view the data. Electronic data were de-identified by creating a link file where a participant's name and contact information were removed, each participant was then assigned a unique ID, and this ID linked the contact information file with the anonymized survey and interview files.

Quality Assurance and Validation of Survey Data

Measures to ensure that only valid survey submissions were included in the dataset for this study have been taken throughout the process starting from the design of the tools through the analysis of the data.

Guardrails were embedded into the surveys when they were built in Jotform to ensure that responses that are not feasible were not allowed as entries in the surveys. For example, lower and upper limits were set for variables such as year born and number of hours worked during the week to exclude responses that were outside the realm of possibility. After the surveys launched, entries were monitored in real time to ensure all surveys were functioning correctly and that any issues that arose were rectified immediately.

Some minor anomalies identified in the first few entries were corrected by changing the wording for one of the questions when initial responses indicated clarity in the question may have been lacking.

In addition, to prevent data that could have potentially been survey fraud, measures were taken to validate the data after it was submitted. The REAL (Reflect, Expect, Analyze, and Label) framework (Lawlor, Thomas, Guhin, et al, 2021) was used to systemize the process of reviewing the data and make determinations to exclude or include specific survey submissions in the dataset for analyses.

Reflection on potential vulnerabilities of the survey and built-in design elements to avoid fraud: Because the survey links had been distributed widely, including via social media postings, it was necessary to carefully review the data as the survey may have been vulnerable to fraud in order to receive the incentive for participating in the survey, entry into a drawing for $50 Target gift cards. Initial measures were put in place to limit instances of fraud, including requiring a participant to provide their name, telephone number, and either an email address or a physical address in order to be eligible for the gift card drawings. To ensure confidentiality, identifying information was removed from the data file used for data analysis after the data verification process was complete.

Expectation of data, identification of specific patterns, and review of irregular data: In a few instances, survey submissions were flagged as irregular and examined. For example, some initial survey submissions indicated that parents had 10-20 children in each age group, a number beyond what would be expected or perceived as feasible. Additionally, some IP addresses connected to submissions were outside of the country and numerous surveys included invalid area codes.

Analysis of the data for patterns: Additionally, we identified several patterns indicating that submissions may have been fraudulent, including multiple surveys with almost the same exact responses, multiple submissions entered at almost the same exact time, errors in names where last names were repeated, a specific pattern in email addresses provided, and other anomalies.

Labeled and decided on a threshold for making the determination: Finally, we developed criteria to help uniformly identify and remove fraudulent submissions. No one piece of information alone was used to determine whether a record was valid or not. As patterns were analyzed, each submission was marked to indicate whether it fit any of the potentially fraudulent patterns and determinations were made on what data to include and exclude.

Data were reviewed both within survey groups and across all three surveys (FFN, FCC, and Parent) to identify potential duplicates. As potential duplicates were identified, they were reviewed, and determinations were made on which submissions to include or exclude.

Appendix C. Key Informant Interview and Focus Group Participant Demographic Information

TABLE C1. DEMOGRAPHIC INFORMATION: FFN KEY INFORMANT INTERVIEWS

	FFN PARTICIPANTS (N=30)
Age of Participants	
Under the age of 20	0%
20 to 29	10%
30 to 39	10%
40 to 49	23%
50 years or older	43%
No Response	13%
Ethnicity	
American Indian or Alaskan Native	3%
Asian or Asian American	13%
Black or African American	30%
Hispanic or Latino	50%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	7%
Multiracial	3%
Other	0%
Gender	
Male	7%
Female	93%
Language (Interview)	
English	50%
Mandarin	13%
Spanish	37%
Primary Home Language	
English	50%
Mandarin	13%
Spanish	37%

	FFN PARTICIPANTS (N=30)
Education Level	
Less than High School	27%
High School Diploma or GED	3%
Trade or Technical School Certificate	3%
Some College, but No Degree	23%
Two-year College Degree (AS, AA)	6%
College Graduate (BS, BA)	6%
Some Graduate School	3%
Graduate/Professional Degree (MS, MA, etc.)	6%
No Response	23%
Annual Household Income	
Under $15,000	23%
$15,000 to $25,000	10%
$25,001 to $35,000	20%
$35,001 to $50,000	10%
$50,001 to $65,000	3%
$65,001 to $85,000	6%
More than $85,000	3%
No Response	23%
Relationship to Child	
Grandparent	47%
Aunt/Uncle	7%
Other Relative	33%
Unrelated (Family Friend, Neighbor, etc.)	10%
Other	3%

TABLE C2. DEMOGRAPHIC INFORMATION: FCC FOCUS GROUP PARTICIPANTS

	FCC PARTICIPANTS (N=63)
Focus Group Language	
Armenian	6%
English	40%
Mandarin	14%
Spanish	40%
Age of Participants	
Under the age of 20	0%
20 to 29	0%
30 to 39	5%
40 to 49	27%
50 years old or older	57%
No response	6%
Ethnicity	
American Indian or Alaska Native	0%
Asian or Asian American	16%
Black or African American	22%
Hispanic or Latino	48%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	13%
Multiracial	2%
Other	2%
No response	2%
Primary Home Language	
English	40%
Mandarin	14%
Spanish	40%
Armenian	6%

	FCC PARTICIPANTS (N=63)
Annual Household Income	
$15,000 or less	3%
$15,001 to $25,000	8%
$25,001 to $35,000	13%
$35,001 to $50,000	21%
$50,000 to $65,000	8%
$65,001 to $85,000	17%
$85,001 to $100,000	10%
$100,000 or more	10%
No response	11%
Education Level	
Less than a high school diploma	5%
High school graduate or GED	14%
Trade or technical school certificate	3%
Some college, but no degree	28%
Two-year college degree (AA, AS)	17%
College graduate (BA, BS)	13%
Some graduate school	2%
Graduate/Professional degree	11%
No response	6%

TABLE C3. DEMOGRAPHIC INFORMATION: PARENT FOCUS GROUP PARTICIPANTS

	PARENT PARTICIPANTS (N=24)
Focus Group Language	
Armenian	17%
English	33%
Mandarin	25%
Spanish	25%
Age of Participants	
Under the age of 20	0%
20 to 29	4%
30 to 39	46%
40 to 49	25%
50 years old or older	0%
No response	25%
Ethnicity	
American Indian or Alaska Native	0%
Asian or Asian American	25%
Black or African American	29%
Hispanic or Latino	29%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	21%
Multiracial	4%
Other	0%
Primary Home Language	
Armenian	17%
English	33%
Mandarin	25%
Spanish	25%

	PARENT PARTICIPANTS (N=24)
Annual Household Income	
$15,000 or less	8%
$15,001 to $25,000	29%
$25,001 to $35,000	13%
$35,001 to $50,000	13%
$50,000 to $65,000	4%
$65,001 to $85,000	4%
$85,001 to $100,000	0%
$100,000 or more	0%
No response	29%
Education Level	
Less than a high school diploma	0%
High school graduate or GED	17%
Trade or technical school certificate	21%
Some college, but no degree	17%
Two-year college degree (AA, AS)	17%
College graduate (BA, BS)	4%
Some graduate school	0%
Graduate/Professional degree	0%
No response	25%
Types of Care Used	
Family Child Care (FCC)	88%
Family, Friend, and Neighbor Care (FFN)	12%

Appendix D. Additional Data Charts and Analyses

Participant Demographic Information

Education

When reporting the highest educational degree achieved in the United States, the median education reported by FCCs was Some College, by FFNs it was High School Graduate or GED, and by parents it was Trade School or Technical School Certificate. FFNs had a greater than expected proportion reporting Some College or less than the other two groups (X^2 (df=4, N=1,795) = 60.0, p<.001). Greater than expected proportions of FCCs with small licenses reported their highest level of education as Some College or less than FCCs with large licenses while more FCCs with large licenses reported a BA Degree or Higher than those with small licenses ((X^2 (df=2, N=702) = 12.68, p<.01).

TABLE D1. HIGHEST LEVEL OF EDUCATION COMPLETED IN THE UNITED STATES

HIGHEST DEGREE	FCC (N=702)	FFN (N=416)	PARENTS (N=679)
Less than a High School Diploma	9%	24%	8%
High School Graduate or GED	15%	27%	29%
Trade or Technical School Certificate	6%	8%	12%
Some College, but No Degree	29%	22%	22%
Two-Year College Degree (AA, AS)	17%	9%	10%
College Graduate	15%	5%	12%
Some Graduate School	2%	1%	2%
Graduate / Professional Degree	7%	4%	4%
Doctorate Degree	1%	<1%	<1%

TABLE D2. HIGHEST LEVEL OF EDUCATION IN UNITED STATES FOR FCC PROVIDERS, BY LICENSE SIZE (WITH COLLAPSED EDUCATION CATEGORIES)

HIGHEST DEGREE	SMALL FCC (N=202)	LARGE FCC (N=500)
Some College or Less	69%	55%
Two-Year College Degree (AA, AS)	14%	18%
BA Degree or Higher	16%	27%

Household Income

The 2021 Federal Poverty Level (FPL) for a family of 4 is $27,750 and MAGI (Modified Adjusted Gross Income for Medi-Cal or 138% of FPL) for a family of 3 is $31,782.[24] However, the level at which a family of 3 in Los Angeles County can qualify for subsidized child care is $82,104.[25] As seen in Table D3, more parents and FFN providers are in the lowest income categories as compared with FCCs (X^2 (df=4, N=1,648) = 451.41, p<.001). Within the FCC group, Table D4 illustrates that a higher proportion of FCC providers with a small license have the lowest level of income compared with the FCC providers with larger licenses (who have greater percentages in the higher income level), X^2 (df=2, N=617) = 46.52, p<.001). Information is presented on the proportions of FCC, FFN, and Parents who fall above and below the FPL and SMI (See Table D5). Caution should be exercised while interpreting this income data given the non-response rates of 20% for FCCs and 16% for FFNs.

TABLE D3. HOUSEHOLD INCOME IN 2021

INCOME LEVEL	FCC (N=617)	FFN (N=385)	PARENTS (N=646)
$15,000 or less	6%	35%	33%
$15,001-$25,000	7%	29%	22%
$25,001-$35,000	13%	16%	20%
$35,001-$50,000	19%	10%	15%
$50,001-$65,000	16%	4%	5%
$65,001-$85,000	14%	4%	3%
$85,001-$100,000	14%	1%	1%
$100,001 or more	11%	1%	1%

TABLE D4. FEDERAL POVERTY LEVEL AND STATE MEDIAN INCOME

INCOME LEVEL	FCC (N=617)	FFN (N=385)	PARENTS (N=646)
Above FPL	81%	31%	30%
Below FPL	19%	69%	70%
Above SMI	16%	1%	2%
Below SMI	84%	99%	98%

Note: FPL = Federal Poverty Level; SMI = California State Median Income

24 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Federal_Poverty_Guideline_Chart.aspx
25 https://www.hcd.ca.gov/docs/grants-and-funding/inc2k22.pdf

HBCC Provider Age

FFNs providers are younger (M=49.5, SD=13.7) than FCCs (M=53.5, SD=10.8), t (1154)=5.6, p<.001). FCCs with a small license are on average younger (M=44.4, SD=22.1) compared with FCCs with a large license (M=52.3, SD= 21.8), t (717)=2.3, p=.05. Table D5 represents the proportion of each group within age category.

TABLE D5. AGE CATEGORY OF SURVEY PARTICIPANTS

AGE	FCC (N=719)	FFN (N=437)	PARENTS (N=686)
18-34 years old	6%	18%	56%
35-44 years old	15%	14%	39%
45-64 years old	65%	56%	4%
65 years and older	15%	12%	<1%

Marital Status

When comparing the three participant groups by marital status, the Chi-square independence test showed a relationship between participant type and marital status (X^2 (df=2, N=1,790) = 261.96, p<.001). Marital status of the FCC survey participants was very much in line with the percent of FCCs married or partnered in LA County and those who are unmarried or single. Sixty-five percent of the FCC in this sample reported they are married or partnered in this sample compared with 68% in the sample from the CSCCE. Similarly, 29% reported they are unmarried or single compared with the 32% in the CSCCE sample (See Table D6).

TABLE D6. MARITAL STATUS OF SURVEY PARTICIPANTS

MARITAL STATUS	FCC (N=775)	FFN (N=459)	PARENTS (N=641)
Never married, not living with a partner	8%	28%	48%
Married, living with a partner	65%	42%	23%
Separated	4%	5%	12%
Divorced	11%	12%	6%
Widowed	6%	4%	1%
Prefer not to answer / Missing	6%	9%	10%

HBCC Provider Tenure

There is a significant difference in the number of years FCCs have had their license when grouped by license size. FCCs with small licenses (M=11.6, SD=7.9) have had their license less time than FCCs with large licenses (M=16.0, SD=8.8), t (717) =6.6, p<.001. FCCs with small licenses (M=16.0, SD=11.8) have been working with or taking care of children that are not their own for less time than FCCs with large licenses (M=21.2, SD=12.9), t (763)=5.2, p<.001. FCCs with large licenses (M=52.3, SD=21.8) reported spending more hours a week taking care of children and running their business than FCCs with small licenses (M=44.4, SD=22.1), t (767) = 4.6, p<.001.

Children Served by HBCC Providers

TABLE D7. PROVIDERS SERVING SPECIFIC AGE GROUPS OF CHILDREN AND AVERAGE NUMBERS SERVED PER AGE GROUP

AGE GROUP SERVED	FCC SERVING AGE GROUP (N=775)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP	FFN SERVING AGE GROUP (N=459)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP
Infants (0-12 months old)	64%	2	13%	1
Toddlers (13-36 months old)	85%	3	30%	1
Preschoolers (3-5 years old, not yet in kindergarten)	88%	3	48%	1
School-age children (5 years and older)	77%	4	73%	2
Serve at least one child 0-5 years old	96%	-	67%	-
Serve more than one age group	89%	-	47%	-

TABLE D8. PROVIDERS WHO SERVE CHILDREN WITH SUBSIDY

SUBSIDY STATUS OF CHILDREN IN CARE	FCC (N=766)	FFN (N=445)
Serve children with subsidy	72%	52%
Average number of children served with subsidy	7 children	2 children
Range of children served with subsidy	0-20 children	1-8 children

TABLE D9. PROVIDERS WHO SERVE CHILDREN WITH SPECIAL NEEDS, BY AGE GROUP

AGE GROUP SERVED	FCC SERVING AGE GROUP (N=768)	FFN SERVING AGE GROUP (N=457)
Infants (0-12 months old)	2%	4%
Toddlers (13-36 months old)	13%	14%
Preschoolers (3-5 years old, not yet in kindergarten)	18%	25%
School-age children (5 years and older)	16%	71%
Serve at least one child with special needs	39%	16%

Challenges During the Pandemic

TABLE D10. FCC PROVIDERS REPORTING CHALLENGES DURING THE PANDEMIC, BY PRIMARY HOME LANGUAGE

PANDEMIC CHALLENGE	ENGLISH (N=332)	SPANISH (N=330)	OTHER (N=97)
Decrease in child enrollment	56%	49%	60%
Financial hardship in running program[1]	47%	30%	50%
Difficulty in supporting children with distance learning[2]	32%	46%	30%
Challenges with technology (lack of equipment, internet, knowledge)[3]	16%	35%	24%
Not enough access to cleaning supplies and / or safety supplies[4]	29%	16%	24%
Their own health / mental health or that of a family member[5]	16%	24%	16%
Lack of educational activities to support children's learning at home	17%	17%	13%
Child mental health concerns[6]	11%	20%	12%
Not enough food for the children in the program	5%	1%	3%
None of the above	8%	6%	8%
Not listed	0%	<1%	0%

[1] $X^2 (2) = 25.60, p<.001$ [3] $X^2 (2) = 31.47, p<.001$ [5] $X^2 (2) = 7.29, p<.05$
[2] $X^2 (2) = 9.43, p<.01$ [4] $X^2 (2) = 16.51, p<.001$ [6] $X^2 (2) = 17.18, p<.001$

Parent and Child Care Search Data

Age of Children and Services Received

TABLE D11. AGE OF THE YOUNGEST CHILD IN HOME-BASED CHILD CARE

Age of the Youngest Child in HBCC	PARENTS (N=710)
Less than one year old	11%
1 years old	17%
2 years old	21%
3 years old	18%
4 years old	14%
5 years old	14%
6 years old	5%

TABLE D12. PARENTS RECEIVING ASSISTANCE TO PAY FOR CHILD CARE

Subsidy	PARENTS (N=710)
Receives assistance to pay for child care	51%
Does not receive assistance to pay for child care	30%
Not known	19%

Factors Considered in Choosing Care

TABLE D13. TOP FACTORS CONSIDERED BY PARENTS IN THEIR SEARCH FOR CHILD CARE

FACTOR CONSIDERED IN CHILD CARE SEARCH	PARENTS (N=700)
Location of child care provider	71%
Safety / cleanliness / prevention of illness	66%
Flexible hours (early morning, night, or weekend care)	58%
Loving environment	43%
Cost of care	30%
Quality caregivers and teachers	25%
Reviews / reputation of child care provider	21%
Accreditation / Licensing of child care provider	18%
Individualized attention provided to each child	17%
Provider's values and principles	14%
Preparing children to enter school	13%
Opportunities for social-emotional learning (sharing, getting along with other children, etc.)	12%
Opportunities for cognitive development (e.g., improving how they think and reason)	9%
Caregivers who look like my family and/or speak the same language(s)	9%
Bilingual educational opportunities	8%
Approaches to guidance and discipline of children	7%
Diversity of children and teachers across race, ethnicity, and ability levels	3%
Not listed	2%

Note: Parents selected their "five top factors"

TABLE D14. MAIN REASON REPORTED BY PARENTS FOR DIFFICULTY IN FINDING CHILD CARE

REASON FOR DIFFICULTY IN FINDING CHILD CARE	PARENTS (N=287)
Cost of care	27%
The quality of care	21%
Lack of open slots for new children	19%
Location of provider	17%
I needed a program for children with special needs	4%
Hours / Schedule conflicts	4%
Other	8%

TABLE D15. PARENTS' SATISFACTION WITH VARIOUS ASPECT OF CHILD CARE

SATISFACTION WITH ASPECTS OF CHILD CARE	EXCELLENT	GOOD	FAIR	POOR
Having a nurturing environment for children	80%	16%	3%	<1%
Child safety	79%	16%	4%	<1%
My relationship with the provider	78%	18%	3%	<1%
Meeting my family's needs	77%	17%	5%	1%
How the provider communicates with me	77%	17%	4%	1%
Teaching children how to get along with other children	74%	19%	5%	1%
Affordability	70%	20%	5%	1%
Preparing children to enter school	66%	21%	9%	1%

TABLE D16. FACTORS INFLUENCING PARENTS' NEED TO CHANGE THEIR CHILD CARE ARRANGEMENTS WITHIN A YEAR

FACTORS INFLUENCING DECISION TO CHANGE CHILD CARE	PARENTS (N=141)
Location	32%
Schedule	31%
An environment better suited to my child's age	26%
An environment better suited to my child's needs	18%
Cost	17%
Quality of care provided	16%
Child is aging out of the current child care arrangement	9%
Provider will no longer be working in child care or is retiring	4%
Prefer not to answer	11%
Not Listed	12%

References

Andrews, K., Parekh, J., & Peckoo, S. (2019). How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process. A Child Trends Working Paper. Retrieved on November 16, 2022 from https://www.childtrends.org/wp-content/uploads/2019/09/RacialEthnicEquityPerspective_ChildTrends_October2019.pdf

Assembly Bill No. 131 (2021). Retrieved November 16, 2022 from https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB131

Bhusal. S., Blumenberg, E., & Brozen, M. (2021). Access to Child Care in Los Angeles County: Recent Trends and COVID-19 Implications. UCLA Lewis Center for Regional Policy Studies. Retrieved on December 22, 2022, from https://escholarship.org/uc/item/1rd639b8

Borton, J., Datta, A. R., & Ventura, I. (2021). 2019 NSECE Snapshot: Parent Work Schedules in Households with Young Children. Office of Planning, Research and Evaluation Report #2021-187. Retrieved on December 11, 2022 from https://www.acf.hhs.gov/sites/default/files/documents/opre/2019-nsece-parent-work-schedules_082021_toopre_508.pdf

Bromer, J. & Porter, T. (2017). Staffed family child care networks: A research-informed strategy for supporting high-quality family child care. Washington, DC: National Center on Early Childhood Quality Assurance, Office of Child Care, Administration for Children and Families, U.S Department of Health and Human Services.

Bromer, J., Porter, T., Melvin, S., & Ragonese-Barnes, M. (2021). Family Child Care Educators' Perspectives on Leaving, Staying, and Entering the Field: Findings from a Multi-State Study of Family Child Care Decline and Supply. Herr Research Center, Erikson Institute.

Bromer, J., Porter, T., Jones, C., Ragonese-Barnes, M., & Orland, J. (2021). Quality in Home-Based Child Care: A Review of Selected Literature, OPRE Report # 2021-136, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.erikson.edu/wp-content/uploads/2021/10/HBCCSQ_LiteratureReview_2021-Remediated.pdf

Brooks, P., E., Karimi-Taleghani, P, Griggs-Ross, D., & Karimi-Taleghani, H. (2022). Learning, Reflection, and Moving Forward: "Learning and Reflection" for LA County Early Care and Education COVID-19 Response Team (RT). Retrieved on December 22, 2022 from https://childcare.lacounty.gov/wp-content/uploads/2022/11/LA-County-ECE-COVID-Response-Team-Learning-Reflection-Report.pdf

California Assembly Blue Ribbon Commission on Early Childhood Education Report (April 2019). Retrieved on November 16, 2022, from https://speaker.asmdc.org/sites/speaker.asmdc.org/files/pdf/BRC-Final-Report.pdf

California Child Care Research Partnership Team. (2016). Licensed Family Child Care Providers and Quality Improvement: Interests and Barriers. Fact Sheet Number 2. Los Angeles, CA: California State University, Northridge. https://www.areyouinpartnership.com/uploads/1/2/4/5/12457666/2016_ccrp_fact_sheet_2_final.pdf

Capito, J., Fallin Kenyon, K. & Workman, S. (2022). "Understanding the True Cost of Child Care in California: Building a cost model to inform policy change." Prenatal to Five Fiscal Strategies. Retrieved on October 1, 2022, from https://www.prenatal5fiscal.org/californiacostmodelreport2022

Center for American Progress (September 2020). The True Cost of Providing Safe Child Care During the Coronavirus Pandemic. Retrieved on November 1, 2021 from https://www.americanprogress.org/issues/early-childhood/reports/2020/09/03/489900/true-cost-providing-safe-child-care-coronavirus-pandemic/

Child Care Resource Center (CCRC, 2021). Parent Input: Child Care Decision-making and Impact of COVID-19 on Families. Report to California Health and Human Services as part of CCRC's Preschool Development Grant. https://uploads-ssl.webflow.com/6144f94f4e0442569d951eba/62d1bf716200b16ec92a5b1a_Child%20Care_Covid-19%20Impact.pdf

Children's Equity Project. (2021). Start With Equity: 14 Priorities to Dismantle Systemic Racism in Early Care and Education. Retrieved on November 16, 2022 from https://childandfamilysuccess.asu.edu/sites/default/files/2021-12/14-priorities-equity-121621.pdf

Datta, A. R., Milesi, C., Srivastava, S., Zapata-Gietl, C. (2021). NSECE Chartbook: Home-based Early Care and Education Providers in 2012 and 2019: Counts and Characteristics. Office of Planning, Research and Evaluation Report #2021-85. Washington DC: Office of Planning, Research and Evaluation, Administration for Children and Families. Retrieved on December 11, 2022 from https://www.acf.hhs.gov/sites/default/files/documents/opre/NSECE-chartbook-homebased-may-2021.pdf

Dennis, D. (2022). Update by Duane Dennis. Prepared for First 5 LA.

First 5 LA. (May 2012). Families, Friends and Neighbors: Understanding the Needs of FFN Childcare Providers in Los Angeles County. Retrieved on November 1, 2021, from https://www.first5la.org/files/FFNReport_r4_0.pdf

Forry, N. D., Tout, K., Rothenberg, L., Sandstrom, H., Vesely, C. (2013). Child Care Decision Making Literature Review. OPRE Brief 2013-45. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Harder & Company Community Research. (January 2014). License-Exempt Early Care and Education (ECE) Provider Needs Assessment. Final Report to First 5 LA.

Henley, J. & Adams, G. (2018). Increasing Access to Quality Child Care for Four Priority Populations: Challenges and Opportunities with CCDBG Reauthorization. Research Report: Urban Institute. Retrieved on November 1, 2021 from https://www.urban.org/sites/default/files/publication/99150/increasing_access_to_quality_child_care_for_four_priority_populations_report_3.pdf

Johnson, J. O. (October, 2005). Who's minding the kids? Child care arrangements: Winter 2002. Washington, DC: U.S. Census Bureau. www.census.gov/prod/2005pubs/p70-101.pdf

Kim, Y., Austin, L.J.E., Montoya, E., & Powell, A. (2022). Education and Experience of the California ECE Workforce. Center for the Study of Child Care Employment, University of California, Berkeley. https://cscce.berkeley.edu/publications/data-snapshot/education-and-experience-of-the-california-ece-workforce/

Laughlin, L. (2013). Who's Minding the Kids? Child Care Arrangements: Spring 2011. Current Population Reports, P70-135. U.S. Census Bureau, Washington, DC. https://www.census.gov/prod/2013pubs/p70-135.pdf

Lawler, J., Thomas, C., Guhin, A.T, Kenyon, K., Lerner, M.T., UCAS Consortium, & Drahota, A. (2021). Suspicious and fraudulent online survey participation: Introducing the REAL framework. Journal of Indexing and Metrix, 14 (3).

Layzer, J. I., & Goodson, B. D. (2006). National Study of Child Care for Low-Income Families – Care in the Home: A Description of Family Child Care and the Experience of Families and Children That Use It. Wave 1 Report. Abt Associates: Cambridge, MA. www.researchconnections.org/location/ccrca11568

Liu, M. (2015). An ecological review of literature on factors influencing working mothers' child care arrangements. Journal of Child and Family Studies, 24, pp 161-171.

Liu, M. & Anderson, S. G. (2012). Neighborhood effects on working mothers' child care arrangements. Children and Youth Services Review, 34 (4), pp 740-747.

Muenchow, S., Pizzo, P.D., Zhang, C., & Harper, T. (December 2020). California's Family Child Care Networks: Strengths, Challenges, and Opportunities. Published by American Institutes for Research (AIR). Retrieved on January 17, 2022 from https://www.air.org/sites/default/files/Californias-Family-Child-Care-Networks-Report-Dec-2020rev2.pdf

NICHD Early Child Care Research Network. (2004). Type of child care and children's development at 54 months. Early Childhood Research Quarterly, 19 (2), pp. 203-230.

National Center on Early Childhood Quality Assurance (NCECQA), 2020. Addressing the Decreasing Numbers of Family Child Care Providers in the United States. Washington, DC: Office of Child Care. https://childcareta.acf.hhs.gov/resource/addressing-decreasing-number-family-child-care-providers-united-states

National Survey of Early Care and Education Project Team. (2015). Fact Sheet: Provision of Early Care and Education during Non-Standard Hours. (OPRE Report No. 2015-44). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. http://www.acf.hhs.gov/programs/opre/research/project/national-survey-of-early-care-and¬education-nsece-2010-2014

Porter, T., & Bromer, J. (2020). Delivering services to meet the needs of home-based child care providers: Findings from the director interviews sub-study of the National Study of Family Child Care Networks. Chicago, IL: Herr Research Center, Erikson Institute.

Porter, T. Paulsell, D., Del Grosso, P., Avellar, S. Hass, R. and Vuong, L. (2010). A review of the literature on home-based child care: Implications for future directions. Mathematica Policy Research, Inc. Office of Planning, Research and Evaluation: Administration for Children and Families. https://www.acf.hhs.gov/opre/report/review-literature-home-based-child-care-implications-future-directions-final

Powell, A., Montoya, E., Austin, L.J.E, & Kim, Y. (June 2022). Double or Nothing? Potential TK Wages for California's Early Educators. Data Snapshot: Updated October 2022. University of California Berkeley: Center for the Study of Child Care Employment (CSCCE). Retrieved on December 23, 2022 from https://cscce.berkeley.edu/wp-content/uploads/2022/10/double-or-nothing-potential-tk-wages-for-californias-early-educators-Oct22.pdf

Powell, A., Kim, Y., & Montoya, E. (2021). Demographics of the California ECE Workforce. Center for the Study of Child Care Employment, University of California, Berkeley. Retrieved on November 16, 2022 from https://cscce.berkeley.edu/publications/data-snapshot/demographics-of-the-california-ece-workforce/

Rate and Quality Workgroup. (2022). A Report by the Rate and Quality Workgroup. Report published by California Department of Social Services. Retrieved on October 1, 2022 from https://cdss.ca.gov/inforesources/child-care-and-development/rate-reform-and-quality

Shivers, E. M., Farago, F., & Yang, C. (2016). The Arizona Kith and Kin Project Evaluation, Brief #3: Professional Development with family, friend, and neighbor Providers: Implications for Dual Language Learners. Indigo Cultural Center, for the Association for Supportive Child Care, with support from First Things First and Valley of the Sun United Way.

Weber. R. (2011). Understanding Parents' Child Care Decision-Making: A Foundation for Policy Making, OPRE Research-to-Policy, Research-to-Practice Brief OPRE 2011-12. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

WestEd. (2020). Master Plan for Early Learning and Care: Making California for All Kids. Report published by WestEd for the California Health and Human Services Agency. https://www.ctc.ca.gov/docs/default-source/educator-prep/files/master-plan-for-early-learning-and-care.pdf?sfvrsn=b6512bb1_2

Zepeda, M. (2022). Family Child Care Providers: Implications for Serving Dual Language Learners and Their Families. Californians Together publication series. Retrieved on November 16, 2022 from https://californianstogether.org/publications-2/family-child-care-providers/

"What I like most about the home-based child care my child is in is that the provider is my friend and she treats my daughter like her own which makes me feel comfortable."

– Parent of a toddler in FFN care

"Over the years it's been challenging and fulfilling, something that I felt that I would have never done but I'm so glad and pleased that I did it. I helped so many families and children who come back to visit me and a few that I now have their children that I had years ago at a younger age. I'm very appreciative in the opportunity of serving my community in family home child care based care. It's been a privilege. And I hope many more years to follow and good status."

– FCC Provider

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