

A1: Engaging and Supporting License-Exempt Providers in Monitoring, Quality Improvement, and Research Initiatives

Wednesday, April 17, 2019

10:45 a.m. – 12:00 p.m. | Penn Quarter A

1. Descriptive Information

A1: Engaging and Supporting License-Exempt Providers in Monitoring, Quality Improvement, and Research Initiatives

License-exempt providers account for the majority of caregivers in the United States and are a very diverse group (National Survey of Early Care and Education Project Team, 2016). They may be caring for a grandchild or neighbor on a limited basis or providing full-time, paid child care to a few unrelated children. Because licensing regulations vary by state, a provider who is required to be licensed in one state may be license-exempt in another. Aside from those who are paid through the subsidy system, license-exempt providers typically do not participate in any formal early childhood system.

As a result, reaching license-exempt providers for monitoring, quality improvement, and research has been historically difficult. This session tackles the topics of both engaging and supporting license-exempt providers through these initiatives. The objective for the session is to bring together stakeholders (both researchers and administrators) who are working with license-exempt providers to discuss challenges and successes in different quality improvement and research initiatives.

The first presentation will set the stage by sharing information about monitoring requirements for license-exempt providers under the revised CCDBG regulations. The second presentation will highlight the state of California and current efforts to engage license-exempt providers in the state's QRIS. The third presentation will share findings from a recent literature review on evaluations of home-based providers, with an emphasis on engaging providers in evaluation efforts. The fourth presentation will discuss a research study and collaborative, continuous quality improvement process focused on programs serving family, friend, and neighbor caregivers in Detroit.

Facilitators

Mallory Warner-Richter, Child Trends
Amy Blasberg, Child Trends

Presenters

Nina Johnson, National Center on Early Childhood Quality Assurance | *The Changing Landscape of License-Exempt Care*

Sarah Neville-Morgan, California Department of Education | *Engaging License-Exempt Providers in California's Quality Rating and Improvement System*

Julia Isaacs, The Urban Institute | *Evaluating Training and Professional Development for Home-Based Child Care Providers*

Jaime Thomas, Mathematica Policy Research | *Testing a Community-Based Strategy to Enhance the Quality of Informal Child Care in Detroit*

Scribe

Nazran Baba

2. Documents Available on Website

1. Engaging Home-based Providers, Julia Isaacs
2. License-exempt Providers, Nina Johnson
3. Engaging Providers, Jaime Thomas

3. Brief Summary of Presentations

- **Summary of Presentation #1: Nina Johnson**
- CCDBG is an entry point into the system.
- Certain requirements do exist for license-exempt providers, such as: health and safety standards, annual monitoring, inspection reports and background checks.
- Some key questions that states face are:
 - Who will do this monitoring?

- How do we support these providers (e.g. training and communication)?
 - What would be the preferred methods of communication and the frequency?
- How do we support enrolled families that are using license-exempt providers?
 - How do we support staff supporting license-exempt providers?
- License-exempt FCCs journey through the system:
 - Nina: think of it as a funneled approach (refer slide 5) with four stages:
 - All FCC providers serving families without child care assistance
 - Providers who begin the enrollment process
 - Providers who complete the enrollment process (e.g. training, safety standards, background checks, state-specific requirements)
 - Providers who are able to remain in the system (e.g. ongoing training, families need to remain eligible)
- The general shape of the funnel will vary by state, depending on the degree of support and any impacting factors
- Strategies to support license-exempt providers need to be: strengths based, based on relationships and culturally tailored
- **Summary of Presentation #2: Julia Isaacs**
 - Policy Context
 - States are expanding initiatives with home-based providers
 - Developed a brief on different approaches to take when evaluating training and professional development of home-based providers
 - Looked across 19 recent research studies and identified research methods. This an entry into the literature on this topic.
 - Spoke with 4 experienced researchers to identify tips that they can share with us. Today's discussion will focus on Sample Collection, Data Collection and Recruitment and Retention.
 - Sample collection
 - Challenges: dealing with a diverse population; it is hard to obtain representative samples; there aren't lists readily available with these types of providers.
 - Workarounds: work with existing lists - licensing lists, subsidy lists, intervention lists, non-representative convenience samples; identify known segments and study them well with a heightened focus.
 - Data collection
 - Challenges: diverse population, language barriers, and provider hours are difficult to work with
 - Workarounds: conduct observations in the homes and do interviews with people who did the interventions; use previously validated data collection instruments; since center-based instruments might not be as useful, utilize instruments that are conducive to understanding parents and provider relationships.
 - Recruitment and retention
 - Challenges: language and literacy issues, response rates and rapid turnover in the field (e.g. providers leave the country, or they are seasonal)
 - Workarounds: think about who does the recruitment and engage them; work with a trusted partner in the community; consider language needs; identify convenient locations to meet; consider using financial incentives; it is preferred to use multi-mode response channels (e.g. phone, web); be sensitive of framing (e.g. inform them why you are doing this and the benefits that come out of this process)
- **Summary of Presentation #3: Sarah Neville-Morgan**
 - Reviewed California's data on license-exempt providers (refer slides): 2017-2018 data
 - A large number of children are in poverty (400,000+ children are in subsidized child care). 59,267 children are served in license exempt settings.
 - There are approximately 24, 202 license-exempt providers.

- Center-based care serves 11, 120 of these children.
 - Home-based care serves 48,147 of these children.
 - California has a lot of different program types that are available in California for low-income households with children: CalWORKS, Voucher programs etc.
 - License-exempt providers appear to be a popular choice as they can address providing non-traditional hours of care
 - The majority of children using license-exempt care providers are Hispanic White. Most of them are dual language learners. The next largest segment is Non-Hispanic Black.
 - CA is working on a corrective action plan:
 - Quality Counts (CA's QRIS) did not originally include license exempt, Family Friend and Neighbor (FFN) providers, but needs to be included in the future.
 - Age: The majority of FFNs serve preschoolers and utilize alternative settings (e.g. libraries, boys and girls clubs)
 - There is variation based on county for FFN supports. Some counties are doing a better job than others in providing supports. Some counties have more requirements for FFNs and others have less.
 - Quality improvement highlights in CA:
 - Held caregiving cafes
 - Doing work in alternate languages
 - Using libraries to engage FFNs
 - Question from the audience: Are faith based centers exempt?
 - Response: No, they have to be licensed.
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- **Summary of Presentation #4: Jaime Thomas**
 - Provided an overview about Enhancing Informal Child Care in Detroit
 - Why Detroit? It is a child care desert.
 - Worked with various stakeholders: community partners, Mathematica, W.K. Kellogg Foundation
 - Used a Learn, Innovate, Improve model
 - Learn: gathered information and understood challenges faced
 - Innovate: helped them develop solutions and identified outcomes of interest
 - Improve: tested the solutions and refined them as needed
 - Provided program Technical Assistance (TA)
 - Worked with each community partner to identify strategies and help implement them.
 - Implemented a Learning Collaborative
 - This consisted of 5 organizations working together (e.g. jointly created a logo as equal partners).
 - Convened both in-person and via virtual meetings
 - Conducted a formative evaluation
 - Research questions included:
 - Did the community partners increase their capacity to work with informal caregivers?
 - Did the informal caregivers improve their knowledge or change their practices?
 - Has the well-being of informal caregivers improved?
 - How do the partners feel about the interventions?
 - This program is just kicking off and is still in its initial stages.
 - Key data sources: staff interviews, and informal focus groups of caregivers
 - Reflections
 - What have we learned?
 - Strategies differ significantly for each community partner
 - Some know who the FFNs are and others didn't have a roster for recruiting
 - Defining FFN care and engaging them is hard. Developed a survey and directly asked "are you an FFN?". To assist them, developed a few scenarios to make it more concrete and help guide them.

- Learned a lot about engaging community partners in the evaluation. It is important to clarify from the outset how the findings are going to be used.
- We need to be intentional with seeking input for key outcomes that matter to the various stakeholders.
- Ensure FFNs are comfortable with the data collection activities. To do this, share protocols with them in advance and also follow up and share the findings with them.
- It is important to be collaborative when disseminating the findings in an accessible format: For example, hold a community day and do more than just writing a 2 page brief. Methods should be more inclusive.
- Other work being done with FFN
 - Piloting a program that looks at the quality of caregiver child interactions.
- **Question:** what incentives do you give them to participate?
 - Response: we offer them a \$25 gift card.
 - FFN CA. Resources are also given as incentives in California (e.g. books, materials). There are also monitoring incentives.
- **Question:** are the providers engaged in the learning collaborative or just staff?
 - Response: Just staff for now. We hope to get the providers involved in the future.
- **Question:** The funder identified Detroit because it is a child care desert. Are license exempt providers factored into that definition of the supply?
 - Nina: if they are on a list or if they are receiving subsidy, they will be included on a list and therefore will be part of the supply list. If they are not, then no.

4. Brief Summary of Discussion

- a. A lot of us have been trying to get FFN involved in the system, but at the same time by trying to define them we run the risk of also excluding them. Especially if they are not listed.
- b. If we are trying to bring FFN into our conceptual models, we need to start being careful about how we talk about them and define them. We need to consider if they are part of the supply otherwise we will misrepresent the landscape. For example, the child care desert study could say it is a desert but there is some form of care being provided.
- c. We need to be sensitive of how the FFNs see themselves too. They may not want to take others in that they don't know. It is not a searchable piece. Are they part of the full array or are they just helping someone they know and don't want to do it for others? It is a complex provider type.
- d. We also really don't know the distinction between friend and neighbor.
- e. We need to be sensitive of ages served. As a field, we tend to think about preschool more than others and we don't think enough about infant or school age. Our definitions are not matching what the families are doing and what the market needs.
- f. It appears that in the supply of providers, the denominator seems to be undefined. We have to ask the parents – “who are you using?” This will help us define the undefined denominator.
- g. Some thoughts about the National Survey for Early Care and Education: 2019
 - i. FFN will be included. FFN data will come from households that will provide care for their own children.
 - ii. How many people are providing this informal care? The survey plans to get a sample to answer that question.
- h. We haven't defined the list of “trusted providers/organizations” for FFNs (e.g. libraries). What makes one a trust provider and one not?
- i. Reviewed innovative strategies for engaging FFN
 - i. Work through organizations that work with FFN
 - ii. Engage trusted organizations (libraries, faith-based organizations)

5. Summary of Key Issues Raised

- Engage community partners as they can directly connect more with these license-exempt providers
- Need an inclusive definition of FFNs

- Be mindful of age in the research – research appears to be preoccupied with the preschool age group, but we also need to focus on B-3 and School Age
- Use culturally tailored, relationship-based and strength-based strategies for heightened engagement
- Financial incentives appear to be effective in increasing FFN engagement for research studies
- CA State Administrator: More research in this area is needed as it helps state administrators develop policies in this area as it gains more attention