

Improving Quality among Home-Based Child Care Providers

A Breakout Session presented at
CCPRC in 2015

by

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Plan for the Session

- Set the stage (Toni Porter)
- Understanding and Engaging Licensed Family Child Care (FCC) Providers
 - Holli Tonyan et al: California Child Care Research Partnership
 - Rena Hallam et al: Delaware Child Care Research Partnership
 - Discussion
 - Anne Douglass et al: Thrive in Five
 - Discussion
- Understanding and Engaging Family, Friend, and Neighbor (FFN) Caregivers
 - Anne Douglass: Study of FFN Engagement in NY School Readiness Initiative
 - Discussion
- Integrative Discussion

Purpose of this Session: Prompt Discussion and Action

- Practice/Policy Focus
 - How can we better align quality improvement (QI) with Home Based Child Care (HBCC) provider characteristics? What else do we need to know to be more effective in this alignment?
 - How can we draw from strengths across programs to support children in all settings (e.g., home visiting, online, etc)?
- Research Focus
 - What are the differences and similarities among HBCC providers you research? How do you gather information on these characteristics?
 - What strategies do you use to engage HBCC in QI research?

Designing Quality Improvement to Effectively Engage Diverse Licensed Family Child Care Providers

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- The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of the Office of Planning, Research and Evaluation, the Administration for Children and Families, or the U.S. Department of Health and Human Services or any other of our partners.

This Presentation

- The purpose of this presentation is **to build from the plenary session** to provide a snapshot of **more aspects of diversity** among licensed family child care providers to **facilitate a conversation about**
 - ...within group variability
 - ...licensed FCC providers' engagement in quality improvement, broadly speaking
- If we want to engage FCC providers on a large scale, we need to come to terms with such within group variability

Our Study: Family Child Care

- *National Challenge*: recruitment and retention of FCCPs in Quality Improvement programs
- *Question*: When and how do family child care providers engage with quality improvement initiatives like the Race to the Top-Early Learning Challenge?
- *Methods*:
 - Three naturally occurring groups
 - “in” a coach-led system with public ratings: RTT-ELC QRIS
 - “in” a coach-led system without public ratings: QIS (Family Child Care Home Education Network); LA area only
 - “not in” a coach-led system
 - Across two regions and over time
 - Select areas in southern California (Year 1 & 3)
 - Three counties in northern California (Year 2 & 4)

Overview of Years 1-2

- Regional Surveys (Years 1 & 2)
 - Mailed to all licensed FCCH in
 - SoCal: Selected service areas of LA County & all of San Bernardino County
 - NorCal: Sacramento, Contra Costa, and El Dorado Counties
 - Self-selected sample chose to return the survey
- Case Studies (Year 1)
 - 54 licensed FCCH
 - “in” RTT-ELC QRIS (n = 20)
 - “in” QI (no public ratings; n = 18)
 - “not in” (no mentor/coach directed QI; n = 16)
 - All from targeted areas of LA County
 - Self-selected sample
 - Completed an online or paper survey
 - Participated in an in-depth interview

Diversity in Economic Situation

- Our LA/SB sample included many providers who were struggling financially (e.g., 51% with HH income \$25,000 or less). Our NorCal sample included many providers who were economically better off (e.g., HH income \$50,001 or more).
- Proportion of income derived from FCCH varied overall and by license capacity
 - Small capacity: more likely to have less than half
 - Large capacity: more likely to have more than half
- Providers with a license for a small capacity FCCH were more likely to report being short of money at the end of the month when asked about the past three months.
- **Needs will vary dramatically by economic situation.**

Variability in Assistants/Staffing

- Having assistance was a concern/need for most of the Case Study providers
- Staffing varied from simple (i.e., no or one consistent helper) to complex (i.e., many helpers with irregular schedules), but most (87%) had at least one helper
- Providers in large FCCH with assistants *may* be able to attend off-site training, but may also have more to manage.
- Having a pool of substitutes or a way to help providers identify and screen assistants could help many providers.
- Only some of these provider-assistant relationships are organized in a traditional hierarchical format (i.e., boss/supervisor and employee) – many are closer and less formally structured.

Variability Matters for Engaging in QI...

- More likely to be “in” when a large-capacity FCCH
 - “In” providers were about four times more likely than “not in” providers to operate large-capacity FCCH (Sample 1: 4.43 times; Sample 2: 3.99 times, Fisher’s Exact Test, $p < .001$, $n = 291$)
 - Have an assistant
 - More economically stable
 - More experienced
- But... small providers serve different groups of children
 - More infants and toddlers and fewer preschool-age children than large FCCH (Year 1 Case Study; Sample 2 Regional Survey)
 - More school-age children than large FCCH (Sample 1 Regional Survey)

Thank you!

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