

**2015 CCPRC Annual Meeting  
Session Summary**

**1. Descriptive Information**

<p><b>Plenary 4</b> (<i>Independence Ballroom A</i>)</p> <p><i>Home-Based Child Care Providers: Who Are They? What Do They Need?</i></p> <p><b>Description</b></p> <p>This session will address recent findings from national and local data on the characteristics of HBCC providers, the definitions of and distinctions among HBCC providers, and a discussion about the “fit” between QI strategies and HBCC.</p>	<p><b>Presenters</b></p> <ul style="list-style-type: none"> <li>• Bobbie Weber, Oregon State University</li> <li>• Holli Tonyan, California State University</li> <li>• Toni Porter, Early Care and Education Consulting</li> <li>• Sarah Neville-Morgan, California First Five</li> </ul> <p><b>Scribe</b></p> <ul style="list-style-type: none"> <li>• Amy Blasberg, Child Trends</li> </ul>
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**2. Documents in Session Folder**

Two files with the slides from the various presentations are saved on the flash drive distributed to participants.

**3. Brief Summary of Presentations**

- **Summary of Presentation #1: What the NSECE Tells Us About Home-Based Providers**  
 This presentation began with a brief overview of how home-based providers were sampled for the National Survey of Early Care and Education (NSECE). A strength of the NSECE is that it identified listed providers through state registration lists and unlisted providers through a household survey. Whether or not any given provider falls into the listed or unlisted group depends on the licensing requirements of their state or jurisdiction. The largest proportion of children ages 0-36 months are being cared for in informal care settings. Preschool-aged children (37-60 months) attend center-based child care at much higher rates. Because there is not a common definition of family child care, the NSECE team used some basic rules to divide the providers into three groups: listed providers, unlisted paid providers, and unlisted unpaid providers. Descriptive statistics about the different groups of providers were shared in this presentation, including number of children cared for, number of hours worked, education level, years of experience, and participation in professional development activities.
  
- **Summary of Presentation #2: Diversity among Licensed Family Child Care Providers**  
 Family child care providers encompass a diverse group of people and we must offer a wide range of professional development and quality improvement efforts to meet their needs. Studies that compare family child care to center-based care may mask the diversity of these providers. This presentation focused on the results of a study conducted in select counties in both northern and southern California; the data collection effort included surveys and in-depth interviews. The presentation focused on two characteristics of providers: length of time serving as a family child care provider and motivation behind caring for children. Three groups were identified based on years of experience: (1) recently-licensed, (2) mid-career, and (3) seasoned. Given the variability in the years of experience across providers, they may have different quality improvement needs. A range of quality improvement ideas were proposed. The motivations providers reported for giving care were also varied and quality improvement efforts need to be aligned with these motivations. The characteristics described in this presentation are just “the tip of the iceberg” when it comes to variations among family child care providers. If we want to scale up and effectively engage larger numbers of licensed family child care providers, we need to better understand this diversity and develop quality improvement efforts that take this diversity into consideration.

- **Summary of Presentation #3: Family, Friend and Neighbor Care: Findings from Recent Studies**  
This presentation included findings from three different studies: The Arizona Kith and Kin Project Evaluation (2015), First Five Los Angeles Informal Caregivers Study (2012), and Informal Caregivers Research Project (2015). Descriptive statistics were presented on the following provider characteristics: race/ethnicity, education level, income, relationship to the children in their care, number of children in care, and motivation for providing care. The main message of this presentation was that the characteristics of your population will necessarily drive the quality improvement efforts you use; the key is to know your population. The prevalence of low levels of education, low levels of literacy, and limited access to resources has big implications for the design of quality improvement efforts.

#### **4. Brief Summary of Presentations (by Sarah Neville-Morgan)**

After years of being more sidelined, this administration is working to include home-based providers in the conversation. The goal is to have high-quality care for all children regardless of what setting they are in. There are quite a few opportunities to improve quality in home-based settings including Race to the Top, Early Head Start Child Care Partnerships, and CCRBG reauthorization. Knowing more about the population is key so that we can create community-level efforts that will work. For example, in California, when they were designing their QRIS, they approached local communities to see whether the standards applied to family child care providers. Different counties have implemented varied examples of quality improvement efforts that are tailored specifically to the local communities. These efforts have included a wide range of creative ideas from engaging librarians to implementing coaching using the MyTeachingPartner model.

#### **5. Summary of Key Issues Raised (facilitators are encouraged to spend the last 3-5 minutes of workshops summarizing the key issues raised during the session; bullets below are prompts for capturing the kinds of issues we're looking for)**

Home-based child care is the most common form of child care for children under five in the United States. Current quality improvement efforts are increasingly focusing on settings other than center-based care. The main take-away from this plenary session is that quality improvement efforts need to be tailored to fit the characteristics of the caregiver population ranging from family child care to more informal caregivers such as relatives and acquaintances.