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California's Family Child Care Networks: Strengths, Challenges, and Opportunities

DECEMBER 2020

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Introduction

Family child care (FCC), a fragile system before COVID-19 with its issues compounded by the pandemic, is facing significant challenges. The public health crisis has required FCC providers to implement new health and safety practices, deal with substantial fluctuations in child enrollment, and adjust to corresponding changes in their income. California's state-supported FCC networks, which now have a presence in 30 of the state's 58 counties, could play a critical role in sustaining FCC providers, an important source of child care for infants and toddlers as well as mixed age groups. Although many licensed FCC homes across the state have closed during the pandemic, California's network-affiliated providers have largely remained open, initially limited to serving children of essential workers.

California is a leader in providing state-supported FCC networks, some of which have existed for more than 30 years. Although at least 18 states have encouraged the expansion of FCC networks, California is one of the few that have contracted for them on a statewide basis (Bromer & Porter, 2019, Stoney, 2020¹). The California Department of Education (CDE) initiated the Title 5-funded Family Child Home Education Networks (FCCHEN) contracts; additional FCC networks are now supported with Title 5 General Child Care (CTTR) and California State Preschool Program (CSPP) funds. Although the networks focus on services for low-income, subsidy-eligible children, many network-affiliated providers also serve children from private-pay families. Network staff make home visits to FCC providers, coach them on child development, and support provider relationships with families. The networks also perform key business support activities, including helping to ensure full enrollment and managing subsidy payments to providers.

This report describes the landscape of the networks in the state, the services they provide, and how they are financed. We examine network strengths and challenges, highlighting issues related to the management of the COVID-19 pandemic, and offer recommendations and policy options for network support and expansion to serve more counties, and ultimately provide a broader infrastructure for family child care. The California Master Plan for Early Learning and Care (MPELC), released December 1, 2020, recommends the establishment of shared-service networks to help FCC providers and small child-care centers reduce the time spent on the business aspects of their services and free them to focus on child development and educational activities. Based on our survey of FCC leaders and additional in-depth interviews, many of these existing networks may be prime candidates to lead or help form these hubs for shared services.

¹ Personal communication with Louise Stoney, an independent consultant in early care and education finance and cofounder of both the Alliance for Early Childhood Finance and Opportunities Exchange, September 2020.

Study Methods

Our research methods included:

- a review of the literature on staffed family child care networks (SFCCNs) nationally and in California;
- interviews with national experts in family child care, such as the National Association for Family Child Care, prominent staffed family child care network directors in other states, and regional Head Start Association leaders;
- an online survey administered between late April through June 2020 of 30 networks identified through a California Department of Education (CDE) state contractor list and other potential state Title 5-supported networks identified through an internet search, and
- interviews with a geographically representative sample of 15 network directors.

It is important to note that our survey sample focuses only on state-supported networks, not those financed exclusively by Early Head Start (EHS) or Head Start (HS). For more information about our study methods, see Appendix A.

FCC Network Landscape: Nationally and in California

Origin of Family Child Care Networks

Staffed family child care networks (SFCCNs), defined as organizations that offer home-based providers “a menu of quality improvement services...technical assistance, training and/or peer support by a paid staff member,” began to appear in the United States in the 1980s (Bromer & Porter, 2019, p. 1). Nationally, the movement to establish SFCCNs was linked to child care resource and referral, but it was also spurred by interest in improving access to quality infant and toddler care (Del Grosso, Akers, & Heinkel, 2011). The enactment of EHS in 1998 helped spur the expansion of SFCCNs, as did the implementation of the EHS–Child Care Partnership in 2014.

In California, CDE used its Title 5 funds, initially only available for center-based programs serving children from low-income families, to contract for Family Child Care Home Education Networks (FCCHENs). At least one out of five networks also have EHS–Child Care Partnership funds.

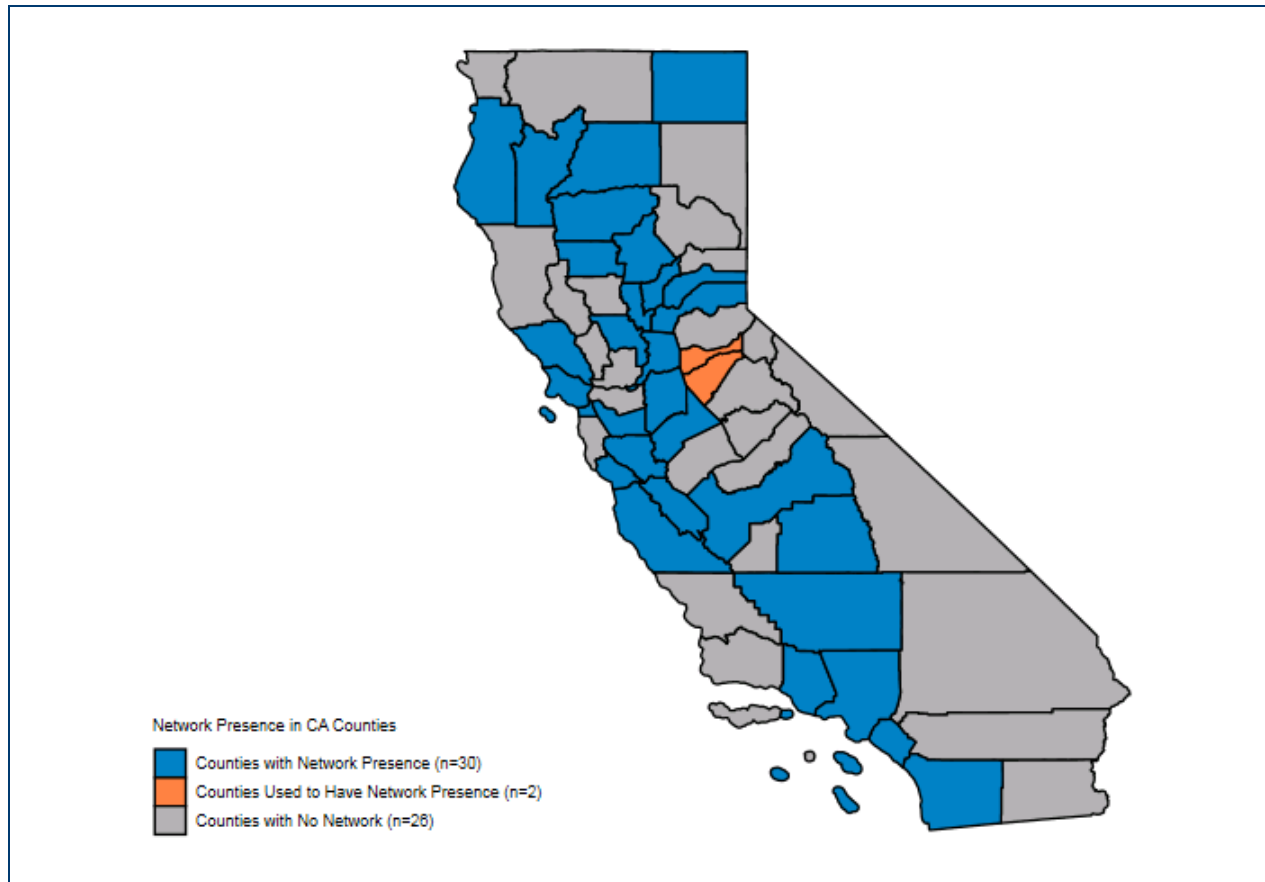
Number and Location

Based on our survey and interview responses, as of October 2020, there were at least 39 networks with FCCHEN contracts and/or other state Title 5 funds in 30 counties in California. All of our findings and analyses are based on 35 survey responses and additional interviews with network directors or managers. Exhibit 1 shows the 30 counties with a state-supported FCC network presence in California. For a list of the networks by county and their contact information, see Appendix B. It is important to note that some additional state-supported networks may exist in other counties but have not been picked up by our survey.

Key findings include the following:

- The state's networks fall into two general groups—those funded by state-level FCCHEN contracts using CFCC funds, and those supported by agencies that have General Child Care (CTTR)-based, California State Preschool Program (CSPP), or California Migrant Child Development (C-MIG) contracts, from which some of the funds are used to support FCC networks. At least a third of the networks are financed with these other Title 5 funds.
- Los Angeles has the largest number of networks (11), and several other counties have more than one network.
- We found no state-supported networks in several densely populated counties, including Contra Costa, Riverside, San Bernardino, San Mateo, Santa Barbara, and Solano.
- Of the 28 counties with no Title 5-supported networks, more than half are in counties with primarily rural populations where FCC may be the most feasible setting for child care because there are not enough children to support a center.
- Some network sponsors, such as those operated by the Children's Home Society and the Mexican American Opportunity Foundation, operate networks in more than one county.

Exhibit 1. Family Child Care Network Presence in California



Network Sponsors

California's FCC networks, in contrast to SFCCNs in other states, are more likely to be administered by local education agencies (LEAs) or nonprofit agencies that also administer center-based or preschool programs. Across the nation, according to the National Study of Family Child Care Networks (Bromer & Porter, 2019):

- The largest percentage (42%) of SFCCNs in the United States are sponsored by child care resource and referral (CCR&R) agencies, and
- The second largest group (12%) are based in HS or EHS agencies.

In California, where the FCC networks are an outgrowth of the Title 5 state-contracted child development system established by CDE, private nonprofit agencies that also administer Title 5 CCTR-based programs or CSPP administer more than one third (12) of the networks. County offices of education (COEs) house the second largest cluster (seven) of networks in California, followed by CCR&R agencies (six). School districts, community colleges, nonprofit agencies that administer Alternative Payment (AP) program vouchers, and EHS or HS grantees each host two networks. Exhibit 2 shows the types of sponsoring agencies by number and percentage.

Exhibit 2. Family Child Care Network Sponsoring Agencies

Family Child Care Network Sponsoring Agencies*	Number of Networks	Percentage of Networks
Private nonprofit agency that administers Title 5 center-based or California State Preschool Programs	12	34%
County office of education	7	20%
Child care resource and referral agency	6	17%
Community college	2	6%
School district	2	6%
Private nonprofit Early Head Start or Head Start grantee	2	6%
Private nonprofit that administers the Alternative Payment program	2	6%
Private nonprofit stand-alone network	1	3%
Municipal government	1	3%
Total	35	100%**

*This table analyzes the networks by their primary identifying sponsor; it is important to note that there is some overlap of categories (e.g., some county offices of education or school districts operate Head Start).

**Percentage adds up to 101% because of rounding errors.

Network Size

Nationally, according to the National Study of Family Child Care Networks, most networks include fewer than 50 FCC providers, although at least one network reported having 1,000 providers (Bromer & Porter, 2020).

In California, based on our survey, FCC networks supported by state Title 5 funds vary considerably in size. The average number of homes participating is 42, ranging from six to 151. Network expansion is limited by multiple factors, including the availability of state Title 5 funds and state priorities for investing any new funds available. Networks can only expand if they have sufficient Title 5 dollars as well as a sufficient number of children meeting Title 5 eligibility criteria enrolled in programs.

More research is needed to determine the percentage of licensed FCC providers participating in FCC networks by county and ZIP code, especially in low-income areas where children eligible for subsidized care are most likely to reside.

Network Scale

The National Study of Family Child Care Networks found that most of the networks across the nation are in urban areas (Bromer & Porter, 2019). In a state the size of California, it is important to consider the sheer challenge of scale in establishing FCC networks statewide, where some of the largest counties have both densely populated urban areas and highly dispersed rural sections. Some of the networks only support providers in a limited portion of their respective counties.

More than a quarter (11) of the state's networks are based in Los Angeles County, which has 4,753 square miles. Some of the counties in the northern part of California where we identified no networks, such as Lassen and Siskiyou, have small populations dispersed across a territory as large as that of Los Angeles.

San Bernardino, one of the counties where we identified no network, has 20,105 square miles. "We would love to have a network there," said a director of a Los Angeles-based agency that administers a FCC network, "but services would have to be very localized." These distances suggest caution in setting one-size-fits-all requirements for networks, especially in rural areas where providers are widely dispersed.

Network Staffing

The authors of the National Study of Family Child Care Networks recommend a ratio of 12 or fewer homes per network coordinator as a caseload for home visiting and other tasks involving direct contact with providers (Bromer & Porter, 2019). In California, network respondents reported an average of eight homes per staff member, but not all staff have direct personal contact with FCC providers. Some perform network office functions, such as determining family eligibility for subsidized care, managing payments to providers, and conducting centralized training. For example, one small network with 21 homes reported four staff positions in our survey, but during an interview with the network director we learned that only one full-time and one part-time staff member made actual home visits. In order to determine the qualifications and functions of the network staff reliably, a more in-depth study is needed.

Network Provider Characteristics

The composition of California's FCC networks contrasts in several important ways from those in SFCCNs across the nation; network-affiliated providers also differ to some extent from the typical population of licensed FCC providers within California.

Networks Limited to Licensed Providers

Nationally, according to the National Study of Family Child Care Networks, slightly more than half (56%) of the responding networks serve only licensed or regulated FCC providers while 44% also serve exempt or family, friend, and neighbor (FFN) care providers.

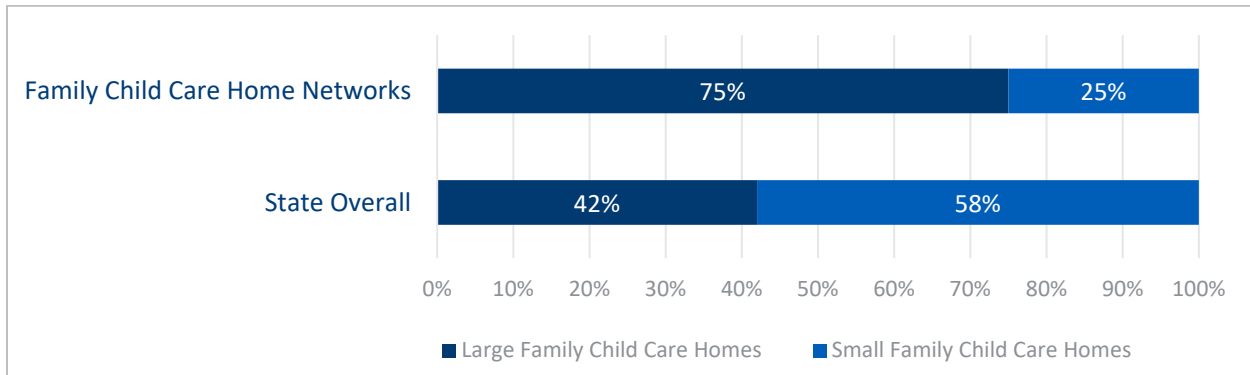
In California, only licensed homes officially may participate in FCCHENs and other networks supported by Title 5 funds. However, a few of the networks responding to our survey reported that they invited FFN providers to attend trainings on business and quality practices; these were networks that also administered California's Child Care Initiative Project (CCIP). A major purpose of CCIP, under the auspices of the California Child Care Resource and Referral Network, is to help FFN providers become licensed if they wish to do so.

Large FCC Homes More Likely to Participate

Large FCC homes are much more likely than small FCC homes to participate in California's FCC networks. Three quarters (75%) of the 1,471 FCC homes in the 35 state-contracted networks that completed the survey are large FCC homes, serving 12–14 children. In contrast, only 42% of the state's 28,194 total licensed homes in 2019 were large FCC homes, with the remaining 58% comprised of small FCC homes serving, at most, six to eight children (California Department of Social Services, 2019). The 1,103 large FCC homes participating in networks in 30 counties represent nearly 10% of all (11,853) licensed large FCC homes statewide.

Asked why such a high percentage of their providers operated large FCC homes, network respondents indicated that large FCC homes were more financially feasible, doubling the potential revenue. Networks also mentioned the appeal of having an assistant to help providers care for the children. In a small FCC home, there are typically six children of different ages. "It's really hard to do something educational in a small FCC home," explained a network director in the Central Valley, where there might be six children, including one infant, one toddler, and the rest preschool age. Having a large FCC home makes it possible to hire an assistant and to separate children into two age groups, and, especially during the pandemic, to conduct one group inside and one outdoors. Exhibit 3 shows the proportion of large vs. small FCC homes in the networks and in the state as a whole.

Exhibit 3. Percentages of Large and Small Family Child Care Homes in Family Child Care Networks and in California State Overall



Preponderance of Home Ownership

On average, most providers (71%) participating in California's FCC networks own their own homes, according to our survey conducted in April through June 2020. In half of the networks, respondents said more than 80% of providers own their own homes. The extent of home ownership varies by region, with fewer homeowners in the most expensive areas of the state, such as Marin County and San Francisco. However, we found that home ownership was prevalent among networks in many urban as well as suburban and rural settings. Further study is needed over the next year to determine the impact of the ongoing pandemic on home ownership among network providers.

Both home ownership and operation of large FCC homes may be signs of provider intentionality to operate FCC over an extended period as opposed to as a short-term endeavor. Home ownership also may facilitate the home renovations needed to accommodate FCC home operation; providers who rent may not be able to obtain the owners' permission to make major changes.

The Majority of FCC Network Providers Come from the Same Cultural and Language Background as the Children They Serve; Nearly 30% Offer Nontraditional Hours of Care

Across all networks responding to our survey, nearly four out of five (79%) providers in each network come from the same language and cultural background as the children they serve. For example, in the Children's Council of San Francisco network, Spanish- and Chinese-speaking providers are available to serve children who at least initially may be monolingual in these languages, and there are network staff who can communicate in these languages as well.

On average, nearly 30% of providers in each network, according to our survey, offer nontraditional hours of care. This is a somewhat higher percentage than among the general supply of licensed FCC providers in the state; local child care planning councils (LPCs) estimate that less than a quarter (22.5%) of the FCC providers in their counties offer hours of care outside the standard work-hour day (*American Institutes for Research [AIR], Preschool Development Grant Birth Through Five Needs Assessment*, calculation based on data reported on p. 41).

Exhibit 4 shows the average percentage of providers in each network that offer nontraditional hours of care and that come from the same language and cultural background as the children they serve.

Exhibit 4. Nontraditional Hours of Care and Language and Cultural Background

Average percentage of providers in each network that...	Percentage
offer nontraditional hours of care	29%
have the same language and cultural background as the children they serve	79%

Ages of Children Served

One of the driving forces for creating SFCCNs across the nation has been interest in promoting access to infant and toddler care. According to our survey, one-third of the networks (12) report infants and toddlers as the largest age group served, with 43% indicating preschool-age children as the largest age group served, and the remaining 23% indicating that the majority served were school-age. Exhibit 5 show the number and percentage of networks by largest age group serve.

Exhibit 5. Number and Percentage of All Networks Surveyed by Largest Age Group Served

Largest Age Group Served	Number of Networks	Percentage of Networks
Infants and toddlers	12	34%
Preschoolers	15	43%
School-age children	8	23%
Total	35	100%

While many home-based providers offer infant and toddler care, there are several factors that still limit the number of infants and toddlers who can be enrolled in FCC settings. First, to protect children's safety, licensing regulations allow a small FCC home to serve no more than four infants if no other children are enrolled, and no more than three if six children are

enrolled. In a large FCC home with two adult caregivers serving a total of 12 children, no more than four may be infants.

In addition, some FCC network directors said providers are concerned about the vulnerability of the age group, especially the risk of sudden infant death syndrome (SIDS). Of the 12 state-supported networks where infants and toddlers are the largest age group served, several had EHS funds that supported access to a nurse or health-care consultant. In addition, some networks serving a majority of infants and toddlers credited specialized training in the Program for Infant/Toddler Care (PITC), which may increase provider comfort in enrolling the youngest children.

Finally, according to several network directors we interviewed, one of the strengths of FCC homes is their capacity to serve a mixed-age group, thereby providing an environment more like that of an actual family. Although children may enter FCC homes as infants or toddlers, the providers may prefer to reserve spaces for them as they grow “in place.” When we interviewed network representatives in June 2020, many said that the providers were serving more school-age children, helping them with virtual school classes while their parents worked.

Network Financing

This section describes the multiple sources of funds for California's FCC networks, contributing to a more diverse population of children enrolled than is typical of many subsidized programs.

Public Funding Sources

Across the nation, 94% of SFCCNs receive some public funding, with an average of seven different funding sources (Bromer & Porter, 2019). Based on our survey, a majority (57%) of California's Title 5-supported FCC networks have at least three sources of public funds.

As stated earlier in this report, the state's networks fall into two general groups—those funded by state-level FCCHEN contracts using California Family Child Care (CFCC) funds and those supported by agencies that support FCC networks with other Title 5 funds. As shown in Exhibit 6, of the 35 networks that completed our survey, 21 reported that they have FCCHEN contracts using CFCC funds, 18 networks use Title 5 (CCTR) funds to support FCC network providers, and three use Title 5 CSPP funds to support network-affiliated homes. At least five of the survey respondents reported using a combination of CFCC, CCTR, and/or CSPP funds to support their network providers.

Along with the various sources of state Title 5 funds, about one in five networks also receives EHS funding, and one network receives both EHS and HS funds. The EHS funds often come in

the form of EHS–Child Care Partnership grants. Smaller numbers of networks administer state AP program or CalWORKs voucher payments.

Exhibit 6. Public Sources of Funds for California-Supported Networks

Source of Funds for Network	Number of Networks	Percentage of Networks
Title 5/Family Child Care Home Education Network contract	21	60%
Title 5/General Child Care and Development	18	51%
Early Head Start	7	20%
Head Start	1	3%
Alternative Payment program vouchers	3	9%
Title 5/California State Preschool Program	3	9%
CalWORKs vouchers	1	3%

Note. The total number of networks add up to more than 35 and the total percentages to more than 100% because several networks have more than one Title 5 funding source.

Private-Pay Families and Diversified Funding

In addition to the networks' various sources of public funding, according to our survey, at least 20% of the networks have providers who also serve some children from private-pay families. Although the network only pays providers for the care of subsidy-eligible children, the nonsubsidized families pay the entire child-care fee. In addition, a network provider also may serve children supported by other sources of public funds, such as AP vouchers, HS, and EHS. The level of detail in our survey does not allow us to determine how many of the children served in FCC homes participating in the networks are supported by each funding source. But what is clear is that there is often a mix of children supported by different public funding sources as well as by private fees within a single network-affiliated home.

The state has encouraged providers to “diversify” their enrollment and sources of income so as “not to put all our eggs in one basket,” according to a rural northern California network director. “That way,” she added, “if one revenue source is reduced, another may help compensate.” In the current COVID-19 pandemic environment, many network respondents said that during the pandemic, private-pay families have been the most likely to “disappear” and not continue paying the providers to help retain a space. Thus, it is primarily state-contracted payments from the networks that are keeping their providers afloat.

Network Requirements

This section describes the current state Title 5 requirements for the networks, including program quality, eligibility determination, and provider support; network educational qualifications; use of the Desired Results Developmental Profile (DRDP); curriculum standards; and network evaluation.

Program Quality, Eligibility and Provider Support

California’s FCCHENs and other Title 5-supported networks are part of its state-contracted child development program for children from low-income families. The purpose of the Title 5 programs is to “provide a comprehensive, coordinated, and cost-effective system of early learning and care services for children from infancy to 13 years of age and their parents, including a full range of supervision, health and support service through full-and part-time programs” (California Program Requirements for Family Child Care Home Education Networks, CFCC, Fiscal Year 2020–21). Currently administered by CDE, the most recent state budget moves the networks, along with 15 other child development programs, to the CDSS as of July 1, 2021. Exhibit 7 summarizes the current FCCHEN program requirements, dividing them into two general categories, the first related to quality standards and the second to eligibility determination and provider support.

Exhibit 7. Summary of Title 5 FCCHEN Program Requirements

Network Quality Requirements	Network Eligibility Determination and Provider Support Requirements
<ul style="list-style-type: none"> • Age- and developmentally appropriate activities • Care and supervision of children • Parenting education • Identification of child and family social and health needs and referral of the child to appropriate social and health services, and conducting follow-up to make sure needs are met • Nutrition; meeting Child and Adult Care Food Program or National School Lunch Program requirements • Training and support for network family child care providers and staff • Developmental profiles of each child, based on observations of network staff in consultation with provider • Parent involvement • Periodic assessments of each provider to ensure that services are of high quality and are educationally appropriate 	<ul style="list-style-type: none"> • Recruit, enroll, and certify subsidy-eligible families • Recruit, train, and support licensed providers • Reimburse providers • Collect family fees in accordance with contract requirements

Source: California Program Requirements for Family Child Care Home Education Networks, CFCC, Fiscal Year 2020–21.

Virtually the same quality and eligibility determination requirements apply to the networks financed by other Title 5 sources, such as the General Child Care (CTTR) program, the CSPP, and the C-MIG program. All of the Title 5-funded networks must follow the income eligibility requirements (for example, maximum of 85% of the standard median income), and the CCTR-based and C-MIG contracts have some additional purpose or need for care requirements.

Educational Qualifications

The FCCHENs and the networks supported by other Title 5 funds also have certain educational qualifications. The FCCHEN requirements call for the network director to have a Program Director Level Permit on the Child Development Permit Matrix, equivalent to a bachelor's degree, with 24 units in early childhood education or child development, six units of administration and supervision, and 2 units of adult supervision. CDE may waive the requirement if the director is making progress toward obtaining the permit or if the place of employment is so remote that continuing education is impractical.

Beyond that, the networks supported by CTTR-based or CSPP contracts require that large FCC providers supervising an assistant have at least an Associate Teacher Permit. According to our interviews with network directors, some networks require large FCC providers to have Teacher Permits, which require at least 24 units in child development or early childhood and 16 general education units, or an associate degree. FCC networks supported by Migrant Child Care and Development contracts place an emphasis on hiring staff who are bilingual and come from the same background as the migrant workers themselves.

These required provider qualifications are over and above the basic Title 22 licensing regulations that a licensed FCC provider be at least 18 years of age, pass child abuse and criminal background checks, and obtain 15 clock hours of health and safety training (California Department of Social Services, n.d.).

Desired Results Developmental Profile

All of the Title 5-supported FCC networks are required to use the Desired Results Developmental Profile (DRDP) for each child who is enrolled in the program for at least 10 hours a week. The DRDP is a state-developed observation tool designed to assess the child's progress on the key domains of development (e.g., social-emotional, cognitive language and literacy, early math, physical and health). The results are intended to inform the development of educational activities for each child. The DRDP must be completed for each child within 60 calendar days of enrollment and at least once every 6 months thereafter. The CDE Early Learning and Care Division (ELCD) does not require use of any other screening tool. However, networks participating in Quality Counts California (QCC), the state's Quality Rating and Improvement System (QRIS), also use the Ages and Stages Questionnaire.

Curriculum Standards

The Title 5-supported FCC networks are not required to use any specific curriculum, and, in order to avoid giving preference to commercially available products, the CDE/ELCD does not provide recommendations on curricula. However, networks are expected to align activities with the *California Infant/Toddler Learning and Development Foundations*, the *Preschool Learning Foundations*, the *California Infant/Toddler Curriculum Framework*, and the *California Preschool Curriculum Frameworks*. The California Code of Regulations, Title 5, Section 18273 specifies that the child development and education program be developmentally, linguistically, and culturally appropriate; be inclusive of children with special needs; and promote the child's social and emotional, cognitive, emerging literacy and numeracy, and physical development, with opportunities for indoor and outdoor play.

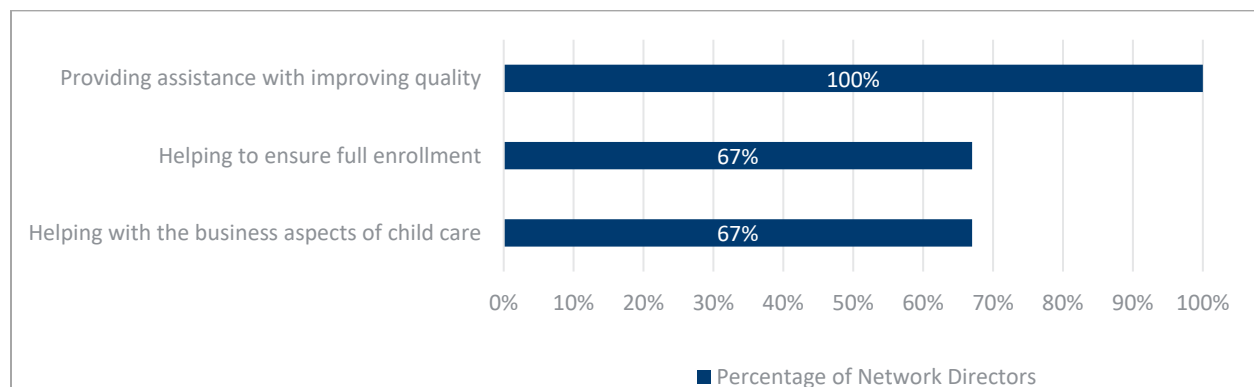
Network Provider Quality Evaluation

The FCCHENs and other Title 5-supported FCC networks are required to assess each FCC home using the Family Child Care Environment Rating Scale (FCCERS), annually as part of a self-evaluation and every 3 years as part of a compliance review. The contracted FCC homes must score an average of "good" on each of the FCCERS subscales. The annual self-evaluation also includes the Desired Results Parent Survey.

Key Network Strengths

California's FCCHENs and other Title 5-supported FCC networks include some key best-practice elements of SFCCNs identified in national studies, such as frequent home visiting/on-site coaching, centralized training, and provider evaluation using the FCCERS (Bromer & Porter, 2017; 2019). As shown in Exhibit 8, all 35 networks responding to our survey considered providing assistance with quality improvement as their network's greatest benefit. Two thirds of the network directors also reported helping to ensure full enrollment and other business support services as key network contributions.

Exhibit 8. Benefits of Family Child Care Networks as Reported by Network Directors



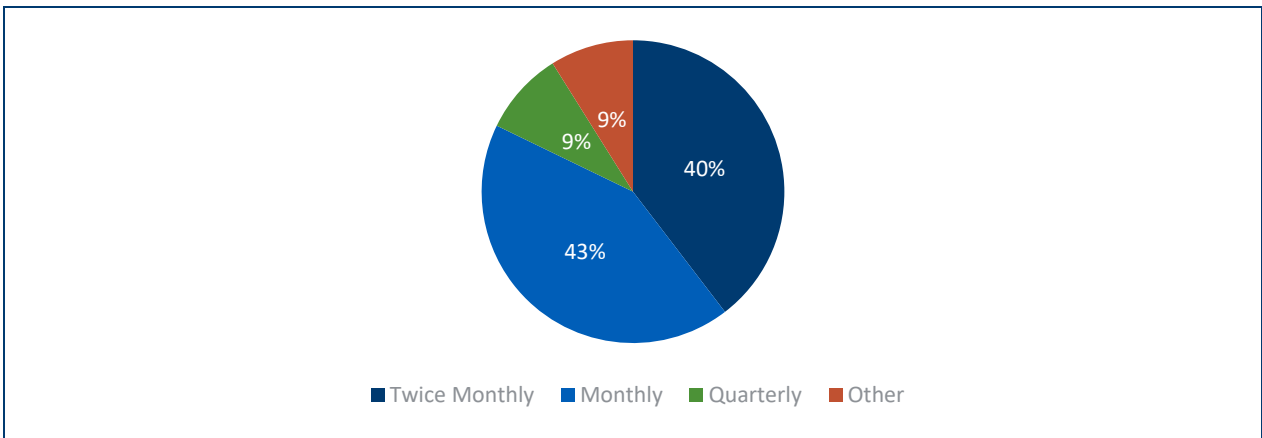
In the next section, we discuss these network strengths in more detail. In addition, we examine the network contributions to FCC providers in managing the COVID-19 pandemic. In many ways, the pandemic illustrates both the need for and potential benefits of FCC networks.

Quality Improvement Assistance

Home Visits/On-Site Coaching

On-site coaching through regular visits to participating FCC homes is a nationally recommended key feature of SFCCNs and a core function of California’s state-contracted FCC networks. Based on survey responses (Exhibit 9), 83% of the networks responding to our survey conducted monthly or even twice-monthly visits prior to the pandemic, the latter meeting the definition of “high-frequency visits” (10 visits over 6 months) as described above in a national study by Bromer and Porter (2017).

Exhibit 9. Home Visiting Frequency as Reported by Network Directors

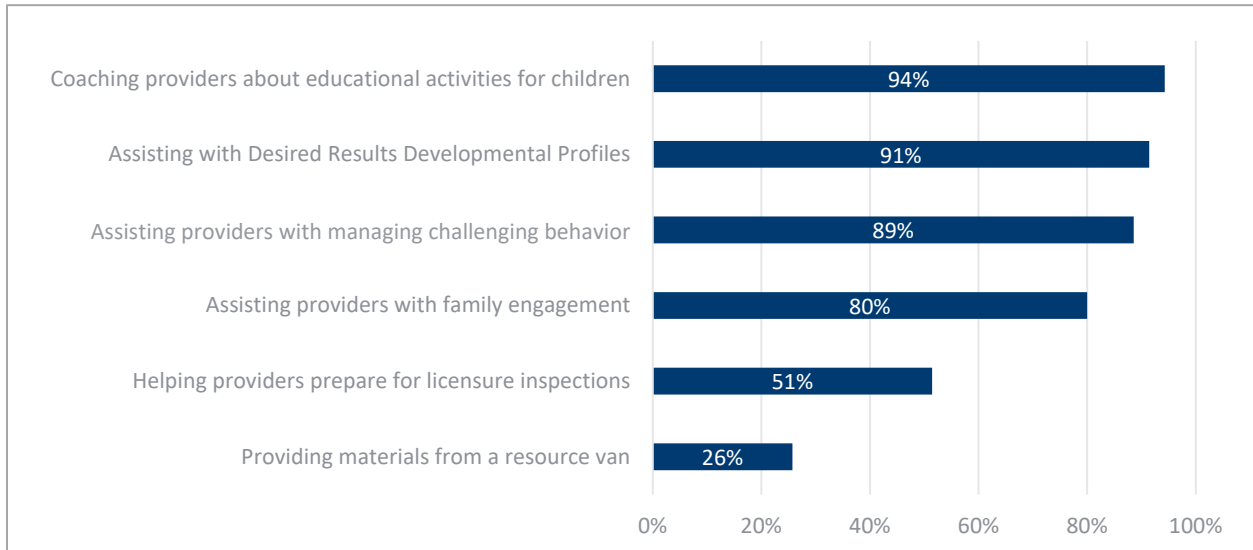


A few networks have moved to making only six visits per year or on an as-needed basis. The Children’s Home Society, which operates networks in several counties, prioritizes more frequent visits to providers who are new to the network and less frequent visits to more experienced providers. A network based at the Placer County Office of Education offers weekly visits to new providers and then tapers off visits to well-established providers who already score well on various quality assessments.

During the initial months of the pandemic, some networks supplemented or replaced on-site visits with regular telephone calls and virtual home visits. A follow-up survey is needed to determine how well the virtual visits are working. More information also is needed to determine the actual caseloads of the network home visitors.

Exhibit 10 shows the activities typically conducted during home visits to FCC homes prior to the pandemic.

Exhibit 10. Percentage of Networks Citing the Following as Frequent Home Visiting Activities



The primary purpose of the home visits is to offer coaching to providers about educational activities. Many studies have shown coaching to be one of the most effective ways to support providers in center-based as well as FCC settings (Quick et al., 2016). For FCC providers in particular, the on-site coaching may be the only contact the provider has with another person trained in early learning and care. Although FCC network-affiliated providers are independent contractors as opposed to network employees, this contact may approximate the kind of relationship that typically exists between a center director and a lead teacher.

As recipients of state Title 5 funds, the networks are required to tailor educational activities to address children's developmental needs based on the DRDP observations and to align educational activities with the *California Infant/Toddler Learning and Development Foundations*, the *California Preschool Learning Foundations*, and the *California Preschool Curriculum Framework*. "My specialists ... go out to see if the providers have any issues or concerns, check to see that everything's working properly, that (the providers) are following their lesson plans, that they're continuing to do activities with the children," said a network director in Tulare County. The networks offer providers "foundational support," as a network director in Los Angeles commented. "It's more than sitting the children in front of the television. It's more than giving them crayons to color. You have to know what's developmentally appropriate for a 1-year-old, a 2-year-old, and a 6-year-old."

The home visits help establish a bond between network staff and providers. "The thing I am most proud of is making connections and building relationships with the providers," said a

director whose network largely serves children of agricultural workers. She adds that “the work is relationship-based, strength-based and evidence-based,” and that it has proven especially important during COVID because the providers “have really seen us as an ally during this time.”

Home visits also provide an opportunity for network staff to participate in parent conferences and engage with families. “Due to the rural geographical areas of our county, network staff build positive and supportive relations with both families and providers who may feel disconnected from the larger community,” commented the Sierra Nevada Children’s Services network director. Home visitors also assist providers in managing behavior they find challenging, often associated with child, family and provider stress, as discussed below in the section on early childhood mental health consultation. “I’ve always regarded our program like a bit of a triangle,” explained Cindy Springer, director of the Children and Family Circle network in Sonoma County. The network “has to be equally supportive of the families, children and child care providers,” adding that “We really are like a family.”

Evidence-Based Curriculum

An evidence-based curriculum is another nationally recommended component of SFCCNs (Bromer & Porter, 2017). Although California does not require or promote the use of any particular curriculum, several network interviewees stressed the value of using one. For example, the Child Development Family Child Care Home Education Network operated by the Pajaro Valley Unified School District in Watsonville, California (Santa Cruz County) uses the *Creative Curriculum for Preschool*, one of the most widely used prekindergarten curricula in the nation. “We provide the curriculum to all providers to use in their program,” according to the network director. “They are thoroughly trained on implementation and meet to plan activities together monthly.”

One quarter of the providers participating in a network in Santa Clara County have been trained in the *SEEDS of Learning* curriculum, according to Scott Moore, executive director of Kidango. SEEDS is a nationally recognized, evidence-based professional development program designed to prepare educators and parents to help children develop the social, emotional, language, literacy, and math skills they need to be ready for kindergarten. First 5 Santa Clara County has provided support for training FCC providers in the curriculum. As a result of the COVID-19 pandemic, at least one FCC network is considering the Montessori curriculum because it has a lot of individual activities and hence lends itself well to physical distancing of children.

Professional Development and Training

Based on our survey, network-affiliated FCC providers participate in professional development under multiple auspices:

- Four in every five networks (81%) reported that providers participated in centrally located trainings conducted by the network office. For example, a Modesto network recently offered a 6-hour training on anti-racism; other frequent topics include trauma-informed care.
- Nearly as many networks (70%) reported that their providers also participate in centrally located trainings conducted by the local CCR&R agency.
- In addition, half of the networks reported that their providers participate in quality improvement activities under the auspices of Quality Counts California (QCC), the state's QRIS.

The extent to which networks help providers participate in credit-bearing training is less clear. Several network staff during interviews focused on the impact of their training on provider attainment of degrees. In a Los Angeles network affiliated with a community college, newer providers receive stipends to pursue bachelor's and even master's degrees, but providers who have been with the network for a while are less interested in obtaining more education. A Placer County network director said, "Most of our providers are level 4, 10% are level 5, and nobody has less than a level 3" on the state's QCC framework, indicating that most providers have at least associate degrees, and some have bachelor's degrees.

Early Childhood Mental Health Consultation

Bromer and Porter (2017) identified early childhood mental health consultation (ECMHC) as one of the key elements of an SFCCN. Although fewer than half of the responding networks across the nation offered this service, networks affiliated with EHS or HS were most likely to do so.

Based on our interviews of California network directors, several networks have implemented robust ECMHC components. ECMHC helps prevent preschool expulsion and suspension, a troubling phenomenon which has been found to be three times more prevalent among preschool age children than in the K-12 population (Gilliam, 2006). For example, the Placer County Office of Education network credits access to an ECMHC with having virtually eliminated "suspensions" or "expulsions" of preschool children from their network homes over the last 4 years. In San Francisco, every Wu Yee Children's Services network home with EHS as well as state funds has access to 6 hours of time with an ECMH consultant per month.

Most of the networks with ECMH components use EHS or HS funds to pay for a consultant. However, the Pajaro Valley Unified School District network has been able to use a recent provision of state law (AB 2698) to finance the hiring of an ECMH consultant. Based on this law, state Title 5 contractors can charge a 5% adjustment factor to the payment rate for each child enrolled, which can be used to finance a mental health consultant. Currently, only FCC networks financed by Title 5 CCTR-based or CSPP contracts have access to this provision. A change in legislation may be needed to allow the networks financed with CFCC contracts to apply this adjustment factor to facilitate hiring a mental health consultant. More research is also needed regarding how FCC networks might use Medi-Cal to provide mental-health-related provider support (Daly Pizzo, Pizzo, Alvarez, & Greene, 2020).

Promoting Full Enrollment

Prior to the onset of the COVID-19 pandemic, on average, 87% of the network-contracted slots were full. As shown in Exhibit 11, 42% of the networks responding to this question reported that all of their contracted slots were full, and an additional 52% said that at least 75% of their slots were full. Only two of the 35 responding networks (6%) said that less than 75% of their slots were full.

Exhibit 11. Number and Percentage of Networks by Percentage of Enrollment

Percentage of Slots Filled in January 2020	Number of Networks Responding to This Question	Percentage of Networks Responding to This Question
100% filled	14	42%
Between 75% and 100% filled	17	52%
Below 75% filled	2	6%
Grand total	33	100%

To promote full enrollment, networks recruit families and determine whether they meet the state's program eligibility requirements. Of the 55 pages in the state's rules for FCC networks, 45 pertain to the eligibility determination process. Assisting the providers with the recruitment and eligibility determination thus helps providers with a time-consuming task that has little to do with the actual care of children.

During the pandemic, the networks have functioned as a lifeline for providers. Although many private-pay families have stopped using child care during the pandemic and not continued to pay providers, the state of California made a commitment to continue paying the network-contracted providers until the end of June 2021. As the director of a Los Angeles network commented, "I think more FCC providers will look to join networks because of the financial security these networks provide."

Our survey offered some evidence that the networks helped keep FCC providers in business during the huge statewide loss of licensed homes following the Great Recession. Between 2008 and 2017, there was a 30% decline in the number of licensed FCC homes statewide, resulting in a loss of 98,000 spaces (California Child Care Resource & Referral Network, 2019; AIR, 2019). In contrast, as shown in Exhibit 12, the total number of homes participating in the networks declined by 12%, but far less than the overall decline in licensed FCC homes in the state.

Exhibit 12. Number of Homes in Networks in January 2020 and at Peak Enrollment

	Total Number of Homes as of Jan. 2020	Peak Enrollment	Percentage of Decline in Number of Homes
Sum across all networks	1,471	1,679	12%

Other Network Business Support Services

California's FCC networks also offer several other types of business support services to providers, including managing payments, collecting fees, training on business practices, and arranging group discounts or purchase of equipment.

Managing Payments and Collecting Fees

FCC networks manage the essential task of making subsidy payments to participating FCC providers. The consistency and timeliness of these payments is one measure of their effectiveness. As one network director in Los Angeles commented, even if providers can get higher rates of payments from other sources, "they stick with my network because they know they will be paid on time."

Child Care Resource Center (CCRC), one of the larger FCC networks in Southern California, uses automated child-care management software to streamline payments to providers, reducing the time it takes providers to document child attendance and network staff to process payments. During the pandemic, the state has allowed electronic signatures to verify enrollment, reducing the time-consuming transport of paper documentation. Dr. Michael Olenick, president and chief executive officer of CCRC, hopes the state will continue this time-saving practice after the pandemic.

Many networks also collect the copayments that the state requires some families to pay, thereby saving providers the task of collecting these fees. However, some networks deduct the amount of the required copayment from the subsidy payment. In this case, it is not clear that the providers ever manage to collect the parent fees.

Investing in Technology

“What CCRC has done ... is to create online provider and parent portals where a parent can download their sign in/sign out sheet...so we don't have to mail those anymore...And a provider can submit the timesheets that are signed by the parents through the internet online and also check the status of their payment. ... It took about six or eight months to get everybody who's a childcare provider on a debit card, or direct deposit. And the great thing about that is we deposit their money electronically, and at 12:01 a.m., one minute past midnight, their dollars are in their bank account, or on their debit card... The providers love it. Checks don't get lost in the mail. Nobody steals them. It's immediately there. We have proof of it being there. And it's one of the best things we ever did for child care providers.”

Source: Interview with Ellen Cervantes, vice president & chief operating officer, Child Care Resource Center

Training on Business Practices

FCC networks also help providers develop their business acumen. Most FCC networks, based on our survey, provide workshops on budget development, liability insurance, record keeping, and tax preparation. “We teach them to (think about) how much money is coming in, how much is being spent, how much is going out, and how much they need to survive,” according to a network specialist interviewed at the Wu Yee network in San Francisco.

The state requires all providers under FCC network contracts to purchase liability insurance. Networks typically explain how the providers can make sure their home insurance has adequate provision for liability. However, it is unclear whether any of the networks actually arrange group discounts on homeowner, renter, or liability insurance.

Similarly, many networks provide annual training on tax preparation, bringing in tax experts to provide advice. “Now we'll be doing a Zoom session,” according to Sandra Herrera-Gonzalez, the Children's Home Society network director, “where a tax expert explains the records and information the providers should be collecting and how they should advocate for themselves during tax preparation.” More research is needed to determine the content of this training and the extent to which comprehensive information is available across networks. According to Louise Stoney (2020), a national expert on FCC finance, most FCC providers overpay on their taxes because they keep inadequate records on the amount of their income devoted to FCC business expenses. Network assistance with these business practices helps providers with their overall child care business, not just that involving network-subsidized children.

Group Discounts on Equipment Purchasing

Many networks provide group discounts on the purchase of equipment or materials or directly purchase the materials. For example, CCRC purchased 350 computers to help both small

centers and FCC providers, and offered them cleaning supplies or the funds to purchase them. A Modesto network loans cribs and other baby furniture and all items needed to raise scores on FCCERS evaluations. In Sonoma County, a network routinely purchases diapers for providers, many of whom serve infants and toddlers, and provides outdoor washing stations, a huge help during the pandemic. However, when FCC providers are spread over a large geographic area, it may be more efficient to give them the money to purchase the supplies themselves rather than attempt to deliver them directly to the providers.

COVID-Related Guidance and Assistance

Based on our survey conducted in April through June 2020, California's FCC networks performed a vital service during the early months of the pandemic. The networks played an active role in helping providers establish procedures to remain open to serve children of essential workers and, since June, to reopen their homes to the rest of the children they had been serving. During this critical period:

- Seventy-seven percent of the networks said at least some of their homes remained open, although they were serving fewer children. “The majority of the family child care homes have remained open and accepting children while most centers were closed” during the early months of the pandemic, according to Jennifer Pare, chief early learning officer at Kidango, who oversees a network at Kidango in the Bay Area.
- All 58 homes in a central coastal network (Pajaro Valley Unified School District Child Development FCCHEN) stayed open from the outset of the pandemic, serving the maximum number of children allowed, who were all children of agricultural workers and therefore considered “essential” workers. The homes remained open even though the state offered to pay for their services if the providers chose to close.
- Some networks indicated that they were receiving more requests for FCC, either because centers had closed or because school-age children of essential workers were out of school and needed care. As a Sonoma County network director commented in an open-ended survey response: “The fact that family child care homes provide care for small numbers of children with usually one or two primary caregivers makes it the perfect model right now, a model with perhaps the lowest risk for children and families.”
- Networks provided washing stations, no-touch thermometers, hand sanitizer, paper products, gloves, and technical assistance on how to follow the state guidelines on social distancing; others offered networks a choice of cleaning supplies or a check to purchase them.

However, staying open during the pandemic has not been easy. We found that:

- Nearly nine out of ten (86%) networks said providers initially lacked equipment and supplies to address COVID-19. When providers tried to purchase masks or sanitizers in bulk, stores often rejected their requests, on the grounds that they were not “essential” workers. A network director in Shasta County commented on the irony: “They were serving children of essential workers and first responders, but they weren’t considered essential workers themselves.”
- More than one in five networks (23%) had at least one provider who temporarily closed because the provider had the virus.
- Approximately a quarter (26%) of the networks reported that providers fear they will ultimately have to close if they cannot serve enough children because too many families have not gone back to work.
- Providers were—and remain—fearful of bringing asymptomatic, infected people into their homes and exposing their own families to COVID-19. “Providers are scared,” said a Sonoma County network respondent. “They worry about the safety of the children and of themselves and their own families.”

To help keep homes open, network staff said they dealt daily with helping providers cope with stressful situations. Respondents indicated that social distancing posed the greatest challenge:

- “Social distancing rules, sanitizing high touch points and materials and general hygiene will be a challenge for providers,” said one network director, “because young children learn with all their senses and are very hands on and interactive with all they come in contact with.”
- “Keeping children separated six feet apart is going to cause a lot of concerns for providers who don’t have adequate space to keep children apart,” another network director shared, “and it’s not age-appropriate for children not to interact with each other.” Summing up the difficulty, an interviewee noted, “It’s really difficult to keep the kids apart when they are used to being two on a recliner and four on a couch.”
- “Staggering entry of the children is the hardest,” said another network director.
- Network staff must often help providers make difficult decisions. “At least one situation a week, we are having to help the providers make difficult decisions,” said one Southern California network director. “It affects not just the family member who is ill, but all the rest of the families that are currently attending the homes.”

Network staff report helping providers with interpreting management bulletins on these topics from CDE, the California Department of Social Services (CDSS) and the local county public health department. Wu Yee Children's Services in San Francisco has a coach contact each of the network's FCC homes weekly to help them figure out how to implement regulations, and conducts peer learning groups where providers can share their strategies for keeping their homes healthy and safe. The Children's Council San Francisco has collaborated with Wu Yee and the University of California San Francisco (UCSF) Childcare Health Program to make four comprehensive training modules on reopening FCC homes available to all FCC providers in the city. Modules are available in English, Spanish, Cantonese, and Mandarin at <https://childrenscouncil.org>.

Innovations in Masks:

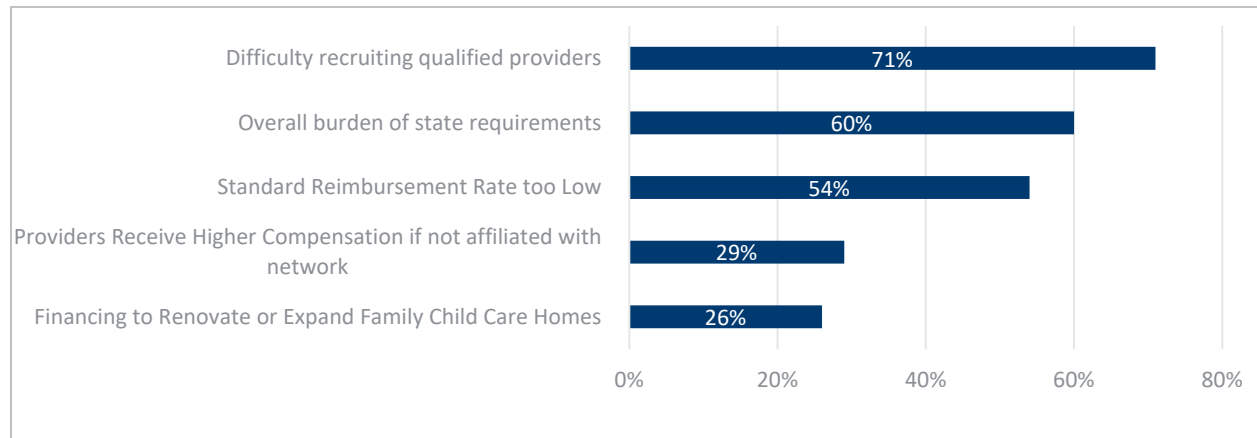
Wu Yee Children's Services providers were struggling with how and when to wear masks. In the network's peer learning community meetings, one provider provided instructions for how to make a clear mask to help the children see the provider's mouth and face. That way, providers may wear a regular facial covering during regular pickup and drop-off times for the children, but change to a clear mask if they're reading a story or they're doing a circle time or singing songs; it is important for the children to see their mouths and entire faces.

Source: Wu Yee Children's Services interview

Network staff suggest that some systems that have been adopted to address the pandemic will remain after it has passed, such as sign-in and -out procedures and more detailed health checks. Network staff also foresee that providers will be required to be more knowledgeable about technology in order to stay connected to families. Perhaps most important, the networks have been available to counsel and provide intangible support to providers who otherwise would have been largely left on their own to deal with the stress of providing care during the pandemic.

Key Network Challenges

California's FCC networks also face some important challenges. As shown in Exhibit 13, our survey and interviews of network staff identified several issues that pose challenges to network expansion and, by implication, even to network survival. Network directors, in their survey responses, cited difficulty recruiting qualified providers as the top challenge. Closely related were the overall burden of meeting state requirements and low per-child payment rates. Also cited were difficulties that participating providers face in obtaining financing to renovate or expand FCC homes.

Exhibit 13. Major Challenges to Network Expansion as Reported by Network Directors***Difficulty Recruiting Qualified Providers***

In open-ended responses to our survey, several networks said they worried that a substantial number of their providers were nearing retirement age, and that it might be difficult to replace them without new incentives and supports. Difficulty recruiting qualified providers relates in part to demands of FCC work in general and to finding providers who are able and willing to meet program requirements. However, even if providers are eager to meet the requirements, they may be reluctant to do so because they can receive the same or, in some cases, a higher rate of compensation if they serve children whose families have AP program vouchers. The AP program has far fewer requirements.

Overall Burden of Requirements

Based on our survey and interviews, network staff identified some state requirements that providers may find burdensome. First, as several interviewees commented, not every FCC provider wants to have network staff enter their home to observe participating children or assess program quality. Many FCC providers value their independence and are not looking for oversight. Network participation also requires extra record keeping. Although network staff determine family eligibility, promote full enrollment, and manage subsidy payments, individual providers still have to track enrollment and maintain records to ensure being paid and not overpaying their own taxes.

Some of the very quality improvement efforts that rank as “strengths” also may be perceived as burdens, placing a higher emphasis on monitoring compliance than on supporting providers. For example, the FCCERS assessment requirement places California’s networks in good standing with nationally recommended SFCCN standards, and is used to coach providers on how best to set up their homes for child care and instruction, and how to improve their outdoor play areas. Networks sometimes uses FCCERS findings to determine which providers have priority for free equipment or grants for backyard improvements. However, we did hear some concerns that

the assessments are being conducted by multiple entities, so that a provider in Los Angeles might be assessed two to three times in a single year, once by network staff, once by the Quality Counts California (QCC), and once by HS. At least one network representative suggested that all networks should be part of Quality Counts.

Based on our survey and interviews, network staff generally spoke favorably of the twice-yearly DRDP and of grounding their coaching in a structured observation of children's progress. Network interviewees also welcomed the establishment of a state website where providers can get trained on the measure and obtain a DRDP certificate. A Sonoma County network has added its own innovations, such as videotaping portions of the profile process and sharing the video results with the children's families. Wu Yee Children's Services asks the FCC providers to conduct the DRDP observations and input them online, with a network specialist working closely with the provider to do so.

However, several networks thought the DRDPs were too time-consuming to complete, some said they did not adequately consider the age of the children being assessed, and others worried that the providers did not have adequate training to conduct the profiles without substantial network staff assistance. One network would prefer to devote the time currently spent on the DRDP to coaching the providers in an evidence-based curriculum.

Provider Payment Rates

Nineteen of the 35 responding networks said the compensation they are able to provide to FCC providers is insufficient, and only seven considered the rate good. We found dissatisfaction with the payment rate in every region of the state. In part, more than half of the network directors considered the Standard Reimbursement Rate (SRR) too low, especially for preschool-age children. The Children's Home Society, which has the largest network contract in the state and a large waiting list of providers who are interested in joining their network, uses the Regional Market Rate (RMR) and said that payment rate works better. However, network respondents did not always prefer the RMR, especially because the infant-toddler rate associated with the SRR has recently been increased.

The primary concern voiced is that providers can receive the same or a higher rate of payment from the AP voucher program, which does not have same quality requirements as the Title 5-financed programs. As one network director stated (Shasta County), "Why would a provider choose to participate in a network that asks so much more than just the AP program if they were getting the same rate?" Another director from the Central Valley said, "It would be great if agencies were able to apply an additional reimbursement above the regional market rate to compensate the providers for their participation in the program."

Barriers to Expansion:

“Child care providers are not going to accept less than what they're earning from the regional market rate... [If we had one universal rate...I know I could start a family child care network in San Bernardino County in a matter of months, and have it going strong. But (the providers) are not going to do something that causes them to lose money.

Source: Ellen Cervantes, vice president & chief operating officer, Child Care Resource Center interview

Based on our interviews with a representative sample of providers, not only are per-child payment rates low, but they vary across networks. The amount of payment or compensation that actually goes to the provider depends on multiple factors: the ages of the children served, whether the network is financed with the SRR or the RMR, and whether there are additional sources of public funds to support the payments. For those networks only using Title 5 funds, based on our interviews, weekly per-child payments for full-time children under the age of 2 typically average around \$230, and \$220 for preschool-age children. But at least one network reported paying considerably less, and another provides a tiered reimbursement scale based on the provider's educational qualifications.

Networks with access to EHS or HS funds may pay an additional \$100 a week (\$400 per month) per child, though they must also meet the additional requirements of the Head Start Performance Standards. Also, those with extra support from local sources, as in San Francisco, may pay more than twice the typical state rates. The city of San Francisco has supplemented the state rate with local funds for FCC providers who meet the qualifications for being Early Learning Scholarship providers. Using state Title 5, EHS, and local funds, the Wu Yee Family Children's Services network is able to pay approximately \$30,000 per year for an infant in its FCC child network.

Recently enacted legislation (2019) allows unions to organize FCC providers. Although network survey respondents generally expressed optimism that union membership might make providers feel empowered and promote higher payments, they also expressed concern that union representatives may not understand the differences in the quality requirements for AP and Title 5-affiliated programs and the impact of those differences on the cost of the program.

Liability Concerns Related to Substitute Lists and Other Shared Services

Although FCC network representatives reported that providers need support finding substitutes and assistants to serve as the second caregiver in large FCC homes, only 17% currently offer lists of potential substitutes or assistants. A few of the networks, such as CCRC, help FCC providers find substitutes or assistants by providing a list of their own HS employees who have been vetted and may want additional work during summers or holidays when HS programs may be closed.

However, most FCC networks, especially those associated with LEAs, are reluctant to give any impression of recommending staff to serve as substitutes or assistants. “We don’t have an organized way for our network providers to have a substitute pool,” explains the director of a network in the Shasta County Office of Education. The chief barrier is that network agency sponsors do not want to assume the liability for any recommendations. “Liability is the number one barrier” to recommending substitutes, agrees the director of the FCC network based in the Placer County Office of Education. The agencies sponsoring the networks are concerned about appearing to make personnel recommendations and then being held responsible for any misconduct.

Comments from network staff suggest that their sponsoring agencies are concerned about potential lawsuits whereby network-affiliated providers might be classified as network employees who would be eligible for all benefits. Several network interviewees referred to the *Dynamex* lawsuit that defines the circumstances under which an independent contractor becomes legally considered an employee. A Child Care Law Center memorandum (2018) suggests that network-affiliated providers may meet one of the criteria for being considered employees, namely that they may be subject to the control of the hiring entity in connection with the performance of their work. The network directors we interviewed said it would be helpful for the state to provide legal guidance on how to provide more support to network-affiliated providers while still retaining their status as independent contractors.

Provider Health Insurance

Based on our interviews with network staff, networks do not track whether their participating providers have health insurance for themselves. However, several networks expressed strong interest in helping providers access health insurance.

Because California is a Medicaid expansion state, adults who have incomes up to 138% of the Federal Poverty Level (\$36,156 for a family of four people) are eligible for Medi-Cal. The federal government provides a \$9 match to every \$1 provided by the state, for the purpose of covering these adults as part of Medicaid expansion. Even if the network providers themselves have incomes too high to qualify for Medi-Cal, their assistants might be eligible. Furthermore, some network representatives said that helping providers obtain health insurance under the Affordable Care Act would be an effective recruiting tool and help provide financial support for FCC providers to stay in the field.

Facilities/Home Renovation Assistance

Based on our survey, 26% of the networks say that lack of financing for renovating or expanding FCC homes is a significant barrier to network expansion. “Typically the struggle we run into is capital improvement...even for security things such as fencing, sliding glass doors, maybe

bathroom renovations on older homes,” according to the director of a network in Shasta County. Funders do not generally give grants for capital improvements, and providers are reluctant to take out small business loans because their income is too unpredictable, she said, adding that “Even a \$10,000 loan is too much for them to risk.” Reimbursement rates for Title V-contracted programs do not allow for the cost of retrofitting or expanding facilities. State and local officials also have sometimes voiced concerns about investing public funds in private FCC home providers (Manship, Muenchow, & Fuller, 2019).

According to network directors we interviewed, the need for financial assistance with home renovation ranges from fencing and improvement of backyard play areas to interior changes that allow the provider to separate part of the home to ensure the health and safety of children. For example, some providers establish separate kitchen areas, and those providers with two-story homes even designate the entire first floor of the home to family child care, or they retrofit a large garage to accommodate the provision of care.

Finding providers willing and able to make all of these changes in their homes, according to the network directors we interviewed, can be difficult. The California Assembly Blue Ribbon Commission report (2019) recommended establishing a facility grant program directed to communities and families with the greatest need and that would include FCC. The Commission report proposed funds and technical assistance to facilitate expansion and retention of spaces, deferred maintenance, and health and safety needs. The Commission (p. 83) referred to finance models where “forgivable loans” are granted to providers offering subsidized care, and where the loan would come due if the provider closed the home or sold it within a specified period. Although the state enacted such a facilities fund in 2019, the implementation was postponed, and funds directed to other priorities because of the pandemic.

Despite the obstacles to financing FCC home renovation and improvement, we found several networks with HS or EHS funds that have engaged in substantial home renovation projects or assistance. Using EHS start-up grant funds over a 2-year period, the Placer County Office of Education FCC network managed to help 15 participating providers renovate their backyards to offer safe play equipment. “The outcome has been phenomenal,” says Catherine Goins, network director. The criteria were to meet playground safety standards for FCCERS, and the cost ranged from a low of \$10,000 to a high of \$45,000. “Getting involved with Head Start and Early Head Start and all of the extra performance requirements is worth it because of the extra money you are able to put into things like renovation,” says Goins. “I can say without a doubt it has been the best thing to ever happen to our network.”

The Modesto City Schools FCC network hired a consultant who specializes in outdoor environments to design outside play areas for two model FCC homes. She designed the yards

with native plants, natural materials and “loose parts,” to give children many and varied outdoor experiences to support and challenge learning development. The same network was able to obtain an architect from Spaces for Children to provide plans for room arrangements in FCC homes to better accommodate mixed-age groups. “I would strongly recommend that if you’re looking to increase your quality in family child care,” said Clara Nakai, the coordinator of the Modesto City Schools network, “that it pays to reach out to these people that are nationally known and know what they are talking about.”

Recommendations and Policy Options

Both the California Assembly’s Blue Ribbon Commission on Early Childhood Education report (2019) and the state’s Preschool Development Birth to Five Grant Needs Assessment (AIR, 2019) pointed to California’s FCCHENs as a model that may be worthy of expansion. The COVID-19 pandemic has highlighted FCC providers’ need for support and the capacity of the networks to provide it. The Master Plan for Early Learning and Care (December 2020) recommends the establishment of shared services networks, and the FCCHENs and other Title 5-supported networks would appear to be important candidates to help fulfill this role. What would it take to expand the networks to more counties and recruit more providers? In the section below, we highlight network director recommendations and offer additional policy options for consideration.

Child Development Supports

All 35 networks responding to our survey reported that providing assistance with quality improvement was their greatest benefit to providers. California’s Title 5 FCCHEN elements align well with nationally recommended best practices, including the frequency of home visits, emphasis on coaching, and use of the FCCERS. However, based on our interviews of network directors in California and programs considered models in other states, there are several areas where network child development support services need strengthening, especially in the area of an evidence-based curriculum and more emphasis on supports for children’s health and mental health. Equally important, some requirements associated with observational assessments might be reduced without compromising quality, thereby strengthening provider recruitment.

Retain and reimagine home visits.

Based on our survey, home visits are one of the core services of California’s Title-5 supported FCC networks, and the frequency of the home visits (83% monthly or twice monthly) compares well with nationally recommended practices. It is the home visit that allows the network to coach the provider, not only promoting developmentally appropriate learning for the children

but also fostering positive relationships with parents. The network home visitor provides a level of support and a degree of oversight similar to that provided by a center director to classroom teachers. However, some networks financed with center-based funds already provide less frequent visits, prioritizing visits to newer providers, and the COVID-19 pandemic has led to many networks at least temporarily conducting virtual home visits. Network directors need an opportunity to share best practices on how to conduct these visits virtually, and some features—such as the twice-annual DRDP—may need to be officially suspended during the pandemic if they do not easily adapt to a virtual platform.

Promote and facilitate the use of evidence-based curricula.

The state should consider providing a list of evidence-based curricula and requiring networks to choose one or propose an alternative that has been independently evaluated. “The state’s curriculum frameworks are excellent,” said one former network director. “But it’s really a flaw not to provide a list of evidence-based curricula.” Use of curricula specifically oriented to serving infants and toddlers and children in the mixed-age group environment of FCC is critical. As noted in the CDE-published *Guidelines for Early Learning in Child Care Home Settings* (2010), when infants and toddlers are present, special care must be taken to adapting activities intended for older children. Consideration should also be given to ensuring that FCC networks have opportunity to participate in the Program for Infant Toddler Care (PITC) training, which offers a relationship-based approach to caring for infants and toddlers.

Convene FCCHEN and other FCC network directors to discuss ongoing observational assessments and use of a developmental screening tool upon a child’s initial entry into FCC.

Based on our survey and interviews, many FCC network staff see the utility of the Desired Results Developmental Profile (DRDP) in training providers on how to observe the development of children at different ages. However, some network directors want to reduce the time spent on the DRDP, freeing up network staff to coach providers on the use of evidence-based curricula and reflective supervision. The DRDP was designed to provide comprehensive information on developmental domains to use in planning curriculum. Concern about the time needed to complete the DRDP led to the development of a shorter, essential form that maintains the instrument’s psychometric properties and can still be used to inform curriculum planning. A roundtable to discuss the purpose of the DRDP and the feasibility of streamlining it while meeting its intended purpose would be helpful.

In addition, state network rules do not currently require the use of a developmental screening tool. The state should consider adopting the QCC requirement for a developmental screening for each child entering a network-supported home, whether financed by Title 5 or another public funding source.

Align the frequency of Family Child Care Environment Rating Scale (FCCERS) assessments by the networks and Quality Counts California (QCC).

State Title 5 requirements for annual FCCERS self-assessments, while an important basis for quality assessment, need to be coordinated with those conducted by other agencies in order not to be duplicative. Several network directors noted that some providers are subjected to multiple FCCERS assessments within a single year, and they proposed aligning the timing of the assessments with the requirements for the state's QRIS, QCC, which is conducted every other year rather than annually.² One network interviewee suggested that the state consider making all network providers automatically members of Quality Counts, and that any FCC network staff conducting the assessments be certified in FCCERS.

Ensure that FCC providers participating in the networks have opportunities for credit-bearing training to help them qualify to offer preschool in their FCC homes, and convene a roundtable to examine the relevance of the Child Development Permit Matrix to the operation of both FCC homes and FCC networks.

Four out of five networks reported that their providers participate in centrally located trainings conducted by the network office, 70% said that their providers participate in training conducted by the local CCR&R agency, and more than half reported participating in activities conducted by Quality Counts. Although many networks provide incentives for stipends for providers to obtain further education, more emphasis is needed on credit-bearing training and time off to participate in training in order to help FCC providers advance to higher levels on the Child Development Permit Matrix established by the California Commission on Teacher Credentialing. The state should consider convening an ongoing roundtable of leading FCC researchers, practitioners, and advocates, along with representatives of the California Commission on Teacher Credentialing, to examine the relevance of the Child Development Permit Matrix to the operation of both FCC and FCC home networks, and recommend needed modification.

Create a robust health-care component.

The need for a strong health-care component in the Title 5-supported FCC networks extends far beyond the current health emergency. Although 90% of the networks coordinate health-care referrals, more research is needed to determine how FCC networks might use Medi-Cal to provide on-site screening, offer provider and parent education about immunizations for children and adults, and help children and their families connect to a medical home. The state also should explore the feasibility of employing a nurse consultant (or consultants) for each network to perform these functions. In the All Our Kin FCC network in Connecticut and New York, a collaborative New Haven-based study with the Yale School of Nursing showed improved

² Although the state only requires an independent FCCERS every 3 years, the networks are supposed to conduct self-evaluations annually.

adoption of preventative health and safety measures after nurse consultation (All Our Kin, 2017).

Licensed FCC providers are already required to ensure that the children enrolled have the standard childhood immunizations, but vaccinations against influenza are optional. Although only 43% of adults were immunized against influenza in 2018–19, child immunization rates in general in Head Start and child-care centers are much higher (Daly Pizzo & Pizzo, 2020). Thus, FCC networks have the potential to play an important role in encouraging vaccinations against influenza immediately and, when it becomes available, against COVID-19. Efforts to encourage immunization should apply to the providers and their families as well as to the children in their care.

Build on the state's innovative Early Childhood Mental Health Consultation (ECMH) mechanism to support FCC network-affiliated providers.

Nearly ninety percent of network survey respondents reported devoting extensive time assisting providers with addressing behaviors they find challenging, and promoting positive interactions between providers, children and their families. A few networks have access to an ECMH consultant who works with the provider, the child, and the child's family to reduce stress and help the child adjust. EHS or HS grants help some FCC networks hire ECMH consultants. But we identified one network administered by Pajaro Valley Unified School District that used a funding mechanism established by state legislation in 2018 to finance ECMH consultants. The legislation (AB 2698) applies a 5% adjustment factor to the payment rate for each child enrolled, which can be used to finance an ECMH consultant. Currently, only networks financed by Title 5 center-based or CSPP funds can access this adjustment factor; the state should consider amending the legislation to allow the FCCHEN networks supported by CFCC funds to access these funds for ECMH consultants as well. The state should convene an ongoing roundtable to examine and recommend Medi-Cal mechanisms for financing early childhood mental consultation to follow up on Adverse Childhood Experiences Study (ACES) /trauma screening and provide behavioral health support services to FCC educators, families, and children.

Sponsor statewide online technical assistance to showcase best practices and to address COVID-19 policies and future health emergencies.

Across the state we found many networks that reported best practices. Their expertise should be made available in the form of technical assistance virtually and as an assembled group when possible. "Networks need technical assistance and a structure to showcase best practices," according to Catherine Goins, director of the Placer County Office of Education FCC network, "and too often they are left out of state-level early childhood policy discussions." There are multiple policy issues that would benefit from network director input. For example, a webinar regarding COVID-19 reopening in San Francisco networks could be broadcast statewide. The UCSF Childcare Health Program could be quite helpful in these health-related endeavors. Other

important topics for discussion include whether there should be caseload criteria for home visitors, whether participation in QCC Counts should be required, and how networks can best help FCC providers access more credit-bearing education.

Encourage partnerships with HS and EHS.

Based on our survey and interviews, the state-supported FCC networks offering the highest per-child payments, the greatest assistance for FCC renovation and expansion, and the most robust health-care and ECMH consultations have one thing in common: they also have EHS and/or HS grants or participate in the EHS/Child Care Partnership. The state should convene representatives from the networks that participate in these partnerships to explore in depth how the network-affiliated homes manage to meet the EHS Performance Standards and how best to encourage EHS partnerships with state-funded networks. In addition, future research should explore whether FCC networks currently supported exclusively by EHS or HS funds might be recruited to participate in partnerships with state-funded networks.

Business Support Services

California has excelled in creating a contracted system of state-supported FCC networks that recruit providers, determine child and family eligibility, and manage payments to providers. Two thirds of the networks said helping to ensure full enrollment and assisting providers with the business aspects of child care are major strengths. During the pandemic, although there are reports that many more licensed providers have closed, state payments to network-affiliated providers have continued, and most have remained open. Although acknowledging all of these strengths, network respondents to our survey ranked “difficulty recruiting qualified providers” as their number one challenge. Below, we summarize recommendations from network directors, our literature review, and our interviews with nationally recognized network leaders on how to improve the business support component of the FCC networks and thereby the appeal of network affiliation.

Reform the rate structure to compensate providers meeting higher standards related to the educational, child observation, parent engagement, and quality assessment requirements associated with Title 5 contracts as well as any new responsibilities assigned.

Fifty-four percent of network directors said the current per-child payments are inadequate, and only one in five said they were good. A majority of the network respondents prefer the RMR to the SRR, except for infants and toddlers, where a recent increase in the SRR may make it preferable to the RMR for this age group. The networks’ primary concern is that their per-child payments to FCC providers are often lower than private parent fees or even some other forms of subsidized care with fewer quality requirements. The Master Plan for Early Learning and Care 2020) calls for rate reform for subsidized care across program settings that takes into account

the true cost of the care based on program location, characteristics of the children served, and quality features. Multiple network directors recommend that the state should offer an incentive payment to FCC providers for meeting the extra educational, parent engagement, child observation, and quality assessment requirements associated with network affiliation.

Clarify the per-child payment level, establishing a base.

Based on our survey and interviews, there is considerable variation in per-child payment rates across networks. The state, with input from network directors, staff, FCC providers themselves, and unions, should consider crafting a rate schedule for state-supported FCC that ensures at least a minimum per-child payment level based on the age of the child served. FCCHENS financed with CFCC funds should benefit from the same higher rates for infant and toddler care as those networks financed by CTRR contracts.

Develop a cost model for central network services with input from network staff and participating providers.

To determine the true cost of central FCC network functions, the state needs to develop a cost model for their currently required services, such as subsidy management, DRDP observations, training, and coaching, plus any new responsibilities that might be added in the area of health care, ECMH consultation, and business support. It is clear that the services that networks offer to FCC providers are more than administrative. Home visitors in particular perform some of the supervisory functions and supports that are typically offered in child-care centers by a center director or lead classroom teacher—positions that would be considered direct personnel in a center's budget. Thus, network expenses for home visitors and educational and health support might best be viewed as personnel, not administrative, costs.

Reduce the burden of managing payments and collecting parent fees.

The state should consider the most efficient manner to facilitate electronic processing of attendance sheets that do not require in-person signatures by the providers and that allow direct deposit of payments in provider accounts. Many networks already have child management information software, and the state should help all networks to acquire it within a reasonable time frame. Once in place, electronic processing of payments would save both network and provider time, and would help ensure timeliness of payments to providers. Although most networks already appear to collect the required parent fees, this should be a network requirement.

Showcase best practices.

To attract more providers to participate, networks need a venue to share their best practices in business support. Many networks have developed policy manuals, tax advice workshops, access to small business loans, and discounts on everything from diapers to cribs and other furniture

for babies. Establishment of a website featuring webinars and online information on these best practices would help networks share their innovations.

Facilitate the development of substitute and assistant lists, and clarify the status of providers as independent contractors as opposed to employees.

Most FCC providers occasionally need substitutes, and large FCC homes must hire a second adult to help care for the children enrolled. Providing a screened list of potential staff to fill these roles would greatly benefit FCC providers. However, based on our survey, only 17% of networks said that the provision of substitute lists was a current activity. Several network directors said the major reason they did not provide such lists to participating providers was concerns about liability for suggesting a person who harmed a child or, in other ways, proved unsuitable for the position. Overall, network directors recommended that the state clarify the status of providers as independent contractors as opposed to employees. Provision of legal advice to networks on how they can safely share lists without endorsing a candidate would be helpful.

Explore the possibility of Medi-Cal insurance for network participants.

More research is needed to determine the extent to which providers and their assistants currently might qualify for and need Medi-Cal, especially as they navigate through the pandemic. If networks helped providers apply, Medi-Cal insurance would be a good source of financial support, an important recruiting tool, and a benefit that might help FCC providers stay in the field. Finally, networks also could explore providing assistance to families in applying for health insurance under the Affordable Care Act (Daly Pizzo & Pizzo, 2020).

Designate public funds for FCC home renovation and improvement for network-affiliated providers.

More than 26% of network respondents said lack of financing to renovate or expand FCC homes is a major barrier to network expansion. Network staff indicate the need for a separate public funding source for FCC home renovation and improvement. As seen above, three quarters of network-affiliated providers operate large FCC homes, indicating a level of intentionality to remain in operation as a long-time occupation, and thereby allaying concerns about investing public funds in FCC homes for fear that the providers may go out of business and the funds invested lost. Moreover, as indicated in the California Assembly Blue Ribbon Commission report (2019) and reiterated in the Master Plan for Early Learning and Care (2020), grants could be structured as “forgivable loans,” with a provision that providers only need to pay back the loan if they go out of business or sell the home within a specified time period. Offering this assistance with facilities could be a major support to attract more network participants.

Opportunities and Policy Options for Network Expansion

California is a leader in having established statewide contracts for FCC networks serving children from low-income families. Yet, only about 10% of all large, licensed homes participate and a much smaller proportion of small FCC homes. Engaging more providers within the 39 networks that already exist in 30 counties will require not only more resources to finance the care but more incentives for providers to participate. Expanding the networks to the remaining 28 counties and having them available on a statewide scale will require establishing criteria for prioritizing expansion. Based on network director input as well as a review of the literature and interviews with experts in other states, we offer two concluding suggestions.

Consider expanding the “tent.”

As this study has revealed, California already has more FCC networks supported by state Title 5 funds than was previously recognized. At a minimum, the state should convene all 39 identified networks to help them share best practices and inform any changes in policy.

FCC provider participation in state-supported Title 5 network training benefits all of the children enrolled, not just those who are officially enrolled in the Title 5 program. Children in network-affiliated FCC homes often include those subsidized with other public funds (e.g., the AP program, CalWORKS, and/or EHS and HS) and those financed exclusively by private family fees but who may have incomes only slightly higher than those of the subsidized children. The network-affiliated homes already offer settings that integrate children regardless of how their care is financed. By not relying on one source of funds, providers may be more secure in an economic downturn if one source of income is reduced. Also, there is evidence that children, too, benefit from participation in settings not rigidly defined by family income.

Reimagining the networks to recognize and invest in their broader role could help them attract and support more providers. The Master Plan for Early Learning and Care, for example, recommends that shared-service networks offer to assume responsibility for fee collection from private-pay as well as subsidized families. Networks also could work with the California Child Care Initiative to recruit the family, friend, and neighbor (FFN) care providers to become licensed as network participants. As a further incentive for network membership, and as recommended in the Master Plan for Early Learning and Care (2020), the state might consider giving network-affiliated providers priority for any FCC home renovation grants that become available. Networks could also offer affiliated providers assistance in obtaining health insurance benefits for themselves, and improved access to health and early childhood mental health services for the children in their care.

Consider FCCHENs and other FCC networks as prime candidates to serve as hubs for shared services.

The California Master Plan for Early Learning and Care (2020) recommends the establishment of shared-service networks to help FCC providers and small child-care centers reduce the time spent on the business aspects of their services and free them to focus on child development and educational activities. Shared services are defined as a management framework that enables center- and home-based early learning and care providers to build organizational capacity, improve teaching and learning, and promote long-term sustainability (Stoney, 2017). Stoney (2020) suggests three tiers for FCC network participation in network business support activities, with FCC homes having the option to enter at one level and remain there or advance up the tiers.

- Tier 1: Network training of providers in business practices and group purchasing discounts
- Tier 2: Tier 1 services plus tax preparation training, coaching on business practices, and business automation tools
- Tier 3: Tier 1 and 2 services plus shared back-office support and assistance to providers in collecting fees from all sources through a common automated platform

In California, the 39 FCCHENs and other state-supported FCC networks already assist FCC providers with determining eligibility for subsidized care, managing payments to providers, and, in many cases, collecting family fees. Some networks have developed electronic submission and review of documentation, thereby speeding up payments to providers and reducing the time that providers have to spend on record keeping. Many of the state's FCC networks may thus be prime candidates for consideration to serve as these hubs for shared services related to business support, while some of the smaller networks whose major focus is on child development and pedagogical activities would benefit from being key participants in larger shared-service alliances.

Develop priorities for moving to scale.

Findings from our study suggest that research on several criteria could help establish a plan for expanding FCC networks to the remaining counties. These include:

- Estimates of the unmet need for infant and toddler, preschool, and school-age care by ZIP code and county from the Early Learning Needs Assessment Tool (ELNAT) and Local Child Care Planning Councils;
- Consultation with California Child Care Initiative Project representatives on estimates of the number of FFN providers by county who might be interested in becoming licensed providers and network participants; and

- Identification of counties with no current network where there is a Title 5 center-based provider, CCR&R agency, county office of education, EHS or HS agency, or other nonprofit that might be interested in sponsoring a network.

Care should be taken to include rural counties and rural areas of more densely populated counties. Distances suggest caution in setting one-size-fits-all requirements for networks, especially in rural areas where the population is widely dispersed.

Conclusion

California's FCCHENs and the more recent networks established with Title 5 center-based and CSPP funds offer a strong framework for supporting FCC at a critical time, when many families are working closer to home and seek neighborhood-based child-care arrangements. Expanding access to make networks available in all counties and to more providers within counties will require additional resources, but could go a long way toward increasing the sustainability of FCC and the health, education, and safety of the children in their care.

Appendix A. Study Methods

Literature Review

To ground our California-based research, we reviewed the literature on the history and characteristics of staffed family child care networks (SFCCNs) across the nation. Beginning with findings from the National Study of Family Child Care Networks (Bromer & Porter, 2019), we then reviewed the underlying individual studies cited. We also reviewed prior program guidance from the federal Administration for Children and Families on SFCCNs, and contacted leaders of the National Association for Family Child Care for their recommendations on the most recent relevant literature.

Background Interviews with National Experts on SFCCNs

To prepare for the quantitative research and supplement the literature review, we interviewed national leaders in family child care (FCC), such as Lynette Fraga, chief executive officer of Child Care Aware of America; Helen Blank, formerly of the National Women's Law Center; and Bill Hudson, then executive director of the National Association for Family Child Care. We also interviewed prominent SFCCN directors and experts in other states, such as Jessica Sager of All Our Kin in Connecticut and New York; Joe Perreault of the Professional Family Child Care Alliance of Georgia; Eva Shivers in Arizona; Beverly Jackson, District of Columbia Early Learning Collaborative; Sara Mickelson, Oregon Early Learning Division; and Ed Condon, Region 9 Head Start Association. Our goal was to ascertain the history, current trends, and proposed directions in the FCC field, especially relating to staffed FCC networks.

Online Survey of Networks

We e-mailed a 35-question survey to 30 networks identified from a state contractor list obtained from the California Department of Education and supplemented by contact information from a contractor advocacy organization, EveryChild California. Ninety-three percent of the networks on the official state contractor list responded, including 25 networks currently in operation, two of which indicated that they no longer had an FCC network contract, one that had merged with another network, and two that had effectively merged into one. We also e-mailed the survey to an additional 27 potential networks identified through an internet search but not named on the state contract list. Of these potential networks, 10 responded to the survey, all meeting our criteria of being funded by state Title 5 child-care funds, and thereby leading to a total of 35 networks in the survey analysis. After the close of the survey in June 2020, we learned of two additional networks that met the survey criteria, and reached another two non-respondents we had not been able to contact because of the pandemic. Although these four networks are included in the list of 39 networks in the appendix, they are not included in the survey data analysis.

Interviews with Network Directors

To obtain more in-depth information from the network directors on their best practices and foremost challenges, we developed an interview protocol and conducted hour-long interviews with 15 network directors representative of the various regions of the state, including northern, southern, and central California, and both rural and urban areas of the state.

Appendix B. Family Child Care Network Contacts

ID	Name of Network	Network County	Network Contact	
1	Kidango, Inc.	Alameda (Headquarters), Santa Clara	Jennifer Pare Rosa Corvera Clark Becky Olmos	jpere@kidango.org ; rclark@kidango.org ; bolmos@kidango.org
2	Valley Oak Children's Services	Butte	Melissa Baker	mbaker@valleyoakchildren.org
3	Central Valley Children's Services Network	Fresno	Aneli Leon	anelil@cvcsn.org
4	Glenn County Office of Education, Child and Family Services	Glenn	Heather Aulabaugh	haulabaugh@glenncoe.org
5	Changing Tides Family Services	Humboldt	Jeanine Canedo-Moncrief	jcanedo-moncrief@changingtidesfs.org
6	Mexican American Opportunity Foundation Family Child Care Home Education Network (FCCHEN)	Kern, Los Angeles	Ana V Cano	acano@maof.org
7	Allies for Every Child (formerly Westside Children's Center)	Los Angeles	Sylvia Solis	solis@alliesforeverychild.org
8	Child Lane (formerly Comprehensive Child Development Inc.)	Los Angeles	Mary Lopez	mary@childlane.org
9	Child Care Resource Center	Los Angeles	Ellen Cervantes; Cynthia Renteria	ecervantes@ccrcca.org crenteria@ccrcca.org
10	Children's Home Society of California, Greater Long Beach	Los Angeles, Orange, San Diego, Sutter, Ventura, Yolo (Office), and Yuba	Sandra Herrera-Gonzalez	SandraG@chs-ca.org
11	City of Gardena Family Child Care Program	Los Angeles	Nicola Howard	nhoward@cityofgardena.org
12	Community Development Center	Los Angeles	Susie Taylor	Set4perfection@aol.com
13	Hope Street Family Center/Dignity Health	Los Angeles	Vickie Kropenske	Vickie.Kropenske@dignityhealth.org
14	Los Angeles Mission College FCCHEN	Los Angeles	Estee Ayala	ayalae@lamission.edu

ID	Name of Network	Network County	Network Contact	
15	Little Tokyo Service Center Community Development Corporation	Los Angeles	Adriana Perez	aperez@LTSC.org
16	Options for Learning FCCHEN	Los Angeles	Candy Meade	cmeade@optionsforlearning.org
17	Community Action Marin	Marin	Monique Liebhard	mliebhard@camarin.org
18	Modoc County Office of Education	Modoc	Tammy Urban	turban@teachinc.org
19	Sierra Nevada Children's Services FCCHEN	Nevada	Rene Slay	renes@sncs.org
20	Placer County FCCHEN	Placer and Nevada	Catherine Goins	cgoins@placercoe.k12.ca.us
21	BJ Jordan Child Care Programs Inc.	Sacramento	Mona Dates	mdates@beanstalk.ws
22	Chicano Federation of San Diego County	San Diego	Rachel Villarespe	RVillarespe@chicanofederation.org
23	Wu Yee Children's Services	San Francisco	Cheryl Horney	cheryl.horney@wuyee.org
24	Children's Council of San Francisco	San Francisco	Aileen Tung-Dhaou	atung-dhaou@childrenscouncil.org
25	Creative Child Care Inc.	San Joaquin	Rachel Perez	rperez@cccisi.com
26	Family Resource and Referral Center	San Joaquin	Leslie Reece	lreece@frrcsj.org
27	Mandala Children's House	Santa Clara	Mary McDonald	mary@mandalachildrenshouse.com
28	Go Kids, Inc.	Santa Clara, Monterey, Santa Cruz, San Benito	Kendra Allen	kendraa@gokids.org
29	Cabrillo Community College	Santa Cruz	Claudia Vestal	clvestal@cabrillo.edu
30	Pajaro Valley Unified School District Child Development FCCHEN	Santa Cruz	Karen Hamman	karen.ham@comcast.net
31	Shasta County Office of Education-Early Childhood Services; Housing and Essential Needs Program, Shasta County	Shasta	Cassy Leggett	cleggett@shastacoe.org

ID	Name of Network	Network County	Network Contact	
32	River to Coast Children's Services	Sonoma	Donna Roper	droper@rccservices.org
33	Children and Family Circle of Sonoma County	Sonoma	Cindy Springer	cindy@cfckids.org
34	Modesto City Schools Early Child Education Family Child Care Home Network	Stanislaus	Clara Nakai, Heidi Nunes	nakai.c@monet.k12.ca.us nunes.h@monet.k12.ca.us
35	Stanislaus Family Child Care Home Network	Stanislaus	Tony Jordan	ajordan@stancoe.org
36	FCCHEN/ Tehama County	Tehama	Holly Rhoads	hrhoads@tehamaschools.org
37	Human Response Network, Weaverville	Trinity	Sheri White	swhite@hrntrinity.org
38	Tulare Office Of Education State Migrant Family Child Care Education Network	Tulare	Stephanie Sanchez	ssanchez@cc.tcoe.org
39	Child Development Resources of Ventura County	Ventura	Lisette Warth	Lisette.warth@cdrv.org

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Acknowledgments

We thank the A.L. Mailman Family Foundation for their generous support for this project, and we express deep gratitude for the encouragement from the foundation's longtime leaders, Kori Bardige and her mother, the late Betty Bardige.

We also thank Sarah Neville Morgan, Stephen Propheter and Erica Otiono of the California Department of Education for their review of our earlier presentation on this project; and we thank EveryChild California and Angie Garling, Kristen Anderson, and Eileen Monahan of the California Master Plan for Early Learning and Care Facilities Team for their provision of additional contact and background information.

Special notice of Cecilia Zhang, research associate at AIR, who conducted the survey analyses in this report and coded the interviews.

Thanks to Caroline Wojcik, administrative and research assistant to Peggy Daly Pizzo; Elita Farahdel, Nourya Cohen, and Lexi Crampton, research assistants to Ms. Pizzo.

Finally, we thank the FCC network directors and staff who contributed their time, wisdom, and thoughtful suggestions to help inform this project. Without their involvement, we would not have been able to conduct the project.



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