



**PACE** WORKING PAPER SERIES 02-1

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# **CDSS-PACE Child Care Planning Project**

Findings from the  
Child Care Providers Focus Groups

July 2002

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**Child Care Planning Project**

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Child Care Providers Focus Groups  
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Policy Analysis for  
California Education

**PACE**

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## **Introduction**

As part of the CDSS-PACE Child Care Planning Project, PACE set out to learn how California's child-care subsidy system and the CalWORKs program affects licensed and license-exempt child-care providers. PACE also wanted to understand the day-to-day issues facing providers as well as their opinions about the system within which they work. This report represents the findings from this study, and hopefully offers some insight into the lives and experiences of these crucial persons who care for the state's young children.

During the spring and summer of 1999, and again during summer 2000, PACE conducted five focus groups with child-care providers. Four were with licensed providers, and one was with license-exempt providers, all of whom either were participating in a program to get licensed or worked for that program (for a description of the participants, see Appendix A). One focus group with licensed providers who speak English was conducted in Los Angeles County, and another was held in Alameda County. The other three focus groups were run in Kern County. One was with English-speaking, license-exempt providers, another with English-speaking licensed providers, and the final was with Spanish-speaking licensed providers.

The timing of the focus groups is important; counties were still in the process of ramping up their CalWORKs programs in 1999, and changes were still being made to the child-care subsidy structures in 2000. For example, Los Angeles County began contracting with alternative payment programs (APPs) for Stage 1 child care in 2000. In addition, it is important to note that the child-care subsidy structures across the three counties are different. In Kern County, one agency handles all three stages of CalWORKs as well as Alternative Payment Program (non-CalWORKs) funding. In Los Angeles County, at the time these focus groups were conducted, ten agencies handled Stage 2 and 3 subsidies and APP (non-CalWORKs) funding streams, and

were taking over Stage 1 care from the county social services department. In Alameda County, two agencies administered Stage 1 funds, and seven administered Stage 2 and 3 funding as well as the APP (non-CalWORKs) subsidies.

All of the focus group participants were asked a series of semi-structured, open-ended questions on a wide range of topics (see Appendix B). The sessions were tape recorded, transcribed, and then coded and analyzed for recurrent topics and themes. Because we have strived to maintain the confidentiality of our data, we neither know who the participants are in these groups, nor which participants made which comments. Thus we cannot make definitive statements about the number of participants stating any one opinion, although we do try to reflect when a majority of the providers share experiences or attitudes. None of their responses were corrected. As this is a qualitative study with a small number of participants, we also are not claiming that this work is representative of the child-care industry in California, or even within each of the counties in which we worked. Rather this paper simply provides some insight into the experiences, thoughts and beliefs of several groups of child-care providers across a broad geographic swath of California.

This report is organized according to thematic topics. The topics reported both follow the questions that were asked of providers (see Appendix B for a list of focus group questions) and reflect the subjects that generated the most discussion in the focus groups. The first section is a general overview of the kinds of services provided by the participants in these focus groups, including whether or not they provide transportation, care to sick children and so forth. It is followed by a description of providers' philosophies of care, and then a description of the operational issues they face. Finally, we present the providers' descriptions of and their opinions about and interactions with the CalWORKs child-care subsidy system.

## Services provided to clients

### *Flexible hours*

Across the focus groups, providers reported a wide variety of schedules of care. Many were open roughly twelve hours a day, from 6 am to 6 pm. However, a number of providers talked about providing care on a very flexible schedule, both in terms of the hours and the days of the week that they cared for children. In all three counties there were FCCH providers who were willing to provide care 24 hours per day. In addition, many FCCHs offered care on weekends or evenings. In addition, in Los Angeles one of the centers stayed open until 2 am to accommodate staff at a nearby hospital, and another operated six days a week and was looking to expand to 24-hour care.

While most providers were adamant that parents pick up children within agreed-upon hours, they were open to changing their hours for parents who needed alternative schedules. Some indicated that were doing this to help parents who had just returned to the workforce:

*I start at 5:45 in the morning. My last one leaves anywhere from 7:30 to 7:40, no I take that back, I'm sorry, my last one leaves, four days a week she gets off at midnight. She works for the local Wal Mart store, so she's at, they're open 24 hours, so I have, I try to accommodate her hours so, yeah, it's a new parent that just went back to work, hadn't been working in years and she went back to work and has two children, one is seven and one is the four-month-old.*

—Kern English-speaking licensed provider

Other providers talked of being flexible because they themselves had faced difficulty in finding care at non-traditional hours:

*And the reason why I'm twenty-four hours is I work in a hospital because I do that like part-time. Whenever I don't have night kids, someone at night to take care of, I work at night. I still have my nursing license. And I had the hardest time trying to find somebody to watch my kids when I worked at night. It was like nobody wanted to do nothing at night. So that's why I take care of kids at night.*

—Kern County license-exempt provider

The Spanish-speaking providers in Kern County who serve migrant farm workers described how they provide care on additional days when their clients are working in the fields. In certain seasons they care for children Monday through Saturday instead of just five days a week, as the harvest for grapes as well as other crops typically runs six days a week.

Providers also spoke about special arrangements they make with clients for overnight or weekend care. For example, a couple of providers in Alameda County arranged for care swaps with some of their clients, so that they could enjoy free babysitting on some weekend nights in exchange for watching clients' children other evenings.

### *Transportation*

In all counties there were child-care providers who offered transportation services to their clients. In Los Angeles, of the four centers participating in the focus groups only one didn't offer some sort of assistance. One ran a shuttle service, while the others had staff walk to local schools to pick up children for after school care. Many of the FCCCH providers said they did not intend to transport children, but ended up doing so to accommodate the needs of parents. Among the English-speaking licensed providers in Kern, four of the five offered some kind of transportation, though only for certain parents or at an extra cost. As one put it,

*The only difference that I see in it is that there are a lot of parents that are willing to go to work and have, I'll say, average, three to four children, but they don't have transportation, and with the buses only running six days a week and the hours of the bus only runs up to seven o'clock hour, there's, you know, that's closing in on them as far as the hours that they can work. So a lot of them call me that don't have transportation and they ask me if I'd provide only to a certain extent. I don't provide openly for transportation, you know, but, you know, the way it boils down, you know, to the one parent is that, you know, she had a great need and she called me and asked me, you know, she had been on my waiting list from the time she got pregnant and she knew, had her mind up*



*that what she wanted to do was to go back to work and provide for, being a single parent, provide for her two children, so she asked me, you know, during the time that she did have a car, but you know, her car got disabled during the time she was well on my waiting list, so then I just came, you know, stepped in and helped her. So that's why, what got me into providing the three different parents with transportation. But I don't go too far out of the area, you know, can't afford that.* —Kern English-speaking licensed provider

Both of the Spanish-speaking providers in Kern County picked up or dropped children off at home or school:

*...And also we get them in the morning. When the mother arrives and brings her kids at 5:30 in the morning, the nine-year-old also comes, the one that goes to school. So from there, at 8:00, one has to take the kid to school and at 2 in the afternoon, one has to pick up the kid because the mother doesn't arrive until 3, or 4, or 4:30.* —Kern Spanish-speaking licensed provider

Alameda County providers were less likely than those in other counties to offer transportation. However, these providers are in an area that is better served by public transportation. In addition, fewer of them were offering care at non-traditional hours at the time of the focus group. Still, one large FCCH did operate a van shuttle for its clients.

### *Providing food*

In several groups, providers raised the topic of providing food to the children. Many of the providers were concerned that the children they cared for did not get adequate food at home. They talked about how the mothers they served were often too tired to serve proper meals to their children and instead gave them cereal for dinner, and of how the children they cared for often were hungry. While some of the providers participated in the state food program, or were in the process of applying to it, others did not seem to be familiar with it, and talked about the expense involved in preparing food, as well as the time. One provider talked about her cooking:

*My group is good. The people, the mothers, they are happy with me. Even my husband. Because I cook every day, breakfast, lunch, dinner, snack. The food is fresh, always. I don't like the food canned. Forget it. For me, no good. Every day. Sometimes, my husband tell me. "Oh, you're cooking a lot. It's too much." Oh, quiet. It's my program. It's very, very important for to get the food. The vegetables and the fruit and balance.*

—Los Angeles County licensed provider

### *Sick care*

Providers were quite concerned about sick care issues. Some were able to set aside space to care for sick children, but most had to set strict rules over when children were too ill to be in their homes or centers.

*For my family childcare, my policy is, if the child has a fever, the child must be picked up by someone, either a family member or the mom to come and pick them up. Even though I have space for that child to be there, but I don't want the other children exposed. So I don't have sick care. Sometimes, the parent knows the child is sick and they bring them with a fever and that child gets worse, so by the time they pick the child up I have to call parents. You're exposing—but that is the rule.*

—Los Angeles County licensed provider

Many of the providers were willing to take mildly ill children, so long as they didn't have high fevers. In Alameda County four of the FCCCH providers specifically said they would serve mildly ill children, and one had a house with a separate room so that she could care for children who were sick. Likewise, in Los Angeles all of the providers said they had language in their contracts regarding parents not bringing in seriously ill children, e.g. those with a high fever, but most were willing to keep mildly ill children. One specifically mentioned that she took in chronically ill children, e.g., those with asthma who needed to be given medicine during the day. Many of the providers mentioned that they understood the hardship parents faced when children were sick and they could not miss work.

*Yes, mildly ill. Runny noses, that's kind of children's middle name, runny noses. As long as they're running around and they don't have that gloppy, drunk or drugged—GLAZED OVER? Yes, glazed over look. I bring them in. If they vomit at my house once, and they still look okay, I'll call the parents. "Just want to let you know that duh-duh-duh got ill...I'll watch them. If they don't do it anymore, if they're running around, it might've just been sour stomach. If they vomit again and they're looking a little green, you'll need to come pick them up." I will take commute time into consideration. The same thing with diarrhea. Same thing, yes. Well, if it's one bout, maybe it was just has or maybe something they ate the night before or whatever. And, you know, I just kind of like feel it out. I don't, I...you bring your children to me to work for you. It's like a vicious circle. As long as you bring your children to work for me, you can go on with your career. You're making an income, you can pay me. This is what I'm doing, this is my career. Do you understand what I'm saying? So I'll keep the children for as long as I can. If they have a fever of 102 or more, I'm going to call you and you need to come pick them up. They need to go to their mommy. They really do. That's where they want to go. They just want to go home and they just want to be with their mommy.*

*—Alameda County licensed provider*

For some of the providers, sick care was just one part of the medical service that they helped provide to the children in their home. One described how she took children to doctors' appointments in addition to taking care of ill children:

*I have a big house. And like I said, I have three children, now I have three empty rooms. So I have one room, it's called the "sick room". It's got a double bed in it and it's got a TV and toys that they usually don't get to play with so it's different in that room. So I do take sick kids. I take kids to their orthodontists, I take kids to the dentist, if it's during school time when I have no kids. And I take kids to the doctor.*

*—Alameda County licensed provider*

### *Special needs children*

In response to questions about special needs children, the child care providers had very different responses. Some, including both of the Spanish-speaking providers in Kern, felt that

they were not equipped to care for children with special needs. Others, like some in Alameda County, really enjoyed caring for special needs children and were taking additional courses to get more skills and certifications. Some providers worked with children who received special services from local school districts or social services programs for children with disabilities, but others did not seem to be connected with these services. The majority of licensed, English-speaking providers in all three counties had served special needs children, and even one of the license-exempt providers cared for children with disabilities. Many found that parents whose children displayed difficult behaviors had not had their children tested, and some even brought in school district testers themselves, as they could receive extra funding if the providers worked with children whose disabilities were identified.

*But the parents don't want to admit it, so it's hard. I don't have any—they will pay you additional money if you have special needs children. But the parents, they don't want to admit it, so I'm sure that a lot of the providers here have the children with the speech and different things, but the parents they don't want to admit it. And even asthmatic children, that's a special needs child. But you can't get the parents really to sign and I don't turn some of them away, because you don't know it in the beginning that they're asthmatic and later on you find out, so I don't turn the child away.*

*—Los Angeles County licensed provider*

Some providers complained of the lack of services for special needs children.

*Beyond the expense, the problem is really with the system. There are a few agencies that deal specifically with those type of children, but part of what those children need if they're not severe is a mainstreaming environment. But you really have to fight with the powers that be to be compensated for that. You know, if you're advocating a learning program and you're trying to teach this child that needs a one-on-one, well then you know, there goes your money. Where are you going to get the resources for that?*

*—Los Angeles County licensed provider*

## Philosophy of Care and Related Issues

### *Relationship with parents*

Providers spoke about the kinds of relationships they had with the parents they served. In all of the groups, providers spoke of having to set limits with the parents – not only having to make sure that parents picked their children up on time and paid when they were supposed to, but also having to discourage parents from staying after hours or relying on providers to do things that the parents should have done, like bathe the children. One provider described this:

*I'm very open. I am very blunt. I hide nothing. I expect my parents not to hide anything because my main concern is not them, it is the kids because they when they start bringing their child to my home, they become mine. We share this baby. This is ours, as I love them just as much as I love my own child.*

—Kern County English-speaking licensed provider

### *Teaching parents*

Many of the providers talked about how they had to teach parents about rearing children. They believed that the parents they served had not been taught themselves how to raise or discipline children, nor in some instances even the basics of feeding and bathing the children properly. As one provider put it:

*You know, with me, um, I'm a mother and a grandmother, and I was a young mother. And I see a lot of thing with young mothers as far as disciplining and being consistent with their children, being nurturing with their children. That the fact of it is, goes back to what I said before. The reason they don't know how to do it is because it wasn't taught to them. Since they don't know, they can't teach anyone else. They can't teach their child. So my job as a childcare provider would not only be to instill discipline into the child, but to help that parent understand more about how to parent, how to be consistent with certain things because sometimes kids with behavioral problems, the parents don't understand that just because at home it's okay to do this. Oh, you can say a bad word, or it's alright to throw stuff and all that kind of stuff at home, but then when you get somewhere else, you're like "Oh, no no no, be good Johnny" ...*

*So, teaching them how to be consistent, teaching them how to be nurturing. Yet be consistent. They don't understand that balance. And sometimes they don't understand the responsibility of parenting. They just want to say, "Well, he big enough to go now. Let him go on." You know, but you have to train a child. You have to teach a child.* —Kern County license-exempt provider

### *Child rearing & teaching*

Many of the child-care providers shared with us their ideas about how children should be raised and cared for, and their participation in this effort. They took quite seriously their role in raising children and assisting parents in their efforts to teach children:

*I heard that they form their personalities and their character between the ages of one and three, and if they're with us nine, ten hours a day, their character is gonna be formed from how we act. And that's why I would like to take, you know, classes, on child development to know why a child behaves a certain way because maybe they don't need to be disciplined for that issue.*

—Kern County English-speaking licensed provider

The license-exempt providers we spoke with were as interested in, and familiar with child development theories as the licensed providers. They also were very cognizant of how big a part they played in preparing children for school:

*And that's the reason why I want to get into it because you see the need so much. Both parents are working. The kids are being at home by themselves, or with somebody else that's another kid or whatever. And a lot of the learning things that they need to be taught, I don't believe is happening. ...Then I think about the fact that they will be shortly going into school, a school setting, a social setting where they will not be able to achieve because they haven't been taught. And then that only smashed down their self-esteem because it's so hard for them to get up there where they're, you know, where the other people that have had that good input, that good one-to-one parenting or whatever. So, I just feel like it's kinda like a mission. It's just so important. We have to take care of our children because they're our future. And right now, looking at a lot of children, the future don't look too bright.*

—Kern County license-exempt provider

Many of the providers described having to impart basic life skills to children in place of the parents, like potty training and hand washing. As one described it:

*There are some kids, well, I have a two-and-a-half year old who uses diapers and we take away the diapers and teach them and we teach the other ones. We teach the other ones how to go to the bathroom, how to eat, all that...Drawing, so that they learn how to hold a pencil. But we teach them how to go to the bathroom. If there are kids that don't know how, we teach them. Even washing their hands before eating because a lot of kids eat without washing their hands, and some of them know that they need to wash their hands, but others don't know.*

—Kern County Spanish-speaking licensed provider

Some of the providers also spoke clearly of their love for working with children as both the reason for being a child-care provider and also as prerequisite for the job:

*That's why we took our classes, our study, to do this job, and because we like to do it because we've worked with children. I've been working with children for four years. I've worked with kids for four years, but I work with children from Delano, those type of children, and I've worked with them for four years. And one likes to take care of children not because anyone can do it, one has to like what they're doing from the heart to take care of babies because it's always difficult to take care of children, but you have to like children. One doesn't just enter into this kind of work.*

—Kern County Spanish-speaking licensed provider

### *Concern about the quality of care available to and chosen by parents*

As providers talked about finding clients, they also discussed their concerns about how their clients went about selecting child-care providers. Several felt that the parents they met did not either take the time and care they should to find and choose providers, and also were concerned that parents would sometimes choose friends and relatives who provided poor or even unsafe care rather than using licensed providers outside of the home.

*Well, I've had parents, just like... I have these two children now that I've had since both of them were newborns, but when the parents, and these are just*

*straight, cash paying parents, and when they came to me they said, “Okay, you’re great. When can my kids start?” And about six months later, I asked them, “Why did you pick me to take your children? I was your first interview.” And she says, “Well, your house is clean, your children are clean, and you guys are nice.” And I said, “You know, when I asked you over for the interview, I asked you about twenty questions.” The whole part of the interview thing was that we interview each other. You ask me questions, I’m going to ask you questions. I want to know about you and your kids, your lifestyle. You know, what to expect from you, what do you want from me. But she didn’t ask me any questions, and I had to kind of weed her out, and that’s just from a straight, cash-paying parent. And so they’re not educated on what to ask. So I think the fact that 4Cs gives a questionnaire makes the parents, “Ding, ding. Hello, I should be asking these questions of a provider.”*

*—Alameda County licensed provider*

Another provider commented: “You know, women shop more for shoes for special occasions than they do for daycare.” --Alameda County licensed provider.

In all of the focus groups, the providers discussed their concerns about the poor quality of the child-care that many parents had selected or considered for their children. Some had experienced this themselves, when they were searching for care. One provider told us:

*I, you know how I became a day care provider? My son was ill, right, and he came home from the hospital, and I had to get a job. There was no way I was gonna sit at home. So I interviewed 18 different providers, and I’m thinking, “There is no way my kid is gonna go there, no way.” You know, something about them, you know, aggravated me. And I could not imagine going around looking now. You know, I had a woman come yesterday and she said I was like her 18<sup>th</sup> person to interview in just this week, just five days...*

*—Kern County English-speaking licensed provider*

One family child care home operator related the tales that parents had told her: “I’ve heard that same fear from some of the parents who’ve done interviews. One step inside the place and they wouldn’t even leave their child there, which is horrible.” --Alameda County licensed



provider. Still others were upset that parents were opting for license-exempt providers who would not provide quality care and who might even endanger the children:

*Okay, I've had several take the application, start, come a week, and find a reason. Either they don't come back or they call and they pretend or they won't return your call. I went through all of this. And then they say, "Oh, I've got my sister" or "my mother" or "My boyfriend just got out of jail and he's going to keep the kids because I'm afraid." I'm just telling it like it is, okay. You're here, and you want to know what's going on. He's out of jail, and he's going to keep the kids, and these are his kids and he hasn't seem them and da da da da da... Well, you go through the paperwork, you go through the transition and you fill the spaces up, but you could've took someone else. They're snatched out of your care, and now you have four slots or five slots available from a family that had five kids. Okay, so that's a lump sum of your income walking out the door which you have no control. And I don't like the fact that Trustline can do this. I don't know what all the Trustline requirements are, but I'm told it's nothing like being licensed. It's nothing about taking a CPR class, a first aid class, nothing about fifteen hours. So how come these people come in, get out of jail, go get a grandmother that barely can see, and come and take children out of your facility when you are licensed, you have taken all the classes. I have an education, getting a BA in early childhood development. I have... I can offer... I don't care what I offer, I don't care how big my portfolio is, they find a way.*

*—Alameda County licensed provider*

Exempt providers were also concerned about the quality of care that parents were accessing. They discussed their experiences with children from the foster care system as well as those who had been with other care providers. One commented:

*I've seen some pretty horrible things with regards to children, you know, being cared for in some daycares or some foster care. And you see these children coming out and they don't have any skills. You know, there's nothing been put into them. They're just a little blank page with nothing on it.*

*—Kern County license-exempt provider*

Two providers expressed concern that there were some people entering the child-care field strictly to earn money, without having any interest in children, and several commented that

it was critical that there be more home visits and drug testing for all child-care providers. One provider talked about the importance of having the right motivation in order to be a good quality provider: "...to be a good child-care provider, you can't just be in it for the money. You have to be concerned about that child. And like she said, be a good role model. Be glad you can be a good role model, instill some good values."

### *The need for subsidies for low-income parents*

Providers recognized the need for child-care subsidies for low-income working clients who did not have access to them. Some of the Spanish-speaking providers told us that they had clients who were on their child-care waiting lists not because of a lack of slots for their children but because the parents could not afford to pay for care at that time. This concerned the providers, who feared that the parents were selecting unsafe care, the homes in their community that charged only \$5 per day and served upwards of 20 or even 25 children. As one provider noted:

*The parents who need it the most are those who've never been on welfare or they aren't migrant parents but they work in the fields. Those are the ones that need the most because many of the mothers work in the hospital or a lot of the poor women work in the bank, in different places like that. So they are the ones that don't qualify, and they still don't make that much money in a bank or in a hospital, they don't make much because primarily they are people that aren't nurses, that aren't doctors, right? They're people with low positions, the minimum available.*

—Kern County Spanish-speaking licensed provider

### *Networking/sharing information*

The Kern County Spanish-speaking providers seemed to have a greater sense of community than the other provider groups we talked with across all three counties. They

indicated that they shared clients and information among their group of providers, in order to provide the best and most convenient service for their clients. One described it as follows:

*...Because we all know each other and we're in contact with each other. When a provider doesn't have space for any more kids, they tell us and send them here. It's like we all watch the kids and we share. Between us all, that's how we decide which one should take care of the kids. Whichever one is closest to the parent, for example, if a provider lives farther and another closer to the parent, then that provider tells the parent, "You know what? This other provider lives close to your house and you don't have to take as much time to get there."*

*—Kern County Spanish-speaking licensed provider*

## Operational Issues

### *How providers find clients*

Providers described how they found their clients. While most had some interactions with resource & referral agencies, and some relied exclusively on the R&Rs for client referrals, many of the FCCH providers reported that word of mouth was their best means of bringing in new clients. One provider noted:

*I used to advertise in a paper and I never really got a big response. You know, I've even taken the ads out, the larger ads in the yellow pages, but I've been in business fifteen years and my gig is resources, families, you know, that have gone through our program. And they tell other families or they have children after they've gone, more children than they come back. We have, like, several people that have come through a couple times because of the babies and stuff like that so my biggest advertisement was word of mouth and Carl's Junior. We're located across the street from a fast food restaurant and you know, they say, "We looked across the street." And our school has been there since the early, late 30's or so. You know, it's an old building. I mean, the area has been there, people have passed through many years and... like, adults. I used to see this school, and now they have their children there. It's been there a long time.*

—Los Angeles County licensed provider

Another echoed this sentiment:

*I'm listed. I do not advertise, and the majority of the people that I get referrals through is from word of mouth and from the school down the street. And just like my friend over there, I've had parents who have come through my facility, and grew up, and have referred people to me, so it's like a generation that keeps coming back. So it makes it really nice.*

—Los Angeles County licensed provider

### *Assistance getting licensed*

The license-exempt providers in Kern County were all participants in a program that assists them with obtaining their license. They took classes that

provided information on the requirements for child-care licenses, and also received financial and materials assistance for these requirements. All spoke quite positively about this program. The staff person from this program described her role:

*...it's a position where we go out and try to get exempt providers to become licensed. If they don't, it's fine, but it gives us the opportunity to go into the house and help them with whatever they need. Whether it be the safety covers, whatever information they need, just so we will know that the care is being provided.*

As we discussed the classes offered through this program, one provider described what she was learning:

*And then they told us about who in our house would need to subject to some of the same things as far as finger-printing, child... clearance, you know all that kind of stuff. They let us know what would be the conditions under which people could come to your house. They would be pretty thorough. And they gave us that big, two or three big thick packets of information that we needed to read over. You know, they highlighted the highlight points and then they gave it us for to continue to read over and stress to us that we had to read it because we're responsible for knowing. Because once we sign those paper, that's saying well, you read this and you thoroughly understand it. So, they let us know it's not their responsibility to tell us all of this. We have to take responsibility for ourselves and get that information because it's gonna be our business and our name on the line.*

*—Kern County license-exempt provider*

Another of the program participants talked about how much she was learning in the classes, noting that at first she was not sure she wanted to attend classes, and almost didn't continue, but found that she was glad she had. She commented "I'm learning a whole lot. And I was even thinking, even if I didn't go for the license, which I am now, just what I learned helped me."

One of the providers described a home visit by one of the staff people in the training program:

*Now [she] came to visit me. She went and brought me information and she came with another young lady. They came over and they brought me information. And they also brought me a free gift, which was a fire extinguisher. Which you need as a licensed provider. It's mandatory that you have one. And she brought some activities. They brought some activities that they left for the kids that I was taking care of. And I thought that was really neat.*

*—Kern County license-exempt provider*

The program participants had different reasons for getting licensed. One hoped to have a job teaching preschool upon completion. Another wanted to be a round-the-clock care provider to serve parents who work at night, as she does as a part-time nurse. One provider talked about going into child care to provide the nurturing that she felt children needed, and didn't get in other settings.

#### *Expansion issues*

The FCCH providers who wanted to expand from small to large homes or to centers described several different barriers to expansion. In Los Angeles, one large FCCH was interested in becoming a center, but did not have enough space in her current location to make the transition. Another in the same group brought up that there were zoning restrictions that prevented her from expanding her facility from a large FCCH to a center. In Kern County, one of the Spanish-speaking providers described her interest in expanding, but stated that she needed additional resources, like cribs and another refrigerator in order to increase her capacity. Some of the Kern providers were working with the local resource and referral agency to expand their homes from small to large FCCHs. One had received one of the new expansion grants, and already had children lined up for when the expansion was completed.

## *Difficulties with Community Care Licensing*

In one county, Alameda, providers spoke about their experiences with Community Care Licensing home visits. Their interactions with the family child care home inspectors were not positive. They described them as invasive and overly critical:

*The moment they step in, it's like, it's a new...I know a lot of providers... I'm not more important, but I know a lot of providers that have been wrote up for ridiculous, just ridiculous... I know somebody that's been reported to the police, and the news channel came out to their house because the girl lost her tooth.*

*—Alameda County licensed provider*

Another described her encounters with inspectors:

*...when they came to do my license... I have a redwood swing set, and I have peak gravel, and I wrote up because the peak gravel was against the fence, I mean there was still peak gravel in the ... but there was an abundance of peak gravel against the fence, and they wanted it raked out... and I got wrote up for that. When they come to my house, and I'm not afraid of too many things, they are... brutal.*

*—Alameda County licensed provider*

However, even as providers in one county complained of the strictness of Community Care Licensing's inspections, providers in others complained that there weren't enough visits or oversight to catch those providers who violated rules and compromised child safety. One of the license-exempt providers commented:

*...Like for instance, I wish they would be a little bit more stricter with some things with regards to home visiting more often, doing drug testing, like they do in regular employments and stuff like that. Because things be going on in some of those atmospheres and it's not good. And so, if they were to do more home visits and if they were to implement drug testing, um, you know, they would probably find out some things. And it's kinda scary.*

*—Kern County license-exempt provider*

## *Language issues*

Providers discussed the languages they spoke, those of their clients, and the impact of differences in the languages spoken among clients and providers. Many of the providers we spoke with in both the Spanish and English-language groups spoke Spanish. One described how she incorporated bilingualism into her care practices:

*Well I have it in my contract that I speak Spanish. I do speak Spanish, but if they don't want to speak there. They know that I speak Spanish. And like an hour, like on a circle time, I do read a book in Spanish to everybody. And because I have quite a few kids that speak Spanish. And so I don't want the parents to go, "Oh, I don't want my kid to learn another language. It's not good for them." Because some parents think that it's not good for them. So I had to put it in my contract so I don't want to get sued.*

*—Alameda County licensed provider*

Another described difficulties she had with children whose first or only language was one she couldn't speak:

*I had to decide not to take a child because the language barrier. I had a child who came from Korea. Four years old, boy. And my philosophy with daycare, if you don't have control then you're not watching them. And after two days, I couldn't control him. He kept putting his finger in between the fence. And the lady next door, her Rottweiler dog would bite. And I would try to tell him, "No, no, no." And you know, you can't be responsible, you know.*

*—Alameda County licensed provider*

Many described creative solutions for addressing language mismatches. A couple of providers used neighbors to translate when they had children with whom they had difficulty communicating. Others made an effort to hire bilingual staff so that they could take in children who spoke languages other than their own.



### *Setting rates*

Many of the providers complained that they did not have enough information about how to set their fees, or what the ceiling was for rates; they were concerned that they could be charging more for their services than they were. This impacted both the exempt and licensed providers. One of the exempt providers expressed frustration that the APP counselor would not help her set her fees, as she found out after she had set them that she could have charged more. They shared strategies to counter this problem, with two of them discussing how they put very high rates on their rate sheet and let the APP staff lower the rate to the maximum reimbursement rate for exempt-care providers.

Some of the licensed providers felt that the regional rates did not reflect the costs of the areas within which they worked. One in Los Angeles noted "...it's kind of deceptive because you have to take into consideration regional biases... so if I charge more for potty training, or what you've you, when you put me against a county wide average, you're not being fair to me." Another complained, "and it's not fair, because it's a big secret as to what your charges are. So different providers have different fees because you don't know." They noted that their only source of information on the rate ceilings was their professional association.

A couple of providers said that the biggest problem they faced was the rate ceiling imposed by the Alternative Payment Program. One complained that she had been told that there was a cap on payment regardless of how many hours she kept the children who were subsidized, noting "...This parent... for 10 to 10 hours, her child is in my care, and they're only gonna give me \$18 a day regardless of how many hours this kid is here." This provider's solution was to ask the parent to pay the difference between her standard rate and what the child-care subsidy would cover, and others across both Kern and Los Angeles counties instituted the same policy.

## CalWORKs Issues

A number of issues about the CalWORKs program were addressed in the focus groups. These included the payment process, the flow of information, and participant characteristics and behaviors. While some of these topics were asked about specifically, others, in particular the issues related to parents, were raised by the providers themselves.

### *Payments for CalWORKs clients*

One of the major concerns for the providers was getting paid on time for their services. We heard of both good and poor experiences with the CalWORKs child-care subsidy system; providers felt that they could be assured of getting paid if a parent was on CalWORKs, but often there were long delays before payments began and there were bureaucratic difficulties, especially when clients were unreliable. One provider noted:

*The hardest period is when you first get started because it takes about, four weeks to even get your file complete. But once you pass that, they process payments the first two weeks of the month. That's the only month, you know, that they process and as long as you get your paper work in by the fifth, then you'll get your money back.*

—Kern County license-exempt provider

In Kern most of the providers spoke of a smooth payment and reimbursement process. One commented: “All the girls that are getting subsidy, we have to talk to their workers, and they're really good people, very nice, and we've never had any problems with them. We've never had any problem with them.”

However, one of the exempt providers described having difficulty initially getting approved to care for the son of a cousin, commenting “...they really kinda gave us the run-

around at first because I had to prove the other kids that I was keeping were related to me. ‘Cause I couldn’t just say they were related. They didn’t believe that. So I had to go take some written proof.” In the end she was approved to care for children from two families, both related to her.

Some of the providers described their efforts to get the system changed; they advocated not only for timely payments, but for payments up front, as providers were risking their own time and money to take in CalWORKs or AFDC clients instead of cash paying customers. One family child-care home provider detailed her efforts:

*I’ve been in business for 23 years...and I was probably, I was with the social service department before it became state. And so it was happening then. And then we fought for that after they changed over to the state. We fought trying to tell them that at least you know the child’s coming to a family childcare setting, so pay two weeks in advance. You know the child is there. And that didn’t work out because they don’t pay you in advance. You’re still, you’re still waiting for your money. Even though that child, you’ve signed the papers, everything has gone through and it’s still months and months. And they promise it’s different now, it’s changed now, but it’s not different now, it’s still the same.*

—Los Angeles County licensed provider

### *Payment problems with CalWORKs parents*

In addition to difficulties with the CalWORKs child-care subsidy system, providers also face payment problems created by uncooperative or irresponsible parents. One provider described the lengths she went to in order to have the required signatures on the child-care reimbursement forms:

*What I had to do each time, this is the truth. I went and bought a long van, too... had to put car seats in there, load the kids up. Had to take so many with me, and leave so many with my assistant and chase these people down. I had to knock on their doors, I had to leave notes, I had to go at four o’clock in the morning to get signatures on a timesheet. And then she refused to sign it, but I had her kids for three months. And [the APP director] was nice enough to pay me anyway, because I had the childcare request form. It saved me, but it was... she didn’t have to do it. I didn’t know at the time like you didn’t know, that they*

*had these meetings to attend to. So once again, to me, it's like this: when the CalWORKs people come in... I don't know how the meetings go and they have their meetings and they sign up for childcare... something else needs to take place. If we can prove that we have those children, I don't feel like we should be punished, if they don't want to sign documents to be issued. They're fleeing the system. They think they're fleeing and we're the one that suffer in the end.*

—Alameda County licensed provider

A number of the providers also complained of clients cycling on and off aid and not informing them. We heard several instances in which parents continued to drop children off for care even though they were off aid and their providers would not be paid by the social services agency.

*My problem is that I'm working on this one now, and this has happened to me with CalWORKs. You get the person into your program and they do something, you know, to disqualify them for the program. So they're off of the program, so the time that you kept the child for three months and you're waiting to be paid. Then they're off of the program, cause you're tracking it. You know, I usually track about a month or two later. If I haven't gotten paid, then I'm calling and finding why. And this particular one that I'm going through now, it's been three months that she was there, and now, she's off of the program. So now I'm having to talk to the worker and having to go back and dig and then they're saying resubmit. So I just resubmitted my portion of it, wrote a letter saying that I could not get the parent in to sign, you know, and these are the months that you owe me, like that. And that's it. And fortunately, I have a parent that's in our school that works for CalWORKs. And I just so happened, I called someone else, and there she answered, so hopefully I'll get paid.*

—Los Angeles County licensed provider

Several providers spoke of the need to have special or separate contracts for CalWORKs parents, because they often were less reliable than cash-paying clients. As one provider noted:

*I mean, most people have contracts in their facilities. I have two of them. I have one to subsidized families. I have felt that I needed to separate them. They need to be aware that they are still responsible for the tuition payment even though it does not come directly out of their pocket. And they sign it and it's very strict*

*and it's very straightforward. And then they also sign the other contract that everybody else does also. But for subsidized families it's just one single piece of paper.*

*—Alameda County licensed provider*

### *Poor communication with caseworkers*

One of the major complaints that providers had about the CalWORKs program was the lack of communication from caseworkers and program managers. This came up in focus groups in all three counties. Providers felt that they were not informed adequately about the rules and regulations of the program nor were they told when the rules had changed. One provider commented:

*See, when I signed up for the CalWORKs program. I didn't even know about the classes for the parents, but I also wasn't given, I was just given a paper to sign my license number and you know, whatever information. But I wasn't given a pamphlet on the program. I wasn't given any kind of offering of "come to this workshop, learn about this program that you're going to take on with these children." That should be there for the providers, so they can, if they need to, help a parent delve into the rules. This week, this rule has changed because I've been informed of this change.*

*—Alameda County licensed provider*

Another provider described how case managers used to visit providers at their homes or centers, which would lead to more fruitful relationships between the welfare agency and the providers. She noted:

*I wanted to bring up one thing. I have been on different agencies from 1979 on to now, when they was like other names. And one thing that was like in the olden days, I know that the workload wasn't as heavy, but you had caseworkers that would come out. That made such a big difference. You know what? That even breaks the ice of what you paying money for, what type of service you paying for this child to get. And it's so much different. It is so hard to service and deal with the unknown. And just someone on the other end of the phone or behind another piece of paper. That would be so much better. And I think the*

*interview should go, when that parent choose the provider, there should be some kind of way, the parent and caseworker should come out with the provider and I think the final meeting should be in that home.*

*—Alameda County licensed provider*

Some providers mentioned that high rates of turnover among case managers impacted their ability to get approved or paid. One in Kern County noted, “...that’s a real problem, they keep moving and switching workers. Just the turnover rate.”

### *Paperwork burden*

The paperwork and bureaucratic requirements of the CalWORKs child-care system were identified as a significant burden by many of the providers. In particular, the Alameda County providers seemed to feel that they spend too much time dealing with the administrative issues surrounding payments and approvals and not enough focusing on the children. As one noted:

*Seriously, cause I got into it because when I first got into childcare, it was to stay home with my daughter, but it relieved me from the stress I was already in another business. Ooo, this is not as bad. It’s not as much paperwork. Well, now I’m doing the same thing. I’m doing the same thing I was doing before I got in childcare.*

*—Alameda County licensed provider*

Another provider echoed these concerns:

*And you were saying... we spend 60% to 70% of the day on the phone. That’s ridiculous. How can I do my curriculum, how can I do my circle time, how can I even... I need to watch kids, changing diapers, you’re doing your responsibility and I find myself on the phone 60 to 70% of my day. And that’s just ridiculous. Trying to, like she’s saying, up at two or three in the morning trying to get I’m online.*

*—Alameda County licensed provider*

One provider was considering refusing to serve any more CalWORKs clients because of the paperwork burden and the delays in getting paid. She commented:

*I haven't been called to take any more CalWORKs children, but I might not take any more because it's a lot of my time, it's a lot of paperwork. And then, again, you have to deal with the parents. And it's hard for me knowing they can't pay. That the parents can't pay. And it's not their fault if the agency is not paying on time. And so you're kind of like in the middle and you're like, okay, let's wait on the agency. But then again, that's a big chunk of your income. And I think that for me was the hardest thing about the program. Eventually, yes, they did pay. But it took like a month and a half, almost even two months. Which was hard because that's a slot that's taken up which you could be getting paid for cash each week.*

*—Alameda County licensed provider*

### *CalWORKs success stories*

While providers often focused on the operational difficulties of the CalWORKs program during our focus groups, we also heard very positive stories about the impact of CalWORKs on the clients they served. One Alameda County provider told us about two of her clients who had succeeded through the program:

*I had two people that were on CalWORKs. They were trained for their jobs. They quit their jobs. One's working at the courthouse, no both of them are working at the courthouse. One's in Alameda and the other one's in Oakland. They're off welfare. I'm so proud of them both. And CalWORKs is still paying for their childcare. They've moved out on their own. They have an apartment now, I'm like, "YES!" When they came to me, they were just like crawling. It's great, they're walking. Oh, yes, it works, and I'm so proud. I'm so proud of them... It's great. Oh yes, you see them grow, and take advantage and have more self esteem for themselves.*

*—Alameda County licensed provider*

In Kern County the Spanish-speaking providers talked about their overall impression of the CalWORKs program, as well as how they believed the parents felt about it:

*(R1): They like it because they have to work. And it's good for them because they send them to study. Because there are a lot of young mothers who get their welfare money and those are the ones who are going to school and getting*

*training, and it's good for them. (R2): They give them training for how to fill out applications, how to present oneself at work, and as they try to look for work, they still pay for their child care. (R1): And it's good for them because they were at home because they didn't have any way to pay for the child care for their little children. That's why so many people stay home and they can't do anything, what can you do? That's why they go and ask for help because who's going to watch their kids? One can't just leave a child anywhere, there's so much abuse, and mothers don't just leave their children wherever.*

*—Kern County Spanish-speaking providers*

### *Opinions of and relationships to CalWORKs participants*

Many of the child-care providers expressed strong attitudes about the CalWORKs clients they were serving. In some cases they really saw these parents as needing a lot of hand-holding to get them to fulfill all the paperwork requirements for child care:

*You gotta understand the clientele that you're dealing with. You gotta understand a lot of times the mentality of these participants...Generational welfare recipients. There's not much sophistication. If it was there, they wouldn't have a need for GAIN, CalWORKs or whatever. You have to spoon feed them, you have to watch your back and make sure that you're processing the paperwork.*

*—Los Angeles County licensed provider*

Some providers also felt that they had to impart to the parents information about the CalWORKs system and child-care subsidies because they weren't getting it elsewhere:

*Mine is kind of like theirs. It's a little bit different, because I... Like I told you, I have mine from infancy and go all the way through, but I do have some CalWORKs recipients. What I've found and observed and just listening to other horror stories, the parents really need to be educated. And the education that the parents were getting and what they were being told is totally different from family childcare or the centers. The information that they were getting, they were getting it from agencies which had no current knowledge of childcare nor what goes on in the business. I hate to sound like this, but you know I even had to go back and do the research and then, you know, I go to this school called CalWORKs for Underclass... That was a really good research. What it is is*



*these people you're getting, people from all walks of life. And you have people that have been generation from generation on assistance and now you're pulling them out of their world putting them in a totally different world. And what should have happened, and what I do with my CalWORKs recipients... What have R&R told you, what do you expect from me. You need to sit down and have meetings and then correct these people. And that's one of my policies...But it's not safe to take these people on their word. It is very, very scary. We are just as afraid of them as they are of us.*

*—Alameda County licensed provider*

A number of the child-care providers saw their role as greater than just caring for children. They went to great lengths to provide support to their CalWORKs clients who they saw as trying to change their circumstances and succeed in the workplace. In several cases they described going as far as lending clothes to parents, fixing their hair, and driving them to interviews. The child-care providers indeed seem to take on the role of surrogate case manager and counselor to some of the parents. One provider told us how this had come about:

*No, I think what happened was I've become a mother to... the parents. I have children in their thirties, okay. I have traveled around the world. I've seen the world. And I just reach out and I help them along. I mark my calendar and I remind them when their meeting is. I will drive them to their meeting. I have a different belief. And if I can do it, or my husband can do it, or my nineteen-year-old daughter can drive them, we do it. Because I have seen a lot of success. I have seen parents finish school and get good jobs and their kids still come to me and pay. The ones who are usually flaky flake out real quick. They're not going, you know. But I mean, I've had great success. I become their parent, and it's okay. Even to their children, it's okay.*

*—Alameda County licensed provider*

## **Summary**

This study is too limited to allow for the drawing of definitive conclusions about child-care providers in California. However, it does permit us to see how many providers see themselves vis-à-vis the families, children and communities they serve. Center staff and family child-care home operators alike recognize that they play an integral role in contributing to the development and education of the children in their care. They also see that they provide critical services to parents, often extending far beyond the care taking function that allows parents to work. In some cases the child-care providers play a surrogate parenting role, teaching children skills and behavior normally taught by parents. In others, the providers educate the parents themselves about child-rearing practices. In some instances, the providers seem even to take on the roles typically played by case managers in social service agencies, helping parents prepare for success in the workplace.

The greatest need expressed by the providers is for information and communication, in particular from the social service agencies. In their efforts to help their clients, this seems central to the providers. Those reporting the best communications with the social service agencies also reported the least difficulty with payment and reimbursement issues. Providers also identified the need for more subsidies for parents and higher reimbursement rates to help them meet the costs of serving children.

In general, the affection and concern that providers felt toward the children they watched and the parents they served was quite evident. Strengthening the child-care system to further support these child-care providers would benefit children and parents in California alike.

More information, and more current data on the experiences of providers would be useful. A broader survey of child-care workers, by phone or in writing, might assist

policymakers in determining whether the experiences reported in this paper are typical or anomalous. It would also allow for the inclusion of opinions from a more representative and diverse population of providers. Moreover, as CalWORKs implementation is now complete and the counties have smoothed out many of the wrinkles in the system, it would be helpful to find out if providers have seen improvements in program operations, or if problems remain. Finally, ongoing conversations among child-care planners and providers would be useful simply to facilitate the sharing of information and experiences that might inform and strengthen child-care policymaking in California.

## Appendices

### Appendix A: Focus Group Participants<sup>1</sup>

1. Alameda County licensed provider focus group, conducted July 25, 2000  
Total number of providers: 8 FCCHs
  - i. FCCH licensed to care for 12, caring for 6, age 18 months to five years old
  - ii. FCCH licensed to care for 12, caring for 12: 3 infants, 9 three and four year olds. She has three part-time helpers, and 16 years experience.
  - iii. FCCH licensed to care for 8, caring for 6 ages 1 to 5.
  - iv. FCCH licensed to care for 12, caring for 4 infants, 5 toddler to pre-school age children, and 4 first-graders. She has two assistants, one full-time, one part-time.
  - v. FCCH licensed to care for 14, caring for 14, 2 infants and 12 preschoolers. She has two full-time assistants, plus her 18 year-old daughter helps. She has been providing care at the same location since 1979.
  - vi. FCCH licensed for 14, serving two infants, 7 toddlers, 4 school-age children
  - vii. FCCH licensed to care for 8, serving 5 children
  - viii. FCCH licensed for 14, serving 14 school-age children. She has two helpers, and they provide transportation to and from school for their clients.
  
2. Kern County Spanish-speaking licensed provider focus group, conducted May 8, 1999  
Total number of providers: 2 FCCHs
  - i. FCCH licensed to care for 6. She serves four children, ages 1,3, 4 and 9.
  - ii. FCCH licensed to care for 6. She services four children, ages 20 months, 2, 4, and 9.
  
3. Kern County license-exempt provider focus group, conducted July 19, 1999  
Total number of providers: 4 exempt individuals, 1 newly licensed FCCH, 1 R&R support person
  - i. Exempt provider caring for 4 children, all related to her but from two separate families, ages 13, 6, 4 & 2. She cares for the two-year old Monday through Friday, but only cares for the other three Thursdays and Fridays.
  - ii. Exempt provider caring for 1 five year old granddaughter, and will care for a second baby due in a month.
  - iii. Exempt provider who, at the time of the interview was not caring for any children, but was planning to do care for evenings and weekends.
  - iv. FCCH licensed for 6, caring for four children part-time, two full-time, plus one of her own, ranging in age from 2 to 10.
  - v. Exempt provider currently caring only for her own children and trying to get a license to teach in a pre-school

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<sup>1</sup> We are not able to provide the same details about all of the providers who participated in the focus groups as the focus group moderators did not ask for the same demographic information in every group. The information reported here reflects the number of children the providers cared for at the time of the focus group.

- vi. Licensed provider currently working as an outreach person for an R&R program serving exempt providers interested in getting licensed  
All of these providers offer transportation to their clients (or plan to).
4. Kern County English-speaking licensed provider focus group, conducted May 8, 1999  
Total number of providers: 5 FCCHs
- vii. FCCH licensed to care for 14, caring for 13 children ages 3 months to 5 years
  - viii. FCCH licensed to care for 8, caring for 8 ages 4 \_ months to 12 years old, 4 of whom are school age
  - ix. FCCH licensed to care for 6, caring for two 3-year olds, two infants, two school-age children
  - x. FCCH licensed to care for 8, serving three school-age children, five children age 2-5
  - xi. FCCH licensed to care for 8, did not describe clients
5. Los Angeles County licensed provider focus group, conducted July 22, 2000  
Total number of providers: 4 child care centers, 6 FCCHs
- xii. Center licensed to care for 31, averaging 20 – 25 children two to six years old (pre-K program) plus some before and after school care. There are 5 staff members. The hours are 6 am to 6 pm. Transportation is provided.
  - xiii. Center licensed to care for 34, average 25 children ages infant to six years old. They operate two shifts and are open 6 am to 2 am to accommodate nurses at a nearby hospital. They do not provide transportation.
  - xiv. Center licensed to care for 41, full with a waiting list of 15-20 children. They serve ages six weeks to six years old; ten are infants. There are 8 employees plus volunteers. They are approved to provide twenty-four hour care, but currently are open Monday through Saturday. They do not provide transportation.
  - xv. Center, licensed for 44 children plus a school-age facility licensed for 30. There is a staff of 10 including the director. They serve children ages 2 to 6 plus they provide after school care for children up to age 9. They will pick-up students from local schools on foot.
  - xvi. FCCH licensed for 14, serving 13. They are a husband and wife team.
  - xvii. FCCH licensed for 8, serving 5, 4 infants and 1 after school client. They provide round-the-clock care, and the daughter helps the provider.
  - xviii. FCCH licensed for 8, serves 8 and has a waiting list. She provides 24 hour care, and is expanding to serve 14. Her husband assists, and she will hire another assistant when they expand. She has 4 years experience.
  - xix. FCCH licensed for 14, is full. She provides 24 hour care and transportation. She cares for two infants, and her clients are primarily Spanish speaking.
  - xx. FCCH licensed for 14, hours are 5 am to 10 pm. They provide mostly before- and after-school care, and pick up children from the school across the street. Her husband is licensed and they have one assistant.
  - xxi. FCCH licensed for 14, no information on clients. Hours are 6:30 am to 6 pm. She has 15 years experience.

**Appendix B:  
FOCUS GROUP QUESTIONS**

1) LICENSED PROVIDERS

We want to better understand the current capacity for licensed child care. We are interested in your thoughts on the child care system since the implementation of welfare reform, the type of care you provide, and how the existing child care supply can be expanded and enhanced.

General Operations: Attendance, hours, policies

How many children are currently enrolled in your program?

- Infants and toddlers, children 2+ years old, and school age children.

What are your hours of operation?

Do you have a waiting list?

- If so, how many children are on the waiting list?
- What ages?

Licensing:

How many children are you licensed to serve?

Do you prefer to enroll fewer children than you are licensed to care for?

- If so, how many and why?

Are you interested in providing child care to more children?

Are there any factors preventing you from providing care to other children?

- If so, what are these factors (not enough demand, no referrals, short-staffed, lack of space/funds, don't have the right equipment)?

Additional Services: (Languages, special needs, sick care, transportation, non-traditional hours)

What languages do you and/or your staff speak fluently?

What languages do your clients speak fluently?

Has a client ever decided NOT to enroll their child because of a language barrier?

Do you care for any special needs children? Describe.

- If not, have you ever considered getting a license to care for special needs children?

What are your policies for children who are mildly sick?

How accessible is your program to public transportation?

Do you provide transportation for children between their home/school and your program?

Does your program currently provide care during non-traditional hours (evening, drop-in, weekend, and overnight)?

Are you willing to consider providing care during these non-traditional hours?  
Why/why not?

Have you ever opened early or closed late because a parent needed care at a different time than usual?

Do you have a substitute available?

Subsidized Clients:

Are you willing to accept subsidized children into your program?

Have you cared for children with CalWORKs subsidies?

- Describe your experience (good/bad) with CalWORKs/Social Services.
  - Payments
  - Communications with agency
  - Information sharing with the Alternative Payment Provider and county
  - Knowledge of CalWORKs documentation

Do you have slots reserved for subsidized clients? How many slots?

Has your program changed in any way since the implementation of welfare reform?

- More clients, more subsidized clients, hours of operation, etc.

Professional Development:

If you are interested in expanding your child care program, what would help you do this?

- More money, space, resources from Social Services/Resource and Referral agency, supplies.

Are you part of a child care or resource and referral network?

How do parents find out about your program?

- Advertisements, word-of-mouth, R & R?

How often are you able attend to childcare-related workshops, classes and/or seminars?

- Number of hours per year?

Do you have any suggestions on how the child care system can be improved to better serve providers and their clients?

## 2) LICENSE EXEMPT PROVIDERS

We want to better understand the current capacity for license exempt child care. We are interested in your thoughts on the child care since the implementation of welfare reform, the type of care you provide, and how the existing child care supply can be expanded and enhanced.

How many children do you currently care for?

- Infants and toddlers, children 2+ years old, and school age children.
- Are these children from the same/different family?
- If one family leaves, do you usually find new clients?
- Are you caring for relatives' children?

What are your hours of operation?

Are you interested in providing child care to more children?

Are there any factors preventing you from providing care to other children?

- If so, what are these factors (not enough demand, no license, no referrals, short-staffed, lack of space/funds, don't have the right equipment)?

What languages do you speak fluently?

What languages do your clients speak fluently?

Has a client ever decided NOT to have you care for their child because of a language barrier?

Do you care for any special needs children? Describe.

- If not, have you ever considered getting a license to care for special needs children?

Do you care for any children whose parents receives child care money from the government/community agency?

- Describe your experience with this particular client.

Are you willing to accept subsidized children?

How accessible is your home to public transportation?

Do you provide transportation for children between their home/school and your home?

Do you provide care during non-traditional hours (evening, drop-in, weekend, and overnight)?

Are you willing to provide care during these non-traditional hours?

Why/why not?

Have you ever kept children earlier or later than usual because the parent needed care at a different time?



Has the care you provide changed in any way since the implementation of welfare reform?

- More clients, more subsidized clients, hours of operation, etc.

Are you interested in becoming a licensed child care provider?

If so, what would help you do this?

- More money, space, resources from Social Services/Resource and Referral agency, supplies, classes.

If not, why?

Do you have any suggestions on how the child-care system can be improved to better serve providers without licenses and their clients?

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