

Listening to Chinese, Filipino, and Latinx Family Child Care Providers During the Pandemic:

Implications for Serving Dual Language Learners and Their Families

FILIPINO/TAGALOG-SPEAKING FAMILY CARE PROVIDERS



**CAMPAIGN FOR QUALITY
EARLY CHILDHOOD EDUCATION**



**CALIFORNIANS
TOGETHER**



FILIPINO/TAGALOG-SPEAKING FAMILY CARE PROVIDERS

“
...you need to
teach our own
language, especially
for Filipino kids.
”

Because English is one of the two official languages of the Philippines, Filipino/Tagalog-speaking Family Child Care Providers are not typically considered in Dual Language Learning discussions and analyses. Yet, the California school system has reported Tagalog as one of the top six languages spoken by students in public schools.¹ California has the highest concentration of Filipino immigrants in the nation, and Filipinos are the largest Asian ethnic group in the state. The Central Valley was chosen from among several principal geographical locations to speak to non-English speaking Family Child Care Providers; and it was determined that a sizeable number of Filipino/Tagalog speakers reside in the Central Valley.

PARTICIPANTS

Nine licensed Tagalog-speaking Family Child Care Providers from the Stockton area were interviewed between June and December 2021. These providers were recruited with help from the local Resource and Referral Agency in Stockton, California. Participants were interviewed in Tagalog with occasional linguistic variations for dialectal differences. Participants' ages ranged from 44 to 77 years old. A few providers were relatively new to the profession with four to five years of experience. Others had over 20 years of experience.

All participants were educated in the Philippines with a minimum of a high school education, and four had completed a college degree. The majority of the participants were married and lived with their spouses and children. Two households consisted of three generations with the participant's parents or in-laws living with them. With the exception of one provider, all participants lived in houses with an outdoor space for the children to enjoy. All participants reported feeling very comfortable with both their English and Tagalog proficiency. A few remarked that writing in Tagalog was a bit challenging, and one said she spoke English with an accent.

CHARACTERISTICS OF SERVED CHILDREN

Four providers were licensed for a large group of children, and the rest were licensed for a small group. Four of the providers served infants to school-age children. The remainder served preschool-age to school-age. Children's ethnicities included Filipinos, 'half-Filipinos,' Hispanics, Black, Asians, and White. No provider exclusively served a Filipino population. Only one provider stated that parents prefer that children be taught in Tagalog, while the rest stressed English. Providers obtained referrals from the local Family Resource Center and word of mouth, while one mentioned a local Day Care Association that referred families to her. Providers received assistance with their work primarily from family members such as husbands, adult children, and their mothers or mothers-in-law. Half of the providers were receiving subsidies via their local Resource and Referral organization.

FAMILY CHILD PROVIDER ROLE AND APPROACHES TO CAREGIVING AND EDUCATION

When asked how they describe themselves to others, only a few said they describe themselves as 'child care providers.' The remainder responded by explaining how they got into the profession due to their changing circumstances as stay-at-home moms. Becoming a Family Child Care Provider was viewed positively as it permitted them to care for their own and other children at the same time.

1. <https://www.cde.ca.gov/ds/ad/cefelfacts.asp>

Some providers view their role as an extension of their own family. As noted by one provider, *"My concept of a daycare is that this is their second home."* Another provider reiterated this idea: *"I also make sure to have a good relationship to the parents and make them feel that they are part of my extended family."* A manifestation of being an extended family member is exemplified by one provider whose parents tell their children to listen to their "Aunt Carol."

All providers mentioned that a typical day includes mealtimes, naptimes, and structured and unstructured playtime. Half of the providers alluded to fostering conceptual development by identifying colors, animals, and the alphabet, including a time for reading. Two providers indicated that they allow children to view 'educational television' during the day.

When asked about what child behavior is most important to instill in their charges, the majority responded that they focus on the development of 'respect' for others. This respect is manifested in politeness, obedience, and positive social interactions with their peers. As stated by one provider, *"Because, if they have those politeness and obedience, you know, that means they know how to respect you."* Others said that respect was shown by actions like sharing toys and self-regulatory behaviors such as paying attention and keeping their hands to themselves.

The majority of these providers elevate the importance of caring, loving, and developing good morals in the children over more direct educational stimulation. This idea is epitomized by a provider who responded to questions about her participation in professional development. She said, *"As much as I would like to study for educational purposes, it is also important to me that the children could relate to me at a personal level more than at an academic level since I can consider and treat them as members of my family."*

Most providers see value in knowing more than one language. And, they use Tagalog informally during mealtime to name different foods or perhaps sing a song like "Bahay Kubo." Several providers shared that they needed parental permission to use Tagalog with the children. And some providers said that non-Tagalog-speaking children might become confused if they spoke Tagalog.

PERCEPTIONS OF PARENTAL VIEWS

When asked whether parents preferred family child care over center-based child care, the strong consensus was that parents like family child care over center-based care because with fewer children, their child will receive more individual attention. As noted by one provider, *"Because the more kids there are, the quality care diminishes."* One provider stated that parents send their children to centers *"to study not so much of honing their good values and building good relationships with other kids..."* Another attractive feature of Family Child Care for parents is the *"real family set up"* and *"the family atmosphere for the kids."*

These providers are sensitive to the desires of parents when it comes to using Tagalog with children. A few providers commented about seeking parental approval for speaking Tagalog with both Tagalog-speaking and non-Tagalog-speaking children. However, most providers indicate that parents want them to speak English with their children. When asked about parental expectations, one of the providers indicated that their main concern is the children's health and safety. Another said, *"First of all, they want their kids, especially the younger ones, to be safe and to avoid falling and bumping, you know."* Other expectations included assistance with toilet training, sleeping concerns, and school-age children completing homework tasks. Particular concerns of parents mentioned were aggressive behavior and sleeping patterns. However, three providers indicated that parents had no concerns. One said, *"Ahh, nothing, so far to say about that."* Another said, *"In my experience, none at all. They are all happy, no problem at all."* Two providers did state that parents sought them out for advice about what to do about their child's aggressive behavior and night-waking behavior.

Six providers indicated that parents would ask them for advice—from treating illness and dealing with the overuse of electronics to handling temper tantrums and providing healthy recipes for children. Providers who served families for multiple years appeared to have a stronger connection to families. One provider is a Sunday School Teacher and would advise her families about weekend field trips associated with her church. One indicated that she stayed connected with families via Facebook, and another said that a previous child would connect with her via FaceTime.

SUPPORTS

Family members are major sources of support for these Family Child Care Providers. Several providers mention husbands as being especially supportive with managing paperwork, and a few providers also cite adult children as being helpful during the pandemic. Getting advice from other providers was mentioned by three participants as particularly beneficial. As stated by one provider, *"...yes, through my colleagues too and what they know and have learned and their advice."* One provider said that she joined a network of providers and that the information shared via the network was helpful in locating clients. Another network member said the group's chats provided information about *"...policies, how to, dealing with parents with attitude problems, the regulations needed..."* One provider commented that the printed material was especially helpful during the pandemic: *"...you can just stick that on your board, you know, and then if you need anything, you know, you can just look it up."*

When queried about where providers received information during the pandemic, the majority cited the Community Care Licensing and the Local Resource and Referral organizations. One provider cited the California Crossfire as being a valuable resource. When asked whether information should be available in Tagalog, these providers did not view that as necessary. Because most are proficient in English, they could access information in English and did not need information in Tagalog.

CHALLENGES

Speaking Tagalog in front of non-Tagalog-speaking people may be viewed as inconsiderate and perceived by some providers as offensive to non-Tagalog speakers. Although providers could speak and understand Tagalog, they tended to speak English because, as stated by one provider, *"...it is not hard for me to use English because everyone is using the language even those Filipinos by blood, they use English at home."*

Because of the pandemic, providers changed their procedures to ensure the health and safety of their own and children's families. Providers told of having to take temperatures, additional cleaning protocols (e.g., *"It's so tiring, because every time you got the chance, you need to disinfect things."*), lack of supplies (sanitizers, wipes), using their own money for supplies and monitoring children and their parents for any Covid symptoms that would disrupt their service. Other providers mentioned that keeping children's face masks and maintaining appropriate social distance is hard. One provider who served school-age children said she expected the children to change their clothes when they arrived at her house and that she sprayed disinfectant on their belongings.

Another provider emphasized the stress she felt due to the responsibility of supervising virtual learning sessions for school-age children. She said, *"Ahhh, that's very stressful to me because I felt like all the responsibility of the teacher came to me."* Another provider spoke of the challenge posed by needing an extra, separate physical space for school-age kids for their virtual learning sessions. It had to be where the younger children would not distract them. A provider who cared for children of health care personnel was concerned about Covid exposure. She said, *"...if ever they get exposed to Covid patients, they should not get their babies and let them stay with me for the night."* This provider added that she would care for the children until the parents were Covid-free.

A few providers made remarks about the pandemic's negative effects on children. One provider indicated that the pandemic caused a restriction on outdoor activity. She said, *"Some children became restless since they were restricted to go outside to play outside due to the pandemic."* Another saw negative socioemotional issues due to the imposition of restrictions on social interaction. She said she *"...tried to keep them busy with activities."* The providers themselves experienced adverse psychological effects. One said, *"...but mentally, physically, emotionally, we all got affected. And it's very tough, you know, and I heard through a lot of people, you know, they're going through a lot of, ahhh, mental issues, and it's hard."* Another stated, *"Like, parents are afraid, really afraid. Even I am afraid, so you'll do whatever, need to use alcohol or what is needed. Jesus, there's a lot. It's really hard."*

When asked about their use of technology, all the providers indicated that they use computers to access Zoom calls and obtain information. However, their comfort level with its use ranged from high to low. Some said they had no problem using technology, and others indicated they often needed help. The provider with a background in Engineering said, *"I rarely encounter major issues or problems."* This contrasted with another provider who commented that she did not really use technology and had to reach out to 'somebody' to teach her how to do it. Another stated, *"...they should have somebody in there that would be able to help you. Besides, instead of me calling my husband, and he gets mad at me, you know, for bothering him because he is working."* All the providers aired their frustrations and difficulties with their internet connections. Dropped signals or complete shutdowns were only part of it. Two providers had to upgrade their service to maintain a stable connection. Another said dealing with the internet challenged her because she found it difficult to navigate it to obtain the information she needed. Most providers said they would benefit from added support in using the internet, including assistance in acquiring new computers or tablets.

Although most of these providers had not lost clients during the pandemic, a few did. Client loss was attributed to parental job loss or because parents became frightened of having their children in group care. One provider was unhappy that she had to turn several families away because their youngster's child care center had closed, and she was already at her enrollment limit.

When asked about feeling undervalued by others due to their language and culture, a few of the providers said they never experienced those feelings, but others related negative encounters. One provider who graduated from college with a degree in Engineering sometimes felt looked down upon when being interviewed by potential families about her abilities to care for children. She said, *"That's why sometimes, I wanted to let them know that I finished five years in Engineering and used it for ten years. I don't want to be rude and proud, but sometimes I am forced to."* Another provider recounted the experience of being yelled at by a parent. She said, *"...she treats me as a helper, she's like, as if I am her helper. Then, when she is picking up her kid, when she is upset, she would shout at her child, including me."* Another told of how a father made her feel bad. She said, *"...he kind of belittle me, you know."* Another did not like that the parents introduced her as a babysitter and not a daycare provider. She said, *"I get annoyed because you can simply say that I am a daycare provider at least. I mean, I got no problem being a babysitter. But then, just level up because we got a license."* In contrast, one provider said she never experienced discrimination because *"...Filipinos are kind, respectful, and as Filipinos, we are really respected."*

PROFESSIONAL DEVELOPMENT

When asked about the ease of applying for a license, all of the providers indicated that they had no problems. Many noted that they took the online training and that it was helpful. Others stated that the Family Resource Center was available to assist them with the application process. Although some viewed start-up costs as expensive, others did not view the costs as particularly onerous. One provider said that when compared to start-up costs for other small businesses, her expenses were less.

When asked about previous training in early child care, three said that they had taken some classes before the pandemic. All providers indicated that they were open to taking classes over the internet and were optimistic about stipends or funding for furthering their education.

As noted previously, a recurrent theme in relation to questions posed about professional development was the importance of 'love' in caring for children. One provider exemplified this in her comment, "*Actually, taking care of kids is an instinct. You don't really have to study it, right? Even if you got credentials, this and that, you know, but you're not showing love for the kids under your care, everything is useless.*" Another similar response was, "*The love that you give the children is more than the education they get from school.*"

When asked about what made them happy, the providers gave a variety of responses. These included gardening, eating out, learning to sew, exercising, reading motivational books or viewing motivational videos, and hanging out with friends and family,

CONCLUSIONS

Filipino providers view caring for children as a vocation that gives them joy and fulfillment. One participant summed it up by saying, "*I can personally guide them and other kids since my ministry is this daycare.*" The majority emphasized the caring aspect of their work and the importance of developing 'respect' for others. The focus on caring for children may be associated with their perceptions of parental expectations emphasizing health and safety as the most important. Challenges confronted by the providers included the additional burden of cleaning and sanitizing, enforcing mask-wearing and social distancing, accessing appropriate information regarding pandemic guidance, internet connectivity, and the socio-emotional impact on both the children and them.

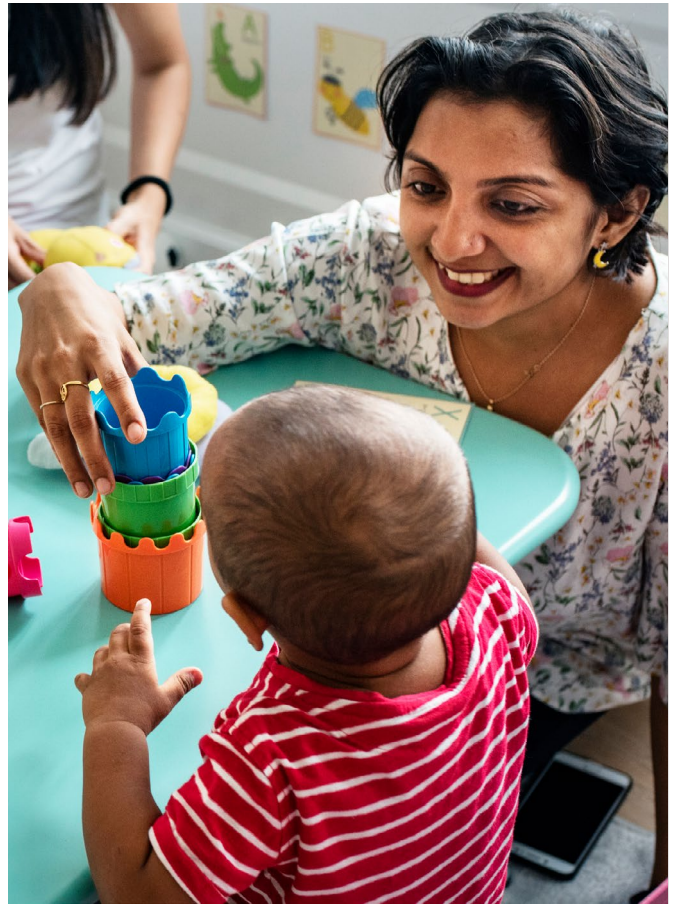
Many of these providers began a family child care business as a way to earn money while raising their own children. Support for their work came primarily from their immediate families, yet the providers also found encouragement and important information from their fellow providers. The local Resource and Referral agency often appeared in the providers' conversations as a helpful resource for finding a pathway around and through their challenges. Although the majority of the providers were open to participating in professional development activities, especially if some form of compensation is associated with it, not much detail was provided about their previous professional development or their needs for information and support going forward.

Although the majority valued bilingualism, they only used Tagalog informally. Notably, these providers did not serve Filipino families exclusively. Although some providers indicated that they used Tagalog with Tagalog-speaking parents, three providers said that they would have to have the parent's permission to use Tagalog with their children. It has been suggested that Filipinos in the Philippines perceive English as the lingua franca of the educated over indigenous languages (David, & Nadal, 2013), and that English should be used for formal communication and Tagalog or other Filipino indigenous languages can be used when speaking to family and friends (Dreisbach, & Demeterio, 2020).

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