

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

Implications for
Serving Dual
Language Learners
and Their Families

**MANDARIN- AND CANTONESE-
SPEAKING FAMILY CHILD
CARE PROVIDERS**



**CAMPAIGN FOR QUALITY
EARLY CHILDHOOD EDUCATION**



**CALIFORNIANS
TOGETHER**



MANDARIN- AND CANTONESE-SPEAKING FAMILY CHILD CARE PROVIDERS

“
It makes things
easier when you
can speak your
mother tongue.
”

PARTICIPANTS

Nine Mandarin/Cantonese Family Child Care Providers (FCCHs) were recruited through the Family Child Care Association of San Francisco and the California Family Child Care Network. The majority of providers resided in California's San Francisco Bay Area. All participants were interviewed via one-hour telephone or Zoom conversations between June and December 2021. Participants were interviewed in either Mandarin or Cantonese, and the conversations were translated into English by a professional translator for analysis in English. All were licensed family child providers, with six having small and three having large licensure.

BACKGROUND CHARACTERISTICS

Participant ages ranged from 33 to 66 years, with an average age of 53. All participants had immigrated to the US, with an average of 20 years of residency. The majority of the participants were married and lived with their spouses and children. Five providers resided in houses, two in townhomes, and two lived in an apartment. Seven indicated that they had access to outdoor space. In terms of their language backgrounds, the eight providers indicated that they were native Mandarin speakers, and one was a native Cantonese speaker. A few participants said that they understood both Mandarin and Cantonese. When asked about their English proficiency, most rated themselves as struggling in English. One participant stated, *"my English is no good, but I am learning."* Another said, *"I understand simple stuff, but do not speak."* Three participants who felt more comfortable understanding and using English had taken coursework at a community college.

All participants were originally educated in China, and their years of schooling in China ranged from four to fifteen years. Five participants indicated that they had taken educational coursework here in the US that focused primarily on Child Development. A few took classes in the US focused on business and management or English as a Second Language. Previous employment in China included working as a kindergarten or music teacher, as a customer service representative, or working in a clothing factory as an accountant.

CHARACTERISTICS OF SERVED CHILDREN

At the time of the interviews, the majority of participants had lost enrollment due to the pandemic and currently had from three to twelve children. All the providers indicated that they served preschool-age children, with six mentioning serving infants and toddlers. At the time of the interview, none reported serving school-age children. These providers served a variety of families from different cultural and linguistic backgrounds. Only two stated that all their children were Chinese. Based on interview responses, it can be inferred that three providers viewed their services as teaching Mandarin to non-Chinese or non-Mandarin speaking children as important. Cultural and linguistic backgrounds of children and families included: Chinese, African-Americans, Pacific Islanders, Taiwanese, Americans, Hongkongese, Italian, Vietnamese, Korean, Spanish, and Portuguese. Few providers served exclusively Mandarin- or Cantonese-speaking children.

There was a mix of ways that families located providers. These included the local resource center, San Francisco's Office of Early Childhood Education, and other parents or friends providing referrals. In addition, a number indicated that they used the WeChat app, Yelp, and advertisements on the Chineseinla.com website.

The majority of providers received assistance with the children principally from family members (e.g., spouses, mothers and mothers-in-law, and older biological children). Four providers indicated that they employed non-relative assistants; however, in some cases, these assistants did not continue once the provider's client numbers were reduced because of the pandemic.

Six providers stated that they receive subsidies. Although the majority of providers were familiar with subsidies, two of them did not utilize them. One did not use them because she felt they should be *"left to those children that need them the most,"* and another felt that because of her limited English proficiency, she was unable to access the funding.

FAMILY CHILD PROVIDER ROLE AND APPROACHES TO CAREGIVING AND EDUCATION

When asked about how the providers began their businesses, a number of them indicated that relatives and/or friends who were providers were employed in home-based child care and told them about it. One stated, *"I do not have many job opportunities."* Several mentioned that they started because they wanted to stay home and take care of their own young children. Another stated, *"I do this job because I like children... you get to see the children grow and I can also take care of my family."* In describing their occupation to others, four stated that they *"take care of children,"* three said they are *"daycare teachers,"* and two used the phrases *"early childhood educator"* or *"family child care/child care provider."*

When questioned about a typical day, all providers described schedules that included circle time with singing songs and telling stories. A typical day includes mealtime, napping, and outdoor time. One provider who previously had school-age children commented on how the older children sometimes helped out with the young children. In their interactions with the children, the majority of providers use Mandarin, some Cantonese, and English. One provider is more systematic in scheduling language use. She mentioned Chinese use in the morning and English use in the afternoon, or that one adult speaks only Chinese and another only English. Other providers are more informal in describing language use, indicating that they use both languages but do not ascribe any intentional structure to it. They mention having books in both languages and singing songs in both languages. One provider said that preparing lessons in English takes extra time.

Eight of the nine Family Child Care Providers indicated that parents prefer that providers teach Mandarin to their children. Providers who speak both Cantonese and Mandarin will use Cantonese when necessary. Some providers said that parents want the child to have a good foundation in their native language and they will learn English when they go to school. For providers that have English-speaking children, those parents want their children to learn Mandarin.

For FCCHs that speak the child's home language, they view that communicating with children in their home language is generally viewed as a positive way to connect with the children. They note that the child's home language is an important way to make the child feel more comfortable in their new environment. It helps them adapt. When asked about what they consider the most essential behavior to develop in children, the majority mentioned skills such as sharing, getting along with others, sitting still, following directions, and demonstrating politeness and respect. Three providers mentioned learning Chinese as an important skill.

PERCEPTIONS OF PARENTAL VIEWS

When asked what parents liked about home-based care over center-based care, the majority of providers stated that parents like the home-like atmosphere of a Family Child Care environment. Providers attributed this to the personalized attention children receive, possibly due to the limit placed on number of children in home-based settings. Parents also like the flexible hours provided by home-based care. One provider mentioned that compared to centers, Family Child Care homes have more stability in personnel over time. Three providers indicated that they are able to have closer relationships with the children and families compared to centers. *"We communicate with them...like a family."*

When queried about parental expectations, providers noted that parents want to know about their children's progress; what they learned on a particular day. Parents are especially interested in their child's daily habits, such as eating, sleeping, and toilet training. The provision of healthy meals is also a parental expectation mentioned by providers. In addition, four providers said that parents ask about their children's interpersonal skills, such as getting along with other children. This is reflected in the comment by a provider, *"They expect me to teach them language and manners. Language; manners, how to behave and independence, teach them to do things on their own."* On language, one provider said, *"The parents just want them to learn Chinese, try to learn as much as possible."* Another provider noted cultural differences in expectations. *"Most of them focus on interpersonal abilities. Americans are different. They don't expect to learn that much. They just want to have fun here every day. Having fun is the most important."*

According to providers, parents express a variety of concerns about their children depending on the age of their child. These include the overuse of technology, the activity level of the child, and eating, sleeping, and toileting concerns. They also mentioned child anxiety, language delay, and socialization with their peers. For a child with anxiety, a provider stated, *"I have one child who is suffering from anxiety. In that case parents are more concerned of his/her emotions. We also try our best to comfort the child. He/she needs hugs, needs big hugs."* Related to language delay, one provider said the following: *"One parent is especially worried about the language proficiency of their kid, because the kid is two years old, but does not speak any language except making sounds."* On the overuse of technology, one provider counters technology overuse by giving the following advice to parents: *"American parents like to tell them story before going to bed, and Chinese parents don't do this a lot, based on my observation. So, I emphasize it to the parents."*

When asked if parents ever sought a provider's advice, two providers responded that parents did not seek their advice. The remainder described a variety of parental questions. Four mentioned questions related to Covid precautions. Others referenced behavior problems with their child, eating, sleeping, and toileting patterns, concerns about the child becoming confused by the number of languages they are exposed to, and enrolling children in schools where they can learn Mandarin. One provider indicated that a parent called her in the middle of the night and asked what to do for her child's fever.

When asked about methods to communicate and keep in touch with parents, providers offered a variety of approaches. Most providers said that they communicate with parents on a daily basis during drop-off and/or pick-up. Other communication channels include a WeChat group, text messages, and phone calls. As stated by one provider, *"We update them with some pictures every day. We contact them right away via message, text, or phone call if there is anything."* Two providers stated that they correspond with parents, particularly if the child is ill. A few providers mentioned that they have connected with parents during off hours and on weekends. One said that a parent invited her to their child's birthday party.

CHALLENGES

Providers responded to questions regarding challenges they experienced during the pandemic. Chief among the difficulties is the lack of documents in Cantonese/Mandarin. Communications are often only provided in English, and the lack of Chinese-speaking personnel to help interferes with their ability to conduct their work. One stated, *"All the regulations on admitting students and management are in English. Nothing is in Chinese."* Not knowing English is a big disadvantage in recruiting children. Emails in English are difficult to understand. One provider said they were...*"Told to put some materials on the wall during the class and things like that. But all this information is in English and I do not read English. So, I find it a little difficult."* Another provider mentioned that she is afraid of making mistakes in filling out documents. Understanding the guidance from the Health Department or grasping things said during meetings is sometimes tricky. However, a few providers with better English proficiency did not have many complaints.

When asked whether they ever felt their language or culture were undervalued when interacting with parents or agencies/organizations, the majority of providers responded in the affirmative. Chief among their concerns is the lack of Chinese speakers or translation services in government agencies, community organizations, and professional development offerings. When Chinese speakers are available, providers note that they feel less discrimination. *"Most of the time it is normal to receive emails in English. But sometimes they are in Spanish and not Chinese. You wonder why not Chinese if they have them in Spanish?"* Another stated, *"It makes you feel that you are not given enough attention."* The challenges due to language barriers are described by the following provider: *"No Chinese with our Law Center, some paperwork from the law center is translated." In trying to get a license, "I lost a lot of money due to the unfamiliarity with the regulations...It was not possible for me to express what I wanted to say because I speak Chinese." "Why there are English and Spanish but there is no Chinese for us, for the Chinese speaking people in San Francisco? There is a big proportion of Chinese over here." "I do my best to translate into Chinese."*

In communication with parents one provider stated, *"Sometimes Chinese and English have different expressions for certain meanings. They could be opposite if you get it wrong."* Another provider describing cultural distinctions in eating styles said, *"I tried to communicate with parents. They are Mexican and they are used to eating with their hands instead of using spoons and chopsticks. I asked the parents whether they can ask the child to use forks and spoons at home. But it never worked. The child kept on eating with his hands and he even licked his fingers after he ate something. Maybe it is due to the culture difference."* Another area of cross-cultural difference mentioned by a provider was that of recruiting families during the pandemic. This provider felt that openly soliciting families may be viewed negatively by parents. They *"see it as a bad thing."* The inference here is that other forms of recruitment such as referrals from agencies, friends, and family members are viewed as more legitimate.

There were a number of challenges due to Covid that necessitated providers making adjustments in their services. Some providers extended their hours to assist parents, and others shortened their hours because of the need for extra time for cleaning and sanitization. Providers advised parents regarding social distancing and hand washing. One provider mentioned how children did not like wearing masks and that reluctance was also demonstrated by some parents. She felt concerned about her own family's safety and said, *"after all the daycare is also our own home which is different from other public professions, because it is our own living environment and our own home and I also hope that we all have a safe environment over here."* In some cases, assistants stopped working and one provider wondered if they would be able to get new clients. One provider put this way, *"we had to risk our lives to do that during the worst of time of the pandemic."* Another challenge mentioned by one provider was the movement towards younger ages due to different licensing and environmental requirements. She said, *"the new rules have imposed a lot of pressure on us. It's a dilemma for us, because it is very time-consuming for us to deal with kids of 3 to 5 months old."*

One provider waived fees for a period of time and another mentioned contacting families through the internet, where they sang songs with the children. This provider also mailed books to the children. Another directed families to a food bank.

In addition to changes due to Covid protocols, providers experienced financial difficulties. Two providers mentioned not wanting to apply for a large license because it might be unsafe having more children. A number of providers lost children as clients. Families stopped coming due to work slowdowns and reduced unemployment benefits. A few providers had to close for a time. Financial difficulties mounted as paying their own household bills and dealing with the costs for protective gear increased. Retrieving protective gear and supplies during working hours and suffering increased utility costs (e.g., gas, water, electricity) associated with children having to be indoors for longer periods of time made it worse. The providers had challenges such as accessing government subsidies, keeping good assistants, and worrying over whether children would return.

When questioned regarding their experiences with technology use, the providers expressed much variability in computer expertise. Some said they can use printers, while others cannot. Some have old technology and need upgrades. One provider said that technology *"is good for younger child care providers but it is very difficult for the providers who have no basic computer knowledge and do not know how to operate online."* One provider mentioned that faster internet costs money and she cannot afford it. Among these providers, there is strong consensus that information and assistance need to be provided in Chinese. Some use a phone app to help translate. One mentioned that she asks her older biological children or some of the parents for help. *"I do not understand English and if I got something wrong, I have to ask my kids to help me."*

When asked whether they found applying for a license difficult, most providers indicated the application process was not difficult and that the orientation was helpful. Others experienced some difficulties and sought assistance from family or friends. Providers mentioned that orientation is sometimes in Chinese but is not offered on a regular basis. All said they had start-up costs such as supplies, furniture, and home and liability insurance. One provider mentioned the costs of outdoor fencing and foam flooring; another mentioned the cost of fingerprinting all of her family members. There was a Chinese-speaking individual in the Licensing Department who was repeatedly mentioned by providers as a helpful resource. In one case, a provider named a person at the local Resource and Referral Agency who helped her.

For most of the providers in the Bay Area, the biggest challenge is securing a fire department clearance. In that region, different localities have dissimilar requirements, and information is not easily available in Chinese. One provider complained that the Fire Department does not provide a written report of their first inspection, so when a second inspection occurs, there is no consistent follow-up for reporting to Licensing. One provider, who used her son as a translator, said, *"upgrading it to a big license is quite hard, because I needed to go to the Fire Department to ask about inspection. I had to ask my son to go with me."* Another said when describing her experience with the Fire Department, *"because they do not have paperwork for us, the only I had were verbal directions. My English is not good to begin with; how do you know if I understand you completely or whether I was confused when I repeat that to you verbally?"*

The provider based in LA County stated that Health and Safety training in Chinese is unavailable near her. Because of that, she and another provider discussed the possibility of flying to San Francisco for the health and safety training that was available in Chinese.

When asked where they received information about ongoing regulation changes, the providers named various modalities. Some turn to a trusted individual at a resource center that speaks Chinese. Email was used by most. One provider said they shared information through a WeChat group. She said *"we get some information from our education group, and we all post and share the information."* As an example,

the Chinese-speaking individual in Licensing Department would sometimes post in the WeChat group. Other supports mentioned included information and help from their Family Child Care Association. In San Francisco, some viewed the Office of Early Childhood Education as a good source of information. One provider said language barriers impeded their ability to keep informed about the many rules and regulations. She stated, *"When your English is not good, you don't know which department will send out information that will help us and where to get the most updated information. It is not that we ignored it because we never had guidance."*

PROFESSIONAL DEVELOPMENT

All the providers had previously participated in professional development efforts. The majority of providers who took the trainings found them helpful. Two providers had not participated during the pandemic, and one indicated that, although she had taken some training initially, she had not been involved in any training for over 20 years. The identified trainings focused on quality improvement issues like enhancing the physical setting, positive adult-child interaction, assessment (e.g., Desired Results Developmental Profile—DRDP), and understanding child behavior. Other trainings focused on business-related topics like how to build a website, how to recruit families, how to manage paperwork, and how to manage taxes. Trainings that had a practical application were helpful. A few providers noted classes on tax filings and personal safety as being particularly useful. In referencing understanding child behavior, one provider mentioned trainings have opened up her thinking about how to view children, *"not forcing them but encouraging them...I can improve and use different and better ways to teach the children."*

Providers who were more familiar with English participated more and saw trainings as favorable whereas those with less English proficiency saw trainings as inaccessible. One provider stated, *"why participate in sessions if they are in English and I will not understand them."* When asked how training can be improved the overriding theme was that information needs to be provided in Chinese, mostly Mandarin. One provider mentioned that she uses Google translate for assistance but the translation is *"...incomprehensible to me sometimes."* Another provider mentioned the importance of explaining English terms used in early childhood so providers can communicate more effectively with their English-speaking parents.

Providers mentioned both the notices regarding training and the training themselves either need to be delivered in Chinese or have a translator available. One provider commented about social media, *"If I see it in Chinese, in a blink of an eye, I will be more interested in clicking it and taking a look. If I clicked it and it is in English, some English training, I am worried that I have to spend time on something that I would not be able to understand."* The timing of the classes presents an issue for some providers. One stated, *"To have a little more Chinese classes with the proper schedule. Actually, many classes are not scheduled at the right time, and we miss a lot of important classes."* One provider mentioned that taking a training twice is beneficial. The majority of providers would welcome monetary incentives associated with professional development.

When asked what they do to make themselves happy, the majority of participants said that their happiness is related to the happiness and well-being of the children they serve. Examples of comments are: *"I spend time with the children happily every day."* *"I am happy when I see the children are happy."* *"Everybody healthy."* *"I am happy when I am singing and dancing with the children. I am happy when I am playing with them."* *"I feel happy whenever I see the kids."*

One provider mentioned the help and assistance she received from outside agencies. She said, *"I am very grateful, because I am doing my own business, but there are so many resources to help you. It's really nice. The kids benefit. The whole industry is making significant progress. The kids are really important."* Another provider said, *"We are very lucky to have this job at this time of hardship."* Only one provider mentioned a focus on herself and not the children. She said that listening to music, going hiking with the kids over the weekend, doing sports, and talking to her colleagues or friends is important for her happiness.

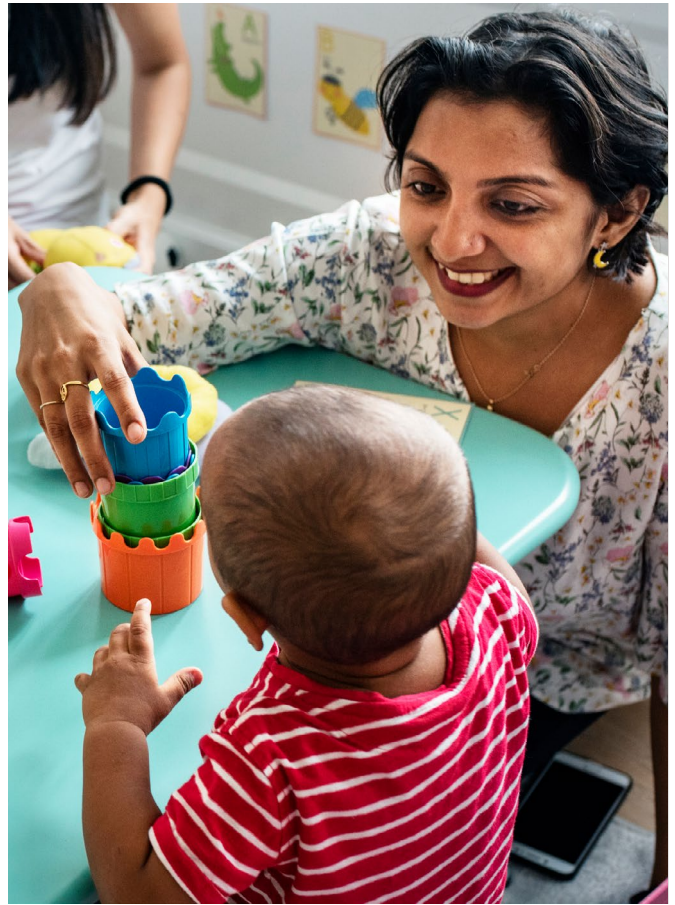
CONCLUSIONS

The majority of these providers did not exclusively serve families with similar linguistic and cultural backgrounds. Some providers felt that Chinese parents sought them out to provide their children with a good foundation in their native language. Many of the providers saw the exposure to Mandarin as a primary benefit for the children. Providers perceive home-based care as providing a 'sense of family' when compared to center-based care. The majority of providers indicated that parents asked them for their advice across a broad range of issues. A few providers noted cultural differences between themselves and some of the families they served.

A number of individuals were mentioned as trusted messengers. This included a coach from First 5 San Francisco who speaks both Mandarin and Cantonese, an individual in the Licensing Department who speaks Chinese, and a person from a local Resource and Referral agency. Providers also relied on a network of other providers for information and assistance. For example, a number of providers relied on a WeChat group for information about changes in rules and regulations and upcoming trainings.

Because many of the participants were part of Early Learning San Francisco through the San Francisco Department of Early Childhood, they had been engaged in professional development trainings ranging from business practices to quality improvement efforts such as understanding assessment tools (e.g., Family Child Care Environmental Rating Scale). However, some providers desired professional development focused on business practices and personal development (e.g., personal safety).

Although many of the challenges Chinese-speaking Family Child Care providers experienced during the pandemic are generalizable to all providers regardless of their language and culture, the strongest recurring theme throughout the interviews was the need for support personnel and training presentations and materials in their native language. For these providers, the lack of access to information and training in their native language has been a formidable and longstanding challenge. Providers cite multiple examples where the absence of written translation is experienced across regulatory agencies (such as Community Care Licensing, Fire and Health Departments), educational institutions and resource entities. The lack of infrastructure for Chinese speakers is perceived as disrespectful and discriminatory by some of the providers. Although providers use different means to address their needs to access English such as Google translate, adult children as translators, and even, at times, parents they serve, language barriers are a major hindrance across many of the areas queried in this study.



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ABOUT THE AUTHOR

Marlene Zepeda is Professor Emeritus at California State University Los Angeles. Her scholarship focuses on early childhood education for Dual Language Learners. She is a member of the Campaign for Quality Early Education, an advocacy group that focuses on the needs of young children whose home languages are not English.



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FOR MORE INFORMATION CONTACT:

Californians Together

525 East Seventh Street, Suite 203

Long Beach, CA 90813

562-983-1333

info@californianstogether.org

www.californianstogether.org

