

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

Implications for
Serving Dual
Language Learners
and Their Families



**CAMPAIGN FOR QUALITY
EARLY CHILDHOOD EDUCATION**



**CALIFORNIANS
TOGETHER**



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INTRODUCTION

Family Child Care plays a major role in supporting families by providing care and education to California's youngest children. Despite this role, this sector of the early childhood workforce has received limited support and attention from the public and policymakers. As the Covid-19 pandemic has taken a toll on the state's child care capacity (Child Care Aware, 2020), Family Child Care Providers (FCCHs) have been instrumental in providing support to California's essential workers by caring for their children. The Department of Social Services reports that between March 2020 and January 2021, 2,599 Family Child Care Homes closed (see CDSS). Current estimates suggest that the rate of FCCH closures has decreased, but the number of homes has not returned to pre-pandemic levels (Center for the Study of Child Care Employment, CSCCE, 2022). As California's early education field endeavors to fully embrace the contributions of the home-based workforce, an important lesson of the ongoing Covid-19 pandemic is that California's economy depends on a robust early learning and care system that supports working families. Such a system requires that home-based care providers are understood to be important contributors, equitably supported, compensated, and recognized for the value they provide to families, their communities, and California's economy.

California's early childhood workforce is culturally, linguistically, and racially diverse.

Early educators are more racially, ethnically and linguistically diverse than K-12 educators and better reflect the background characteristics of the children and families they serve (CSCCE, 2022). This diversity appears to be greater among Family Child Care Providers as they generally live and work in the communities of the families they serve. In a recent survey by Center for the Study of Child Care Employment (2022), 42% of the 3000 Family Child Care Providers surveyed were born outside of the US and were bilingual or multilingual. And 60% of California's young children come from homes where English is not the primary language (Holtby, Lordi, Park, & Ponce, 2017). A 2019 survey of a representative sample of California's early learning and care programs found that 98% of licensed center-based programs and 70% of Family Child Care Homes served at least one child whose home language was not English. In fact, 42%

of children enrolled in center-based child care, and 60% of children enrolled in Family Child Care Homes are Dual Language Learners (DLLs)¹ (Manship, Brodziak de los Reyes, & Quick, 2020). A recent Los Angeles County study including data on licensed family child care providers found that the majority served Dual Language Learners. It also found that many providers themselves also spoke a language other than English (Jacobsen, 2022). Many family child care providers in California are older women (i.e., majority over age 50, CSCCE, 2022), individuals of color, and often immigrants who speak English as a second language (CSCCE, 2022). The most current demographic data on California's early care and education workforce indicate that 39% of family child care providers view themselves as multilingual, and 13% view themselves as monolingual in languages other than English. Although the most common non-English languages spoken by Family Child Care Providers are Spanish and Chinese, California has geographical concentrations of many other languages, such as Korean and Vietnamese in Southern California, Arabic in the San Francisco Bay Area, Filipino in the Central Valley, and Russian in the Sacramento area.

Family Child Care Providers who are able to support a developing child's home language play an important role in a child's journey towards bilingualism. As the National Academies of Sciences, Engineering and Medicine research synthesis indicates, a strong foundation in a first language will assist in the development of English language proficiency (NASEM, 2017). Non-English-speaking Family Child Care Providers can also play an important role in supporting the development of a child's native language. In addition, non-English-speaking FCCHs can provide parents with the benefits of cultural and linguistic continuity over 'mainstream' child care services offered in English.

The large number of Dual Language Learners in California's child population and the challenges faced by home-based providers speaks to the urgency of carefully considering their concerns in state policy discussions. Efforts to design and offer appropriate supports for non-English-speaking home-based providers require a clear picture of their strengths and contributions to child and family development. Using a strength-based lens, questions of barriers and challenges to their 'integration' into California's early learning and care system need examination. Elevating the needs and assets of home-based providers is necessary to inform policy discussions within California's three major child care restructuring efforts: the transition of California's early learning and care programs to the Department of Social Services; the implementation of Universal Transitional Kindergarten; and the realization of California's Master Plan for Early Care and Learning.

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1. Dual Language Learners (DLLs) are children birth to age five learning two or more languages simultaneously or learning a second language while developing their home language.

OVERVIEW OF STUDY DESIGN AND OBJECTIVES

As a means of understanding their contributions and the challenges that non-English-speaking FCCHs faced during the Covid 19 Pandemic, a study that involved a series of one-hour telephone interviews was conducted with nine Chinese-speaking (Mandarin and Cantonese) in the San Francisco Bay area, nine Filipino/Tagalog in the Central Valley and ten Spanish-speaking Family Child Care Providers in Southern California. All providers were licensed. The majority of the Chinese participants were recruited through the Family Child Care Association of San Francisco and the California Family Child Care Network. The Filipino/Tagalog-speaking participants were recruited through the Family Resource and Referral Center in Stockton through its nutrition program, and the Spanish-speaking sample through the Child Care Resource Center in Los Angeles. The Chinese and Spanish-speaking providers were former or current participants in Quality Rating Improvement initiatives. The Filipino/Tagalog providers had not participated in any Quality Improvement activities.

The primary objective of the study was to listen to the needs and concerns of non-English-speaking Family Child Care Providers and identify how their linguistic and cultural assets contribute to their work. Ten coaches who worked with similar providers were interviewed about the FCCHs' assets, challenges, and potential solutions to support them. Four general questions were posed in this effort:

- 1 What assets and contributions do non-English-speaking Family Child Care Providers bring to their work?
- 2 What challenges and barriers do non-English-speaking Family Child Care Providers face in navigating the early learning system?
- 3 Who are the trusted messengers non-English-speaking Family Child Care Providers turn to for information and support?
- 4 What are some potential professional development approaches that are appropriate to support non-English-speaking FCCHs?





METHODOLOGY

The three groups of providers were interviewed in their native language with a combination of English and Filipino/Tagalog for the Filipino sample. Interviews were developed with assistance from the study's advisory group and conducted by a telephone or Zoom call from June to December 2021. The one-hour interviews were recorded for later translation into English by skilled interpreters. Each FCCH received a \$50 gift certificate for their participation. In addition to Family Child Care provider interviews, ten coaches associated with Resource and Referral organizations involved with supporting Chinese and Spanish-speaking Family Child Care Providers were interviewed in English during one-hour telephone or Zoom calls. The coaches received a \$100 gift certificate for their participation. The one coach who had served the Filipino/Tagalog Providers was not available for an interview.

Using a grounded theory approach (Charmaz, 2012), transcripts were analyzed for common themes by the principal investigator. Twenty-two categories were generated that encompassed all responses for organizing the data and deriving conclusions. The resulting categories broadly focused on salient issues of the operational aspects of running a child care business, challenges and supports experienced during the pandemic, working with parents, the provider's attitudes toward bilingualism, and their language use with the children. Analysis of transcripts of coach interviews resulted in seven categories for analysis. These topics focused on such issues as the importance of a cultural and linguistic match, strengths demonstrated by providers, and the challenges and supports providers received during the Covid-19 pandemic. Separate summaries are available for each language group and one report recaps the interviews with coaches.



SUMMARY OF FINDINGS ACROSS ALL FCCHS GROUPS

These Family Child Care Providers collectively demonstrate a high degree of perseverance in the face of difficult conditions. Although a few participants came to the United States as young children or young adults, all were born outside of the United States. A common motivation for their involvement with home-based care was to earn income while caring for their own young children. In general, providers relied on their family members for assistance with the program's operation and for socioemotional support.

With the exception of the Filipino/Tagalog sample, language barriers presented ongoing challenges across a variety of circumstances, including communicating with parents, accessing written information available only in English, and participating in professional development activities. A majority of participants among all three groups of providers report experiencing discrimination with respect to their language capacity or their accented English.

Previous demographic analyses of California's Family Child Care Providers' characteristics have underscored that their ethnic, racial, and language backgrounds tend to reflect the children and families they serve (CSCCE, 2022). This observation has led to the assumption of a one-to-one correspondence between the language and culture of a Family Child Care Provider and the children and families they serve. This matching was not the case in this study. The providers did not exclusively serve children and families with similar background characteristics but instead served children and families with a variety of language and cultural backgrounds. For the Chinese-speaking sample, the development of Mandarin was promoted for all children and viewed as a marketing tool to Chinese-speaking and non-Chinese-speaking families. For the Spanish-speaking sample, many of the children who came from Spanish-speaking backgrounds were third generation and either preferred English over Spanish or did not understand Spanish at all. While Spanish-speaking providers had varying English language skills, they primarily used English with the children. The Filipino/Tagalog-speaking sample appeared to use Filipino/Tagalog more with the parents than with the Filipino/Tagalog heritage children.

Bilingualism was viewed as desirable among all providers. However, when providers described their typical day's activities, communication in English appeared to be used more than a child's home language. The exception was some Mandarin/Cantonese-speaking providers who intentionally promoted exposing children to Mandarin in their homes. The majority of the Filipino/Tagalog providers noted that they either had to ask parents for permission to use Filipino/Tagalog, or parents were clear that they wanted the provider to use English with their children.

When a child's home language was used, it was often in relation to group activities such as book reading and singing songs. While some providers appear to have intentionally used both languages during group activities such as book reading, it is unclear from overall provider responses about what languages were used with children throughout the day. In both the Mandarin/Cantonese and Spanish-speaking sample, several providers commented on how they use a child's home language when comforting a child or in instances where non-English-speaking children first enter their programs and are very unfamiliar with its operation. One provider said that communicating in the child's 'mother tongue' helps them feel more comfortable and acceptable. *"It makes it easier for them to get assimilated to the new environment."* Another commented, *"It is very important because it makes them feel like at home."*

As previously noted, the capacity to speak two or more languages is valued by most providers. However, a small number expressed concern that children may become confused if two languages are used, or it may not be helpful for children with speech delays. When asked whether they saw advantages in being bilingual, the affirmative responses referenced such positive associations as better brain development, healthy identity development, enhanced family cohesiveness, and improved career prospects. A provider noted, *"They don't have communication problems with their family."*

"It appears to me that a child with two languages...the doors of the world open for him. They will have better jobs...they can understand that the United States is multicultural."

PROVIDER COMMENT

A commonality among all three groups of providers was the teaching and learning of 'respect' as an important characteristic for interpersonal interactions with adults and peers. An explanation for this commonality is that all three groups of providers come from cultures where interdependence with others is valued (Greenfield & Cocking, 1994). When asked what behavior the providers felt the most important to develop in children, they stressed the demonstration of respect as a means of enhancing cooperation with adults and peers, attending to adult directions, and being polite. Representative comments from all three groups include the following statements from Filipino/Tagalog, Spanish, and Mandarin/Cantonese-

speaking providers, respectively: *"The first thing that I am teaching them is respect, respect for each other especially the smaller one."* *"That the child who is being socialized learns to respect, to learn to share, that they are accepting of others"* and *"It may be good manners, good at listening and things like that."*



There were a number of Covid-19 pandemic challenges experienced by providers across all three groups. These included struggling to acquire protective gear and supplies, understanding emerging and changing guidelines for continuing to serve children and families, dealing with enrollment reductions affecting their financial status, and supervising school-age children taking Zoom courses. For participants in this project, technology use was problematic as many of their homes did not have the internet capacity to handle the increased demands for Zoom calls. Many providers reported that they needed assistance in using various software programs and navigating websites. For Mandarin/Cantonese and Spanish speakers, information available only in English made technology use very challenging.

Turning to the supports and resources that providers relied on, there were a variety of responses to this query. For many, their family members provided the majority of both material and psychological support. Adult children were often mentioned as assisting with translation and interpretation needs and with technology use. For other providers, particular individuals associated with their Resource and Referral agencies or their coaches were noted. The Chinese participants often mentioned an individual who worked for Community Care Licensing and spoke Mandarin. A small number of providers said they would call upon other Family Child Care Providers for information.



OVERVIEW OF FINDINGS BY SPECIFIC LANGUAGE GROUP

The following synthesizes the findings from the three sets of interviews with Mandarin/Cantonese, Spanish, and Filipino/Tagalog-speaking Family Child Care Providers, highlighting the unique aspects of each group.

MANDARIN/CANTONESE-SPEAKING PROVIDERS

[Mandarin/Cantonese-speaking providers](#) stressed the importance of exposing and teaching Mandarin to both Chinese origin and non-Chinese children. These providers served a diverse set of children and families, with only one provider exclusively serving Chinese origin children. Many of these providers are plugged into a network of Mandarin/Cantonese-speaking providers and communicate with them through the messaging app, WeChat. Throughout the interviews, the providers noted various examples where the lack of people who spoke Mandarin/Cantonese inhibited their ability to do their work. A number of these providers viewed the scarcity of information in their native languages as a form of discrimination.

SPANISH-SPEAKING PROVIDERS

[Spanish-speaking providers](#) consisted of several older individuals who had been in the field for a considerable period of time. Many of these providers report having experienced negative attitudes when speaking English in public. Although the majority of the providers said that parents wanted their children be exposed to Spanish, they nonetheless used more English than Spanish with the children in their care. This may be because their third-generation Latinx children did not understand Spanish or preferred English over Spanish.

These providers were part of the Quality Start initiative and had coaches assigned to them. The providers repeatedly mentioned their coaches as sources of support during the pandemic. The providers' connection with their local Resource and Referral Agency provided them with many opportunities to assist their families with supplies such as masks, diapers, and food.

FILIPINO/TAGALOG SPEAKING PROVIDERS

Unlike the other two sets of providers, the [Filipino/Tagalog-speaking providers](#) were not participating in any quality improvement efforts. These providers were associated with their local Resource and Referral Agency through its nutrition services. As a result, this group appeared to have less access to resources for their work. However, a few providers did mention being part of a network of providers where they sought information. Because English is one of the national languages of the Philippines, all providers were educated in English and felt comfortable speaking English. These providers used English with the children they served. When asked about speaking Filipino/Tagalog with the children, providers indicated that they would need to ask for parental permission as the parents generally desired that English be spoken. Interestingly, some providers noted that it was impolite to speak Filipino/Tagalog in front of non-Filipino/Tagalog-speaking individuals.

Reports detailing the findings from the three sets of interviews can be found at <https://californianstogether.org/publications-2/family-child-care-providers/>.



SUMMARY OF FINDINGS FOR COACHES

Ten [coaches](#) currently serving providers who work with Dual Language Learners and their families were interviewed via Zoom regarding their perceptions of the assets and challenges faced by providers during the pandemic and the resources they rely on for assistance. All had a minimum of two years of experience coaching providers and were bilingual in English/Cantonese/Mandarin or English/Spanish. With the exception of one coach who served exempt providers, all coaches worked with licensed providers. No coach was located who worked with Filipino/Tagalog-speaking providers.

The coaches' depth of knowledge of providers' background characteristics, including their financial status, varied. Coaches indicated that the Covid-19 pandemic had adverse effects on many providers, including loss of income, fear of getting sick, dealing with new rules and regulations, etc. Technology navigation was difficult for providers due to their limited experience, which was further complicated when information was not available in the providers' native language.

Coaches perceived that the providers' primary objective is to maintain a positive socioemotional environment where 'love' is demonstrated. Coaches' comments suggest a tension between providers who see their role as offering custodial care versus those who stress school readiness activities in their daily interactions. A consensus was that sharing a family's language and culture facilitated communication and provided a common understanding of parenting practices based on culture. Some coaches saw a benefit to cross-cultural exchange and noted how providers worked to communicate across language barriers using Google Translate or body language.

Much of the coaches' commentary focused on their responsibility to promote practices associated with the Quality Rating Improvement Matrix. For example, several coaches described at length issues associated with assessing children and the challenges related to standardized measurement. In terms of providers' needs for professional development, a primary refrain stressed professional development in the provider's native language with follow-up engagement with other providers in some form of a community practice group. Connection with other providers is viewed as very helpful. Coaches also mentioned that training times need to be coordinated with providers' work schedules. In addition, coaches said that training on serving children with disabilities is necessary.





CONCLUSIONS

Non-English-Speaking Providers Contribute to the Health and Well Being of Their Communities

Expanding access to quality early learning cannot be attained without attending to home-based care, a core component of early learning for California's youngest children. The present qualitative study was initiated to elevate the voices of non-English-speaking Family Child Care Providers who serve children from homes where English is not the primary language. Family Child Care Providers are in a unique position not only as bridges to families and their surrounding communities but also as central in supporting the continued development of a child's home language, which is so essential as a foundation for second language development. The overarching policy

concern is how to improve the early childhood system supports for Family Child Care Providers to better serve Dual Language Learners. Specifically, from the providers' point of view, what is their understanding of their strengths and challenges in working with children whose home language is not English? And what supports and resources do they utilize and need in their work?

Before delving into conclusions and policy recommendations, it is important to recognize that the providers who participated in this study were reasonably well connected to resources such as their local Resource and Referral Agencies and Community Care Licensing. These Family Child Care Providers represent the home-based workforce that is slightly more visible within the early childhood system because of their association with these vital agencies. This is in contrast to the much larger non-English-speaking provider population that continues to be distanced from many early childhood educational supports (e.g., Family, Friends, and Neighbor Care). It is also critical to consider how the community context in which each group of providers operates provides a backdrop that influences how bilingualism is viewed. Given these provisos, some general conclusions can be drawn from this study that have implications for policymakers.

HOME-LIKE SETTINGS

Through the provision of language and/or cultural continuity, non-English-speaking providers offer children and families home-like settings that are familiar to parents. This continuity helps children acclimate to out-of-home care more easily, reinforces their sense of identity, and helps preserve their language and culture. When there is no language or cultural match, non-English-speaking providers afford opportunities for children to experience a different language and culture. This cross-cultural exposure enriches a child's development by stimulating cognitive and social-emotional development by providing different ways to view and understand the world around them. English-speaking parents served by these providers recognize the benefit to their children of exposure to another language and culture.

LOVE AND AFFECTION CULTURAL MODEL OF CARE

Non-English-speaking providers promote the children's socioemotional development through their focus on what has been termed the "love and affection" cultural model of care (Tonyan, 2015;17). This model refers to how individuals organize their thinking around what they value, how they should interact with others, and what activities are important to them (Gallimore & Lopez, 2002). Within the cultural orientation of these providers is the value of 'respect' for others, a value mentioned by providers in all three groups. They see the demonstration of respect as an important socialization goal to promote in their interactions with children.

'FAMILISMO' FOR LATINX AND FILIPINO AMERICANS

The exchange of love and affection is voiced as a primary motivator and source of satisfaction across all three groups of providers. For the Latinx community, the 'love and affection' cultural model aligns with the cultural value of 'familismo,' which emphasizes an obligation to advance family well-being within their broader social network (Paredes, et al., 2019). Familism has also been noted in Filipino American parents (Choi, et al., 2018). Familism can serve as a protective factor in the growth and development of children by providing a safe and secure psychological space where they feel valued.



Non-English-Speaking Child Care Providers Experience Unique Challenges

Non-English-speaking child care providers face obstacles compounded by other obstacles. Due to their varying English proficiency, difficulties are encountered with technology, understanding changing guidelines in light of the pandemic, and engaging with community resources. Language barriers exacerbate the ability of providers to access available resources and supports. A reluctance to speak English was associated with perceived discrimination toward them by the wider society. It is striking that the majority of the participants across all three language groups recounted instances of discrimination that they perceived resulting from their English-speaking capacity.

Because quality improvement initiatives are based on the 'average' child, they are not sufficient to address the needs of Dual Language Learners.

Quality rating systems are global in nature and do not account for factors associated with race, language, and income (Meek, et al., 2022). As previously noted, cultural models of love and affection are prominent for many Family Child Care Providers (Tonyan, 2015; 17) but viewing this as a strength of a Family Child Care program goes unacknowledged in state standards. The coaches interviewed for this study filtered their perceptions of provider strengths and weaknesses through the lens of California's global Quality Rating Improvement System (QRIS). While the coaches can articulate that bilingualism is important, their specific responsibilities are to promote QRIS requirements which do not explicitly address best practices for DLLs.

Understanding the differences and needs exhibited by Dual Language Learners and their families is constrained by assessment tools utilized in quality improvement efforts that are not linguistically or culturally appropriate. The one-size-fits-all nature of quality improvement—with measurement strategies primarily developed for center-based programs—is problematic in home-based environments, with mixed aged children. Quality improvement measures also remain elusive for providers whose priorities for children's development may be markedly different from what is advanced in mainstream early childhood programs. Thinking about pedagogical practice in early childhood as a continuum from care or custodial work to school readiness diminishes the importance of the socioemotional underpinnings of human interaction (Murray, 2021) so foundational to children's development. There is a need to reframe Family Child Care practice—not as a continuum of care beginning with custodial care and culminating with discrete learning activities associated with 'school readiness' as the higher endpoint. It is essential to consider the love and affection mental model as a significant component of early childhood quality for FCCHs and the need to develop relevant indicators within the QRIS matrix.



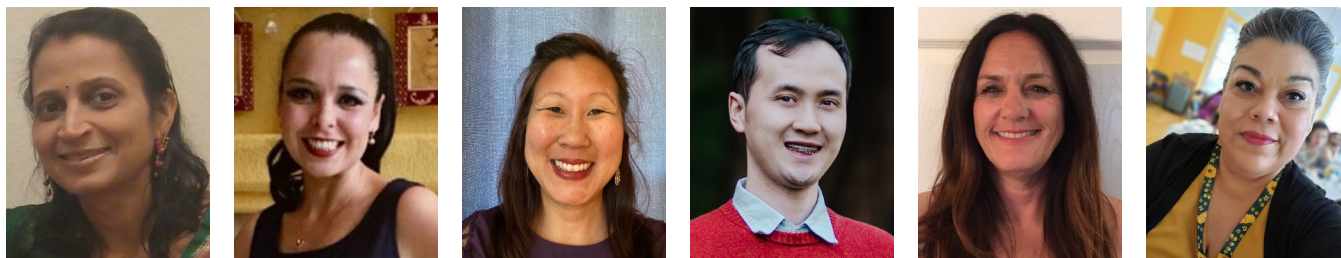




RECOMMENDATIONS

Given California's population diversity, the development of policies, standards of practice, and professional development programs that are flexible enough to respond to the unique profiles of specific cultural communities is needed (Shriver, Farago, & Yang, (2016). California's almost two-decade history of English-only education, the importance of dual language learning, and how to operationalize caregiving for this population of children and families have not been core topics in early childhood education. More recently, California has taken a more proactive stance on the importance of bilingualism and multilingualism through various initiatives. The Master Plan for Early Learning and Care emphasized policy changes relative to DLLs, the state-provided, one-time grants providing educators with professional development specific to Dual Language Learners, and the First 5 California's Dual Language Learner Pilot Study, which invested heavily in professional development. (Martin, White, Quick & Manship, 2022).

Although these are important first steps, counteracting an 'English only' mentality by valuing the ability to speak more than one language will take time. In particular, it will take focused funding to support changes in an early education system that generally views dual language learning and promotion as an ad hoc concern. The following recommendations are specific to non-English-speaking Family Child Care Providers and focus on the challenges they confront, the supports needed, and the professional development factors that can strengthen their participation in education and training. These recommendations supplement the previous policy recommendation reports highlighting the needs of Dual Language Learners and their families (e.g., Early Edge and Advancement Project's DLL Platform, Master Plan for Early Learning and Care).



Family child care providers throughout California



QUALITY RATING IMPROVEMENT SYSTEM (A.K.A. “QUALITY COUNTS”) CRITERIA

Incorporate Dual Language Learner criteria in California’s Quality Counts system that values the strengths of non-English-speaking providers.

Providers in this study perceive the socioemotional connection between themselves and the children they serve as their most important contribution. The lack of alignment in the priorities of the Quality Rating Improvement Matrix and what non-English-speaking Family Child Care providers see as valuable can not only limit their engagement in professional development activities, but also contribute to the “loss” of language and culturally responsive practices. Evaluation criteria of Quality Counts must be more inclusive of the priorities of Family Child Care providers.



COLLABORATIVE ACTIVITIES

In state and local funding initiatives, require that grantees build regional and cross-sector capacity through collaborative activities.

Because California’s Early Childhood system is a patchwork of different funding sources with varying objectives, and limited expertise about Dual Language Learners, collaborative activities can help advance participants’ knowledge about promising and best practices and leverage available resources across settings. Participating organizations can and should include Local Educational Agencies, Resource and Referral Organizations, Quality Counts Regional Hubs, and Head Start Grantees.



STRENGTHEN RESOURCES AND EXPAND SUPPORTS

Supports and Resources in Multiple Languages

Fund translation and interpretation services for equitable access to information and educational materials.

Given California’s vision for a multilingual populace, additional funding to state agencies is needed specifically for translation and publication costs for languages other than Spanish. Translation of material is labor intensive and very costly when individual agencies or programs are required to go it alone. Regulatory documents, curricular information, and training modules are some examples of information that could be centralized via a web-based resource. A centralized web-based clearinghouse of materials in different languages would minimize the duplication of efforts and be an efficient use of resources. Development of a Multilingual Toolkit for FCCHs similar to the one developed by Early Edge California for Pre-K to Third Grade is an example of an accessible web-based platform.

Bilingual and Experienced Staff

Fund initiatives that expand the capacity of bilingual individuals to work with non-English-speaking Family Child Care Providers.

While non-English-speaking Family Child Care providers appreciate opportunities to engage in various forms of professional development, it is clear they would like training in their native language and particularly from people who understand how the Family Child Care programs operate. The Department of Child Development

and Social Services is piloting a training and technical assistance program employing Family Child Care Providers to mentor other Family Child Care Providers. These individuals often come from similar cultural and linguistic backgrounds and, although not guaranteed, may more quickly respond to the particular needs and interests of the providers. This training and technical assistance approach—which would employ Family Child Care Providers to act as peer mentors—merits evaluation, and, if successful, should be expanded.

Expand supports to Resource and Referral Agencies to serve Dual Language Learners and their families

Increase the allocation to the Child Care Initiative Project that assists Resource and Referral Agencies.

Elevate recruiting, training, and retaining of licensed non-English-speaking family child care providers. Require that training expand to include a focus on serving Dual Language Learners and their families. In addition, advocate for legislation modeled on the Special Needs Advisory Project (SNAP—SB 1703). SNAP's goal was to expand the capacity of non-State-subsidized child care centers and family child care homes to provide early education and care for children with disabilities and other special needs. Legislation dedicated to serving Dual Language Learners and their families would strengthen the present capacity of Resource and Referral Agencies to reach non-subsidized home-based providers who are often unable to qualify for state services.

Staffed Family Child Care Networks

Fund 'staffed family child care network' models or 'family navigator' models in Family Child Care Networks.

Family Child Care Networks can play an important role in assisting providers to serve Dual Language Learners and their families effectively. By employing experienced individuals familiar with the operation of home-based care, Family Child Care Networks are in a unique position to understand and address both the challenges confronted by providers, such as stress from long hours, low pay, and a sense of isolation to how to serve Dual Language Learners and their families appropriately. Offering peer support has been found to increase providers' feelings of self-efficacy and professionalism (Bromer, & Porter, 2019).

A mandatory requirement is a necessity for both working professionals and students studying early childhood education.



ACCELERATE AND INCENTIVIZE PROFESSIONAL DEVELOPMENT

Elevate the Child Development Permit

Add a dedicated course on Dual Language Learners to the Child Development Permit.

Currently, there is no state requirement that the education and training of early childhood practitioners include coursework specific to serving Dual Language Learners and their families. Although some efforts have been made to provide professional development for higher education faculty (e.g., Child Development Training Consortium), these efforts remain voluntary.

Promote Professional Development for non-English-speaking Family Child Care Providers

Incentivize participation of non-English-speaking FCCHs in Professional Development.

Provide non-English-speaking Family Child Care Providers with incentives such as stipends or other concrete incentives such as iPads, equipment, and materials for their participation. Professional development training needs to assist providers with associated costs and be sensitive to providers' time, transportation constraints, and knowledge of and access to technology.

Demystify Technology

Provide dedicated technical assistance as virtual training platforms become the norm.

During Covid, it became clear that providers must know how to use technology to access information and training. Virtual communication via a computer, iPad, or cell phone became the primary vehicle to deliver information regarding changes in program regulations. An obstacle for many providers was their lack of knowledge about technology, which was further complicated by the information being provided only in English.

Drive Professional Development for Leadership and Administrative Staff

Expand professional development opportunities to include staff serving non-English-speaking Family Child Care Providers.

In order to strengthen the human infrastructure necessary to support Dual Language Learners and their families, professional development must be provided to those individuals in leadership positions. Without a strong commitment by decision makers with oversight authority, it is unlikely that a Dual Language Learner focus can be sustained.

Incorporate Professional Development for Coaches

Fund professional development training for coaches focused on serving Dual Language Learners and their families.

Funding must be found for specialized training for coaches. The entire community will benefit by their knowledge not only about the development of bilingualism/multilingualism in young children but also about promising and best practices for DLLs across different ages. These trainings should include information about bilingual books, music, and learning resources and how FCCHs can communicate with parents regarding the benefits of bilingualism. Additionally, funding sources should be sought to subsidize teacher educators in institutions of higher education. The goal is for our educators to acquire knowledge of bilingual development in young children. To that end, funding should continue to flow to the Child Development Training Consortium to provide vital knowledge concerning professional development relating to Dual Language Learners and their families.

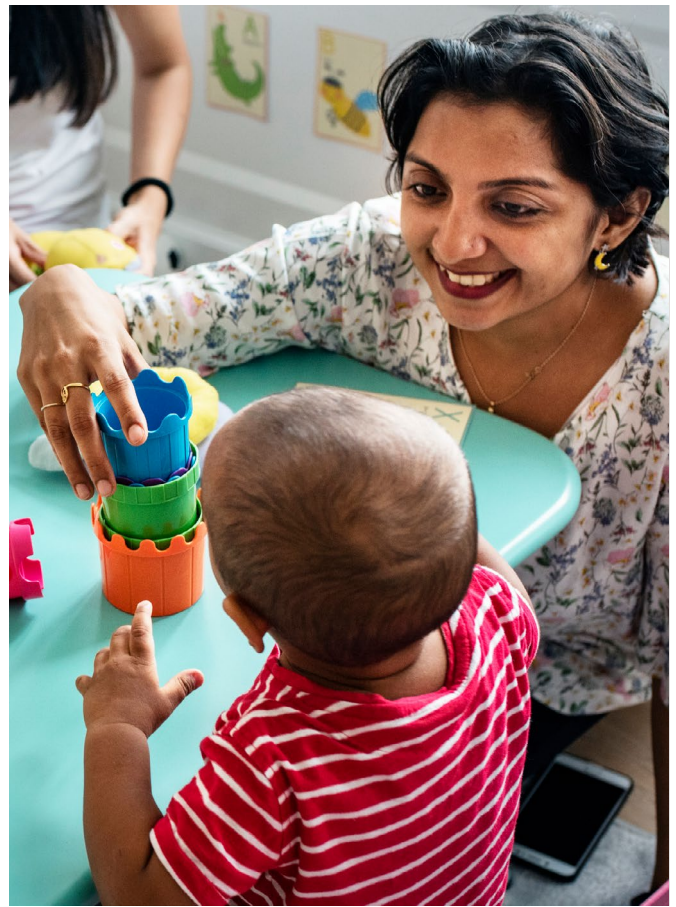


CLOSING THOUGHTS

Many FCCHs are women of color whose home language is not English. It is well understood that these providers are uniquely positioned to support the home language and reinforce the cultural heritage of children who speak a language similar to their own. Similarly important is their ability to expose children who do not speak the provider's language to a different language and culture, thus broadening the children's perspective of the world. Yet, recognizing non-English-speaking FCCHs as a valuable resource in the state's efforts to promote bilingualism and multilingualism is complicated. Their contributions are obscured by the imposition of an early childhood center-based perspective on their work and the ad hoc nature of the importance of Dual Language Learning in the Quality Matrix system. The solutions are simply stated, but not easily achieved due to the lack of early childhood support personnel who speak the providers' languages. There's a paucity of information written in their native languages and a deficiency of required dual language development coursework or training for early educators. In many communities, Family Child Care Providers are a critical resource for economically vulnerable children and families who depend on them to facilitate employment or school attendance. As California's early childhood landscape evolves, elevating the needs of non-English-speaking Family Child Care Providers in policy discussions will strengthen supportive approaches for this vital segment of the workforce.

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