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

Implications for Serving Dual Language Learners and Their Families

SPANISH-SPEAKING FAMILY CHILD CARE PROVIDERS

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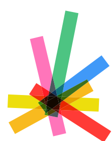

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SPANISH-SPEAKING FAMILY CHILD CARE PROVIDERS

I hope the interview is useful so we can be heard and you can provide more support, maybe in our language.

PARTICIPANTS

Ten Family Child Care Providers were recruited through the Child Care Resource Center in Southern California. The majority of providers resided in the San Fernando Valley area of Los Angeles, with a few living in San Bernardino County. All participants were interviewed via a one-hour telephone call between June and December 2021. Interviews took place in Spanish and audio recordings of the interviews were translated into English by a professional translator for analysis. All were licensed family child providers, with two having small and eight having large home licensure. The majority of these providers were or had participated in the Quality Start initiative and had assigned coaches to assist them. One provider was participating in the Head Start Partnership to serve infants and toddlers.

BACKGROUND CHARACTERISTICS

Participant ages ranged from 38 to 74, with a median age of 56. The majority of the participants had immigrated to the US as young adults, and one came when she was three years old. Most participants were married and lived with their spouses and children, many of whom were young adults. They all resided in houses with access to outdoor space. Participants self-reported varying degrees of English proficiency; however, the provider who came as a young child was fully bilingual in English and Spanish. When asked about their English proficiency, about half indicated that they understood English reasonably well but were not very comfortable speaking it. One said, "*it is hard to have a deep conversation.*" Another said, "*people don't understand me.*" Those that felt more comfortable understanding and using English were three participants with higher levels of schooling.

Except for the provider that came to the US as a child, all participants were originally educated in their home countries of El Salvador, Guatemala, Mexico, or Peru. Their years of schooling in their native countries ranged from completion of primary school to one provider with a bachelor's degree from a university in their home country. Six providers had taken child development courses at the local community college, with three completing coursework for the Child Development Permit and three for the Site Supervisor Permit.

CHARACTERISTICS OF SERVED CHILDREN

Due to the pandemic, the majority of the providers reported having lost child enrollment. However, two providers said that they were currently at full capacity. This group of interviewed providers served all ages of children, with one provider exclusively serving infants and toddlers through the Early Head Start Partnership Program. During the pandemic, many of these providers served additional school-age children. Although the majority of providers served children and families of Latinx backgrounds, other ethnic, racial, and cultural backgrounds were also noted. Six providers reported exclusively serving children and families from Latinx backgrounds while other providers served families from Latinx, Filipino, African-American, Japanese, Russian, and Serbian backgrounds. While many providers reported not feeling comfortable

speaking English, they all said they spoke mostly English and some Spanish with the children. These providers served many Latinx parents who were primarily English speakers themselves, and these parents did not necessarily emphasize speaking Spanish to their children. In contrast, non-Latinx parents liked that their children were being exposed to the Spanish language.

Providers located families through a variety of means. The two primary sources were through a provider's affiliation with their local Resource and Referral Agency and word of mouth. Two providers mentioned getting referrals through their connections at their local church, one used advertising on Craig's List, and another went through WeCare, a web-based advertising service.

Providers with higher enrollments employed assistants to help them; others mentioned how family members pitched in to help. In two cases, adult daughters sometimes helped directly with the care of the children, driving school-age children from their school, or managing paperwork. A few providers mentioned that spouses stepped in during the pandemic due to the loss of their assistants. All providers were familiar with subsidies and utilized them for payment.

FAMILY CHILD PROVIDER ROLE AND APPROACHES TO CAREGIVING AND EDUCATION

When asked how the providers would describe their work to others, five used the term 'teacher,' and three described themselves as a 'provider.' One provider said, "*I consider myself a teacher because we teach children.*" Another stated, "*They have activities here because I am not just a nanny, I'm a teacher.*" Those who did not explicitly perceive themselves as teachers, however, employed descriptions that referred to teaching. One said, "*I tell them that I am a provider of early childhood education.*" Another stated, "*No, I am not a teacher, but I teach them the basics if I can.*"

Many of these providers began caring for other people's children as a means of earning an income while staying home to care for their own children or grandchildren. One provider received encouragement and support to work in this field from their churches that ran workshops for Family Child Care providers. They were also encouraged by friends and relatives who thought they showed the necessary skills to work with children.

When asked about a typical day, all providers described schedules that include group time, indoor and outdoor activity time, mealtime, and nap time. The group times might involve book reading, going over the alphabet, counting, and free play times for working with manipulatives or doing some type of artwork. Mealtime and snacks were interspersed throughout the day and nap time was always mentioned. One provider—who is open 24 hours and takes school-age children in overnight—had a more varied schedule as they had to combine different morning routines with multi-age children in preparation for the day.

Although several providers report having fair conversational English skills, most use more English than Spanish in their interactions with the children. Because many of the children from Latinx backgrounds appear to be third-generation, they are not necessarily exposed to Spanish in their homes. This matter is reflected in the following comment by a provider: "*They speak Spanish because they have their grandparents, but just a little. Not very much. It's more English*." Another stated, "*…the little boy understands very little because his grandma brings him, and the parents don't really speak it.*" One provider mentioned the role of older siblings in modeling English. "*She (the mom) told me that they have big brothers that also only speak English. I think that is why.*" The issue of the children's preferring English over Spanish was echoed by the provider who said, "*I have five or six who understand Spanish but do not want to speak it.*"

The majority of these providers report using both English and Spanish with the children at different times; however, the emphasis appears to be on English. Four providers stated that they only read books in English, and the others either read books in both English and Spanish or engage in other activities such as singing or fingerplays where both languages are used. In a limited number of cases, exposure to both languages was systematic such as reading books in both languages; and in other cases, it was based on the language dominance of the child. One provider said, "*...sometimes when they do not understand English, I will say it in Spanish and keep going in English.*"

According to the providers, most parents want their children to be exposed to Spanish. One provider said, "*They want them to learn Spanish. They want them to remember that their grandparents are of Spanish-speaking origin.*" Another said, "*I had a Black child and when he left, he was speaking some Spanish. And his parents were really happy that he was speaking Spanish.*" One provider summarized the situation by saying, "*Well, the ones who want me to speak Spanish to the children are the ones who do not speak Spanish*."

When asked whether bilingualism is valuable, all providers agreed that there were associated concrete benefits. These included having better communication with their families, an enhanced economic future, and dealing with cultural diversity. These factors are encapsulated in a comment by the provider who stated, "*It appears to me that a child with two languages, the doors of the world open for them. They will have better jobs, they can understand that the United States is multicultural.*"

When asked about what they consider the most important behavior to develop in children, the majority mentioned behaviors related to getting along with adults and children. These behaviors were associated with the value of 'respect' explicitly cited by four providers. As one provider stated, "*Respecting each other, respecting adults. That's it. That is my ultimate goal.*" Behaviors such as paying attention and listening to adults, not fighting, and sharing with other children were also noted, as was the idea of school readiness being partly defined as demonstrating good behavior. One provider declared, "*This is what I tell parents. I want your children to leave my home here ready. When they go to school, we know how they're going to behave.*"

PERCEPTIONS OF PARENTAL VIEWS

When asked what parents liked about home-based care over center-based care, providers all agreed that parents prefer family child care over center-based care. They report that parents desire their children to experience a home-like environment that is more like a family than a center, where there may be more staff turnover, stricter rules and regulations, less flexibility in servicing children and families, and more children, minimizing the attention their child receives. One provider noted that "*centers take summer vacation and that is inconvenient because of their jobs.*" Another said that "*children feel more comfortable because it is a more intimate environment, more like a home...*" Another provider emphasized how she tries to make good quality meals that the children enjoy. She recounted that one family in her care went so far as to bring their child on the weekends because she preferred the provider's food over her family's food offerings.

When queried about parental expectations, providers described three categories of wishes. The first focused on their child's safety and comfort, the second on behavioral issues, and the third on conceptual knowledge. One provider described parental expectations by saying, "*They want me to keep the children safe and comfortable, well fed. They want them happy.*" Another stated, "*there are those that focus more on the child's behavior because in the house the child misbehaves, they don't listen, they have temper tantrums, and they want you to help them with that.*" A provider whose children's parents focus on academic learning stated, "*They want their children to learn during the week.*"

These providers did not describe many parental concerns. A few mentioned speech delays or behavior problems. One provider went into depth regarding parental concerns about their child entering

kindergarten during the pandemic and their indecisiveness about childhood vaccines. She said, "*Some of them say, well, I think they're going to have to stay with you another year.*" This provider convinced some parents to get vaccinated and went so far as to accompany them to their appointments. Two providers interpreted the question as one of how a provider communicates their concerns to parents. One provider said, "*I need to know what has happened. And, at times, things happen. A child is very aggressive. And then the mother tells me, yes, it is because I am separated from my husband.*" Another stated, "*...it is my obligation and duty to tell the parent of a concern or have a meeting with the parent...*"

The question about giving parents advice relates to the question of parental concerns. Two providers stated that there are two types of parents, those who are cooperative and those who are not. As described by one provider, "*I've had a lot of parents, like I said, where we've had a lot of communication, but other parents that, you know, don't really listen.*" Advice given to parents ranges from alerting them to inappropriate content on children's tablets, to community resources to secure housing, and to feeding, potty training, and handling aggressive behavior. One provider said one parent even confided in her about her marital problems and asked for advice. Two providers mentioned how they share written resources obtained through the Resource and Referral Agency or through coursework to be better at managing a parent's expectations.

During the height of the pandemic, these providers went out of their way to assist parents as best they could. Providers helped in delivering the distributions from the local Resource and Referral Agency such as food and supplies, diapers, and wipes. These weekly distributions made it possible for providers to help their families. In addition to distributing items from the local Resource and Referral Agency, a few providers used their own money to assist particular families during this time. For example, one provider—whose parent ran out of money around the middle or the end of the month—provided the mother with milk, diapers, and wipes. Another provider mentioned how she used her own money to buy supplies for the children. She said, "*So, I would give them crayons, construction paper, glue, scissors. I spend a lot of money on that, so that the children would have activities to do at home and so that the parents would feel supported while they were taking care of their problems or other things.*" Another provider and her adult daughter would drive families to get both Covid tests and vaccine appointments.

The majority of these providers have kept in some contact with a few of the children and families they served in the past. Four providers described examples of how the children themselves would come to their house to visit them. One provider said, "*But I have a child who is 13 years old and who has left but calls me or visits in the afternoon. They come and have some juice. Some have even stayed overnight.*" Several of the providers have made lasting friendships with the families and maintain contact through Facebook. One provider became a godparent for a child's first communion. She said, "*The children have good memories of us and they asked us to be godparents. And we have those friendships forever.*"

CHALLENGES

Like many Family Child Care Providers, these Spanish-speaking providers experienced numerous difficulties brought on by the pandemic. Many providers lost income due to a drop in enrollment and/or their spouses losing their jobs. Several providers and their family members got Covid and had to close down for a period of time. One provider said, "*Firstly, because my whole family got infected. We were sick. I was really scared. I was so fearful of getting sick. It has been very difficult.*" Dealing with the new regulations for cleanliness and physical distancing caused a number of hardships, including time and energy seeking cleaning supplies that were in short supply, paying for extra furniture and materials so that individual children could maintain separation, and adding extra work hours to address the cleaning protocols. As one provider stated, "*I clean until I go to bed at midnight and get up at 5:30.*" Two providers mentioned the increased costs brought on by the pandemic, such as acquiring Covid tests at $100.00 each and Lysol spray, which was purchased for $89.00 a can.

These providers describe two common challenges. The first was communicating with parents about the modifications in procedures such as wearing masks, taking shoes off before entering, hand washing, etc., or addressing possible developmental delays observed by the provider. One provider stated, "*The hardest thing would be getting the cooperation and understanding from the parents. Because they still treat you kind of like a babysitter.*" Another stated, "*When parents don't support us or if they have a child with special needs. That's really difficult for me.*" The second was dealing with school-age children taking Zoom classes. As one provider described after taking in school-age children she had not served, "*I didn't know them very well. I was still getting to know them. So, when they were taking their classes, they basically would focus for 10 minutes and then they would lose focus. So, they would start to play.*" Another said, "*So, I had to supervise them a lot, I would say, 'Hey, pay attention to the teacher. No don't play with that. Watch your class.'* "

When asked whether they ever felt their language or culture was undervalued when interacting with parents or agencies/organizations, half of the providers recounted some negative experiences, and the other half said they had some challenges but overcame them. Many of the negative experiences had to do with the provider's English language ability. A few stated that they experienced discrimination by the instructors of their child development courses. As noted by one provider, "*The instructor at the community college said, '...every time you record your homework or do anything that I give you as homework, I don't want you to make stupid mistakes.' I was like, oh no. I got sick. I even lost my voice. And my husband was like, you know my love we can't have you getting sick. Don't take the class. And I saw a lot of people, of providers, who didn't speak English.*" Other providers commented that parents or other people would sometimes make them feel inadequate due to their lack of fluency in English. One said, "*Well, if you don't speak English perfectly, some moms come to bring their children and when they see that you don't speak perfect English, they leave and don't come back. So, I wonder, why do they do that? It's almost like discrimination. Why? Why don't they give you a chance?*" Other providers mentioned that the local Resource and Referral Agency had bilingual personnel who they found helpful. One said, "*No, no in the programs that I have been, I always had coaches who could speak Spanish, Hispanic too. And they have helped me.*" Another said that although she struggled, she had understanding parents. She said, "*Well, no it has not been for me. It was never for me because from the beginning I tried to communicate, badly worded, badly pronounced correctly. But I always tried to communicate. But the parents always tried to understand me.*"

Providers responded to inquiries about any challenges they had using technology, and the answers were mixed. Five providers commented that they definitely had problems with understanding how to use a computer, navigating the web, and ongoing issues with internet connectivity. As described by one provider, "*It's been very difficult because honestly, I'm terrible with technology.*" Another provider reflecting on her age said, "*But with my age, you know, even the phone is hard for me sometimes. They say, send me a message, and I'm like, how do you do that?*" Other providers, although having some issues, particularly with internet connectivity, sought help from their coaches, spouses, and adult children to address the various problems. As noted by one provider, "*Well, I'm not super comfortable, but I'm learning.*" One provider who signed up for a course about computers said she was able to learn more, like the Excel program, and learned how to use Microsoft Publisher to make business cards.

The Covid pandemic exacerbated costs associated with the needed hardware to conduct their business. One provider mentioned the need for a printer and ink/toner to print. She said, "*Before they sent the form by mail every month. If they could mail the form to us, that would be a lot easier for use. The ink is very expensive. And you have to buy it so you can print it, and sign it, so you can get paid.*" Another provider said that navigating various websites was confusing and noted that the information is in English. She said, "*Some things are designed in only one language, a lot of things they give us are only in English. So, some of that is difficult.*"

When asked about any difficulties or hardships in applying for licensure, all providers indicated that they had no significant problems. Although there were personal costs associated with licensure (i.e., paying for fingerprints, fire alarms, locks, child size furniture), providers indicated that the process and requirements, though costly for some, were mostly manageable. Having the licensure information in Spanish was helpful, as noted by one provider who said, "*I understood it all and no one helped me because it was all in Spanish. I took classes in Spanish. I did CRP in Spanish. Everything was in Spanish.*"

The Community Care Licensing, Social Services, Health Department, and the local Resource and Referral agencies offered varying directions about serving young children during the pandemic. One provider mentioned that at the beginning of the pandemic, guidance was uncoordinated among the various entities. She said, "*And everyone was confused, everyone was crazy.*" Four providers identified their coaches as helpful in clarifying guidance. One said, "*If something comes in and I don't understand it, I'll call her (the coach) and she helps me.*" And two mentioned that their adult children were particularly helpful. An example of an adult child assisting was described by her mother this way: "*…sometimes I get written information and I'll ask her to help me understand it and she will translate it or look into what it's talking about.*" Two providers indicated that the local Resource and Referral Agency provided Zoom webinars that were found helpful to keep current with the latest guidance.

PROFESSIONAL DEVELOPMENT

Because most of these providers had been in the field for a considerable time and had participated in a Quality Start initiative, the majority of the group had numerous opportunities to participate in professional development trainings and workshops over the years. As previously mentioned, three of the providers had taken community college coursework to complete their Child Development Permit, and three had completed their Site Supervisor Permit. One provider who worked toward a degree that she did not complete stated, "*I have like 400 hours of workshops and training through the Child Care Resource Center and different agencies.*" Based on their comments, all providers demonstrated interest in continuing to participate in professional development through various modalities.

The instructors' characteristics at the Community College (where many took classes) or at the local Resource and Referral Agency were critical to engaging these providers. They wanted professional development to be made available in Spanish and commented on the instructor's ability or inability to speak Spanish. As noted by one provider, "*Even though sometimes we have trainings that the coordinator says are in Spanish, but it's hard to understand them because they don't speak it well…*" To that point, when the instructor could communicate in Spanish, they were lauded. As described by one provider about various Community College instructors, "*They're amazing teachers, because they explain things… 'if you don't understand, let me know and I can say it in Spanish.'*" Workshops from the local Resource and Referral Agency—both in person and virtually—were deemed helpful. However, when the workshops were offered in English, one provider felt insecure about her understanding of the material. She commented, "*Sometimes I'm not sure if I understand it correctly or not.*"

Over half the providers had taken virtual professional development workshops—however, a few lamented technological challenges, particularly those without a computer. One said, "*But I think that there are a lot of people who don't have one. They might have a phone or not. I think it has been really hard for them. I have a colleague like that, so any information that I find about licensing or anything, I call her to update here and share the information with her.*" Another voiced her concern about providers with limited computer expertise who would rather rely on a cell phone. She said, "*Because there are some providers who say that the phone is easier for them to use than the computer.*" A few providers named the cell phone as a good vehicle for transmitting professional development knowledge. One said, "*Because, at times, you cannot be in the home with a computer. Because you have to go to different places, and there you are in the car and they can listen to the class.*"

The providers described a variety of professional development foci, from basic child development information to specialized instruction such as PITC training. Although indicating that professional development delivered in Spanish was more desirable, all providers found that the professional development efforts that they participated in were beneficial. One provider noted that professional development efforts were helpful. She said, "*Every training, every class, every workshop, you learn and you need to put it into practice because it works.*" Another provider who was currently taking a course through Zoom stated, "*We are studying how to do observations and documentation. And that helps me.*"

When asked about what supports and resources they utilized, the top response focused on the assistance they received from their coaches. Providers remarked that coaches would answer any questions they had, would refer them to resources like the Workforce Registry for information on trainings, and would even take their calls after they had stopped working with them directly. The second most recurring response focused on the role of their own family members in assisting them by physically helping out with the children, translating important information from English to Spanish, and managing paperwork. Community resources mentioned included the local Resource and Referral Agency, information from the Health Department, and Community Care Licensing. One provider said that she got material from her primary physician and another said they talked with other providers about program changes or funding opportunities.

When asked about what part of their work brings them the most satisfaction, two themes emerged. The first had to do with the idea that the provider was teaching the children, and the second focused on how good it felt when the child remembered them. One provider captures both themes by commenting, "*Look, the biggest happiness or satisfaction is when a child tells me, you taught me this.*" She goes on and says, "*I don't think that the Dad or the Mom realizes it, but when the child realizes that you have taught them something useful and that they will remember it their whole life. And if you ask them and they say you've taught me, you were the one that taught me. What more is there?*" Other providers mirrored the sentiments of having the opportunity to see children develop in their care. One said, "*Happiness would be seeing the children happy and growing in their intellectual and physical development.*" Another said, "*Oh, the most satisfying…when the children leave daycare and they remember you. That is beautiful because you know that you have influenced them and they remember.*"

The majority of these providers intend to stay in the field until they physically can no longer do the work. Comments that reflect this include, "*…until the day when my body says you can no longer take care of children*", "*as long as my body can handle it*", "*I will do the work until the end. And believe me until I have strength.*" At 69 years of age, one provider said she was very close to retiring. She said, "*We are now a little bit more tired.*"

CONCLUSIONS

Although the majority of these providers served children and families of Latinx heritage, most of the children spoke English, and the providers report that they use mostly English with the children. Providers remark that parents generally desire that their children learn to speak Spanish, and the majority of providers express valuing bilingualism. However, the providers' use of both languages throughout the daily routines with children did not occur. Four providers say they exclusively use English and the others mention using both languages for some oral activities such as book reading, singing, and fingerplays. One can only conjecture as to why parents placed their children in environments where the primary caregiver had Spanish-speaking capabilities but where English over Spanish was generally emphasized. Could it be that Latinx parents felt enhanced cultural continuity by placing children in a home situation that may have mirrored their own upbringing? An environment where adults primarily spoke Spanish but where English was viewed as the language of the wider society? Although providers valued bilingualism, it appeared that language use was driven by the language preference of the children themselves.

Regardless of the providers' perspectives on the advantages of bilingualism, there may be many reasons for why these Spanish-speaking providers used more English than Spanish with the children. Chief among them is the generational status of the children from Spanish-speaking backgrounds. Third-generation children may not have been exposed to Spanish in the home, may have older siblings who primarily speak to them in English, or may refuse to use the language. The irony of this state of affairs is that the non-Latinx parents appear to be more explicitly interested in their children learning Spanish than the Latinx parents.

Like many Family Child Care Providers during the pandemic, the strength of these providers was their perseverance in the face of challenging, once-in-a-lifetime circumstances. Many providers were experienced, had received additional education and training over the years, and were involved with the Quality Start initiative through their local Resource and Referral Agency. Several had coaches they identified as helpful in navigating the changing guidelines coming from various agencies as everyone scrambled to do the right thing. The local Resource and Referral agency was viewed as helpful during the pandemic with best-guess-of-the-day guidance and the distribution of needed cleaning supplies, face masks, diapers, and food baskets. Information and assistance from Community Care Licensing, the Health Department, and the Department of Social Service were viewed as beneficial.

The providers' immediate families were noteworthy in how they helped the providers remain strong and stay the course. Over half of the providers relied on their family members to help them; for some, their spouses and adult children assisted with translation and necessary paperwork. Coaches were also viewed as important sources of help and support. There was notably little mention of turning to other providers for assistance.

What appeared to keep these providers focused on continuing in the field was the sense of purpose that they attributed to assisting young children's development. This sense of purpose is particularly validated when the children or parents return after leaving their care to visit with them. Job satisfaction is derived from having the children 'remember' them in a positive way. Being remembered is a sign that the provider played a meaningful role in their lives.

These seasoned providers appeared to have participated in many professional development efforts and saw professional development as helpful. These providers thought additional training on how to use technology would be beneficial, but did not have a reportable consensus regarding other training topics. As the pandemic evolved, the challenges of using and understanding Zoom, interconnectivity issues with the internet and, for some, having the appropriate hardware remained common issues for the participants. Because all providers used cell phones, access to information and training via their phones was seen as desirable, while the delivery of education and guidance in their native language was seen as a necessity to achieve the best results.

ACKNOWLEDGEMENTS

This project was supported by the Heising Simons Foundation. The author thanks the Foundation for their additional assistance during the time of the Covid pandemic. The author also thanks the Family Child Care Providers who shared their work and life experiences, the Resource and Referral Staff who assisted with outreach and recruitment of participants, and interviewers who connected with Family Child Care Providers in their native languages. Special thanks to Angela Cabrera, Elizabeth Crocker, Allison Fuligni, Lisa Lee, Antonia Lopez, LaWanda Wesley, and Holli Tonyan for their advice and counsel at different points in the study.

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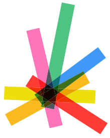

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