



California Early Care and Education Workforce Study

Licensed Family Child Care Providers

Merced County 2006

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California Child Care Resource and Referral Network

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Contents

| | |
|---|-----------|
| Introduction | 9 |
| Purpose of the Study | 10 |
| Licensed Family Child Care in California | 12 |
| Merced County | 12 |
| Study Design | 15 |
| Survey Population and Study Sample | 16 |
| Interviews | 16 |
| Data Collection Procedures | 17 |
| Survey Completion and Response Rate | 17 |
| Data Analysis | 19 |
| Findings | 20 |
| Who constitutes the licensed family child care workforce in Merced County? | 22 |
| Gender and Age | 22 |
| Ethnic Background | 24 |
| Linguistic Background | 24 |
| Tenure | 26 |
| Home Ownership | 28 |
| Paid Assistants | 28 |
| Size of the Licensed Family Child Care Workforce | 30 |
| What are the characteristics of children served by Merced County’s licensed family child care providers? | 31 |
| What is the level of educational attainment and early childhood development-related training among licensed family child care providers? | 34 |
| Overall Educational Attainment of Family Child Care Providers | 34 |
| Education, Training and Certification Related to Early Childhood Development | 35 |
| Professional Preparation of Family Child Care Paid Assistants | 39 |
| How do levels of overall educational attainment, and of training related to early childhood development, vary among licensed family child care providers? | 41 |
| Overall Educational Attainment, by Licensed Capacity | 41 |

| | |
|--|-----------|
| Overall Educational Attainment, by Ages of Children Served | 41 |
| Overall Educational Attainment, and Early Childhood-Related Training, by Number of Children Receiving Government Subsidy | 42 |
| Overall Educational Attainment, and Early Childhood-Related Training, by Provider Demographic Characteristics | 43 |
| How well prepared are licensed providers to care for and educate children who are dual language learners or have special needs? | 48 |
| Preparation to Work with Young Children Acquiring a Second Language | 48 |
| Preparation to Work with Young Children With Special Needs | 49 |
| Discussion | 56 |
| 1) Who constitutes the licensed family child care workforce in Merced County? | 58 |
| 2) What are the characteristics of children served by Merced County’s licensed family child care providers? | 60 |
| 3) What is the level of educational attainment and early childhood development-related training among licensed family child care providers? | 62 |
| 4) How do levels of overall educational attainment, and of training related to early childhood development, vary among licensed family child care providers? | 63 |
| 5) How well prepared are licensed providers to care for and educate children who are dual language learners or have special needs? | 65 |
| Appendix A: Additional Tables | 67 |
| Appendix B: Methodology for Estimating the Number of Children Served in Licensed Family Child Care and the Size of the Family Child Care Workforce in Merced County | 74 |
| Overview | 75 |
| Methodology: High Estimate | 75 |
| Methodology: Low Estimate | 75 |
| References | 77 |

Tables

| | |
|---|----|
| Table 2.1. Merced County Sample Composition | 16 |
| Table 2.2. Survey Response Rate | 18 |
| Table 2.3. Comparison of Survey Respondents and County Population of Providers, by Communities Served and by Licensed Capacity | 18 |
| Table 3.1. Licensed Provider Mean Age and Number of Children Served, by Tenure | 23 |
| Table 3.2. Merced County Children in Public Kindergarten, 2004-2005: 15 Most Commonly Spoken Languages of English Language Learners | 26 |
| Table 3.3. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Number of Children Receiving Publicly Subsidized Child Care | 27 |
| Table 3.4. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Number of Children with Special Needs, Countywide | 27 |
| Table 3.5. Tenure of Licensed Providers, by Age, Ethnicity and Licensed Capacity | 29 |
| Table 3.6. Distribution of Licensed Providers, by Tenure | 29 |
| Table 3.7. Estimated Number of Licensed Providers and Paid Assistants | 30 |
| Table 3.8. Estimated Number of Children Served, by Age | 31 |
| Table 3.9. Mean Number of Children Served by Licensed Providers, by Age Group: Countywide | 33 |
| Table 3.10. Comparison of Licensed Providers Serving Children with Special Needs, by Ethnicity | 33 |
| Table 3.11. Mean Number of Hours Among Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education in the Last 12 Months, by Educational Level | 38 |
| Table 3.12. Educational Attainment of Licensed Providers, by Number of Children Receiving Publicly Subsidized Child Care | 44 |
| Table 3.13. Educational Attainment of Licensed Providers, by Ethnicity | 46 |
| Table 3.14. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Educational Level | 47 |
| Table 3.15. Percentage of Spanish-speaking Licensed Providers Obtaining Bachelor's Degree or Higher from Foreign Institutions | 47 |
| Table 3.16. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Dual Language Learning Children | 50 |
| Table 3.17. Mean Hours of Training Among Licensed Providers Reporting Completion of Non-Credit Training Related to Dual Language Learning Children | 50 |

| | |
|--|----|
| Table 3.18. <i>Percentage of Licensed Providers Reporting Completion of College Credits Related to Dual Language Learning Children</i> | 50 |
| Table 3.19. <i>Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Dual Language Learning Children</i> | 50 |
| Table 3.20. <i>Percentage of Licensed Providers Reporting Completion of Credit or Non-Credit Training Related to Dual Language Learning Children, by Language Fluency and Educational Attainment</i> | 51 |
| Table 3.21. <i>Percentage of Licensed Providers Reporting Completion of Credit or Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served</i> | 54 |
| Table 3.22. <i>Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served</i> | 54 |
| Table 3.23. <i>Hours of Training Among Licensed Providers Reporting Completion of Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served</i> | 54 |
| Table 3.24. <i>Percentage of Licensed Providers Reporting Completion of College Credits Related to Children with Special Needs, by Number of Such Children Served</i> | 55 |
| Table 3.25. <i>Educational Attainment of Licensed Providers Serving Children with Special Needs, by Number of Such Children Served</i> | 55 |

Figures

| | |
|---|----|
| Figure 3.1. <i>Estimated Age Distribution of Licensed Providers Compared to Women in the Merced County Labor Force</i> | 22 |
| Figure 3.2. <i>Estimated Age Distribution of Licensed Providers, Countywide and by Licensed Capacity</i> | 23 |
| Figure 3.3. <i>Estimated Ethnic Distribution of Licensed Providers Compared to the Merced County Female Adult Population</i> | 23 |
| Figure 3.4. <i>Ethnic Distribution of Licensed Providers Compared to Merced County Public K-12 Teachers and Children 0-5 Years</i> | 25 |
| Figure 3.5. <i>Reported Language Fluency of Licensed Providers Compared to the Merced County Adult Population</i> | 25 |
| Figure 3.6. <i>Percentage of Licensed Providers with Paid Assistants, Countywide and by Licensed Capacity</i> | 29 |
| Figure 3.7. <i>Percentage of Licensed Providers Serving Children with Special Needs, Countywide and by Licensed Capacity</i> | 33 |
| Figure 3.8. <i>Estimated Educational Attainment of Licensed Providers Compared to the Merced County Female Adult Population</i> | 35 |
| Figure 3.9. <i>Percentage of Licensed Providers, by Degree Attainment Related to Early Care and Education</i> | 37 |
| Figure 3.10. <i>Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Early Care and Education, by Educational Level</i> | 37 |
| Figure 3.11. <i>Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Educational Level</i> | 37 |
| Figure 3.12. <i>Percentage of Licensed Providers who Employed At Least One Paid Assistant with College Credits, by Provider Education</i> | 40 |
| Figure 3.13. <i>Educational Attainment of Licensed Providers, Countywide and by Licensed Capacity</i> | 42 |
| Figure 3.14. <i>Ethnic Distribution of Licensed Providers, by Educational Level</i> | 44 |

Appendix Tables

| | |
|--|----|
| Table A1. <i>Age Distribution of Licensed Providers Compared to Women in the Merced County Labor Force</i> | 68 |
| Table A3. <i>Ethnic Distribution of Licensed Providers Compared to the Merced County Female Adult Population, Public K-12 Teachers, and Children 0-5 Years</i> | 68 |
| Table A2. <i>Age Distribution of Licensed Providers, Countywide and by Licensed Capacity</i> | 68 |
| Table A4. <i>Reported Language Fluency of Licensed Providers Compared to the Merced County Adult Population</i> | 69 |
| Table A5. <i>Percentage of Licensed Providers with Paid Assistants, Countywide and by Licensed Capacity</i> | 69 |
| Table A6. <i>Percentage of Licensed Providers Serving Children with Special Needs, Countywide and by Licensed Capacity</i> | 70 |
| Table A7. <i>Educational Attainment of Licensed Providers Compared to the Merced County Female Adult Population</i> | 70 |
| Table A8. <i>Percentage of Licensed Providers, by Degree Attainment Related to Early Care and Education</i> | 71 |
| Table A10. <i>Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Educational Level</i> | 71 |
| Table A9. <i>Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Early Care and Education, by Educational Level</i> | 71 |
| Table A11. <i>Percentage of Licensed Providers who Employed At Least One Paid Assistant with College Credits, by Provider Education</i> | 71 |
| Table A12. <i>Educational Attainment of Licensed Providers, Countywide and by Licensed Capacity</i> | 72 |
| Table A13. <i>Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Number of Publicly Subsidized Children Served</i> | 72 |
| Table A14. <i>Ethnic Distribution of Licensed Providers, by Educational Level</i> | 73 |

Introduction

Purpose of the Study

Recognizing the critical role that early childhood educators play in the lives of California's children and families, First 5 California commissioned in 2004 a statewide study of the early care and education (ECE) workforce in licensed child care centers and licensed family child care homes. The overall goal of the study was to collect information on the current characteristics of this workforce – particularly its educational background, and its potential need and demand for further opportunities for professional development.

The statewide study sample included providers from every county in the state, but there were not sufficient numbers of providers in the sample to generate county-specific reports. Counties were invited, however, to contract for additional local interviews in order to build a representative county sample, and First 5 Merced County was one of nine county organizations that agreed to commission a local study of its early care and education workforce, building on the statewide study.

An identical procedure was used for statewide and county data collection, although the statewide study interviews were conducted earlier in 2005, and the county interview included one question about home ownership not included in the statewide study. The statewide and county surveys were built upon numerous

workforce studies conducted by the Center for the Child Care Workforce over the last three decades (Center for the Child Care Workforce, 2001).¹ Prior to data collection, the survey instrument and data collection procedures were approved by the Committee for the Protection of Human Subjects at the University of California at Berkeley, and were then pre-tested in the field.

The following description applies to the sample and response rate for the Merced County-commissioned component of the study. For information about the statewide completion and response rate, see the statewide study at the First 5 California web site, <http://www.cffc.ca.gov>.

In partnership, the Center for the Study of Child Care Employment (CSCCE) at the University of California at Berkeley, and the California Child Care Resource and Referral Network (Network), have gathered this information to help county policy makers and planners assess current demand at teacher training institutions; plan for further investments in early childhood teacher preparation; and gain a baseline for measuring progress toward attaining a well-educated ECE workforce whose ethnic and linguistic diversity reflects that of Merced County's children and families.

This report contains the study's findings for licensed family child care providers in Merced County. In studying

¹ Specifically, the survey instrument was adapted from the 2001 California Child Care Workforce Study, an eight-county effort funded by the David and Lucile Packard Foundation as a pilot for this statewide survey (Whitebook, Kipnis, Sakai, Voisin & Young, 2002). For its use in 2005, certain changes were made to the 2001 survey in order to shorten the interview time, and to capture specific information requested by First 5 California to assist in its workforce development planning related to preschool services.

the county's population of licensed family child care providers, our primary objectives were to:

- Compile baseline data on licensed providers' demographic and educational characteristics;
- Identify the extent to which providers' educational backgrounds vary with respect to their age, ethnicity, linguistic characteristics, and tenure as licensed providers;
- Profile the children that providers with varying characteristics serve, in terms of numbers, ages, subsidy status, and special needs;
- Document the professional preparation of licensed providers for working with children who are dual language learners and/or have special needs; and
- Develop a sound estimate of the number of paid assistants working in licensed family child care, and the extent to which they have engaged in professional development.

Licensed Family Child Care in California

Many providers care for their own children, as well as children from other families, in their own homes. When an individual cares for children from more than one unrelated family, the California Department of Social Services requires that the provider obtain a license to provide child care services. In order to receive a family child care home license, providers must meet a number of requirements. These include:

- Fingerprint, criminal background and California Child Abuse Central Index clearances for everyone 18 years or older living in the home;
- 15 hours of training on preventative health practices, which must include pediatric CPR; pediatric first aid; the recognition, management and prevention of infectious diseases; and the prevention of childhood injuries;
- A tuberculosis clearance; and
- Home inspection by someone from the licensing agency to ensure that it meets basic health and safety requirements.

There are also regulations on both the number of children that can be cared for in a licensed family child care home and the staff/child ratios for these providers.

Family child care homes in California can be licensed as either small or large. The number of allowable children in small and large homes includes children under age 10 who live in the licensee's home. The license for small homes allows providers to serve up to eight children if two of them are of school age (over six years old) and no more than two are infants (0-23 months). (Alternatively, if small-home providers do not care for school-age children, they can care for up to six children, three of whom can be infants.) Large family child care homes can serve up to 14 children if at least two of them are of school age, and no more than three are infants. (Alternatively, if large-home providers do not care for school-age children, they can care for up to 12 children, four of whom can be infants.)

Merced County

Located just outside of the Bay Area in the San Joaquin Valley, much of Merced County is unincorporated. The largest cities are Merced, Los Banos, and Atwater. The county's economy relies on manufacturing and farming.

In 2004, Merced County's population of 232,100 represented a 10.2-percent increase over the 2000 Census (US Census Bureau, 2000a). The county is projected to increase in population by 31.7 percent between 2000 and 2010, with a 33.4 percent increase in the number of children ages 0 – 4 (California

Department of Finance, 2004).

Population estimates for 2005 describe the county as 49.5 percent Hispanic; 38.6 percent White, Non-Hispanic; 6.1 percent Asian; 3.3 percent Black; 1.7 percent Multiethnic; 0.8 percent American Indian or Pacific Islander (California Department of Finance, 2005). At the time of the 2000 Census, over half (54.8 percent) of county households were estimated to be speaking English, 34.2 percent as speaking Spanish, and 4.1 percent as speaking an Asian or Pacific Island language (US Census

Bureau, 2000b).

Several demographic measures, as well as summary statistics concerning economic wellbeing, suggest the breadth of need for early care and education in Merced County:

- Median family income in 1999 was \$38,009 (California Department of Finance, 2003).
- In 1999, 21.7 percent of residents had incomes below the poverty level (California Department of Finance, 2003).
- These figures disguise families' economic stress, which increasingly is driven by high housing costs. The county's 2005 annual fair market rent for a two-bedroom unit was \$7,380 (US Department of Housing and Urban Development, 2005).
- At the time of the 2000 Census, 29.9 percent of children 0-5 years of age

lived in poverty² (California Child Care Resource and Referral Network, 2003).

- In 2000 56,488 children under the age of 14 resided in the county, over one-half (51.2 percent) of whom had both parents in the labor force or a single head of household in the labor force³ (California Child Care Resource and Referral Network, 2003).
- Among those children were 22,744 children under age six, 47.3 percent of whom had working parents⁴ (California Child Care Resource and Referral Network, 2003).
- 12.0 percent of children ages 0-5 resided in a single-parent household⁵ (California Child Care Resource and Referral Network, 2003).

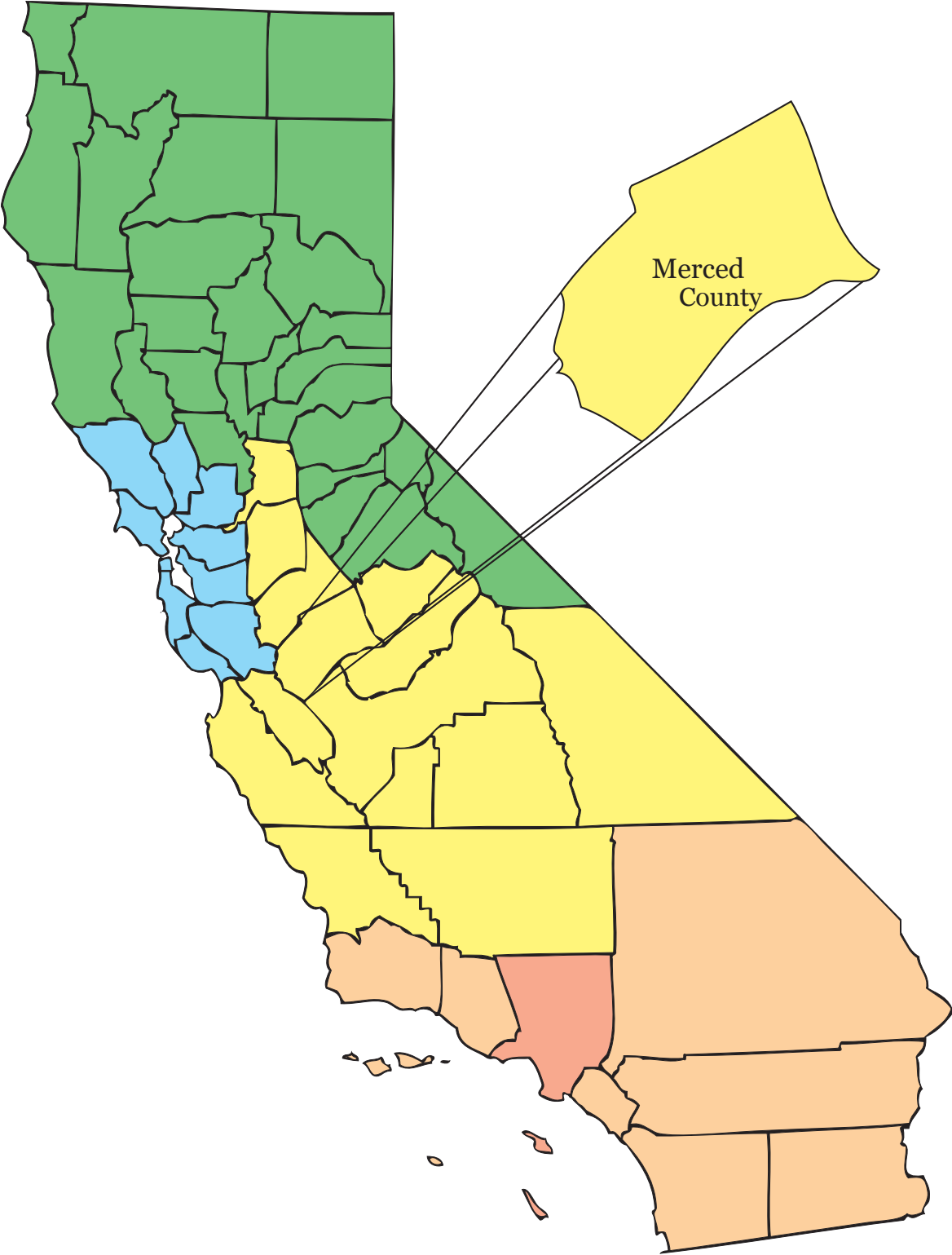
In 2004, 7,338 licensed child care slots were available in Merced County, over half of which (53.6 percent) were in family child care homes, and the remainder in child care centers (California Child Care Resource and Referral Network, 2005).

² Data derived from 2000 U.S. Census (universe: population for whom poverty status is determined). Poverty threshold varies by family size and composition. For a family of four, two adults and two children under 18, the 1999 poverty threshold used for the 2000 Census was \$16,895.

³ Data derived from 2000 U.S. Census (custom tabulation). Number of children with either both parents or a single head of household in the labor force (universe: own children in families and subfamilies).

⁴ Data derived from 2000 U.S. Census (custom tabulation). Number of children with either both parents or a single head of household in the labor force (universe: own children in families and subfamilies).

⁵ Data derived from 2000 U.S. Census (universe: own children).



Study Design

Survey Population and Study Sample

First 5 Merced County sought information about licensed family child care providers in the county as a whole. The survey population included all 406 active, licensed family child care homes that were listed as of January 2004 with the county’s state-funded child care resource and referral (R&R) program, ACCESS. These listings were aggregated, cleaned and verified by the California Child Care Resource and Referral Network (Network), and updated in winter 2005.

Because of the relatively small size of the licensed family child care population in Merced County, we attempted to conduct a census of all providers in the county. To reach our target number of providers, 21 interviews conducted in Merced County as part of the statewide study were added to 135 interviews conducted for the county study, to build a sample of 156 licensed providers. (See Table 2.1.)

Interviews

In each case, telephone interviews were conducted in English or Spanish with the owner of the family child care home. A small percentage (3.7 percent of eligible providers in the county) were unable to complete the interview because of communication barriers. The results

reported below, therefore, provide a county-wide portrait of providers who speak either English or Spanish, and do not extend to those who do not speak either language.

The survey questions addressed:

- Provider demographics: age, ethnicity, and languages spoken in addition to the interview language;
- Levels of education and training: highest level of education; type of degree, if any; credit and non-credit training, including training to work with children with special needs or English language learners; accreditation status; and participation in the Merced County CARES program;⁶
- Career longevity;
- Business and program characteristics: numbers and ages of children served, including children with special needs; participation in government subsidy programs; and home ownership status; and
- Paid assistants’ characteristics: numbers of assistants, and their level of education and training.

⁶ Merced County is one of over 40 counties in California that have implemented professional development stipend programs for child care center teachers, administrators, and family child care providers based on the California CARES program model. These initiatives are intended to help build a skilled and stable early education workforce by providing monetary rewards, based on participants’ education levels and continued commitment to their professional development.

Table 2.1. Merced County Sample Composition

| | Merced County licensed providers | Percentage of final sample |
|---------------------------------------|----------------------------------|----------------------------|
| Quota target | 400 | |
| Completed interviews: statewide study | 21 | 13.5% |
| Completed interviews: county study | 135 | 86.5% |
| Final sample | 156 | 100.0% |

Data Collection Procedures

The Network mailed a notification letter, describing the purpose of the survey and encouraging participation, to all the providers in the survey population. The letter was signed by representatives of CSCCE, the Network, and First 5 California. Providers were informed that they would receive a copy of the latest version of First 5's Kit for New Parents as an incentive for completing the interview.

Field Research Corporation, Inc. (FRC), a professional public opinion research firm, conducted the interviews using computer-assisted telephone interviewing (CATI). During the CATI process, the interviewer reads the survey question from a computer screen and enters the survey data directly into the computer. This promotes uniformity of interview technique as well as accuracy and consistency during data input. FRC completed 135 interviews over a six-week period beginning in early June 2005.

Licensed family child care providers were contacted during the work day, and whenever they requested it, were called back in the evening or during the weekend to complete the interview. Interviews took an average of 10.3 minutes to complete. FRC made up to eight attempts to complete an interview with each provider.

Survey Completion and Response Rate

The Network provided FRC with contact information for the 406 providers in the survey population. Because some of these providers either had completed an interview or had been coded ineligible for some other reason during the

statewide survey, FRC released 383 providers' names for the county survey. As anticipated, we were unable to reach all the providers in the county. Of the 383 provider contacts, 43.3 percent were determined to be ineligible, either because they were out of business or were presumed to be. (See Table 2.2.) Because of unanticipated delays, several months passed before the survey began. For that reason, we assume that many of the providers with "unresolved phone numbers" were actually out of business. To increase the likelihood of including as many providers as possible, the Network attempted to correct any incorrect phone numbers.

Among those eligible, 62.2 percent completed the survey. Those who did not complete the survey included 12.0 percent who refused, and another 15.7 percent whose answering machine or voice mail prevented successful contact. Again, to ensure the highest response rate possible, Network staff attempted to contact all the providers with answering machines or voice mail to encourage them to participate in the study. Approximately 5.5 percent of the providers contacted were not available to complete the survey during the study period, and 3.7 percent presented communication barriers we were unable to surmount.

While we were unable to assess whether the providers who participated in the study differed from those who did not participate with respect to the variables of interest in the study, we compared the county provider population to the providers that completed interviews. We calculated the extent to which providers participating in our study represented the county overall in terms of geographical distribution and licensed capacity. As

Table 2.2. Survey Response Rate

| | Merced County number of providers | Percentage of sample | Percentage of eligible |
|----------------------------------|-----------------------------------|----------------------|------------------------|
| Sample released and dialed | 383 | 100.0% | |
| Ineligible: out of business | 57 | 14.9% | |
| Presumed ineligible* | 109 | 28.5% | |
| Eligible | 217 | 56.7% | 100.0% |
| County surveys completed | 135 | 32.3% | 62.2% |
| No response, presumed eligible** | 34 | 8.9% | 15.7% |
| Refusals | 26 | 6.8% | 12.0% |
| Respondent not available | 12 | 3.1% | 5.5% |
| Communication barrier | 8 | 2.1% | 3.7% |
| Other reasons for non-completion | 2 | 0.5% | 0.9% |

* Disconnected, wrong number, changed phone number, or no answer.

** Answering machine, voice mail, or busy phone.

Table 2.3. Comparison of Survey Respondents and County Population of Providers, by Communities Served and by Licensed Capacity

| | County population (N=1,329) | Survey completed (N=402) |
|--------------------------|-----------------------------|--------------------------|
| LICENSED CAPACITY | | |
| Small homes | 71.4% | 70.5% |
| Large homes | 28.6% | 29.5% |
| CITY | | |
| Atwater | 15.5% | 14.7% |
| Delhi | 4.2% | 5.1% |
| Dos Palos | 1.7% | 3.2% |
| Gustine | 3.0% | 1.3% |
| Hilmar | 2.0% | 1.3% |
| Le Grand | 0.3% | 0.0% |
| Livingston | 4.2% | 5.1% |
| Los Banos | 17.0% | 19.9% |
| Merced | 45.6% | 41.0% |
| Planada | 1.5% | 1.3% |
| South Dos Palos | 0.3% | 0.0% |
| Turlock | 0.3% | 0.6% |
| Winton | 4.7% | 6.4% |
| TOTAL | 100.0% | 100.0% |

shown in Table 2.3, our survey closely approximates the countywide distribution and licensed capacity of licensed family child care homes.

As shown in Table 2.1, the final sample included 156 providers, with 86.5 percent of the sample participating in the county data collection and the remainder drawn from the statewide study.

Data Analysis

Data analysis sought to address the goals of the study as outlined in the introduction to this report. All analyses were performed using Statistical Package for the Social Sciences (SPSS 12.0) and StataSE 8. First, we compiled statistics that described characteristics of the workforce, including providers' age, ethnicity, tenure, language(s) spoken, home ownership, and paid assistants employed. Second, we conducted analyses of the number of children of various age ranges served, as well as the number of children with special needs and subsidized children. Third, we examined providers' educational backgrounds, making comparisons among educational levels and provider characteristics. Fourth, we examined whether providers had completed non-credit or college credit-bearing training to care for children with special needs and/or English language learners. To more closely examine differences between providers licensed to operate small or large homes, we conducted inferential statistical tests (e.g., chi-square, t-test, ANOVA). All significant results are reported, including group differences at a p value of .05 or better.

Findings

The findings described in this report are based on interviews with 156 licensed family child care providers across Merced County who spoke English or Spanish sufficiently well to participate in a phone interview. Significant differences are reported at a p level of .05 or less. Figures and tables included in this chapter summarize data referred to in the text. After reporting the countywide findings, we report statistical differences between providers licensed to care for 14 children (large homes) or eight children (small homes).

Who constitutes the licensed family child care workforce in Merced County?

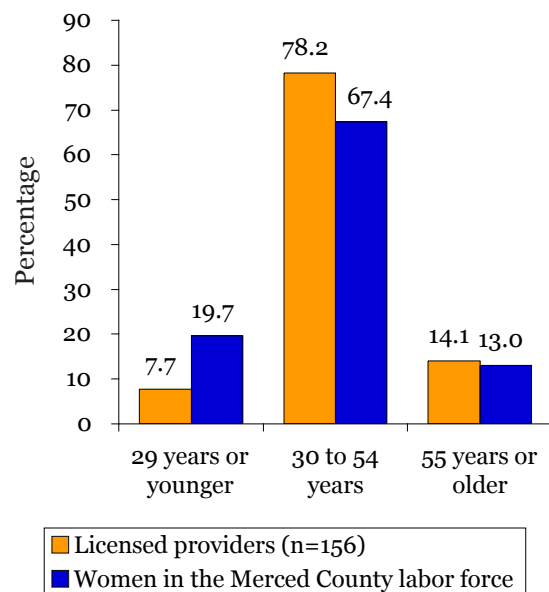
In Merced County, the typical licensed family child care provider is a Latina in her early forties who has been taking care of children in her home for nearly eight years. She is likely to speak both English and Spanish, and to work without a paid assistant. This profile varies, however, depending on the licensed capacity of her home. Those operating large homes, for example, are likely to have worked longer in child care than operators of small homes.

Gender and Age

Merced County’s licensed family child care workforce is overwhelmingly female. To ascertain gender, since the interview did not specifically include this question, we analyzed the names of providers in our sample. Eighty-three percent of the names in our sample were female, seven percent of the listings contained two names, typically a man and a woman, and none were male. Ten percent of the names could not be classified.

This almost exclusively female workforce is typically middle-aged. Compared to women in the Merced County labor force overall, licensed family child care providers were less likely to be younger than 30 (7.7 percent vs. 19.7 percent) and more likely to be between 30 to 54 years old (78.2 percent vs. 67.4 percent). (See Figure 3.1.) On average, licensed providers were 43 years of age, with the youngest provider 22 years old and the oldest 77. New entrants (those who had been serving children in their homes for 24 months or less) were, on average, nine years younger than providers who had been serving children in their homes longer than 24 months. (See Table 3.1.) Six percent (5.9 percent) of new entrants were age 55 or older, compared to 15.1 percent of those with longer tenure.

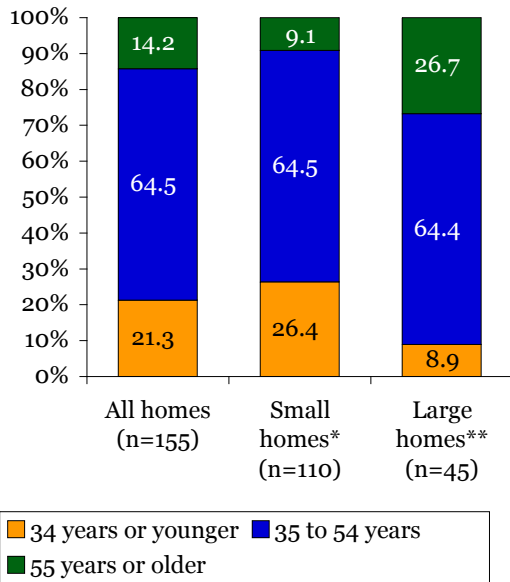
Figure 3.1. *Estimated Age Distribution of Licensed Providers Compared to Women in the Merced County Labor Force^a*



^a US Census Bureau (2000a).

The age distribution of licensed providers differed by their licensed capacity. (See Figure 3.2.) Providers operating smaller licensed family child care homes were 40.9 years old (SE=0.9), on average, compared to providers licensed to operate larger homes (49.4 years old, SE=1.7). Fourteen percent of all licensed providers were age 55 or older; providers licensed to operate a large home were more likely to be 55 years or older (26.7 percent) than were those licensed to operate smaller homes (9.1 percent).

Figure 3.2. *Estimated Age Distribution of Licensed Providers, Countywide and by Licensed Capacity*



* $p < .05$, 34 years or younger, 35 to 44 years > 55 years or older.

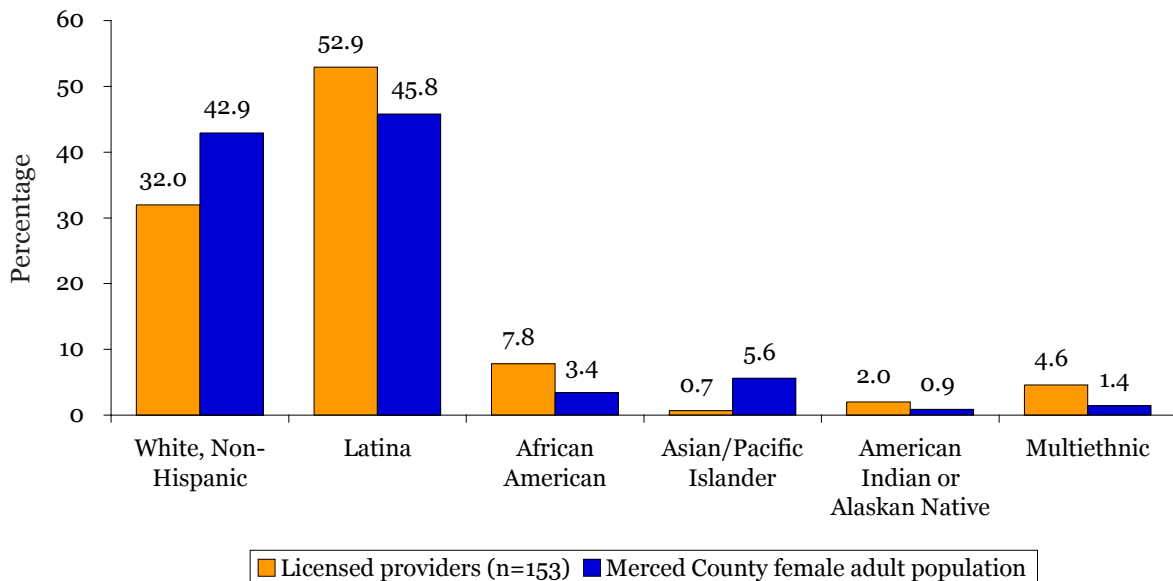
** $p < .05$, 55 years or older > 34 years or younger, 35 to 54 years.

Table 3.1. *Licensed Provider Mean Age and Number of Children Served, by Tenure*

| | Mean tenure (SE) | |
|---------------------------|-------------------|----------------|
| | 24 months or less | Over 24 months |
| Age of licensed provider* | 35.6 (1.78) | 44.7 (0.87) |
| Number of children served | 6.3 (0.84) | 8.2 (0.39) |
| Number of providers | 17 | 139 |

* $p < .01$, 24 months or less < over 24 months.

Figure 3.3. *Estimated Ethnic Distribution of Licensed Providers Compared to the Merced County Female Adult Population^a*



^a California Department of Finance (2004)

Ethnic Background

As shown in Figure 3.3, compared to Merced County's adult female population, Latinas and African Americans were more represented in the licensed family child care population, and White, Non-Hispanic and Asian American and Pacific Islander providers were less represented. Because interviews were conducted only in Spanish or English, however, it is likely that Asian American licensed providers were under-represented in this study, due to language barriers.

We found that more than two-thirds of licensed providers in Merced County (68.0 percent) were people of color. (See Figure 3.3.) Latina providers (52.9 percent) constituted a majority among licensed providers in the county. White, Non-Hispanic providers were the second largest group (32.0 percent). As shown in Figure 3.3, African Americans (7.8 percent) were the next largest group of providers, followed by those identifying themselves as Multiethnic (4.6 percent). American Indian or Alaskan Native (2.0 percent) and Asian/Pacific Islander providers comprised less than one percent of the licensed provider workforce.

Licensed family child care providers were far more diverse, and more closely reflected the ethnic distribution of children ages birth to five in Merced County, than teachers of Grades K-12 in Merced County public schools. (See Figure 3.4.) Nearly three-quarters of public school K-12 teachers (74.8 percent) were White, Non-Hispanic, compared to 32.0 percent of licensed family child care providers and 25.2 percent of children ages birth to five. Licensed providers were nearly three times as likely to be Latina (52.9 percent) as K-12 teachers (17.9 percent), but were less likely to be

Latina than were children ages birth to five (63.5 percent).

Linguistic Background

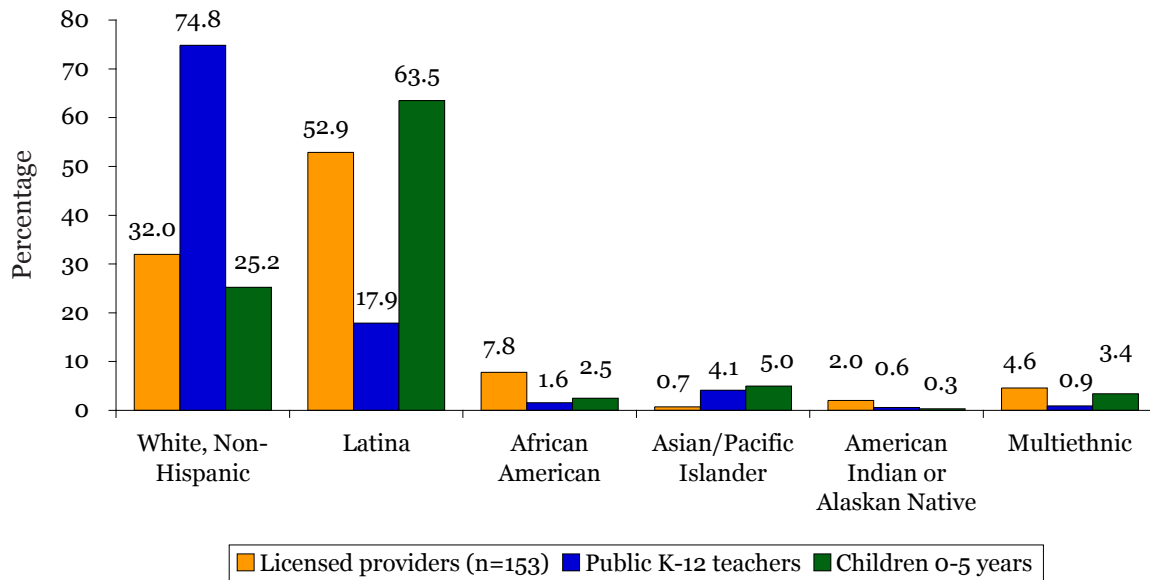
Seventy-five percent of interviews were conducted in English, with the remainder conducted in Spanish. As stated earlier, a small percentage of providers (3.7 percent) were unable to complete the interview in either English or Spanish. Results reported below, therefore, provide statewide and regional portraits of providers who speak either English or Spanish, and do not extend to those who speak neither language.

Providers were asked whether they spoke any other languages fluently besides the interview language. If they answered affirmatively, they were asked which language(s) they would be able to speak fluently with children and families if necessary. Our description of providers' fluency in these other languages is based entirely on providers' self-assessments.

As shown in Figure 3.5, licensed providers were less likely than other adults in Merced County⁷ to speak only English, and were more likely than the average Merced County adult to speak English and Spanish. One-half of licensed providers (50.3 percent) spoke only English. Nearly thirteen percent of those interviewed (12.9 percent) spoke only Spanish, or Spanish and another language besides English. One-third (33.6 percent) reported speaking English and Spanish fluently, or speaking English, Spanish and at least one additional language.

⁷ The most recent data available at the county level on the language background of Merced County adults are based on the 2000 U.S. Census. Further, these data are only available for all adults 18 to 64 years of age, whereas the licensed family child care population was composed predominantly of women ages 25 to 64.

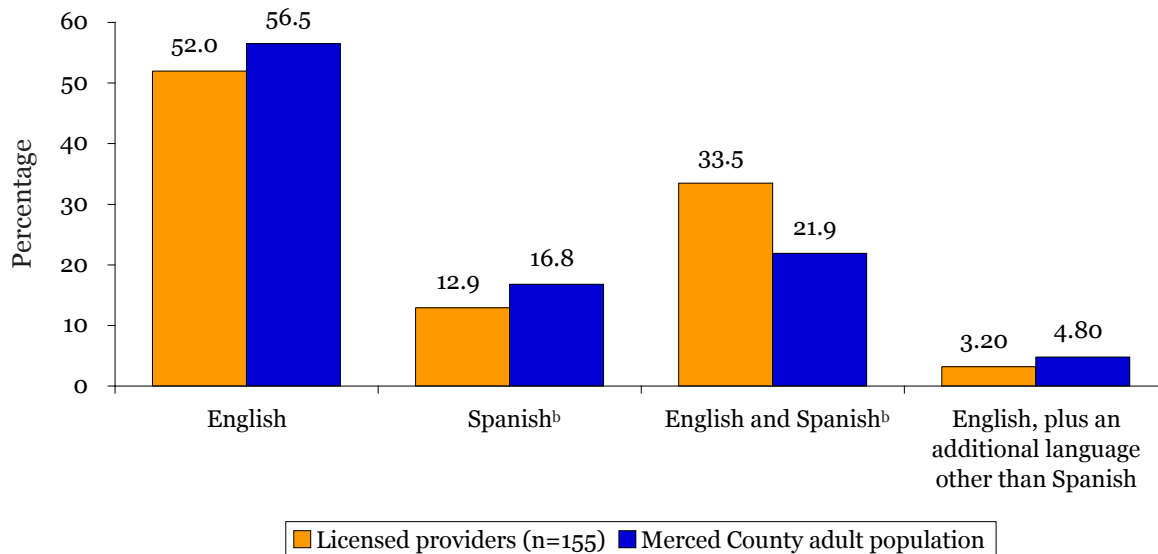
Figure 3.4. Ethnic Distribution of Licensed Providers Compared to Merced County Public K-12 Teachers^a and Children 0-5 Years^b



^a California Department of Education (2004).

^b California Department of Finance (2004).

Figure 3.5. Reported Language Fluency of Licensed Providers Compared to the Merced County Adult Population^a



^a US Census Bureau (2000b).

^b Provider may speak an additional language other than English.

About three percent of interviewed providers (3.2 percent) reported self-assessed fluency in languages other than English or Spanish. In order of frequency, these other languages included Portuguese, Brazilian, and French. No single language other than English or Spanish, however, was reportedly spoken by more than one percent of licensed providers. It is important to note the likelihood, however, that the frequency of various languages other than English or Spanish spoken by licensed providers would increase somewhat from this list if interviews had been conducted in additional languages.

We also found that the population of children served by Merced County’s licensed providers was characterized by great linguistic diversity. Our summary

of the language backgrounds of young children is based on 2003-04 data from the California Department of Education (CDE), which reports that nearly half (46.4 percent) of kindergarteners attending Merced County public schools in 2004-2005 spoke a language other than English and were classified as English Learners. Table 3.2 lists the 15 most commonly spoken languages by English Learners in Merced County’s public kindergarten classrooms.

We found differences in linguistic background between providers licensed to care for eight children or for 14 children. Providers licensed to care for eight children were more likely to speak Spanish only, or Spanish and English, than were providers licensed to care for 14 children, who typically spoke only English. We also found differences in linguistic background by ethnicity. Providers who were Latina were more likely to speak Spanish, either as their only language or along with English, than were White, Non-Hispanic providers, who were more likely to speak English only.

Linguistic background did not vary among licensed providers serving particular groups of children, such as those with special needs or those receiving government subsidy for child care. (See Tables 3.3 and 3.4.)

Tenure

Providers were asked how long they had been taking care of children in their homes on a *paid* basis; the average reported was 7.8 years. (See Table 3.5.) Tenure varied greatly, however; one-quarter of providers reported offering child care in their homes for two years or less, and one-quarter reported offering care for 12 years or more. (See Table

Table 3.2. *Merced County Children in Public Kindergarten, 2004-2005: 15 Most Commonly Spoken Languages of English Language Learners*

| Language | Percentage |
|--------------------------------|------------|
| Spanish | 88.0 |
| Hmong | 6.4 |
| Punjabi | 2.0 |
| Portuguese | 1.2 |
| Mien (Yao) | 0.8 |
| Arabic | 0.2 |
| Lao | 0.2 |
| Vietnamese | 0.2 |
| Filipino (Pilipino or Tagalog) | 0.1 |
| Hindi | 0.1 |
| Korean | 0.1 |
| Russian | 0.1 |
| Urdu | 0.1 |
| Farsi (Persian) | 0.1 |
| Cebuano (Visayan) | 0.1 |
| <i>N</i> | 1,894 |

Source: California Department of Education (2006).

Table 3.3. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Number of Children Receiving Publicly Subsidized Child Care

| | Percentage of licensed providers, by number of publicly subsidized children (SE) | | |
|----------------------------------|--|----------------|----------------|
| | None | 1 or more | All providers |
| English | 55.1 (7.11) | 48.1 (4.85) | 50.3 (4.02) |
| Spanish ^a | 4.1 (2.83) | 17.0 (3.65) | 12.9 (2.69) |
| English and Spanish ^a | 40.8 (7.02) | 34.9 (4.63) | 36.8 (3.87) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 46 | 104 | 150 |

Note. Based on the self-assessment of 155 providers.

^a Provider may speak an additional language other than English.

Table 3.4. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Number of Children with Special Needs, Countywide

| | Percentage of licensed providers by number children with special needs (SE) | | |
|----------------------------------|---|----------------|----------------|
| | None | 1 or more | All providers |
| English | 47.2 (4.47) | 63.3 (8.80) | 50.3 (4.02) |
| Spanish ^a | 14.4 (3.14) | 6.7 (4.55) | 12.9 (2.69) |
| English and Spanish ^a | 38.4 (4.35) | 30.0 (8.37) | 36.8 (3.87) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 121 | 29 | 150 |

Note. Based on the self-assessment of 155 providers.

^a Provider may speak an additional language other than English.

3.6.) To some extent, providers' length of tenure reflected age: mean reported tenure of providers who were 29 or younger, for example, was 2.4 years, while mean reported tenure of providers 55 or older was 14.0 years. (See Table 3.5.)

Tenure varied by ethnicity. (See Table 3.5.) Latina providers, who were younger on average than providers of other ethnicities, reported fewer years caring for children in their homes ($M=5.2$) than White, Non-Hispanic providers ($M=11.2$). Latina providers were likely to be younger ($M=40.5$ years, $SE=.93$) than White, Non-Hispanic providers ($M=46.1$ years, $SE=1.8$). The sample size for other ethnic groups was too small to permit comparisons.

Tenure among licensed providers also varied by licensed capacity. As a group, providers licensed to care for 14 children had been in business more than twice as long ($M=12.8$ years) as those licensed to care for eight ($M=5.8$ years). (See Table 3.5.) Fifteen percent of providers in our sample had been taking care of children in their homes for 24 months or less, and they differed along several dimensions from those who had been caring for children for two years or more. These newer providers were considerably more likely to be Latina (82.6 percent) than White, Non-Hispanic (17.4 percent). Not unexpectedly, since Latina providers were younger on average, newcomers ($M=35.6$ years) were significantly younger on average than more tenured providers ($M=44.7$ years). (See Table 3.1.) Newcomers were also more likely to speak Spanish, or Spanish and English, than providers who had been in business for two years or more. On average, these newer providers cared for significantly fewer children ($M=6.3$ children) than

did their more experienced counterparts ($M=8.1$ children), in part, perhaps, because their businesses were new. (See Table 3.1.) Newer providers were less likely to care for children with special needs. No providers with tenure of one year or less cared for any children with special needs, compared to 21.6 percent of providers with longer tenure. Newcomers and more tenured providers were equally likely to care for children receiving subsidies for child care.

Home Ownership

More than four-fifths of providers (87.1 percent) reported that they owned their own homes, compared to 58.7 percent of adults in the county as a whole (U.S. Bureau of the Census, 2000).⁸ There were no differences in home ownership by licensed capacity, educational attainment, ethnicity, or age. Providers who owned their homes reported longer average tenure (8.1 years, $SE=0.7$) than providers who rented (5.5 years, $SE=0.9$).

Paid Assistants

Many providers involve other adults in their family child care businesses. Spouses, older children and other relatives may assist providers, often in an unpaid capacity. In addition, many providers employ paid assistants. Providers were asked how many assistant caregivers, if any, they *paid* to help them with the children in their care. As shown in Figure 3.6, nearly three-quarters of providers (75.5 percent) reported working without a paid assistant; approximately one-quarter (24.5 percent) of providers reported employing one assistant or more (20.6

⁸ As described in the Study Design section of this report, only 121 of the 156 providers interviewed for this study were asked this question.

Table 3.5. Tenure of Licensed Providers, by Age, Ethnicity and Licensed Capacity

| | | Mean years of tenure (SE) |
|-------------------------------|---------------------|---------------------------|
| All providers | | 7.8 (0.56) |
| Number of providers | | 156 |
| By age | 29 years or younger | 2.4 (1.89) |
| | 55 years or older | 14.0 (9.87) |
| Number of providers | | 34 |
| By ethnicity* | White, Non-Hispanic | 11.2 (1.24) |
| | Latina | 5.2 (0.55) |
| Number of providers | | 130 |
| By licensed capacity** | Small homes | 5.8 (0.52) |
| | Large homes | 12.8 (1.19) |
| Number of providers | | 155 |

Tests of significance were only performed for White, Non-Hispanic and Latina provider groups.

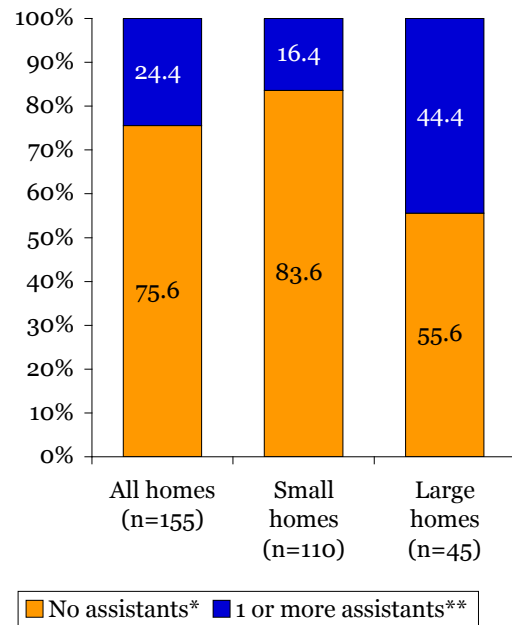
* $p < .001$, White, Non-Hispanic > Latina.

** $p < .001$, Large homes > small homes.

Table 3.6. Distribution of Licensed Providers, by Tenure

| | Percentage (SE) |
|----------------------------|-----------------|
| 2 years or less | 24.4 (3.45) |
| 3 - 11 years | 50.6 (4.01) |
| 12 years or more | 25.0 (3.48) |
| Total | 100.0 |
| Number of providers | 156 |

Figure 3.6. Percentage of Licensed Providers with Paid Assistants, Countywide and by Licensed Capacity



* $p < .001$, Small homes > large homes.

** $p < .001$, Large homes > small homes.

percent paid one assistant and 3.9 percent reported paying 2 or more assistants).

As would be expected because of required adult-child ratios, providers who were licensed to care for 14 children were significantly more likely to employ paid assistants than were those licensed to care for eight children. As shown in Figure 3.6, 16.4 percent of providers licensed to care for eight children reported employing one or more paid assistants, compared to 44.4 percent of providers licensed to care for 14 children. Providers with a larger licensed capacity were also significantly more likely than other providers to employ more than one paid assistant.

Size of the Licensed Family Child Care Workforce

Typically, the number of *active* licensed family child care providers, as verified by the California Child Care Resource and Referral Network, is used to determine the size of the licensed home-based provider workforce. A broader estimate of the size of the workforce would include paid assistants, however, since a sizeable number of providers employ them, yet prior to this study, no countywide data permitted a calculation of the number of paid family child care assistants. Using these data, we estimate that between 95 and 122 paid assistants were employed in licensed family child care homes in 2005. (For a full discussion of how these estimates were calculated, see Appendix B.) Added to the 406 active licensed providers from which our sample was drawn, we estimate that the entire licensed family child care workforce in 2005, including licensees and any paid assistants, totaled between 501 and 528. (See Table 3.7.)

Table 3.7. Estimated Number of Licensed Providers and Paid Assistants

| | Total number | |
|---|--------------|---------------|
| | Low estimate | High estimate |
| Workforce | | |
| Number of active providers | 406 | 406 |
| Number of paid assistants | 95 | 122 |
| Total family child care workforce (paid assistants plus active providers) | 501 | 528 |

*See Appendix B for a full discussion of the methodology used here. Licensed providers who had been in business for more years typically employed a greater number of paid assistants than those new to the field. The low estimate takes into account tenure of individual providers, while the high estimate does not. If more than one name appeared on the license, only one provider was counted.

What are the characteristics of children served by Merced County’s licensed family child care providers?

In Merced County, more than 500 licensed family child care providers and paid assistants care for approximately 3,000 children, mostly in mixed-age groups. Approximately two-thirds of the children cared for by licensed providers are not yet in kindergarten, and about 40 percent of them are age two or under. Two-thirds of licensed providers report caring for at least one child who receives public child care assistance. Twenty percent of licensed providers report caring for at least one child with special needs.

As shown in Table 3.8, Merced County’s licensed family child care workforce provided services in 2005 to an estimated 3,058 to 3,196 children and their families. (For a full discussion of how these estimates were calculated, see Appendix B.) Table 3.8 also presents a distribution by age group of the estimated numbers of children served. Approximately one-third of these children were preschoolers, ages three to five, and nearly two-fifths were two years old or younger.

Providers licensed to care for eight children comprised 70.5 percent of the population of providers in the county; on average, they reported caring for 7.1 children across all age spans, of whom 5.0 children were age five or younger, not in kindergarten. (See Table 3.9.) Those licensed to care for 14 children reported caring for an average of 9.8 children across all age spans, including 6.8 children age five or younger who were not in kindergarten. (See Table 3.9.) On average, providers cared for fewer than the maximum number of children they were licensed to serve.

Because we did not ask providers why they typically cared for fewer than the permitted number of children, one can only speculate about the reasons for this gap between licensed capacity and enrollment. This finding, however, helps

Table 3.8. *Estimated Number of Children Served, by Age*

| | Total number | |
|----------------------------------|--------------|---------------|
| | Low estimate | High estimate |
| All children | | |
| Under age 2 | 723 | 671 |
| Age 2 | 478 | 560 |
| Ages 3 to 5, not in kindergarten | 855 | 989 |
| Ages 5 or older, in kindergarten | 1,003 | 976 |
| All ages | 3,058 | 3,196 |

See Appendix B for a full discussion of the methodology used here. Licensed providers who had been in business for more years typically cared for a greater number of children than those new to the field. The low estimate takes into account tenure of individual providers, while the high estimate does not. However, in some cases, the average number of children served within a particular age group by new providers was greater than the average number served by more tenured providers.

to explain why the estimated number of children *enrolled* in licensed family child care, as presented in this report, is lower than the estimated licensed *capacity* of homes in the county. Currently, the licensed capacity is 3,934 slots, based on the maximum numbers of children (eight or 14) for small and large licensed homes (California Child Care Resource & Referral Network, 2005.)

Licensed providers were asked about the number of children they served in various age groups. Providers reported

a variety of configurations of the ages of children they served:

- approximately one-third (37.8 percent, SE=3.89) reported caring for children across the entire age span from infancy to school age;
- only 1.3 percent of providers (SE=0.90) cared exclusively for children ages three to five but not yet in kindergarten;
- many providers serving children ages three to five also served younger (91.6 percent, SE=2.43) and older children (81.7 percent, SE=3.39);
- only 1.9 percent of providers (SE=1.10) reported caring exclusively for children age two and younger;
- only 1.3 percent (SE=0.90) reported caring exclusively for children age five and older; and
- 17.3 percent (SE=3.04) reported serving no children of kindergarten age or older.

Each provider was asked how many children (if any) with disabilities, or with special emotional or physical needs, she served in her home. As a result, we estimate that 19.4 percent of Merced County's licensed family child care providers care for such children.⁹ Providers licensed to serve eight children were no more or less likely to report caring for at least one child with special needs than were those providers licensed to care for 14 children. (See Figure 3.7.)

On average, providers who reported serving at least one child with special

⁹ Interviewees were told, "By disabilities or special needs, we mean any child who is protected by the American with Disabilities Act (ADA)." If the provider asked for clarification, interviewers added, "This would include children who are considered at-risk of a developmental disability, or who may not have a specific diagnosis but whose behavior, development, and/or health affect their family's ability to find and maintain services."

needs were no younger than those who served no children with special needs. Providers under 55, however, reported caring for *more* children with special needs than did those over 55. Providers who reported caring for at least one child with special needs were also more likely to have been in business for more than 12 or 24 months than were providers who did not report caring for children with special needs. No significant difference was found among ethnic groups. (See Table 3.10.)

Providers were also asked how many of the children they served, if any, received public child care assistance.¹⁰ Approximately two-thirds of providers (67.9 percent) reported caring for at least one child on public assistance. We then calculated the percentage of subsidized children cared for by licensed family child care providers, in order to assess the extent to which government dollars contribute to providers' businesses. Among providers who served children receiving public child care assistance, 54.7 percent reported that 50 percent or less of the children enrolled in their homes received such assistance (SE=4.86). Among all providers, including those who did not care for any children receiving public assistance as well as those who cared for at least one child receiving it, 14.7 percent (SE=2.85) reported that 75 percent or more of the children enrolled in their programs received assistance.

¹⁰ Government subsidies in Merced County come through CalWORKs and Alternative Payment Program funding. Providers were also asked if they held a contract with the Head Start, Early Head Start, or Migrant Head Start programs, which provide subsidized services to children of low-income families. In contrast to the percentage of providers serving children receiving other forms of public child care assistance, only seven percent of providers reported providing services to children in their homes through any type of Head Start program. Because of the small number of providers offering Head Start services, we did not conduct any comparative analyses. In addition, some family child care providers serve children through a contract with the California Department of Education, although this was not tracked in the survey.

Table 3.9. Mean Number of Children Served by Licensed Providers, by Age Group: Countywide

| | Mean number of children served (SE) | | |
|---------------------------------------|-------------------------------------|---------------|---------------|
| | All homes | Small homes | Large homes |
| Under age 2 | 1.7 (0.11) | 1.7 (0.13) | 1.5 (0.20) |
| Age 2 | 1.4 (0.11) | 1.3 (0.12) | 1.6 (0.23) |
| Ages 3-5, not yet in kindergarten* | 2.4 (0.20) | 1.9 (0.16) | 3.7 (0.53) |
| Ages 5 or under, not in kindergarten* | 5.5 (0.27) | 5.0 (0.28) | 6.8 (0.61) |
| Ages 5 and older | 2.4 (0.17) | 2.2 (0.18) | 3.0 (0.41) |
| All age spans* | 7.9 (0.36) | 7.1 (0.38) | 9.8 (0.75) |
| <i>Number of providers</i> | 156 | 110 | 45 |

* $p < .01$, Large homes > small homes.

Figure 3.7. Percentage of Licensed Providers Serving Children with Special Needs, Countywide and by Licensed Capacity

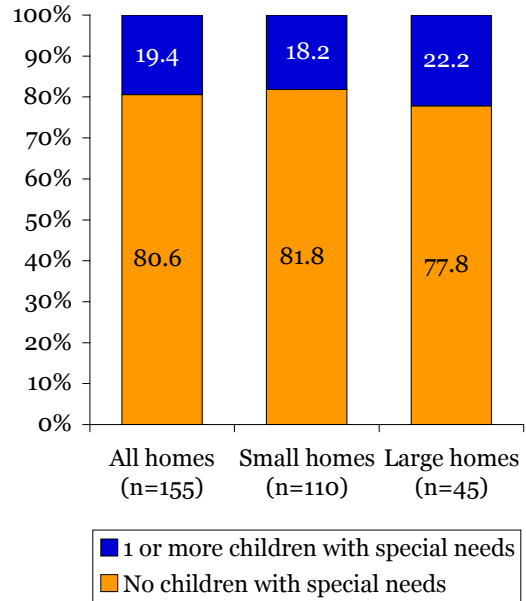


Table 3.10. Comparison of Licensed Providers Serving Children with Special Needs, by Ethnicity

| | Percentage of licensed providers, by number of children with special needs (SE) | | | <i>Number of providers</i> |
|---------------|---|-----------------|-------|----------------------------|
| | White, Non-Hispanic | Latina | Total | |
| None | 36.4 (4.60) | 63.6 (4.60) | 100.0 | 110 |
| 1 or more | 45.0 (11.17) | 55.0 (11.17) | 100.0 | 20 |
| All providers | 37.7 (4.27) | 62.3 (4.27) | 100.0 | 130 |

Tests of significance were only performed for White, Non-Hispanic and Latina provider groups. The number of providers described in this table is less than the total sample, because African American, Asian/Pacific Islander, Native American and Multiethnic providers were not included in the tests of significance due to their small numbers within the sample.

What is the level of educational attainment and early childhood development-related training among licensed family child care providers?

Compared to Merced County’s overall female population, licensed family child care providers are more likely to have attended college, about equally likely to have completed a two-year college degree or higher, and less likely to report high school or less as their highest level of education.

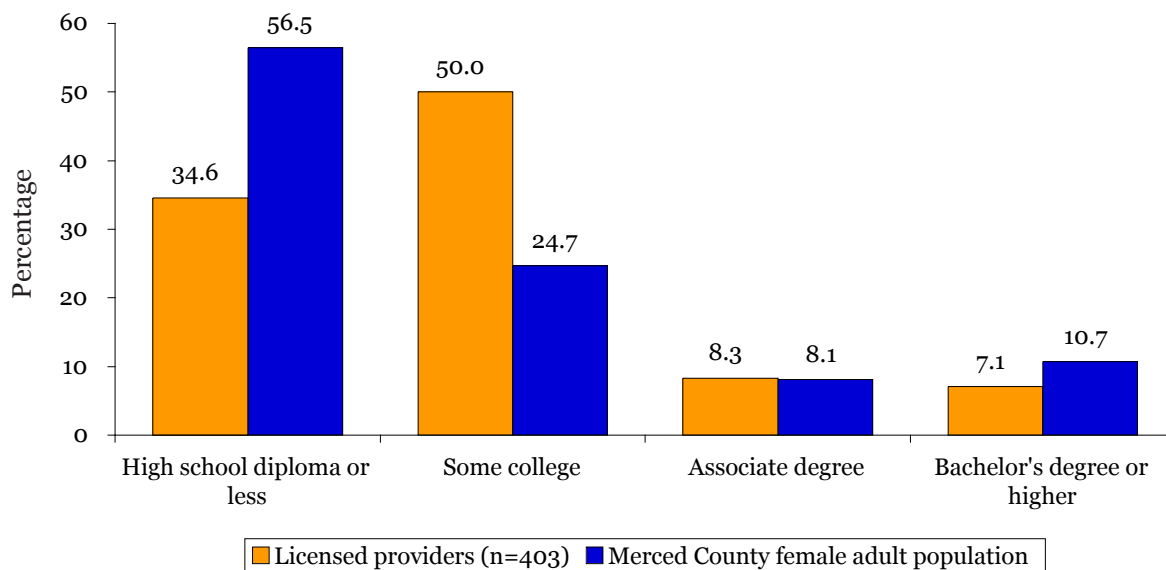
Approximately 15 percent of providers have obtained a two-year, four-year or graduate degree, typically not related to early childhood development. About 40 percent of all providers report having completed at least one college credit related to early childhood development, and slightly more than one-half report participating in non-credit-bearing training related to that subject. About one-third of providers report that their paid assistants have participated in some early childhood-related non-credit training or college courses.

Research has indicated that the presence of better-trained adults enhances the quality of child care services for children (Whitebook & Sakai, 2004; Shonkoff & Phillips, 2000). Because of the critical role that providers’ skill and knowledge play in promoting children’s optimal development, considerable effort and investment have been devoted to encouraging and supporting providers to pursue professional development through CARES and other programs. With the movement toward publicly funded preschool programs, there is also an increased need to assess the size of the task of recruiting and preparing a sufficient number of teachers who meet higher educational and training standards – i.e., a bachelor’s (BA) degree and early childhood certification. While not all preschool teachers will be drawn from the current early care and education workforce, many no doubt will come from its ranks. The educational and training background of licensed family child care providers therefore becomes an important factor in planning the level of resources needed to ensure a well-prepared preschool workforce.

Overall Educational Attainment of Family Child Care Providers

As is true nationally (Herzenberg, Price & Bradley, 2005), family child care providers in Merced County typically have completed some college credits, and are more likely than the average adult woman in the state to have done so. As shown in Figure 3.8, 65.4 percent of licensed providers reported completing some college-level work, compared to 43.5 percent of adult women in Merced County. Providers reported a similar completion rate for an AA degree (8.3 percent) as the average adult female in the county (8.1 percent). Providers’ completion rate for BA or higher degrees, however (7.1 percent), was slightly lower than that of women in the county as a whole (10.7 percent). Only one provider reported completing a graduate degree beyond the BA. Slightly more than one quarter of licensed providers with a BA or higher degree (27.3 percent) reported having obtained it through a foreign institution. One-half of Merced County providers (50.0 percent) reported “some college” as their highest level

Figure 3.8. *Estimated Educational Attainment of Licensed Providers Compared to the Merced County Female Adult Population^a*



^a US Census Bureau (2000).

of educational attainment, compared to 24.7 percent of adult females in the county. About one-third of providers (34.6 percent) reported high school or less as their highest level of educational attainment, compared to 54.5 percent of adult females in the county.

Education, Training and Certification Related to Early Childhood Development

Research findings on the contribution of education and training to provider competence and sensitivity suggest that formal higher education with a specific focus in early care and education leads to more effective care and teaching with children (Barnett, 2003; Whitebook, 2003; Zaslow & Martinez-Beck, 2005). Thus, another important aspect of professional preparation is the extent to which providers have received training, completed coursework, or participated in activities specifically focused on issues

related to early childhood development.¹¹ To acquire a picture of the professional preparation of providers, we asked providers whether they:

1. had completed a two-year or four-year degree related to early childhood development;
2. had taken college courses related to early childhood development;
3. had participated in non-credit training related to early childhood development, and the extent of such training; and
4. had participated in a professional development program or obtained a professional credential.

1) Degrees Related to Early Childhood Development

¹¹ “Early Childhood Development-related” was defined as courses or training in early childhood education, child development or psychology.

We examined the percentage of providers with AA and BA degrees who had obtained a degree related to early childhood development, and whether those with an AA or BA degree were more likely to have completed such a degree.

Overall, just 15.4 percent of all providers had completed an AA or BA degree or higher. Among those who had completed a degree, 20.8 percent reported that their highest degree was related to early childhood development. Slightly less than one-fifth of providers with a BA or higher degree (18.2 percent) and 23.1 percent of providers with an AA degree had obtained a degree with an early childhood focus. (See Figure 3.9.)

2) College Credits Related to Early Childhood Development

We examined the percentage of providers who reported having completed at least one college credit in early childhood education. Nearly two-thirds of providers with education beyond high school (62.7 percent, SE=4.81) reported having completed at least one college credit in early childhood education, child development or psychology. Providers who reported their highest level of education as high school or less were not included in these calculations. However, when they are included, the proportion of all providers who have completed at least one college credit related to early childhood development falls to 41.0 percent (SE=3.95).

We next examined differences in the percentage of providers, at varying levels of college attainment (some college, or an AA or BA degree), who had completed some early childhood development-related college coursework. We also looked at differences in the amount

of such coursework that providers at different levels of college attainment had completed.

Those who had completed either an AA or a BA degree were no more likely to have completed any courses related to early childhood development than were those who had only completed some college but not a degree. Those who had completed an AA degree reported completing, on average, more than twice as many college credits in early childhood development as those for whom “some college” was their highest level of educational attainment. The mean number of college credits related to early childhood development was 19.2 units for providers with an AA degree, 14.1 units for those who had obtained a BA degree, and 7.2 units among those who had attended some college classes but had not completed a degree. (See Figure 3.10.)

3) Non-Credit Training Related to Early Childhood Development

We examined the overall percentage of providers who reported having *ever* participated in any non-college training related to early childhood development. Over one-half (55.5 percent) had done so. Next, we examined the percentage of providers at different levels of educational attainment who reported having *ever* participated in such non-credit training. Participation was most common among providers who had completed an AA or higher degree. As shown in Figure 3.11, less than one-half (43.4 percent) who reported high school or less as their highest level of education had participated in non-credit training, compared to approximately three-quarters of providers who had completed degrees.

Next, we examined how many

Figure 3.9. Percentage of Licensed Providers, by Degree Attainment Related to Early Care and Education

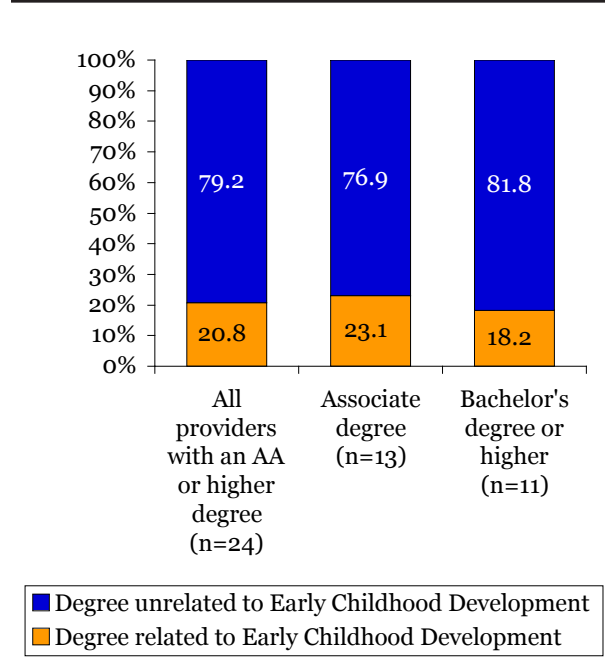
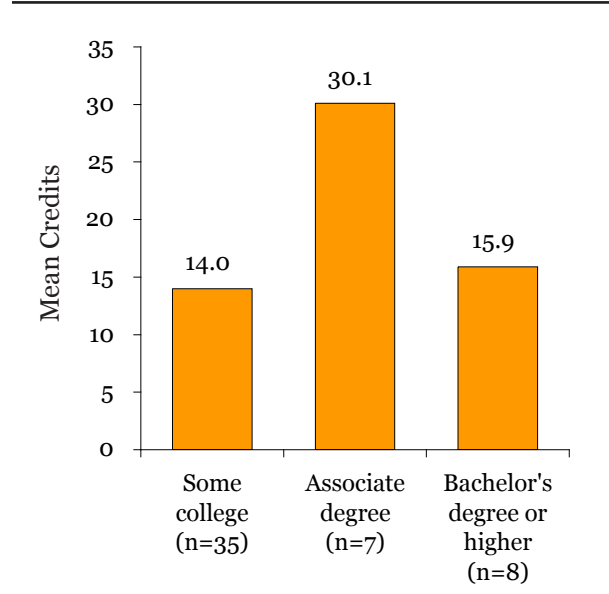
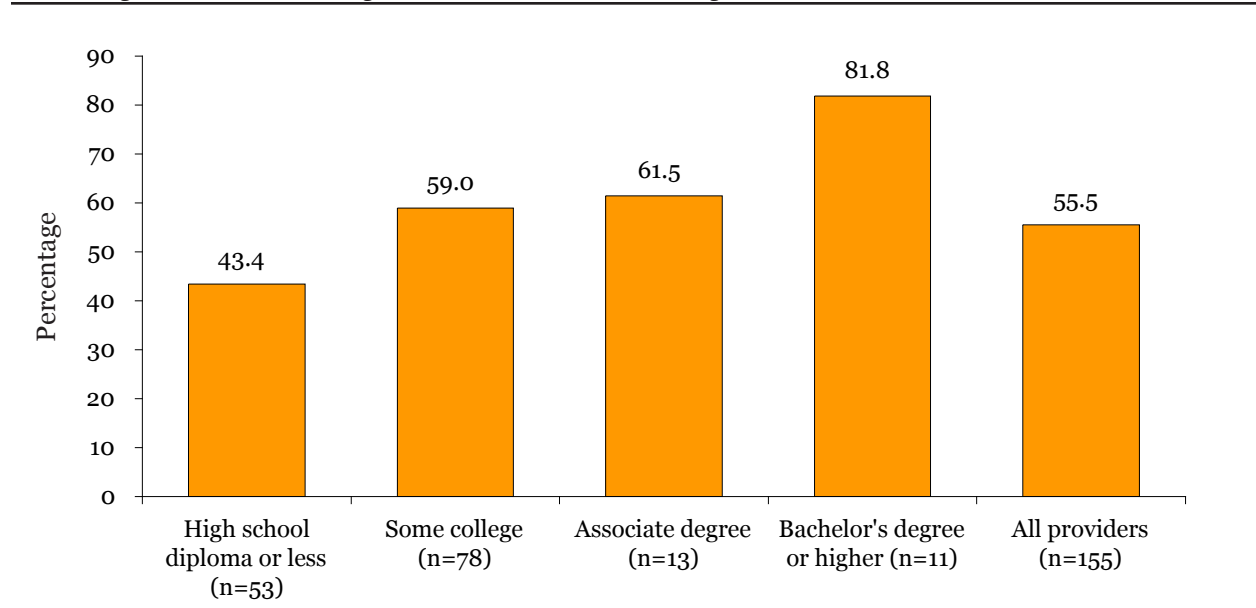


Figure 3.10. Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Early Care and Education, by Educational Level



*p < .05, Some college < Associate degree.

Figure 3.11. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Educational Level



providers had participated in non-credit training providers *during the last 12 months*, the amount of such training, and whether this amount varied by level of educational attainment. Among providers who had participated in training, about two thirds (62.9 percent, SE=0.39) had participated in non-credit-bearing training related to early childhood development during the last 12 months. Providers who reported high school or less as their highest level of education were less likely to have participated in non-credit training related to early childhood development during the last 12 months than providers who had completed an AA or higher degree. Providers reported participating, on average, in 14.3 hours of training during the last 12 months. Providers who had completed an AA or higher degree reported participating in more hours of training, on average, in the last twelve months than those who reported high school or less as their highest level of educational attainment. (See Table 3.11.)

4) Provider Participation in Professional Development Activities or Certification

Another measure of providers’ professional preparation is their involvement with professional development activities or certification processes. We asked providers about their involvement with four professional programs:

1. whether they had heard of or participated in a CARES program;
2. whether they were accredited by the National Association for Family Child Care (NAFCC);
3. whether they held a Child Development Permit issued by the California Commission on Teacher Credentialing; and

Table 3.11. *Mean Number of Hours Among Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education in the Last 12 Months, by Educational Level*

| | Mean number of hours* (SE) | Number of providers |
|----------------------------------|----------------------------|---------------------|
| High school diploma or less | 8.1 (2.53) | 21 |
| Some college | 13.5 (2.39) | 45 |
| Associate degree | 25.9 (8.52) | 8 |
| Bachelors degree or higher | 23.8 (7.69) | 8 |
| All providers with some training | 14.3 (1.90) | 82 |

*p < .05, High school or less < Associate degree, Bachelor’s degree or higher.

4. whether they held a Teacher Credential issued by the California Commission on Teacher Credentialing and/or by an equivalent agency in another state.

We lack confidence, however, about the reliability of many of these particular findings, because the responses to some questions were disproportionate to the actual number of known program participants. Our estimate of provider participation in the local CARES program, based on provider reports, for example, exceeds the enrolled number of family child care providers in the program. Similarly, our estimate of provider participation in NAFCC accreditation, based on providers’ reports, exceeds the number of NAFCC-accredited providers in Merced County indicated in NAFCC records. In addition, respondents reporting that they possessed a Child

Development Permit included some who had not taken any college credit-bearing courses, even though these are required for obtaining an entry-level permit, again rendering the responses questionable. Other studies and program administrators have noted this phenomenon in the field, in which providers and other early childhood staff report participation in various programs or achievement of a particular status that does not reflect administrative records (Whitebook & Sakai, 2004). This may be due to confusion about the various names of professional development-related programs.

A teaching credential requires the holder to have completed a BA degree at a minimum, and typically the equivalent of a fifth year of college coursework. We asked those providers who had completed a BA or higher degree whether they held a teaching credential issued by the State of California or by another state. Only 1.9 percent of providers (SE=2.4) in Merced County reported holding a California teaching credential, and none reported holding a credential from another state.

Professional Preparation of Family Child Care Paid Assistants

To further explore the educational background of adults in licensed family child care homes, we examined two issues:

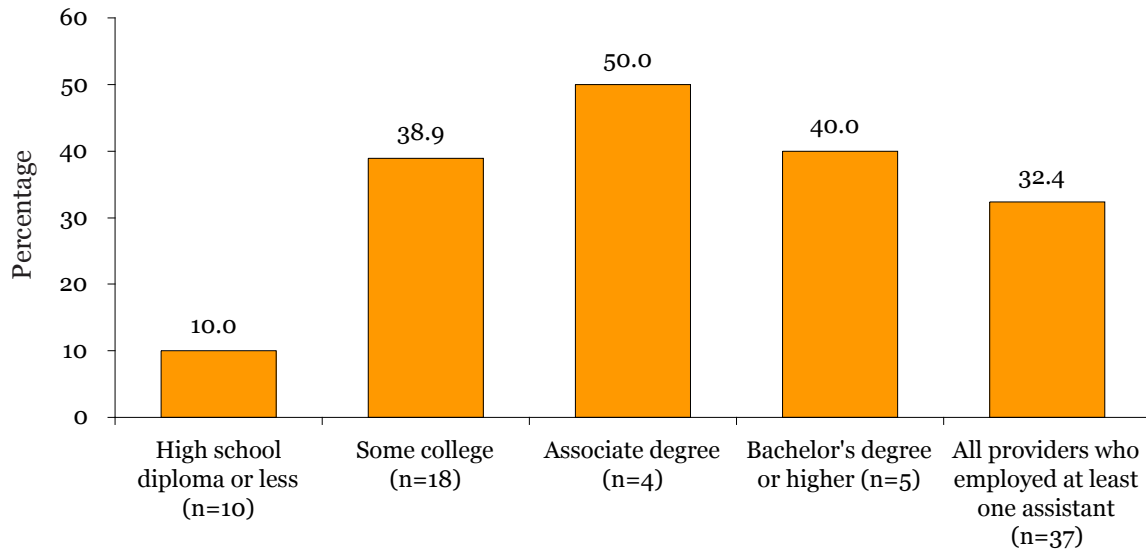
1. the extent to which providers were working with paid assistants who had received some training or education related to early childhood development, and
2. whether providers who employed better-trained and/or educated paid assistants had themselves completed more education and training.

To explore the extent to which providers were working with paid assistants with some training or education related to early childhood development, we examined what percentage of providers reported that their paid assistants had earned college credits or participated in non-credit training. Providers reported that, on average, 30.2 percent (SE=0.07) of their paid assistants had earned college credits, and 37.6 percent (SE=0.08) had received non-credit training related to early childhood development.

More than two-thirds of providers with paid assistants (67.6 percent, SE=7.80) reported that *none* of their paid assistants had earned such college credits, and 60.0 percent reported that *none* of their paid assistants had received non-credit training in this field. Approximately one-quarter of providers (27.0 percent, SE=7.40) reported that *all* of their paid assistants had received college credits related to early childhood development, and 34.3 percent (SE=8.14) reported that *all* of their paid assistants had participated in non-credit training.

To explore whether providers who employed better-trained and/or educated paid assistants had themselves completed more education and training, we calculated the percentage of providers who reported that *at least one* paid assistant in their employ had participated in education or training related to the care of young children, and compared these rates across educational levels. We found that providers who themselves were better educated and trained were no more likely to employ paid assistants with more training and education, as shown in Figure 3.12, but this may be a function of small sample size.

Figure 3.12. *Percentage of Licensed Providers who Employed At Least One Paid Assistant with College Credits, by Provider Education*



How do levels of overall educational attainment, and of training related to early childhood development, vary among licensed family child care providers?

Levels of education among family child care providers do not vary among Merced County providers by licensed capacity, age of children cared for, or number of subsidized children cared for. While most Merced County providers have not completed college degrees, Latina and White, Non-Hispanic providers, have completed degrees at similar rates. Providers who have obtained a BA or higher degree are more likely to be bilingual than providers with less education, while providers with a high school degree or less are more likely to report speaking Spanish only or English and another language.

Regardless of educational level, the average family child care provider is in her early forties.

In the previous section, we described the educational attainment and specific early childhood related training of licensed family child care providers in Merced County as a whole. In this section, we explore differences among providers along these dimensions based on:

- the licensed capacity of their homes,
- the ages of children with whom they work,
- whether they receive public dollars to care for children of low-income families, and
- such provider demographic characteristics as age, ethnicity and language background.

Overall Educational Attainment, by Licensed Capacity

We explored whether providers licensed to care for larger or smaller groups of children varied from each other with respect to their level of education. We identified no significant differences in this regard. As shown in Figure 3.13, providers licensed to care for eight children and 14 children reported similar

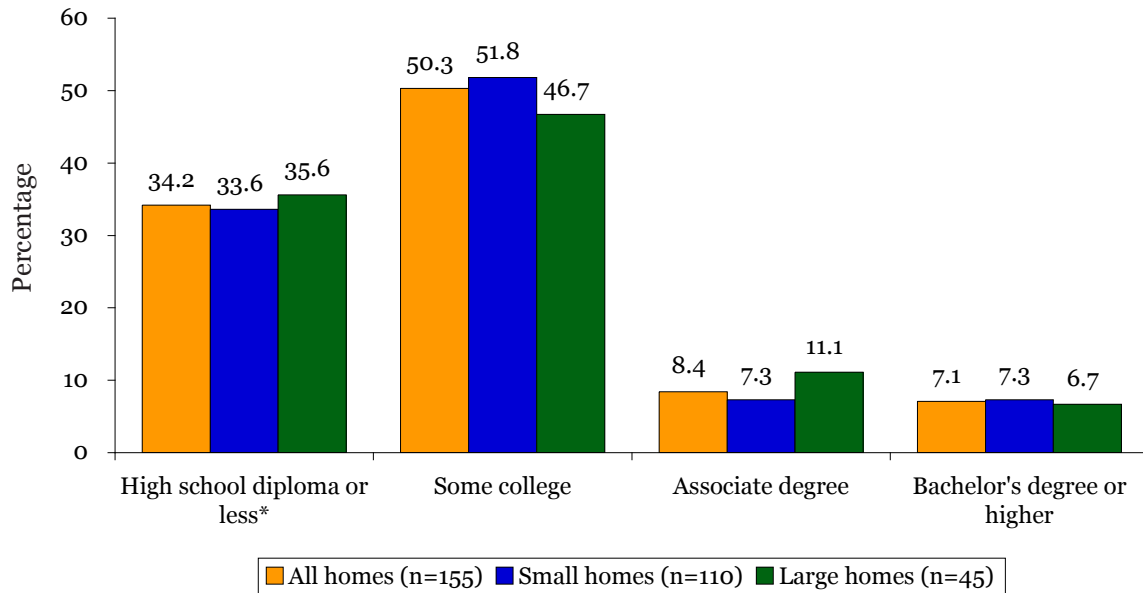
levels of educational attainment.

Overall Educational Attainment, by Ages of Children Served

Because of proposed increases in qualifications for teachers or providers working in publicly funded preschool programs targeting four-year-old children, there is considerable interest in whether providers who currently work with preschoolers differ in educational attainment from those working with younger children. We examined whether providers who served children between three and five years of age, whether exclusively or with other children, differed as a group with respect to educational attainment from those who worked exclusively with younger or older children.

As noted earlier in this report, however, there were few family child care providers in the sample who served children of one age group exclusively. Overall, most providers served a mixed age of children, and most groupings included children between the ages of three and five. Only 1.3 percent of providers (SE=0.90) cared exclusively for

Figure 3.13. Educational Attainment of Licensed Providers, Countywide and by Licensed Capacity



children between the ages of three and five; overall, 84.0 percent (SE=2.95) cared for children ages three to five, usually with children from another age range as well. We found no differences in educational level among providers serving children of different ages.

Overall Educational Attainment, and Early Childhood-Related Training, by Number of Children Receiving Government Subsidy

Research suggests that children of low-income families derive greater benefit from higher-quality early care and education programs than do children of middle- and upper-income families (Helburn, 1995). Studies have found programs rated higher in quality to be staffed by teachers and providers with higher levels of education, and with training specifically focused on early childhood (Helburn, 1995; Galinsky,

Howes, Kontos & Shinn, 1994; Whitebook, Howes & Phillips, 1990; Whitebook & Sakai, 1995).

In California, however, licensed providers receiving subsidies through vouchers to care for children of low-income families are not required to meet higher educational or training standards than providers not receiving subsidies. Reflecting these current standards, we found that overall educational attainment, or the likelihood of completion of a college degree related to early childhood development, did not vary between providers who reported caring for at least one child receiving public child care assistance and those who did not care for any children receiving subsidies. (See Table 3.12.) We also found that providers caring for one or more subsidized children were no more likely to have completed college credits or non-credit training related to early childhood development

than were those caring for no subsidized children.

Overall Educational Attainment, and Early Childhood-Related Training, by Provider Demographic Characteristics

Among providers with different levels of education and specific early childhood-related training, we examined such characteristics as:

- age and tenure,
- ethnicity, and
- language background.

1) Overall Educational Attainment, by Age and Tenure

With respect to average age or tenure, we found no significant differences among groups of providers who reported different educational backgrounds. On average, providers were in their early forties, whether they had completed a college degree, taken some college courses, or reported their highest level of education as high school or less.¹² Likewise, providers' tenure averaged around seven years, regardless of educational level. There were no differences with respect to age or tenure among providers with or without a degree focused on early childhood development.

2) Overall Educational Attainment, by Ethnicity

We examined provider ethnicity and educational background along three dimensions:¹³

- the ethnic distribution of providers *across* different levels of formal education;
- the distribution of educational attainment *within* various ethnic groups; and
- the ethnic distribution of providers at different levels of education, compared to that of Merced County's adult population.

Combined, these analyses provide a picture of how well providers of various ethnic groups are represented at different educational levels, how this distribution reflects general trends in the population, and where supports and incentives might be directed toward particular ethnic groups in order to boost their educational attainment.

The ethnic distribution of providers varied across levels of educational attainment, as shown in Figure 3.14. White, Non-Hispanic providers comprised 37.7 percent of all providers, and they comprised approximately that percentage of providers who had completed high school or less, some college, or a college degree. Latinas comprised 52.9 percent of all providers, and they too were well distributed across levels of education. In determining the distribution of educational attainment (as represented by college attendance and completion of degrees) *within* various ethnic groups, we found that approximately 69.4 percent of White, Non-Hispanic providers reported completing some college-level work, and 16.3 percent of White, Non-Hispanic providers had completed a two- or four-year degree or higher. Among Latina providers, more than one-half (56.7 percent) reported completing some college-level work, while 14.8 percent reported completing a two- or four-year

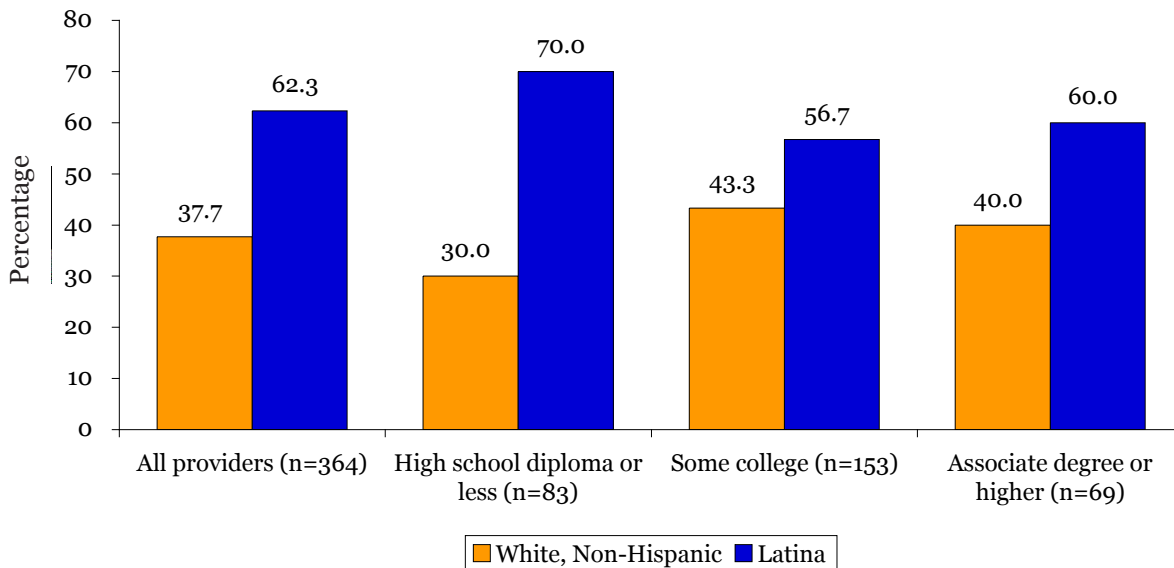
¹² On average, those who had completed a graduate degree were 49 years old, with an average tenure in the field of 8.8 years. Only 8.1 percent had been in the field for 12 months or less.

¹³ Because of sample size, we were only able to compare White, Non-Hispanic and Latina providers in some analyses.

Table 3.12. Educational Attainment of Licensed Providers, by Number of Children Receiving Publicly Subsidized Child Care

| | Percentage of licensed providers, by number of publicly subsidized children (SE) | | |
|-----------------------------|--|----------------|----------------|
| | None | 1 or more | All providers |
| High school diploma or less | 40.0 (6.95) | 32.1 (4.55) | 34.6 (3.82) |
| Some college | 44.0 (7.04) | 52.8 (4.86) | 50.0 (4.02) |
| Associate degree or higher | 16.0 (5.20) | 15.1 (3.49) | 15.4 (2.90) |
| Total | 100.0 | 100.0 | 100.0 |
| Number of providers | 50 | 106 | 156 |

Figure 3.14. Ethnic Distribution of Licensed Providers, by Educational Level



Tests of significance were only performed for White, Non-Hispanic and Latina provider groups.

degree or higher. (See Table 3.13.)

Next, we sought to determine the ethnic distribution of licensed providers at different levels of education, as compared to Merced County's overall adult population. For example, were Latina providers more or less likely than other Latino adults in Merced County to have achieved a BA degree? To make this comparison, we examined data from the 2000 U.S. Census on Merced County adults' attainment of BA or higher degrees. White, Non-Hispanic providers (6.1 percent) had also attained BA or higher degrees at lower rates than their counterparts in the overall county population (16.6 percent). Latina providers, however, were more likely to have earned a BA (6.2 percent) than were Latino adults in Merced County overall (3.5 percent).

3) Overall Educational Attainment, by Language

Since many of Merced County's young children speak a first language other than English, and many have parents with limited English proficiency, there is understandable concern about the ability of the early care and education workforce to communicate well with children and their adult family members, and to create learning environments for children that build upon their first language as a foundation for successful mastery of English (Garcia, 2005; Sakai & Whitebook, 2003; Wong-Fillmore & Snow, 1999). Because of the commonly shared goal among policy makers and advocates to build not only a more educated but an ethnically and linguistically diverse early care and education workforce (Calderon, 2005), it is important to understand how language capacity varies among providers with

different levels of educational attainment, in order to design and target professional development resources.

The following is an analysis of educational attainment by language, but it is important to note that since interviews were conducted only in Spanish or English, providers who are fluent in other languages but do not speak English or Spanish are not represented in this study. In addition, we note again that language ability was self-reported by providers, rather than independently verified; we also were unable to determine whether or not there was a linguistic match between providers and the children they served.

Our analyses focused on three issues:

1. the percentage of providers at different educational levels with the self-reported capacity to communicate with children in English and in an additional language;
2. the levels of educational attainment and early childhood training among providers with the self-reported capacity to communicate with children in Spanish and/or in Spanish and English; and
3. the self-reported language capacity of providers who had obtained a college degree in a foreign institution.

Approximately one-third of all providers had the self-reported capacity to communicate with children and families in English and in an additional language. Providers who reported some college as their highest level of educational attainment were more likely to speak English only than providers who reported high school or less as their highest level of education, who typically spoke Spanish only or English and Spanish. Those with an AA or higher degree were more likely

Table 3.13. *Educational Attainment of Licensed Providers, by Ethnicity*

| | Estimated percentage (SE) | | |
|-----------------------------|---------------------------|----------------|----------------|
| | White, Non-Hispanic | Latina | All providers |
| High school diploma or less | 30.6 (6.61) | 43.2 (5.53) | 38.5 (4.28) |
| Some college | 53.1 (7.16) | 42.0 (5.50) | 46.2 (4.39) |
| Associate degree | 10.2 (4.34) | 8.6 (3.13) | 9.2 (2.55) |
| Bachelor's degree or higher | 6.1 (3.44) | 6.2 (2.68) | 6.2 (2.12) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 49 | 81 | 130 |

Tests of significance were only performed for White, Non-Hispanic and Latina provider groups.

to be bilingual than those who reported some college as their highest level of education, who were typically English only speakers. (See Table 3.14.)

In addition, the majority of providers who spoke only Spanish reported high school or less as their highest level of education.

One-half of Spanish-speaking providers with a BA or higher degree had earned their degree from a foreign institution, compared to no non-Spanish-speaking providers with a BA or higher degree. (See Table 3.15.) Spanish-speaking providers were no more likely than those who did not speak Spanish to have a degree related to early childhood development.

Table 3.14. Reported Language Fluency of English- and Spanish-speaking Licensed Providers, by Educational Level

| | Percentage (SE) | | | |
|--------------------------------------|-----------------------------|----------------|----------------------------|----------------|
| | High school diploma or less | Some college | Associate degree or higher | All providers |
| English* | 39.6 (6.74) | 64.0 (5.56) | 40.9 (10.52) | 52.0 (4.09) |
| Spanish ^a | 22.6 (5.77) | 8.0 (3.14) | 9.1 (6.15) | 13.3 (2.78) |
| English, plus an additional language | 37.7 (6.68) | 28.0 (5.2) | 50.0 (10.7) | 34.7 (3.90) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 53 | 75 | 22 | 150 |

Note. Based on the self-assessment of 155 providers.

^a Provider may speak an additional language other than English.

*p < .05, Some college > high school diploma or less, Associate degree or higher.

Table 3.15. Percentage of Spanish-speaking Licensed Providers Obtaining Bachelor's Degree or Higher from Foreign Institutions

| | Percentage (SE) | | |
|----------------------------|------------------------|----------------|--|
| | Does not speak Spanish | Speaks Spanish | All providers with a Bachelor's degree or higher |
| Foreign institution | 0.0 (0.0) | 50.0 (21.4) | 27.3 (14.08) |
| U.S. institution | 100.0 (0.0) | 50.0 (21.4) | 72.7 (14.08) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 5 | 6 | 11 |

Note. Based on the self-assessment of 11 providers.

How well prepared are licensed providers to care for and educate children who are dual language learners or have special needs?

The vast majority of providers have not participated in non-credit training or completed college coursework focused on dual language learning in young children, despite the growing numbers of young children in Merced County who speak a language other than English in their homes. Providers who speak Spanish only, or English and another language, are more likely to have participated in such training.

Many more providers are trained to work with children with special needs. Forty percent of all providers have participated in non-credit training, and about 20 percent have completed college credits, related to children with special needs. Those caring for at least one such child, and those with AA degrees, are more likely to be trained in this area.

As California considers how best to prepare its workforce to meet the needs of young children across the state, particular concern centers on two groups of children:

- the growing number who are dual language learners, many of them from immigrant families; and
- the growing number who have been identified as having special developmental needs.

A pressing question is whether the current early care and education workforce has sufficient skill and knowledge to meet the needs of these children. While it was beyond the scope of this study to assess the overall knowledge and competencies of licensed family child care providers, our interview did allow some initial exploration of providers' professional preparation related to dual language learners and/or children with special needs.

Preparation to Work with Young Children Acquiring a Second Language

In 2005, nearly one-half of children entering public kindergarten in Merced County were estimated to be dual language learners (California Department of Education, 2006). According to recent projections of the growth of this segment of California's population over the next several decades (Hill, Johnson & Tafoya, 2004), it is likely that soon the majority of young children receiving early care and education services will be dual language learners and/or living in families in which some or all of the adults do not speak English.

In this survey, we were able only to investigate which languages providers spoke, not the languages spoken by children in their care. We know, however, from anecdotal reports that a sizeable portion of providers in many areas of the state either care for children for whom English is a second language or will likely be called upon to do so over the course of their careers. We also know from a recent survey of early childhood

teacher preparation programs in Merced County institutions of higher education (Whitebook, Bellm, Lee & Sakai, 2005) that only one-quarter of these programs require a course focused on second-language acquisition in young children, suggesting that exposure to professional development around these issues through college courses is limited.

Our goal was to ascertain the extent to which providers had received any training focused on this topic, by asking whether they had participated in relevant credit-bearing courses and/or non-credit training. Most had not: only 16.6 percent of providers reported that they had received non-credit training, and only 15.3 percent of providers reported that they had completed college coursework, focused on dual language learning in young children. (See Tables 3.16 and 3.18.) The majority of providers (79.6 percent) had participated in neither credit-bearing courses nor non-credit training related to this topic. Providers who *had* participated in non-credit training reported, on average, participating in 11.8 hours of training on this topic. (See Table 3.17.) Among those who had completed college credits related to dual language learning, the average number of credits was 5.5. (See Table 3.19.)

As shown in Table 3.20, providers who spoke Spanish (29.0 percent) were more likely than those who did not (13.4 percent) to have participated in training or courses related to dual language learning. As shown in Table 3.20, there were no significant differences in educational attainment among providers who had participated in training or courses relevant to the needs of dual language children and those who had not.

Preparation to Work with Young Children With Special Needs

Over the last 30 years, the deepening understanding of and ability to identify developmental challenges, coupled with changes in federal law,¹⁴ have led to the increased involvement of early childhood settings in providing services to children with special physical and developmental needs and/or disabilities (Shonkoff & Phillips, 2000). Recognizing that the early care and education workforce was being increasingly called upon to provide such services, the California Legislature passed SB 1703 in 2000, supporting local child care resource and referral programs and child care planning councils in providing training related to children with special needs. This funding was renewed in 2005.

For this study, we were interested in determining how much professional preparation licensed family child care providers had received related to children with special needs. Specifically, we determined:

1. the percentage of providers who had participated in special needs-related training or college courses,

14 Two federal laws in particular have contributed to the inclusion of children with special needs in early childhood programs. The American with Disabilities Act (ADA), a federal civil rights law passed in 1990, prohibits discrimination by child care centers and family child care providers against individuals with disabilities. The ADA requires providers to assess, on a case-by-case basis, what a child with a disability requires in order to be fully integrated into a program, and whether reasonable accommodation can be made to allow this to happen. In addition, the Individuals with Disabilities Education Act, passed in 1975 and reauthorized in 2004, requires public schools to meet the educational needs of children as young as three with disabilities, guarantees early intervention services to infants and toddlers up to age three in their “natural environments,” and addresses the transition of infants and toddlers from early intervention services to preschool programs. Merced County’s equivalent law, the Early Intervention Services Act, is also known as Early Start (Child Care Law Center, 2005).

Table 3.16. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Dual Language Learning Children

| | Percentage (SE) |
|---------------------|-----------------|
| None | 83.4 (3.03) |
| 1 or more hours | 16.6 (3.03) |
| Total | 100.0 |
| Number of providers | 151 |

Table 3.17. Mean Hours of Training Among Licensed Providers Reporting Completion of Non-Credit Training Related to Dual Language Learning Children

| | Mean (SE) |
|------------------------|----------------|
| Mean hours of training | 11.8 (1.56) |
| Number of providers | 25 |

Table 3.18. Percentage of Licensed Providers Reporting Completion of College Credits Related to Dual Language Learning Children

| | Percentage (SE) | |
|---------------------|---------------------------------------|----------------|
| | Providers with some college or higher | All providers |
| None | 84.7 (3.65) | 40.1 (2.42) |
| 1 or more credits | 15.3 (3.65) | 59.9 (2.42) |
| Total | 100.0 | 100.0 |
| Number of providers | 98 | 152 |

Table 3.19. Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Dual Language Learning Children

| | Mean (SE) |
|------------------------|---------------|
| Mean number of credits | 5.5 (1.45) |
| Number of providers | 15 |

Table 3.20. Percentage of Licensed Providers Reporting Completion of Credit or Non-Credit Training Related to Dual Language Learning Children, by Language Fluency and Educational Attainment

| | | Percentage of licensed providers, by number of credits or hours in dual language learning (SE) | | | |
|----------------------------------|-----------------------------|--|----------------|-------|---------------------|
| | | None | 1 or more | Total | Number of providers |
| By language fluency* | Does not speak Spanish | 86.6 (3.78) | 13.4 (3.78) | 100.0 | 82 |
| | Speaks Spanish | 71.0 (5.48) | 29.0 (5.48) | 100.0 | 69 |
| | All providers | 79.5 (3.30) | 20.5 (3.30) | 100.0 | 151 |
| | | | | | |
| By educational attainment | High school diploma or less | 87.0 (4.59) | 13.0 (4.59) | 100.0 | 54 |
| | Some college | 77.3 (4.85) | 22.7 (4.85) | 100.0 | 75 |
| | Associate degree or higher | 69.6 (9.63) | 30.4 (9.63) | 100.0 | 23 |
| | All providers | 79.6 (3.28) | 20.4 (3.28) | 100.0 | 152 |

Note. Language fluency based on the self-assessment of 151 providers.
 * $p < .05$, Speaks Spanish > does not speak Spanish (1 or more).

2. whether providers who reported caring for at least one child with special needs were more likely to have participated in relevant education and training, and
3. differences in overall educational attainment between providers who cared for children with special needs and those who did not, as well as those who had or had not participated in special needs-related training or education.

Providers' Overall Levels of Professional Development Related to Special Needs

We found that 44.7 percent of all licensed providers in the county, whether they served any children with special needs or not, had participated either in non-credit training or in college coursework related to special needs. (See Table 3.21.) Approximately two-fifths of all providers (40.1 percent) reported that they had participated in non-credit training related to special needs, and their average number of training hours was 13.8. (See Tables 3.22 and 3.23.) Fewer providers (18.4 percent) had participated in college credit-bearing courses on this subject, and among them, the average number of credits received was 11.5. (See Table 3.24.) Providers licensed to care for 14 children were equally likely as those licensed to care for eight children to have completed at least one college credit, or some non-credit training, related to children with special needs.

Professional Development Related to Special Needs, by Number of Children with Special Needs Served

Overall, about 20 percent of providers reported caring for at least one child with special needs. We examined what percentage of providers who cared for at least one child with special needs reported

having participated either in non-credit training or in college coursework related to special needs, and found that 79.3 percent had done so. We also found that those who cared for at least one child with special needs were more than twice as likely to have participated in some related professional development as were those who cared for no such children. (See Table 3.21.)

Non-Credit Training Related to Special Needs

Providers caring for at least one child with special needs had participated in more non-credit training than had providers caring for no such children. (See Table 3.22.) Among those who had at least one child with special needs in their care, 75.0 percent had participated in relevant non-credit training, and 46.4 percent had completed at least eight hours of such training, whereas only 32.3 percent of providers serving no children with special needs had received such non-credit training, and 24.2 percent had completed at least eight training hours. (See Tables 3.22 and 3.23.)

College Credits Related to Special Needs

When examining only those providers who had completed some education beyond high school, we found that 18.4 percent had completed one or more college credits related to working with children with special needs. Among providers who had completed some college work, those serving one or more children with special needs were no more likely to have units related to children with special needs than were those with no such children in their care. (See Table 3.24.)

Providers' Overall Educational Attainment, by Number of Children with Special Needs Served

Providers serving children with special needs did not report statistically higher levels of overall educational attainment than providers not serving such children. (See Table 3.25.)

Table 3.21. Percentage of Licensed Providers Reporting Completion of Credit or Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served

| | Percentage of licensed providers, by number of children with special needs (SE) | | |
|------------------------------|---|--------------------|----------------|
| | No children | 1 or more children | All providers |
| 0 credits or hours* | 63.4 (4.36) | 20.7 (7.55) | 55.3 (4.05) |
| 1 or more credits or hours** | 36.6 (4.36) | 79.3 (7.55) | 44.7 (4.05) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 123 | 29 | 152 |

*p < .001, No children > 1 or more children.
**p < .001, 1 or more children > no children.

Table 3.22. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served

| | Percentage of licensed providers, by number of children with special needs (SE) | | |
|----------------------------|---|--------------------|----------------|
| | No children | 1 or more children | All providers |
| 0 hours* | 67.7 (4.21) | 25.0 (8.21) | 59.9 (3.99) |
| 1 or more hours** | 32.3 (4.21) | 75.0 (8.21) | 40.1 (3.99) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 124 | 28 | 152 |

*p < .001, No children > 1 or more children.
**p < .001, 1 or more children > no children.

Table 3.23. Hours of Training Among Licensed Providers Reporting Completion of Non-Credit Training Related to Children with Special Needs, by Number of Such Children Served

| | Percentage of licensed providers, by number of children with special needs (SE) | | |
|----------------------------|---|----------------|----------------|
| | None* | 1 or more** | All providers |
| 0 hours | 67.7 (4.21) | 25.0 (8.21) | 59.9 (3.99) |
| 1 - 7 hours | 8.1 (2.45) | 28.6 (8.57) | 11.8 (2.63) |
| 8 or more hours | 24.2 (3.86) | 46.4 (9.46) | 28.3 (3.67) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 124 | 28 | 152 |

*p < .001, 0 hours > 1 to 7 hours, 8 or more hours
**p < .001, 1 to 7 hours, 8 or more hours > 0 hours.

Table 3.24. Percentage of Licensed Providers Reporting Completion of College Credits Related to Children with Special Needs, by Number of Such Children Served

| | | Percentage of licensed providers, by number of children with special needs (SE) | | |
|--|-------------------|---|----------------|----------------|
| | | None | 1 or more | All providers |
| Providers with some college or higher | 0 credits | 85.3 (4.11) | 69.6 (9.64) | 81.6 (3.93) |
| | 1 or more credits | 14.7 (4.11) | 30.4 (9.64) | 18.4 (3.93) |
| <i>Total</i> | | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | | 75 | 23 | 98 |
| All providers* | 0 credits | 91.3 (2.52) | 76.7 (7.75) | 88.5 (2.57) |
| | 1 or more credits | 8.7 (2.52) | 23.3 (7.75) | 11.5 (2.57) |
| <i>Total</i> | | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | | 126 | 30 | 156 |

*p < .05, 0 credits > 1 or more credits (None).

Table 3.25. Educational Attainment of Licensed Providers Serving Children with Special Needs, by Number of Such Children Served

| | Percentage of licensed providers, by number of children with special needs (SE) | | |
|-----------------------------|---|----------------|----------------|
| | None | 1 or more | All providers |
| High school diploma or less | 37.3 (4.32) | 23.3 (7.75) | 34.6 (3.82) |
| Some college | 50.0 (4.47) | 50.0 (9.16) | 50.0 (4.02) |
| Associate degree or higher | 12.7 (2.98) | 26.7 (8.10) | 15.4 (2.90) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 126 | 30 | 156 |

Discussion

This report provides a current profile of licensed family child care in Merced County. Here, we briefly comment on the findings we consider most relevant to current efforts to design and improve policies that impact the quality and availability of services for young children prior to kindergarten.

Our study has sought to answer five overarching questions:

1. Who constitutes the current licensed family child care workforce in Merced County?
2. What are the characteristics of children served by Merced County's licensed family child care providers?
3. What is the level of educational attainment and early childhood development-related training among licensed family child care providers?
4. How do level of overall educational attainment, and of specific training related to early childhood development, vary among licensed family child care providers?
5. How well prepared are licensed providers to care for and educate children who are dual language learners or have special needs?

1) Who constitutes the licensed family child care workforce in Merced County?

In Merced County, the typical licensed family child care provider is a Latina in her early forties who has been taking care of children in her home for nearly eight years. She is likely to speak both English and Spanish, and to work without a paid assistant. This profile varies, however, depending on the licensed capacity of her home. Those operating large homes, for example, are likely to have worked longer in child care than operators of small homes.

Demographically, the licensed family child care workforce in Merced County is characterized by both diversity and uniformity.

On one hand, licensed providers are an ethnically and linguistically diverse group, more closely approximating the backgrounds of children and families than teachers in the K-12 public school system. This rich diversity in language and culture mirrors the cultural and linguistic makeup of the county, and provides a promising foundation on which to revamp and expand services for young children. But in light of the continuing efforts to upgrade the knowledge and skills of California's early care and education workforce – in particular, the proposed increase in educational standards for teachers in publicly funded preschool – the challenge will be to intentionally maintain and expand this workforce diversity. This can only be done by investing in a range of appropriate supports that will truly allow people from a wide spectrum of cultural, linguistic, educational and financial backgrounds to access professional development opportunities. A proactive strategy will be essential, including scholarships, tutoring, conveniently scheduled and located classes, and resources for students learning English as a second language.

On the other hand, family child care

providers are virtually all women, and are in roughly the same age group. Both of these issues speak to potential problems facing the early care and education field.

The age of this workforce raises questions about the supply of child care services in the future. Currently the pool of providers appears to be self-replenishing, with a relatively constant number of providers entering and leaving the field from year to year, as determined by the stability of licensed capacity. Less than ten percent of family child care providers are under 30, underscoring the need for more proactive recruitment strategies than are now in place, particularly geared to younger people.

With respect to gender, it has been noted repeatedly that the absence of male role models can be detrimental for young children, particularly for those without a constant adult male presence in their lives. While the gender balance of the family child care workforce is not likely to shift dramatically, given the complexity of gender-based discrimination and opportunity, the inclusion of more men in this field is worthy of attention as part of ongoing recruitment strategies. It is also possible that there is a greater male presence in family child care homes than we could ascertain from our data, but due to the interview length, we did not collect data about the gender of paid assistants or

of family members who regularly interact with the children; further research could easily answer this question.

In addition, rising housing costs further underscore the importance of expanded recruitment and retention strategies. Previous research has identified a high level of home ownership among licensed providers (Whitebook et al., 2002), in part necessitated by the challenges renters often face in seeking to operate a family child care business – for example, securing a landlord’s cooperation in making the necessary renovations or repairs in order to meet licensing standards. The lower rate of home ownership among less tenured providers suggests that even in the county’s relatively affordable housing market, the supply of licensed family child care could be in danger as home ownership grows beyond the reach of new or potential providers.

This study breaks new ground by focusing attention on paid family child care assistants, a group not often included in discussions of the early care and education workforce. The finding that most providers do not work with a paid assistant may give the impression that family child care employees (in contrast to licensed providers themselves) play a small role in the delivery of early care and education. Yet our estimate of over 100 paid assistants in Merced County signals that this segment of the workforce deserves greater attention with respect to professional preparation and working conditions. Previous research (Whitebook & Sakai, 2004) has shown that the presence of a greater proportion of highly trained staff within a child care setting contributes to the overall quality of a program and promotes staff retention.

Efforts to target and encourage paid assistants, as well as providers, to learn more about early childhood development should be encouraged.

2) What are the characteristics of children served by Merced County’s licensed family child care providers?

In Merced County, more than 500 licensed family child care providers and paid assistants care for approximately 3,000 children, mostly in mixed-age groups. Approximately two-thirds of the children cared for by licensed providers are not yet in kindergarten, and about 40 percent of them are age two or under. Two-thirds of licensed providers report caring for at least one child who receives public child care assistance. Twenty percent of licensed providers report caring for at least one child with special needs.

Policy makers and planners typically rely on data about *licensed capacity*, rather than *enrollment*, as a proxy for supply. Previous research has suggested that capacity typically overestimates enrollment, and our data replicated this pattern (Whitebook et al., 2002). Although our data do not permit us to assess why enrollment levels fall below licensed capacity, they nonetheless allow for better-informed calculations by those planning new initiatives or expanding current services. Further research could help clarify the reasons for lower enrollment rates, and could assess whether reaching licensed capacity is actually likely or even desirable. Many providers may wish to care for more children than they do, but others may feel, despite what licensing permits, that their business operates best with smaller numbers of children.

Our study provides a detailed picture of the children in licensed family child care in terms of age, special needs, and whether their families receive public subsidies to cover the cost of their care.

With respect to age, the standard practice among licensed providers statewide is to care for a mixed-age group of children, which almost always includes children between the ages of two and five. Typically, providers care for more

children in the two-to-five age range than under age two, largely because of differing staffing requirements for serving infants and toddlers. This mixed-age pattern has evolved as a good business practice, and it raises questions about the possible impact on the age composition and financial stability of family child care homes if more publicly funded preschool options become available for four-year-olds. Issues to be considered include: the impact of more four-year-olds currently enrolled in family child care attending centers for part of the day; the impact on the supply of infant/toddler care if providers choose to serve four-year-olds exclusively; the extent of career opportunities for family child care providers who meet publicly funded preschool standards and receive higher reimbursements; and the availability of educational and quality improvement pathways for providers who choose to upgrade their programs to become either publicly funded preschool sites or affiliated extended-day services. The data reported here do not address these scenarios directly, but provide a baseline description of the current landscape that can help frame additional research.

Two-thirds of all licensed providers in Merced County currently care for at least one child who receives a voucher to cover the cost of child care services. This is remarkable, considering that

little more than two decades ago, public dollars were not permitted to be spent in licensed family child care homes. This sea change has gone hand-in-hand with the increase of public vouchers flowing to other previously excluded types of care, including license-exempt home-based care and for-profit center care. In all such cases, the question arises whether public dollars are being used to provide high-quality services to young children, since voucher recipients are not required to meet any standards beyond basic licensing requirements, which are widely acknowledged as minimal at best. While an assessment of quality was beyond the scope of this study, our findings do point to the potential leverage for improving quality that could be linked to the voucher system, since it currently touches such a high proportion of licensed homes in the county. Given the documented benefits to young children from low-income families who attend a high-quality early childhood program (Helburn, 1995), it is fitting to explore how public dollars could be used to upgrade these settings as a way to narrow the achievement gap between children of low-income families and those from better-off families.

Further discussion of children with special needs can be found below, under question 5.

3) What is the level of educational attainment and early childhood development-related training among licensed family child care providers?

Compared to Merced County's overall female population, licensed family child care providers are more likely to have attended college, about equally likely to have completed a two-year college degree or higher, and less likely to report high school or less as their highest level of education.

Approximately 15 percent of providers have obtained a two-year, four-year or graduate degree, typically not related to early childhood development. About 40 percent of all providers report having completed at least one college credit related to early childhood development, and slightly more than one-half report participating in non-credit-bearing training related to that subject. About one-third of providers report that their paid assistants have participated in some early childhood-related non-credit training or college courses.

People hold conflicting images of the educational and professional preparation of the licensed family child care workforce. Some see family child care providers as a group without college-level experience or training, and others point to the increasing numbers of providers with relatively high levels of educational attainment and involvement in early childhood-related training.

Our data suggest that both these images reflect the reality of the current workforce. More than one-half of providers have at least minimal college-level training in early childhood education, and a small segment have earned college degrees. On the other hand, many providers have no college-level experience, particularly related to early childhood. With respect to proposed educational requirements for participating as a teacher in publicly funded preschool, it is difficult to speak of providers as a uniform group. For some, the proposed new requirements may be within reach or may have been already met, while others may not find it realistic to pursue this new opportunity. Generally, rates of

college attainment are lower among adults in Merced County and the surrounding region than in other areas of the state, and this is also true for the county's family child care providers.

It is important to note that a sizable portion of licensed providers have participated in non-credit training related to early childhood development as well as college courses, suggesting that this form of training may be relevant to many. When providers accumulate non-credit training, however, their efforts often do not lead to professional opportunities that require college-based benchmarks, such as Merced County CARES. Currently, the resource and referral agency, First 5, Merced College, and the Merced County Office of Education are working to make course offerings more useful and available to family child care providers, and this is a positive development. Additionally, efforts to provide some standards for non-credit training may help to improve articulation between the non-credit and credit worlds, and therefore expand the professional opportunities available to providers.

4) How do levels of overall educational attainment, and of training related to early childhood development, vary among licensed family child care providers?

Levels of education among family child care providers do not vary among Merced County providers by licensed capacity, age of children cared for, or number of subsidized children cared for. While most Merced County providers have not completed college degrees, Latina and White, Non-Hispanic providers, have completed degrees at similar rates. Providers who have obtained a BA or higher degree are more likely to be bilingual than providers with less education, while providers with a high school degree or less are more likely to report speaking Spanish only or English and another language.

Regardless of educational level, the average family child care provider is in her early forties.

A well-trained, culturally diverse and competent workforce serving young children, wherever they live in the state and whatever their family income, is the stated goal of many who are involved in efforts to improve and expand early care and education services. By examining how the educational and professional preparation of the current workforce varies along several dimensions, these data point to the need for a differential strategy for targeting professional development resources for the current and emerging workforce if this goal is to be met.

Overall educational attainment of the family child care workforce in Merced County is higher for Latinas and lower for White, Non-Hispanics compared to that found among all adults in the county, but is generally low compared to other parts of the state. Access to education requires attention in order to address current disparities among providers serving young children. Current efforts to expand higher education offerings to communities without college campuses, to utilize distance learning, and to engage community agencies in offering credit-

bearing training, should be strengthened and expanded.

Our findings confirm that almost all family child care providers serve children across the 0-5 age span, and thus they underscore how important it is for early childhood-related training to focus on infants and toddlers as well as preschoolers. At the same time – since many licensed providers, whether they choose to become publicly funded preschool sites or not, are likely to continue caring for preschool children for much of the day – it is important that training opportunities be made available to all who work with children prior to kindergarten, not just those serving as Teachers and instructional aides for four-year-olds in publicly funded preschool.

With regard to educational attainment by ethnicity, our data suggest that college participation and degree attainment is low across all groups, and particularly among speakers of Spanish only. Many communities recognize this phenomenon and are engaged in efforts to make college more accessible to Latina providers, in part by providing entry-level early

childhood courses in Spanish, and intentionally using early childhood-related content as a vehicle for helping Spanish speakers build the English skills necessary to complete college degrees.

Our finding that Spanish-speaking degree holders had often completed a degree from a foreign institution points to the importance of providing resources for transcript translation and review. This may enable providers who seek certification to reduce the likelihood of having to repeat classes, which is now common for foreign degree holders.

5) How well prepared are licensed providers to care for and educate children who are dual language learners or have special needs?

The vast majority of providers have not participated in non-credit training or completed college coursework focused on dual language learning in young children, despite the growing numbers of young children in Merced County who speak a language other than English in their homes. Providers who speak Spanish only, or English and another language, are more likely to have participated in such training.

Many more providers are trained to work with children with special needs. Eighty percent of all providers have participated in non-credit training, and about 20 percent have completed college credits, related to children with special needs. Those caring for at least one such child, and those with AA degrees, are more likely to be trained in this area.

Our data show that the vast majority of family child care providers in Merced County have not engaged in either non-credit or credit-bearing training related to dual language learning. This is largely because such training and coursework are not generally available, reflecting the need to update the courses of study at our training institutions, both college- and community-based, and to expand the pool of instructors who are knowledgeable about this subject (Whitebook, Bellm, Lee & Sakai, 2005).

in these subjects must be offered if we hope to build an early care and education workforce that is well prepared to meet the diverse needs of Merced County's young children.

By contrast, many more providers in the state have received training or college coursework related to serving children with special needs. This is a reflection of an intentional strategy, supported by resources through SB 1703, to make such training available. The passage in 2005 of SB 640, extending this training program conducted by the Challenged Family Resource Center, has the potential to reach even more of the provider population with important information related to children with special needs. A similar effort around dual language learning is much needed. Additionally, more advanced coursework and training

* * * * *

In the last five years, with the availability of more resources for children ages 0 to 5 flowing through local and state First 5 Commissions and other sources, there has been a concerted effort to expand professional development opportunities for licensed family child care providers, and to make these offerings more relevant and accessible. In the process of expanding resources, however, many of the limitations of the state's current professional development infrastructure have become more visible.

Now, as Merced County and various counties embark on publicly funded preschool for four-year-olds, there is an opportunity to develop comprehensive state and local plans for professional development that are inclusive of teachers and providers in a variety of settings, whether they work primarily with four-year-olds or with younger and older children. As their foundation, such plans should reflect the latest information about what practitioners need to know and do in order to help children realize their potential.

This study has provided a snapshot of the licensed family child care provider workforce in 2005, capturing current strengths and areas in need of improvement. It is to be hoped that future assessments will document great strides toward creating an even more diverse, culturally competent workforce, well prepared to meet the needs of Merced County's young children.

Appendix A: Additional Tables

Table A1. Age Distribution of Licensed Providers Compared to Women in the Merced County Labor Force^a

| | Percentage (SE) | |
|----------------------------|--------------------|--|
| | Licensed providers | Women in the Merced County labor force |
| 29 years or younger | 7.7 (2.14) | 19.7 |
| 30 to 54 years | 78.2 (3.32) | 67.4 |
| 55 years or older | 14.1 (2.79) | 13.0 |
| <i>Total</i> | 100.0 | 100.0 |
| <i>Number of providers</i> | 156 | 33,711 |

^a US Census Bureau (2000a).

Table A2. Age Distribution of Licensed Providers, Countywide and by Licensed Capacity

| | Percentage (SE) | | |
|----------------------------|-----------------|----------------|----------------|
| | All homes | Small homes | Large homes |
| 34 years or younger | 7.7 (2.14) | 10.0 (2.87) | 2.2 (2.20) |
| 35 to 54 years | 78.2 (3.32) | 80.9 (3.76) | 71.1 (6.78) |
| 55 years or older* | 14.1 (2.79) | 9.1 (2.75) | 26.7 (6.61) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 155 | 110 | 45 |

*p < .01, Large homes > small homes.

Table A3. Ethnic Distribution of Licensed Providers Compared to the Merced County Female Adult Population,^a Public K-12 Teachers,^b and Children 0-5 Years^a

| | Percentage (SE) | | | |
|-----------------------------------|--------------------|---------------------------------------|----------------------|--------------------|
| | Licensed providers | Merced County female adult population | Public K-12 teachers | Children 0-5 years |
| White, Non-Hispanic | 32.0 (3.78) | 42.9 | 74.8 | 25.2 |
| Latina | 52.9 (4.05) | 45.8 | 17.9 | 63.5 |
| African American | 7.8 (2.18) | 3.4 | 1.6 | 2.5 |
| Asian/Pacific Islander | 0.7 (0.65) | 5.6 | 4.1 | 5.0 |
| American Indian or Alaskan Native | 2.0 (1.12) | 0.9 | 0.6 | 0.3 |
| Multiethnic | 4.6 (1.69) | 1.4 | 0.9 | 3.4 |
| <i>Total</i> | 100.0 | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 153 | 56,548 | 2,653 | 24,553 |

^a California Department of Finance (2004).

^b California Department of Education (2005b).

Table A4. Reported Language Fluency of Licensed Providers Compared to the Merced County Adult Population^a

| | Percentage (SE) | |
|---|--------------------|--------------------------------|
| | Licensed providers | Merced County adult population |
| English only | 50.3 (4.03) | 56.5 |
| Spanish only | 12.9 (2.70) | 16.8 |
| English and Spanish | 33.5 (3.80) | 26.7 |
| English, plus an additional language, not Spanish | 3.3 (1.42) | 4.8 |
| <i>Total</i> | 100.0 | 100.0 |
| <i>Number of providers</i> | 155 | 112,582 |

Note: Based on the self-assessment of a sample of 155 providers.

^a US Census Bureau (2000b).

Table A5. Percentage of Licensed Providers with Paid Assistants, Countywide and by Licensed Capacity

| | Percentage (SE) | | |
|-----------------------------|-----------------|----------------|----------------|
| | All homes | Small homes | Large homes |
| No paid assistants* | 75.6 (3.47) | 83.6 (3.54) | 55.6 (7.43) |
| 1 or more paid assistants** | 24.4 (3.47) | 16.4 (3.54) | 44.4 (7.43) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 155 | 110 | 45 |

* $p < .001$, Small homes > large homes.

** $p < .001$, Large homes > small homes.

Table A6. Percentage of Licensed Providers Serving Children with Special Needs, Countywide and by Licensed Capacity

| | Percentage (SE) | | |
|---------------------------------------|-----------------|----------------|----------------|
| | All homes | Small homes | Large homes |
| No children with special needs | 80.6 (3.18) | 81.8 (3.69) | 77.8 (6.22) |
| 1 or more children with special needs | 19.4 (3.18) | 18.2 (3.69) | 22.2 (6.22) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 155 | 110 | 45 |

Table A7. Educational Attainment of Licensed Providers Compared to the Merced County Female Adult Population^a

| | Percentage (SE) | |
|-----------------------------|--------------------|---------------------------------------|
| | Licensed providers | Merced County female adult population |
| High school diploma or less | 34.6 (3.82) | 56.5 |
| Some college | 50.0 (4.02) | 24.7 |
| Associate degree | 8.3 (2.22) | 8.1 |
| Bachelor's degree or higher | 7.1 (2.06) | 10.7 |
| <i>Total</i> | 100.0 | 100.0 |
| <i>Number of providers</i> | 156 | 48,784 |

^aUS Census Bureau (2000a).

Table A8. Percentage of Licensed Providers, by Degree Attainment Related to Early Care and Education

| | Percentage (SE) | | |
|----------------------------|---|------------------|-----------------------------|
| | All providers with an AA or higher degree | Associate degree | Bachelor's degree or higher |
| Degree related to ECE | 20.8 (8.47) | 23.1 (4.94) | 18.2 (11.88) |
| Degree unrelated to ECE | 79.2 (8.47) | 76.9 (4.94) | 81.8 (11.88) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 24 | 13 | 11 |

Table A10. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Educational Level

| | Percentage (SE) | |
|-----------------------------|-----------------|---------------------|
| | Merced County | Number of providers |
| High school diploma or less | 43.4 (6.83) | 53 |
| Some college | 59.0 (5.59) | 78 |
| Associate degree | 61.5 (13.54) | 13 |
| Bachelor's degree or higher | 81.8 (11.67) | 11 |
| All providers | 55.5 (4.00) | 155 |

Table A9. Mean Number of Credits Among Licensed Providers Reporting Completion of College Credits Related to Early Care and Education, by Educational Level

| | Estimated mean (SE) | |
|-----------------------------|---------------------|---------------------|
| | Merced County | Number of providers |
| Some college | 14 (2.13) | 35 |
| Associate degree | 30.1 (8.2) | 7 |
| Bachelor's degree or higher | 15.9 (5.7) | 8 |

*p < .05, Some college < Associate degree.

Table A11. Percentage of Licensed Providers who Employed At Least One Paid Assistant with College Credits, by Provider Education

| | Percentage (SE) | |
|--|-----------------|---------------------|
| | Merced County | Number of providers |
| High school diploma or less | 10.0 (9.62) | 10 |
| Some college | 38.9 (11.65) | 18 |
| Associate degree | 50.0 (25.34) | 4 |
| Bachelor's degree or higher | 40.0 (22.21) | 5 |
| All providers who employed at least one paid assistant | 32.4 (7.80) | 37 |

Table A12. Educational Attainment of Licensed Providers, Countywide and by Licensed Capacity

| | Percentage (SE) | | |
|-----------------------------|-----------------|----------------|----------------|
| | All homes | Small homes | Large homes |
| High school diploma or less | 34.2 (3.82) | 33.6 (4.52) | 35.6 (7.16) |
| Some college | 50.3 (4.03) | 51.8 (4.78) | 46.7 (7.46) |
| Associate degree | 8.4 (2.23) | 7.3 (2.48) | 11.1 (4.70) |
| Bachelor's degree or higher | 7.1 (2.07) | 7.3 (2.48) | 6.7 (3.73) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 155 | 110 | 45 |

Table A13. Percentage of Licensed Providers Reporting Completion of Non-Credit Training Related to Early Care and Education, by Number of Publicly Subsidized Children Served

| | Percentage of licensed providers, by number of publicly subsidized children (SE) | | |
|----------------------------|--|----------------|----------------|
| | None | 1 or more | All providers |
| No non-credit training | 49.0 (7.16) | 42.5 (4.82) | 44.5 (4.00) |
| 1 or more hours | 51.0 (7.16) | 57.5 (4.82) | 55.5 (4.00) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 49 | 106 | 155 |

Table A14. *Ethnic Distribution of Licensed Providers, by Educational Level*

| | Percentage (SE) | | | |
|----------------------------|-----------------|-----------------------------|----------------|----------------------------|
| | All providers | High school diploma or less | Some college | Associate degree or higher |
| White, Non-Hispanic | 37.7 (4.25) | 30.0 (6.48) | 43.3 (6.40) | 40.0 (10.96) |
| Latina | 62.3 (4.25) | 70.0 (6.48) | 56.7 (6.40) | 60.0 (10.96) |
| <i>Total</i> | 100.0 | 100.0 | 100.0 | 100.0 |
| <i>Number of providers</i> | 364 | 83 | 153 | 69 |

Tests of significance were only performed for White, Non-Hispanic and Latina provider groups.

Appendix B:

Methodology for Estimating the Number of Children Served in Licensed Family Child Care and the Size of the Family Child Care Workforce in Merced County

Overview

In Merced County, because of the relatively small size of the licensed family child provider population, we attempted to interview all providers. As anticipated, we were unable to do so, since some providers were out of business and others could not or chose not to complete an interview. Our sample of interviewed providers gives us sound information about the percentages of the provider population with specific characteristics. To obtain actual numbers, however, such as the number of children served in licensed family child care and the size of the county's family child care workforce, it was necessary to compute estimates from the sample of interviewed providers, taking into account various factors related to the entire provider population.

In the normal course of events, providers go out of business and new providers replace them, and a description of the "universe" (or total provider population), if continually updated, will adjust for these changes. Because there was a gap of several months between the last point at which we updated the survey universe and the time at which we began interviews, however, our universe included providers who were out of business, but did not include the newest providers who had started their businesses in the interim.

The total universe of providers in Merced County was 406, and we interviewed 156 providers. During the interviewing process, approximately 43 percent of the providers contacted were out of business, but were not replaced with new providers. Our estimates for the total number of children served and the size of the family child care workforce

take both of these factors (sample size and percentage out of business) into account.

We calculated the estimate of the total number of children served and the size of the provider workforce in two ways, a high and low calculation. The high estimate treated all providers alike. The low estimate assumed that the new providers who would have replaced the out-of-business providers in the universe would have characteristics similar to the providers in the sample who had been in business for one year or less. These newer providers typically operated homes with smaller licensed capacity and with fewer paid assistants. There were 17 providers in the Merced County sample who had been in business for one year or less.

Methodology: High Estimate

1. Calculate a ratio to create a multiplier for the sample to the universe:
 $406/156 = 2.6$.
2. Multiply the sum of children in the sample by the multiplier (2.6) to calculate the estimated total number of children served.
3. Multiply the sum of paid assistants in the sample by the multiplier (2.6) to calculate the estimated total number of paid assistants.
4. Add the estimated number of paid assistants to the total number of family child care providers in the survey universe (406) to calculate the size of the county's licensed family child care workforce.

Methodology: Low Estimate

1. Estimate the number of new providers in the universe. As stated above, 43 percent of providers in the universe were out of business, and, in the

- normal course of events, would have been replaced with new providers. Multiply the universe (406) by the percentage out of business (43%). This would be the number of new providers in the universe: $406 \times .4334 = 176$.
2. Estimate the number of more tenured providers in the universe. Fifty-seven percent of the providers in our sample were in business. Multiply the universe (406) by the percentage in business (57%). This would be the number of more tenured providers in the universe: $406 \times .5666 = 230$.
 3. Create a ratio of the new providers in the universe to the new providers in the sample (providers in business one year or less, $N=17$) to create a multiplier for the sample to the universe for new providers: $176/17 = 10.4$.
 4. Create a ratio of the more tenured providers in the universe to the more tenured providers in the sample (providers in business more than one year, $N=139$) to create a multiplier for the sample to the universe for more tenured providers: $230/139 = 1.7$.
 5. Multiply the sum of children served by new providers (in business one year or less) in the sample by the “new provider” multiplier (10.4) to calculate an estimated total of children served by providers in business one year or less.
 6. Multiply the sum of children served by providers in business more than one year in the sample by the “more tenured provider” multiplier (1.7) to calculate an estimated total of children served by providers in business more than one year.
 7. Add the two estimates together to estimate the total number of children served.
 8. Multiply the sum of paid assistants employed by providers in business one year or less in the sample by the “new provider” multiplier (10.4) to calculate an estimated total of paid assistants employed by providers in business for one year or less.
 9. Multiply the sum of paid assistants employed by providers in business for more than one year in the sample by the “more tenured provider” multiplier (1.7) to calculate an estimated total of paid assistants employed by providers in business for more than one year.
 10. Add the two estimates together for an estimated total of paid assistants.
 11. Add the estimated total of paid assistants (Step 10) to the total number of family child care providers in the survey universe (406) to estimate the size of the county’s licensed family child care workforce.

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