

AGENDA

MEETING OF THE BOARD OF COMMISSIONERS

Chair: Holly J. Mitchell

Thursday, July 13, 2023

1:30 PM – 4:30 PM

Meeting Location:

First 5 LA

750 N. Alameda Street

Los Angeles, CA 90012

1. **ACTION**
Call to Order / Roll Call
2. **ACTION**
AB 2449 Request(s) to Participate Remotely Due to Emergency Circumstances and Notice(s) of Remote Participation for Just Cause
3. **ACTION**
Consent
 - A. Approve Special Commission Meeting Summary Action Minutes and Transcript - June 8, 2023 3
 - B. Approve the Monthly Financial Statements for the Month Ending May 31, 2023 100
 - C. Contract: Approve One (1) Amendment and Authorize Staff to Complete Final Execution of the Amendment Upon Approval from the Board 106
4. **INFORMATION**
Remarks by the Commission Chair of the Board
5. **INFORMATION** 108
Executive Director's Report
6. **INFORMATION** 112
Strategic Plan Reset: Using Parent and Early Educators Voices and Data to Inform Our Systems Change Approach for Early Care and Education

COMMISSIONERS

Los Angeles County Supervisor
Holly J. Mitchell
Chair

Brandon Nichols
Vice Chair

Judy Abdo
Robert Byrd, Psy.D.
Astrid Heger, M.D.
Yvette Martinez

Summer McBride
Maricela Ramirez
Carol Sigala

EX OFFICIO MEMBERS

Barbara Ferrer, Ph.D.,
M.P.H., M.Ed.
Jacquelyn McCroskey, DSW
Deanne Tilton

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

Presenters: John Wagner, Executive Vice President; Gina Rodriguez, Program Officer, Early Care and Education; Dr. Susan Savage, Director of Research, Child Care Resource Center (CCRC); Olivia Pillado, Research Manager, Child Care Resource Center (CCRC); Jenny Liao, Liao Family Child Care; Justine Flores, Flores Family Child Care; Lea Austin, Executive Director, Center for the Study of Child Care Employment; and Anna Powell, Senior Research and Policy Associate, Center for the Study of Child Care Employment

7. Break

8. **INFORMATION**

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Strategic Plan Reset: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

Presenters: Antoinette Andrews Bush, Chief Transformation Officer; Chrissie M. Castro, Chrissie M. Castro & Associates; and Rigoberto Rodriguez, Chrissie M. Castro & Associates

9. **INFORMATION**

Public Comment (for items not on the agenda)

10. **ACTION**

Adjournment



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SUMMARY ACTION MINUTES

**FIRST 5 LA
June 8, 2023**

**Meeting of the Board of Commissioners
Hybrid of In-Person and Virtual
Closed Session: 12:15-1:15 pm
Regular Session: 1:30-4:30 pm**

COMMISSIONER PRESENT

Commissioners:

Judy Abdo
Luis Bautista (Alternate)
Robert Byrd
Astrid Heger
Yvette Martinez
Summer McBride
Holly Mitchell (Chair)
Brandon Nichols (Vice Chair)
Carol Sigala

Ex-Officio Commissioners:

Jacquelyn McCroskey
Deanne Tilton

COMMISSIONERS ABSENT:

Barbara Ferrer [Excused]
Maricela Ramirez [Excused]

STAFF PRESENT:

Peter Barth, Chief of Staff
Karla Pleitez Howell, Executive Director
Linda Vo, Board Relations Manager
John Wagner, Executive Vice President, Center for
Child and Family Impact

GENERAL COUNSEL:

Serita Young, Attorney-at-Law

CALL TO ORDER / ROLL CALL:

1. Commission Chair Holly Mitchell called the meeting to order at 1:34 pm. Quorum was present.
2. **AB 2449 Request(s) to Participate Remotely Due to Emergency Circumstances and Notice(s) of Remote Participation for Just Cause**

No Commissioners joined the meeting virtually under AB 2449.
3. **Report out on Closed Session of the Board of Commissioners – June 8, 2023**

There were no reportable items.
4. **CONSENT**
 - A. **Approve Special Commission Meeting Summary Action Minutes and Transcript – May 4, 2023**
 - B. **Approve the Monthly Financial Statements for the Month Ending April 30, 2023**
 - C. **Contracts: Approve 34 Renewals and Authorize Staff to Complete Final Execution of the Agreements Upon Approval from the Board**
 - D. **Approve Amendment of the Strategic Partnership with 13 Welcome Baby Grantees, in the Amount of \$54,223,000 for a Total of \$285,307,212 Through June 30, 2025 to Implement Welcome Baby Program and Authorize First 5 LA Staff to Execute 13 Separate Agreements in the Amount of \$21,563,000**
 - E. **Approve Amendment of the Strategic Partnership with the California Community Foundation (CCF) Community Initiatives Fund, Fiscal Sponsor for the Los Angeles**

SUMMARY ACTION MINUTES

Partnership for Early Childhood Investment in the Amount of \$450,000 for a Total of \$1,150,000 Through June 14, 2024 to Build Upon Sustainability Strategies for the African American Infant and Maternal Mortality Prevention Initiative ("AAIMM") Community Action Teams and Support the Village Fund's Third Cohort to Implement Community-Driven AAIMM Strategies

- F. Authorize First 5 LA to Receive Funds from the Department of Mental Health (DMH) for home visiting services in Service Planning Areas 1 and 2, Approve Resolution # 2023-02 and Authorize First 5 LA Staff to Execute Agreement in the Amount up to \$13,740,000 Through June 30, 2026
- G. Approve Amendment of the Strategic Partnership with the Los Angeles County Office of Education (LACOE) in the Amount of \$11 Million for a Total of \$37,025,151 Through June 30, 2027 to Manage the Implementation of Quality Start Los Angeles (QSLA), including the QRIS Data System and Authorize First 5 LA Staff to Execute a Contract in the Amount of \$2,983,140
- H. Approve Amendment of the Strategic Partnership with Public Health Foundation Enterprises, Inc. (PHFE) in the Amount of \$1,401,000 for an Estimated Project Total of \$8,863,696 Through June 30, 2026 for the WIC Data Mining Project
- I. Approve Amendment of the Strategic Partnership with Catalyst California (formerly Advancement Project California) in the Amount of \$200,000 for a Total of \$1,150,000 Through June 30, 2024 to Continue to Strengthen the Data Infrastructure Needed to Support First 5 LA's Ongoing Policy and Systems Change Work of the Best Start Regional and Local Networks and First 5 LA staff Within the 14 Best Start Geographic Areas and Authorize First 5 LA Staff to Execute an Agreement in the Amount of up to \$200,000

M/S (Holly Mitchell/Carol Sigala)

Roll Call:

Judy Abdo – Aye
Robert Byrd – Aye
Luis Bautista – Aye
Astrid Heger – Aye
Victor Manalo – Aye
Holly Mitchell – Aye
Summer McBride – Aye
Brandon Nichols – Aye
Carol Sigala – Aye

Abstention from Luis Bautista on Item 4H.

THE ITEMS WERE APPROVED

COMMISSION: (Items 5 – 12)

5. Remarks by the Commission Chair

Remarks were given by Supervisor Holly Mitchell.

6. Executive Director's Report

A report out was given by Karla Pleitez Howell.

7. Optimizing Our Effectiveness: Present the Draft Proposed FY 2023-24 Budget and Updated LTFP for Approval and Approve Resolution 2023-03

SUMMARY ACTION MINUTES
MEETING OF THE BOARD OF COMMISSIONERS (HYBRID)

June 8, 2023
1:30-4:30 pm
Page 2 of 4

SUMMARY ACTION MINUTES

The Finance team sought action of the proposed draft budget for FY 23/24 and Resolution 2023-03. This item was presented as information at the May 4 Board of Commissioners Meeting.

Some budget highlights included the following:

1. Continued focus on long-term sustainability
 - Restricted Board approved non-First 5 LA funding will offset expenditures (\$8.3 M)
2. Activities ramping down/sunseting consistent with terms
3. Proposed budget resources are anchored on the work priorities and fiscal realities
4. Some projects and activities were reorganized and consolidated to maximize efficiencies

Budget components include:

1. Strategic Plan (Program)
 - Center for Child & Family Impact
 - Offices
2. Legacy Investments (Program)
3. Emerging Opportunities (Program)
4. Operating Budget (Internal Operations)

There was no further discussion on this item.

M/S (Robert Byrd/Carol Sigala)

Roll Call:

Judy Abdo – Aye
Robert Byrd – Aye
Luis Bautista – Aye
Astrid Heger – Aye
Victor Manalo – Aye
Holly Mitchell – Aye
Summer McBride – Aye
Brandon Nichols – Aye
Carol Sigala – Aye

THE ITEMS WERE APPROVED

8. Public Hearing: Receive and File First 5 CA's Annual Report

As one of Proposition 10's requirement, each county commission must hold public hearings at least annually to review First 5 California's Annual Report. To comply with the annual requirement of reviewing First 5 California's Annual Report, staff presented First 5 CA's Annual Report to the Commission for a formal receipt and file during this public hearing.

The item was received and filed by the Commission.

There was no further discussion on this item.

9. Break

SUMMARY ACTION MINUTES

10. **Strategic Plan Reset: Landscape Findings**

Staff presented findings from the landscape analysis of First 5 LA's internal and external context that was conducted as part of First 5 LA's strategic plan reset. These findings are integral to the reset process as they are inputs to subsequent discussions on First 5 LA's strengths, weaknesses, opportunities, and threats (SWOT), with Board engagement anticipated in July 2023. Both the landscape and SWOT will be used to inform goals, objectives, and strategies developed as part of the Strategic Plan Reset over the Summer/Fall 2023.

There was no further discussion on this item.

11. **Public Comment (for items not on the agenda)**

There were no general public comments.

12. **ADJOURNMENT:**

The Commission adjourned at 4:03pm.

NEXT MEETING:

The next Commission meeting will take place on Thursday, July 13, 2023, at 1:30 pm.

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MEETING OF FIRST 5 BOARD OF COMMISSIONERS

Thursday, June 8, 2023

750 North Alameda Street, First Floor

Los Angeles, California 90012

STENOGRAPHICALLY REPORTED BY:
HEATHERLYNN GONZALEZ
CSR #13646

1 Thursday, June 8, 2023; Los Angeles, California

2 -oOo-

3 SUPERVISOR MITCHELL: Good afternoon. I'd like
4 to go ahead and call the meeting to order and ask for roll
5 call, please.

6 MS. VO: Judy Abdo?

7 COMMISSIONER ABDO: Here.

8 MS. VO: Luis Bautista?

9 COMMISSIONER BAUTISTA: Here.

10 MS. VO: Astrid Heger?

11 COMMISSIONER HEGER: Here.

12 MS. VO: Yvette Martinez?

13 COMMISSIONER MARTINEZ: Here.

14 MS. VO: Summer McBride?

15 COMMISSIONER McBRIDE: Here.

16 MS. VO: Brandon Nichols?

17 COMMISSIONER NICHOLS: Here.

18 MS. VO: Carol Sigala?

19 COMMISSIONER SIGALA: Here.

20 MS. VO: Barbara Ferrer? Jacquelyn McCroskey?

21 COMMISSIONER McCROSKEY: Here.

22 MS. VO: Deanne Tilton?

23 COMMISSIONER TILTON: Here.

24 MS. VO: Supervisor Mitchell?

25 SUPERVISOR MITCHELL: Present. Thank you very

1 much. And can you tell us if there are any AB2449
2 requests, commissioners who are going to participate
3 remotely as a result of physical or family medical
4 emergency that prevents them from participating?

5 MS. VO: Confirming that there are no --
6 (inaudible).

7 SUPERVISOR MITCHELL: Wonderful. Thank you so
8 much.

9 Let's move directly into our report out of our
10 closed session of the executive committee for June 8th,
11 2023.

12 ATTORNEY YOUNG: Yes, Chair. Thank you.

13 So earlier the board participated in a special
14 meeting during which there was a closed session pursuant
15 to Government Code Section 54957B(1). There was
16 discussion had, but no reportable action was taken.

17 SUPERVISOR MITCHELL: Thank you very much.
18 Appreciate that. And a good lunch was had by all as well.

19 We're going to move on to Item 4, our consent
20 items. Can we call for public comment on the consent
21 agenda, please?

22 MS. VO: (Inaudible response.)

23 SUPERVISOR MITCHELL: Thank you very much.

24 MR. NINO: Thank you, Linda. And good afternoon,
25 Commissioners.

1 I just wanted to briefly discuss Item 4C on the
2 consent agenda, which is the request to approve 34
3 renewals and authorize staff to complete the execution.
4 If you recall from our last board meeting when we reviewed
5 the fiscal year '23-'24 budget, part of the way it was
6 developed was looking at our historical spend, looking at
7 what's ahead of us, and looking at expenditures in the
8 future. So what these renewals represent is that work,
9 that work focused on fiscal year '23-'24. So that's what
10 these renewals are for.

11 Together, these renewals amount to approximately
12 about \$400,000 of our next year's budget. And the reason
13 why there's a number of them compared to the previous
14 month's, it's just typically a majority of our contracts
15 are on an annual renew cycle. So that explains the number
16 that is brought here today.

17 And the reason why it's coming for the board
18 today, additionally, is per you're procurement policy,
19 agreements and amendments in aggregate that are over
20 \$150,000 go for the board approval on the consent agenda.
21 So these renewals that are a part of this consent agenda
22 meet that requirement for that.

23 And just to point out other things in Item
24 4C, the memo does have a breakdown of all our active
25 contracts -- the number of renewals, the number of

1 contracts that are not going to be renewed or leading to
2 expire in the end of this month.

3 And then finally, the other item on this agenda
4 which is the listing of all the contracts, that's just the
5 detail of all the 34 renewals -- project information,
6 start and end dates for those.

7 So, again, just wanted to highlight those
8 renewals. It's a little bit higher than typical, but
9 that's just because it's part of our work for next fiscal
10 year, and we're on an annual renew cycle. So just wanted
11 to inform the board for that.

12 If you have any questions, I'm here and along
13 with staff behind me to provide any answers to these.

14 SUPERVISOR MITCHELL: Thank you for that very
15 much.

16 Any questions from commissioners? All right.
17 Seeing none, I'll entertain a motion.

18 Moved by Mitchell. Is a second required,
19 Counsel? Is a second required for consent?

20 ATTORNEY YOUNG: Yes.

21 SUPERVISOR MITCHELL: Thank you. Thank you.
22 Commissioner has -- I made the motion. It's been seconded
23 by the commissioner. With that, will you call the roll,
24 please.

25 MS. VO: Judy Abdo?

1 COMMISSIONER ABDO: Yes.

2 MS. VO: Luis Bautista?

3 COMMISSIONER BAUTISTA: For items 4A through
4 4F and items 4H and 4I, I vote yes. I abstain from the
5 vote on Item 4G pursuant to Government Code Section
6 101991.

7 MS. VO: Noted.

8 Robert Byrd?

9 COMMISSIONER BYRD: So my vote is yes. And I'd
10 like to disclose the following: I'm employed by the
11 Department of Mental Health, as you know, which is a party
12 to the proposed agreement under Item 4F. I currently
13 receive a salary from the Department of Mental Health for
14 my position as Deputy Director for the Prevention Services
15 Division. However, pursuant to the noninterest exemption
16 provided in Government Code Section 1091.5, subsection A,
17 subsection 9, I do not have an interest in this proposed
18 agreement with the -- that would disqualify me from
19 participating in this.

20 MS. VO: So noted.

21 Astrid Heger?

22 COMMISSIONER HEGER: Yes.

23 MS. VO: Yvette Martinez?

24 COMMISSIONER MARTINEZ: Yes.

25 MS. VO: Summer McBride?

1 COMMISSIONER McBRIDE: Yes.

2 MS. VO: Brandon Nichols?

3 COMMISSIONER NICHOLS: Yes.

4 MS. VO: Carol Sigala?

5 COMMISSIONER SIGALA: Yes.

6 MS. VO: And Holly Mitchell?

7 SUPERVISOR MITCHELL: Yes.

8 MS. VO: Motion is passed with those disclosures
9 and those abstentions.

10 MR. NINO: Thank you.

11 SUPERVISOR MITCHELL: And thank you.

12 Moving on to Item 5, remarks by the Commission
13 Chair.

14 Let me start with some fun. I had the privilege
15 of spending a little time at Kids Town, a KYCC childcare
16 center in the Crenshaw area and the Hawthorne Head Start
17 operated by Crystal Stairs. And I asked the young
18 scholars at these two childcare facilities to draw me
19 pictures of what they loved in their neighborhood, in
20 their community. And the artistic brilliance and the
21 vision, and what struck me was in every picture, without
22 question, there was a clear blue sky, there were beautiful
23 trees, there was tree canopy, there were dog parks, there
24 were fruit trees. Everybody had green grass; so they must
25 not know about the water shortage. I'm sorry,

1 Commissioner. Everybody's grass was much greener than
2 mine. One in particular included a hotel, a hospital, a
3 supermarket, and a swimming pool all in the community.

4 So I just thought I would bring these amazing
5 depictions of our neighborhoods back to share with all of
6 you. This isn't all of them because I had two classrooms
7 full. These are the two of the four that I happened to
8 have in my briefcase, just to let you know. We're doing
9 good work, because our youngest County residents, they
10 understand what is important -- what are important
11 elements to have in their communities. And I was so
12 tickled.

13 Last but not least, during lunch, many of us were
14 talking about kind of how long many of us have been around
15 ECE. And many of my -- and our collective friends and
16 colleagues were in Sacramento this week participating in,
17 you know, child action. And they went old school. And I
18 remember making these images, and we would put the stories
19 of the kids -- oh, here it is on the back. So we could
20 leave them with legislators. And I said: Well, send me
21 one because I don't think I have it anymore.

22 So I want to thank CCRC for bringing me Child
23 Action with the story about the importance of supporting
24 Early Care and Education. When in doubt, go old school
25 and pull out the felt board and twirly eyes to make your

1 point.

2 So I just wanted to share that with everybody.
3 What I love about being on this commission now is it takes
4 me to my happy place, which is fighting for very young
5 children.

6 I'd like to begin by thanking all of the First 5
7 staff for your hard work as we continue to navigate all of
8 the changes, including your new board chair, your new vice
9 chair, our new executive director. And as we continue to
10 work on the strategic reset and landscape analysis, your
11 expertise will be relied upon by all of us who serve here
12 on the board. And to my fellow commissioners, of course
13 your leadership will continue to serve to be pivotal and
14 timely as we take serious, as you always have, our
15 leadership role to really move First 5 LA forward into a
16 fiscally sound and sustainable future.

17 So it's a pleasure to serve with all of you. You
18 know, we though that change isn't easy. And we're going
19 to continue to challenge ourselves and figure out what we
20 bring to this work. That's how we add value. And the
21 question I often ask myself, it was a question posed to me
22 by the Executive Director of HOPICS, which is: How big is
23 your brave? And sometimes I tweak that and figure out how
24 big is my why?

25 You know, I really want to push forward in terms

1 of why we do this work and really think about it on a
2 significant grand scale. Because that's what allows us to
3 do all that we can for Angelenos -- the youngest among us.

4 You know, as we look at the current budget, you
5 know, I see investments and programs that will continue to
6 improve and benefit the lives of families and children
7 across LA County. And, you know, I believe that budgets
8 are seen as a reflection of an organization's values and
9 priorities; so I'm happy to see that programs such as the
10 African American Infant and Maternal Mortality Prevention
11 Initiative and Welcome Baby Home Program will continue to
12 thrive. These programs are really making a significant
13 difference in your community.

14 That's not me ringing, is it? Should I be
15 concerned about that or keep talking?

16 MS. VO: You can keep talking, Madam Chair.

17 SUPERVISOR MITCHELL: I was trying to find out --

18 MS. VO: We're trying to find out where it's
19 coming from.

20 SUPERVISOR MITCHELL: Okay. Not a problem.

21 These programs are making a difference in our
22 community; so we're fortunate to have them at the center
23 of our values and priorities. I believe First 5 LA is
24 setting the standard in the right direction for others
25 across this State to follow. And I know my fellow

1 commissioners feel the same. So it's an honor to serve
2 with all of you. It's a privilege and honor that I don't
3 take lightly to serve as your chair, and I'm pleased with
4 the budget that they've pulled together.

5 So it's my expectation that we will remain
6 committed and focused on the main thing, which are the
7 youngest Angelenos that we all feel a commitment to.

8 With that, do I have public comment on my report?

9 MS. VO: Confirming there are no public comments
10 on your report.

11 SUPERVISOR MITCHELL: Thank you very much. I
12 appreciate that.

13 Let's move on to Item 6, which is the Executive
14 Director's report.

15 Karla?

16 MS. PLEITEZ HOWELL: Thank you, Honorable Chair.
17 I'm going to ask Linda to come get these in a second.
18 What you all don't see, there's -- the children have drawn
19 and the wonderful pictures that our Chair brought, but
20 Holly is part of these pictures as well. All the children
21 put themselves in and put in our Honorable Chair. It's
22 really -- and I don't think our Chair noticed. But it's
23 just really, really sweet. So we'll share these with you
24 all.

25 Good afternoon, everyone. Welcome to our June

1 commissioner meeting. It is really, really exciting to
2 start this month with all of you during a time in which we
3 celebrate the fathers in the room or those of you that are
4 celebrating father's that have given you all the wisdom
5 that many of you carry here. We commemorate Juneteenth
6 and we share our pride as members and allies of the
7 LGBTQ community. And, of course, it is fiscal month; so
8 celebrating our fiscal team as well.

9 Today, the team will present the proposed budget
10 for 2023-'24. And in this budget, we continue to reduce
11 spending to align with our evolving fiscal reality. And
12 as the chair mentioned, this budget really does reflect
13 our values and signals the type of work that First 5 LA
14 has done a tremendous job of carrying in previous years,
15 and will continue to carry. It also signals some
16 information for our strategic plan reset.

17 So this board in February encouraged us to think
18 about a strategic plan reset. And during that
19 conversation in February, you all shared it would be
20 really important to look at the landscape, what has
21 happened and what is happening with children and families
22 in our communities, especially after -- as we are coming
23 out of the pandemic portal.

24 Today you will hear that landscape. It is a very
25 comprehensive landscape that our team has pulled together.

1 You'll hear some of it today, some of it at the end of
2 June, and early July. And in July, we will bring Chrissy
3 and Associates (phonetic), consultants that will be
4 helping us with the strategic reset. So we will be in a
5 discussion regarding the SWOT analysis.

6 In addition, we really want to thank all of you
7 and encourage strategic insights as we go into the
8 strategic reset. All of you received the ghost framework
9 and we hope to cover more of that in the future. We also
10 hope you notice some of the building upgrades.

11 I -- I wonder if any of you did not notice there
12 was a color change in here. But --

13 SUPERVISOR MITCHELL: I didn't.

14 MS. PLEITEZ HOWELL: Oh, no. I guess --

15 SUPERVISOR MITCHELL: It's beautiful.

16 MS. PLEITEZ HOWELL: So we are in the middle of
17 updating some of the building colors. And we will be
18 welcoming staff back into the building in July.

19 Quick announcement on our capitol improvement
20 projects. This is the first phase. We're looking at the
21 first floor for some updates, and then we will be looking
22 to update the rest of the building with some of the
23 capitol investments that you all made already. So we look
24 forward to having those conversations with you.

25 We were focusing on community space on the first

1 floor, we're looking at potential leasing for other floors
2 in the building, and we'll keep you updated as some of
3 that happens.

4 With that, thank you, Honorable Chair, and
5 turning it back to you.

6 SUPERVISOR MITCHELL: Thank you very much.
7 Public comment on the executive director's report?

8 MS. VO: Confirming there are no public comments
9 on the executive director's report.

10 SUPERVISOR MITCHELL: Thank you. And at any
11 point, if a commissioner wants to comment, please just let
12 me know and we'll call on you as well.

13 Hearing no public comment, let's move on to our
14 informational item, Agenda Item 7 on the proposed budget
15 that we've been talking about. So I'll hand it over to
16 staff to present the fiscal year '03-'04 [sic] budget.

17 MR. ORTEGA: Good afternoon, Madam Chair. Well,
18 she disappeared. We'll send her a message when she gets
19 back.

20 Good afternoon, commissioners. So this is an
21 actual action item. It's not an information. We did
22 provide this as an information item at last month's board
23 meeting. And I really want to appreciate some of the
24 opening comments from both Supervisor Mitchell and our
25 Executive Director Karla.

1 And the budget does tell the story. It really
2 highlights not only the values that we hold tightly as an
3 organization at First 5, but it also reflects commitment
4 to our young children of LA County. And within the
5 programs that we're investing in and the work that we
6 invest and partner with many of you heads at the different
7 departments at the County. And it just, you know, like I
8 mentioned, it does tell a story and it is how -- it's --
9 it's just -- it reflects on how big our why is. Because
10 it really -- \$99.1 million invested in children zero to
11 five is definitely a big, big why for LA County. And I'm
12 happy to be a part of that.

13 This item again is an action item. It is more of
14 a housekeeping item, in that we did present it to you back
15 in May. There has been no changes to what we have
16 presented to you at the May board presentation. We're
17 still proposing a \$99.1 million budget which Daisy will be
18 walking us through. And she'll be also walking through
19 the resolution which covers not only the budget we're
20 proposing, the long-term financial plan, and then there's
21 some administrative piece related to our year-end process
22 around our fund balance.

23 And I'll pass it to Daisy who takes the lead in
24 not only preparing our budget, but working across the
25 organization with all of our colleagues which this budget

1 definitely does reflect, the dedication and hard work of
2 our staff and our -- my colleagues across the
3 organization.

4 MS. LOPEZ: Absolutely.

5 MR. ORTEGA: Daisy?

6 MS. LOPEZ: Thank you, Raoul.

7 Good afternoon, Commissioners, staff, and guests.

8 So as Raoul just noted, the purpose of today's
9 presentation is to request formal approval of the fiscal
10 year '23-'24 budget and updates to the LTFP -- the
11 long-term financial plan through the adoption of
12 resolution Number 2023-03, which includes the following
13 actions: First, we are requesting to replace last year's
14 resolution; second, we are requesting approval of the
15 fiscal year '23-'24 budget items including the proposed
16 budget and the administrative limit; third, consistent
17 with previous years, we are asking for approval and
18 endorsement of the GASB 54 fund balance commitments of
19 slightly over 81 million, which includes the proposed
20 programmatic resources for fiscal year '23-'24 as well as
21 the remaining balance for the capitol improvement fund.

22 You can find information in the '23-'24 draft
23 budget, Attachment F, which was part of today's board book
24 materials. And just as a quick reminder, committed funds
25 are those funds that have been direct -- directed by the

1 commission through a resolution for specific purpose.
2 That includes multi-year allocations and the preapproved
3 fiscal year budget. You will receive more information
4 pertaining to our fund balance through the audit process
5 later this year in September. Additionally, we are
6 requesting approval of the reserve for '23-'24 calculated
7 at 50 percent of the total budget, or \$49.6 million.

8 And finally, we are requesting approval of the
9 updates to the long-term financial plan which formally
10 assigns funds through fiscal year '27-'28.

11 So just to be clear on the request and
12 expectations, this request for approval of the updates to
13 the LTFP is separate from the conversation around the
14 future state of the plan and improved alignment to our
15 fiscal realities which we discussed and was shared last
16 month. That discussion will resume in fiscal year
17 '23-'24.

18 Materials pertaining to these requests are
19 included in today's board book. So as a reminder, the
20 total proposed fiscal year '23-'24 budget of 99.1 million
21 reflected in this table is consistent with the estimates
22 presented at the previous points of board engagement on
23 May 2nd and May 4th. The proposed cost estimates result
24 in a more strategic and prudent budget aligned to the
25 fiscal reality of increasingly declining revenues. As

1 mentioned during previous board engagement touch points,
2 the fiscal year '23-'24 cost limit is calculated at \$13.4
3 million and represents approximately 13-1/2 percent of the
4 total proposed budget.

5 Now, turning it over to Raoul to go over some of
6 the long-term financial plan highlights.

7 MR. ORTEGA: Thank you, Daisy.

8 So, again, the purpose of the long-term financial
9 plan is to support with the financial stewardship role of
10 First 5 LA's commission and the leadership team. It
11 provides a framework to help guide and prioritize spending
12 within for not only today but for the future. The updated
13 plan also plays a critical role as we evaluate and
14 prioritize work during the upcoming strategic plan and
15 reset process.

16 The key takeaway for this year's update is to
17 highlight the impact in the context of Proposition 31.
18 The overall impact of Proposition 31 increases the gap
19 which you'll see at the end of '27-'28 -- this graph.
20 Excuse me. Increases the gap between our revenues and our
21 expenditures, increasing the demand on our overall fund
22 balance. And by the end of fiscal year '27-'28, the gap
23 is now projected to be 24.5 million, compared to the 16 --
24 11.6 million compared to the 11.6 million using our
25 available fund balance resulting in us using our available

1 fund balance at a quicker pace than originally anticipated
2 back in 2020.

3 As mentioned in last month's presentation, we are
4 fiscally sound, but we do need to revisit and prioritize
5 our future spending including revisiting the established
6 spending limits, established prior to Proposition 31. As
7 we move into the strategic plan reset process, we do need
8 to make both difficult and strategic decisions to align to
9 our new fiscal reality. And as part of our fiduciary
10 responsibility, we as staff will continue to provide
11 updates to the board as we get further information from
12 the Department of Finance and in addition, update
13 components of our long-term financial plan during the
14 strategic plan reset process.

15 Now, moving to the assumptions and the
16 adjustments we made and fidelity to the approved ten-year
17 plan through '27-'28 -- thank you, Daisy. We continue to
18 reflect the established spending limits beginning with
19 fiscal year '24-'25, with 85 percent of the spending
20 allocated to programs and no more than 15 percent for
21 admin -- administrative costs.

22 The annual spending rate will continue to decline
23 at a rate of 6.47 percent, with the objective of creating
24 a glide path, as you saw in the prior graph, to align our
25 revenues with our expenditures starting with fiscal year

1 '24-'25. And per our policy, the updated plan does
2 continue to assume a 50 percent of the total budget as a
3 reserve. That reserve was established prior to fiscal
4 year 2020 when we went through the SPR 4 process and where
5 we did an evaluation across all of First 5 systems and did
6 an average of everyone's reserve. And what we recommended
7 at that time was a 50 percent reserve.

8 That 50 percent reserve will also be revisited as
9 we continue to look at different strategies and update our
10 long-term financial plan doing the strategic plan reset
11 process. As for key adjustments, starting with fiscal
12 year '20-'21 through fiscal year '21-'22.

13 The long-term financial plan was updated to
14 reflect actual spending for fiscal year '22-'23. The
15 LTFP was updated to reflect the current midyear budget
16 adjustment approved back in February of '22. And to
17 reflect the actual -- sorry. Reflected back in February
18 of 2023. And reflect the actual spending of 96.8 million
19 versus the \$110.4 million. And finally for '23-'24, the
20 updated LTFP does reflect the proposed budget that's
21 before you of \$99.1 million as for the revenue components
22 of the long-term financial plan. Revenues were updated to
23 the most current projections that were provided from the
24 Department of Finance, which was provided back in April --
25 two months ago in April of 2023.

1 And we also confirmed some of our external
2 fundings as we updated those external fundings based on
3 confirmation. Our revenue projections, we do believe that
4 within the next quarter we will get more information for
5 First 5 California and the Department of Finance on when
6 we can expect new figures. And we will continue to work
7 with Department of Finance CD TFA. And, of course, our
8 colleagues with First 5 California and First 5 Association
9 -- thank you.

10 And based on these overall assumptions and
11 adjustments, the update result of our updated long-term
12 financial plan reflects the following: An accelerated
13 decline in revenues due to Prop 31. We reflect the
14 decrease in our expenditures for fiscal year '23-'24 and a
15 projected available fund balance to be approximately 84.6
16 million, down -- which is down by \$16.4 million from the
17 \$11 million that we projected back in November of 2022.
18 This is all a result of Proposition 31.

19 Now, to pivot to our fund balance, also known as
20 -- for us accounting geeks, as GASB 54 -- which this is my
21 jam. The purpose of presenting this slide is to meet our
22 year-end closing requirements for our audit. By acting
23 today on the fiscal year '23-'24 budget, the board imposes
24 the use of these resources that are before you. Creating
25 specific constraints on the use of these balances

1 remaining. Every year prior to closing of the fiscal
2 year, finance reconciles the actions that the board has
3 taken throughout the year and projects the fund balance
4 comprised of the four hierarchy established by the
5 Government Accounting Standard Board.

6 Now, for me, that means something. For the
7 common folks, people are asking what does that mean.
8 Well, what it means in plain speak is that we have a
9 significant fund balance. And within that fund balance,
10 based on government accounting structure, there are
11 specific constraints in the hierarchy where these funds
12 are committed to. And at the end of every fiscal year,
13 staff has to do a projection prior to completing the audit
14 process. So this is more of a -- of just a process that
15 we need to go through in order to meet our auditing -- our
16 auditing expectations and things that we must do and put
17 in place prior to the board taking action.

18 Again, this presentation is a formality. And the
19 final audited numbers will be presented at the September
20 PPC meeting and then at the October board meeting when we
21 present the year-end annual -- comprehensive annual
22 report.

23 And then as for next steps, we're hoping that the
24 board will take action and begin an approved budget. And
25 then based on that, we will start closing the books and

1 then updating our fund balance. And then throughout the
2 fiscal year, once we finalize and approve our fund
3 balance, we will also be looking at how we update our
4 long-term financial plan. And as we get more information
5 from both the Department of Finance and CDTFA, along with
6 the First 5 Association and First 5 California. We see
7 that we will be coming back to you as more information is
8 gathered and as we update our long-term financial plan
9 throughout the strategic plan reset process. I now pass
10 it to our supervisor for a motion.

11 SUPERVISOR MITCHELL: Thank you very much. I
12 appreciate that. Before we do that, we want to -- I want
13 to see if there's any commissioners that want to make
14 comments about the -- what was presented to us.

15 Share, please.

16 COMMISSIONER NICHOLS: We talked about --
17 (inaudible) -- I've been involved -- (inaudible) -- to
18 make sure I heard when you said -- (inaudible) -- so the
19 numbers actually come in -- (inaudible).

20 First 5 California will return here with
21 presentations if we adjust our -- I'm on. Good afternoon.
22 Some ability to adjust the financial plan department,
23 depending on how those assumptions actually play out.
24 Would that be like a quarterly basis, six months? Do you
25 have kind of an idea of when that might be?

1 MR. ORTEGA: So historically, we update our
2 long-term financial plan on an annual basis. But because
3 we're going through this strategic plan reset and because
4 there's some uncertainty related to Proposition 31, we
5 believe that we're going to get updated information on the
6 revenue projections. And as we get clear on the strategic
7 plan reset, we feel like it should be in our best interest
8 to be coming back to you at least by the fall and giving
9 -- to give you a picture where we're at.

10 COMMISSIONER NICHOLS: Great. That kind of
11 addresses -- it's not that I'm hesitant, but it's hard to
12 make a commitment now that goes beyond four years out when
13 the future is a little unclear. So I think coming back
14 and just kind of letting us know will kind of alleviate
15 that.

16 MR. ORTEGA: Most importantly.

17 SUPERVISOR MITCHELL: Thank you. As I whisper to
18 the vice chair, I say, you know, referendum give,
19 referendum takes away. So that's certainly the season
20 that we're now experiencing.

21 Let's open up for public comment on Agenda Item
22 7.

23 MS. VO: Confirming there are no public comments
24 on Item 7.

25 SUPERVISOR MITCHELL: Thank you. I'll entertain

1 a motion to accept Fiscal Year '23-'24 budget.

2 SUPERVISOR MITCHELL: Did you get them both or do
3 we need to say it into the mike?

4 MS. VO: I believe I got Dr. Byrd as the motion
5 and Carol Sigala as the second.

6 SUPERVISOR MITCHELL: Okay. That's fine. With
7 that, will you please call the roll.

8 MS. VO: Judy Abdo?

9 COMMISSIONER ABDO: Yes.

10 MS. VO: Luis Bautista?

11 COMMISSIONER BAUTISTA: Yes.

12 MS. VO: Robert Byrd?

13 COMMISSIONER BYRD: Yes.

14 MS. VO: Astrid Heger?

15 COMMISSIONER HEGER: Yes.

16 MS. VO: Yvette Martinez?

17 COMMISSIONER MARTINEZ: Yes.

18 MS. VO: Summer McBride?

19 COMMISSIONER McBRIDE: Yes.

20 MS. VO: Brandon Nichols?

21 COMMISSIONER NICHOLS: Yes.

22 MS. VO: Carol Sigala?

23 COMMISSIONER SIGALA: Yes.

24 MS. VO: And Holly Mitchell?

25 SUPERVISOR MITCHELL: Yes.

1 MS. VO: Motion is passed.

2 SUPERVISOR MITCHELL: Thank you.

3 Congratulations.

4 COMMISSIONER NICHOLS: Thank you.

5 SUPERVISOR MITCHELL: Thank you both very much
6 for your presentation. Appreciate you.

7 MR. ORTEGA: Thank you.

8 SUPERVISOR MITCHELL: Moving onto an
9 informational item. Item 8 we're going to receive and
10 file. First 5 California's Annual Report. And we're
11 going to hear from HaRi Kim. Thank you and welcome.

12 MS. HAN: Good afternoon, commissioners, staff,
13 and members of the public. Today's public hearing is
14 intended for us to comply with the annual requirement of
15 reviewing and filing First 5 California's annual report
16 for fiscal year 2021 to 2022 and close out our annual
17 reporting process for the fiscal year that has already
18 been completed.

19 First 5 LA's annual report data for the current
20 fiscal year will be shared during the September and
21 October board meeting. So we'll begin by providing a
22 background on First 5 California's annual report and the
23 key highlights from fiscal year '21-'22, including
24 information on statewide expenditures, populations
25 reached, and policy progress.

1 So one of the conditions of receiving Proposition
2 10 tobacco tax funds is holding a public hearing at least
3 once a year to review and file First 5 California Annual
4 Report. To generate this report, each County commission
5 was required to submit annual report data to First 5
6 California which includes data on revenue and
7 expenditures, populations reached, and key evaluation and
8 County highlights. Commissioners approved First 5 LA's
9 submission of the annual report data at the October 2022
10 board of commissioners meeting.

11 First 5 California then distills the information
12 into an annual report which summarizes the collective
13 efforts of the 58 County commissions statewide, and First
14 5 California as an entity. The First 5 California's
15 fiscal year '21-'22 annual report is included in our board
16 materials packet.

17 So First 5 California requires that investments
18 made by County commissions be categorized into four result
19 areas. Three result areas focus on direct service which
20 are child health, family functioning, and child
21 development. The last result area is improved systems of
22 care which focuses on systems change efforts. So it is
23 important to note how First 5 California categorizes
24 investments through result areas does not fully capture
25 the type of impact the systems change work of County

1 commissions. As a result, we cannot provide more detailed
2 information on the collective systems change work by the
3 County commissions.

4 The First 5 California Annual Report does,
5 however, include policy progress that is in line with our
6 own policy agenda which I'll highlight later on in this
7 presentation. Please, note that the information presented
8 through this item is a distinct process from First 5 LA's
9 strategic plan reset and our landscape analysis.

10 So let's dive into the highlights on the report
11 on information about statewide expenditures, children
12 reached, and key policy progress. Throughout, I'll
13 highlight connections to First 5 LA's work.

14 So County commission expenditures -- sorry. For
15 expenditures, this graph depicts how the expenditures were
16 split across First 5 California result areas in fiscal
17 year '21-'22. The green bar represents expenditures of
18 First 5 LA, and the blue represents expenditures of County
19 commissions statewide. County commission expenditures
20 were similarly distributed across the four result area
21 with a slight leaning towards child health investments
22 like home visiting.

23 Similarly, out of the three direct service result
24 areas, First 5 LA also expended the most funding to
25 improve child health. Where there's a sizable difference

1 in the distribution of funding is the investments aimed at
2 systems of care. Compared to County commissions
3 statewide, First 5 LA expended a significantly higher
4 percentage towards systems of care investments such as
5 Best Start efforts, policy advocacy funds, and Help Me
6 Grow LA. This is consistent with our strategic direction
7 as a systems change agent.

8 Now, talk about children reached in fiscal year
9 '21-'22. County commissions statewide served a total of
10 575,816 children which accounts for 21 percent of total
11 population of children age zero to five in California.
12 This graph depicts the percentage of children aged --
13 reached by age group. Like the previous graph, green bars
14 represent children reached by First 5 LA investments and
15 the blue represents children reached by First 5 County
16 commissions statewide. We can see that First 5 LA reached
17 a greater percentage of children under three years old
18 compared to the County commissions. Statewide, this
19 includes children served through our Welcome Baby program.
20 Though a limitation to this data is the high percentage of
21 unknown age of the statewide data for the First 5
22 commissions.

23 So next I'm going to transition to key policy
24 progress made by First 5 California commission. In fiscal
25 year '21-'22, First 5 California advocated for policies

1 that promote and support young children and their
2 families. The policy progress I will highlight are only
3 two of many examples where First 5 LA contributed to
4 advocating for.

5 First 5 California partnered with County
6 commissions including First 5 LA to actively support and
7 advocate for the reauthorization and expansion of the
8 Maternal Infant and Early Childhood Home Visiting Program,
9 which allowed for continued funding to provide more
10 equitable access of home visiting programs to low income
11 families. In addition, First 5 California cosponsored and
12 partnered with over 450 organizations to advocate for
13 Senate bill 951 in making paid family leave and State
14 disability insurance program more accessible for families.
15 First 5 LA officially supported the bill, which will allow
16 low income families to take paid time off from work to
17 bond with a new child without risking their economic
18 security.

19 This concludes the annual report process for
20 fiscal year '21-'22. We're exploring additional ways to
21 collect and examine local data through the lens of First 5
22 LA's strategic plan and systems change approaches and will
23 return in fall with the current fiscal year '22-'23 annual
24 report data.

25 Finally, First 5 California plans to convene a

1 work group to reevaluate the annual report and discuss the
2 purpose, format needs, and data sources by working with
3 First 5 Associations and County commissions.

4 So with that, I will hand it back to Chair
5 Mitchell to open for public comment and questions from
6 commissioners. Thank you.

7 SUPERVISOR MITCHELL: Thank you very much. We'll
8 start with questions from commissioners, if there are any.
9 Seeing none, we'll go to public comment.

10 MS. VO: Confirming there are no public comments
11 on this item.

12 SUPERVISOR MITCHELL: Thank you.

13 Thank you very much for the presentation. We'll
14 now take a ten-minute break. We're ahead of time. What
15 would you like to do?

16 MS. PLEITEZ HOWELL: Five minutes.

17 SUPERVISOR MITCHELL: Do you want to keep going?
18 So what time would you like to take a break instead?

19 MS. PLEITEZ HOWELL: (Inaudible response.)

20 SUPERVISOR MITCHELL: Why don't we go ahead and
21 get started with the next presentation, our strategic plan
22 reset key takeaways from landscape analysis. And we were
23 going to take a short break after the first section --
24 after -- after Mr. Wagner. All right. So after
25 Mr. Wagner's presentation, we'll take our short break

1 then, if that works for all the commissioners. Excellent.
2 Thank you. And while they're setting up, we're going to
3 hear from Antoinette Andrews-Bush, Chief Transformation
4 Officer.

5 And --- how do you pronounce your last name?

6 MS. RYKACZEWSKA: Rykaczewska.

7 SUPERVISOR MITCHELL: One more time?

8 MS. RYKACZEWSKA: Rykaczewska.

9 SUPERVISOR MITCHELL: Rykaczewska?

10 MS. RYKACZEWSKA: Perfect.

11 SUPERVISOR MITCHELL: Data strategist. Thank
12 you.

13 And John Wagner. Thank you, John. Executive
14 Vice President.

15 Go ahead and get started, Antoinette.

16 Are you on?

17 MS. ANDREWS-BUSH: So good afternoon,
18 commissioners and to my colleagues and to members of the
19 public.

20 When we started the strategic plan reset, we
21 started with a question. A simple but powerful question.
22 What is happening with children and families in Los
23 Angeles County since the pandemic. And that was not just
24 a rhetorical question, it was a real question, because our
25 strategic plan reset has to be grounded in what's

1 happening with children and families right now. And so we
2 started to conduct an environmental scan -- a landscape
3 analysis internally and externally to help us better
4 understand what's happening and the best ways for First 5
5 LA to contribute. So today my colleagues and I are going
6 to share data and analysis from the internal and external
7 landscape, and we look forward to hear your perspectives
8 on what is being presented today.

9 The landscape analysis consisted of five
10 components. And there are going to be five sections that
11 we will go through during today's conversation. So first
12 we looked at data that helps us understand the current
13 conditions of children and families where most -- where
14 the most recent data was available. Public policy
15 opportunities with particular emphasis on those that have
16 a direct impact on children P to five -- or prenatal to
17 five in Los Angeles County that can benefit from First 5
18 -- First 5 LA's unique vantage point. We took a look at
19 what we've learned from our experience implementing First
20 5 LA initiatives and lessons learned around how we operate
21 as an organization. And, finally, we looked to the
22 broader field reviewing reports from other public agencies
23 philanthropy, nonprofit organizations, and researchers to
24 gather their insights in learning. And each of these five
25 components are going to be presented today.

1 And we know we're presenting a lot of
2 information. So midway through the presentation, we will
3 take a break and we'll return from some discussion and
4 then we'll complete the remainder of the presentation. So
5 at the end there will be time for additional discussion.
6 So we'll take a break, come back for a discussion, have
7 more presentation, more discussion -- so we're trying to
8 figure out ways to break this up for you to help digest
9 the information.

10 So at this time I'm going to pass it to my
11 colleague, Nieszka, who will begin with data on the
12 conditions of young children and their families.

13 MS. RYKACZEWSKA: Thank you. Thank you
14 Antoinette. Today I have the honor of sharing learnings
15 from the first section of our landscape which provides a
16 snapshot of the conditions of young children and their
17 families in LA County. Before I jump in, I just also want
18 to express my gratitude, Madam Chair, to your opening
19 remarks, and just share that, for me, exploring this data
20 is one way through which we are gaining a deeper
21 understanding and appreciation for just how big is our
22 why.

23 So there were three questions guiding this
24 section of the landscape. Number 1, where are children
25 zero to five residing in LA County. Number 2, what do we

1 know about children prenatal to five and their families
2 since the pandemic. And Number 3, what do we want to know
3 about children prenatal to five and their families but we
4 don't have data for.

5 This slide provides an overview of the 17
6 indicators we looked at across the categories of
7 demographics, health, and safety, basic needs, and family
8 supports. We looked at these conditions County-wide by
9 race, ethnicity, and separately by Best Start geographies
10 and supervisorial districts. In addition, given questions
11 elevated by board members during our March meeting, we
12 also took a look at the -- at the data on the ECE system.

13 Today, we will be focusing on key findings from
14 the first three categories -- demographics, health, and
15 safety and basic needs. We will have the opportunity to
16 dig in deeper and explore the remaining data at the June
17 PPC meeting.

18 So without further ado, what have we learned?
19 Starting with our demographics, we explored the population
20 size of our zero to fives, their race, ethnicity,
21 languages spoken in the home, and language preferences,
22 and poverty rates. We learned that there's just over half
23 a million children under five in LA County, and they're
24 quite evenly distributed across ages. We also learned
25 that three out of four children under five are children of

1 color. And with -- more than half are Latino. And nearly
2 three out of four households with children under five
3 speak a primary language other than English, with over
4 half speaking Spanish. We also learned that poverty rates
5 in Native American and Pacific Islander, Black, and Latino
6 households with children under five are three times the
7 rates of white and Asian households.

8 In terms of where our youngest residents live, we
9 can see on this map, that children under five are
10 disbursed throughout LA County. There are census tracts
11 with high numbers of children under five and census tracts
12 with low numbers in every supervisorial district. So what
13 did we learn in terms of conditions of health and safety?
14 We took a look at the data for prenatal care, infant
15 mortality rate, low birth rate, risk for negative
16 outcomes, and child protective service involvement. We
17 found that trends for low birth rate risk for negative
18 outcomes and involvement with CPS have been relatively
19 consistent in recent years. The data shows that Black
20 children and families experience the greatest disparities
21 in health and safety conditions.

22 We also found that prenatal care and infant
23 mortality rates have had modest improvements. This
24 includes an increase for Black mothers receiving prenatal
25 care in the first trimester from 75 percent in 2014 to 80

1 percent in 2020. As well as Asian Pacific Islander
2 mothers increasing from 80 percent in 2014 to 90 percent
3 in 2020.

4 The next couple of slides are examples that
5 highlight the disparities and health and safety conditions
6 for Black children and families. This data shows
7 disparities in infant mortality rate for Black infants
8 which was two to three times higher compared to children
9 of other races. And here we can see that of the children
10 who turned five in 2020, one out of three Black children
11 and one out of three Native American children were
12 referred to CPS at least once during their First 5 years
13 of life.

14 And finally, we asked what are the conditions of
15 young children and their families in terms of basic needs.
16 We looked at the data of food insecurity, rent burden,
17 difficulty approximating paying for house and finding
18 housing. We learned that many children -- oh, sorry. We
19 learned that many families with children under five are
20 experiencing challenges meeting basic needs. With nearly
21 one out of the three families experiencing food insecurity
22 and two out of three struggling to pay for and find
23 housing. We also learned of disparities and access to
24 resources that meet basic needs for Spanish-speaking,
25 Latino families. For example, Spanish-speaking, Latino

1 families reported highest levels of food insecurity while
2 English-speaking, Latino families reported the lowest
3 levels of food insecurity in 2020. And similarly,
4 Spanish-speaking Latino families were substantially more
5 likely to experience difficulty finding housing.

6 As I mentioned, today we are highlighting just
7 some of the key learnings about the conditions of children
8 and families with the intention to share more at the June
9 PPC. So as a preview, I wanted to close out my section
10 with the themes that are emerging for us as we reflect
11 across the data we've gathered on the conditions of
12 children and families. As already mentioned, most
13 children under five in LA County are children of color.
14 And across conditions, the data is elevating disparities
15 by race ethnicity language and potentially immigration
16 status.

17 The data show that Black children and families
18 experience poor health and safety outcomes along with high
19 rates of poverty and food insecurity combined with
20 significant disparities in their access to safety net
21 programs and other Family Supports.

22 And ultimately while we're learning a lot by
23 looking at this data, there's still so much we don't know.
24 Due to data limitations such as the limited availability
25 of data on children under five, limited availability of

1 post pandemic data, limited data on racial and ethnic
2 subgroups, and finally limited data on the root causes
3 underlying these findings. So with that teaser, I'm going
4 to hand it over to Charna to highlight some of our
5 landscape learnings on opportunities within public policy.

6 MS. WIDBY: Thank you, Nieszka.

7 Okay. Public policy. In policy opportunities,
8 we were looking to identify opportunities that we can't
9 miss that can be leveraged to improve conditions for
10 children and families. And we started at looking for
11 opportunities with the criteria including opportunities
12 that have a direct impact on children's prenatal to five
13 experiences in LA County. Looking at the life span of the
14 opportunity, not just the proposal stage, but also our
15 role in potential planning tables, implementation
16 partnerships, and technical assistance.

17 First 5 LA works at the intersection of systems.
18 And we prioritize opportunities that enable or support
19 multiple systems working together. We prioritized
20 opportunities that are deeper than just advocacy, not just
21 the winds on paper, but prioritizing really meaningful
22 implementation and impact and for what works in LA County
23 and the diverse needs of our families. And to that point,
24 the opportunity that can benefit from a combination of
25 strategies and tactics that First 5 LA can bring and how

1 we differentiate our advocacy to be implementation focused
2 and in partnership with others. So looking at this
3 criteria, we looked at a range of intersecting and
4 parallel existing and current opportunities connecting
5 both at the State level opportunities and leverage reforms
6 with partnerships and implementation as illustrative of
7 the landscape of opportunity and the context that we work
8 in.

9 So just really just to take a snapshot
10 highlighting a few of them, because we know there's a
11 never-ending window of, and there's always one opening
12 next week. I'm sure the federal Families First -- Family
13 First Prevention Services Act represents a significant
14 shift in how the County and the State envision prevention,
15 opening an important opportunity for programming and the
16 potential opportunity for to create sustainable financing
17 mechanism for programs and supports.

18 In the Early Care and Education system, making
19 childcare rate reform real and making sure what is
20 advanced and adopted works for the diverse needs of
21 families and providers of LA County, the expansion of
22 transitional kindergarten, and the commitment to universal
23 prekindergarten is a very real implementation challenge,
24 especially as we think about the critical prenatal to
25 three years. The cradle to career data system will

1 include early data -- early learning data and additional
2 social services and health and workforce information and
3 will be a really important to also capture the need of
4 young children and their families at the earliest moments.

5 In health care systems, the implementation of the
6 wide ranging overhaul of the Medi-Cal system or CalAim
7 include key components like enhanced care management
8 benefit, the new health plan performance standard, and
9 other new benefits of opportunities around the new
10 strategies for quality improvement, goals, network
11 planning, and data quality changes. And the proposed
12 reforms in the Mental Health Services Act, the
13 modernization of our behavioral health system, and the
14 significant investments in child and youth behavioral
15 health initiative are an opportunity for prioritization,
16 and clarifying the importance of prevention and early
17 intervention while networks of care are being developed.

18 So this, of course, is not an exhaustive list but
19 a sampling of the landscape of really ripe opportunities
20 across multiple systems. And the examples I just
21 highlighted are a good representation of really large
22 reforms that have a direct impact on the well-being of
23 children but also aren't necessarily meant to prioritize
24 the critical window of prenatal to five. And we have --
25 can have various roles influencing partnering and so on

1 within those efforts. And now I will turn it to my buddy
2 Mr. Wagner.

3 MR. WAGNER: Thank you, Madam Director. Now
4 we're turning to the third part of this landscape
5 analysis. And this is the portion in which the center for
6 child and family impact undertook an examination of seven
7 current initiatives representing the vast majority of our
8 -- our current budget. In some cases, these initiatives
9 represent the last few years of work. And in some
10 instances, they represent well over a decade of experience
11 investing in some of these areas. For the programmatic
12 review, you'll see the areas of -- the initiatives listed
13 on the left-hand of this slide and on the right hand of
14 this slide included in analysis focused on the initiative
15 goals, the learning that we've been experiencing culled
16 through our experience of work. To date, the partners,
17 often County with whom we've engaged over the course of
18 this work, the roles that First 5 LA has undertaken with
19 some reflections on what's working well and what's been
20 more challenging, as well as some highlights of family and
21 community priorities lifted up through these initiatives.
22 In the slides that follow, I'll dig into these a bit more.

23 So what are we learning? Some of the learning
24 we've had is that, no surprise, child and family servicing
25 systems are disconnected. And related to this, we've

1 found the existence of various collaborative tables which
2 sometimes can be existing structures that might inform
3 governance. Other times they're less formal, but they are
4 tables that bring together system partners with stake
5 holders, and that they've been really essential for
6 planning and coordinating around specific work related to
7 these initiatives.

8 Some examples of that include the Home Visiting
9 Collaborative Leadership Council, convened by First 5 LA
10 and the Department of Public Health, for example. In
11 addition, due to our fiscal realities we are increasingly
12 looking to bring together other resources and funding
13 streams some of which Charna mentioned which heightens the
14 need to be able to blend and braid different funding
15 sources from their respective -- with their respective
16 fiscal constraints also requiring a certain amount and
17 significant amount of cross sector collaboration and
18 knowledge.

19 Our work on the African American Infant and
20 Maternal Mortality Prevention is exam -- an example where
21 First 5 LA has pooled our resources with other funders.
22 And work on the home visiting coordination is an example
23 of about how different systems partners have come together
24 to braid funding, whether it be from CalWorks from State
25 and Federal home visiting funding streams or those of

1 First 5 LA.

2 The second point on this slide to highlight is
3 how First 5 LA can be seen by County partners as a trusted
4 entity which we'll speak about further in a moment. We've
5 also learned the benefit of community, including community
6 voice, if our work across these initiatives which has also
7 elevated community and family priorities which I'll dig
8 into in a slide -- in an upcoming slide.

9 So who are First 5 LA's system partners?

10 Oftentimes, our partners are County entities reflective of
11 the fact we're a creature of the County and overwhelmingly
12 these partnerships are in the health system. All seven
13 initiatives included in this part of the landscape
14 analysis called out some key partnership across the health
15 system, including the Department of Public Health called
16 out most often, then the Department of Mental Health, and
17 this would include partners in the health care provider
18 and health care delivery system, as well as including
19 hospitals, clinics, managed care plans, and Medi-Cal.

20 An example of how First 5 LA has effectively
21 managed or used these partnerships is an example of the
22 Health Systems Teams quarterly convening of all the
23 managed care plans locally here in Los Angeles County.
24 Formally, that table or convening did not exist. And
25 since implementing this, we've been able to bring together

1 not only the managed care plans but some of the system
2 leads as well. And some system partners that have joined
3 that group include the Department of Public Health, the
4 Office of Child Protection and others that have connected
5 to the managed care plans. And we've also brought in
6 experts on Medicaid funding, for example, to that table.

7 In order of frequency cited, the next most often
8 cited partner was the Department of Children and Family
9 Services, especially in the area of Families First
10 Planning as well as prevention. Next was LACOE, Los
11 Angeles County Office of Education, mainly around our ECE
12 work. And specifically collaborations around quality
13 efforts like Quality Start LA and less frequent but key
14 partnerships include the Department of Social Services,
15 mainly around CalWorks funding for home visiting and the
16 provision of basic needs and the office of child
17 protection, the center for strategic partnerships, and the
18 antiracism, diversity, and inclusion initiative work
19 especially around the County's prevention services task
20 force on which First 5 LA sits.

21 So those are the examples of the partners called
22 out. In addition, we just acknowledge that there are
23 significant number of local community based organizations
24 that are also critical partners of ours in moving this
25 work forward.

1 So with those partnerships, this slide calls out
2 the top six most-often cited First 5 LA roles.
3 Oftentimes, we're called out as playing multiple roles.
4 But these are the ones that tended to rise to the top.

5 Just a couple to highlight. In my earlier
6 comment on the learning of First 5 LA often being seen as
7 a trusted partner, you'll see how this plays out in
8 various ways where we often are relied on to develop
9 relationships across multiple partners and across multiple
10 sectors to enhance networks supporting the systems that
11 we're working to improve. In addition, First 5 LA's often
12 referred to as not being bound to one specific system,
13 rather being able to more neutrally see the intersection
14 or -- or lack thereof of child and family servicing
15 systems. It's also manifested in the role of connector in
16 that we often have access to different areas of expertise
17 that can benefit our County system partners.

18 An example of this is funding consultants to come
19 in and help do some fiscal mapping in several areas,
20 including home visiting, Early Care and Education, in an
21 effort to ensure that we're looking broadly at what could
22 be newer existing funding streams to help maximize the
23 resources for kids and families in LA County.

24 Referring back to Charna's presentation on policy
25 opportunities, this work and these relationships can also

1 help us advocate our knowledge gained from years of
2 working across these initiatives as well as what is or
3 what is not working for Los Angeles County allows us to
4 strengthen the Counties and our voice in areas ripe for
5 advocacy.

6 Though we've done this somewhat throughout the
7 years, more recently and increasingly we're also seen as a
8 recipient of other funding beyond Prop 10 and can be a
9 fiscal agent or a pass-through entity. A great example of
10 this is the action the board took earlier today
11 authorizing us to receive funding from the Department of
12 Mental Health as well as from First 5 California
13 previously to fund some of the quality work here in
14 Los Angeles.

15 So informed by the learning, the partnerships,
16 and the roles we've played with those partners what is
17 working well, I've spoken to some of the points on this
18 slide because what's working well builds upon the learning
19 and the partnerships. The other item to call out on this
20 slide is the flexibility and responsibility --
21 responsiveness First 5 can play when working with system
22 leaders to implement initiatives. We have access to more
23 flexible resources, albeit decreasing, to help support our
24 system partners. For example, our investment in managed
25 care plan or a County Department of Health services clinic

1 to build-out a process change or create a billing system
2 is an example of how we can help a partner develop
3 something through one-time resources in order to access
4 Medi-Cal. Oftentimes, these resources aren't just
5 financial and can include access to outside expertise or
6 data as is in the case of with First 5 LA's funding that
7 built the stronger families database which helps manage
8 data cross-disparate home visiting models.

9 The final point I'll highlight from this slide is
10 this is all done to positively impact children and
11 families. The data cited here on this slide is drawn from
12 the stronger families database, which I just mentioned and
13 is helping us make the case with local health plans on how
14 they can better be meeting the needs of families while
15 advancing progress on their State accountability measures.
16 And these cases, including childhood immunization,
17 maternal depression screening, and developmental
18 screenings and assessments.

19 This next slide highlights some of the challenges
20 we've seen in implementing this work and most of the
21 points on this slide are pretty straightforward. But I do
22 just want to add a little more depth to the one on
23 community voice. We've invested now for well over a
24 decade in supporting community voice in an effort to
25 understand community priorities and how we can be partners

1 in advancing those community priorities. This is an
2 ongoing and admittedly evolutionary aspect of some of our
3 most rewarding work. And there's an increasing systems
4 awareness of the importance of including community and
5 those with lived experience in systems change work, which
6 is really exciting.

7 But how we and others are defining community is
8 -- is a bit unclear. How are we identifying parent voice?
9 How are we disaggregating parent voice from community
10 based organizational voice? And what about the important
11 voice of staff, including First 5 LA staff and County
12 staff who reside in community. All of this is -- are
13 important voices to be considered, and what does
14 engagement mean and how is it most effectively done?
15 These are key critical questions for us to continue to
16 explore, aligned to our strategic reset process.

17 The final slide in this section summarizes the
18 priorities being raised by families across the seven
19 initiatives that we examined. And these are not in any
20 particular order. We have heard resoundingly the
21 importance of workforce, both in ensuring access and
22 adequacy of workforce. I think the challenges in the
23 health care systems, in the ECE system, are great examples
24 of challenges making sure we have sufficient workforce as
25 well as developing a workforce that is diverse and has

1 walked the walk when it comes to the challenging issues
2 that families are facing in community and navigating.

3 We also undertook this analysis right after a
4 global pandemic and ensuring systems are able to respond
5 to crises and enhance crisis responsiveness is something
6 that came up regularly in discussions through these
7 initiatives and with community. Focus on prevention.
8 Like many of our system leaders, families and communities
9 see the strong benefit of being able to access resources
10 earlier so there is less need to come into deep end
11 systems and be involved in systems.

12 A great example is First 5 LA and the Department
13 of Children and Family Services working to develop a
14 referral pathway to home visiting supports in preparing
15 for the implementation of families first, so that families
16 don't have to come into deep-end child welfare in order to
17 get connected to child services. We've also heard the
18 need to be explicit in ensuring democratic processes and
19 structures are built into our work and systems; so
20 communities and families can engage with and provide
21 input.

22 And the final point I'll callout on this slide is
23 again heavily informed by the pandemic is that systems
24 change can't just be conceptual and focus way on down the
25 road. I think this is clear in Nieszka's discussion

1 around basic needs. The data that ODFA found and
2 highlighted in the earlier section underscores the
3 importance of this and the connection to immediate
4 resources we need to acknowledge and address the critical
5 importance of basic needs while using that to inform our
6 longer term policy and systems change work. This is not
7 an either/or, but is a both.

8 And so with this, I'll turn it back over to
9 Antoinette.

10 MS. ANDREWS-BUSH: Thank you, John. A lot of
11 information, commissioners. So at this time, actually
12 what we want to do is I'm going to turn it back to the
13 chair for our break, but want the commissioners to see the
14 questions that we will ask when we come back from the
15 break, which is given what you've heard so far, what
16 themes are emerging for you. And based on what's
17 emerging, what roles best position First 5 LA for success
18 now and in the years ahead. So we want to turn it to the
19 chair for a break, give you an opportunity to reflect on
20 those questions, and we will return for discussion.

21 SUPERVISOR MITCHELL: Thank you very much for
22 that rich data, rich emotional, for me, presentation. My
23 clock says 2:48. How about we're back at 3:00? Straight
24 up on the hour and we'll kick it off then. Thank you very
25 much. We'll recess until 3:00 o'clock.

1 (A brief break.)

2 SUPERVISOR MITCHELL: Thank you very much. We'll
3 continue.

4 MS. ANDREWS-BUSH: All right. Welcome back,
5 commissioners. I hope you've had an opportunity to digest
6 the information that you've heard and to connect with each
7 other and members of the public and staff. So now we're
8 going to return to the presentation and I'll actually pass
9 it back to you, Madam Chair, to facilitate board
10 discussion on these two questions.

11 SUPERVISOR MITCHELL: Thank you very much. It
12 was a lot to digest. And I didn't do either of the things
13 I should have. I just sat and stewed in my feelings about
14 some of the information that we saw that just took my
15 breath away.

16 So, Commissioners, what themes are emerging from
17 the landscape analysis? And based on what's emerging from
18 this analysis, what roles best position First 5 LA for
19 success now and in the years ahead? Questions? Comments?
20 Thoughts? I would say what occurred to me is that First 5
21 is uniquely positioned to gather this data. I thought
22 about all the entities and what role we must play to share
23 it, broadly. We've had a brief sidebar to figure out how
24 I can get it before my colleagues in the Board of
25 Supervisors. I think it merits presentation at a full

1 board meeting for not only all of my colleagues to see it,
2 but all those who track and follow the work of the board
3 of the department heads, etcetera.

4 So Mr. Vice Chair is going to help me come up
5 with a creative way in which it can be presented in a full
6 board meeting.

7 Other thoughts? Commissioner?

8 COMMISSIONER McCROSKEY: Learn to turn the
9 microphone on. Okay.

10 Just struck recently, even before this
11 presentation, about the significant funding changes that
12 are coming at us from all different directions, from the
13 federal and the State level and the list of initiatives
14 that you guys put together as just the key ones -- because
15 there are others in addition to the key. And -- and so --
16 it feels like to me one of the things that -- I think
17 there are a lot of people saying: Oh, my goodness. How
18 are we going to do with the PSA? Oh, my goodness?
19 HMSA reforms that coming.

20 But that one of the contributions we could make,
21 I think, is to convene conversations focused on a
22 population. How do these come together to particularly
23 impact our disadvantaged young children or communities
24 that have a large population of young children? Because
25 we're making decisions based on, you know, whatever

1 assumptions are and our disciplines and so it's beyond
2 that the systems aren't connected. It's that the funding
3 in itself breeds more disconnection, because you've got to
4 respond to whatever you have to, you know, the later --
5 the latest request.

6 And we're just beautifully positioned, after 23
7 years or something to be able to say here's what we know
8 today about this zero to five population. And we are the
9 -- the kind of multiple entities we see coming, and how
10 can we work together to make sure that they're not
11 disproportionately in the same communities, in the same
12 families, in the same systems. Right? That we're --
13 we're taking the children's drawings that you showed us,
14 you know, what are the key institutions for communities
15 and making sure that we're doing our best to protect a lot
16 of what's really key to families with young children.

17 SUPERVISOR MITCHELL: Does the water cooler -- do
18 they still convene in Sacramento

19 COMMISSIONER McCROSKEY: I think so.

20 SUPERVISOR MITCHELL: Because as I'm listening to
21 you, I'm thinking about --

22 COMMISSIONER McCROSKEY: Yeah.

23 SUPERVISOR MITCHELL: -- convenings that --
24 right.

25 COMMISSIONER McCROSKEY: Right. That really

1 focus people who have a common bond of well, we've got
2 this. And we've got -- yup.

3 SUPERVISOR MITCHELL: And I hope it's not too
4 late based on that list in terms of, you know, there's
5 some Cal AIM -- you know, there's some that we know are
6 still in design, if you will.

7 COMMISSIONER McCROSKEY: Remains malleable.

8 SUPERVISOR MITCHELL: In some way. Very good
9 points.

10 Mr. Byrd?

11 COMMISSIONER BYRD: Right. So one when we're
12 thinking of three out of four households having children
13 under five that speak a primary language other than
14 English, to me that speaks to intentional workforce
15 recruitment and development, because we need those
16 resources to be able to provide these services to those
17 individuals in a language that's accessible. So that
18 would be one. And then I think that as we're -- I think
19 the data for me, like, my brain works in graphs and data;
20 so I think the data helps inform where we need to be
21 intentional in supporting enrolling out services like
22 looking at the map of where the greatest number of
23 children birth to five are, they're not in areas where we
24 have a plethora of providers. So, like, service area one,
25 service area two. When I start looking at SD 5 and all

1 the really dark, dark purples. And the concentration of
2 really young kids in those areas that speaks to how do we
3 incentivize providers to expand to those areas and retain
4 staff in those areas; so.

5 SUPERVISOR MITCHELL: I'll comment on that and
6 then I'll go to you, Commissioner Abdo.

7 You know, when I think the Domly Oratory Act
8 (phonetic) is probably 50 years old in terms of the, you
9 know, the act that requires, you know, government provide
10 full linguistic access to the threshold languages. And to
11 see the chart that talks about how language can be a
12 barrier to accessing on a par -- on par level with I think
13 it was CalFresh, the role that plays in food insecurity is
14 just striking, given as long as we've had the law on the
15 books that require that we support families of -- that
16 speak multiple languages. Thank you for that.

17 Commissioner Abdo.

18 COMMISSIONER ABDO: Thank you. I also was struck
19 by the map. And I think that -- that just kind of
20 overwhelmed the other information that we -- we received
21 which was really great and organized. But I just kept
22 thinking of the map and how it -- all of those issues are
23 affected by -- maybe you're coming to the map. Yeah. So
24 -- and each -- each super -- super -- supervisorial
25 district is different, obviously. And I don't know

1 whether we're as an organization settle up to provide more
2 services or coordination or whatever it is that we're
3 providing in each area in the areas that are the darkest
4 colors on this map. And I -- I just -- I don't know that.
5 I'm sorry that I don't know that. But I think it's --
6 it's striking.

7 SUPERVISOR MITCHELL: Anybody like to respond or
8 do you want to keep the comments going?

9 MS. RYKACZEWSKA: I would say absolutely there
10 it's a really good question to raise. And I think one of
11 the things when we were looking -- taking a look at this
12 map, I think we went through about 16 different iterations
13 of this map to make sure we could clearly demonstrate
14 since this tracks across the County -- throughout the
15 County that have high numbers of children zero to five in
16 every single supervisorial district. And I think it is
17 both a challenge and an opportunity there to really think
18 holistically across the County and also think about where
19 are those areas where there are concentrations of children
20 and families.

21 COMMISSIONER ABDO: I just wanted to also add in
22 that I've been on the LACOE board for the last couple of
23 years and the -- the issues in the 5th district have been
24 brought forward by the -- the people who are representing
25 those districts at LACOE as well. As areas that really

1 needed more attention. And I -- I think that that's
2 probably true for a lot of what -- what is the County in
3 particular is trying to provide and I'm not just sure how
4 -- how it happened that that's the true map. And then how
5 we can make a change.

6 SUPERVISOR MITCHELL: I would suggest it happen
7 because of housing affordability and so, you know,
8 families who need larger footprint houses, that's where it
9 was affordable. And so it was a form of great migration I
10 think for LA County. And services didn't keep pace.

11 Yes, Commissioner McBride.

12 COMMISSIONER McBRIDE: Thank you for this
13 presentation. And whenever there's data leads to more
14 questions, like the more data you have the more questions
15 you have. And one of the things that stood out for me was
16 on -- on, like, slides 13 and 16 where we tend to talk
17 about people of color, BIPOC, Black and Brown communities
18 as if they're one in the same and the data demonstrates
19 that although some of the challenges are similar, they're
20 clearly not experiencing the same level of need or we
21 don't -- we may not know why Latinos who speak Spanish are
22 fairing about the same as Black people, most of whom speak
23 English. So what are the barriers that they're facing
24 that are similar but are different? Which is why I
25 appreciated when you got to the slide talking about

1 disaggregating the community voice.

2 And that's one of the things I thought about too
3 is how do we acknowledge the community voice
4 disaggregating that data, especially leaning into
5 indigenous populations who we often never talk about in
6 these spaces. Because the percentages are often so low.
7 But it's still a child, even if it's .1 percent. It's
8 still a child. And so I appreciate that.

9 My question -- I do have a question about
10 partnering with other agencies and really about what does
11 the partnering actually look like on a more granular
12 level. Is it mainly collaborative funding and programming
13 or is it an intentional effort to challenge or even
14 redress some of the harmful policies that those
15 organizations or government departments have, for example
16 CPS? Because we know that when a family has an encounter
17 with CPS, and 33 percent of Black families with children
18 under five have, that can lead to separation which leads
19 to foster care which can have a direct pathway to being
20 unhoused. And, you know, having a criminal record before
21 you're even, you know, 20 years old.

22 So how far do we want to lean into some of the
23 policy work that doesn't just directly impact First 5 LA
24 but more broadly changes some of the these other systems
25 that feed into the needs that our populations have.

1 MR. WAGNER: Thank you, Commissioner McBride, for
2 raising that. I think to make it more concrete, you asked
3 like a granular example. I think one partnership to
4 acknowledge that the County is really leading in is moving
5 away from the mandated support -- mandated reporter to a
6 mandated supporter. And as part of that conversation
7 being led by the -- I think it's within the antiracism and
8 diversity initiative. And it's also related to the
9 prevention services task force work as well. That is an
10 area where First 5 LA has been working to connect those
11 families.

12 A great example of support would be connection to
13 home visiting so that it's not where a family needs to
14 come into child protective services or DCFS. But that
15 there's -- instead of reporting something, you're --
16 you're looking -- there's even a demonstration of a tool
17 that they've identified from another jurisdiction where
18 you can go through and answer a series of questions and
19 realize this isn't about reporting abuse and neglect.
20 It's about supporting the family and connecting them to
21 services that have been identified, whether it be food or
22 clothing or housing and home visiting, can be that kind of
23 vehicle, if thought about as a upstream prevention and
24 changing the entryway into our systems for populations,
25 that it's not about abuse and neglect. It's more about

1 connection to services. And that's, I think, the examples
2 across those seven initiatives, the partnership looks
3 different initiative by initiative. You had a
4 presentation on AAIMM, our African American Infant and
5 Maternal Mortality work. There's partnerships there
6 challenging systemic racism and bias heard from the team
7 on that.

8 So I -- it's not -- it's not an answer I can give
9 you across all seven, but those are some examples that are
10 unique to the initiative that we're partnering on, if
11 that's helpful.

12 COMMISSIONER McBRIDE: That's really helpful, and
13 I appreciate that, because I think it speaks to one of the
14 other points about building the trusting relationships
15 because there is a lack of trust. And we've talked about
16 that before. I've taught parenting classes primarily to
17 people who have mandated parenting classes for about seven
18 years. And I've heard stories of how difficult once
19 you're in that system to navigate -- to navigate the
20 process and to meet all of the requirements. And, of
21 course, we want to keep children safe. But if someone is
22 pulled into that system, they have to have family therapy,
23 anger management classes, parenting classes, while maybe
24 supporting other children and working a job and it almost
25 becomes impossible. I've literally had a mother tell me:

1 I almost got to the point where I just wanted to give up
2 and just accept that my child was forever going to be
3 outside of my home.

4 But it was because she was able to take the free
5 parenting classes that we were offering that she found one
6 way to check off one of those requirements. So having
7 that support, I do think changing the way we've interact
8 with the community especially communities that feel often
9 targeted by government systems versus supported by
10 government systems is going to be another heavy lift. But
11 I appreciate the effort starting with the mandated
12 support. Thank you.

13 SUPERVISOR MITCHELL: Commissioner Sigala. I'll
14 come back to you.

15 COMMISSIONER SIGALA: I just wanted to thank you
16 for that comment right now about -- because I was
17 concerned about basic needs, and that we make sure that
18 that's woven in or braided into all of our efforts going
19 forward. And that's a great example of it. So thank you
20 very much because I couldn't figure it out on my own. But
21 it was there all along. So thank you.

22 MR. WAGNER: Thank you.

23 SUPERVISOR MITCHELL: Okay. Commissioner
24 McCroskey, I'll come back over to you.

25 COMMISSIONER McCROSKEY: I just wanted to expand

1 a little bit on what John was saying. The opportunity
2 with the Families First Prevention Services Act, in
3 particularly the call the community pathway families who
4 can get support, they touch child welfare system at all.
5 And so California's taken advantage of that opportunity
6 and we're doing some really active cross department. And
7 with community voices planning around who do you trust in
8 communities right? And not we have to do a lot of
9 thinking because we have to know where resources are. And
10 are they in the right places and do we have the capacity,
11 etcetera.

12 But it's -- I would say if (unintelligible) is
13 very much involved in it too. It's a really very exciting
14 potential right now where this federal change comes at a
15 moment when our County is very aware of the lack of
16 community based supports and place -- in places where
17 families trust is a Number 1 condition. Not the referral
18 process, but how do we really build on that.

19 There's some exciting pilot work that's just
20 starting right now so there's whenever I look at the
21 percentage of kids under five referred before kindergarten
22 it's -- it makes -- it's very disturbing, but there's a
23 lot of cross agency effort around that right now and First
24 5 is a really certainty central organizing component in a
25 lot of that discussion; so there's some hope.

1 SUPERVISOR MITCHELL: And I would think -- I
2 would just add on top of that. You know, the timing. You
3 know, the County's already focused on multiple motions,
4 you know, looking at how we remove bias implicit and
5 otherwise from the decision-making process. The State
6 legislative work around California's definition of neglect
7 is quite antiquated in comparison to other states so
8 looking for deeply to make sure the definition of neglect
9 doesn't also have inherent bias in it as well. So I think
10 all of those things coming together at the same time
11 hopefully will effect a different outcome.

12 Commissioner?

13 COMMISSIONER HEGER: I'm very sensitive about the
14 idea of mandated reporting and neglect versus abuse. My
15 -- my -- my experience has been that it would be and our
16 recommendation and how the clinic where I am works is that
17 we feel that oftentimes reports of neglect are the first
18 indication that the family needs to have access to a
19 portal of services. Not to detain the kid, but to try to
20 keep the kid in the family. But to act -- to make sure
21 the family has access to care. So I'm very interested in
22 figuring out a means whereby those calls, if they come in
23 from teachers and from others in the community, are then
24 triaged through a system where we can determine what would
25 be in the best interest of the family.

1 I mean the reason -- to be honest with you, the
2 reason 20 years ago that we had funding from First 5 LA to
3 start the hub system was very, very much focused on over
4 diagnoses and a very ethically biased view of detaining
5 kids. And the idea being that you would be there not only
6 to identify those that were at risk but you would be there
7 to advocate for the family that they retain their child.

8 Some of that has been lost by -- by all of this.
9 And I -- I do think that oftentimes those neglect calls
10 are a fact of family putting their hand up saying I need
11 help. And I think that we can't just not hear those calls
12 that we need to see those calls and create a system,
13 Number 1, that's a portal, that documents the community
14 based services or they get additional funding or the food
15 banks are where the parenting classes are. Where we have
16 childcare where there's no isolation. There's a whole
17 raft of things. And I think we have an opportunity to
18 advocate for those portals that the kid get the best they
19 can and that we avoid isolation of families, which is a
20 biggest key towards abuse.

21 And I think when we just, say, don't respond to
22 the cases, we're missing an opportunity that we shouldn't
23 be missing, because it would be tragic and we've seen
24 several cases in our clinic recently where that was ruled
25 out as neglect and the child was killed. And I think we

1 need to have that system where we join forces and we unite
2 to reach that -- that level. Again, in looking at ethnic
3 diversity and how we deliver quality services again, and I
4 think we talked about this supervisor before is the build
5 -- build clinics and portals in the communities that are
6 ethically appropriate to that community. So that the --
7 that the family enters that system knowing that they're
8 going to be safe. And that they -- that they can rank the
9 services and we give access to the services so that
10 individuals who have lived in immigrant life whose parents
11 don't speak English are the professionals, etcetera, in
12 that clinic African American families where the
13 professionals have lived the life of being, you know, not
14 receiving the services they need, that they understand,
15 ask that, and are committed to excellence.

16 I personally think that what we've demonstrated
17 with -- with preventing deaths in bad outcomes in African
18 American pregnancies demonstrates that we can do that and
19 I'm a real big strong proponent on keeping kids with their
20 families, but I want to know whether a kid is at risk.

21 SUPERVISOR MITCHELL: I don't think you have any
22 argument on that here. Truly.

23 Commissioner Bautista?

24 COMMISSIONER BAUTISTA: First of all, thank you
25 for that information. And I am left more with a wondering

1 at this point and reflecting back at the map as well.
2 Right? I look at that map and I think about how family
3 friendly, how child friendly -- right? -- or not is this
4 County becoming. And when I think about specific dollars
5 that we draw into the County, like Head Start, early Head
6 Start that relies heavily on income eligibility for
7 families to be able to receive services, I don't see a lot
8 of those families reflected right in the center and outer
9 parts of this map. So we run great risk of ultimately
10 losing -- right? -- that funding if, say, office of Head
11 Start determines there is no need here when, in fact, we
12 know there's need.

13 So I'm thinking about that second question and
14 perhaps that something that First 5 can help do -- right?
15 -- is to really drill down and I see what are those
16 pockets of needs -- right? -- that we can advocate for in
17 order to continue to have those State, federal, or other
18 dollars still coming into the County, because that would
19 be a tremendous loss for us not to be able to do that
20 moving forward.

21 COMMISSIONER ABDO: I want to add on that what
22 you just said and then also highlight that the federal
23 program of Head Start does not adequately fund families in
24 California. Or -- especially in our County. But -- and
25 there -- it's very difficult to combine different funding

1 sources with all the rules that there are on each one.

2 And for families who have to navigate these
3 systems it's -- it's really a huge challenge that they're
4 not prepared for when they see that they're -- when they
5 understand that they need childcare.

6 Then the next step is not oh, you walked through
7 the door of a provider. No the next step is oh, what --
8 what am I -- what's -- what is -- is it that I can access
9 and then what do I have to do to get that access and it's
10 very, very hard. So I -- I don't know what we can do
11 about that. But -- but Head Start in particular that
12 looks at the income of families across the country and
13 makes the rules makes it much harder for anyone in
14 California to get the services that are critical for
15 families.

16 SUPERVISOR MITCHELL: And I would add to that not
17 just Head Start but all of the subsidized childcare
18 programs are income determined. You know, even if it's
19 set at the statewide level LA County suffers because we're
20 a high cost County. And as I listen to you commissioner,
21 the fear that swept over me was given that -- given the
22 cliff effect that these programs are based on because it's
23 income eligibility, given the fact that we've already
24 heard from the State that they're looking at a deficit and
25 what this government do when the economy is in trouble and

1 general funds are in trouble they cut typically programs
2 that are the slice of the pie that are the entitlement
3 programs. Health and human services programs.

4 So I lived through that the last great recession
5 when we cut a billion dollars out of subsidized childcare.
6 So I think that we need to be prepared to use this data to
7 argue about why this would not be the time to cut those
8 programs because of what we're experiencing now. We don't
9 want to make it worse.

10 Yes, sir Mr. Vice Chair.

11 COMMISSIONER NICHOLS: Thank you, Madam Chair.

12 SUPERVISOR MITCHELL: I'm looking at you to have
13 some answers, please.

14 COMMISSIONER NICHOLS: Well, in some ways I feel
15 like you all are talking about me right in front of me.

16 SUPERVISOR MITCHELL: With love.

17 COMMISSIONER NICHOLS: To be clear, DCFS, I sort
18 of run the child welfare system.

19 SUPERVISOR MITCHELL: More than sort of. You do.

20 COMMISSIONER NICHOLS: At the will of the board.
21 So that was a little awkward. But I will -- I will also
22 say I kind of lost my mind at slide 13. And I've been
23 processing ever since. And I will be thinking about these
24 slides for days. That's the honest truth. And I intend
25 to use these slides in other venues. Like, I was taking

1 pictures of them and sending them to people who need to
2 see this information; so I want to thank you for that.

3 Provocative, upsetting in some ways, but I think
4 it's really going to stimulate productive conversation,
5 you know. We wear multiple hats, board member, here with
6 DCFS, director there, and I feel as a DCFS director that I
7 do have to say a couple of things just publicly for the
8 board and for the public who's listening.

9 You know, we get over 200,000 calls to the
10 hotline a year. Typically, of those calls, only about 5
11 to 7 percent result in open cases. And I think it's
12 important for a couple of reasons. So one in three Black
13 children have a call made on them which is horrible. But
14 that does not mean -- and I want people to know that --
15 that one in three children enter the child protective
16 system. Again, we only open about 5 to 7 percent of the
17 cases that we receive calls in.

18 From a systemic perspective, though, that means
19 95 percent of the calls we get did not warrant an
20 intervention by the child protective department, and those
21 families were put through an investigation by a social
22 worker, people talking to their neighbors, sometimes when
23 they didn't have to do that.

24 It's traumatic for the families. It's
25 disrespectful in some ways. I mean, we've got to make

1 sure the kids are safe. But it suggests to me there was a
2 better intervention along the lines of what Dr. Heger was
3 talking about. And that is I just want to say my Number 1
4 mission as a department head, as long as the board has me
5 there, to rebuild and rework that system that's preventing
6 those families safely from coming in contact with or
7 entering the child protective services system.

8 So we're only there when we absolutely have to be
9 there. To the extent First 5 works with us on that
10 vision, I think there's a lot of impact we can have and at
11 this time already happening. John particularly has been
12 involved in a lot of those conversations FFPSA is kind of
13 overarching term we use or program we use, but that's
14 really the direction we're headed. But we face competing
15 priorities that came up in the slide a couple of times --
16 points. John, it was in one of your slides. And I do
17 think there's a role for First 5 in helping define
18 priorities both in the child space and then outside the
19 child space.

20 I mean, so, for example, we compete in terms of
21 staffing and resources with other worthy interests.
22 Justice reform. Homelessness. I mean, there has to be
23 someone constantly shining the light on what about the
24 kids. You know, I do it, but people expect me to do it.
25 And it gets old probably for some of them after a while.

1 But I think First 5 can do it too.

2 But what about the kids? And in many ways, we
3 are the preventative intervention for those other systems.
4 We can help families when they've got a little kid at home
5 so that kid may not go into the justice system, may not
6 become homeless.

7 And I think that information helps inform the
8 priorities maybe we set. I would add -- I mean, two
9 things jumped out at me in terms of setting those
10 priorities. There's an overage of need out there. We
11 can't do it all. And we are going to have to triage that
12 need and the things that came across in the slide, maybe
13 there were other things you didn't put in there. But
14 clearly the need of Black families and language access. I
15 think everything we do probably has to be informed by
16 recognition and remembrance of that, if not an intentional
17 strategy to address those things. Can't do it all. But
18 those -- those two points to me, you know, rose clearly
19 out of the background. So --

20 SUPERVISOR MITCHELL: I agree. Those two for me
21 plus the geographical.

22 COMMISSIONER McBRIDE: I just want to thank the
23 vice chair for your response. It was really thoughtful
24 and like you could have sat back and not said anything but
25 I appreciate it because I don't think any of us know --

1 like we all know that not one person can address all of
2 these conditions that have been in some ways by design for
3 decade when they effect certain groups of people. But
4 it's about what we're doing from this point going forward
5 and I appreciate that.

6 I did have one other question that came to mind
7 about when Head Start was mentioned. We know that the
8 governor has expanded preschool through LACOE and by 2026
9 I think it will be available to three year olds, which
10 means a whole population of families who don't want to or
11 don't qualify for Head Start or can't afford to pay for
12 actual early childhood education will put their children
13 into public school, which is not really designed for early
14 childhood educators to thrive. We have multi subject
15 credentialed teachers teaching transitional kindergarten
16 and they'll be teaching three year olds. And what happens
17 in school and where they don't learn those socialization
18 skills, they take the bad behavior home or they bring it
19 from home to school, and you have stressed out teachers.

20 I think we have something like -- the NES said 55
21 percent of teachers are looking to leave the profession.
22 40 percent of teachers leave the profession in the First 5
23 years; so you have these conditions that are kind of,
24 again, unrelated to First 5, but directly impact those
25 families. What is the partnership with LACOE and how are

1 we working directly with schools and school districts to
2 support early -- actual early childhood education access?

3 MR. WAGNER: We could -- I would like to follow
4 this up with a conversation with the true expert on this,
5 which is Becca Patton our ECE director. But we are
6 working closely with LACOE and also the County office on
7 the advancement of ECE as well. And specifically with
8 LACOE, I think we're -- the topic of the work is exactly
9 what you're saying, which is as UTK and expansion is
10 rolled out, how are we dealing with the rest of the system
11 that is seeing the impact of that and including the
12 workforce issues that we spoke to earlier and that you
13 mentioned as far as the attrition and turn over of
14 teachers.

15 So we don't have an answer for that. But it is
16 definitely an issue and concern that we have with our
17 partners at LACOE. And that's an example of working on
18 something across systems.

19 COMMISSIONER McBRIDE: Thank you. And I should
20 preface that sometimes when I ask these questions I'm not
21 actually looking for a comprehensive answer right now.
22 It's just the thing that's your presentation brought up.

23 MR. WAGNER: Yup. Thank you for raising it.

24 SUPERVISOR MITCHELL: Yes. Commissioner.

25 COMMISSIONER BAUTISTA: If I could just add

1 further that one of the things that I appreciated about
2 the presentation in terms of working is sort of this
3 bringing right and creating opportunities for
4 relationship. And this is, I think, a really good example
5 -- right? -- where LACOE works very closely with director
6 Patton here and Director Coleman at the office of
7 Advancement for Early Childhood Education, specifically
8 around what are we doing to support the mixed delivery
9 system -- right? -- that is in place that serves children
10 and families. TK grabs all the headlines TK -- right? --
11 seems to be the flavor of the month the year, what have
12 you. But TK is one aspect -- right? -- of that mixed
13 delivery system that supports children four-year-olds.
14 Specifically there's a whole other infra -- infrastructure
15 in place that I think we need to acknowledge -- right? --
16 and continue to support, and I really appreciate the work
17 that we get to do with First 5 and OAECE around that. And
18 in fact, just next week we will be presenting --
19 co-presenting to the LACOE board of education OAECE's
20 mixed delivery grant application to the State to continue
21 to do that work around TK and mixed delivery.

22 SUPERVISOR MITCHELL: Quick question from the
23 team that presented before we transition to our second
24 half or Ms. Andrews-Bush and Mr. Nino will continue with
25 the presentation. Anything that you expected or wanted to

1 hear from the commissioners that you did not in response
2 to those questions? Permission to speak freely.

3 MR. WAGNER: I think the general theme is very --
4 the questions that came up in some of the discussion is
5 generally very helpful for us, because there can inform
6 strategic resets so powerfully. And I think one of the
7 challenges we have is where to focus trying to figure out
8 what's working, where are those opportunities where the
9 systems are open and amenable to working together in
10 partnership. I mean, that will be discussions with the
11 board going forward. So this is definitely very helpful
12 feedback for us to work into that.

13 SUPERVISOR MITCHELL: One more question, I'll
14 nuance it a little differently. We saw the Power Point
15 highlights you are steeped in all the data. Is there,
16 from your perspective, something we missed?

17 MS. ANDREWS-BUSH: I wouldn't necessarily say
18 there's something you missed, because with the board as
19 with our staff, we're not trying to lead in a particular
20 direction.

21 SUPERVISOR MITCHELL: I get it.

22 MS. ANDREWS-BUSH: The feedback is incredibly
23 helpful as we go through the strategic plan reset process.
24 I think the connection between today's conversation and
25 the small group conversations we had with the board back

1 in March where we started to talk about roles and it was
2 difficult to say which systems and which roles and hearing
3 your perspectives now that you have some data from the
4 landscape, it's becoming a little bit sharper in terms of
5 kinds of roles we can play.

6 SUPERVISOR MITCHELL: Yes, I agree with you.
7 Because that did feel for me a little open ended. I was
8 all over the map. But this -- this is a way that's why
9 data is so important. It can hone our focus. So thank
10 you for the first half. Let's transition.

11 MS. ANDREWS-BUSH: Okay. So thank you,
12 Commissioners. So at this time, we're going to hear from
13 JR Nino who is going to discuss the analysis of First 5
14 LA's operations.

15 MR. NINO: Thanks, Commissioners. And that was a
16 good discussion we had earlier there. And especially when
17 we were talking about the data and the policy
18 opportunities that Charna spoke about. We talked about
19 things externally.

20 Okay. What are the statistics that are out
21 there? And John touched a little bit about what's
22 happening internally with the programs; so this Section 4
23 the analysis of First 5 LA operation is still an internal
24 focus for this about really how we operate.

25 So there was a great deal of questions initially

1 when we first wanted to do this landscape analysis about
2 our operations here. It was interesting because when we
3 talked cross-functionally, there was a great deal of
4 questions to ask ourselves what's working, what's not
5 working. There's a tendency of hearing a lot of what's
6 not working for things, but these were the questions --
7 the guiding questions that we went toward to help distill
8 some of those many questions that we received.

9 The first are -- what are the current risks for
10 the organization? Not only about what they are, but more
11 about the themes that are behind these, risk for this.

12 Second question is what are the top three current
13 challenges and limitations from a people process
14 technology perspective. Again, we're looking internally.
15 That's why the question is structured that way. And then
16 what are the current ways we can be maximizing our assets,
17 meaning our investments, our programs that John just
18 talked about, our people, our fund balance that the
19 finance team just discussed about earlier today,
20 technology and our building.

21 So the analysis included looking at past
22 operations, lessons learned, meaning that there has been
23 reports in the past, either internal audits, past
24 consulting reports that we've really looked at, and trying
25 to distill from those what are the lessons learned. And

1 in addition to that, talking cross functionally including
2 my colleagues here about what's working and what's not
3 working. So that was all part of the landscape analysis
4 for the operations.

5 So here are some key highlights from those
6 questions that we asked previously in the slide. It's
7 about the risk and the challenges. So starting from the
8 top for the risk we all already know about -- the risk of
9 Prop 31, which has been put upon us, further decrease in
10 our impact and sustainability is that risk for that.

11 We were just talking previously about our role.
12 What role we can play for the future for this. So the
13 next two risks come from that in terms of what skills are
14 needed to support those roles long term, and what changes
15 need to be made internally to further support those roles
16 from a policy and procedures perspective. In other words,
17 for example, policies and procedures if they don't align
18 with our organization, then it will create efficiencies
19 and ineffectiveness in our impact to the people that we
20 want to serve. In terms of the challenges, these are
21 items that we must address for these -- these came up from
22 the feedback, from talking to our staff cross
23 functionally.

24 How do we measure success? That is always an
25 area of challenge for this from an internal perspective

1 and external perspective.

2 Another theme was understanding and reevaluating
3 what must be done as an organization to further streamline
4 the organization. So what that means is we have policies
5 that we put in place and those policies were put in place
6 at a time where it probably made sense. And because of
7 our strategic reset and things changing, what our
8 landscape analysis is telling us, business changes,
9 requirements change; so that would naturally mean our
10 policy should be kept up to date for that.

11 So that's what that part means for the next
12 theme. In time of transition, keeping people informed,
13 keeping our external partners informed is very challenging
14 in some cases, especially for our strategic reset that is
15 coming up. So it's very crucial to make sure we have
16 accurate and timely information provided to our staff and
17 our key stake holders.

18 Similarly, in time of transition with our fiscal
19 reality, there is challenging areas of how do we maximize
20 our assets in terms of our people, investments, and our
21 infrastructure for those. In other words, how do we make
22 sure we're firing on all cylinders on our fund balance and
23 making good use of our assets. As mentioned earlier, on
24 some key themes, on opportunities gathered from the
25 operations analysis for simplicity purposes, these are

1 some themes that are categorized into people investments,
2 which means programs and funds infrastructure which
3 includes our technology and our building and external
4 partners.

5 Now under people, the opportunities lie with
6 aligning staff development with the evolving work. So in
7 other words, making sure our staff are developing in the
8 right direction of where we want to be for the future in
9 terms of our role that we want to play, and secondly
10 ensuring that our work ahead is planned, prioritized, and
11 sequenced in a way that it's rational and that we're using
12 our resources most effectively for that, in the right
13 order of how the work should progress.

14 Under investments, First 5 LA's future role could
15 inform opportunities into other funding streams that we
16 touched on a bit. John mentioned about one of the roles
17 of being a pass through for those, but also having the
18 rights, sustainability plans for the programs that are
19 coming up for us in the future.

20 As I mentioned earlier, I talked about maximizing
21 our assets, what we currently have. There are
22 opportunities here to reassess our fund balance that Raoul
23 and Daisy were talking about earlier, using data and cost
24 optimization techniques to reduce our costs. In other
25 words, really looking at your spend and see if we can

1 value engine here what we're spending in order to reduce
2 costs for the future.

3 Under infrastructure, there are opportunities not
4 only in identifying the right technology, but also using
5 it properly. The right training for that. You can always
6 have the right tool. But if we don't know how to use it
7 the best way, it may not be very effective for that. So
8 another opportunity here as well is our building, which is
9 actually one of our biggest assets that we have. There
10 are opportunities here, as Karla mentioned, about leasing
11 opportunities to help with our fiscal reality as well as
12 having office space for our community.

13 And for that, finally understanding our future
14 role in the organization will help us re-imagine how we
15 engage, set expectations for our external partners.
16 Additionally, there is opportunity to leverage our DEI
17 work, and that we have done all of last year for this, and
18 better integrate that into our procurement practices and
19 outreach strategies.

20 Another explanation in terms of for procurement
21 practices for DEI, how do we remove obstacles that prevent
22 certain businesses to participate in the procurement
23 practices. So these are themes that come out from the DEI
24 work.

25 So what I just shared with you here are themes

1 from the operational analysis. Again, looking internally.
2 We were just talking about externally; so this is the
3 internal focus of us.

4 I'll now pass it onto Antoinette who will provide
5 insights on and lessons from the field.

6 MS. ANDREWS-BUSH: Thank you, JR.

7 So, Commissioners, we did look to the field to
8 see what others are grappling with, what they're also
9 learning, and what their insights are. We reviewed about
10 29 reports -- not about. We reviewed 29 reports. And
11 that list is in Appendix Two in the board packet. So, you
12 know, consistent with what Nieszka shared today and the
13 conversation that we've had, not just during today's board
14 meeting, but consistently over the last several board
15 meetings, the pandemic really did exacerbate preexisting
16 issues.

17 And it -- the reports underscored that no single
18 organization can do this alone. This is exactly, you
19 know, this is like the organization -- there's an ocean of
20 need. No one single organization can do this alone.
21 Across the reports, there were consistent messages around
22 the importance of a multi-disciplinary approach, which
23 commissioners have also elevated in prior conversations
24 working in partnership with parents and communities to
25 redesign systems so they work better for families.

1 Addressing both immediate needs and longer-term systemic
2 issues, which means taking a long view, versus investing
3 in short-term projects. The importance of addressing
4 internal organizational processes and practices and
5 structures, staff and actual culture -- what JR just spoke
6 to -- increase an association's effectiveness and
7 centering equity and addressing the impact of structural
8 racism which requires us to look beyond the presenting
9 issues to the root causes that perpetuate poor outcomes
10 for children and families.

11 Now, as we connect the dots between each of the
12 components of the landscape, and as a reminder there are
13 five components to the landscape that we have reviewed
14 with you today, a clearer picture comes into view. So
15 alignment with partners early and often is vital.
16 Engaging communities as partners not as service recipients
17 but as partners is also critical. Developing authentic
18 relationships with communities and working in partnership
19 with them to develop solutions to immediate needs and
20 systemic issues will yield better results, and these were
21 among the learnings that John shared with the analysis of
22 First 5 LA's programmatic work.

23 The needs of children and families evolve
24 rapidly; so public systems and organizations have to be
25 nimble and adaptive and promote innovation. The pandemic

1 was a stark reminder that our systems have to be able to
2 withstand dramatic shifts in context so that children and
3 families are nurtured and supported now and in the future
4 regardless of what happens in the external environment.
5 But this -- but it's also a painful reminder of the
6 significant inequities that are produced in consistently
7 poor outcomes, particularly for children of color which,
8 Nieszka noted, are the majority of children under five in
9 Los Angeles County. So we must center equity and address
10 structural racism.

11 Now back in the February -- during the February
12 board meeting, Dr. Scorza presented to the board, and he
13 talked about acknowledging that institutions and their
14 systems have been intentionally designed to benefit or
15 exclude certain populations. And in his presentation
16 materials, there was a particular quote on equity that I
17 want to recall here. And it said that systems must be
18 balanced to distribute resources and opportunities needed
19 to reach equal outcomes by treating everybody justly
20 according to their circumstances.

21 So centering equity and addressing structural
22 racism require a long-term commitment. And that takes
23 time. And yet families have needs right now. They need
24 support right now. And this is very clear from the data
25 in the landscape. So there's an important interplay

1 between direct services and systems change. Disparities
2 in health and safety, basic need, and access to Family
3 Supports are right-now issues. But there are also
4 structural reasons why these disparities exist and these
5 must be addressed as well.

6 So direct services and systems change are both
7 important to address the immediate needs of children and
8 families today as we address the root causes of why these
9 needs exist in the first place.

10 So these are big complex issues and First 5 alone
11 cannot improve conditions of children and families on our
12 own. So Charna highlighted several opportunities to
13 leverage and maximize resources beyond First 5 LA's
14 resources. And all six of these bullet points on this
15 slide invite First 5 to operate differently, building our
16 capacity to work more efficiently in a multi-disciplinary,
17 equity-centered partnership and results-oriented way.

18 So now we return to the questions from the
19 earlier discussion. And so I just want to test whether I
20 should move on to the next few slides and then go to
21 discussion or if we want to stop at this point for any
22 other additional feedback.

23 SUPERVISOR MITCHELL: I will suggest that we go
24 on to the additional slides.

25 MS. ANDREWS-BUSH: Okay. Very good. Thank you.

1 So Commissioners, we shared a lot of information
2 today. I know I said that multiple times. I just want
3 you to know that we acknowledge that this is a lot and
4 there is so much more. What we presented is actually a
5 snapshot of all of the information that we provided. And
6 we're going to generate more information when we conduct a
7 SWOT analysis, which is an exploration of First 5 LA's
8 Strengths, Weaknesses, Opportunities, and Threats.

9 As this graphic depicts, the information
10 generated through the landscape and SWOT analysis will be
11 synthesized as we go through the strategic plan reset. We
12 will be guided by results-based framework that will help
13 us narrow our priorities and make decisions around goals,
14 objectives, and strategies so that we can more clearly
15 articulate, not just what we're trying to achieve, but why
16 and how.

17 Now, because this information that I presented
18 today is a lot to digest, we are planning deeper dives
19 into the landscape during the June Program and Planning
20 Committee meeting as well as the July board meeting. The
21 landscape findings are inputs to subsequent discussions,
22 as I said a moment ago, and First 5 LA's strengths,
23 weaknesses, opportunities, and threats with board
24 engagement anticipated during the July board meeting. Now
25 both the landscape and the SWOT will be used to develop

1 goals, objectives, and strategies drafted over the summer
2 and discussed with the board in September.

3 And this concludes our very lengthy presentation.
4 And I will now turn it back over to the chair for any
5 additional discussion.

6 SUPERVISOR MITCHELL: Thank you very much. Let
7 me first give commissioners an opportunity to respond to
8 the second portion of the presentation.

9 COMMISSIONER McBRIDE: I just want to say thank
10 you. This is only my second meeting. I've been in some
11 of the smaller meetings, but I just want to thank you
12 because I've learned so much, not just about the data and
13 the people we're serving and our partners, but also the
14 process that you're engaging in to address the current
15 need and the forecasted, you know, budgetary constraints.
16 And I just want to thank you because I have learned so
17 much and I'm proud to be a part of this work. So thank
18 you.

19 SUPERVISOR MITCHELL: Thank you.

20 COMMISSIONER HEGER: Can I say something?

21 SUPERVISOR MITCHELL: Of course.

22 COMMISSIONER HEGER: I just want to say I think
23 the data -- I can't see you over this -- way over there.
24 I think the data really is important. And your
25 recommendation and, I think, your conclusion that action

1 is linked to policy is spot on. And I think that we can't
2 be deterred by words, but we need to be galvanized by
3 action and sometimes by creating a model response or
4 encouraging a model response. We encourage others to
5 mimic what we do, and thereby amplifying our ability to
6 change policy. You know, something that I'm really strong
7 proponent of. But I do think we have to recommend action
8 rather than -- than -- I mean, it's great that we're going
9 to talk about it and find ways, but I do think we also
10 have to advocate for some change in quality care for those
11 who are under served.

12 And unless we do that, nobody's going to make the
13 move. You know, it's the hard button to actually
14 galvanize people to work together; so I really want to
15 thank you. And I think it's great, but I'm more than
16 willing to participate in action and less likely to
17 participate in words.

18 COMMISSIONER MARTINEZ: Thank you so much. I
19 just want to echo all the positive feedback that my
20 colleagues have shared. And one thing I just -- I want us
21 to think about is how to open up this space to more people
22 and more community members. I would love to see a packed
23 house here. I would love to hear calls coming in from the
24 public. And maybe people are used to just, you know --
25 because we were all in our different places in the

1 pandemic, but it's time to open up and it's time to bring
2 this closer to the community. So I'm looking forward to
3 that in the coming months.

4 SUPERVISOR MITCHELL: And, you know, I -- I share
5 that. And we may need to give some thought to how we do
6 that. So -- yes.

7 COMMISSIONER McCROSKEY: Continuing the theme,
8 what I particularly loved was how this brought it
9 together, and bringing it to -- and what does that mean
10 organizationally. I think there's some immediate
11 questions in front of us right now and no simple answers,
12 but I feel like it makes it a discussion that we share.
13 Which is you did a wonderful job in presenting the context
14 and the specifics, but also saying okay, and these are the
15 questions that face us as an organization. Which means
16 all of us, and we're all ready to help. Thank you. Thank
17 you for that.

18 SUPERVISOR MITCHELL: Commissioner Byrd.

19 COMMISSIONER BYRD: I'm just going to jump on the
20 fan club bandwagon right now because, as I'm thinking, I
21 can already predict I'm not going to sleep well tonight
22 because I'm going to be tying this together and looking at
23 data and playing with how do we fix this or what are some
24 next steps. So my mind's already there.

25 I think this was fantastic; so -- really. So

1 thank you so much. And I'd like to echo -- to echo you.
2 I think the tying it all together, the thing that I
3 continue to see is the partnership partnering -- I think
4 that that is key for moving this work forward. And I was
5 sitting here thinking it must be a super exciting time for
6 the staff at First 5, because we're actually taking it to
7 a new level and trying to think about how do we best meet
8 the needs of our community. And to me that's very
9 exciting. And so I truly appreciate the work that you've
10 done and the staff.

11 MS. ANDREWS-BUSH: Thank you.

12 SUPERVISOR MITCHELL: Well, I think you did a
13 lousy job. All right everybody's awake. All right. I
14 was testing you.

15 No. Phenomenal. Thank you for hearing us and
16 putting it all together in a way that we could respond to
17 you. For me, for next steps that I really hope, that we
18 all can think about ways and spaces in which we shared
19 this data, because it is powerful. Not everybody has it.
20 And so we've got our thinking caps on. I hope others will
21 as well about just, you know, we have to do this work
22 internally in terms of how it informs our reset, but just
23 the data in and of itself is rich and valuable to a global
24 community. So I hope that you will think about ways in
25 which that could be distributed far and wide.

1 Anything else you want us to touch on? You have
2 sucked every piece of energy out of me. Let me look back
3 on what I'm supposed to be referring to.

4 And so are we going to open up for public comment
5 for this section? I know Counsel keeps looking at me,
6 like: Why do you keep asking the same question? Yes,
7 lady.

8 I'm going to get there eventually. Public
9 comment on Item Number 10?

10 MS. VO: Confirming that there are no public
11 comments, but Commissioner Martinez, we'll continue to
12 work on getting a bunch of calls in.

13 SUPERVISOR MITCHELL: Thank you very much.
14 Again, we appreciate the presentation.

15 Moving on now to general public comment to
16 address items that are not on the agenda. General public
17 comment?

18 MS. VO: Confirming there are no general public
19 comments.

20 SUPERVISOR MITCHELL: Appreciate you.

21 Is there any other business that we should
22 consider or call on before we adjourn today's meeting from
23 any commissioners? All right. Hearing and seeing none,
24 we are now adjourned. Thank you, everyone, for your
25 attention and energy today. We stand adjourned.

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C E R T I F I C A T E

I, Heatherlynn Gonzalez, a Certified Shorthand Reporter for the State of California, License Number 13646, do hereby attest that:

The preceding is a true and accurate transcription of the meeting of the organization named herein;

The meeting was taken down stenographically and transcribed into English under my supervision and authority;

I have no interest, financial or otherwise, in any of the parties, issues, or individuals who are involved in this organization.

Attested to on this 26th day of June 2023.

DocuSigned by:
Heatherlynn Gonzalez

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CERTIFIED SHORTHAND REPORTER
FOR THE STATE OF CALIFORNIA

FIRST 5 LA

SUBJECT:
Monthly Financial Reports

RECOMMENDATION:
Approval of the monthly financial statements for the month ending May 31, 2023.

BACKGROUND:
Staff provides monthly financial reports for the Commission's review and approval to ensure transparency of the financial status of First 5 LA.

DISCUSSION:

First 5 LA began the month of May with a net position of \$312.3 million. During the month of May 2023, we received a total of \$9.1 million in revenues which include the March tobacco tax allotment and interest from investments. We had \$5.0 million in program expenditures, and \$1.3 million in operating expenditures. As a result, First 5 LA ended the month with a net position of \$315.1 million.

The tobacco tax allotment for March 2023 was received in May 2023 which is consistent with prior years.

This report includes detailed financial information for the month ending May 31, 2023. The financial statements are unaudited and reported as a "soft close." All materials in this packet and check registers are available online. Statements in this report include the following:

- Revenue and Expense Statement: Summarizes financial statements to highlight the starting cash balance, revenues received, program and operating expenses, and the ending cash balance for the month.
- Balance Sheet: Provides a "snapshot" view of the Commission's assets, liabilities and fund balance as of May 31, 2023.
- Detailed operating and program expenditures: Shows expenses against the FY 2022-23 Budget approved on June 9, 2022, concluding with a report of expenditures related to programs functioning as pass-through agreements.

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Revenue and Expense Statement
May 31, 2023, Unaudited**

	REVENUES AND EXPENDITURES	
Net Position as of April 30, 2023	\$ 312,295,586	
Revenue		
Monthly State Allotments	5,198,455	(1)
Medi-Cal Administrative Activities (MAA)	-	
State Commission - Other Program Funds	34,415	
Interest Income - Unreserved	3,892,272	
Investment Income - Other	-	
Total Revenue	\$ 9,125,142	
Expenses		
Program Budget (Attachment A)		
2020-2028 Strategic Plan: Focusing For The Future	\$ 4,854,233	
Legacy Investments	157,162	
Total Initiative/Program Expenses	\$ 5,011,395	
Pass-Through (Attachment B)		
Medi-Cal Administrative Activities (MAA)	\$ -	
Total Pass-Through Expenses	\$ -	
Operation and Administration (Attachment C)		
Personnel	\$ 1,200,628	
General Operating	26,805	
Consultant Services	65,900	
Professional Services	4,949	
Travel Expenses	9,785	
Professional Development	3,142	
Capital Improvements	100	
Total Operation and Administration	\$ 1,311,309	
Total Expenses	\$ 6,322,704	
Variance (Revenue - Expenses)	\$ 2,802,438	
Net Position as of May 31, 2023	\$ 315,098,024	(2)

NOTE:

- 1) Tobacco tax revenue for March 2023.
- 2) Net Position excludes fixed assets and liabilities.

**LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
PROGRAM EXPENDITURES BY FY 2022-23 BUDGET
MAY 31, 2023, UNAUDITED**

INITIATIVE/PROGRAM	FY 2022-23 BUDGET	MAY EXPENDITURES	FISCAL YTD EXPENDITURES	BALANCE REMAINING
2020-2028 STRATEGIC PLAN				
Center for Child and Family Impact				
Families	37,143,866	2,571,743	26,351,457	10,792,409
Communities	16,592,219	727,894	5,297,159	11,295,060
Early Care & Education Systems	10,942,000	703,456	3,598,332	7,343,668
Health-Related Systems	6,008,517	691,829	2,494,256	3,514,261
Center Support	600,000	-	252,640	347,360
Office of Government Affairs & Public Policy				
Early Childhood Policy and Advocacy Fund	1,500,000	-	95,493	1,404,507
Policy Advocacy Fund Technical Assistance Provider	596,000	-	-	596,000
Conference Funding to Advance the Field of Early Childhood Development	50,000	-	-	50,000
Organizational-wide Sponsorships to Build Partnerships and Public Will for First 5 LA's Results Areas	200,000	17,355	273,905	(73,905)
Organizational Memberships and Stakeholder Engagement Efforts	393,000	-	158,050	234,950
Federal Policy and Sustainability Advocate	75,000	-	-	75,000
State Policy and Sustainability Advocate	366,000	-	259,750	106,250
Strategic Plan Advocacy Strategies	973,000	13,350	575,140	397,861
Office of Communications				
Strategic Communications	1,897,000	14,620	667,773	1,229,227
Strategic Communications Partnerships	250,000	-	317,403	(67,403)
Strategic Marketing	1,450,000	-	183,611	1,266,389
Office of Data for Action				
Annual Reporting	87,000	13,000	80,350	6,650
Data Requests	5,000	-	-	5,000
Children's Data Network (CDN)	793,000	-	95,305	697,695
County Data Partnership	147,000	-	-	147,000
WIC Data Mining Research Partnership	314,000	100,986	150,568	163,432
First 5 LA Data Strategy	200,000	-	156,160	43,840
Impact Framework	127,000	-	-	127,000
Subtotal 2020-2028 Strategic Plan	80,709,602	4,854,233	41,007,351	39,702,251
LEGACY INVESTMENTS				
Little by Little/One Step Ahead Program	1,800,000	157,162	1,505,800	294,200
Subtotal Legacy Investments	1,800,000	157,162	1,505,800	294,200
Emerging Opportunities Fund	150,000	-	50,000	100,000
TOTAL	82,659,602	5,011,395	42,563,151	40,096,451

The FY 2022-23 program budget was approved by the Board of Commissioners on June 9, 2022.

NOTES:

Journal entries for FY 2022-23 accrued expenses were reversed in July 2022. The amounts reported are the actual program expenditures for May 2023.

LOS ANGELES COUNTY CHILDREN AND FAMILY FIRST - PROPOSITION 10 COMMISSION (AKA FIRST 5 LA)
 EXPENDITURES - PASS-THROUGH
 MAY 31, 2023, UNAUDITED

Attachment B

INITIATIVE/PROGRAM - PASS-THROUGH	MAY EXPENDITURES	YEAR TO DATE EXPENDITURES
Medi-Cal Administrative Activities (MAA) - LA County Charges	-	-
Medi-Cal Administrative Activities (MAA) - Participation Payment	-	62,653
TOTAL	-	62,653

**Los Angeles County Children and Family First -
Proposition 10 Commission (aka) First 5 LA
Operating & Administrative Budget Update
May 31, 2023, UNAUDITED**

OPERATION AND ADMINISTRATION EXPENSE	MAY ACTUAL	FISCAL YTD ACTUAL	FY 2022-23 BUDGET	FISCAL YTD VARIANCE
Personnel Services				
Salaries & Wages	904,113	10,369,726	13,201,910	2,832,184
Fringe Benefits	296,515	3,226,805	4,302,965	1,076,160
Total Personnel Services	1,200,628	13,596,531	17,504,875	3,908,344
General Operating Expenses				
ADP Payroll Charges	2,706	30,582	42,000	11,418
Workers Compensation Insurance	-	42,801	52,500	9,699
Utilities	-	153,220	120,000	(33,220)
Corporate Insurance	-	109,614	110,000	386
Mileage, Parking and Other Transportation	1,230	5,152	25,405	20,253
Telephones	2,019	50,143	70,000	19,857
Cell Phones & Mobile Devices	9,600	99,750	129,338	29,588
Outside Printing & Publishing	-	801	2,000	1,199
Other Supplies	70	1,396	5,250	3,854
Postage & Delivery	-	1,861	9,500	7,639
Educational Supplies	-	509	3,000	2,491
Office Supplies	1,182	20,254	62,705	42,451
Subscriptions & Publication	1,372	31,323	34,385	3,062
Equipment-Rents & Leases	1,389	19,268	26,190	6,922
Building Repair & Maintenance	-	137,320	150,000	12,680
Equipment Repair & Maintenance	-	494	11,100	10,606
Offsite Storage	161	12,214	22,500	10,286
Hardware & Software Maintenance	1,455	231,397	446,500	215,103
Miscellaneous/Contingency	2,544	29,762	102,800	73,038
Stipend Honorarium	-	550	-	(550)
Internal Meeting	3,079	26,733	91,505	64,772
Divisional Capacity Building	-	-	15,000	15,000
Total General Operating Expenses	26,805	1,005,144	1,531,678	526,534
Consultant Services				
Consultant Fees	58,038	827,386	1,630,100	802,714
Other Professional Fees	7,861	226,987	378,000	151,013
Total Consultant Services	65,900	1,054,373	2,008,100	953,727
Professional Services				
Audit	-	44,215	90,000	45,785
Legal Fees	-	123,647	225,000	101,353
Professional Dues	1,617	21,371	57,495	36,124
Staff Recruitment	-	2,850	20,000	17,150
Commission Stipends	2,100	13,500	20,000	6,500
Web-Based Services	1,232	18,013	88,000	69,987
Bank & Other Service Charges	-	5,871	20,000	14,129
Total Professional Services	4,949	229,468	520,495	291,027
Travel Expenses				
Airfare	2,454	15,072	74,649	59,577
Lodging	6,955	20,763	71,514	50,751
Per Diem	237	9,048	36,747	27,699
Other Travel Expense	139	3,304	10,478	7,174
Total Travel Expenses	9,785	48,188	193,388	145,200
Professional Development				
Training Material & Supplies	-	100	10,700	10,600
Internal Training	-	600	122,400	121,800
Leadership Programs	-	18,350	31,000	12,650
Conference Registrations	1,809	30,256	99,700	69,444
External Education/Training	1,333	13,031	54,750	41,719
Total Professional Development	3,142	62,337	318,550	256,213
Capital Improvements				
Capital Outlay (Equipment Purchases)	100	117,927	130,000	12,073
Total Capital Improvements	100	117,927	130,000	12,073
TOTAL OPERATING EXPENSES	1,311,309	16,113,967	22,207,086	6,093,119

NOTES - OPERATING & ADMINISTRATIVE BUDGET UPDATE:

The administrative expenses are within the maximum authorized under the Board policy.

The FY 2022-23 operating budget was approved by the Board of Commissioners on June 9, 2022.

**Los Angeles County Children and Families First -
Proposition 10 Commission
Statement of Net Assets
May 31, 2023 Unaudited**

Current Assets:	
Cash	\$ 8,127,425
Cash- Morlin Mgmt Corp Investment:	189,821
Operating and Allocated funds	158,626,666
Specific Investment - County Pooled	134,000,000
Advance - Regional Network (RN)	891,995
Advance - Various	209,059
Other Receivables	682,184
Total Current Assets	<u>\$ 302,727,149</u>
Fixed Assets:	
Land	\$ 2,039,000
Building & Improvements	14,933,008
Furniture & Fixtures	627,671
Computer, Software & Accessories	2,144,492
Office Equipment	331,033
Accumulated Depreciation	(7,194,973)
Total Fixed Assets	<u>\$ 12,880,231</u>
Total Assets	<u>\$ 315,607,380</u>
Liabilities and Net Assets	
Current liabilities:	
Other Liabilities	\$ (29,587) (1)
Total Current Liabilities	<u>\$ (29,587)</u>
Net Assets:	
Investment in capital assets	\$ 12,880,231
Restricted	302,756,736
Total Net Assets	<u>\$ 315,636,967</u>
Total Liabilities and Net Assets	<u>\$ 315,607,380</u>

NOTES:

(1) Other Liabilities include accounts payable, and other related liabilities.

First 5 LA

SUBJECT:

Contracts for approval

RECOMMENDATION:

Approve one (1) amendment and authorize staff to complete the final execution of the amendment upon approval from the Board.

BACKGROUND:

Pursuant to the Procurement Policy, adopted on September 9, 2021, all First 5 LA contracts and amendments over \$150,000 in the aggregate shall be presented to the Board of Commissioners as an item under Consent for approval prior to execution.

First 5 LA's programmatic budget for FY 2023-24 totals \$78,370,282 and the approved operating budget totals \$ 20,746,542 which was approved at the June 8, 2023, Board of Commissioners meeting.

There is one (1) amendment being presented for approval. Funding from Los Angeles County Department of Mental Health will support the amendment with Child Care Resource Center, Inc. and is contingent upon final award from the LA County Department of Mental Health and the LA County Board of Supervisors. Accordingly, the approval for the amendment with Child Care Resource Center, Inc. is contingent on the final award from the Department of Mental Health and the LA County Board of Supervisors.

Please see Attachment A for a description of the grantee's project scope of work and amendment amount for FY 23-24. Staff analyzed the progress of the grantee and determined that the grantee is making or will be expected to make satisfactory progress towards completion of the objectives in the current agreement by the contract expiration date. This information can be found in the last column of Attachment A. Upon approval of the amendment presented below, staff will complete the final execution of the amendment.

DISCUSSION:

Staff seeks the Commission's approval of the amendment summarized in Attachment A.

Attachment A
July 2023

AMENDMENTS									
TEAM	TEAM/INITIATIVE/STRATEGY / PROGRAM	CONTRACT (PROJECT) INFORMATION	PROCUREMENT METHOD	PROJECT LENGTH	CURRENT CONTRACT AMOUNT	AMENDMENT AMOUNT	NEW CONTRACT AMOUNT	*SATISFACTORY PROGRESS ACHIEVED BY CONTRACTOR?	
1	Family Supports Team	<p>Families/Home Visiting/Select Home Visiting Programs</p> <p>CHILD CARE RESOURCE CENTER, INC. (#00826) The Grantee administers the Select Home Visitation program, which is a voluntary, home-based intervention program for clients identified through the Welcome Baby program as needing more intensive support. The program provides home visits during which the client receives strength-based information and support with a focus on positive parenting behaviors and child development; information on key developmental topics such as attachment, discipline, health, safety, sleep, transition/routines, and family well-being. In FY 22/23, programs continued to serve families and began to implement prenatal/postpartum outreach strategies to target eligible families. In FY 23/24, sites will continue to enroll and serve families as well as participate in various pilots to help increase learning for FFPSA and sustainability efforts. The amendment seeks to add additional funding in the amount of \$251,667 to allow the Grantee to implement funds from the Los Angeles County Department of Mental Health to support Home Visiting Services Planning Areas (SPA's) 1 and 2 in which the receipt of funds was approved at the June 8, 2023, Board of Commissioners meeting under Resolution No. 2023-02. The additional funds will cover the addition of two licensed clinicians, the purchase of computers, and funds to support recruitment and referral pathway development.</p> <p>The Board approved the Home Visitation Models and Implementation approach on September 9, 2010. Funding is included in the budget for FY 23-24, which was approved at the June 8, 2023, Board of Commissioners meeting.</p>	Solicitation to the Pool	10 years, 7 mo	\$2,339,983	\$251,667	\$2,591,650	107 Yes	

*Satisfactory progress is based on whether contractors and grantees are making or will be expected to make satisfactory progress toward completion in the current agreement by the contract expiration date.

Memo

To: Board of Commissioners

From: Karla Pleitéz Howell, Executive Director

Date: July 13, 2023

Subject: **EXECUTIVE DIRECTOR'S REPORT**

I. EXECUTIVE DIRECTOR'S HIGHLIGHTS

As we start the new fiscal year at First 5 LA, I'm excited for the progress we're making toward the reset of our strategic plan, a critical effort to bring greater clarity and focus to our work in the context of our evolving fiscal reality.

Our first step in the strategic plan reset has been a comprehensive landscape analysis, which we discussed in our June Board of Commissioners meeting and which we continued to discuss in our Program and Planning Committee meeting on June 29. Today, we highlight an example from our early care and education systems work of how components of the landscape analysis – using data and engaging with parents and community – are being used to inform the goals, objectives, and strategies included in our strategic plan.

Today we also move into the next stage of our reset efforts, launching an analysis of our strengths, weaknesses, opportunities, and threats (SWOT). The discussion today will provide critical insights to support ongoing work with staff, partners, and community over the summer so we can return to the Board in the fall with our best thinking about the focused goals, objectives, and strategies that will guide our work moving forward.

Our SWOT analysis conversation today will be driven by the consultants we're fortunate to have supporting the reset process – Chrissie Castro and Rigo Rodriguez. I appreciate Chrissie and Rigo's focus on measurable goals and accountability as critical components of an organization focused on impact and equity. As they start to engage with our team, Chrissie and Rigo are using the results-based accountability framework (RBA for shorthand) to help keep our conversations on track, grounded in data, and to get us from talk to action through a collaborative process.

In addition to Chrissie and Rigo, I'm pleased to share that other consultants will be working with our team to support the strategic plan reset. These consultants will lead key informant interviews to inform our SWOT analysis, and Spitfire Communications will work with our communications team to write the strategic plan and strengthen our voice, brand – our identity – as an organization squarely focused on people, impact, and equity.

COMMISSIONERS

Los Angeles County Supervisor	Judy Abdo	Summer McBride
Holly J. Mitchell	Robert Byrd, Psy.D	Maricela Ramirez
<i>Chair</i>	Astrid Heger, M.D.	Carol Sigala
Brandon Nichols	Yvette Martinez	
<i>Vice Chair</i>		

EX OFFICIO MEMBERS

Barbara Ferrer, Ph.D.,
M.P.H., M.Ed.
Jacquelyn McCroskey, DSW
Deanne Tilton

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

July will be a busy and important time for First 5 LA to engage in critical conversations about our work and future, which is why I'm also excited that this week we formally launched our full-time hybrid work policy. Our policy – two days in the office a week – will result in more in-person strategic discussions and collaborative work sessions as a team, while promoting flexibility for staff to do their work in ways that best meet their diverse personal and professional obligations. I believe we will see more impactful collaboration within First 5 LA and with partners and community as we make this important transition in our workplace policy.

II. UPDATES FROM THE TEAM – WHAT HAS FIRST 5 LA BEEN UP TO?

Leveraging Funding and Enhancing Supports: First 5 LA Recipient of Department of Mental Health Prevention and Early Intervention funding

First 5 LA successfully applied for \$13.7M across three years from the Department of Mental Health's Prevention and Early Intervention funds to support home visiting services in SPAs 1 and 2 and offset First 5 LA's home visiting investment. Data indicates that these SPAs have a high number of Department of Children and Family Services (DCFS) Child Abuse Hotline calls, and minimal services targeting these areas. The proposed partnership will enhance referral pathways between DCFS, Prevention and Aftercare Networks and First 5 LA's home visiting programs and pilot the addition of licensed clinical therapists to provide mental health support.

Sharing findings from the Landscape Analysis of L.A.'s Home-Based Child Care

On June 12, 2023, First 5 LA and its countywide early care and education partners released *Essential for Families: Findings from a Landscape Analysis of L.A.'s Home-Based Child Care*, which was discussed with the Program and Planning Committee in February. The purpose of the landscape analysis is to understand the needs of Family Child Care (FCC) and Family Friend & Neighbor (FFN) care and the families who access them within the subsidized child care system in Los Angeles County.

Advancing First 5 LA's policy priorities and building relationships with policymakers

Aligned with the Board-approved policy agenda, First 5 LA has taken additional positions on state legislative and budget priorities (click here for a complete list of support positions <https://www.first5la.org/policy-agenda/first-5-advocacy-agenda-2023/>).

Governor Newsom signed the Budget Act of 2023 on June 27, 2023 (click here for a full text of the legislation: https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB101). Most notably, priorities First 5 LA advocated for like continuous Medi-Cal eligibility for children under age 5, raising CalWORKs Maximum Aid Payment levels, child care provider rate reform and waiving family fees were included. First 5 LA is working on a memo with a full list of priorities included in the Budget Act and their funding levels.

Sharing and learning about community capacity building in LA County

Since 2020 First 5 LA has worked with Community Partners to support a learning consortium which engaged organizations and community leaders working to improve results for children and families with the goal of sharing learning from various capacity strengthening efforts underway in LA County. The consortium has hosted a series of learning sessions through the pandemic, and hosted its final learning session in-person on June 7. Building from the learning sessions, First 5 LA and Community Partners will synthesize key findings over the summer to share with partners.

Honoring Pride Month and Juneteenth

Through a series of resources shared externally and lifting the voices of our diverse team internally, First 5 LA celebrated Pride Month and honored Juneteenth. We joined organizations throughout LA County in going ["All Out with Pride"](#) and commemorating the importance of [Juneteenth](#) as we continue to build our commitment to a more just and equitable future.

III. CONTRACTS EXECUTED LEVERAGING EXECUTIVE DIRECTOR DELEGATION AUTHORITY

Pursuant to the Procurement Policy adopted on September 9, 2021, "The Executive Director (or designee) may approve any contract or amendment up to and including \$150,000 in the aggregate and will establish appropriate internal policies and controls for those awards. Contracts that are executed under the Executive Director (or designee) between \$10,000-\$150,000 will be presented as information at the next Board of Commissioners meeting."

The following agreements and amendments were executed between May 8, 2023, and June 8, 2023, by Executive Director Karla Pleitéz Howell and her designees.

#10374 The Regents of the University of California – Contract Amount: \$53,410

Contract Period: 5/1/2023 – 12/31/2023

The Contractor will be surveying a sample of early educators across California. The focus will be surveying members of the existing sample recruited in 2020, to continue the Workforce Study with a longitudinal design. The Contractor will offer a county-specific report to Los Angeles, which will include essential information about the local workforce including demographics, job characteristics, educational background, wages, well-being, pandemic impact, and Transitional Kindergarten impact.

#10375 Quench USA Inc – Contract Amount: \$11,826

Contract Period: 5/15/2023 – 5/15/2026

The Vendor will provide three water and ice dispensers to be located on each floor of the First 5 LA office building.

#10376 Tecta America Southern California, Inc. – Contract Amount: \$142,814

Contract Period: 5/17/2023 – 7/10/2023

The Contractor will paint corridors, breakrooms, restrooms, walls, and ceilings within the First 5 LA office building as initial work for Phase 2 of the Capital Improvement Project (CIP).

#10377 Southern California Grantmakers – Contract Amount: \$50,000

Contract Period: 5/29/2023 – 9/30/2024

The Contractor will develop a proof of concept and business plan to draw down new Medi-Cal reimbursement for Community Health Workers (CHWs) at the Los Angeles County Department of Health Services (DHS) Strong, Healthy and Resilient Kids (SHARK) Program. California Department of Health Care Services, which is the state's Medicaid agency, recently included Community Health Workers as a provider population under Medi-Cal, which launched in July 2022. While this benefit is in an early stage, First 5 LA is encouraged by the potential funding it could create for a variety of early childhood services including home visitation. As part of this project, the SHARK clinic hopes to draw down Medi-Cal funding for CHWs and establish a proof of concept for sustainable funding to the clinic. DHS is requesting philanthropic support and thought partnership to help the clinic develop a Business Plan for sustainable funding and build stronger connections to the Managed Care Plans. First 5 LA plans to support the project as a contribution with two other philanthropic partners and share the findings from this model to inform our sustainability strategy across many early childhood services, including Welcome Baby and Select Home Visitation.

#10379 Out of Home Buying Group, Inc. – Contract Amount: \$17,000

Contract Period: 5/29/2023 – 6/25/2023

The Contractor will be supporting the Quality Start Los Angeles (QSLA) partners - First 5 LA, LACOE, Child Care Alliance of LA, Early Edge California and UNITE LA – to continue the Dual Language Learning public awareness campaign, which was initially launched in March of 2021. The campaign promotes the importance of fostering bilingualism early in life and includes activities and resources that can be used by families as they care for dual language learners. Campaign components include a

collateral piece, paid media, and earned media. This contractor supports a component of the paid media plan.

#10383 Chrissie M. Castro & Associates, Inc. – Contract Amount: \$100,000
Contract Period: 5/25/2023 – 12/30/2023

The Contractor will work with First 5 LA staff for an eight-month strategic planning process, with the goal of presenting a draft updated strategic plan to the First 5 LA Board of Commissioners in October 2023 and for board approval in November 2023. The Contractor will support First 5 LA in 1) designing a strategic plan reset process, 2) providing data synthesis support to inform the strategic plan reset, 3) designing and implementing an approach to community and stakeholder engagement throughout the process, and 4) supporting First 5 LA in identifying the appropriate strategies and roles to advance its work in order to maximize its impact as an organization.

10242.1 Messina Group, Inc. – Amendment Amount: \$34,800
Amendment Period: 07/1/2021- 06/30/2024

The Contractor will continue to provide specialized consulting services to First 5 LA associated with partnerships with Medi-Cal managed care plans. This amendment adds additional funds in the amount of \$34,800 for a total contract amount of \$104,400. The additional funding will help ensure that First 5 LA maximizes possible revenue streams from Medi-Cal managed care plans, thereby aiding in the sustainability of home visiting services.

IV. RECENT AND UPCOMING EVENTS SPONSORED BY FIRST 5 LA

Name: The Whole Child's 65th Anniversary Sapphire Jubilee

Date: June 9, 2023

Amount: \$5,000

First 5 LA's Communities and Family Support teams, along with partners from the Human Service Association's Home Visitation Program, attended this event in support of our current Home Visitation grantee. The evening was an important opportunity to connect with key stakeholders in the Region 1 Best Start Community and align shared priorities.

Name: Partners in Care 23rd Annual Tribute Dinner

Date: June 12, 2023

Amount: \$5,000

Commissioner Dr. Deborah Allen and Los Angeles County Department of Health Services partner Dr. Shannon Thyne joined Health Systems team colleagues to honor Dr. Bob Ross, President and CEO of The California Endowment, for his deep commitment to health equity in Los Angeles.

Name: The California Pan-Ethnic Health Network's 30th Anniversary conference: "Voices for Change: 30 Years of Championing Health Equity"

Date: June 22, 2023

Amount: \$1,000

The Health Systems Team invited Children's Institute partner and grantee Nancy Watt to attend this conference in support of professional Community Health Worker certification. Sessions centered on issues advancing racial and health equity.

FIRST 5 LA

SUBJECT:

Strategic Plan Reset: Using Parent and Early Educators Voices and Data to Inform Our Systems Change Approach for Early Care and Education.

BACKGROUND:

Beginning in September 2021 with Board approval for a strategic partnership to launch a landscape analysis, First 5 LA's Early Care and Education (ECE) team has been on a journey to better understand the assets and needs of Los Angeles County home based child care providers and the children and families in their care. Home based child care, both licensed and license-exempt, is the primary setting of non-parental care in Los Angeles County and is particularly conducive to the care of infants and toddlers. Home based care often offers families more flexible hours, more affordable pricing, and more cultural and linguistic competence relative to center-based settings. Despite their prominence and strengths, relatively little is known about these providers and what supports they need to provide optimal care for children. These settings generally have fewer resources and receive less targeted support relative to licensed center-based care settings. Additionally, there is emergent data on the reliance on and preference of parents for home-based care for children, specifically for infants and toddlers. This reliance is reflected among families from various economic backgrounds in Los Angeles County and California.

In order to achieve First 5 LA's North Star, early education stakeholders and policymakers must better understand home-based care and the lived experiences of these providers or early educators in order to ensure parents and children have access to care that meets their needs and preferences.

DISCUSSION:

A panel of ECE educators and researchers will present data on home based care in Los Angeles County and data on parents who use Family, Friend and Neighbor care in California. Early educators from First 5 LA's Early Care and Education Advisory Committee (formerly Provider Advisory Group) will provide their lived experience giving the data and research a human voice and perspective. In addition, we will be joined by two researchers from the University of California Berkeley's Center for the Study of Child Care Employment who will share highlights of their own research on parents' use of child care and preferred child care options. Understanding these inputs is particularly important at this time as we enter the process of resetting the First 5 LA strategic plan. As such, these data and voices can inform our systems change approach for early care and education.

Research and narratives presented will include:

- Essential for Families: Findings from a Landscape Analysis of L.A.'s Home-Based Child Care. The landscape analysis includes data from parents, family child care (FCC) homes and license exempt family, friend and neighbor (FFN) care.
- Early Educator perspectives and lived experience on providing care for children in a home-based setting.
- Parent Preferences in Family, Friend, Neighbor, and Nanny Care. *A Study of Family, Friend, Neighbor (FFN), and Nanny Care in California - Part One.* Statewide data on parent care choices and the value family, friend and neighbor care holds for California parents.

NEXT STEPS:

This presentation is informational. The intention is to use the findings provided to inform the strategic plan reset.

The Landscape of Home-Based Child Care in Los Angeles County:

A FRAMEWORK FOR FUTURE PLANNING



The Landscape of Home-Based Child Care in Los Angeles County: A FRAMEWORK FOR FUTURE PLANNING



Acknowledgments

The authors would like to acknowledge the hard work and dedication of child care providers throughout Los Angeles County. The time given to this project by child care providers, parents, and agency staff who support them helped ensure the findings and recommendations are relevant to our communities.

For questions about the tools, methods, and analyses in this project, please contact: [Olivia Pillado](mailto:opillado@ccrcca.org) at opillado@ccrcca.org or [Dr. Susan Savage](mailto:ssavage@ccrcca.org) at ssavage@ccrcca.org

The research for this report was conducted by the [Child Care Resource Center](#).



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Executive Summary



OVERVIEW

One issue critical to addressing societal challenges and economic drivers is child care. In order for parents to work or go to school and maintain economic stability for their families, child care is essential. Child care enables families, workplaces, and the economy to thrive while providing children with the support needed for their growth and learning.

A key component of California's child care landscape is Home-Based Child Care (HBCC), which is child care offered in a provider's home or the child's home. In addition to being the most common form of nonparental child care for infants and toddlers, HBCC is also used the most by historically marginalized families. These include families with infants and toddlers, low-income families with parents working non-traditional hours, immigrant families, those living in rural communities, families of color or families with children who have disabilities or special needs.¹

HBCC is often classified into two broad categories. *Family Child Care, or FCC*, refers to providers who are paid to care for children out of their own homes. FCC providers are often regulated and licensed by the state. In the state of California, FCCs are licensed through the Department of Social Services (CDSS). In contrast, *Family, Friend, and Neighbor (FFN)* care commonly refers to providers who offer care in an informal home setting and are unregulated or license-exempt; these providers can be paid or unpaid (Bromer et al., 2021).

The importance of both types of home-based child care cannot be understated. As noted above, HBCC is utilized primarily by marginalized families who are most likely to encounter inequitable access to services and discrimination within

In addition to being the most common form of nonparental child care for infants and toddlers, HBCC is also used the most by historically marginalized families.

¹ Please see Henley & Adams, 2018; Johnson 2005; Laughlin 2013; Layzer & Goodson 2006; Liu 2015; Liu and Anderson 2012; NICHD Early Child Care Research Network 2004; NSECE Project Team 2015; Porter et al. 2010.

systems. Additionally, in California roughly 80% of young children ages birth to 2 and 40% of children ages birth to 5 are cared for by informal caregivers.² And because so many families rely on home-based child care, any initiative seeking to ensure equity in child care must address the needs of HBCC providers. However, very little is known about this population of providers.

This report, *The Landscape of Home-Based Child Care in Los Angeles County: A Framework for Future Planning*, is intended to fill this significant gap in knowledge. Featuring data and insights collected from both HBCC providers and the families who rely on them, this report serves as a valuable resource for policymakers, funders and other stakeholders seeking to develop innovative strategies that support the HBCC workforce and improve child care outcomes.

The landscape analysis focuses on four primary goals:

- 1 Understand HBCC provider populations, their role and unique needs in providing child care in Los Angeles County.**
- 2 Understand families utilizing home-based care, including their rationale for choosing home-based care and their experience.**
- 3 Identify successes in home-based care and understand barriers that limit supply, quality, and sustainability.**
- 4 Understand how to best support inclusive, culturally and linguistically responsive, quality care for children from birth to age 5.**

ANALYSIS OVERVIEW

Background

To gain a clearer understanding of home-based care in Los Angeles County, First 5 LA launched a five-year strategic partnership in 2021 with the Child Care Alliance of Los Angeles (CCALA), a partnership of ten agencies working together to strengthen families and ensure high-quality child care and early learning across Los Angeles County.³ As part of this strategic partnership, First 5 LA and CCALA partnered with the Child Care Resource Center (CCRC) to undertake a landscape analysis of HBCC providers in Los Angeles County.

Description

The landscape analysis was conducted over a three-year period by CCALA working with the team of CCRC researchers. The project commenced in the fall of 2021 with landscape project planning, stakeholder engagement and input and research tool development. Upon completion of these activities, the team conducted outreach with CCALA member Resource and Referral and Alternative Payment agency support and key stakeholder engagement in the winter of 2021-22. The bulk of the project took place between February and November of 2022, with the research team collecting data from three key groups: FCC providers, FFN providers,

² <https://www.packard.org/wp-content/uploads/2015/06/INFORMAL-CHILD-CARE-IN-CALIFORNIA1.pdf>

³ <https://www.ccala.net/>

and parents who use HBCC. To ensure the landscape analysis captured a broad range of perspectives, a mixed methods strategy was employed, with data collected via surveys, focus groups and key informant interviews. And to promote a more diverse and representative interpretation of data, the team held multiple convenings to share their findings and get additional feedback and insights from community members.



Equity Framework

Historic and systemic racism continues to present significant and devastating barriers for children, families, and child care providers. To ensure their voices were heard, an equity-based framework was used during each phase of this landscape analysis to intentionally examine challenges that contribute to inequity. Central to this framework are several key elements, including the identification and engagement of stakeholders who are associated with the equity problem including those who design, regulate, and deliver services as well as those who are intended to benefit from policies and programs.⁴

With this in mind, relevant stakeholders were engaged at every step of the project. During the initial phase, communities of providers and agencies that work with providers were asked to review questions that were developed based on the literature. These stakeholders were also involved in outreach efforts and played key roles in the determination of methods, interpretation of results, and development of recommendations. At the conclusion of the landscape analysis project, they will receive the final reports and presentations.

Sampling, Outreach, and Stakeholder Engagement

Data were collected from HBCC providers throughout Los Angeles County, leveraging the connections and partnerships of agencies across the county and ensuring representation from each Service Planning Area (SPA).⁵ Resource and Referral (R&R) and/or Alternative Payment (AP) agencies utilized their respective databases to distribute an online survey to licensed FCC providers; subsidized FFN providers to whom those agencies distribute payments for child care; and non-subsidized providers engaging in both play and learn and quality improvement programs. Electronic surveys were also distributed by R&R and AP agencies to all parents whose care is subsidized and use HBCC. Outreach also occurred through social media platforms, community-based organizations, First 5 LA-funded programs and initiatives such as Best Start Communities, and Los Angeles County offices. To promote additional engagement in the landscape analysis, surveys included an invitation for FFN providers to participate in a Key Informant Interview (KII) and for FCC providers and parents to join a focus group. The project also worked to ensure optimal representation across Los Angeles County SPAs, language groups (Armenian, Mandarin, and Spanish), and race/ethnicity groups, with an increased emphasis on outreach to under-represented populations such as African American or Black providers.

Reaching *non-subsidized FFN providers* is a more challenging task since these care providers do not typically engage in formal programs and events for providers. Successful research on this segment of HBCC providers typically includes expensive national studies that rely on phone calls to households⁶ or small-scale studies and programs that intentionally sample small, targeted groups. Non-subsidized FFN providers were not targeted for this analysis but may have been reached through community partners and social media efforts. Future efforts to

4 <https://buildinitiative.org/wp-content/uploads/2017/10/EquityActionFramework.pdf>

5 <http://publichealth.lacounty.gov/chs/SPAMain/ServicePlanningAreas.htm>

6 <https://www.acf.hhs.gov/opre/project/national-survey-early-care-and-education-nsece-2012>

HBCC providers are critical to families' ability to thrive. They are uniquely positioned and, despite the barriers they face, have demonstrated that they are an invaluable resource to the children, families, and communities they serve.

reach non-subsidized FFN providers will need to consider either large-scale household calling or smaller, targeted methods to meet providers where they naturally gather, such as at school sites when picking up or dropping off children in their care.

Community Interpretation of the Data. Community convenings were held with key stakeholders from across Los Angeles County to ensure that both the interpretation of results and development of recommendations were relevant and meaningful to the communities that would be affected by future programs and policies. Convenings were geared toward specific groups, including FFN and FCC providers, parents who use HBCC, agencies that work with providers and parents, county offices, advocates, and funders. To ensure optimal engagement, the information provided at each convening was tailored for the target audience. For instance, providers and parents received information in a more narrative format, while agencies and offices received a more tabular format.

These convenings allowed the research team to assess if the data collected from the surveys, focus groups, and key informant interviews aligned with the experiences of a broader audience. These events also provided the team with additional input on interpretation and recommendations based on the results.

KEY TAKEAWAYS



Providers Currently Serving Children Ages 0-5 Years

FCC – 96%

FFN – 67%



Providers Serving Children During Non-Traditional Hours

FCC – 47%

FFN – 60%

Results from the landscape analysis highlighted the needs and strengths of Los Angeles County HBCC providers and the families who rely on them. Among the key takeaways regarding home-based child care were the following:

Critical for Families

While home-based child care faces challenges caused and exacerbated by historic and ongoing systemic racism and inequities, HBCC providers are critical to families' ability to thrive. They are uniquely positioned and, despite the barriers they face, have demonstrated that they are an invaluable resource to the children, families, and communities they serve.

- **Both FCC and FFN matter.** Approximately half of the parents surveyed enrolled their children with FCC providers and the other half had their children cared for by an FFN provider.
- **Families with young children rely on FCC.** Surprisingly, a greater percentage of FCC providers served children under age 5 compared to FFN providers.
- **Working parents rely on HBCC.** Working outside daytime hours is common, especially in low-wage jobs.⁷ Half or more of both FFN and FCC providers surveyed offered care during non-traditional hours.

Similar But Not the Same

There are distinct differences between *family, friend and neighbor care, large family child care homes, and small family child care homes* in terms of staffing, professional development, motivation for providing care, and their relationships with the families of the children in their care. In addition, providers are diverse in culture, language, and race. Support structures for providers need to understand and be responsive to this diversity.

Underpaid and Undervalued

Due to systemic racism and inequities, home-based providers are significantly underpaid. In any strategy to support home-based providers, living wages must be centered. A livable wage is essential to rectifying the harm of systemic inequities, giving this workforce the dignity and respect it deserves.

Room for Growth

During community convenings, parents expressed admiration over the hard work of child care providers and lamented the low pay and high expectations from the parents and systems experienced by providers. Parents were satisfied with all aspects of the child care environment (87% or higher). The top two areas of suggested improvements include enhancing the educational nature of child care provided and a greater implementation of more activities for the children in care.

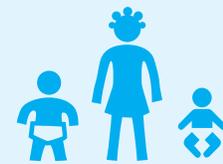
In addition to the critical need for child care, addressing whole child and family needs is essential. To ensure that HBCC providers are able to provide optimal care for children, their holistic needs should also be met. Furthermore, policies and practices must meet the holistic needs of families and providers.

Provider Engagement

Home-based child care providers and families are essential to developing solutions. By honoring their lived experience and following their expertise, programs and policies are more likely to be relevant, sustainable, and poised for greater impact on communities.



In any strategy to support home-based providers, living wages must be centered.



Serving Multiple Age Groups

FCC – 89%

FFN – 47%



Main Reason for Providing Child Care

FCC – 49%

Personal Calling/Career

FFN – 75%

To Help Child, Family, Friend



RECOMMENDATIONS



The data collected from providers and parents, coupled with the insights offered by stakeholders at the community convenings, serve as the foundation for several key recommendations regarding home-based child care in Los Angeles County. Future efforts to improve child care by supporting HBCC providers should incorporate these proposals.

Please see the Conclusions and Recommendations section of the report for greater detail and discussion of these recommendations.

1 **RECOMMENDATION 1**

Involve Providers in Planning and Development as a Means to Ensure Equitable and Relevant Programs and Policies

Historic and systemic racism, sexism and classism have resulted in policies and programs that, at best, are ineffective and, at worst, harmful to those they intend to serve. One recommendation to change this issue is to actively involve providers in every phase of the design, implementation and evaluation of programs and policies that are intended to benefit them. By incorporating and honoring the lived experience of providers, programs and policies are more likely to be relevant, fiscally sound, and maximize impact for our communities.

First 5 LA is coordinating a Provider Advisory Group as a step in this direction. Continuing this group with the addition of an FFN advisory group is recommended. As the findings from this landscape analysis are shared, participating providers can help design, implement and evaluate future programs and policies.

2 RECOMMENDATION 2

Develop Distinct Systems for FFN and FCC Providers that Pertain to Each Group's Unique Needs and Experiences

A key finding from this landscape analysis was that FFN and FCC providers are very distinct groups who need different approaches and models of service.

- This analysis revealed that FFN providers align more closely with the parents they serve, in terms of their background and characteristics, compared to FCC providers. They are also more often a family member or friend and therefore an extension of the family for which they provide child care. FCC providers serve a greater diversity of children in language, race, special needs and other characteristics because they offer care to the community at large. In contrast, FFN providers provide care for their own children and those of one other family.
- The motivations for providing child care tend to differ between the two types of providers. FFN providers are generally motivated to help a family member or friend with a child, while FCC providers view the work as a personal calling or career. Therefore, family-support models such as play-and-learn groups, home visitation, and resource distributions may be most relevant and effective for FFN providers. In contrast, program models for FCC providers may need to reflect more of a business development model with a menu of professional development options. This idea of "separate" service models for FFN and FCC providers has implications for funding models and sources.
- All FCC providers should not be viewed as one monolithic group. Prior research (NCECOA, 2020) and this landscape found that FCC providers also have distinct needs based on the license size. Those with small licenses are at a greater disadvantage and may require different levels of support than those with large licenses. It is important to view those entering, those with small licenses and those with large licenses as a continuum with differential needs of support. New programs should help navigate providers into existing programs and services that best meet their needs based on their career pathway (e.g., Child Care Initiative Project (CCIP) for new and those with small licenses to build skill sets and support them to move to their next career step, and then more advanced or intensive programs for those with large licenses).

3 RECOMMENDATION 3

Develop and Implement New Models for Engaging Providers

Lessons learned from this landscape analysis include the need for new models of outreach to providers as well as ways to engage them once they are reached. Among the suggestions offered by participants and community members are the following:

- Leveraging the strengths of trusted organizations that have relationships with providers and reflect the racial, cultural and linguistic characteristics of the community is essential. To reach those communities that are traditionally underrepresented, agencies supporting home-based care need be in the community where providers naturally are and build relationships with new partners.
- Any reliance on single or "usual" methods to reach underrepresented communities will exclude many providers. Outreach by trusted representatives needs to occur across multiple methods (such as email, phone, social media and community locations) at multiple points in time and in multiple languages.



- Involve promotoras in provider outreach and engagement. Promotoras are typically volunteers or paid workers from the community who share the same language, culture, ethnicity and lived experiences of its residents.
- Given the significant number of FFN providers who provide care for school-age children, programs that support home-based care providers should consider new locations for outreach, such as elementary schools. Snowballing (having one provider reach another provider and so on), networking opportunities, and incentivizing these activities were recommendations that arose from the landscape analysis.

However, community-based organizations operate on very thin financial margins. This level of outreach must be well-funded if traditionally marginalized communities — such as families that are linguistically isolated, experience challenges with technology, or fear agency contact due to citizenship concerns — are to be included.

4 RECOMMENDATION 4

Ensure Seamless, Responsive and Holistic Models of Support for Providers

Unlivable wages and COVID-19 were among the top challenges identified by both types of providers. FCC providers also mentioned additional challenges, such as the declining enrollment of children, lack of benefits, burnout and poor mental health. FFN providers, in turn, noted other difficulties, such as the high cost of food, particularly nutritious provisions.

These challenges highlight the need for a seamless menu of services that meets the needs of each unique provider. Such a framework of services would ensure providers' needs are frequently assessed (often through reflective conversations) and met, such that the burden to bring forward a need is not placed on the provider. For example, in this project, many providers denied needing resources. But when later asked about the care they provide, these providers would mention struggling to afford food for the children in their care.

Staffed support networks are a proven model for engaging FCC providers in both improving the quality of care they offer and obtaining the resources needed to help them thrive as a business (Bromer & Porter, 2017). Examples of these networks include the Family Child Care Home Education Network and Early Head Start-Child Care Partnerships.

As part of this project, the team embarked on a learning tour of several New York City-based programs to learn how they support home-based child care providers. During this trip, the team learned of the success the New York City programs had with helping providers enroll and stay in the Child and Adult Care Food Program (CACFP) to support both the provider and the children in their care. The team also learned of the importance of both formal and informal needs assessments. Specifically, program staff were well-trained to use reflective listening during site visits or phone calls to recognize needs that would arise organically in conversations (e.g., utility expenses, rent challenges). Staff were also knowledgeable about a wide variety of resources and able to quickly address provider needs.

Additional research summarizes⁸ programs that provide vital economic supports to providers (e.g., Direct Cash Transfers in Colorado). As programs are developed, access to services should be seamless, responsive and comprehensive, with a large array of services to meet unique and diverse needs so as to not place the burden on the provider to navigate through the significant numbers of resources available or navigate through multiple systems.



5 RECOMMENDATION 5

Support a Mixed Delivery System and Livable Wages to Ensure the Ongoing Sustainability of the Child Care Provider Community

Providers were unanimous in identifying the abysmally low pay as their most significant challenge. In addition to low pay throughout the child care market nationwide, one of the contributing factors is the low subsidized child care pay rate set by the State of California. Although rates were increased in January 2022, they continue to fall behind the rate of inflation.⁹

In order to survive, many providers are forced to rely on public income support programs, such as the Federal Earned Income Tax Credit (EITC), Children’s Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF).¹⁰ As an alternative to supporting child care providers through these public aid programs, public funds can instead be used to increase provider wages, thus affording them the dignity they deserve.

Recently, the State of California’s Rate and Quality Workgroup set forth a series of recommendations that include the adoption of a cost-based reimbursement system. If approved, this change would entail moving away from the current market-based system that automatically suppresses child care wages to ensure the service will be affordable to low-income and young families (Capito, Fallin Kenyon & Workman, 2022). Continued support for the advocate groups already working to move to a cost-based reimbursement model is needed.

FCC providers also expressed urgent concern over a shrinking mixed delivery system of child care that will further limit child care options for many parents — especially parents with limited financial means, who require child care during non-traditional hours, have infants or toddlers, or have children with special needs or other unique linguistic or cultural requirements. Any program or policy that results in the further decline of the mixed delivery system jeopardizes care for these children and families. California has already faced a 37% decline in FCC providers between 2008-2017 and a subsequent decline of 10% between 2020-2021.

During the New York City learning tour, the project team heard lessons learned from experts launching their Preschool for All program that their exclusion of home-based child care programs resulted in pushing many of these privately-owned child care homes out of business. Actively partnering with school districts to support them in the roll-out and implementation of Transitional Kindergarten (TK) in ways that ensure families are placed at the center so they have access to care is essential.

8 Dennis, D. (2022)

9 <https://childcare.lacounty.gov/wp-content/uploads/2022/04/Policy-Record-Table-Commission-Meeting-Materials-4.13.22.pdf>

10 <https://cscce.berkeley.edu/workforce-index-2020/the-early-educator-workforce/early-educator-pay-economic-insecurity-across-the-states/>

“The pandemic has put a massive strain in an already difficult underpaid profession. We do this work because we love these children and love giving peace of mind to parents. There are so many moving parts that we juggle with little help and resources. It’s been extremely difficult to stay above water, but I love what I do. We need help! It’s that simple.”

– FCC Provider



6 RECOMMENDATION 6

Develop Strategic Partnerships to Sustain Home-Based Child Care

Active collaboration across sectors is essential to achieve an equitable system that ensures opportunities for all to thrive. The government, for instance, has the capacity to implement policy changes that can impact a substantial number of providers. Philanthropic entities with a proven track record for supporting the field can play an essential role in supporting providers in ways the government cannot. And community-based organizations (CBOs) and community member involvement will ensure program and policy design and implementation is relevant, impactful and fiscally sound.

Any work to change policy must also be aligned with existing efforts to create collective synergy and impact. For example, many of the findings and recommendations in this report align with the California Early Care and Education Coalition. Any complex challenge must be met with complex solutions. Ensuring government, philanthropy, CBOs, and community members have opportunities to work together toward a common goal will ensure greater equity in opportunities for children, families, and providers to thrive.



Active collaboration across sectors is essential to achieve an equitable system that ensures opportunities for all to thrive.

NEXT STEPS

This landscape analysis offers much-needed insight into the nature, role and challenges of home-based child care in Los Angeles County. These findings and recommendations will help First 5 LA, CCALA and other stakeholders identify the changes needed to improve HBCC system and better support care providers in the field. The findings also provide valuable insight for other local jurisdictions seeking ways to support HBCC providers in their own community, as well as state policymakers who shape both provider rates and other aspects of child care.

Introduction



Home-Based Child Care in California Defined

The research literature does not have a consistent definition of Home-Based Child Care (HBCC) (Bromer et al., 2021). Family Child Care (FCC) providers are most commonly considered to be regulated (licensed in California), and paid to provide care, whereas Family, Friend and Neighbor (FFN) most commonly refers to unregulated, informal or license-exempt home-based child care, who may be paid or unpaid (Bromer et al., 2021). Furthermore, FCC homes can be small (sole provider) or large (two or more providers) (NCECQA 2020). This distinction has important implications, including for example a greater decline in small homes post-recession compared with the decline in the number of large homes (NCECQA, 2020). Large homes may be better resourced due to the possibility of serving a larger number of children.

According to the California Department of Social Services (CDSS)¹¹, a Family Child Care home is in a licensee's own home where child care and supervision is provided for periods of less than 24 hours. Small Family Child Care homes provide care to no more than 8 children and Large Family Child Care homes provide care to no more than 14 children, with an additional adult to provide care and supervision. These providers apply for their license and undergo a criminal/child abuse background check, and review process with the CDSS Community Care Licensing Division and are required to comply with health and safety regulations. State regulations exempt some providers from licensure, allowing them to legally operate without a license. These providers care for the children of a relative or for the children of one other family in addition to their own children. Although these providers are not regulated by the state in the same way licensed Family Child Care homes are, if the provider receives subsidies from the state of California, they may be required to undertake background checks. For example, they are required to register with TrustLine unless they are a close relative such as a person related by marriage, blood, or court decree, the grandparent, aunt or uncle of the child in child care.¹² Child care providers registered with TrustLine are fingerprinted and they have a criminal background check by the California Department of Justice and the Federal Bureau of Investigation (FBI) and when cleared are found to have no child abuse records or other criminal history that would prevent them from providing child care paid by the state.

¹¹ <https://www.cdss.ca.gov/inforesources/child-care-licensing/resources-for-parents>

¹² 5 Cal. Health & Safety Code §§ 1596.66(a) and 1596.67(a); Cal. Welf. & Inst. Code § 10375 (Added by Stats. 2021, Ch. 116, Sec. 260) (providing for form for certifying health and safety requirements).

Who Uses Home-Based Child Care?

Families with infants and toddlers, low-income families working non-standard hours, those from immigrant backgrounds, those living in rural communities, families of color and/or families with children who have disabilities or special needs are more likely to choose HBCC over centers (Henley & Adams, 2018; Johnson 2005; Laughlin 2013; Layzer & Goodson 2006; Liu 2015; Liu & Anderson 2012; NICHD Early Child Care Research Network 2004; NSECE Project Team 2015; Porter et al. 2010). Of the 61,105 children receiving subsidized voucher-based care in Los Angeles County in August 2021, 77.4% are in home-based child care (39.3% with FFN and 38.1% with FCC providers)¹³. These children and families are more likely to experience inequities in access to services and discrimination within systems. Because these historically under-resourced communities are supported by home-based child care providers it is vital that an equity-focused framework be used in designing any programs intended to serve and strengthen home-based care. As a result of incorporating an equity-focused lens, this work has a greater chance of ensuring everyone, particularly people from historically excluded and/or marginalized communities have a fair and equitable opportunity to access and use supportive services. Any initiative that has the goal of achieving equity for children and families should address the needs of home-based child care providers. However, little is known about this population of providers.

Given the 70% increase in costs to run an FCC business during the pandemic (Center for American Progress, 2020), the continually increasing requirements of providers who participate in quality-improvement initiatives, and the extremely complex and unclear availability of professional development resources (Porter & Bromer, 2020), it is vital that we increase our understanding of the needs of HBCC providers to both sustain and support them. Despite the fact that significant numbers of families, particularly under-resourced families select HBCC, little is known about the needs, resources, and quality of these providers and about the families served by these providers.

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¹³ Personal communication with Cristina Alvarado from the Child Care Alliance of Los Angeles (CCALA collects data on voucher-based child care programs but not direct contracts of Early/Head Start).

First 5 LA Strategic Plan and Partnership

The First 5 LA (F5LA) 2020-2028 Strategic Plan¹⁴ focuses on ensuring children have high quality early care and education experiences. On September 9, 2021, the F5LA Commission approved a 5-year strategic partnership with the Child Care Alliance of Los Angeles (CCALA). The Child Care Alliance of Los Angeles (CCALA) is a unique partnership of ten agencies that serve communities at the local level. These agencies serve providers, families, and children at a grass-roots level in multiple languages, have culturally competent staff, a strong understanding of their unique communities and long-standing relationships to work effectively with their diverse clientele. Together the CCALA agencies:

- Assist families in finding and identifying quality child care and other supportive services in the community
- Offer comprehensive training, workforce professional development and support for child care providers to enhance their practice with a focus on quality improvement
- Provide subsidized child care vouchers to eligible families through programs such as CalWORKs Stages 1, 2, and 3, Alternative Payment (AP), and the Emergency Child Care Bridge program¹⁵

Objectives of the overall strategic partnership include: 1) improve the understanding of Home-Based Child Care (HBCC), especially Family Child Care (FCC) and Family, Friend, and Neighbor (FFN) care, 2) identify how F5LA, CCALA and other stakeholders can impact public system changes to support HBCC providers, and 3) improve HBCC providers' ability to offer quality early learning experiences and improve outcomes for children. The phases of this strategic partnership are presented below.

PHASE 1: Launch **landscape analysis**; establish **Provider Advisory Group**.

PHASE 2: **Learn** from landscape analysis and the Provider Advisory Group to further inform strategy, partners, and design.

PHASE 3: **Design pilots** that support and enhance HBCC providers' inherent assets and ability to provide quality early learning experiences.

PHASE 4: Develop **lessons learned** from pilots; **take to scale** to ensure publicly funded systems better meet the unique needs of HBCC providers in LA County.

PHASE 5: Create **sustainable systems change and inform policy** priorities to enhance the system of home-based care providers across the county.



¹⁴ <https://www.first5la.org/2020-2028-strategic-plan/>

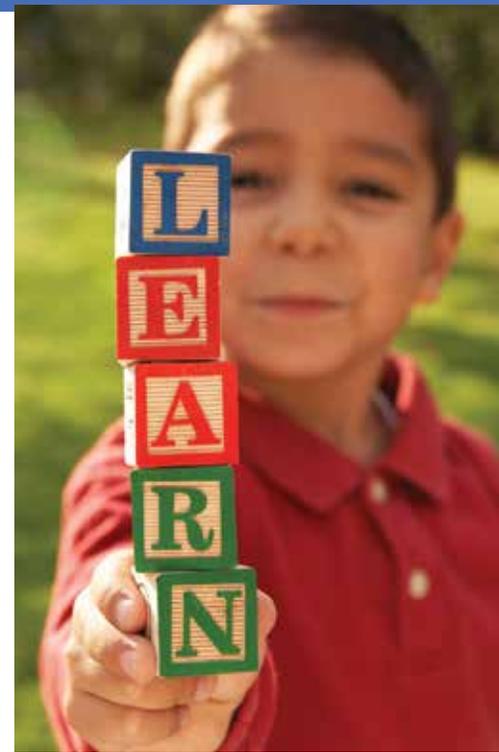
¹⁵ <https://www.ccala.net/>

State and Political Context

Programs and policies created in the phases described above will occur within the context of recent work at the state that is intended to support and sustain the workforce. In 2019, the Assembly Blue Ribbon Commission on Early Learning published a report outlining nine key areas for recommended change. Included in this was access to child care, the early care and education workforce, and child care financing models. One statement summarizes several goals: “Create an adequate and sustainable financing structure for all subcommittee recommendations including equitable access to early care and education for all families while targeting those most separated from opportunity, settings that meet their needs and definition of high quality and are affordable; a well-compensated, professionally supported diverse workforce; and necessary facilities, systems, and infrastructure.” (CA Assembly Blue Ribbon Commission, 2019, p. 26). In 2020, the California Master Plan for Early Learning and Care up-lifted the need for maximizing equitable access to a diverse range of early learning and care programs (WestEd, 2020). In 2021 Governor Gavin Newsom signed Assembly Bill (AB) 131 into law ratifying the bargaining agreements with the Child Care Providers Union (CCPU). CCPU and the state worked “collaboratively through a Joint Labor Management Committee (JLMC) to develop recommendations for a single reimbursement rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children.”¹⁶ The state also convened a Rate and Quality Workgroup to assess the methodology for establishing reimbursement rates and the existing quality standards for child care and development and preschool programs. The Rate and Quality Workgroup published a report setting the foundation and vision for establishing a “Single Reimbursement Rate structure that addresses quality standards for equity and accessibility while supporting positive learning and developmental outcomes for children” (Rate and Quality Workgroup, 2022, p. 6). Aligned with these efforts, P-5 Strategies published a report in 2022 advocating for the creation of a cost-based model for funding child care in California as opposed to the current Market Rate Survey methodology (which typically sets rates low in low-income communities because that is what parents can afford, perpetuating poverty in certain communities) (Capito, Fallin Kenyon, & Workman, 2022). Finally, the California Department of Social Services added a position solely focused on Family, Friend, and Neighbor care to ensure this often under-represented and under-resourced population is supported. These statewide efforts align with the goals of this Home-Based Child Care (HBCC) Landscape project in evaluating the needs of the HBCC workforce to ensure it is sustainable and supported to provide equitable access to quality child care.

The COVID-19 pandemic and increased understanding of inequities magnified the need to support the HBCC workforce in new ways. Whole community approaches that involve key stakeholders and meet the community where they are is vital. While these events highlighted the needs of under-resourced communities, the state also began moving toward greater support for children and families as described above. Now is the time to make significant moves to support our HBCC communities.

New funder-community models and partnerships need to be fostered to ensure a collaborative and collective approach for the future success and sustainability of programs developed for HBCC providers. A number of funders and/or conveners have proven track records for supporting this group including the David and Lucile Packard Foundation, Home Grown, and the Ballmer Group. Creating the opportunity for providers, government, CBOs and philanthropy to collectively solve the complex challenges faced by providers and the families they serve is vital to ensuring all have the opportunity to thrive.



Los Angeles County Home-Based Child Care Landscape Project



Equity-Based Research

Using an equity-based approach was critical to this work because of the history of racism as it relates to both home-based providers and the families that rely on them. The pandemic and the conversations and accountability regarding race and women's issues heighten the awareness of the systemic racism and misogyny that are a deep part of the history of child care in the United States. As the Center for the Study of Child Care Employment states, "As a system that relies primarily on a market-based structure, by definition it disadvantages those with the least means to purchase services. As services are tied to buying power, the wages of early educators, primarily women, are directly tied to the ability of families to pay. Across different types of settings and job roles in the sector, we see that the wages of Black women, in particular, are systematically lower than those of their peers undertaking the same work".¹⁷

Excluding community voice continues to result in the development of programs and policies that are irrelevant, fiscally unsound, and continue to harm the groups who need the greatest amount of involvement and opportunity. Actively uplifting and using the provider voice will ensure programs and policies are relevant, fiscally sound, and result in the outcomes needed for successful and thriving communities. Therefore, the project team remains dedicated to an equity-focused research process. This framework is similar to the work

¹⁷ <https://cscce.berkeley.edu/blog/ece-is-in-crisis-biden-can-intervene/>

published by Andrews, Parekh, and Peckoo (2019). Steps include: 1) Gain a better understanding of the communities and ensure an awareness of one's own implicit biases about the communities by engaging community stakeholders at each step including vetting whether the questions of concern are the same areas of concern held by the community (guiding the research questions), 2) Guide the research methods including the questions that are asked and the methods of collecting the information, 3) Ensure data interpretation is grounded in the experience of the community by using a Grounded Theory approach (where codes are derived from the data, not from the assumptions of the researchers), disaggregating the data, and involving the community in interpretation of the data whenever possible, and 4) Disseminate the findings back to the community and prioritize action- and policy-based recommendations. The project team engaged in these steps to ensure the results are based on community expertise and would maximize relevance and impact for the community of interest.

A report describing priorities to dismantle systemic racism in Early Care and Education (ECE) was published in 2020 and updated in 2021 by the Children's Equity Project. The report specifies the need to "prioritize family child care and other home-based care." The report states that key strengths of family child care include culturally responsive care, supporting home languages, serving families during the COVID-19 pandemic, and serving infants and toddlers. And yet they are often left out of quality initiatives and supportive services that are more easily accessed by center-based programs. The authors state that this disparity is even more prominent for family, friend, and neighbor providers and this establishes, solidifies, and perpetuates inequitable systems. Any reform to programs and services for the ECE field must include family child care and family, friend, and neighbor providers.

Recommendations for states and tribes (and can be considered in this work) include:

- 1 Ensure family child care and other ECE home-based providers are included in needs assessments, workforce development, and technical assistance efforts, and receive equitable support to access and move up Quality Rating and Improvement Systems (QRIS).
- 2 Use child care quality funding to develop and grow family child care networks where providers can access shared professional development opportunities, including anti-bias and anti-racism programming, dual language immersion models, curriculum and assessment, social-emotional development, and family engagement through an equity lens. Use hubs to connect children, families, and providers to comprehensive services in the community, as needed.
- 3 Prioritize building family child care supply and networks in child care deserts.

Including home-based providers is a critical first step to ensuring a more equitable system of child care available to support the children of Los Angeles County.



Project Goals

The specific goals of the HBCC landscape analysis of licensed FCC homes and subsidized, license-exempt FFN care are to:

- Understand these provider populations, their role, and unique needs in providing child care in Los Angeles County,
- Understand families utilizing home-based care, their rationale for choosing home-based care, and their experience with using home-based care,
- Identify successes in home-based care and understand barriers that limit supply, quality, and sustainability,
- Understand how to best support inclusive, culturally and linguistically responsive, quality care for children aged 0-5.

Table 1 below depicts the timing of activities in this HBCC landscape analysis.

TABLE 1. LANDSCAPE ANALYSIS PROJECT OVERVIEW

TASK AND TIMING	ACTIVITIES
<p>Task 1: Planning, Development & Design (Sept-Dec 2021)</p>	<ul style="list-style-type: none"> • Planning meetings and internal reports • Stakeholder engagement • Research tool development and translation • Development of Landscape Analysis Plan • IRB Approval
<p>Task 2: Implementation (Feb-Nov 2022)</p>	<ul style="list-style-type: none"> • Stakeholders outreach to HBCC providers and parents • Distribute e-surveys • Recruit, schedule and conduct focus groups and key informant interviews (KII) • Analysis of survey, focus group and KII data • Meetings and internal reports
<p>Task 3: Dissemination of Results (Oct 2022-March 2023)</p>	<ul style="list-style-type: none"> • Meetings and internal reports • Sense-making meetings with key stakeholder groups • Development of learning briefs • Development of external report • Presentation of final results to key stakeholder groups





Research Questions

To guide the HBCC landscape analysis, the following six Research Questions were developed by F5LA around which the results section and discussion of this report are framed:

- 1 RESEARCH QUESTION 1:**
Who are Los Angeles County's home-based child care providers? How do they **view their job**?
- 2 RESEARCH QUESTION 2:**
How do Los Angeles County's HBCC providers currently **access resources, services, and supports**?
- 3 RESEARCH QUESTION 3:**
What do Los Angeles County's HBCC providers **need** to become a successful family business?
What are their **barriers to success**?
- 4 RESEARCH QUESTION 4:**
How has **COVID-19** changed the experiences of Los Angeles County's HBCC providers and the children they serve?
- 5 RESEARCH QUESTION 5:**
Who are the children and families that Los Angeles County's HBCC providers serve?
How do they view their HBCC provider?
- 6 RESEARCH QUESTION 6:**
What **policies** are needed to build a stronger, more sustainable HBCC sector for the future?

Sampling, Outreach and Stakeholder Engagement



Data was collected from HBCC providers throughout Los Angeles County. Electronic survey links were distributed by Resource and Referral (R&R) agencies to all licensed Family Child Care (FCC) providers in their referral databases and all subsidized Family, Friend and Neighbor (FFN) providers to whom they distribute payments for child care in their subsidy databases. Some agencies have access to non-subsidized FFN providers through programs such as the Child Care Initiative Project (CCIP) and distributed the survey links to these providers. Electronic surveys were also distributed by R&R agencies to all parents in their subsidy databases who use HBCC (FCC and FFN) and whose care is subsidized. Surveys for FFN providers included an opt-in option to participate in a Key Informant Interview (KII). Surveys for FCC providers and parents included an opt-in option to participate in a focus group. By having the R&R agencies distribute the links to the surveys and have participants opt into further research activities CCRC maintained the confidentiality of their contact information and ensured participants consented to releasing their contact information for further research activities (focus groups and KIIs). A total of 30 KIIs were conducted with FFN providers. Based on CCRC's collaborative work with research partners across the nation, we have found that connecting with FFNs via KIIs rather than focus groups is the most effective method of engagement. Based on who opted-in CCRC worked to ensure representation from those who speak Spanish, Mandarin and Armenian. A total of 12 focus groups were conducted with FCC providers (8 groups) and with parents (4 groups).

A Targeted Approach

Research can either be intended to fully represent each demographic group across a particular geography (e.g., a census) or a targeted approach where specific groups are selected to ensure a sampling of voices are included in the work. Census projects are typically extremely expensive and resource heavy. Targeted approaches are more common, based on available resources and ensure specific groups that may not typically be represented in studies are included in some manner. A review of demographic information within Service Planning Areas (SPAs) in Los Angeles County helped guide the targeted approach for this study. This community data was presented to the R&R agencies to verify these were the communities that engaged in their services. All but one agency agreed these statistics represented the providers and parents with whom they engage. An agency in SPA 4 reflected that although there is a large Korean population in their community, the Korean population typically does not engage in their services but there is a community of Armenian providers that does. Based on this community data, targeted outreach was conducted with groups that typically do not engage in studies (e.g., Spanish, Armenian, and Mandarin speakers and the African American communities). The LA Almanac cites Spanish, Mandarin/Cantonese, Tagalog, and Armenian as the top languages in Los Angeles County based on Census data.¹⁸ Little data exists by Service Planning Area. Table 2 illustrates the community demographics from the LA County Department of Public Health's Key Indicators of Health.¹⁹

TABLE 2. LOS ANGELES COUNTY RACE AND LANGUAGE BY SERVICE PLANNING AREA (SPA) – GROUPS HIGHLIGHTED FOR GREATER OUTREACH

SERVICE PLANNING AREA	LA County	Antelope Valley	San Fernando	San Gabriel	Metro	West	South	East	South Bay
Demographic Groups	LA	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
RACE									
Percent Latino	48.4	44.8	40.2	46.3	51.8	16.0	68.2	73.5	40.4
Percent White	28.3	34.6	44.6	21.2	24.8	64.0	2.4	14.0	28.4
Percent Black/ African American	8.5	16.2	3.5	3.7	5.2	5.7	27.4	3.0	14.8
Percent Asian	14.4	3.8	11.5	28.6	17.9	14.0	1.7	9.0	15.4
Percent Native Hawaiian/ Other Pacific Islander	0.2	0.2	0.1	0.1	0.1	0.1	0.2	0.2	0.9
Percent American Indian/ Alaskan Native	0.2	0.4	0.2	0.2	0.2	0.2	0.1	0.2	0.2
LANGUAGES USED MOST OFTEN AT HOME									
Adults who mostly speak Spanish at home	26.6	18.5	21.6	24.7	33.3	8.4	48.8	38.5	17.8
Adults who mostly speak an Asian language at home	8.5	2.4	4.2	24.4	11.6	1.7	1.2	5.0	6.0
Adults who mostly speak other language at home	2.0	1.4	5.5	0.7	0.7	3.2	--	1.6	0.3

18 <http://www.laalmanac.com/population/po47.php>

19 http://publichealth.lacounty.gov/ha/docs/2015lachs/keyindicator/ph-kih_2017-sec%20updated.pdf



Tables 3 and 4 describe the targeted language groups by method (focus groups for parents and family child care providers and key informant interviews (KIIs) for FFN providers).

TABLE 3. FOCUS GROUP (FG) LANGUAGE TARGETS FOR FAMILY CHILD CARE (FCC) PROVIDERS AND PARENTS

FCC FGS	PARENT FGS
3 English	1 English
3 Spanish	1 Spanish
1 Armenian*	1 Armenian*
1 Mandarin**	1 Mandarin**

* Led by program staff from CCRC fluent in Armenian; trained and supported by CCRC Research (who were present)

** Led by program staff from Mexican American Opportunity Foundation and Options for Learning fluent in Mandarin; trained and supported by CCRC Research (who were present)

NOTE: Targeted outreach was conducted to ensure the inclusion of the Black/African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3, 4, 5 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

TABLE 4. LANGUAGE AND LOCATION OF FAMILY FRIEND AND NEIGHBOR (FFN) PROVIDERS PARTICIPATING IN KEY INFORMANT INTERVIEWS (KII)

SPA TARGETED	NUMBER OF FFN KIIS / LANGUAGE
1: Antelope Valley	3 English, 3 Spanish
2: San Fernando Valley	2 English
3: San Gabriel Valley	1 English, 4 Mandarin*
4: Metro LA	3 Spanish
5: West	1 English
6: South	5 English, 2 Spanish
7: East	2 English, 4 Spanish
8: South Bay	None

* Led by program staff from CCRC, Mexican American Opportunity Foundation and Options for Learning; trained and supported by CCRC Research (who were present)

NOTE: targeted outreach was conducted to ensure the inclusion of the Black/African American voice from SPAs 1, 6 and 8 and Asian-Americans in SPAs 3 and 8. This is based on community profiles from LA County Department of Public Health and UCLA's Ask CHIS

Engaging Communities in Multiple Languages

Focus groups were conducted virtually in English, Spanish, Armenian and Mandarin with participants who opted in for further research activities through the survey. These focus groups represented people from across LA County (tracked and documented through participants' zip codes) and activities were offered in Spanish, Armenian, and Mandarin to ensure participation from a greater diversity of the community. Program staff from CCRC outreached to providers and parents in English and Spanish, as well as conducted the focus groups and interviews in these two languages. Program staff from CCRC fluent in Armenian: 1) outreached to providers and parents with whom they regularly engage to either have them complete the survey by telephone or to help them complete it, 2) signed them up for the focus group or interview, 3) conducted the focus group or interview, and 4) took notes and provided them to CCRC Research to use in the analyses. Program staff conducting these activities were trained by Research staff and Research staff were present for all interviews and focus groups in case any questions arose. This same model was used to engage the Mandarin-speaking communities. Program staff from Mexican American Opportunity Foundation (MAOF) and Options for Learning (OFL) led these activities in Mandarin. Parents and providers from across the county were invited to participate in the non-English language focus groups and interviews (not just those living in the service areas of the two agencies conducting these activities).

Engaging Additional Under-Represented Communities

Multiple steps were taken to engage groups who are disenfranchised or often left out of research due to systemic barriers in an effort to ensure they were provided opportunities to participate in the study. To address anticipated challenges with non-computer-connected groups, the Research Team connected with each agency of the Child Care Alliance of Los Angeles (CCALA) including staff from the R&R programs and staff from the subsidy programs. Many agreed to outreach to those who may not be comfortable with computers and may not have responded to the electronic survey. Many of these staff mentioned that although some providers might not use computers, almost all use a smart phone. Flyers were designed with a QR code that could be posted in lobbies for those who wish to complete the survey via their smartphone. Agencies agreed to distribute these flyers at trainings and events and to promote the study in multiple ways. Additional outreach occurred while staff engaged both parents and providers over the phone for other activities (e.g., during subsidy recertification of child care for parents, engaging FFN providers in their CCIP [Child Care Initiative Project], and engaging all providers during phone calls regarding payments and rates, as well as other outreach activities that were already occurring). To facilitate agreement to complete the survey over the phone, the Research team developed an abbreviated version of the survey tool for this group that included only the questions of greatest interest. Additional outreach was conducted with a group that coordinates family child care home networks out of Mission College and this group distributed outreach materials to their providers and other organizations in their network. Additionally, Crystal Stairs, Inc. (CSI) partnered with the Research Team to target outreach to the Black/African American community in their service area. They have an active African American Provider Network (AAPN). CSI requested the AAPN group review the research tools prior to translation to additional languages and submission for IRB approval. An additional child care provider who is well-connected in her community and is active in local, state, and national work was also asked to review the questions and research tools.

The full project team leveraged the connections of additional community-based organizations that engage child care providers and parents. A Community Briefing with 75 attendants was held in February 2022. Included were members of the CCALA agencies (Resource and Referral and AP agencies across Los Angeles County), county departments, representatives from child care union Service Employees International Union Local 99, an early

childhood reporter from local radio station LAist, members from the First 5 LA funded Best Start Communities (Networks of parents, communities, local and regional decision-makers, and public systems working together at a local and regional level to affect important policy, systems and community change that improves outcomes for children and families), and other local community-based organizations that serve child care providers and parents. These agencies were asked about other groups to outreach to and for input on future Community Convening meetings. Following the Community Briefing everyone (attendees and those who signed up but were unable to attend) were emailed with outreach materials in English and Spanish and informed that they could be provided with materials in Armenian and Mandarin as needed.

A summary of the groups that have helped distribute the survey and outreach to providers and parents is summarized in Table 5.

TABLE 5. SURVEY DISTRIBUTION GROUP AND STRATEGY

SURVEY DISTRIBUTION GROUP	STRATEGY
<p>CCALA AGENCIES</p> <ul style="list-style-type: none"> • Child Care Resource Center • Children’s Home Society • City of Norwalk • Connections for Children • Crystal Stairs, Inc. • Drew Child Development Corp. • International Institute of LA • Mexican American Opportunity Foundation • Options for Learning • Pathways for Learning • Pomona Unified School District 	<p>1-3 monthly meetings with the Resource and Referral and Subsidy groups at each agency to present on the project, share upcoming activities, and progress.</p> <p>Provided with social media and other outreach materials including email templates and flyers with QR codes and links personalized to each agency.</p> <p>Access to google drive with graphics to use in social media and recommended captions and hashtags.</p>
<p>AFRICAN AMERICAN PROVIDER NETWORK (CRYSTAL STAIRS, INC.)</p>	<p>Presentation slide incorporated in their initial meeting, advertising the project.</p>
<p>COMMUNITY COLLABORATIVE</p> <ul style="list-style-type: none"> • Family Child Care Providers (individual providers in the Long Beach area and the Bell Gardens area) • CCALA agency staff • F5LA staff • County government staff • Visión y Compromiso • County of Los Angeles Office for the Advancement of Early Care and Education 	<p>Meetings with project presentation with follow-up of social media and other outreach materials including email templates with hyperlinks and flyers with QR codes and links.</p>
<p>FCC ASSOCIATION/ NETWORK (MISSION COLLEGE)</p>	<p>Meetings with project presentation and social media and other outreach materials including email templates to forward and flyers with QR codes and links.</p>

As stated previously, this project is grounded in an equity-based framework that upholds the lived experience and expertise of the community. A key aspect of this framework is stakeholder engagement in each step of the project. Table 6 describes this ongoing stakeholder engagement.

TABLE 6. STAKEHOLDER ENGAGEMENT

PURPOSE	ENTITY	TIMEFRAME
Funder and partner collaboration for project alignment	<ul style="list-style-type: none"> • CCALA • Duane Dennis • F5LA 	Sept. 2021 - Dec. 2022
Key agency outreach and engagement	<p>INDIVIDUAL AND 2X/MONTH GROUP MEETINGS</p> <ul style="list-style-type: none"> • Resource & Referral staff • Alternative Payment staff • Additional staff as needed 	Sept 2021 - Nov. 2022
Ensure project relevance through input on survey, KII, and FG questions	<ul style="list-style-type: none"> • CCALA R&R/AP agency staff • Tonia McMillian (family child care provider) • African American Provider Network (Crystal Stairs, Inc) • Provider Union (CCU99) [CCALA] • F5LA 	Nov. - Dec. 2021
Engage executives of child care agencies	<p>CCALA AGENCIES</p> <ul style="list-style-type: none"> • Project updates and input from executives 	Nov. 2021 Jan. 2022 Sept. 2022
Development and distribution of social media graphics and posts, flyers and other material for project and survey outreach	<ul style="list-style-type: none"> • CCALA R&R/AP agency staff • African American Provider Network (Crystal Stairs, Inc) • Provider Union (CCU99) • F5LA • LA County Dual Language Learner project • LA County ECE Research Collaborative • LAist/Southern California Public Radio (SCPR) • FCC Provider • Family Child Care Association/ Network coordinated out of Mission College • Community Briefing: <ul style="list-style-type: none"> o Best Start Communities o County government offices o County CBOs o Child Care Union representatives o Child Care Providers o CCALA agencies o Funder o LAist/SCPR 	Nov. 2021 - Feb. 2022

TABLE 6. STAKEHOLDER ENGAGEMENT (CONTINUED)

PURPOSE	ENTITY	TIMEFRAME
Community engagement in results sense-making and recommended action plans	<ul style="list-style-type: none"> • Quality Start Los Angeles (QSLA) Workgroup • FFN Providers • FCC Providers (2) • Parents who use home-based care • CCALA agencies (2) • Los Angeles County Child Care Planning Committee • County Offices and CBOs who work with parents and providers (2) • F5LA Workgroup • F5LA Provider Advisory Group 	Sept. - Oct. 2022
Dissemination of final results and recommended action steps	<ul style="list-style-type: none"> • F5LA Commission • R&R/AP agencies • Los Angeles County Child Care Planning Committee • Policy Roundtable for Child Care & Development • Quality Start Los Angeles (QSLA) • Quality Counts California (QCC) • California Department of Social Services (CDSS) • Funders/foundations including David and Lucile Packard Foundation and Home Grown • Members of national HBCC workgroups (e.g., HBCCSQ) • Provider groups including union, State-funded Family Child Care Home Education Network (FCCHEN) and those who participated • Parent groups including Best Start and those who participated 	



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Community Convenings: Interpretation of Findings

Twelve sessions were held with various groups (see next section) to engage in the next step in equity-based research – ensuring a diverse and more representative interpretation of the data. Measures were taken to include community members who may not have already been part of the research process including participation in the KIIs and focus groups. For a detailed description of the outreach, recruitment, and demographic information of FCC, FFN, and parent Community Convening participants, see Appendix A.

Each meeting was held via Zoom in order to convene people from across Los Angeles County. As with the Focus Groups, each session had a facilitator, a note-taker, and a technical support staff to assist participants who may have struggled with the Zoom platform and to check and announce any information typed into the chat function (to ensure participation by all, including those who did not wish to vocalize their opinions).

Each session had a unique PowerPoint slide deck with project data relevant to that particular group. For example, the parent group saw mostly information from the parent survey and focus groups with some information from the provider survey and focus groups / interviews. To ensure greater accessibility, the community-based groups (e.g., parents and providers) were presented with slides that were not heavy with tables and complex numbers or statistics. Findings were presented more in narrative form followed by questions asking if the findings were similar to their experiences and to expand on their answers. This method was repeated for each topic area. In contrast, agency staff were presented with slide decks that contained more complex presentations of data and statistics and asked for their feedback as to whether the results mirrored their experience in working with parents and providers.

Twelve sessions were held with various groups to engage in the next step in equity-based research – ensuring a diverse and more representative interpretation of the data.



Data Collection Methods and Analyses



Surveys

The electronic survey links for FCC and FFN providers had a great deal of overlap, particularly with questions that typically apply to both groups (e.g., demographic questions), allowing for comparison across the two groups of providers. Other questions specific to one group or the other were included in the survey specific to that group only or worded in ways that were relevant to each perspective group. Additionally, the parent survey had identical demographic questions as the providers in addition to specific questions for the parent group. To ensure participants were not over-burdened, question skip-logic was programmed into the surveys to ensure they were only presented with questions relevant to them. This includes screener questions to screen out any providers who were not home-based (in the event links were accidentally distributed to the wrong groups) or meet the definition of providing regular child care defined as at least 5 hours of care per week. Additional screener questions were included in the FCC and FFN surveys in case the wrong link was sent to the wrong group. This screener question automatically diverted the provider to the relevant survey based on the answers to the screener question if they accidentally received the wrong survey. Screener questions also included zip code to ensure only those who live in Los Angeles County responded (some agencies serve multiple counties). Finally, screener questions were provided for parents to ensure they in fact use home-based child care and have at least one child under age six years. Once they completed the survey there was an opportunity to include their contact information and opt in for further research (focus group or Key Informant Interview (KII)). This method worked well in a statewide study of resource/foster parents and child care providers where agencies were prevented from sharing contact information directly with researchers.

Survey responses were tracked twice/week to ensure the project reached the originally intended target groups across the county (by Service Planning Area (SPA), language, and ethnicity). Those opting in were tracked at minimum weekly and tracked via language group, race/ethnicity and SPA to ensure the project reached the intended target groups. When target group numbers were not being met CCRC Research staff connected with the agency serving that SPA for assistance in more targeted and intensive outreach (e.g., sending the survey link to specific subgroups and/or making calls).

All those who opted to give their email or physical address and wanted to be eligible for a gift card incentive were included in a drawing. To ensure that participants from each SPA had an opportunity for this drawing gift card distribution was tracked via SPA and adjusted as needed. All three groups were eligible (FCC, FFN, and parents) for the drawing for the \$50 Target gift cards.

For information on the data governance and security, quality assurance, and validation of survey data, see Appendix B.

Focus Groups

Licensed Family Child Care Providers (FCC) and parents who use home-based care were recruited into one of 12 focus groups based on who opted in for further participation from the survey. As conducted in prior research, the Research Team outreached twice via email and phone to those who opted in to schedule them for a focus group based on their demographics/language. Focus groups typically have the greatest synergy and participation when the group is 8-12 people and therefore, the recruitment target was 12 per group with the understanding that some may not show up. Research staff called and emailed those who opted in and provided information on the day, time, link, consent form, and helpful tips for Zoom. This information was provided by the agency staff facilitating in Armenian and Mandarin. For the groups in Armenian and Mandarin, the Research Team worked with the agency staff to schedule

these groups based on their calendar. Agency staff were trained on facilitation, proper notetaking, and the protocol questions. Research staff were present to ensure technical support (CCRC provided the Zoom link) and answer questions that arose. The Research Team facilitated all other focus groups (English and Spanish). All focus groups were recorded in Zoom and transcribed via Otter.ai (recording and transcription cloud-based software). Each person who participated in a focus group received a \$50 Target gift card incentive. For detailed demographic information on the focus group participants, see Appendix C.

Key Informant Interviews (KII)

A total of 30 Family Friend and Neighbor Providers (FFN) were recruited into KIIs based on who opted in for further participation from the survey. Where minimal number of participants who met the language and geographical criteria for participation opted in via the survey, the Research staff worked closely with staff at the R&Rs to recruit from the community. As such, several KII participants did not have a completed survey. Research staff outreached twice via email and phone to those who opted in to schedule them for a KII based on their demographics/language. Research staff called and emailed those who opted in and provided information on the day, time, link/phone number for the Zoom call and consent form. This information was provided by the agency staff facilitating in Armenian and Mandarin. For the groups in Armenian and Mandarin, Research staff worked with the agency staff to schedule these calls based on their calendar. Agency staff were trained on facilitation, proper notetaking, and the protocol questions. Research staff were present to ensure technical support (CCRC provided the Zoom link/phone number) and answer questions that arose. Research staff facilitated all other KIIs (English and Spanish). All KIIs were recorded in Zoom and transcribed via Otter.ai. Each person who participated in a KII received a \$50 Target gift card incentive. For detailed demographic information on the KII participants, see Appendix C.



Group-based comparisons included child age, home language, race, and provider type (FFN compared with FCC) or subgroup (FCC with small licenses compared with FCC with large licenses).

Survey Data Analyses

The data were exported from JotForm, the platform used to collect the survey, to Excel and analyzed using SPSS (Statistical Package for Social Sciences). Analysis of the survey data included appropriate descriptive statistics for the question type (frequencies/percentages for categorical or ordinal data, averages/medians for interval data). Appropriate group testing was also conducted (e.g., chi-square or Fisher's Exact for categorical or ordinal data and t-tests for interval data). Group-based comparisons included child age, home language, race, and provider type (FFN compared with FCC) or subgroup (FCC with small licenses compared with FCC with large licenses). Group differences are mentioned only when they were statistically significant at $p < .05$ or lower.

Focus Groups (FG) and Key Informant Interviews (KII) Analyses

Analysis of the FG and KII data proceeded in the following three steps:

- 1. Data sensitization.** All FGs and KIIs were recorded via Zoom and transcribed via Otter.ai to ensure the ability to add necessary detail to the notes taken during each session. Coders selected, read, and re-read a small representative sample of notes to allow for a clear understanding of the content and to formulate initial themes and high-order categories.
- 2. Coding.** All notes and transcripts were uploaded into the qualitative data analysis software Dedoose[®]. Coding proceeded deductively from the study questions to speak directly to the study's core areas of focus. Coders also read the notes inductively to generate new themes that may only indirectly address the study questions, but nevertheless provide important new insights that further the evaluation's objectives. Analysis thus proceeded iteratively between deductive and inductive approaches. Coders first coded approximately 10% of the qualitative data. These coded notes were then triangulated to review the coding, and to group and identify themes. This process produced a standardized codebook (i.e., analytical framework) against which the remainder of the qualitative data were coded. To ensure the validity of the analysis, we conducted inter-rater reliability testing whereby we compared coding across coders. The iterative approach between inductive and deductive coding allows for both a structure to the final codes and analyses with the ability for themes relevant to the participants to arise. Because the participants have lived experiences that needs to be honored and reflected in the results, Grounded Theory guided the development of codes that may not have occurred from the original set of codes based on the research questions. Use of Grounded Theory ensures a greater likelihood that results are relevant to the intended recipients of programs and resources and honors their voice rather than merely the voice of the funder or researcher.
- 3. Analyzing and interpreting the data.** The categorized data were critically reviewed by the researchers against the study's central research questions (see logical framework above). The categories produced a natural structure by which a narrative summary of the data were produced in the reporting stage.

Results and Discussion

Results are presented for each of the research questions that guided this landscape analysis. Throughout this section table percentages are rounded to the nearest whole number for ease of presentation. This may cause percentages to not sum exactly to 100%. When group differences were found, these are noted. While percentages are presented in the tables, tests to detect differences between groups were conducted using counts. Additionally, statistical comparisons were only conducted on variable cell sizes of approximately 100 because low cell sizes typically violate statistical assumptions. Data presented in tables are based on survey data, unless otherwise specified.

RESEARCH QUESTION 1: Who are Los Angeles County’s home-based child care providers? How do they view their job?

Demographic Information

Working with key partners that serve specific SPAs to engage the community in this landscape analysis resulted in representation from each SPA for all landscape analysis participant groups, FCC, FFN, and Parents (see Table 7). Given the lack of licensed care in SPA 1, the larger percentage of FFN providers in that location compared with FCCs and FFN in other SPAs in the county makes sense. The extra measures to engage the African American community in SPAs 1 and 6 resulted in greater numbers of participants in those SPAs. Additionally, the measures to target the Asian-American community in SPAs 3 and 7, particularly the FCC group, resulted in increased numbers of participants there. Programs and researchers still have work to do to gain the trust of these communities in order to increase participation rates.

TABLE 7. PERCENT OF SURVEY RESPONSES FROM LOS ANGELES COUNTY SERVICE PLANNING AREAS

SERVICE PLANNING AREA (SPA)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
SPA 1: Antelope Valley	10%	36%	22%
SPA 2: San Fernando Valley	23%	23%	40%
SPA 3: San Gabriel Valley	12%	5%	2%
SPA 4: Metro LA	8%	7%	6%
SPA 5: West	7%	<1%	4%
SPA 6: South	12%	16%	14%
SPA 7: East	22%	9%	6%
SPA 8: South Bay	7%	3%	5%
Unknown	0%	<1%	2%

As seen in Table 8, the distribution of FCC providers by race and ethnicity who responded to the survey resemble the distribution of FCC one would expect in Los Angeles County based on recent workforce data from the Center for the Study of Child Care Employment (CSCCE; Powell, Kim, & Montoya, 2021). The increased outreach to African American providers in this study resulted in a higher engagement of FFNs than previous work with FFNs (15% vs 28%; Harder and Company, 2014).

TABLE 8. RACE AND ETHNICITY OF SURVEY PARTICIPANTS

RACE / ETHNICITY	LA FCC (CSCCE)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
American Indian or Alaskan Native		1%	2%	2%
Asian or Asian American	13%	9%	2%	2%
Black or African American	19%	15%	28%	21%
Hispanic or Latino	43%	57%	58%	55%
Native Hawaiian or Pacific Islander		0%	<1%	1%
White or Caucasian	17%	13%	10%	19%
Multiple ethnicities	5%	2%	3%	5%
Not listed	4%	2%	<1%	1%
Prefer not to answer		6%	5%	5%

All participants were asked to report their primary home language. For all three groups, the primary home languages reported were English and Spanish. The next largest groups were Armenian for the FFN and Parent groups and Chinese for the FCC group. The primary language spoken by FCCs was similar to that reported by FCCs in Los Angeles County in the CSCCE data which reported 4% of FCCs with Chinese as a fluent language, 86% English, and 45% Spanish (Powell, Kim, & Montoya, 2021). While the 86% of FCC reporting English as a fluent language is higher than the 43% reporting English as their primary home language in this study, that closely matches the 40% who reported monolingual English fluency in the CSCCE study (See Table 9).

TABLE 9. PRIMARY HOME LANGUAGE

PRIMARY HOME LANGUAGE	LA FCC (CSCCE)*	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
English	86%	43%	68%	77%
Spanish	45%	43%	29%	14%
Armenian		4%	2%	6%
Chinese (Mandarin, Cantonese, Other)	4%	5%	<1%	<1%
Other	14%	5%	1%	3%

*Note: The CSCCE study collected information on language fluency with participants reporting all languages in which they are fluent. Hence, the total percent across categories will be greater than 100% because participants may be fluent in more than one language. The HBCC landscape study collected information on the participants' primary home language.

The demographics in the table below show that the provider types are clearly distinct groups and as a result will need different levels of supports. Table 10 shows that while each group can be considered low-income, FCC providers in general are more resourced in partnerships, income, education, and home ownership compared with FFN providers and parents. Specifically, FFN providers are younger than FCC providers, less likely to be married/partnered, less likely to own their home, have lower levels of education, and lower levels of income (all comparisons at $p < .001$). FCC data mirrors that of the LA County FCC data reported by the Center for the Study of Child Care Employment (CSCCE).²⁰ The only variable that differed was highest level of education where the center reported 47% with some college or less, 23% with a two-year degree, and 30% with a BA or higher (compared with 59%, 17%, and 24% from this sample of FCCs, respectively). The sample from this landscape analysis seems to have a greater percentage with some college or less as compared with data from CSCCE.

TABLE 10. DEMOGRAPHICS OF THE SURVEY PARTICIPANTS

CHARACTERISTIC	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
Gender			
Female	97%	91%	97%
Male	2%	8%	3%
Non-binary	0%	<1%	0%
Prefer not to answer	1%	1%	<1%
Age	(n=719)	(n=436)	(n=686)
Average age	54 years old	49 years old	34 years old
Age range	25-82 years	19-80 years	19-68 years
Standard deviation	10.8	13.7	6.2
Marital Status	(n=732)	(n=417)	(n=641)
Married/partnered	69%	46%	25%
Unmarried/single	31%	53%	75%
Home Ownership	(n=770)	(n=446)	--
Own home	70%	25%	N/A
Rent home	30%	75%	N/A
Income	(n=617)	(n=385)	(n=646)
\$35,000 or below	26%	79%	75%
\$35,001 to \$65,000	36%	14%	20%
\$65,001 or more	38%	7%	5%
Highest Level of Education in US	(n=702)	(n=416)	(n=679)
Some college or less	59%	80%	71%
Two-year college degree (AA, AS)	17%	9%	10%
BA degree or higher	24%	11%	19%

Note: N/A-Home ownership was not asked of the Parent group in the survey.



National trends reveal that the percentage of FCC providers aged 50 and older has significantly increased from 2012 to 2019 (39% to 48%; Datta, Milesi, Srivastava, & Zapata-Gietl, 2021).

FCC providers with large licenses are often more resourced than those with small licenses and this is the case with education in the current sample and in prior research. The median education in the U.S. reported by FCCs was Some College, High School graduate or GED by FFNs, and Trade School by Parents. In this landscape analysis, FCCs with small licenses reported Some College or less as their highest level of education whereas FCCs with large licenses reported a BA degree or higher ($p < .01$).

In terms of age, FCC providers are typically older than FFN providers and the parents they serve. National trends reveal that the percentage of FCC providers aged 50 and older has significantly increased from 2012 to 2019 (39% to 48%; Datta, Milesi, Srivastava, & Zapata-Gietl, 2021). This is important to consider when developing programs and materials for FFN and FCC providers and the need to “meet providers where they are” to ensure information and resources are accessible and to understand that even the FCC population has distinct subgroups (large and small licenses) that may require different levels of support. Additionally, the national data (Datta, Milesi, Srivastava, & Zapata-Gietl, 2021) suggest a dire need for designing programs and policies to make the field attractive to younger workers as the field gains experience through age and wisdom but loses the younger workforce over time. Data tables with greater detail for many of the results in this section can be found in Appendix D.

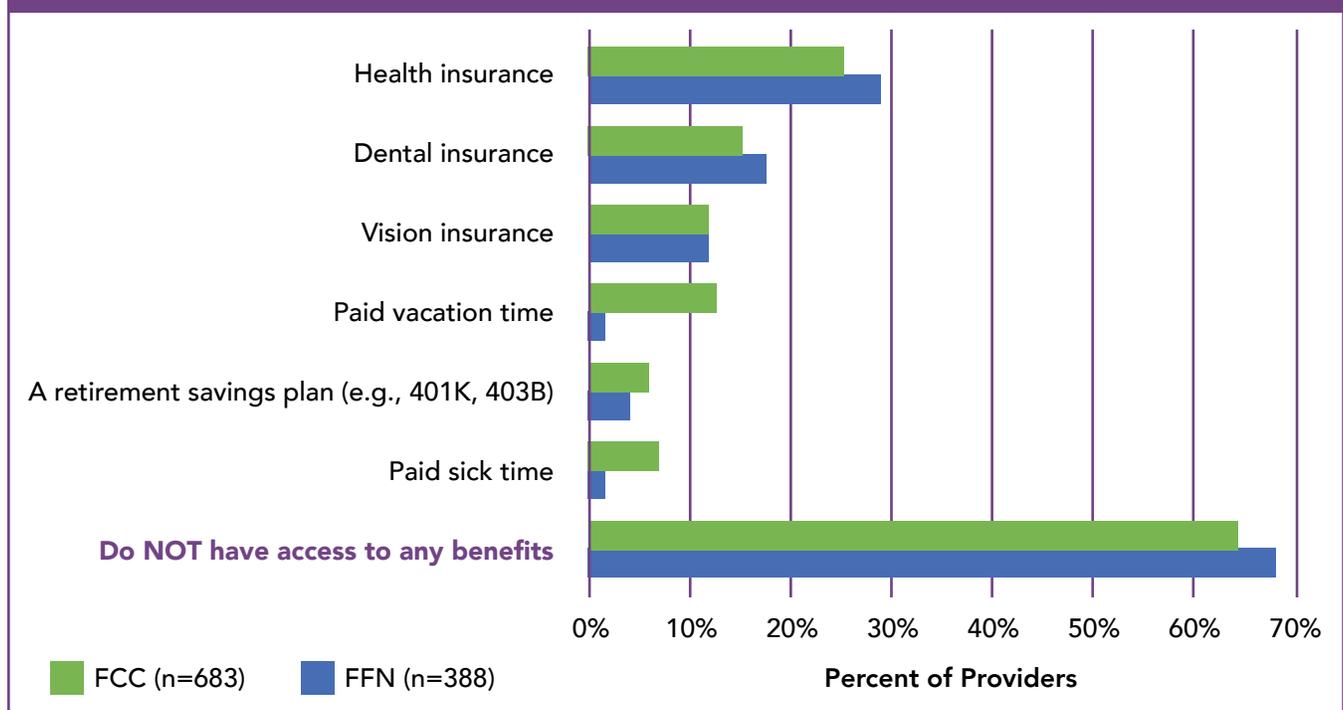
More parents and FFN providers are in the lowest income categories as compared with FCCs ($p < .001$; see Appendix D for detailed analyses on income). FFN providers may align more closely with the parents they serve than with the FCC providers. Work by F5LA found similar results with 69% of FFN providers making less than \$20,000 in a prior study (F5LA 2012). This is important to consider when creating programs to support the two provider groups. Additionally, even within the FCC group, this analysis found that more FCC providers with a small license have the lowest level of income compared with the FCC providers with larger licenses (who have greater percentages in the higher income level; $p < .001$; see Appendix D for detailed analyses on income). See Table 11. This also speaks to the current capacity of and supports needed by this subgroup of providers. Caution should be exercised while interpreting this income data given the non-response rates of 20% for FCCs and 16% for FFNs. However, this data aligns with the literature speaks to the vulnerability of FFN providers (Harder & Company, 2014) and FCCs with small licenses (NCECQA, 2020). Statewide data on FCC providers (Powell, Montoya, Austin, & Kim, 2022) shows that Transitional Kindergarten teachers with the same educational level as a typical FCC with a large license (BA degree) make 1.5-2 times the salary as the FCC providers. Finally, when asked to provide information about whether they rent or own their home, FCCs were more likely to report that they own compared with FFNs (X^2 (df=1, N=1,216) = 230.68, $p < .001$). These results demonstrate that FFN providers are the least resourced group of the child care landscape.

TABLE 11. TOTAL HOUSEHOLD INCOME OF FCC PROVIDERS IN 2021, BY LICENSE SIZE

INCOME LEVEL	ALL FCC (N=617)	SMALL FCC LICENSE (N=193)	LARGE FCC LICENSE (N=424)
\$35,000 or below	26%	43%	19%
\$35,001 to \$65,000	36%	35%	36%
\$65,001 or more	38%	23%	45%

To learn about the benefits to which providers may have access, they were asked if they currently receive resources including medical benefits, retirement savings, and paid time off. As seen in Chart 1, small proportions of each provider group report receiving each of the benefits. Out of all of the types of benefits queried, both groups had the highest percentage, about a quarter reporting that they receive health insurance. Nevertheless, these proportions are small and over 60% of each group reported not currently receiving any of these benefits. This is low compared with the 87% for FCCs reported by other research (Powell, Montoya, Austin, & Kim, 2022). However, many providers likely qualify for Medi-Cal or through a spouse/partner.

CHART 1. BENEFITS CURRENTLY RECEIVED BY EACH PROVIDER GROUP



More than **60%** of all providers do not have access to any benefits.



HBCC Provider Tenure and Experience

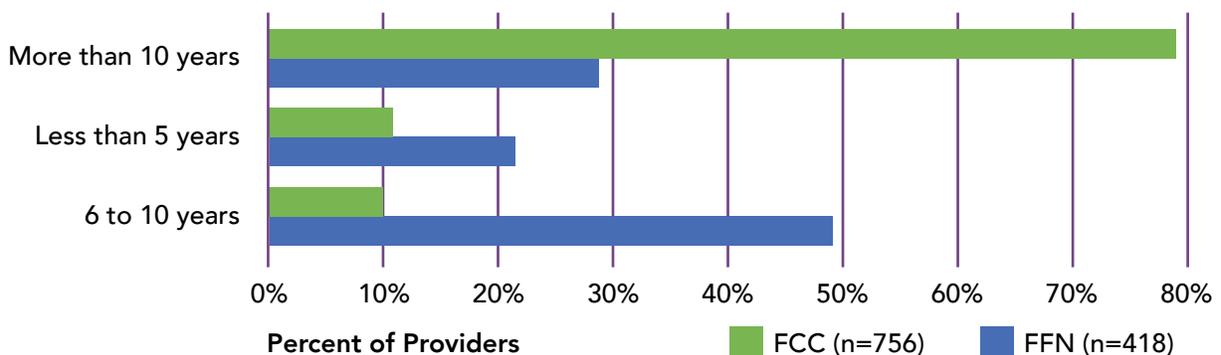
FFN providers in the sample have less experience in caring for children other than their own as compared with FCC providers (see Chart 2). On average, FFNs have been taking care of children other than their own for 9 years compared with FCC providers with an average of 19 years. The FFN providers in this sample receive child care subsidies and their length of child care experience may reflect that in their survey responses (half providing child care for less than five years, compared with almost 80% of FCCs providing care for more than 10 years). Similarly, prior research by F5LA found that a majority (65%) of FFN providers had five years or fewer experience providing child care (F5LA, 2012). National surveys find almost 70% of FCC providers have greater than 10 years of experience and this percentage increased between 2012 and 2019 (Datta, Milesi, Srivastava, Zapata-Gietl, 2021). California data from 2020 shows that 73% of FCC providers had greater than 10 years of experience, similar to results in this study (Kim, Austin, Montoya, & Powell, 2022). The data from this landscape analysis as well as national studies show the more fluid nature of FFN providers compared with the more long-term nature of licensed FCC providers and should factor into the development of programs and policies aimed at the two groups of providers.

Family Child Care (FCC) owners begin with small licenses and then some make the decision to take on greater complexity and apply for a larger license. As a result, those who have large licenses have a greater number of years of experience ($p < .001$) and have had their license longer than those with smaller licenses ($p < .001$). Those with large licenses have the capacity to care for more children, serving as a hub for more families in the community. As such, they spend more time in activities such as providing care, planning lessons, doing paperwork and other business practices than those with small licenses. In order to increase the child care capacity in our communities, supports may be needed for small FCC businesses to move to large licenses. More detailed group comparison analyses can be found in the Appendix D.



Providing Care
for Over 10 Years
FCC – 79%
FFN – 29%

CHART 2. NUMBER OF YEARS TAKING CARE OF CHILDREN OTHER THAN THEIR OWN



Hours of Operation

Home-based providers offer a wide range of hours of care, supporting the specific needs of families who may need child care outside of the standard 8 AM to 6 PM, Monday through Friday schedule. National surveys find that parents with lower income and single full-time working parents are most likely to need care during non-standard hours of care (Borton, Datta, & Ventura, 2021) and that home-based providers are more likely than center-based providers to offer these hours of care (NSECE, 2015). FFN and FCC caregivers provided information on their hours of care. Specifically, they were asked during what days of the week and what hours of the day children are in their care. Table 12 shows the percent of FFN and FCC who indicated that they had children in their care during the specified days and hours. An additional category, “Non-standard hours” was created for participants who indicated that they provided care during at least one of the following categories: Weekday Evenings, Overnight, or During Weekends. This categorization is based on the definition of non-standard hours in prior research (NSECE, 2015). As shown in Table 12 large proportions of FFN and FCC provide care during non-standard hours with 47% of FCCs and 60% of FFNs providing this. Additionally, 43% of parents reported using care during non-standard hours. Given the reliance of workers during non-standard hours in industries such as food, hospitality, entertainment, emergency and medical services, the HBCC workforce is a vital part of the infrastructure for these industries and should be supported and respected as such.

TABLE 12. HOURS OF OPERATION OFFERED BY EACH PROVIDER TYPE AND USED BY PARENTS

HOURS OF OPERATION	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
Weekday early morning (6am-8am)	75%	48%	45%
Weekday daytime (8am-6pm)	95%	85%	86%
Weekday evenings (6pm-12am)	36%	38%	26%
Overnight (12am-6am)	21%	13%	12%
Weekends	34%	45%	29%
Non-standard hours	47%	60%	43%

Note: Providers were asked to “select all that apply” for all categories other than non-standard hours, which was a code developed for providers who indicated they provide care during at least one of the following timeframes: evenings, overnight, or weekends (based on prior research).





“The main reason [I became a care giver] was because I would see that the mother was desperate to work and she couldn’t find anyone to take care of the children.”

– Spanish-speaking FFN provider

Reasons for Providing Child Care

Providers were asked about their main reason for taking care of children. Results in this study align with prior research. For example, a needs assessment for license-exempt care in Los Angeles County conducted in 2014 yielded similar results with 52% of FFN survey respondents indicating that they chose to become a child care provider to assist a friend or family member (Harder & Company, 2014). However, other research by F5LA (2012) showed this to be lower at 30%. Changes over time in motivations of this group for providing care should be tracked. COVID-19 may have increased value for supporting close family and friends and strengthened this already existing value. Key informant interviewees’ experience also validated the survey findings. Overwhelmingly, license-exempt providers cited the desire to help family or friends work as a reason for why they started taking care of children. This reason was selected by 75% of FFN completing a survey, as seen in Table 13, and the theme was present in three-quarters of the KII conducted with FFNS.

“My family needed extra assistance while [the child’s mother] was trying to look for a job. And I volunteered to help her out.”

– English-speaking FFN



TABLE 13. PERCENTAGE OF PROVIDERS REPORTING EACH REASON AS THEIR MAIN REASON FOR TAKING CARE OF CHILDREN

REASON FOR TAKING CARE OF CHILDREN	FCC (N=771)	FFN (N=456)
It is a personal calling or career	49%	7%
To have a job that lets provider work from home	15%	8%
To help the children’s parents, own family members, or friends	14%	75%
To help their community	10%	1%
To help children	8%	2%
To earn money	2%	4%
It is a step towards a related career	2%	2%
Other	1%	<1%

When the survey results were presented to FFN providers in the community convening, most agreed that the data reflected their lived experience regarding the main reasons they started taking care of children and that the reasons FFNs take care of children may change over time. For example, many begin with the motivation to help friends and family and then a few decide to become licensed. In this landscape analysis, nearly a quarter of the FFN survey participants who do not plan on taking care of children in their capacity as an FFN within the next five years shared that they have plans to become licensed. In addition, in a trip to learn about child care programs implemented in New York City, the programs operating there found that 25% of FFN providers moved from license-exempt care to obtaining a license. The trip to New York is discussed in greater detail in the Research Question 6 section in this report.

Findings from the focus groups conducted with FCCs aligned and may help contextualize the survey findings. In the focus groups the most frequently cited reason across all language groups for why family child care providers started taking care of children was to be able to earn income and to stay home with their own children. Although not asked explicitly in the survey, FCCs who indicated that the main reason they started taking care of children was so that they could have a job that afforded them the opportunity to work from home may have wanted to work from home in order to take care of their own children. Furthermore, many of the FCCs had prior experience in early care and education before taking care of children as an FCC. These findings diverge from those of a national study (Bromer, Melvin, & Ragonese-Barnes, 2021) where the top reasons for providing care was to work with children (58%; more likely to be endorsed by white providers). Whereas only 19% in that study stated that the rewards of the work come from a "calling" to make a difference (more likely to be endorsed by black providers in that study). Motivations may differ across communities.

The idea that motivations to provide care may change over time was also endorsed by FCC providers in the community convenings. For example, an FCC may begin taking care of children because their own children are young and they want to stay home while earning income and then realize this is their calling and they wish to make it a formal career. Feedback from community convenings with program partners who work with providers agreed that FFN providers align with the motivation to care for families while FCC providers are more motivated with a career mindset.

In addition to learning about why providers take care of children, the landscape analysis sought to also learn why FCC providers decide to get licensed. FCC providers were also asked why they decided to get a license. Wanting to have their own business, being able to increase their ability to make greater income, and to legitimize their business surfaced as the three most frequently cited reasons for becoming licensed.

"I wanted to stay home with and take care of my children when they were little. But I knew I needed something to do, you know, to make money. So, I just decided to open up an in-home daycare."

– English-speaking FCC provider

"I got licensed because it's a business and to be taken serious as a professional, you have to be licensed. And to be able to be paid what you want to be paid, it's best to be licensed."

– English-speaking FCC provider

"I got my license because I think that's one of the qualities that parents look for versus just looking for a babysitter. I think sometimes parents want, you know, the background checks and stuff like that and the regulations that come with home daycares."

– English-speaking FCC provider

“Finding qualified staff. And being able to pay the staff, because it’s difficult to be able to compete with Target, and Del Taco when they pay in \$18 an hour and you don’t need a high school diploma or whatever. And they’re offering benefits. It’s hard for us to compete. And we want staff in our facilities that have some sort of child development background or knowledge to where they understand why children behave the way they do when they understand how to foster language development, when they understand how to get a picky eater to try something new. So it’s difficult when we don’t receive the money that we’re worth, or that we should be getting, and we have to pay somebody else. So then it’s like, we ended up making less than minimum wage, but we can’t compete with finding qualified employees. So to me, that’s the biggest resource that we need as a small business.”

– *Spanish-speaking FCC provider*

These differences in motivations are key to understanding how to approach supports and services for these two distinct populations of caregivers. If one’s motivation is centered around supporting loved ones, a family support model will likely need to be considered, particularly for the FFN population. In contrast, if one’s motivation for work is to have a home-based business, support the community, and/or the work is seen as a personal calling or career, the supports and services would need to consider a more long-term, career or business model. The former model would likely benefit FFN providers while the latter would more likely benefit FCC providers.

In a report submitted to F5LA by Duane Dennis (2022) as part of the work in F5LA’s strategy to learn more and understand home-based child care in Los Angeles, recommendations were suggested that align with the concept that FFN providers view their work as family support. Programs that may work well for FFN providers may align better with the family support model, including through Home Visitation, Play and Learn Groups, and distributions of resources. In this report, an example from New York City was highlighted in which FFN providers who receive child care subsidies are required to register with WHEDco (Women’s Housing and Economic Development Corporation), engage in 5 hours of pre-service training and receive home/monitoring visits. Providers are offered a wide range of supportive services including training and technical assistance, enrollment and assistance with the Child and Adult Care Food Program (CACFP), and grants and supports for meeting building code requirements. This group goes beyond an “educational” model of support to ensure the providers’ basic needs are met, knowing they are often in great need, much like the families they serve. For example, food cards to address food insecurity, financial assistance, mental health services, and technology supports including internet and devices are provided. This holistic approach with a family support model may be more effective in providing what is needed by FFN providers. The report by Duane Dennis also described the David and Lucile Packard Foundation’s 10-year commitment to FFN providers across California that started in 2014. These projects uniquely address the needs of specific communities. For example, digital devices and technology supports for providers to access professional development and resources, virtual playgrounds and storytimes, virtual peer support, cash assistance for cleaning supplies and tools for child well-being, home visitation and remote support for South-East Asian, Slavic, and Arab communities, and COVID-19 supports were offered.

Assistants in Child Care Work

Whether home-based child care providers have assistance in the work that they do in taking care of children was also explored. In California, family child care providers with large licenses are required to have an assistant. In past research on FCCs in California, Muenchow, Pizzo, Zhang, and Harper (2020) reported that 75% of FCC homes that are part of California’s contracted networks are programs with large family child care licenses and thus required to have an assistant, compared with the overall state percentage of all FCC programs with large licenses (42%). Similarly, the Erikson Institute (Bromer, Porter, Melvin, & Ragonese-Barnes, 2021) reported that 52% of current FCC providers employed an assistant. Given that 64% of these assistants were relatives of the provider in that sample, it also affords additional employment and income opportunities to the family. In the current study, a small percentage of FFN reported that they have help in their child care activities (10%). A higher percentage of FCCs reported having assistance (78%) with a greater percentage of FCCs with large licenses reporting they have help than those with small licenses. See Table 14. Of the FCCs with small licenses who have assistance, 35% do not pay for this help.

TABLE 14. PERCENTAGE OF PROVIDERS WHO HAVE ASSISTANCE IN THEIR WORK WITH CHILDREN

HAVE HELP WITH CHILD CARE	HAVE HELP	DO NOT HAVE HELP
FFN (n=457)	10%	90%
All FCC (n=758)	78%	21%
FCCs with small licenses (n=229)	48%	52%
FCCs with large licenses (n=529)	92%	8%

While having an assistant is required in California for FCCs with large licenses, challenges with having personnel emerged in the FCC focus groups. Throughout the focus groups, the themes of challenges in recruiting, retaining, and being able to afford qualified staff and the implications of those challenges emerged. Providers discussed having to let go of staff because they could not afford them with the lower enrollment FCCs faced during the pandemic, while others did everything possible to keep qualified staff even though it was a financial burden. Having to compete with employers that offer more pay or benefits than the FCCs could offer was also a challenge, even after the height of the pandemic.

When the results were brought to FCCs in community convenings they were generally not surprised by the findings. For many, like reported by Bromer et al. (2021), spouses often serve as an assistant and work with the children, clean, do chores, prepare and serve food, and provide transportation. About half of the providers attending the community convenings had family members help support their businesses. There was also agreement with the result that finding and retaining qualified staff is becoming an increasingly significant challenge.

“So, if you cannot find or pay someone, you know, good amount or if you cannot find good help or assistant, it is really major issue. And then you get burnout too. Because all day working with kids, you know, sometimes we have problems too. We have other issues too. So yeah, it’s really hard then to manage with the kids. We have good days bad days, you know, so we all are humans. So yeah, it’s a really hard issue.”

– English-speaking FCC provider

Demographics of the Children Served by HBCC Providers

Understanding who home-based child care providers in Los Angeles serve is also important in order to support HBCC providers serve and meet the needs of the children and families in Los Angeles County. As such, the FFNs and FCCs who completed the survey were asked to provide demographic information about the children they serve. Results show that the HBCC providers serve diverse populations of children in terms of age, abilities, and race and ethnicity. As seen in Table 15, 89% of FCCs and 47% of FFNs serve children in more than one age group. The proportions of FCCs who serve infants, toddlers, and preschoolers is greater than FFNs who serve those age groups. The proportion of FCCs and FFNs who serve school-age children does not differ.

TABLE 15. PERCENTAGE OF PROVIDERS SERVING SPECIFIC AGE GROUPS OF CHILDREN AND AVERAGE NUMBERS SERVED PER AGE GROUP

AGE GROUP SERVED	FCCS SERVING AGE GROUP (N=775)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP	FFNS SERVING AGE GROUP (N=459)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP
Infants (0-12 months old) / Toddlers (13-36 months old)	88%	2	38%	1
Preschoolers (3-5 years old, not yet in kindergarten)	88%	3	48%	1
School-age children (5 years and older)	77%	4	73%	2
Serve at least one child 0-5 years old	96%	-	67%	-
Serve more than one age group	89%	-	47%	-

Although both groups, FCCs and FFNs serve diverse groups of children, there were significant differences in the percentages of FCC and FFN who serve children with special needs, are dual language learners, and have child care assistance. More FCC than FFN providers serve children with special needs (39% and 16%, respectively), who are Dual Language Learners (DLL) (77% and 35%, respectively) or whose care is subsidized (72% and 52% respectively). See Table 16. See Appendix D for age groups of children with special needs that providers serve.

TABLE 16. CHARACTERISTICS OF THE CHILDREN SERVED BY HBCC PROVIDERS

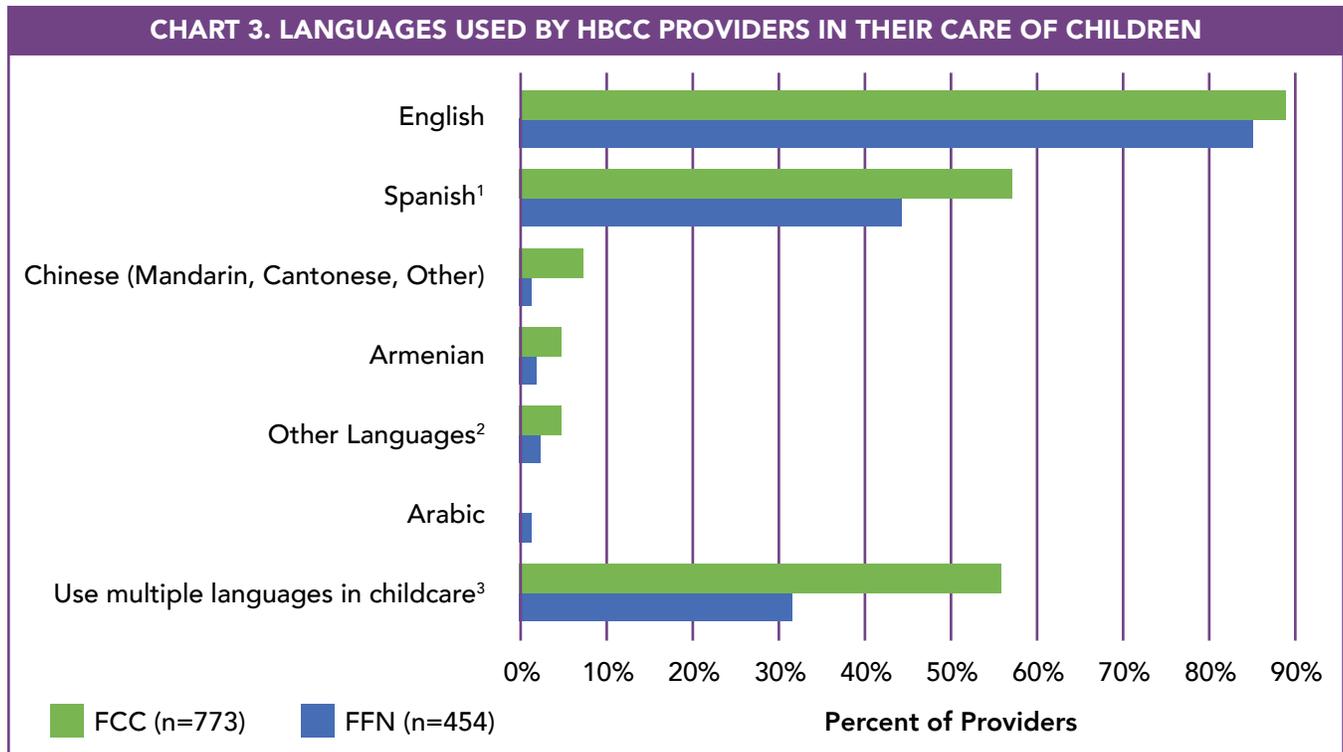
AGE GROUP SERVED	FCCS SERVING EACH GROUP	FFNS SERVING EACH GROUP
Serve children with special needs (n=1,226) ¹	39%	16%
Serve Dual Language Learners (DLLs) (n=1,228) ²	77%	35%
Serve children with child care assistance (subsidy) (n=1,212) ³	72%	52%

¹ $\chi^2 (1) = 71.49, p < .001$

² $\chi^2 (1) = 211.83, p < .001$

³ $\chi^2 (1) = 46.88, p < .001$

HBCC providers were asked about the languages they speak when taking care of children, the primary home languages of the children they serve, and the race and ethnicity of the children in their care. Chart 3 illustrates the linguistic diversity of the HBCC providers and the children they serve. A majority of both FCC and FFN use English in their care for children with 89% and 85% reporting this, respectively. More FCC (57%) than FFN (44%) reported using Spanish in their care of children. In addition, more FCC (56%) than FFN (32%) reported using multiple languages in their care for children. This may be a reflection of the status of FCC as a business who serve children from multiple families compared with FFN providers who typically take care of their own children and children from one other family (particularly if they are subsidized, as that is the requirement from the state of California²¹).



Note: Response option was "select all that apply" and percentages within groups may be over 100%.

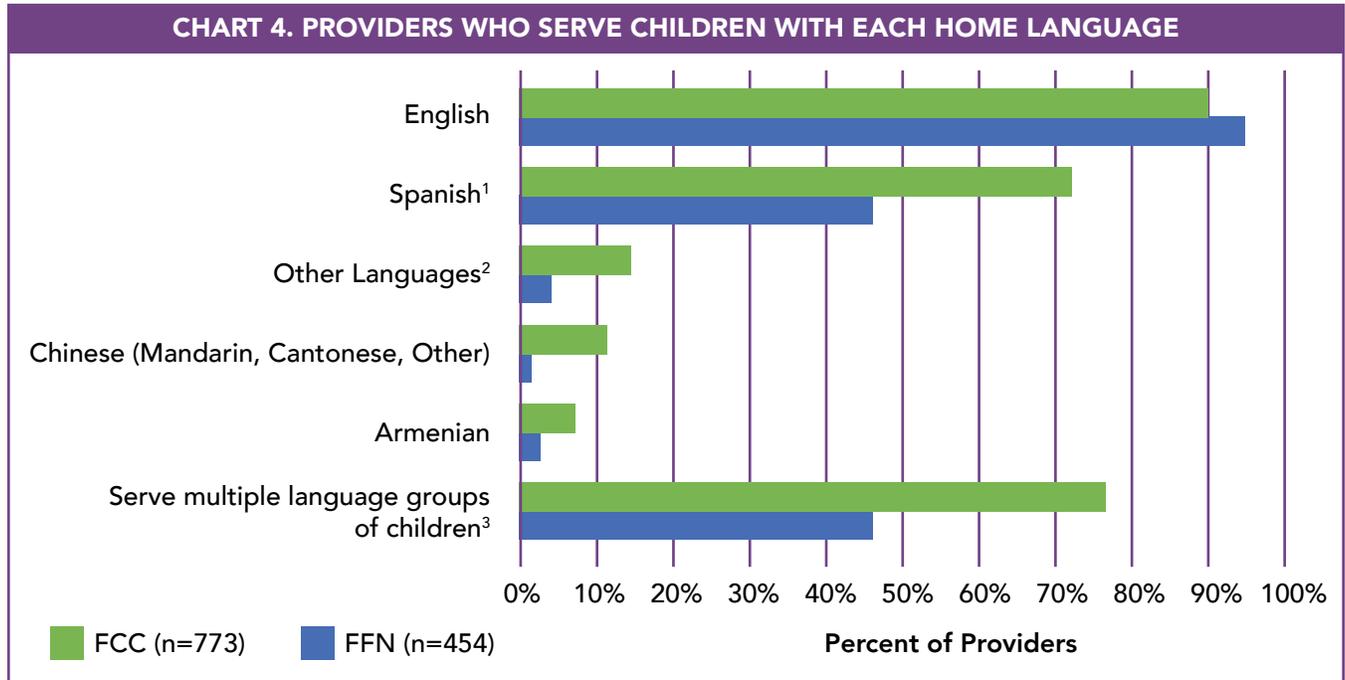
¹ $\chi^2 (1) = 17.85, p < .001$

² Other languages include French, German, Korean, Russian, and Tagalog

³ $\chi^2 (1) = 68.39, p < .001$



In terms of language of the children they serve, 90% of FCC and 95% of FFN serve children whose primary home language is English, followed by Spanish with 72% of FCC and 46% of FFN reporting this (see Chart 4). A significantly greater percentage of FCC providers reported serving children with Spanish as their primary home language and serve multiple language groups of children than the FFN group.



Note: Response option was "select all that apply" and percentages within groups may be over 100%.

¹ $\chi^2 (1) = 17.85, p < .001$

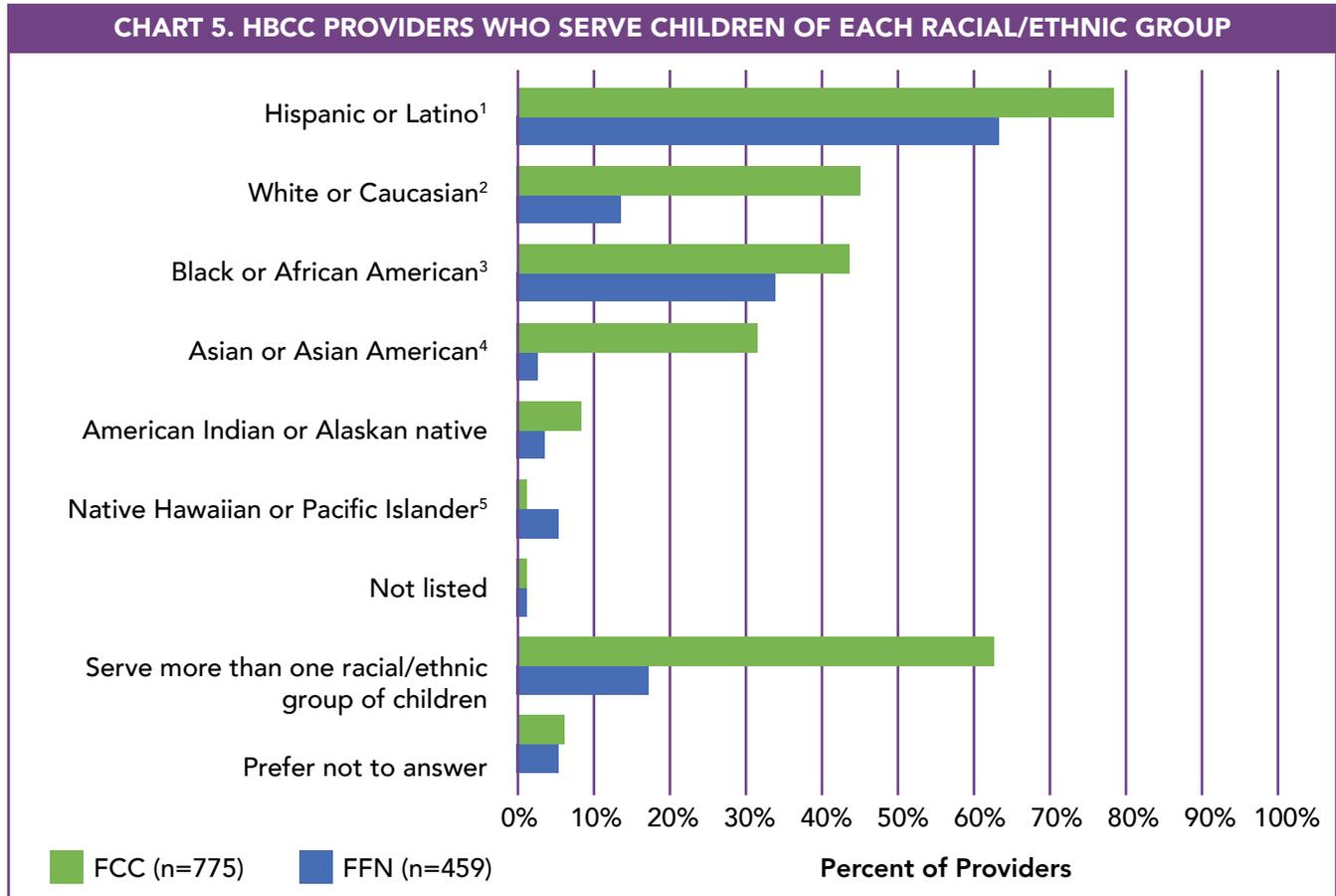
² Other languages include French, German, Korean, Russian, and Tagalog

³ $\chi^2 (1) = 68.39, p < .001$

A recent report on supporting FCCs as they serve Dual Language Learners and their families provides a number of key recommendations (Zepeda, 2022). Some of these include: 1) funding translation and interpretation services and building staff capacity to ensure equitable access to information, resources and services, 2) funding staffed FCC network models or family navigator models in FCC networks, 3) incentivizing participation of non-English speaking FCC providers in professional development, 4) funding and providing technical assistance to support technology use to access information and professional development, and 5) funding initiatives that require building regional and cross-sector collaborations.

As seen with the language data, home-based child care providers serve children with multiple race backgrounds. Also similar to the language data, the FCC group served more children from multiple backgrounds as compared with FFN providers (see Chart 5). The FFN reporting of racial background of children matches the parent reports of their own background (e.g., 55% Hispanic/Latino, 21% Black/African American, 19% White/Caucasian). Given the large percentage of FFN providers who are close relatives of the children they care for (92%), this seems logical. As stated previously, this data points to how distinct the two HBCC provider populations are with FCC providers serving demographics that reflect their client base, and serving a greater diversity in children and families, as reflected by their status as a business. This is in

comparison with FFN providers who are frequently an extension of the family they serve. It should be noted that asking the provider to report on the racial background of the children in their care may introduce bias if the provider does not intimately know the family (as is often the case with FCC providers) or if they do not collect enrollment forms with this information (some FCC providers do).



¹ $\chi^2 (1) = 32.52, p < .001$

³ $\chi^2 (1) = 8.99, p < .01$

⁵ $\chi^2 (1) = 13.17, p < .001$

² $\chi^2 (1) = 139.51, p < .001$

⁴ $\chi^2 (1) = 149.18, p < .001$

⁶ $\chi^2 (1) = 16.77, p < .001$



RESEARCH QUESTION 2: How do Los Angeles County’s HBCC providers currently access resources, services, and support?

Participation in Professional Development

This landscape analysis sought to learn about the professional development and other supports that HBCC providers access and challenges they face in accessing resources. The data in Table 17 represents FCC and FFN participation in professional development programs at any point, including when responding to the survey. Given the relationship between license size and other factors such as amount of time in the field and having an assistant to run the program, we expected to see some differences in participation by license size type with more FCCs with a large license having greater participation in professional development programs than FCCs with a small license. As such, percentages of FCC providers in each professional development program are presented for the whole FCC group, by license size, and for the FFN group.

Overall, more FCC than FFN participated in professional development programs. Furthermore, larger percentages of FCCs with large licenses reported participation in all programs as compared with FCCs with small licenses, except the Child Care Initiative Program (CCIP). This data was not surprising to providers during community convenings but was more surprising to some agencies that serve providers.

TABLE 17. PERCENTAGE OF HBCC PROVIDERS WHO HAVE PARTICIPATED IN PROFESSIONAL DEVELOPMENT PROGRAMS

PROFESSIONAL DEVELOPMENT PROGRAM	FCC (N=775)	FCC SMALL LICENSE (N=234)	FCC LARGE LICENSE (N=541)	FFN (N=445)
Participate in the Union (SEIU) (n=760)	52%	35%	58%	-
Family Child Care Home Education Network (FCCHEN) ¹	24%	12%	38%	-
California Early Care and Education Workforce Registry ²	21%	12%	24%	2%
Emergency Child Care Bridge Program for Foster Children ³	21%	12%	24%	<1%
Early Head Start – Child Care Partnership (EHS-CCP) ⁴	18%	11%	21%	-
Quality Start Los Angeles (QSLA) ⁵	17%	7%	22%	-
Workforce Pathways Stipend Program	15%	12%	17%	3%
Gateways ⁶	11%	7%	12%	-
Child Care Initiative Program (CCIP)	9%	10%	8%	3%
Quality Start Los Angeles Dual Language Initiative (DLL) ⁷	5%	<1%	7%	-
None of the above (excluding Union participation) ⁸	36%	52%	28%	92%

Note: Response option was “select all that apply” and percentages within groups may be over 100%.

Differences between FCCs with small and large licenses:

¹ X² (1) = 27.81, p<.001 ³ X² (1) = 14.01, p<.001 ⁵ X² (1) = 25.74, p<.001 ⁷ X² (1) = 10.30, p<.001
² X² (1) = 15.50, p<.001 ⁴ X² (1) = 12.75, p<.001 ⁶ X² (1) = 4.98, p<.05 ⁸ X² (1) = 41.01, p<.001



"I'm with Head Start, so we're blessed with a coach for whatever we need. They're always there, to have support, or to help us to do things better. If we need something, they're also supportive with materials, for things we don't have in the center or daycare. Not just Head Start, but I'm also with Mission College. Workshops, the workshops that they bring to help us prepare more. Every program I've been in has always given us support for the kids and parents."

– Spanish-speaking FCC provider

"What I use is [local R&R] and [local R&R]. And I just got onto [another R&R] for their Bridge Program that's for that, you know, the foster care children. So, I've been getting, like, a lot of resources and stuff through them, you know, different classes that they'll send to me via email to take and, you know, you can add them on to the – is it that registry? I forgot the name of it. But I'm also you know, I take classes and stuff, I'm very resourceful. The [R&R], they sent a lot of information, you know, they tell you to come down, you can pick up like different material and maybe books. Sometimes they'll give you like, furniture if you're on that the FCCHEN program, they'll give you that and whatever you need."

– English-speaking FCC provider

In addition, FCC and FFN shared about their participation in specific types of professional development activities such as participating in workshops, receiving coaching, and taking a course at a college or university about caring for children within the prior 12 months. The greatest amount of participation reported in the survey and in focus groups and interviews was in workshops, webinars, and trainings with 57% of FCCs reporting participation and 10% of FFN reporting this. Overall, more FCCs than FFN reported participation in professional development activities and more FCCs with large licenses than with small licenses reported participation. See Table 18 for the results from the survey. A consistent trend across the prior questions and this set of questions is that larger percentages of FCC providers with large licenses engage in professional development programs and activities compared with FCCs with small licenses. As stated previously, providers with a large license may be resourced in unique ways (e.g., employ an assistant, have more business income, have different motivations, etc.) that may enable or facilitate participation in professional development programs and activities. New programs and supports should account for these groups differences and not treat FCC providers as a single, monolithic group. Finally, an interesting difference between survey and other data collection methods was that 33% of FFNs in interviews reported participation in workshops compared with 10% from the survey. This may be due to multiple factors. Several FFN who participated in the interviews shared that they participate in workshops relevant to child care through their own role as parents or their own professional role, that is a career role typically outside of child care. For example, several FFNs shared that they have participated in parenting classes offered through their children’s school and in one example an FFN participated in professional development in her role as a promotora, a community worker who provides health information to the community. Another factor may be selection bias – those who engage in more intensive research activities such as participation in the FFN interviews for this landscape analysis may be more likely to also engage in professional development activities.

TABLE 18. PROVIDER PARTICIPATION IN PROFESSIONAL DEVELOPMENT ACTIVITIES IN PRIOR 12 MONTHS

ACTIVITY	FCC (N=775)	FCC SMALL LICENSE (N=234)	FCC LARGE LICENSE (N=541)	FFN (N=448)
Workshop, webinar, or training session ¹	57%	45%	62%	10%
Health and safety training ²	43%	37%	46%	5%
Coaching ³	20%	9%	25%	3%
Enrolled in a course on working with children of different races, ethnicities, and cultures	14%	12%	15%	12%
Took course about caring for children at a college or university	12%	11%	12%	4%
Participated in a Home Visitation Program ⁴	8%	4%	10%	1%
None of the above ⁵	23%	31%	20%	72%

Note: Response option was “select all that apply” and percentages within groups may be over 100%.

Differences between FCCs with small and large licenses:

¹ $X^2(1) = 18.83, p < .001$ ³ $X^2(1) = 24.30, p < .001$ ⁵ $X^2(1) = 11.94, p < .001$

² $X^2(1) = 5.50, p < .05$ ⁴ $X^2(1) = 7.86, p < .01$

A particularly striking result is that 72% of FFN reported that they did not participate in any of the professional development activities queried about compared with 23% of FCCs. FFN discussions in the key informant interviews and community convening shed light on reasons for FFN's lack of participation in professional development activities including lack of time and not wanting professional development when FFNs do not view child care as a career. This is discussed in more detail in the section on challenges accessing supportive services and professional development in this report.

Prior research has shown that professional development, including outreach, needs to be conducted in ways that are tailored to the unique circumstances of FFN providers. Shivers, Farago, and Yang (2016) found that high participation rates and improvement in quality of care was linked to specific program implementation methods. Specifically, hiring staff that are bilingual and bicultural and share the same cultural heritages as most of the participants, outreach based on natural connections where caregivers congregate (schools, faith-based organizations, libraries and community centers), flexible and customized program that meet the needs of specific providers. FFN providers are distinct from FCC providers and will require different methods for improving quality of care and supporting their needs. For the subset that may move toward becoming licensed, they may gradually take on methods of professional development offered to those who are licensed. This may result in a continuum of services offered that fit the unique needs of where providers are in their journey.

"At [the R&R]. Where I live, they cover the area I live in, they also give trainings with being a better provider, personal for the provider, child development, how to implement more activities with the child. To have children be interested with activities. Personal care and also with children. It's the only agency I've worked with, when I went to [the local community college], they also teach you how to care of children, what activities to do with kids, questions with nutrition for children."

– Spanish-speaking FCC provider



"I was receiving internet courses with [the local R&R]. I was in workshops to learn a little more. I took courses in caring for children, about 4 classes, I think. Also, how to do little things with children, with soap, cotton, lots of things, they were going to send a flyer about activities for kids. So that the children are kept busy."

– Spanish-speaking FCC provider

Challenges Accessing Supportive Services and Professional Development

Challenges in accessing supportive services and professional development were explored in the surveys, KIs, and focus groups. While greater percentages of FCCs access supportive services and professional development than FFNs as seen in Table 18, greater percentages of FCCs reported challenges in accessing the resources than FFNs as seen in Table 19. With the exception of the cost of the services and not knowing where to go when help is needed, significantly greater percentages of FCCs than FFNs reported challenges. The lower percentages of FFNs reporting challenges may have to do with the percentages of FFN who are trying to access resources and professional development. If they are not trying to access the resources and professional development, they may not encounter any challenges.

In terms of the top challenges reported, in prior research time/day of and cost were cited as top challenges for California FCC providers (California Child Care Research Partnership Team, 2016). In the current landscape analysis lack of time was the greatest challenge for FCCs and FFNs (See Table 19). Within the FCC group, more FCCs with large licenses reported lack of time as a challenge (X^2 (df=1, N=757) =6.94, $p<.01$) whereas FCCs with small licenses reported the costs of the services (X^2 (df=1, N=78) =4.286, $p<.05$) and the benefits do not outweigh the challenges (X^2 (df=1, N=757) =9.39, $p<.05$). This aligns with other results in this report suggesting that FCCs with small licenses may be at a greater disadvantage economically than FCCs with large licenses. During community convenings, providers and agencies that work with FCCs mentioned the need to incentivize professional development opportunities. As such, methods to address barriers should be tailored to unique circumstances and backgrounds of providers.

TABLE 19. CHALLENGES IN ACCESSING SUPPORTIVE SERVICES AND PROFESSIONAL DEVELOPMENT

HAVE HELP WITH CHILD CARE	FCC REPORTING CHALLENGE (N=775)	FFN REPORTING CHALLENGE (N=459)
Lack of time ¹	50%	36%
Not offered at a convenient time or location ²	45%	22%
Cost of the services	22%	21%
Not knowing where to go when in need of help	15%	16%
Transportation ³	5%	10%
Technology challenges ⁴	18%	8%
Benefits of participating are not enough ⁵	13%	6%
Service or training not offered in own language ⁶	13%	4%
Nothing prevents them from accessing services or professional development ⁷	18%	30%
Not listed	<1%	1%
Missing/No response	2%	2%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

¹ X^2 (1) =20.80, $p<.001$ ³ X^2 (1) =11.73, $p<.001$ ⁵ X^2 (1) =14.77, $p<.001$ ⁷ X^2 (1) =25.33, $p<.001$

² X^2 (1) =69.25, $p<.001$ ⁴ X^2 (1) =24.98, $p<.001$ ⁶ X^2 (1) =28.57, $p<.001$



The top challenge in accessing supportive services and professional development that FCCs reported in the survey was congruent with what they shared in the focus groups—difficulties in having the time to participate, particularly when FCCs work 7 days a week and during non-traditional hours. In the KIs, FFNs shared the many competing priorities that they have in their lives while trying to balance their own family obligations, sometimes having to choose what to attend to.

“Because I am also involved in UPAS is for parents through my child’s school. They have meetings twice a week and by me assisting the meetings my daughter gets credits. Sometimes the trainings schedules are the same days as the meetings and I can’t be in both. And sometimes, because I have two children and both of my children are in the UPAS program but in different schools. So sometimes I’m on the computer in one meeting and on the telephone in the other at the same time.”

– Spanish-speaking FCC provider

“Sometimes it’s just the time. Having the time to do it, especially for those that are, like, 24 hours and, you know, I’m 24 hours, five days a week, but that takes up the whole week, you know? So, a lot of times the meetings are in the evenings or whatnot, and you can’t do it, but most times, oftentimes, it’s the time.”

– English-speaking FCC provider

To glean further information on the challenge of the service or training not being offered in own language, information on primary language for HBCC who reported that challenge in the survey was reviewed. For both the FCC and the FFN groups, those who indicated Spanish as their primary language reported challenges (69% of FCCs and 77% of FFNs) in accessing training or services in their language (Table 20). In the FCC group, an additional 21% of providers reporting language as a challenge have Chinese (Cantonese, Mandarin, or Other) as their primary home language. Similarly, of the FFN in the KIIIs who reported language as a barrier in accessing supportive services and professional development, all spoke Spanish or Mandarin.

TABLE 20. LANGUAGE OF HBCC PROVIDERS REPORTING LANGUAGE AS AN ACCESS CHALLENGE FOR SUPPORTIVE SERVICES AND PROFESSIONAL DEVELOPMENT

PRIMARY HOME LANGUAGE	FCC REPORTING CHALLENGE (N=100)	FFN REPORTING CHALLENGE (N=17)
English	3%	6%
Spanish	69%	77%
Chinese (Cantonese, Mandarin, Other)	21%	0%
Korean	4%	0%
Armenian	2%	6%
Farsi	1%	6%
Hindi	0%	6%

“What has me concerned is that in order to have a day care or take care of children we have to have some fluency in English because of the exams that one has to take.”
 – Spanish-speaking FFN provider

“I see an email problem with English only resources. For CDE information or resources, I feel translated materials are less and I’m afraid of the information not being correct. I’m not sure where to find all the difference resources because of language.”
 – Mandarin-speaking FCC provider

A theme that emerged in the KIIIs with FFNs for why they do not access supportive services and professional development was that FFNs have a great deal of previous experience in taking care of children, including their own and may not feel they have a need for additional supportive services and professional development.

“I’m not interested in them [the trainings and other resources] because it’s my grandkids. So, it’s not like I’m doing this for a job, I mean it’s my grandkids.”
 – English-speaking FFN provider

Receiving Information – Current Methods and Preference of Providers

To learn more about how HBCC providers receive information and who they receive it from, HBCC providers were asked to report on who they receive information from on supports, services, and professional development opportunities. The analysis showed that FCC providers learned of opportunities through the R&R agencies, workshops, webinars, and conferences, and through the Union. The preferred modality is through e-mail with 83% of FCCs reporting this, followed by the R&Rs (39%), and workshops, webinars, and conferences (34%). See Table 21. Feedback during the community convenings validated these survey findings. Discussions in focus groups with FCCs reflected the preference to receive information by email. Most of this discussion focused on how busy providers are and receiving emails allows them to attend to the messages when they are able to and receive the information in a timely manner.



TABLE 21. HOW FCCs RECEIVE AND PREFER TO FIND OUT ABOUT RESOURCES ON CARING FOR CHILDREN, PROFESSIONAL DEVELOPMENT OPPORTUNITIES, AND SUPPORTIVE SERVICES

METHOD OF COMMUNICATION	WHERE / HOW FCCs RECEIVE (N=768)	WHERE / HOW FCCs PREFER TO RECEIVE (N=768)
Through email	64%	83%
Through R&R agencies	55%	39%
Through workshops, webinars, and conferences	41%	34%
SEIU (union)	35%	19%
Through social media (websites, blogs, Facebook, etc.)	34%	21%
Word of mouth	26%	5%
Peer support	15%	3%
Coach or mentor	12%	7%
Professional groups	12%	7%
Colleges and universities	7%	1%
Home visitation programs	4%	1%
Play and learn programs	2%	2%

Note: Response option was “select all that apply” and percentages within groups may be over 100%.



The top preferences for receiving information about supports, resources, and professional development for FFN providers are through email (87%) through social media (19%) and through workshops, webinars, and conferences (17%), which is similar to how FFNs are already receiving information. See Table 22. FFN preferences differ from that of FCC providers. While both prefer to receive information via email (greater than 80% of providers in each group), FCC providers are much more likely to desire information from R&R agencies and through workshops/conferences. This may again be a reflection of the fact that FCC providers are more likely to see themselves as a business and connected to professional groups and agencies such as R&R agencies, unions, and trainings. Consideration of how to reach FFN providers will be a vital part of the next steps in developing policies and programs for all providers in LA County.

TABLE 22. HOW FFNS RECEIVE AND PREFER TO FIND OUT ABOUT RESOURCES ON CARING FOR CHILDREN, PROFESSIONAL DEVELOPMENT, AND SUPPORTIVE SERVICES

METHOD OF COMMUNICATION	WHERE / HOW FFNs RECEIVE (N=459)	WHERE / HOW FFNs PREFER TO RECEIVE (N=459)
Through email	56%	87%
Through social media (websites, blogs, Facebook, etc.)	29%	19%
Through workshops, webinars, and conferences	11%	17%
Through R&R agencies	11%	11%
Word of mouth	23%	9%
SEIU (union)	7%	8%
Peer support	4%	1%
Professional groups	3%	2%
Colleges and universities	3%	3%
Play and learn programs	2%	5%
Home visitation programs	1%	1%
Coach or mentor	1%	1%

Note: Response option was “select all that apply” and percentages within groups may be over 100%.

To further learn about resources and supports HBCC providers have access to, they were asked who they reach out to when they need to talk about something related to their work in caring for children. FCCs providers (58%) indicated that they reach out to another child care provider while FFNs were more likely to reach out to a family member (69%). See Table 23. Given the high percentage of FFNs who completed a survey that take care of a child who is related to them, it is possible that the person the FFN goes to is the child's parent or guardian and this was confirmed by FFN providers during the KIIs.

TABLE 23. PERSON TO WHOM HBCC PROVIDERS REACH OUT FOR INFORMATION RELATED TO THEIR CHILD CARE WORK

SOURCE	FCC (N=771)	FFN (N=452)
Another childcare provider	58%	15%
Family member	46%	69%
Friend	32%	27%
Coach, specialist, or other agency staff	34%	8%
Clergy, religious, or community leader	6%	5%
I don't have anyone to reach out to	7%	13%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

"And then I have friends that have like, grandkids and may have autism or whatever that tell me about stuff too- things that they take, and then things that I might be interested in. And then I have, like I say, my friends- we're all grandmothers. So, we speak amongst ourselves and decide, you know, if there's a problem we kind of talk it out with each other to see "what do you think about this?" And we do that too."

– English-speaking FFN provider

"Sometimes I have friends that have kids, too. So sometimes if I like, have a question why, like, you know, "is this, like, how baby sleeping pattern works" or, you know, certain things like I would ask them."

– English-speaking FFN provider



Professional Development Topics of Interest

Providers were asked to identify up to three topics about which they would be most interested in receiving training, coaching, or information. Both groups of HBCC providers had the same top three topics: child development, behavior management and guidance, and curriculum (for FCCs) / activities for children (for FFNs). Similar results were found in a prior study of FCC providers (California Child Care Research Partnership Team, 2016) and a prior study of FFN providers (Harder & Company, 2014). There were group differences with significantly greater percentages of FCC than FFN expressing an interest in receiving training, coaching, or information on child development, improving the quality of the care provided, caring for infants and toddlers, working with DLL children, working with children with special needs, trauma informed care, and working and communicating with parents. In addition, a greater proportion of FFN providers than FCC providers reported that they were not interested in receiving training, coaching, or information on any of the listed topics with 29% of FFN reporting this and 10% of FCC reporting this. See Table 24.

There were similarities between groups in the percentages of providers interested in receiving training, coaching, or information on nutrition, health and safety, stress reduction and self-care, and cultural responsiveness. Although there was general agreement in all of the community convenings that these are the top areas of interest, many suggested a rising interest in working with children with special needs and learning effective behavior management and guidance. Many have seen increased developmental delays since the pandemic. A few community convening participants also expressed surprise that more FCCs did not select business as an area for further development given that it is vital for the sustainability of FCC.

TABLE 24. TOPICS ABOUT WHICH HBCC PROVIDERS ARE MOST INTERESTED IN RECEIVING TRAINING, COACHING, OR INFORMATION

SOURCE	FCC (N=775)	FFN (N=459)
Child development ¹	43%	29%
Behavior management and guidance	37%	34%
Curriculum (FCCs) / Activities for children (FFNs)	35%	35%
Improving the quality of care provided ²	20%	11%
Caring for infants and toddlers ³	12%	7%
Working with Dual Language Learners (DLL) ⁴	8%	4%
Working with children with special needs ⁵	14%	9%
Trauma-informed care ⁶	6%	4%
Nutrition ⁷	9%	13%
Health and safety	9%	11%
Stress reduction and self-care	15%	11%
Working and communicating with parents ⁸	8%	2%
Business (FCC only)	12%	-
Cultural responsiveness	2%	2%
I don't need additional support at this time ⁹	10%	29%
Not listed (e.g., how to become licensed, business, workforce development)	1%	1%

Note: Response option was "select all that apply" and percentages within groups may be over 100%.

¹ $X^2(1) = 23.17, p < .001$

³ $X^2(1) = 9.01, p < .01$

⁵ $X^2(1) = 6.48, p < .05$

⁷ $X^2(1) = 7.12, p < .05$

⁹ $X^2(1) = 74.00, p < .001$

² $X^2(1) = 17.63, p < .001$

⁴ $X^2(1) = 6.92, p < .01$

⁶ $X^2(1) = 4.65, p < .05$

⁸ $X^2(1) = 17.23, p < .001$

Through the KIIs and focus groups, FFN and FCC providers highlighted the importance of networks and the connection with other providers. This has been difficult through the height of COVID-19 as described by the FFN provider below. The learning trip attended by Duane Dennis, F5LA, CCALA, and CCRC staff in New York, described in additional detail under Research Question 6, highlighted the importance of networks of providers, both formal and informal in supporting and bringing resources to one another. Feedback from the community convenings also validated the need for facilitating opportunities for providers to network as a way to increase professional development participation.



“We need that, you know, we definitely need that. Licensing they’ll give you license; the referral agencies will give you a contract. Nobody prepares you for the day to day. They just don’t, you know, it’s almost like until you meet a provider that is willing to share and let you know that you’re not alone. You know, it’s just about supporting one another. And I just love this right here.”

– *English-speaking FFN provider*

“No, because I enter in the training zooms, we hear, we talk, we share the anecdotes between each other but we haven’t had the opportunity to exchange numbers and say, oh if you have questions here is my number. We haven’t had that opportunity. I think I met two, one of them came and gave me tips on how to take the CPR Training which I took and one other one, I don’t remember when they came, but I think that she is involved with the Union.”

– *Spanish-speaking FFN provider*



RESEARCH QUESTION 3: What do Los Angeles County’s HBCC providers need to become a successful family business? What are the barriers to success?

Challenges as Educators

In order to support HBCC providers to successfully serve children and families and become a sustainable business, it is important to understand the challenges they face in their work. Providers were asked about the challenges they face including challenges in their work as an early childhood educator and about specific challenges due to the COVID-19 pandemic. When asked to select up to three challenges providers were facing as an early educator, not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of dental, health, and / or other benefits surfaced as the top three challenges for FCCs with 52%, 46%, and 39% reporting this, respectively. FFN providers reported not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and managing COVID-related health situations in their care for children as the top challenges with 51%, 24% and 16% of FFN selecting these challenges, respectively. See Table 25.

TABLE 25. MOST DIFFICULT CHALLENGES PROVIDERS FACE AS AN EARLY EDUCATOR BY PROVIDER TYPE

CHALLENGE	FCCs REPORTING CHALLENGE (N=775)	FFNs REPORTING CHALLENGE (N=459)
Not getting paid enough	52%	51%
Worries about being exposed / infected with the COVID-19 virus ¹	46%	24%
Lack of health, dental, and / or other benefits ²	39%	13%
Managing COVID-related health situations in the program ³	32%	16%
Mental health challenges due to stress associated with the pandemic ⁴	18%	6%
Too much paperwork (FCC only)	10%	-
Sense of burnout ⁵	14%	4%
Not enough flexibility from administrators in what or how to teach children (FCC only)	2%	-
Experiences with racism	1%	1%
None of the above ⁶	9%	34%
Not listed	1%	1%

Note: Answer responses were “select up to three.” Percentages within the group will not equal 100%.

¹ X² (1) =59.92, p<.001 ³ X² (1) =36.65, p<.001 ⁵ X² (1) =34.96, p<.001
² X² (1) =99.11, p<.001 ⁴ X² (1) =32.79, p<.001 ⁶ X² (1) =116.68, p<.001

The community convenings and FFN KIIs revealed agreement with these top challenges. FFN providers spoke of low and unequal pay, the cost of food and sanitization supplies, and a lack of communication from agencies that pay subsidized child care. FCC providers and agencies that serve them also spoke of low pay and continued decreased enrollment of children.



“COVID or not, I feel like license-exempt providers are grossly underpaid. We still keep children safe and love them. We are the backbone of our communities and families. But it seems like we get the shorter end of the stick compared with larger facilities.”

– English speaking FFN provider in community convening

“License-exempt have always been treated like ‘less than’ when it comes to support and compensation.”

– English speaking FFN provider in community convening

“I don’t benefit a lot from the pay, because I have to pay, it’s not a lot that I get. I don’t consider it to be a lot because it’s 3 children. For the 3 children per month, I’m receiving \$1800. And it doesn’t seem like a lot to me that when I do my taxes, I have to pay. And I can’t reduce costs. And so, in that way, it’s not convenient for me to take care of children through the government.”

– Spanish-speaking FFN in a KII

“I was asked would I keep another child, but I tell them no because they’re paying like \$2 or \$3 an hour. I told them the only reason I’m keeping these kids is because they are my relatives, because nobody in their right mind would babysit any of the kids for \$2 or \$3 an hour.”

– English-speaking FFN in a KII

FCCs with small and large licenses had the same top three challenges: not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of health, dental, and / other benefits.

Differences in challenges between FCCs with small and large licenses were also explored revealing both similarities between the two groups and differences. As seen in Table 26, FCCs with small and large licenses had the same top three challenges: not getting paid enough, worries about being exposed / infected with the COVID-19 virus, and lack of health, dental, and / other benefits. The significant differences between subgroups were that greater percentages of FCCs who have large licenses reported not getting paid enough (56%), managing COVID-related situations in the program (34%), and too much paperwork (12%) compared with FCCs with small licenses. Additionally, a greater percent of FCCs with small licenses reported that they didn't experience any of the challenges listed, with 13% of FCCs with small licenses reporting this compared with 7% of FCCs with large licenses.

TABLE 26. MOST DIFFICULT CHALLENGES PROVIDERS ARE FACING AS AN EARLY EDUCATOR BY LICENSE SIZE

CHALLENGE	FCC SMALL LICENSE REPORTING CHALLENGE (N=234)	FCC LARGE LICENSE REPORTING CHALLENGE (N=541)
Not getting paid enough ¹	44%	56%
Worries about being exposed / infected with the COVID-19 virus	44%	47%
Lack of health, dental, and / or other benefits	35%	41%
Managing COVID-related health situations in the program ²	25%	34%
Mental health challenges due to stress associated with the pandemic	16%	18%
Sense of burnout	15%	15%
Too much paperwork ³	6%	12%
Not enough flexibility from administrators in what or how to teach children	3%	2%
Experiences with racism	<1%	1%
None of the above ⁴	13%	7%
Not listed	<1%	1%

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

¹ $X^2(1) = 8.56, p < .01$
² $X^2(1) = 6.11, p < .05$
³ $X^2(1) = 8.23, p < .001$
⁴ $X^2(1) = 6.73, p < .01$

Focus group discussions with FCCs on what they would need to continue providing quality care are reflective of the challenges expressed in the survey and community convenings. An increase in salary, funding for supplies, funding for infrastructure, and provision of benefits were the top supports FCCs reported would allow them to continue providing quality care. The conversation around salary was frequently within the context of what having a higher salary would mean. That is, FCCs indicated that receiving a higher salary would ensure that they are able to meet their program's needs for materials, food, and other items to support the children they serve.



“I agree with my colleagues, of course the payments, because we use our own money from our salary to celebrate each child. In addition, I buy the food because I am not enrolled in the Nutrition Program. I have eight children in my care and for me it is important to provide healthy meals. I feed the children not only during meals, but every time they are hungry. Our salary is very little to pay for it out of pocket. We would like for us to be compensated...more. We support/help the parents by celebrating their children's birthdays, buying a pair of shoes, a piece of clothing for their children, these funds come out of pocket. It's very little.”

– Spanish-speaking FCC provider

“Funds for materials, because of the virus we have to keep disinfecting the furniture, the wood is lifting up, breaking. If our furniture deteriorates there is danger that children could get splinters in their small hands. It is important to have good furniture for the health and wellbeing of the children.”

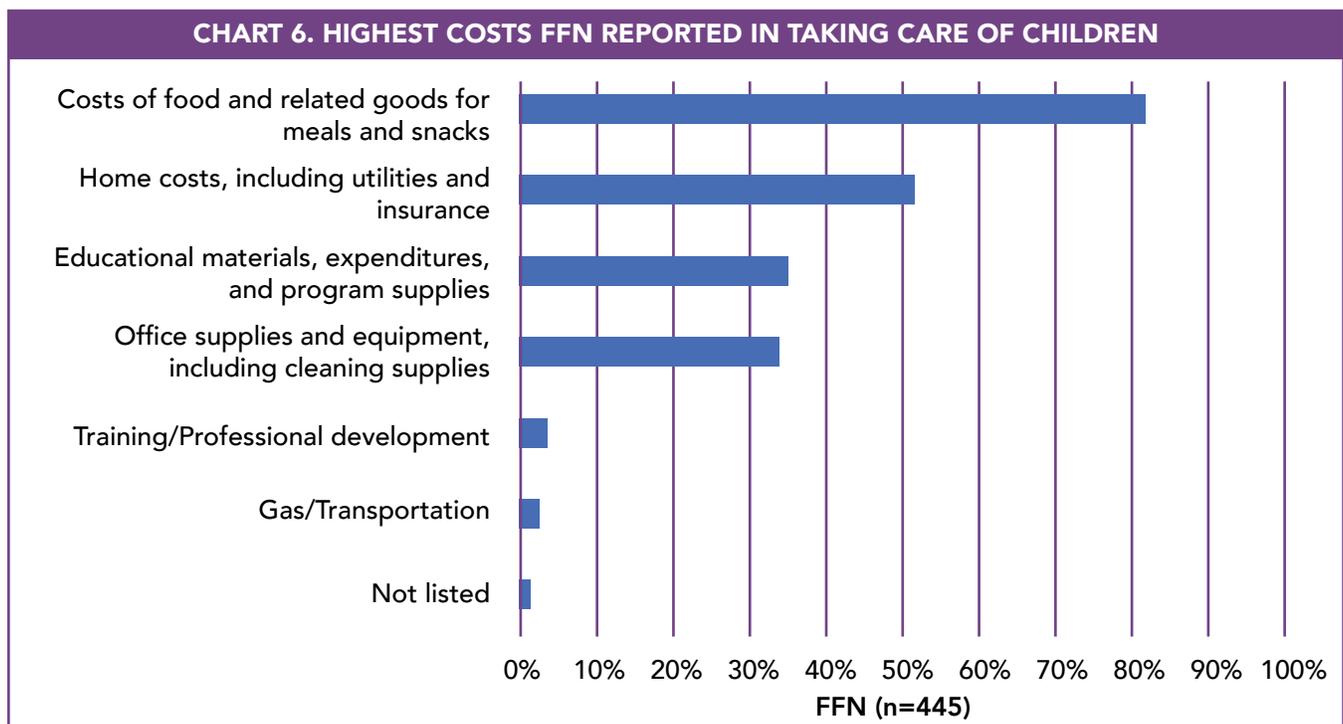
– Spanish-speaking FCC provider

“I know, from experience and talking to my aunts who lived in New York, they used to give everyday care money every year, like they would get \$2,000 a year, their daycare just to spend where they want it, we get absolutely nothing in the state of California, even prior to the pandemic, we got no extra funds for anything. So, it's like daycare providers are just not there. They don't look at us as an entity that needs help like everybody else. We have to work. Yeah. So, you know, they got money every year just for having a license. Which would help be helpful in the case of what you want for supplies and where you want to go for supplies.”

– English-speaking FCC provider

FFN providers were asked about what they spend most of their money on when taking care of children and overwhelmingly indicated that they spend the greatest amount on food and related goods for meals and snacks with 82% reporting this and a little over half (51%) reporting that home costs, including utilities and insurance as one of their three highest costs (see Chart 6). The fact that the highest costs are aligned with home/family costs mirrors the concept that FFN providers are often a part of the child’s family, as compared with FCC providers as business owners whose costs for materials and staff may be higher. A central theme in the KIIs with FFN providers was how these providers often go above and beyond child care for the families of the children they served and the provision of food either through cooking for the family or grocery shopping was one of the ways in which FFN described that they supported the families of the children in their care. This is reflective of the permeable line between child care and FFN’s relationship with the child as a family member or friend of the family.

These findings of family-related costs continue to illustrate the need to view FFN providers distinctly from FCC providers when designing supportive services and to view them often as an extension of the child’s family (family support model).



Note: Answer responses were “select up to three.” Percentages within the group will not equal 100%.

“Sometimes, I cook dishes for the parents.”

– Mandarin-speaking FFN provider

“I buy them snacks. I find them whatever I’m gonna make for food, you know, because sometimes she’s like ‘I’m gonna be a little late.’ So, I give them food before they even leave.”

– English-speaking FFN provider

Plans for Continuing Child Care and Reasons for Considering Leaving

The availability of HBCC is essential for meeting the diverse needs of parents, particularly those with infants/toddlers, who work non-standard hours, have children with special needs, live in rural communities, etc. To learn more about providers' plans for the future, HBCC providers were asked to provide information on how many more years they intend on taking care of children in their current capacity, either as an FCC or FFN. If providers reported that they will cease to take care of children in their current capacity within the next five years, they were asked about their plans. On average, FCCs estimate that they will be working as an FCC provider for 12 more years while FFNs estimate taking care of children as an FFN for 7 more years (see Table 27). Twenty-nine percent of FCC and 49% of FFN indicated that they plan on taking care of children in their current capacity for 5 years or less.

TABLE 27. LENGTH OF TIME HBCC PROVIDERS INTEND TO CONTINUE IN CURRENT POSITION

ESTIMATED AMOUNT OF FUTURE TIME IN CURRENT POSITION	FCC (N=601)	FFN (N=434)
Average length	12 years	7 years
Length range	Less than a year to 50 years	Less than a year to 50 years
Standard deviation	8 years	6 years
Estimate 5 years or less in current position	29%	49%

When asked about the reason for leaving, the majority of FCC (60%) who plan on leaving their current position within the next 5 years indicated that they are retiring while the largest groups of FFN indicated that they are leaving because they are unsatisfied with their current position due to low compensation (24%) or because they plan on working towards their child care license (see Table 28). Although retirement is not necessarily something that can (or should) be prevented, dissatisfaction with low compensation is a factor that can be addressed. If one fifth of FCC providers and a quarter of FFN providers plan to leave the field in the next five years due to low compensation, this will only exacerbate the existing child care deserts faced by parents when looking for care.

TABLE 28. PROVIDERS' REASONS FOR LEAVING WITHIN THE NEXT 5 YEARS

REASON FOR LEAVING CURRENT POSITION IN THE NEXT 5 YEARS	FCC (N=174)	FFN (N=212)
I am retiring	60%	15%
I am unsatisfied with my current position due to low compensation (including benefits, paid leave, etc.)	19%	24%
I am planning to stay at home and care for my own family	6%	21%
I am unsatisfied with my current position due to working conditions (including work hours, professional supports, etc.)	6%	1%
Enrollment issues	1%	N/A
I am planning on working towards a family child care license	N/A	24%
I will no longer be needed by the family	N/A	8%
I am changing careers/starting school	N/A	5%
Other	8%	2%

When this data and the reasons for leaving within five years was presented to parents in a community convening parents expressed recognition of the difficult nature of this work and mentioned challenging children or parents, a lack of breaks and potential feelings of burnout, and unreasonable expectations from parents and the public. They also discussed concerns regarding driving up competition and prices in the field if providers leave the field and concerns that parents would not be able to work without child care providers (particularly working and using child care during non-traditional hours.)

“There is a lot of pressure on what a perfect child care is. And that’s not fair to providers. So, it’s not surprising that providers don’t want to stay much longer. Even my provider has mentioned that unreasonable expectations were put on her by parents that visited.”

– Parent from community convening

“It’s already hard to find child care and it makes me think maybe only one parent will be able to work because they can’t find child care and then maybe not even have any more children because they won’t be able to pay for child care.”

– Parent from community convening

“Child care would become more expensive if there are less spots. Competition will go out of the window, putting more challenge on parents to afford care.”

– Parent from community convening



Providers in community convening sessions also cited key factors such as declining enrollments due to parents working from home and increased numbers of free child care options in their community, particularly for preschool-aged children.

“Most of my peers have retired due to COVID or low enrollment. My friend died in her bedroom providing care because she wasn’t able to retire. Most of my friends are not okay and can’t retire. I have a husband and am fortunate to be able to retire. I can hand my business over to my children. It’s sad for my peers who spend their whole lives in this field and leave with nothing.”

– *English-speaking FCC provider from community convening*

“It’s very difficult to see any future in child care because the current compensation rate is so low that you’re constantly trying to deal with each day you can’t think ahead or prepare for the future. That’s why I’m going back to the health care field. Right now, it is not a livable wage. Forty dollars a day for 12 hours of care. It’s incomprehensible that it’s that low. And they are ok with that?”

– *English-speaking FCC provider from community convening*

Research by Bromer et al. (2021) describes reasons FCCs exit from the field. Almost half of the reasons for leaving (43%) are based on a tipping point, that is a culminating event or challenge, either personal or work-related that followed years or challenges or made it logistically impossible for providers to continue providing care (housing, personal/family illness or issue), while 27% are due to slow burnout due to an accumulation of struggles including challenges with ECE systems, plus economic challenges, plus working condition challenges (long hours, working alone, etc.). The ECE system challenges cited in Bromer’s work included low and inequitable rates, increased regulations and requirements for programs and services that do not reflect the reality of Family Child Care (are center-centric). As program and service models are considered, this work should be reflected upon so as to not increase requirements or be based on center-centric models. Additional research (NCECQA, 2020) found that small FCCs are much more likely to exit the field than large and Muenchow et al. (2020) report that FCC Networks in California suggest that large FCC licenses may be a more sustainable business model with the opportunity to make more money. This was also mentioned in the community convenings with FCC providers where results from the current project were shared with providers. As such, programs may need to consider a different level of support for providers with small versus large licenses to stem the tide of small FCC businesses leaving the field.

Key informant interviews illuminated FFN’s level of commitment to help the family for whom they provide care. FFNs were asked about their future plans for taking care of children. While most did not give a determinate amount of time that they intend on taking care of children, a majority of FFN (67%) indicated that they plan on taking care of the children as long as the family of the children they take care of needs them to or when the children start school.



“Well, my plans would be to take care of them until they are young adults. I think that until the age of 16 or 17 years old, if possible. Or until the children are teenagers, when they no longer need an adult to be in their care.”

– Spanish-speaking FFN provider

“It depends on – I can’t say, you know, the last two months, I can’t say, it depends on the parents.”

– English-speaking FCC provider

A subset of FFN providers expressed a desire or plan to become licensed. These were either Spanish or Mandarin speakers and several shared some of the challenges they foresee in earning a license. Some of these challenges are related to language barriers and others around housing and perceived licensing expectations.

“I am prepared, only that the people who have a license and I have talked to have instilled fear in me. They have put the fear in me that the person who comes to do the assessment in my house may not like it. But one of the details is that my home is small but, it has a large patio. I am relocating to another house and it has a patio too so that they don’t tell me that the house is too small to take care of children. Because yes, my house is very small.”

– Spanish-speaking FFN provider

“I would like to get my license to care for more children, or work at a daycare center if possible. I’m not sure about my qualifications because I don’t speak English or didn’t finish high school, those are the two things that impede me, not speaking English and not having a high school degree.”

– Spanish-speaking FFN provider

RESEARCH QUESTION 4: How has COVID-19 changed the experiences of Los Angeles County’s HBCC providers and the children and families they serve?

To gain an understanding of how COVID-19 has affected HBCC providers and the families who use HBCC, questions on the impact of the pandemic on their child care and financial situation were included in the surveys, focus groups and key informant interviews.

Challenges Families Experienced During the COVID-19 Pandemic

Parents provided information on challenges they experienced during the COVID-19 pandemic. While 39% of parents did not report challenges related to their job or child care, 28% reported that they or their partner lost a job and 25% reported a decrease in their number of work hours as seen in Table 29. Furthermore, 11% indicated they changed their child care arrangements and 5% reported losing their child care. These results were confirmed in community convenings with parents and providers. Finally, more parents with Spanish as their primary home language reported making none of these changes while more parents with English as their primary home language reported changing child care arrangements.

TABLE 29. PARENTS EXPERIENCING EACH WORK AND CHILD CARE RELATED CHALLENGE DURING THE COVID-19 PANDEMIC.

COVID IMPACT	PARENTS REPORTING IMPACT (N=710)
I lost my job, or my spouse/partner lost a job	28%
My employer or my spouse’s/partner’s employer REDUCED my/their work hours	25%
I started working from home / remote work	13%
I changed the child care arrangements I had from my children ¹	11%
My employer or my spouse’s/partner’s employer INCREASED my/their work hours	6%
I lost my child care	5%
None of the above ²	39%

Note: Response option was “select all that apply” and percentages within groups will be over 100%.

¹ More English-speaking parents reported this impact, (χ^2 (df=2, N=705) =10.06, $p<.01$)

² More Spanish-speaking parents reported “none of the above” (χ^2 (df=4, N=672) =9.83, $p<.05$).

Parents provided a more detailed account of the impact of the COVID-19 pandemic on their child care in the focus groups. For most parents, their child care did not close permanently. However, parents across all focus groups described situations where their program closed temporarily. Parents also described changes in the policies at their children's child care which affected parents' jobs and they described the stress and worries that they went through due to either exposure or worry about exposure to the virus.



“There’s been days where my daughter will have a runny nose and she has been turned away from being accepted in the morning, like because of the cold air or something makes her nose run. And I have to call my job and call off like one hour before the start of my shift, which is an improper call off, it’s a write up. Because of the new protocols in place, like you can’t go. You can’t send them with a runny nose or like any kind of ailment and for children it’s so common that it was very difficult. And I did accumulate a number of write ups because of that.”
– English-speaking parent

“I think child care during the pandemic was very hard because there was the worry and the stress of catching COVID, having your kids exposed to other kids. Kids just spread germs like wildfire. And like during the pandemic you wonder, especially during the lockdowns... So yeah, I was worried about that, because I have underlying health conditions. So, I was concerned about catching it myself.”
– English-speaking parent

“During the time of the pandemic, they weren’t open.”
– Mandarin-speaking parent

“Before there was a COVID incident. The facility closed for 3 days and when everything was fine then my child went back.”
– Mandarin-speaking parent

When asked about financial impacts as a result of the COVID-19 pandemic, parents' top responses were delaying paying bills, applying for public assistance, and falling behind on rent/mortgage (see Table 30).

TABLE 30. PARENTS EXPERIENCING FINANCIAL IMPACTS AS A RESULT OF THE COVID-19 PANDEMIC

COVID-19 FINANCIAL IMPACT	PARENTS REPORTING IMPACT (N=699)
I have delayed paying other bills (e.g., utilities, medical bills, credit card)	44%
I have applied for public assistance (SNAP/EBT, Medicaid, TANF/cash assistance)	38%
I am behind on paying my rent/mortgage	30%
I have a more difficult time buying groceries or am relying on food banks/food pantries/nonprofits for food assistance	18%
I am relying on friends or family for financial help	16%
I have a harder time paying for health insurance	4%
I have a harder time paying for necessary prescriptions	4%
Other	<1%
None of the above	24%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

"I'm still feeling those effects now. There are some slots that I still have not filled since the pandemic and my income, at this point, it has probably been cut in half because of it. Because when the kids were able to return back to school, all my preschoolers went to elementary schools. So, at this point, I feel like there's so many providers that are scrambling, like I said, to keep their head above water because of capacity issues-our enrollment is down."

– English-speaking FCC provider



Challenges HBCC Providers Experienced During the COVID-19 Pandemic

Research shows that in Los Angeles County, 191 family child care homes closed between January 2020 and January 2021 and this represents 65% of all child care program closures in the County (Bhusal, Blumenberg, & Brozen, 2021). The report suggests that FCC homes are more vulnerable to changes in the economic environment than center-based programs because they operate on a smaller scale. Another report found that many had to close and almost lost their homes and they faced barriers to supports including language, lack of awareness, complexity of applications, and a lack of eligibility (Brooks, Karimi-Taleghani, Griggs-Ross, & Karimi-Taleghani, 2022). This suggests the importance of new methods for outreach, increasing language accessibility, and application assistance for future supports and programs.

As found in the current landscape analysis, the pandemic had direct impacts to HBCC providers' programs and on their personal finances. These impacts continue to threaten their sustainability. As seen in Table 31, over half (54%) of FCCs experienced a decrease in child enrollment and in the focus groups, FCC providers shared that they have not recovered from this. Related to this, 40% of FCCs reported a financial hardship in running their program. For FFN providers, the top two challenges were lack of access to cleaning or safety supplies and challenges with technology with 33% and 34%, respectively, reporting this. There were significant differences between FCCs and FFNs with greater percentages of FCCs than FFNs reporting challenges related to decrease in child enrollment, financial hardship in running the program, and difficulty in supporting children with distance learning. Overall, a greater percentage of FFNs reported that they did not have any of the listed challenges. However, greater percentages of FFNs than FCCs reported challenges with lack of access to cleaning supplies and / or safety supplies and insufficient food for the children they served. FFN providers in the community convening also mentioned the high expense of food, particularly healthy food.

TABLE 31. HBCC PROVIDERS' GREATEST CHALLENGES DURING THE PANDEMIC, BY PROVIDER TYPE

PANDEMIC CHALLENGE	FCCS REPORTING CHALLENGE (N=775)	FFNS REPORTING CHALLENGE (N=459)
Decrease in child enrollment ¹	54%	8%
Financial hardship in running program (FCC) / taking care of children (FFN) ²	40%	19%
Difficulty in supporting children with distance learning ³	38%	22%
Challenges with technology (lack of equipment, internet, knowledge)	25%	24%
Not enough access to cleaning supplies and / or safety supplies ⁴	22%	33%
Their own health / mental health or that of a family member	19%	16%
Lack of educational activities to support children's learning at home	16%	-
Child mental health concerns	15%	13%
Not enough food for the children in the program ⁵	3%	13%
None of the above ⁶	7%	29%
Not listed	<1%	<1%

Note: Answer responses were "select up to three." Percentages within the group will not equal 100%.

¹ $X^2(1) = 267.06, p < .001$ ³ $X^2(1) = 31.68, p < .001$ ⁵ $X^2(1) = 50.19, p < .001$

² $X^2(1) = 58.51, p < .001$ ⁴ $X^2(1) = 18.22, p < .001$ ⁶ $X^2(1) = 106.93, p < .001$



Analyses by subgroup of FCCs revealed greater proportions of FCCs with large licenses reporting difficulty in supporting children with distance learning as a top challenge with 40% of FCCs with large licenses and 33% of FCCs with small licenses reporting this (see Table 32).

TABLE 32. FCC PROVIDERS' GREATEST CHALLENGES DURING THE PANDEMIC, BY LICENSE SIZE

PANDEMIC CHALLENGE	SMALL FCCs REPORTING CHALLENGE (N=234)	LARGE FCCs REPORTING CHALLENGE (N=541)
Decrease in child enrollment	55%	54%
Financial hardship in running program	36%	42%
Difficulty in supporting children with distance learning ¹	33%	40%
Challenges with technology (lack of equipment, internet, knowledge)	29%	24%
Not enough access to cleaning supplies and / or safety supplies	19%	23%
Their own health / mental health or that of a family member	19%	19%
Lack of educational activities to support children's learning at home	18%	15%
Child mental health concerns	16%	15%
Not enough food for the children in the program	4%	2%
None of the above	8%	7%
Not listed	<1%	<1%

Note: Response option was "your three biggest challenges" and percentages within groups will be over 100%.

¹ $\chi^2 (1) = 3.86, p < .05$

Within the FCC group, there were also significant differences in the challenges reported by provider's primary home language with significantly greater percentages of FCCs whose primary home language is Spanish reporting challenges with technology, difficulty supporting children with distance learning, and child mental health concerns than FCCs whose primary language is English. In addition, greater percentages of FCCs with English as their primary home language reported not enough access to cleaning supplies and / or safety supplies, financial hardship in running their program, and their own mental health or that of a family member. See Appendix D.

RESEARCH QUESTION 5: Who are the children and families that LA County’s HBCC providers serve? How do they view their HBCC provider?

To gain an understanding of how COVID-19 has affected HBCC providers and the families who use HBCC, questions on the impact of the pandemic on their child care and financial situation were included in the surveys, focus groups and key informant interviews.

Parental Need for Child Care

Parents were asked about their work or school status. Sixty-five percent of parents shared that they worked for pay in the last week, 23% reported that they are enrolled in a degree program at a college or university, 75% either worked for pay or were enrolled in a degree program, and 13% reported that they both worked for pay and are enrolled in a degree program at a college or university. See Table 33. While the activities are not clear for the 25% of parents who did not report having worked for pay in the last week or being enrolled in a degree program, it is possible that they experienced a recent change in their school or work status, are in the process of seeking employment, education or housing, are participating in an internship or volunteer work that was not for pay, or other welfare-to-work activities (if they are receiving TANF, Temporary Assistance for Needy Families).

TABLE 33. PARENTS’ WORK AND DEGREE PROGRAM ENROLLMENT

WORK OR DEGREE PROGRAM STATUS	PARENTS
Worked for pay in the last week (n=647)	65%
Are enrolled in a degree program at a college or university (n=674)	23%
Either worked for pay in the last week or are enrolled at a college or university (n=625)	75%
Both work for pay and enrolled in a degree program at a college or university (n=625)	13%





Of the 417 parents who did report working for pay in the prior week, the largest numbers of parents are employed in the sales, service, and marketing sector (16%), followed by the health sciences (15%), and human services (13%). See Table 34. Many of these industries require employees to work non-standard hour shifts (sales, service, health, food, transportation, hospitality, etc.), requiring the need for child care outside typical business hours such as overnight and weekends.

TABLE 34. PARENTS' SECTOR OF EMPLOYMENT

EMPLOYMENT SECTOR	PARENTS (N=417)
Sales, Service, and Marketing	16%
Health Science	15%
Human Services	13%
Business Management & Administration	11%
Education & Training	11%
Government & Public Administration	7%
Agriculture, Food and Natural Resources	4%
Manufacturing	3%
Transportation, Distribution & Logistics	3%
Law, Public Safety, Corrections & Security	3%
Hospitality & Tourism	2%
Finance	2%
Arts, Audio/Video Technology & Communications	1%
Information Technology	<1%
Science, Technology, Engineering & Mathematics	<1%
Architecture and Construction	<1%
Other or not known	9%

The Child Care Search and Barriers to Finding Child Care

Parents were asked to provide information on their most recent search for child care for a child who is 0-6 years old. The reason for why parents sought care during their last child care search was so that they could work with 80% of parents reporting this, followed by 12% not being satisfied with their current/prior child care situation (see Table 35). Seeking child care so that parents could work was also a theme from the focus groups where parents across all groups shared that during their last search for child care, they were seeking it so that they could go to school or work or because they had a change in work schedule. While parents provided additional reasons such as wanting to provide their child with educational or social enrichment, and not being satisfied with prior care, those reasons were reported on or discussed less frequently.

TABLE 36. REASONS FOR CHILD CARE SEARCH

REASON FOR CHILD CARE SEARCH	PARENTS (N=710)
So that I could work/change in work schedule	80%
Wasn't satisfied with my prior care	12%
So that I or my spouse could go to school/school schedule changed	8%
To provide my child with educational or social enrichment	4%
To give me some relief (from competing priorities, time constraints, etc.)	1%
Wanted to reduce child care expenses	1%
Provider stopped providing care	1%
To fill in gaps left by my main provider or before/after school	<1%
Child no longer eligible for previous care (aged out, summer break, etc.)	<1%
Housing-related (insecurity, searching)	<1%
Medical leave related	<1%
Other	2%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.

**"My main reason for childcare was at the time I needed to hurry up and get back to work after experiencing homelessness. My grandma wasn't able to watch her due to her medical issues."
– English-speaking parent**





Trusted relationships and word of mouth, followed by their own experience with providers were key for parents searching for child care (see Table 36). Survey responses regarding their last child care search showed that over half (54%) of parents asked friends and family for referrals while 21% asked a child care provider they already knew. Across focus groups, the most commonly cited method for finding child care was asking friends and family. Several parents from the focus groups also shared about their experience in ultimately choosing a provider who had already taken care of one of their children in the past. The second most common way to find child care is through agencies (32%), with almost on fifth finding their provider from a welfare or other social service office and 13% from a Child Care Resource and Referral or other agency that provides child care referrals.

“[The provider] was referred by a friend, so that was already very comforting to me because my friend’s son was in her daycare and she spoke very highly of her. So, my decision was basically already made.”
– English-speaking parent

“My current provider is a referral from a friend of mine. She had her son already enrolled so she assured me and she actually let me walk in and look at the space. So, I was more comforted with that.”
– English-speaking parent

“My daughter that’s 21 now was also in a home-based care. And I was lucky enough that the person who took care of her is now taking care of my son.”
– Spanish-speaking parent

Methods parents used to look for child care varied by language group (English, Spanish, or all other primary languages). Parents whose primary language was other than English or Spanish were more likely to ask friends and family for recommendations. Parents whose primary language was Spanish were more likely to report referrals from a welfare or social services caseworker. Parents whose primary language was English were more likely to have consulted a R&R agency or local community organization for child care referrals. See Table 37. Given that parents with different language capacities and strengths search for child care through different methods, agencies should ensure the availability of linguistically skilled staff to assist parents. Additionally, if parents whose primary language is neither English nor Spanish ask friends and family for child care referrals, is this because of a level of comfort in turning to friends and family for referrals, ideas or assistance, the need and desire for specific language supports for their children, or is it because community agencies and social service agencies don't have the capacity to serve these families?

TABLE 37. METHODS PARENTS USED TO LOOK FOR CHILD CARE

METHOD OF CHILD CARE SEARCH	PARENTS (N=710)
Asked friends and family with children ¹	54%
Asked providers I knew already	21%
Got help from welfare or social services caseworker ²	19%
Consulted a R&R agency or local community organization that helps parents find child care ³	13%
Internet search/Looked in electronic directories for child care providers	10%
Used social media to learn about providers	8%
Asked a healthcare provider, clergy member, or other professional	4%
Looked in paper directories for child care providers	3%
Asked existing family member to take care of child	2%
Posted an ad or responded to an ad	1%
Not listed	<1%

Note: Response option was "select all that apply" and percentages within groups will be over 100%.
¹ Parents with language other than English or Spanish more likely to select this option, (X^2 (df=2, N=694) = 12.09, $p < .01$).
² Parents with Spanish as their primary language more likely to choose this option, (X^2 (df=2, N=694) = 13.58, $p = .001$).
³ Parents with English as their primary language more likely to select this option: (X^2 (df=2, N=694) = 12.34, $p < .01$).

Child care decision-making is not a static process. Prior research (CCRC 2021; Weber 2011) found that parental decision-making is not linear but multi-faceted, complex, and changes over time. These preferences also meet with opportunities, barriers and constraints and this complex synergy affects future child and family outcomes. Additionally, Forry et al. (2013) found that decision-making criteria varies by community and employment factors, parent education and income, child age, cultural values, and whether or not one has a child with special needs. In this LA county landscape survey, parents were asked to report on the five most important factors when choosing a child care provider. The top factor was location of the child care provider with 71% of parents choosing this. The next top factors were safety / cleanliness / prevention of illness, flexible hours, loving environment, and cost of care, with 66%, 58%, 43%, and 30% of parents choosing these as top factors, respectively. See Chart 7. However, when asked to report on the main reason they chose their provider, 40% of parents indicated that they chose the provider they felt most comfortable with, followed by quality of care (23%) and the schedule or hours offered (12%), as seen in Table 38.

Focus group discussions about child care decision-making and final selection closely coincided with what parents reported in the survey, with some key differences. It was extremely clear that parents take multiple factors into account when making decisions on child care and the focus group discussions illuminated this. Location of the child care provider, although discussed in most of the parent focus groups was not the most prominently discussed factor in choosing child care. Parents shared that a clean and safe environment, the services provided, such as meals and transportation, and having a quality provider were factors they considered.

When asked about the most important factor in selecting child care, parents discussed specific characteristics of the provider. Parents were searching for someone they felt comfortable with, someone with experience, and someone that they could trust. Parents in the Mandarin group shared that having a provider that is patient is important.

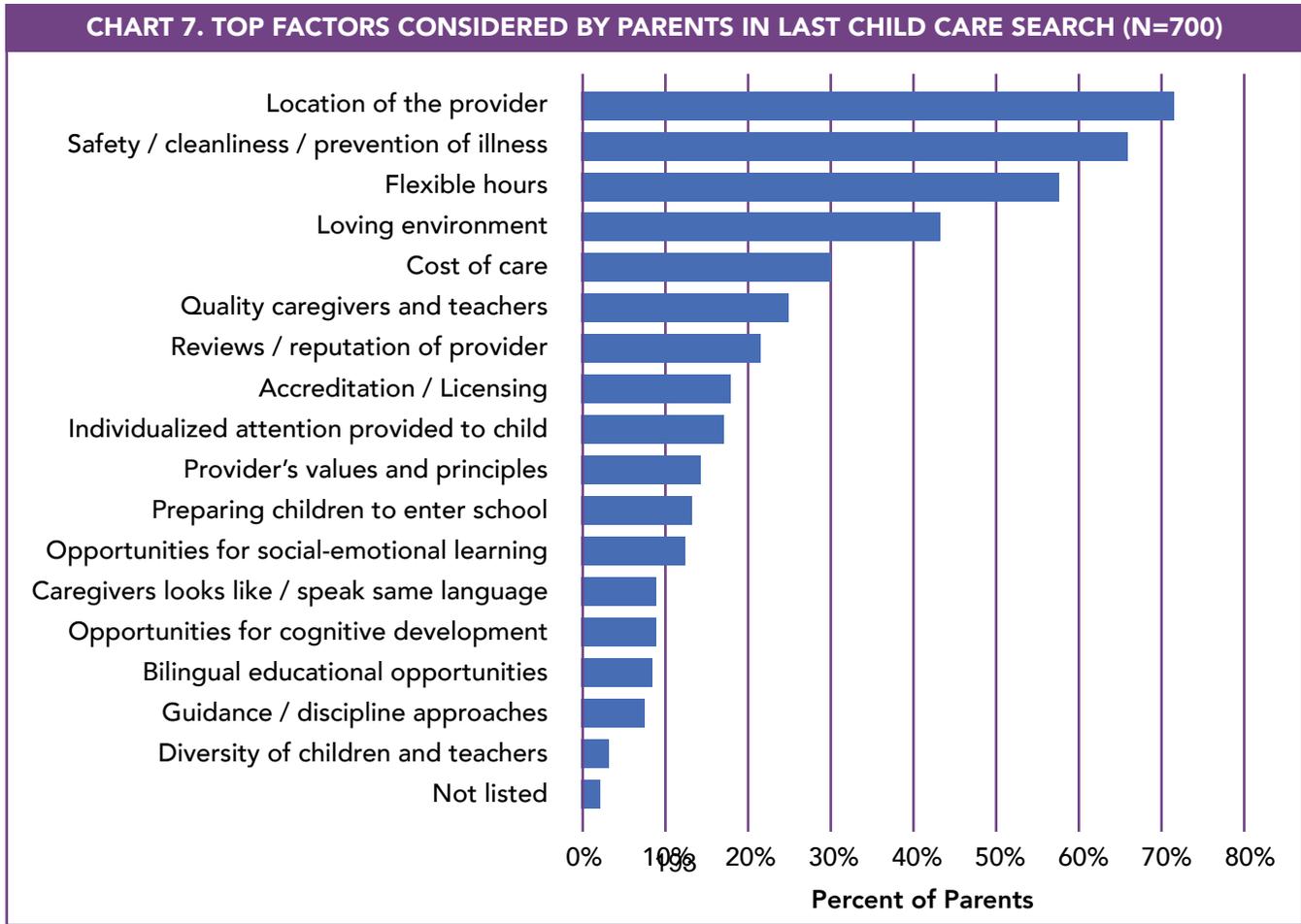


TABLE 38. MAIN REASON FOR PARENT SELECTION OF THEIR CHILD CARE PROVIDER

REASON FOR SELECTING PROVIDER	PARENTS (N=710)
The provider is the one I felt most comfortable with	40%
The quality of care provided	23%
The schedule/hours offered	12%
The provider's location	11%
The cost of care	6%
There were no other choices	4%
The provider had space available	1%
Other	1%
Prefer not to answer	2%

A key factor in child care decision making includes the opportunities, challenges, and barriers to finding care. Forty-one percent of parents reported in the survey either the inability to find their desired child care program or challenges in finding child care during their last search. This did not differ by child age or parent demographics. The most frequently reported challenges in accessing child care were the cost of care, quality of care, and lack of open slots for new children with 27%, 21% and 19% of parents reporting this, respectively (CHART 8).

While barriers in accessing child care was not a topic that was queried directly in the focus groups, the topic did surface in the focus groups conducted in English and Spanish with the cost of child care and lack of child care availability as the top two challenges. Parents shared about their struggles with cost before receiving financial assistance for child care and the challenges in qualifying for the assistance.

“I was separated from the children’s father and didn’t have money to pay for child care because it’s expensive. I needed that help and luckily a friend referred me to that office [local R&R-AP agency]. And thank goodness because it helps me a lot.”

– Spanish-speaking parent

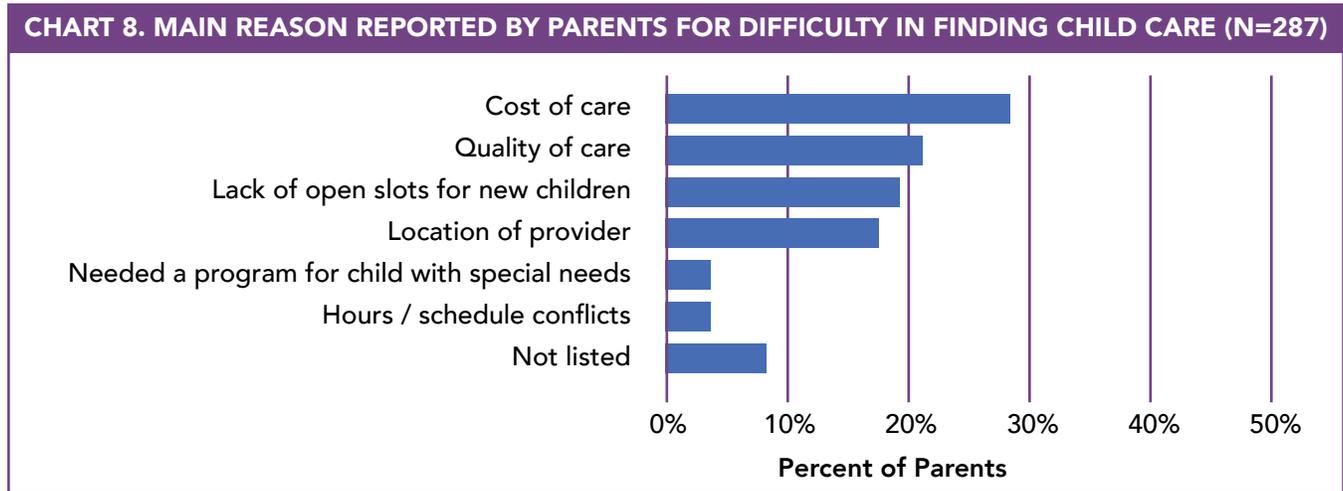
“Someone at work told me about [the R&R-AP agency]. I went to apply for help but got denied at first and told that it was only for people that had cash aid and I only had my youngest daughter who was about a year old. So, I figured out the only way to qualify was to receive food stamps. Then I went to get food stamps so that I would qualify. And then I got the help quickly and I had my daughter there in Los Angeles, a very good provider.”

– Spanish-speaking parent

“It took about, like, six months for the county to even get back to issue me money or any type of help. So I felt like all of that played a part in a delay for [my child] the kid is constantly, like, losing out.”

– English-speaking parent

Other parents in the focus groups described challenges in finding available slots. One parent described the challenge in finding child care for her toddler who was not yet potty trained.



Children in Home-Based Child Care

Parents were asked to provide information on the number of children they have in care, what their child care arrangements are, and the age of the youngest child they have in child care. Subsequent questions about child care were focused on the youngest child they have in home-based care for 5 hours or more a week. The parents who completed the survey had on average 2 children in child care for 5 or more hours a week.

As seen in Table 39, over half of the parents reported using FCC as their child care arrangements for children 6 years and younger. Forty-nine percent reported using FFN care and 2% reported using center-based care. Five percent of parents indicated that they use a combination of care, that is they use a combination of FCC, FFN, or center-based care for their children.

TABLE 39. CHILD CARE ARRANGEMENTS FOR CHILDREN 6 YEARS AND YOUNGER

TYPE OF CARE USED	PARENTS (N=710)
FCC	54%
FFN	49%
Center-based care	2%
Combination of care	5%
COMBINATION OF CARE USED	PARENTS (N=36)
FCC & Center-based	17%
FFN & Center-based	31%
FCC & FFN	53%

Most parents reported that the youngest child they have in HBCC is an infant/toddler or preschool-age child. Forty-eight percent of parents have an infant or toddler, 46% have a preschool-age child, and 5% have a school-age child (See Chart 9). This may partly be due to the recruitment methods of this project where our community-based partners outreached to parents with children under 6 years, as this age group is the focus area of F5LA, the funder of this landscape analysis. Type of home-based child care used for their youngest child did not differ significantly from the overall group (53% in FCC and 47% in FFN as their primary care setting) and there is no statistical relationship between age of children and placement setting (See Chart 10). Therefore, infants and toddlers are no more likely to be in one type of home-based care setting than another or in comparison with preschool-aged children.

CHART 9. AGE OF THE YOUNGEST CHILD PARENTS HAVE IN HBCC (N=710)

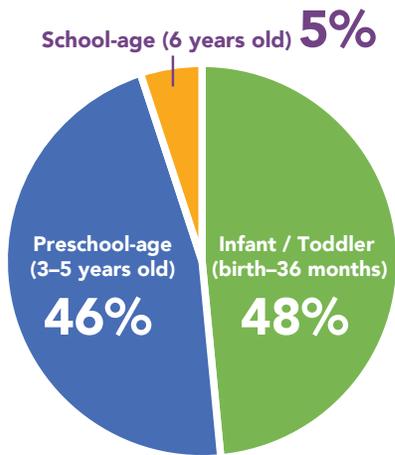
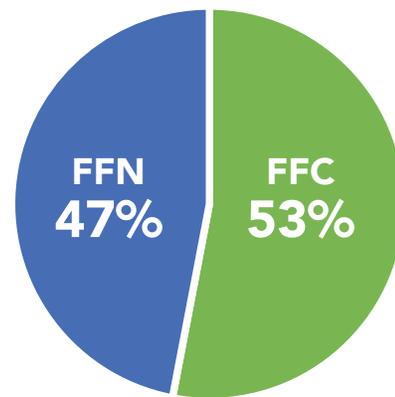
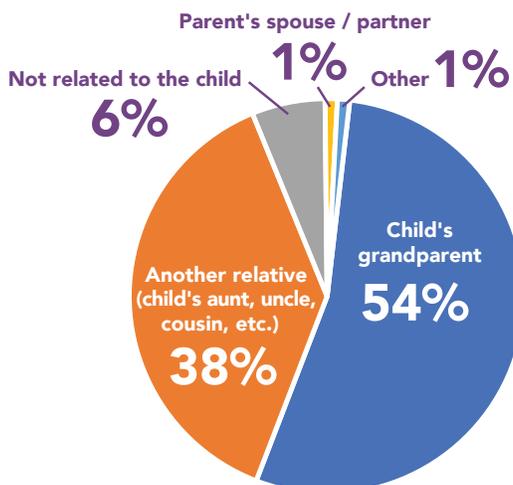


CHART 10. PRIMARY CHILD CARE SETTING FOR THE YOUNGEST CHILD IN HBCC (N=710)



A vast majority of parents who use FFN care as their primary care setting shared that the FFN caregiver is related to the child (92%) and is either a grandparent (54%) or another relative (38%) as seen in Chart 11. This is similar to prior work by Harder and Company (2014) where they found 84% in relative care and 47% cared for by a grandparent. This has important implications when considering supports for this group of providers. Given the close relationships in these care environments, supportive models can be understood as family-support models where resources for the provider will have a greater likelihood of supporting the family as a whole compared with other care environments. This is recognized in one of the quotes from the FFN providers in the community convenings:

CHART 11. RELATIONSHIP BETWEEN THE FFN PROVIDER AND THE CHILD IN CARE (N=710)



Parents who completed the survey were asked if they received assistance (subsidy) to pay for child care in the prior 12 months. Over half (51%) indicated they receive assistance in paying for child care, 30% reported they did not, and 19% were not sure.

“The first time you get your check, the first thing you do is go get snacks, toys, things for the kids to do. The money doesn’t go to your bills. It goes to the children. You go out of your paycheck to provide more to your grandchildren.”
 – FFN Grandparent Provider

Satisfaction With Their Child Care

As seen in Table 40, parents were satisfied with their child care arrangements with 95% of parents reporting that they are very satisfied or somewhat satisfied with their child care arrangements. This did not differ by care type or parent demographics.

TABLE 40. PARENTS’ LEVEL OF SATISFACTION WITH THEIR CHILD CARE ARRANGEMENT

SATISFACTION WITH PROVIDER	ALL PARENTS (N=710)	WITH FFN CARE (N=332)	WITH FCC CARE (N=378)
Very satisfied	85%	87%	84%
Somewhat satisfied	10%	8%	12%
Neither satisfied nor dissatisfied	3%	3%	3%
Somewhat dissatisfied	1%	2%	1%
Very dissatisfied	1%	1%	1%

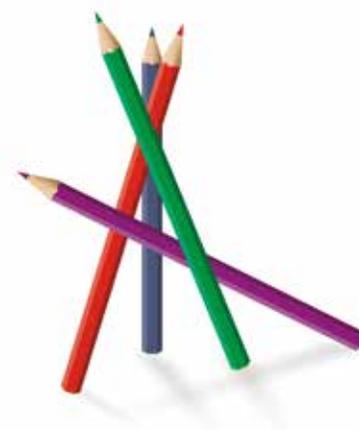
Parents reported very high levels of satisfaction with over 90% of parents reporting either Good or Excellent for seven of the eight aspects of care queried in the survey (see Chart 12). Focus group discussions provided further insight about parents’ thoughts for multiple aspects of care. When asked what they liked most about their home-based child care, central themes included positive treatment of their child, nurturing and safe environment, opportunities for their child to learn, and flexibility.

When sharing about the nurturing and safe environment, parents expressed appreciation for how their children are treated and the opportunities to learn and grow.

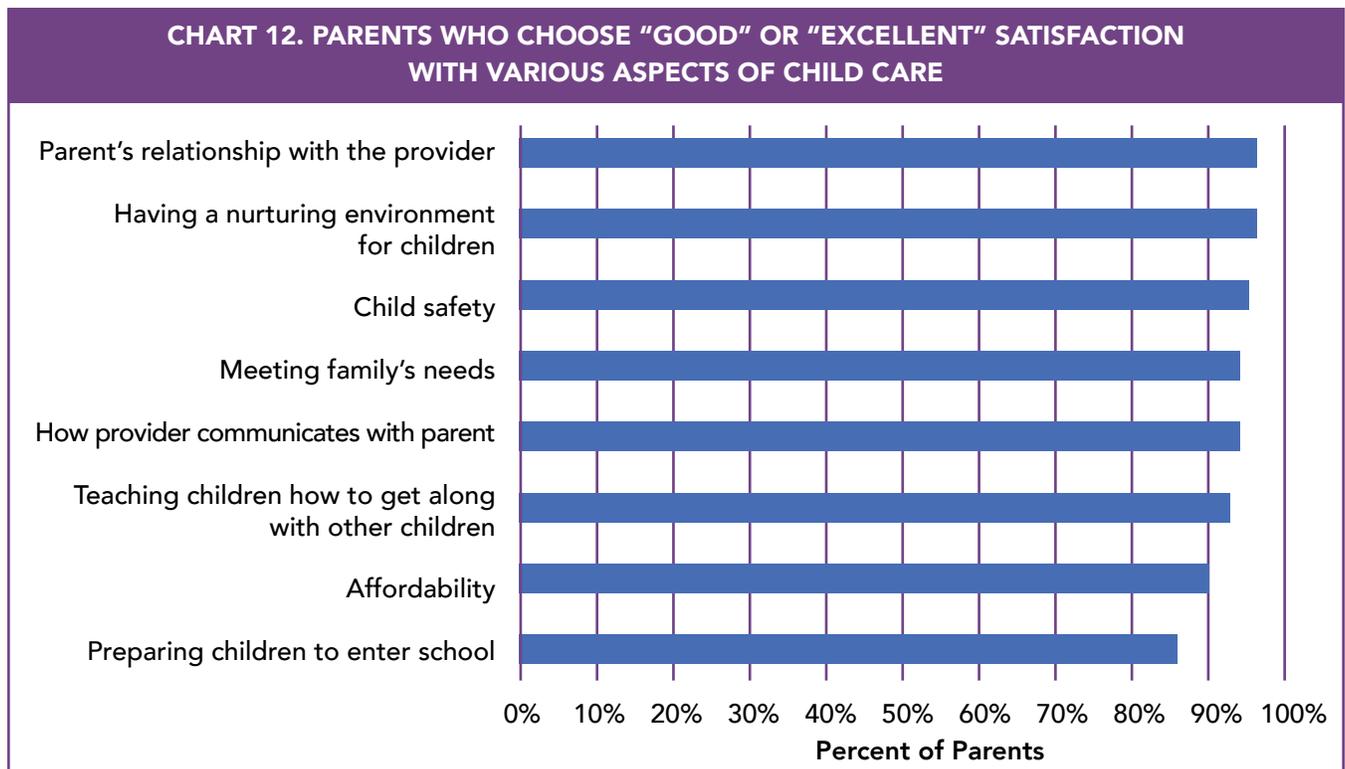
“My child considered the child care provider like another mother, and I’m happy about that.”
– Mandarin-speaking parent

“I love it all because the provider is very loving and attentive with my daughter even if she is not related to her.”
– Spanish-speaking parent

“I noticed that when my child started TK, he already knew a lot of things. They said he was very intelligent. And how did he learn all of that. I told them that I had a licensed provider. My child knows how to count and knows what the numbers mean from 1 to 20. Because of the provider’s help, my child is very advanced.”
– Spanish-speaking parent



The theme of flexibility was prominent not only in the discussion on what parents liked most about their home-based care, but also in discussions around what parents look for in child care, and ways in which their home-based providers offer support above and beyond what is generally expected of child care. The topic of flexibility centered around care during non-traditional hours or during unusual circumstances.



“Personally, I wouldn’t change anything- everything is clean, it’s close to home, the provider has a license. I’m happy, my child is happy. And I am grateful that I can work and if there is an emergency I can call [the provider]. So, I wouldn’t change anything.”

– Spanish-speaking parent

“Right now, everything is good. The family child care provider does all of the activities, reading, outdoor activities, explain daily report [on the child]. I have nothing to change. Everything is good.”

– Mandarin-speaking parent

“In the morning, if I could take my child in earlier, that would be good. I want the facility open earlier to drop off the child.”

– Mandarin-speaking parent

Recommendations to Improve Home-Based Care

Parents were asked to share suggestions for improving their child care. Sixty-one percent of all parents selected at least one potential improvement with 67% of parents with FCC as their primary care selecting at least one potential improvement and 54% of parents with FFN care as their primary arrangement selecting at least one potential improvement. The greatest percentage of parents selected the desire for a more educational program (28%), followed by more activities (22%), and longer hours (17%). See Table 41. Parents in the focus groups were asked about where their child care provider could potentially use additional support. In the discussions, parents took the opportunity to share how happy they are with their provider and shared minimal supports or improvements for their child care provider. The most prominent theme was in operational factors such as location, hours of care provided, and the size of the home.

TABLE 41. PARENTS’ SUGGESTIONS FOR IMPROVING THEIR CHILD CARE

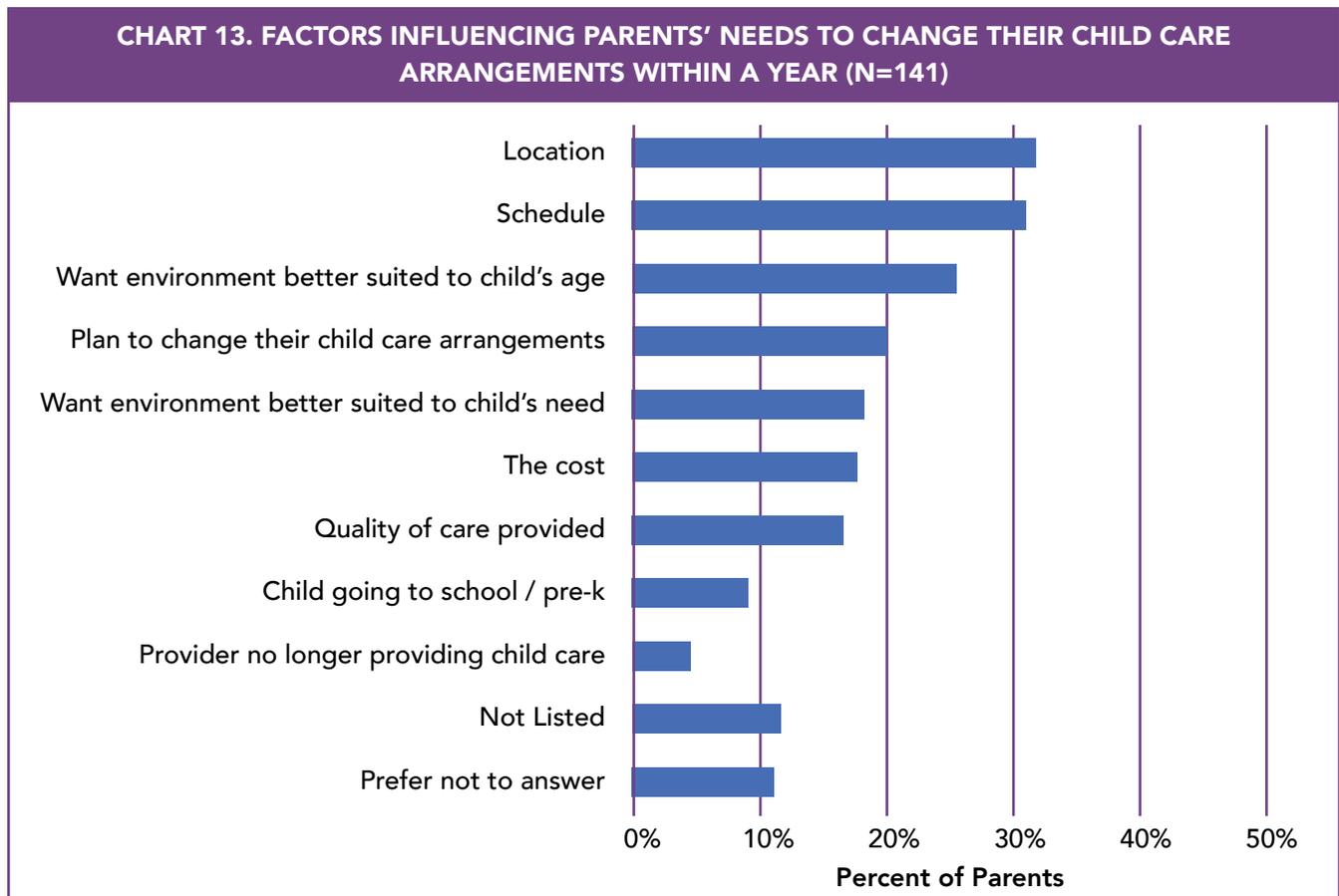
IMPROVEMENTS TO CHILD CARE	PARENTS (N=710)
More educational program	28%
More activities	22%
Longer hours	17%
Arts and music	15%
Less expensive/more affordable	12%
More opportunities for parental involvement	11%
Bilingual education in the program	9%
Training or resources for the child care provider	7%
Provide transportation	7%
More providers per each child in the program	5%
Better environment	5%
Bigger facility	5%
Better communication from the provider	5%
Better nutrition or quality of food	<1%
None	<1%
Other	1%

“[The child care] is too far and I want it to be close. I don’t drive and take the bus to drop off my child and pick him up which takes a long time. Sometimes I get home at 7 at night. So, I’m looking for somewhere that is closer.”

– *Chinese-speaking parent*



Twenty percent of parents reported that they plan on changing the child care arrangements that they have for the youngest child they have in home-based child care during the next year. Highlighting the importance of location previously discussed, 32% of parents who plan on changing their child care arrangements cited location as a factor in their decision, closely followed by schedule (31%), and needing an environment that is suited to their child's age (26%). See Chart 13. The latter may actually be a higher percentage as a majority of parents who indicated the factor influencing their decision to change their child care arrangements as "Not listed" reported that their child will be moving on to transitional kindergarten, pre-school, or kindergarten.



RESEARCH QUESTION 6: What policies are needed to build a stronger, more sustainable HBCC sector for the future (determined based on lessons learned from the study)?

In conjunction with the HBCC Landscape Analysis on which this report is based, F5LA contracted with Duane Dennis, a consultant in strategic planning, system analysis, public policy, and management who is knowledgeable about the child care landscape in Los Angeles County and other parts of the country. Part of his role is to assist F5LA in understanding some of the core principles involved in HBCC, advise F5LA's course of direction to approach innovative programmatic, policy and system recommendations to improve the HBCC landscape, and facilitate discussions to engage staff and community in the HBCC space. As such, Mr. Dennis conducted interviews with experts across the country and coordinated meetings with experts in New York City from which to learn key lessons on New York City's implementation of programs to support HBCC.

Learning from Experts in New York City

As a part of the report from Duane Dennis (Dennis, 2022) regarding programs and policies from around the nation, his interviews with experts in New York City brought to light many potential lessons to be considered as F5LA moves to create programs and policies for HBCC providers in LA County. Over a period of several months Duane Dennis and Becca Patton from F5LA worked to coordinate a multi-day learning series in New York City (NYC) to further inform and build on key lessons learned for the LA County Home-Based Child Care (HBCC) landscape. This trip included site visits, presentations and discussions at Union Settlement²² in East Harlem and Women's Housing and Economic Development Corporation (WHEDco)²³ in the Bronx. On the first day, the team learned about the history of home-based subsidized child care in NYC, the past and present political climate and levers needed for success, the development of the staffed networks, and a site visit to a family child care home participating in the network. The second day included a site visit to WHEDco in the Bronx to learn about the history of settlement houses, formal and informal family child care services, the research outcomes from these programs and site visits to licensed and license-exempt provider homes. The team returned to Union Settlement to learn about a grass roots movement called ECE on the Move affecting change on behalf of FCCs. Each day included an exchange of information, dialogue about key lessons learned, and the opportunity to hear not just from the typical program leaders, but also from political leaders and from staff and providers engaged in holistic support services. Each day included a debrief among the LA HBCC team and a post-event meeting was scheduled to discuss key take-aways. Some key take-away themes include:

- **The need for multiple champions who can affect change at multiple levels**
 - How can we engage and leverage what is already being done at the city, county and state levels?
- **The need for a true mixed delivery system that includes all providers from the beginning (a 4-year-old Universal Pre-kindergarten program geared only toward centers almost decimated the home-based care landscape in NYC)**
 - Based on lessons learned, the 3K for All program is inclusive of family child care networks
 - Continuity of care, possibly through braided funding to ensure children remain in one location within a single day

²² <https://www.unionsettlement.org/history/>

²³ <https://whedco.org/>

- A holistic system of services is needed for providers and parents
 - Ensure that staff are knowledgeable about all community services beneficial to providers and parents and how to connect the community to those services
 - Ensure funding levels are sufficient to do this
 - A home-visitation model may be more relevant for FFN providers
- Leverage existing connections, programs and needs
 - Leverage and connect/align existing programs such as Family Child Care Networks, Child Care Initiative Project (CCIP) and Quality Start Los Angeles (QSLA)
 - Providers are already networking; how do we harness this passion, connection and expertise?
 - Leverage the need for the state to come into compliance with federal guidelines regarding child care providers (e.g., visits) that could serve as the entry point for supports and services
 - Creating a true system of care that is inclusive of FCC and FFN providers will require government to be at the table
- Relationship-based service models provided by trusted Community-Based Organizations (CBOs) that are connected in the community are the most effective.
- Ensure the provider voice is heard, uplifted and empowered to drive change
- Increase ease of access for both providers and families
 - Provide back-end or administrative work done by agencies rather than providers
 - Develop a single application for services for families
 - Do not include additional requirements without additional funding for providers
 - Develop a formalized grievance process for providers with forms and liaisons at organizations including CBOs, county offices, unions, and the state



Conclusions and Recommendations



Results from the landscape analysis highlighted the needs and strengths of Los Angeles County HBCC providers and the families who use this care. About half of parents in this landscape analysis enrolled their children with FCC providers and the other half had their children cared for by an FFN provider. Surprisingly, a greater percentage of FCC providers served children under age 5 years, compared with FFN providers. Half or more of both provider groups offered care during non-traditional hours. Parents were satisfied with all aspects of the child care environment (87% or higher). The top two areas of suggested improvements include the educational nature of the child care and implementation of more activities. During community convenings parents expressed admiration over the hard work of child care providers and lamented the low pay and high expectations from the parents and systems experienced by providers. The following recommendations resulted from an analysis and synergy across all the data collected from providers and parents and from the community meetings held to interpret the data and glean recommendations. Efforts to effectively support HBCC providers should address each of these recommendations.

RECOMMENDATION 1: Involve providers in planning and development as a means to ensure equitable and relevant programs and policies

Historical and systemic racism continues to exist within child care and leads to barriers for many diverse groups within our communities. Therefore, it is important to uplift and use providers' voices when developing and creating programs and policies that directly affect providers. First 5 LA has already begun this process by creating a Provider Advisory Group and Crystal Stairs, Inc. has implemented an African American Provider Network. These groups participated in the landscape analysis by assisting in the interpretation of the data collected and offering recommendations. One recommendation is to continue to support groups such as these and convene a separate FFN group for continuous and active participation in the design, implementation and evaluation of future policies and programs. Findings from this landscape analysis along with additional literature on effective practices across the country can be vetted by a group with lived experiences to design programs and policies that would be most relevant and effective for Home-Based Child Care providers.

RECOMMENDATION 2: Develop distinct systems for FFN and FCC providers that pertain to each group's unique needs and experiences

An important finding from the landscape analysis was FFN and FCC providers are very distinct groups that need different approaches and models of service. First, the demographics of FFN providers in this analysis aligned closely with the subsidized parents they serve. For example, FFN providers and subsidized parents often had lower household incomes, were single, and were less likely to have a higher educational background, while FCC providers had higher rates of home ownership, income, educational attainment, and were married or in a long-term partnership. Additionally, 92% of FFN providers were close relatives to the child (either a grandparent, aunt, uncle, or cousin). Family, friend and neighbor providers were more likely to offer child care based on a familial need, usually for less than five years, compared with FCC providers who were more likely to offer child care for more than 10 years. In addition, FCC providers were more likely to serve children with multiple languages and races and FFN providers were more likely to serve relative children or children from one additional family. Half of FCC providers cited a personal calling or career choice as their reason for providing child care, whereas FFN providers cited the motivation to help the children's parents (75%). Lastly, when providers need information regarding their child care work, FCC providers most often reach out to other providers (58%) and FFN providers tend to reach out to family members (69%). The stark differences between FFN and FCC providers' demographics, motivations for providing care, and the number of years in the field alone demonstrate that different models are necessary to ensure each group receives the appropriate programs and services that address their unique needs. Programs that may work well for FFN providers may align better with the family-support model, including home visitation, play and learn groups, and distributions of resources. Programs best suited to FCC providers may need more of a business-development model to address additional programmatic characteristics that do not pertain to FFN providers.

This landscape analysis also found distinct differences between FCC providers with small licenses (licenses to care for a maximum of eight children), and FCC providers with large licenses (licenses to provide care for a maximum of 14 children). Prior research has suggested that those with small licenses may be at a greater disadvantage than those with large licenses (NCECQA, 2020) and therefore need a different support model. Providers with large licenses are more likely to have help in their child care work (paid or non-paid assistants). As a result, they may have greater opportunity to engage in professional development that requires them to travel or takes place during child care hours. Since many HBCC providers offer non-traditional hours care, the time "outside" of child care hours is constrained. Family child care providers with large licenses were more likely to participate in a variety of professional development and quality improvement programs (Family Child Care Home Education Network, Emergency Child Care Bridge Program for Foster Children, Early Head Start – Child Care Partnership (EHS-CCP), Quality Start Los Angeles, and Quality Start Los Angeles Dual Language Initiative) as compared with providers with small licenses.

Similar results were found in the engagement of general types of professional development where FFN providers were least engaged, followed by FCC providers with small licenses, and FCC providers with large licenses participated the most in workshops or trainings, coaching, and home visitation activities. New programs and supports should account for these group differences and not treat FCC providers as a single, monolithic group. Leveraging existing connections, programs, and funds to provide holistic and continuous set of supports for providers is recommended. For example, existing programs such as Family Child Care Networks, Child Care Initiative Project (CCIP), and Quality Start Los Angeles (QSLA) should be leveraged and aligned to support providers at different points in their career ladder.

RECOMMENDATION 3: Develop and implement new models for engaging providers

Lessons learned from this landscape analysis include the need for new models of outreach and engagement with HBCC providers. Ensuring those who are typically underrepresented in programs and services requires significant investments in time and the use of multiple methods across a diverse range of partnerships. The successes of this project in reaching significant numbers of providers and parents were due to the use of a variety of outreach methods (email blasts, phone calls, social media posts, community meetings, etc.), on multiple occasions, in four languages, by multiple community-based and trusted partners.

However, some limitations were realized, and new lessons can be learned. Specifically, some geographies may have been under-represented where the agencies serving that area are not members of key collaboratives. Engaging communities that are the most marginalized (e.g., those not well connected to technology, those who may fear agency contact due to immigration status or other factors, specific language groups, etc.) may also require additional phone calls or working in the community where these providers naturally congregate, which are extremely time-intensive and costly. Additional support for this level of outreach could have increased the ability to reach more Armenian- and Chinese-speaking providers, providers in SPA 8, as well as those who are not typically connected to technology. Many providers are already informally networked with other providers and they could be incentivized to reach additional members of the community.

An additional under-represented group of providers are the FFN providers who do not receive child care subsidy payments. To reach providers not connected to any formal system, some successful models across the nation include large-scale, expensive household calling or small-scale, community-based methods. If the informal (non-subsidized) FFN population is of interest, an alternative model may be to recruit through the K-12 system where providers drop off and/or pick up children from school. Snowballing outreach methods could be used for providers not typically connected to systems as well as those who are.

Regardless of outreach method, efforts need to be repeated (some providers may not be ready to receive information the first few times they experience outreach) and implemented using a variety of modalities (email, phone, social media, personal invitations, or word of mouth, community events) and in multiple languages. All of this requires additional staff time, that is not currently funded. To reach the providers who are often under-represented and may care for the most under-resourced families, additional funding is needed to perform effective outreach. Finally, leaders may want to consider a pilot to implement methods for the state to come into compliance with federal guidelines regarding child care providers (e.g., visits) that could also serve as an outreach and required entry point for supports and services.





Once outreached to, the next important step to consider is how to effectively engage and retain providers in programs and services. Leveraging the strengths of trusted organizations that have relationships with providers and reflect the racial, cultural and linguistic characteristics of the community is essential. Prior research (Shivers, Yang & Farago, 2016) found that high participation rates and improvement in FFN quality was linked to program implementation methods. Specifically, hiring staff that are bilingual and bicultural and share the same cultural heritages as most of the providers, outreach based on natural connections where providers congregate (schools, faith-based organizations, libraries, and community centers), relationship-based supports, and flexible and customized programs that meet the needs of specific providers. A recommendation aligned with this arose from the community convenings. Specifically, several providers and agency staff suggested the need to incentivize participation for all providers and to use promotoras for outreach and engagement of FFN providers. Promotoras are volunteer or paid workers who are from the community, share the same language, culture, ethnicity, and experiences of the community. They build and maintain relationships of trust and respect in their communities and often act as a liaison between a program or service and the members of the community to reduce barriers to services (e.g., health, education, income supports, etc.).

Once programs reach providers, they need to address challenges that prevent providers from engaging in programs and services. Top barriers to engaging in professional development for both groups of providers (particularly for FCC providers) include lack of time, inconvenient time or location, and cost of professional development activities. Family, friend and neighbor providers described transportation as a

barrier more often than FCC providers. Given the time and location barriers for both groups of providers, the assumption that providers will travel to a location after a long, often 12-hour day of work may be accurate for those who are resourced (for example, have an assistant, a partner, etc.), but may not be inclusive enough for all providers.

RECOMMENDATION 4: Ensure seamless, responsive, and holistic models of support for providers

This landscape analysis confirmed a well-documented fact about child care providers – they are under resourced and in need of systems of support that are easy to navigate. The top two challenges for both provider groups were low pay and COVID-19. Family child care providers were more likely than FFN providers to cite the following challenges: COVID-19, lack of benefits, burnout, and mental health. Addressing these needs will help prevent the slow burnout and the tipping points described by Bromer et al. (2021) as FCC providers leave the field in significant numbers.

Food was a central theme in the surveys, interviews, and community convenings with FFN providers. Provision of food was an expression of love, culture, and support. However, this was contrasted with themes of high food costs for the children in their care, particularly for nutritious food. Given their extension of the family, this may be a key area for resources as they regularly support the child and often the family with food. One-on-one guidance through enrollment and the requirements of the Child and Adult Care Food Program (CACFP) could provide vital support. Family, friend, and neighbor providers also discussed challenges with being able to pay for utilities and other bills. As supportive programs are designed, it is essential to consider that quality care cannot occur if rent and utilities are unpaid and there is a lack of access to nutritious food.

Recommendations were provided in a report by Duane Dennis (2022) to F5LA that were based on programs in other states that could help sustain providers with their basic necessities. Ensuring FCC providers in Massachusetts were enrolled in CACFP (Child and Adult Food Program) helped them stay in business. Family, friend, and neighbor providers who receive subsidies in Washington and New York City must engage in certain activities (e.g., play and learn groups or training and home visitation) where resources are provided. Finally, direct cash transfers (DCTs) are being implemented in Colorado along with child development supports for FFN providers. Some of these are government funded and some are funded through philanthropy. One of the many recommendations that came out of a trip to New York City as part of this project was that resources and supports need to be redesigned so providers can access multiple systems of support from single entry points. Therefore, as program elements are developed, ease of access for providers should be considered.

Ensuring the basic needs of providers are met can help ensure they are ready to engage in professional development activities – it's difficult to focus on learning while worrying about rent and food. Providers in this project shared about how they engage in professional development and their interests. Family child care providers were more likely to want information from R&R agencies and through workshops and conferences as compared with FFN providers. Staffed support networks are well-known models of success for FCC providers (Bromer & Porter, 2017), fostering connections and building quality and business skills. Successful examples in California include the Family Child Care Home Education Network (FCCHEN) and Early Head Start-Child Care Partnerships. Staffed support networks are recommended for consideration and expansion.

The top areas of interest in professional development topics expressed by providers in this landscape analysis align with prior research: child development, behavior management and guidance and curriculum/activities for children. A greater percentage of FCC providers mentioned interest in many of the topics, compared with FFN providers. The FFN providers who expressed interest in becoming licensed had Spanish or Mandarin as their home languages and expressed concern regarding language barriers and expectations for their homes from licensing. Given the need for more support for Los Angeles County's Dual Language Learning children, it is essential that these providers have the support needed to become licensed.

This landscape analysis confirmed the fact that child care providers are under-resourced and have a wide variety of unique needs. Providers may at times not recognize their own needs when asked directly. For example, in this project many providers denied having needs for resources but when later asked about their child care they would mention struggling to afford food for the children in their care. The field needs a seamless menu of services offered to meet the needs of each unique provider; where their needs are frequently assessed (often through reflective conversations) and met. Staff trained in this type of listening and with the knowledge of available resources to meet a large variety of needs is essential to supporting the HBCC workforce.



RECOMMENDATION 5: Support a mixed delivery system and livable wages to ensure the ongoing sustainability of the child care provider community

The lack of adequate pay and declining enrollments were voiced by providers in surveys, focus groups, interviews, and community convenings. The top challenge reported by FCC and FFN providers was low pay. Although welcome, the increase to the state's reimbursement rates on January 1, 2022, did not keep pace with inflation (CCRC, 2022). In addition to not keeping pace with inflation, reimbursement rates also do not approach the level needed to support quality environments. Analyses showed a shortfall of \$477/month to reach base quality levels and \$1,374/month to reach aspirational quality levels in FCC homes (CCRC, 2022). Additionally, basing reimbursement rates on surveys of the current market is a policy method that ensures communities remain under-resourced. Families with young children are often at the beginning stage of their career and do not have significant purchasing power. Additionally, providers often subsidize the rates they receive (e.g., many providers talk about suppressing their own rates because parents cannot afford care and purchasing supplies out of their own pockets, much like K-12 teacher do, for families such as diapers, food, etc.). This creates artificially low rates. Therefore, basing reimbursement rates on what these families can pay illustrates the systemic cycle that ensures low pay for providers and that communities remain under-resourced. As a part of the Rate and Quality Workgroup efforts in California, movement toward a cost-based model is recommended as key to ensuring all providers can cover their business costs, provide quality care, and remain sustainable businesses and resources to the community (Capito, Fallin Kenyon, & Workman, 2022). A long-term view is needed for how to implement this, given the upcoming economic slowdown.

Many FCC providers voiced concerns during focus groups and community sessions regarding their perception of a disappearing mixed-delivery system. Recent policy research conducted by CCRC also found this concern from providers from across the state. Providers are facing an unprecedented decline in enrollments. The California R&R Network reported a 37% decline in FCC homes between 2008-2017 and an additional 10% decline between January 2020 and January 2021. These declines are likely a result of multiple factors (economic slowdowns with parents losing jobs, declining birth rates, families moving to more affordable counties, increases in free preschool options, etc.). These declines in available FCC homes result in child care deserts, placing severe constraints on the ability of parents to choose licensed care options that best meet their family's needs (especially non-traditional hours, language or cultural needs, care for children with special needs, etc.). Any program or policy change that does not support or include HBCC providers will continue to push them out of business, further limiting parental choice, particularly for those who have children under age 4 years.

The increase in free preschool options for parents is an incredible opportunity to relieve one of their major family expenses. However, if this is not done in an inclusive and flexible manner the expansion of Transitional Kindergarten (TK) may result in the perfect storm—pushing more HBCC providers out of business. The state intends for school districts to partner with community-based child care. Given the fact that Los Angeles Unified School District is the second largest in the nation (second only to New York City) this will require tremendous resources to involve the community-based provider voice in the roll-out and implementation of TK. As part of this project, a team was sent to New York City to learn from their experts on developing a supportive and inclusive mixed-delivery system. A key lesson learned from those in New York was that





having Universal Preschool funds directed solely to center-based programs resulted in the closure of many community-based child care programs due to the inability to enroll enough families. When New York City began development of a universal program for 3-year-old children, they learned the important lesson that they needed to include HBCC providers in their universal system. Including HBCC providers in the design and implementation of TK will ensure their sustainability and availability to parents who use and need this type of care. Champions and collaborators are needed to continue advocating for a mixed delivery system and partner with school districts to help serve all children.

RECOMMENDATION 6: Develop strategic partnerships to sustain home-based child care

Government participation is essential to re-envisioning a system that works for HBCC providers and strives for structural change. The relationship of government with CBOs will be critical to achieving system change and building an equitable and high-quality system of care. Many advocacy groups currently examine and evaluate the policies that create barriers at the local, state, and federal level and work for positive change. Ensuring information from this analysis (and future work by the Provider Advisory Group) informs these groups will be key to realizing desired changes.

New funder-community models and partnerships need to be fostered. Ensuring a collaborative and collective approach will ensure the future success and sustainability of programs for HBCC providers. Many funders and/or conveners have proven track records for supporting this group including the David and Lucile Packard Foundation, Home Grown, and the Ballmer Group. Any complex challenge must be met with complex solutions. Ensuring government, philanthropy, CBOs, and community members have opportunities to work together toward a common goal will ensure greater equity in opportunities for children, families, and providers to thrive.

Appendices

Appendix A. Description of Convenings and Participant Demographic Information

Overview: Community convenings were conducted with multiple stakeholders across Los Angeles County in October 2022. These convenings were intended as an opportunity to engage the community and gather input to 1) help interpret the data collected through the landscape analysis, 2) formulate additional questions to explore in the future, and 3) begin generating recommendations.

Recruitment: CCALA, its member agencies, and First 5 LA worked together to recruit participants and conduct 12 convenings, as described in Table A1.

Specific members from the Best Start Community Partners, Community Based Organizations, funders, state leaders, and County Offices were contacted by email and invited to participate.

In order to ensure representation from across the county, parents and home-based child care providers who had not yet participated in the landscape analysis were given priority to partake in community convenings and have their voices heard. When the dates for the convenings were set, information about them was distributed by email to home-based providers and parents of children 6 years and younger. Home-based child care providers and parents then completed an interest form that asked for basic information such as their name, zip code, ethnicity, and age of their children or children served. Groups of 30 potential participants, with priority given to those who had not participated in the data collection phase (survey, key informant interviews, and focus groups) of the landscape analysis, were selected from each group and invitations were distributed. Home-based providers and parents received a \$25 gift card for their participation. For demographic information about the HBCC providers and parents who attended the sense-making sessions, see Tables A2-A5.

Community Convening Agendas: Each convening was tailored to the participating group with 1) specific data components relevant to that group and 2) the manner in which data was presented (e.g., more narrative-focused for community members and more tabular presentation of data for agencies). However, the structure of the sessions was the same across all groups and included the following:

- Overview of the Los Angeles County Home-Based Child Care Landscape Analysis and purpose of the community convenings
- Presentation and discussion of the data most relevant to each group
- Discussion of further analyses of the data needed and conversations about potential recommendations

TABLE A1. COMMUNITY CONVENINGS (“SENSE-MAKING”) TO GATHER INPUT ON INTERPRETATION OF RESULTS AND COLLECT RECOMMENDATIONS

COMMUNITY GROUP	DATE CONVENED	NUMBER AND DESCRIPTION OF PARTICIPANTS
Quality Start Los Angeles (QSLA) Data System and Evaluation Committee (DSE)	9/20/22	Nine participants from the DSE Committee and First 5 LA
Family, friend, and neighbor (FFN) providers (English)	10/4/22	Ten FFN providers who provide care for children birth to 5 years old
Family child care providers (English)	10/4/22	Nine FCC providers who take care of at least one child birth to 5 years old
Child Care Planning Committee	10/5/22	Forty members representing parents, early educators, community organizations, child care Resource and Referral agencies, institutions of higher education, and Board of Supervisor appointees
Family child care (FCC) providers (Spanish)	10/5/22	Nine FCC providers who take care of at least one child birth to 5 years old
Parents	10/6/22	Nine parents of children birth to 6 years old who use home-based child care
Best Start Communities, Community Based Organizations, and County Offices	10/11/22	Seventeen members of Best Start Community Partner and other Community Based and County Organizations
Best Start Communities, Community Based Organizations, and County Offices	10/18/22	Twenty-seven members of Best Start Community Partner and other Community Based and County Organizations
Resource and Referral Staff	10/19/22 and 10/24/22	Twenty-one staff members from Resource and Referral agencies who work directly with family child care and license-exempt providers
First 5 LA ECE Team	10/20/22	Members of the First 5 LA ECE Team
First 5 LA Provider Advisory Group (PAG) (English with simultaneous translation in Mandarin and Spanish)	10/26/22	Members of the First 5 LA Provider Advisory Group

TABLE A2. DEMOGRAPHICS AND BACKGROUND- PARENT COMMUNITY CONVENING

PARENT PARTICIPANTS (N=9)	
Types of Care Used	
Family Child Care (FCC)	56%
Family, Friend, and Neighbor Care (FFN)	44%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	0%
Black or African American	44%
Hispanic or Latino	22%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	11%
Multiracial	22%
Other	0%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	22%
SPA 2: San Fernando Valley	22%
SPA 3: San Gabriel Valley	0%
SPA 4: Metro LA	0%
SPA 5: West	22%
SPA 6: South	22%
SPA 7: East	0%
SPA 8: South Bay	11%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	56%
Completed a Survey and Participated in a Focus Group	33%
No Prior Participation	11%

TABLE A3. DEMOGRAPHICS AND BACKGROUND: FFN COMMUNITY CONVENING

FFN PARTICIPANTS (N=10)	
Relationship to Child	
Grandparent	40%
Other Relative	30%
Child of Spouse/Significant Other	20%
Multiple Ties to Child	10%
Ages of Children (n=30)	
0-5 years old	57%
6+ years old	43%
Ethnicity	
American Indian or Alaskan Native	10%
Asian or Asian American	0%
Black or African American	50%
Hispanic or Latino	20%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	10%
Multiracial	10%
Other	0%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	30%
SPA 2: San Fernando Valley	50%
SPA 3: San Gabriel Valley	10%
SPA 4: Metro LA	10%
SPA 5: West	0%
SPA 6: South	0%
SPA 7: East	0%
SPA 8: South Bay	0%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	20%
Completed a Survey and Participated in a Key Informant Interview	20%
No Prior Participation	60%

TABLE A4. DEMOGRAPHICS AND BACKGROUND: FCC COMMUNITY CONVENING (ENGLISH)

FCC PARTICIPANTS (N=9)	
FCC License Size	
Small (1-8 Children)	22%
Large (9-14 Children)	78%
Number of Years in the ECE Field	
0-5 Years	33%
6-10 Years	11%
11-15 Years	11%
16-20 Years	11%
21-25 Years	0%
26-30 Years	11%
31-35 Years	11%
No Response	11%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	11%
Black or African American	44%
Hispanic or Latino	11%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	33%
Multiracial	0%
Other	0%
Ages of Children	
0-5 years old	79%
6+ years old	21%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	0%
SPA 2: San Fernando Valley	11%
SPA 3: San Gabriel Valley	22%
SPA 4: Metro LA	11%
SPA 5: West	0%
SPA 6: South	11%

FCC PARTICIPANTS (N=9)	
SPA 7: East	0%
SPA 8: South Bay	44%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	89%
Completed a Survey and Participated in a Focus Group	0%
No Prior Participation	11%

TABLE A5. DEMOGRAPHICS AND BACKGROUND: FCC COMMUNITY CONVENING (SPANISH)

	FCC PARTICIPANTS (N=9)
FCC License Size	
Small (1-8 Children)	22%
Large (9-14 Children)	78%
Number of Years in the ECE Field	
0-5 Years	11%
6-10 Years	11%
11-15 Years	44%
16-20 Years	11%
21-25 Years	22%
26-30 Years	0%
31-35 Years	0%
Ethnicity	
American Indian or Alaskan Native	0%
Asian or Asian American	0%
Black or African American	11%
Hispanic or Latino	67%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	0%
Multiracial	11%
Other	0%
Prefer Not to Answer	11%
Ages of Children (n=75)	
0-5 years old	63%
6+ years old	37%
Service Planning Areas (SPAs)	
SPA 1: Antelope Valley	11%
SPA 2: San Fernando Valley	0%
SPA 3: San Gabriel Valley	11%
SPA 4: Metro LA	11%
SPA 5: West	0%

	FCC PARTICIPANTS (N=9)
SPA 6: South	44%
SPA 7: East	0%
SPA 8: South Bay	22%
Prior Participation in the HBCC Landscape Analysis	
Completed a Survey	33%
Completed a Survey and Participated in a Focus Group	11%
No Prior Participation	56%

Appendix B. Data Governance and Security, Quality Assurance, and Validation of Survey Data

Data Governance and Security

All data collected, including recordings of FGs and KIs, were stored on secure servers at CCRC. Folders that store the data had strict permission and access settings that allow only authorized users in the CCRC Research Department to view the data. Electronic data were de-identified by creating a link file where a participant's name and contact information were removed, each participant was then assigned a unique ID, and this ID linked the contact information file with the anonymized survey and interview files.

Quality Assurance and Validation of Survey Data

Measures to ensure that only valid survey submissions were included in the dataset for this study have been taken throughout the process starting from the design of the tools through the analysis of the data.

Guardrails were embedded into the surveys when they were built in Jotform to ensure that responses that are not feasible were not allowed as entries in the surveys. For example, lower and upper limits were set for variables such as year born and number of hours worked during the week to exclude responses that were outside the realm of possibility. After the surveys launched, entries were monitored in real time to ensure all surveys were functioning correctly and that any issues that arose were rectified immediately.

Some minor anomalies identified in the first few entries were corrected by changing the wording for one of the questions when initial responses indicated clarity in the question may have been lacking.

In addition, to prevent data that could have potentially been survey fraud, measures were taken to validate the data after it was submitted. The REAL (Reflect, Expect, Analyze, and Label) framework (Lawlor, Thomas, Guhin, et al, 2021) was used to systemize the process of reviewing the data and make determinations to exclude or include specific survey submissions in the dataset for analyses.

Reflection on potential vulnerabilities of the survey and built-in design elements to avoid fraud:

Because the survey links had been distributed widely, including via social media postings, it was necessary to carefully review the data as the survey may have been vulnerable to fraud in order to receive the incentive for participating in the survey, entry into a drawing for \$50 Target gift cards. Initial measures were put in place to limit instances of fraud, including requiring a participant to provide their name, telephone number, and either an email address or a physical address in order to be eligible for the gift card drawings. To ensure confidentiality, identifying information was removed from the data file used for data analysis after the data verification process was complete.

Expectation of data, identification of specific patterns, and review of irregular data: In a few instances, survey submissions were flagged as irregular and examined. For example, some initial survey submissions indicated that parents had 10-20 children in each age group, a number beyond what would be expected or perceived as feasible. Additionally, some IP addresses connected to submissions were outside of the country and numerous surveys included invalid area codes.

Analysis of the data for patterns: Additionally, we identified several patterns indicating that submissions may have been fraudulent, including multiple surveys with almost the same exact responses, multiple submissions entered at almost the same exact time, errors in names where last names were repeated, a specific pattern in email addresses provided, and other anomalies.

Labeled and decided on a threshold for making the determination: Finally, we developed criteria to help uniformly identify and remove fraudulent submissions. No one piece of information alone was used to determine whether a record was valid or not. As patterns were analyzed, each submission was marked to indicate whether it fit any of the potentially fraudulent patterns and determinations were made on what data to include and exclude. Data were reviewed both within survey groups and across all three surveys (FFN, FCC, and Parent) to identify potential duplicates. As potential duplicates were identified, they were reviewed, and determinations were made on which submissions to include or exclude.



Appendix C. Key Informant Interview and Focus Group Participant Demographic Information

TABLE C1. DEMOGRAPHIC INFORMATION: FFN KEY INFORMANT INTERVIEWS

	FFN PARTICIPANTS (N=30)
Age of Participants	
Under the age of 20	0%
20 to 29	10%
30 to 39	10%
40 to 49	23%
50 years or older	43%
No Response	13%
Ethnicity	
American Indian or Alaskan Native	3%
Asian or Asian American	13%
Black or African American	30%
Hispanic or Latino	50%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	7%
Multiracial	3%
Other	0%
Gender	
Male	7%
Female	93%
Language (Interview)	
English	50%
Mandarin	13%
Spanish	37%
Primary Home Language	
English	50%
Mandarin	13%
Spanish	37%

	FFN PARTICIPANTS (N=30)
Education Level	
Less than High School	27%
High School Diploma or GED	3%
Trade or Technical School Certificate	3%
Some College, but No Degree	23%
Two-year College Degree (AS, AA)	6%
College Graduate (BS, BA)	6%
Some Graduate School	3%
Graduate/Professional Degree (MS, MA, etc.)	6%
No Response	23%
Annual Household Income	
Under \$15,000	23%
\$15,000 to \$25,000	10%
\$25,001 to \$35,000	20%
\$35,001 to \$50,000	10%
\$50,001 to \$65,000	3%
\$65,001 to \$85,000	6%
More than \$85,000	3%
No Response	23%
Relationship to Child	
Grandparent	47%
Aunt/Uncle	7%
Other Relative	33%
Unrelated (Family Friend, Neighbor, etc.)	10%
Other	3%

TABLE C2. DEMOGRAPHIC INFORMATION: FCC FOCUS GROUP PARTICIPANTS

	FCC PARTICIPANTS (N=63)
Focus Group Language	
Armenian	6%
English	40%
Mandarin	14%
Spanish	40%
Age of Participants	
Under the age of 20	0%
20 to 29	0%
30 to 39	5%
40 to 49	27%
50 years old or older	57%
No response	6%
Ethnicity	
American Indian or Alaska Native	0%
Asian or Asian American	16%
Black or African American	22%
Hispanic or Latino	48%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	13%
Multiracial	2%
Other	2%
No response	2%
Primary Home Language	
English	40%
Mandarin	14%
Spanish	40%
Armenian	6%

	FCC PARTICIPANTS (N=63)
Annual Household Income	
\$15,000 or less	3%
\$15,001 to \$25,000	8%
\$25,001 to \$35,000	13%
\$35,001 to \$50,000	21%
\$50,000 to \$65,000	8%
\$65,001 to \$85,000	17%
\$85,001 to \$100,000	10%
\$100,000 or more	10%
No response	11%
Education Level	
Less than a high school diploma	5%
High school graduate or GED	14%
Trade or technical school certificate	3%
Some college, but no degree	28%
Two-year college degree (AA, AS)	17%
College graduate (BA, BS)	13%
Some graduate school	2%
Graduate/Professional degree	11%
No response	6%

TABLE C3. DEMOGRAPHIC INFORMATION: PARENT FOCUS GROUP PARTICIPANTS

PARENT PARTICIPANTS (N=24)	
Focus Group Language	
Armenian	17%
English	33%
Mandarin	25%
Spanish	25%
Age of Participants	
Under the age of 20	0%
20 to 29	4%
30 to 39	46%
40 to 49	25%
50 years old or older	0%
No response	25%
Ethnicity	
American Indian or Alaska Native	0%
Asian or Asian American	25%
Black or African American	29%
Hispanic or Latino	29%
Native Hawaiian or Pacific Islander	0%
White or Caucasian	21%
Multiracial	4%
Other	0%
Primary Home Language	
Armenian	17%
English	33%
Mandarin	25%
Spanish	25%

PARENT PARTICIPANTS (N=24)	
Annual Household Income	
\$15,000 or less	8%
\$15,001 to \$25,000	29%
\$25,001 to \$35,000	13%
\$35,001 to \$50,000	13%
\$50,000 to \$65,000	4%
\$65,001 to \$85,000	4%
\$85,001 to \$100,000	0%
\$100,000 or more	0%
No response	29%
Education Level	
Less than a high school diploma	0%
High school graduate or GED	17%
Trade or technical school certificate	21%
Some college, but no degree	17%
Two-year college degree (AA, AS)	17%
College graduate (BA, BS)	4%
Some graduate school	0%
Graduate/Professional degree	0%
No response	25%
Types of Care Used	
Family Child Care (FCC)	88%
Family, Friend, and Neighbor Care (FFN)	12%

Appendix D. Additional Data Charts and Analyses

Participant Demographic Information

Education

When reporting the highest educational degree achieved in the United States, the median education reported by FCCs was Some College, by FFNs it was High School Graduate or GED, and by parents it was Trade School or Technical School Certificate. FFNs had a greater than expected proportion reporting Some College or less than the other two groups (X^2 (df=4, N=1,795) = 60.0, $p < .001$). Greater than expected proportions of FCCs with small licenses reported their highest level of education as Some College or less than FCCs with large licenses while more FCCs with large licenses reported a BA Degree or Higher than those with small licenses (X^2 (df=2, N=702) = 12.68, $p < .01$).

TABLE D1. HIGHEST LEVEL OF EDUCATION COMPLETED IN THE UNITED STATES

HIGHEST DEGREE	FCC (N=702)	FFN (N=416)	PARENTS (N=679)
Less than a High School Diploma	9%	24%	8%
High School Graduate or GED	15%	27%	29%
Trade or Technical School Certificate	6%	8%	12%
Some College, but No Degree	29%	22%	22%
Two-Year College Degree (AA, AS)	17%	9%	10%
College Graduate	15%	5%	12%
Some Graduate School	2%	1%	2%
Graduate / Professional Degree	7%	4%	4%
Doctorate Degree	1%	<1%	<1%

TABLE D2. HIGHEST LEVEL OF EDUCATION IN UNITED STATES FOR FCC PROVIDERS, BY LICENSE SIZE (WITH COLLAPSED EDUCATION CATEGORIES)

HIGHEST DEGREE	SMALL FCC (N=202)	LARGE FCC (N=500)
Some College or Less	69%	55%
Two-Year College Degree (AA, AS)	14%	18%
BA Degree or Higher	16%	27%

Household Income

The 2021 Federal Poverty Level (FPL) for a family of 4 is \$27,750 and MAGI (Modified Adjusted Gross Income for Medi-Cal or 138% of FPL) for a family of 3 is \$31,782.²⁴ However, the level at which a family of 3 in Los Angeles County can qualify for subsidized child care is \$82,104.²⁵ As seen in Table D3, more parents and FFN providers are in the lowest income categories as compared with FCCs (X^2 (df=4, N=1,648) = 451.41, $p < .001$). Within the FCC group, Table D4 illustrates that a higher proportion of FCC providers with a small license have the lowest level of income compared with the FCC providers with larger licenses (who have greater percentages in the higher income level), X^2 (df=2, N=617) = 46.52, $p < .001$). Information is presented on the proportions of FCC, FFN, and Parents who fall above and below the FPL and SMI (See Table D5). Caution should be exercised while interpreting this income data given the non-response rates of 20% for FCCs and 16% for FFNs.

TABLE D3. HOUSEHOLD INCOME IN 2021

INCOME LEVEL	FCC (N=617)	FFN (N=385)	PARENTS (N=646)
\$15,000 or less	6%	35%	33%
\$15,001-\$25,000	7%	29%	22%
\$25,001-\$35,000	13%	16%	20%
\$35,001-\$50,000	19%	10%	15%
\$50,001-\$65,000	16%	4%	5%
\$65,001-\$85,000	14%	4%	3%
\$85,001-\$100,000	14%	1%	1%
\$100,001 or more	11%	1%	1%

TABLE D4. FEDERAL POVERTY LEVEL AND STATE MEDIAN INCOME

INCOME LEVEL	FCC (N=617)	FFN (N=385)	PARENTS (N=646)
Above FPL	81%	31%	30%
Below FPL	19%	69%	70%
Above SMI	16%	1%	2%
Below SMI	84%	99%	98%

Note: FPL = Federal Poverty Level; SMI = California State Median Income

24 https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_ADAP_Federal_Poverty_Guideline_Chart.aspx

25 <https://www.hcd.ca.gov/docs/grants-and-funding/inc2k22.pdf> 221

HBCC Provider Age

FFNs providers are younger ($M=49.5$, $SD=13.7$) than FCCs ($M=53.5$, $SD=10.8$), $t(1154)=5.6$, $p<.001$). FCCs with a small license are on average younger ($M=44.4$, $SD=22.1$) compared with FCCs with a large license ($M=52.3$, $SD=21.8$), $t(717)=2.3$, $p=.05$. Table D5 represents the proportion of each group within age category.

TABLE D5. AGE CATEGORY OF SURVEY PARTICIPANTS

AGE	FCC (N=719)	FFN (N=437)	PARENTS (N=686)
18-34 years old	6%	18%	56%
35-44 years old	15%	14%	39%
45-64 years old	65%	56%	4%
65 years and older	15%	12%	<1%

Marital Status

When comparing the three participant groups by marital status, the Chi-square independence test showed a relationship between participant type and marital status ($X^2(df=2, N=1,790) = 261.96$, $p<.001$). Marital status of the FCC survey participants was very much in line with the percent of FCCs married or partnered in LA County and those who are unmarried or single. Sixty-five percent of the FCC in this sample reported they are married or partnered in this sample compared with 68% in the sample from the CSCCE. Similarly, 29% reported they are unmarried or single compared with the 32% in the CSCCE sample (See Table D6).

TABLE D6. MARITAL STATUS OF SURVEY PARTICIPANTS

MARITAL STATUS	FCC (N=775)	FFN (N=459)	PARENTS (N=641)
Never married, not living with a partner	8%	28%	48%
Married, living with a partner	65%	42%	23%
Separated	4%	5%	12%
Divorced	11%	12%	6%
Widowed	6%	4%	1%
Prefer not to answer / Missing	6%	9%	10%

HBCC Provider Tenure

There is a significant difference in the number of years FCCs have had their license when grouped by license size. FCCs with small licenses ($M=11.6$, $SD=7.9$) have had their license less time than FCCs with large licenses ($M=16.0$, $SD=8.8$), $t(717) = 6.6$, $p<.001$. FCCs with small licenses ($M=16.0$, $SD=11.8$) have been working with or taking care of children that are not their own for less time than FCCs with large licenses ($M=21.2$, $SD=12.9$), $t(763)=5.2$, $p<.001$. FCCs with large licenses ($M=52.3$, $SD=21.8$) reported spending more hours a week taking care of children and running their business than FCCs with small licenses ($M=44.4$, $SD=22.1$), $t(767) = 4.6$, $p<.001$.

Children Served by HBCC Providers

TABLE D7. PROVIDERS SERVING SPECIFIC AGE GROUPS OF CHILDREN AND AVERAGE NUMBERS SERVED PER AGE GROUP

AGE GROUP SERVED	FCC SERVING AGE GROUP (N=775)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP	FFN SERVING AGE GROUP (N=459)	AVERAGE NUMBER OF CHILDREN PER AGE GROUP
Infants (0-12 months old)	64%	2	13%	1
Toddlers (13-36 months old)	85%	3	30%	1
Preschoolers (3-5 years old, not yet in kindergarten)	88%	3	48%	1
School-age children (5 years and older)	77%	4	73%	2
Serve at least one child 0-5 years old	96%	-	67%	-
Serve more than one age group	89%	-	47%	-

TABLE D8. PROVIDERS WHO SERVE CHILDREN WITH SUBSIDY

SUBSIDY STATUS OF CHILDREN IN CARE	FCC (N=766)	FFN (N=445)
Serve children with subsidy	72%	52%
Average number of children served with subsidy	7 children	2 children
Range of children served with subsidy	0-20 children	1-8 children

TABLE D9. PROVIDERS WHO SERVE CHILDREN WITH SPECIAL NEEDS, BY AGE GROUP

AGE GROUP SERVED	FCC SERVING AGE GROUP (N=768)	FFN SERVING AGE GROUP (N=457)
Infants (0-12 months old)	2%	4%
Toddlers (13-36 months old)	13%	14%
Preschoolers (3-5 years old, not yet in kindergarten)	18%	25%
School-age children (5 years and older)	16%	71%
Serve at least one child with special needs	39%	16%

Challenges During the Pandemic

TABLE D10. FCC PROVIDERS REPORTING CHALLENGES DURING THE PANDEMIC, BY PRIMARY HOME LANGUAGE

PANDEMIC CHALLENGE	ENGLISH (N=332)	SPANISH (N=330)	OTHER (N=97)
Decrease in child enrollment	56%	49%	60%
Financial hardship in running program ¹	47%	30%	50%
Difficulty in supporting children with distance learning ²	32%	46%	30%
Challenges with technology (lack of equipment, internet, knowledge) ³	16%	35%	24%
Not enough access to cleaning supplies and / or safety supplies ⁴	29%	16%	24%
Their own health / mental health or that of a family member ⁵	16%	24%	16%
Lack of educational activities to support children's learning at home	17%	17%	13%
Child mental health concerns ⁶	11%	20%	12%
Not enough food for the children in the program	5%	1%	3%
None of the above	8%	6%	8%
Not listed	0%	<1%	0%

¹ $X^2(2) = 25.60, p < .001$

³ $X^2(2) = 31.47, p < .001$

⁵ $X^2(2) = 7.29, p < .05$

² $X^2(2) = 9.43, p < .01$

⁴ $X^2(2) = 16.51, p < .001$

⁶ $X^2(2) = 17.18, p < .001$

Parent and Child Care Search Data

Age of Children and Services Received

TABLE D11. AGE OF THE YOUNGEST CHILD IN HOME-BASED CHILD CARE

Age of the Youngest Child in HBCC	PARENTS (N=710)
Less than one year old	11%
1 years old	17%
2 years old	21%
3 years old	18%
4 years old	14%
5 years old	14%
6 years old	5%

TABLE D12. PARENTS RECEIVING ASSISTANCE TO PAY FOR CHILD CARE

Subsidy	PARENTS (N=710)
Receives assistance to pay for child care	51%
Does not receive assistance to pay for child care	30%
Not known	19%

Factors Considered in Choosing Care

TABLE D13. TOP FACTORS CONSIDERED BY PARENTS IN THEIR SEARCH FOR CHILD CARE

FACTOR CONSIDERED IN CHILD CARE SEARCH	PARENTS (N=700)
Location of child care provider	71%
Safety / cleanliness / prevention of illness	66%
Flexible hours (early morning, night, or weekend care)	58%
Loving environment	43%
Cost of care	30%
Quality caregivers and teachers	25%
Reviews / reputation of child care provider	21%
Accreditation / Licensing of child care provider	18%
Individualized attention provided to each child	17%
Provider's values and principles	14%
Preparing children to enter school	13%
Opportunities for social-emotional learning (sharing, getting along with other children, etc.)	12%
Opportunities for cognitive development (e.g., improving how they think and reason)	9%
Caregivers who look like my family and/or speak the same language(s)	9%
Bilingual educational opportunities	8%
Approaches to guidance and discipline of children	7%
Diversity of children and teachers across race, ethnicity, and ability levels	3%
Not listed	2%

Note: Parents selected their "five top factors"

TABLE D14. MAIN REASON REPORTED BY PARENTS FOR DIFFICULTY IN FINDING CHILD CARE

REASON FOR DIFFICULTY IN FINDING CHILD CARE	PARENTS (N=287)
Cost of care	27%
The quality of care	21%
Lack of open slots for new children	19%
Location of provider	17%
I needed a program for children with special needs	4%
Hours / Schedule conflicts	4%
Other	8%

TABLE D15. PARENTS' SATISFACTION WITH VARIOUS ASPECT OF CHILD CARE

SATISFACTION WITH ASPECTS OF CHILD CARE	EXCELLENT	GOOD	FAIR	POOR
Having a nurturing environment for children	80%	16%	3%	<1%
Child safety	79%	16%	4%	<1%
My relationship with the provider	78%	18%	3%	<1%
Meeting my family's needs	77%	17%	5%	1%
How the provider communicates with me	77%	17%	4%	1%
Teaching children how to get along with other children	74%	19%	5%	1%
Affordability	70%	20%	5%	1%
Preparing children to enter school	66%	21%	9%	1%

TABLE D16. FACTORS INFLUENCING PARENTS' NEED TO CHANGE THEIR CHILD CARE ARRANGEMENTS WITHIN A YEAR

FACTORS INFLUENCING DECISION TO CHANGE CHILD CARE	PARENTS (N=141)
Location	32%
Schedule	31%
An environment better suited to my child's age	26%
An environment better suited to my child's needs	18%
Cost	17%
Quality of care provided	16%
Child is aging out of the current child care arrangement	9%
Provider will no longer be working in child care or is retiring	4%
Prefer not to answer	11%
Not Listed	12%

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“What I like most about the home-based child care my child is in is that the provider is my friend and she treats my daughter like her own which makes me feel comfortable.”
– Parent of a toddler in FFN care





"Over the years it's been challenging and fulfilling, something that I felt that I would have never done but I'm so glad and pleased that I did it. I helped so many families and children who come back to visit me and a few that I now have their children that I had years ago at a younger age. I'm very appreciative in the opportunity of serving my community in family home child care based care. It's been a privilege. And I hope many more years to follow and good status."

– FCC Provider



The authors would like to acknowledge the hard work and dedication of child care providers throughout Los Angeles County. The time given to this project by child care providers, parents, and agency staff who support them helped ensure the findings and recommendations are relevant to our communities.

The research for this brief was conducted by the [Child Care Resource Center](#).



For questions about the tools, methods, and analyses in this project, please contact: [Olivia Pillado](mailto:opillado@ccrcca.org) at opillado@ccrcca.org or [Dr. Susan Savage](mailto:ssavage@ccrcca.org) at ssavage@ccrcca.org

For information regarding the Home-Based Child Care Project contact: [Fiona Stewart](mailto:fiona.stewart@ccala.net) at fiona.stewart@ccala.net

Strategic Plan Reset: Using Parent and Early Educators Voices and Data to Inform Our Systems Change Approach for Early Care and Education

Presentation by:

John Wagner, Executive Vice President

Gina Rodríguez, F5LA ECE Team

Susan Savage, Child Care Resource Center

Olivia Pillado, Child Care Resources Center

Jenny Liao, Liao Family Child Care

Justine Flores, Flores Family Child Care

Lea Austin, UC Berkeley

Center for the Study of Child Care Employment

Anna Powell, UC Berkeley

Center for the Study of Child Care Employment

Board of Commissioners Meeting

July 13, 2023



Agenda

- Dive deeper into the landscape of home based child care in LA County
- Hear directly from child care providers about their experiences
- Understand parents' perspective on family, friend, neighbor, and nanny care



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Home Based Child Care Strategy History

- September 2021 Board of Commissioners Approved Strategic Partnership to move forward with the Landscape Analysis to understand the needs of Family Child Care (FCC) and Family Friend & Neighbor (FFN) care in Los Angeles County and the families who access them within the subsidy system
- Landscape Launched in February of 2022
- In February 2023 at the PPC, presented an update on some of landscape findings and a snapshot of the overall recommendations
- Currently in the dissemination phase
- Contracted Partners: Child Care Alliance of LA (CCALA) & CCRC

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Home Based Child Care Context

- A key component of California's child care landscape is Home Based Child Care (HBCC).
- It is the most common form of nonparental child care for infants and toddlers; HBCC is also used the most by historically marginalized families.
- Home based providers are primarily women of color.
- Most children (80%) receiving subsidized care are in home-based settings; state-funded quality supports have largely been designed for center-based care (i.e., CSPP).
- HBCC early educators and the children in their care do not have equitable access to the resources necessary to provide the highest quality of care.

Questions to Consider

- What are the opportunities for First 5 LA and partners to better support children in Home-Based settings?
- What do early educators need? How can they be supported?
- How can this presentation inform our Strategic Plan reset?



The Landscape of Home-Based Child Care in Los Angeles County: A Framework for Future Planning

Report Highlights

July 13, 2023

Susan Savage, Ph.D., Research Director, Child Care Resource Center
Olivia Pillado, M.A., Research Manager, Child Care Resource Center



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Overview of the HBCC Landscape Study

Data collection with equity focus – conducted in Armenian, English, Chinese, and Spanish with additional outreach to African-American providers.

All tools and methods developed and vetted with community.

- Surveys with 459 family, friend, and neighbor providers, 775 licensed family child care providers, and 710 parents who use home-based care for at least one child 0-6 years of age
- 30 interviews with FFN
- 12 focus groups with FCCs and Parents
- 12 Community Convenings with all groups and CBOs

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Surveys: Race and Ethnicity



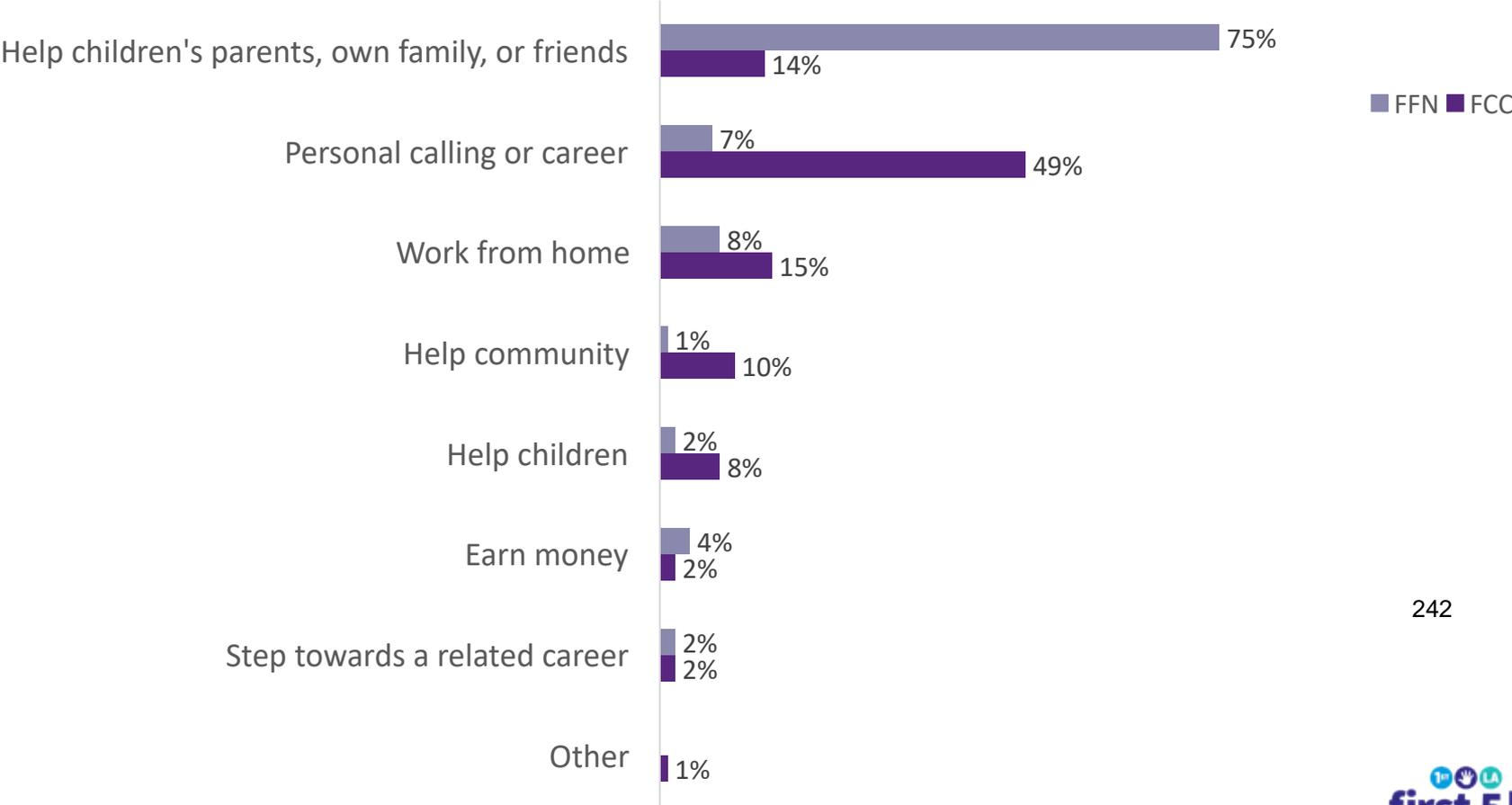
RACE / ETHNICITY	LA FCC (CSCCE)	FCC (N=775)	FFN (N=459)	PARENTS (N=710)
American Indian or Alaskan Native		1%	2%	2%
Asian or Asian American	13%	9%	2%	2%
Black or African American	19%	15%	28%	21%
Hispanic or Latino	43%	57%	58%	55%
Native Hawaiian or Pacific Islander		0%	<1%	1%
White or Caucasian	17%	13%	10%	19%
Multiple ethnicities	5%	2%	3%	5%
Not listed	4%	2%	<1%	1%
Prefer not to answer		6%	5%	5%

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Group Characteristics

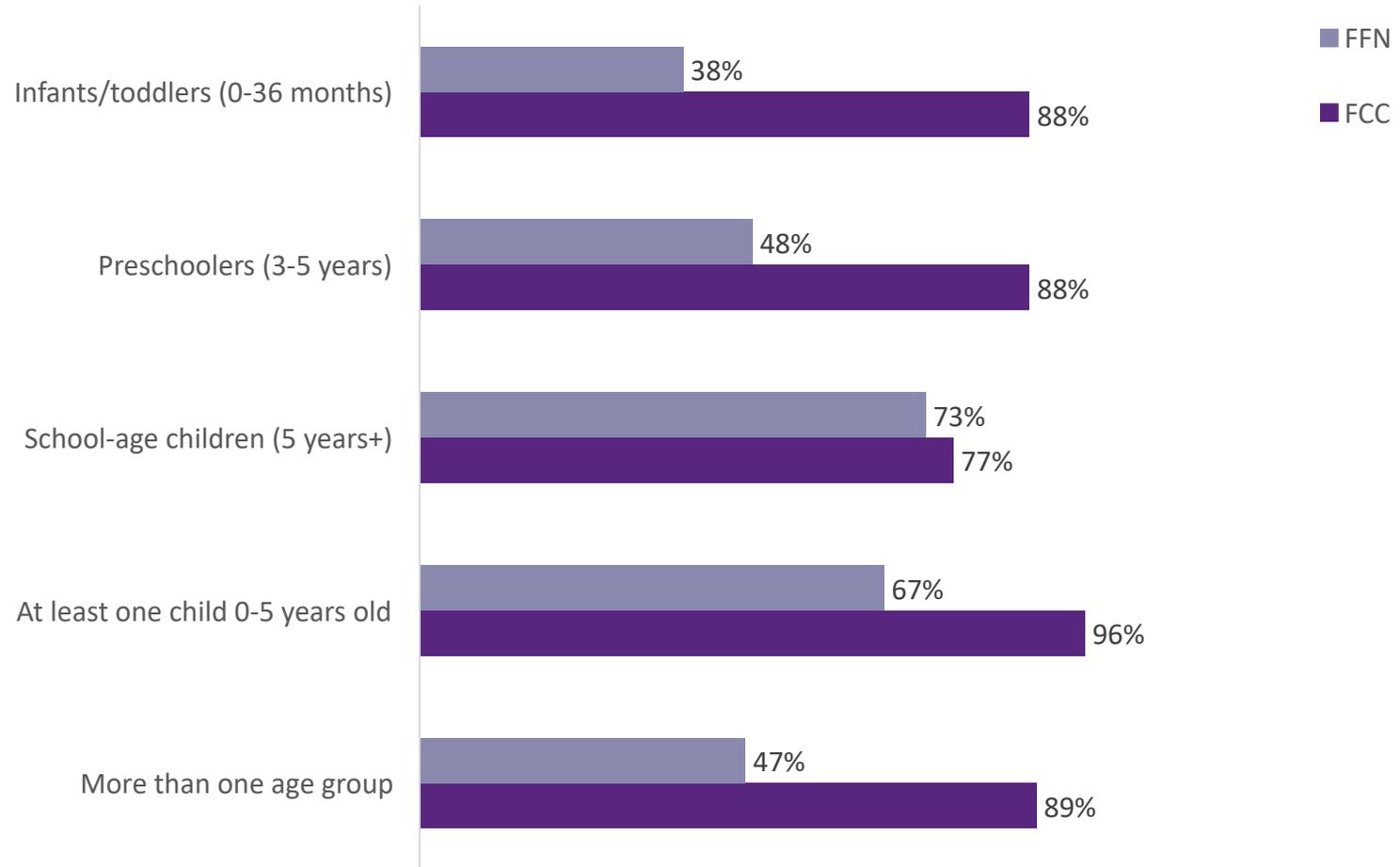
Characteristic	FCC	FFN	Parents
Average age	54 years	49 years	34 years
Female	97%	91%	97%
Marital Status	Married, living with partner (65%)	Married, living, with a partner (42%)	Never married, not living with a partner (48%)
Median education	Some college, no degree	High school graduate or GED	Trade or technical school certificate
Median household income in 2021	\$50,001-\$65,000	\$15,001-\$25,000	²⁴¹ \$15,001-\$25,000
Own a home	70%	25%	

Reasons for Providing Care



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Age Groups of Children Served



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Participation in Professional Development

ACTIVITY	FCC (N=775)	FCC SMALL LICENSE (N=234)	FCC LARGE LICENSE (N=541)	FFN (N=448)
Workshop, webinar, or training session	57%	45%	62%	10%
Health and safety training	43%	37%	46%	5%
Coaching	20%	9%	25%	3%
Enrolled in a course on working with children of different races, ethnicities, and cultures	14%	12%	15%	12%
Took a course about caring for children at a college or university	12%	11%	12%	4%
Participated in a Home Visitation Program	8%	4%	10%	1% 244
None of the above	23%	31%	20%	72%

Note: Response option was “select all that apply” and percentages within groups may equal over 100%.

Who HBCC Providers Reach Out to for Information Related to their Child Care Work

SOURCE	FCC (N=771)	FFN (N=452)
Another child care provider	58%	15%
Family member	46%	69%
Friend	32%	27%
Coach, specialist, or other agency staff	34%	8%
Clergy, religious, or community leader	6%	5% 245
I don't have anyone to reach out to	7%	13%

Note: Response option was “select all that apply” and percentages within groups may equal over 100%.

Most Difficult Challenges Providers Face as an Early Educator

ACTIVITY	FCCs Reporting Challenge (N=775)	FFNs Reporting Challenge (N=459)
Not getting paid enough	52%	51%
Worries about being exposed / infected with the COVID-19 virus	46%	24%
Lack of health, dental, and / or other benefits	39%	13%
Managing COVID-related health situations in the program	32%	16%
Mental health challenges due to stress associated with the pandemic	18%	6%
Too much paperwork	10%	-
Sense of burnout	14%	4%
Not enough flexibility from administrators in what or how to teach children (FCC only)	2%	-
Experiences with racism	1%	1% 246
None of the above	9%	34%
Not listed	1%	1%

Note: Answer responses were “select up to three.” Percentages within group will not equal 100%.

Plans for Continuing to Provide Child Care

ESTIMATED AMOUNT OF TIME IN CURRENT POSITION	FCC (N=601)	FFN (N=434)
Average length	12 years	7 years
Length range	Less than a year to 50 years	Less than a year to 50 years
Standard deviation	8 years	6 years
Estimate 5 years or less to continue in current position	29%	49%

*“There is a lot of pressure on what a perfect child care is. And that’s not fair to providers. So, it’s not surprising that **providers don’t want to stay much longer**. Even my provider has mentioned that unreasonable expectations were put on her by parents that visited.”*

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~Parent at a Community Convening

Recommendations

1. **Involve providers in planning and development** as a means to ensure equitable and relevant programs and policies
2. Develop **distinct systems for FFN and FCC** providers that pertain to each group's unique needs and experiences
3. Develop and implement **new models for engaging** providers
4. Ensure **seamless, responsive and holistic models** of support for providers
5. Support a **mixed delivery system and livable wages** to ensure the ongoing sustainability of the child care provider community
6. Develop **strategic partnerships** to sustain home-based child care

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Community Voices

Jenny Liao, Liao Family Child Care
First 5 LA Early Educator Advisory Committee

Justine Flores, Flores Family Child Care
First 5 LA Early Educator Advisory Committee



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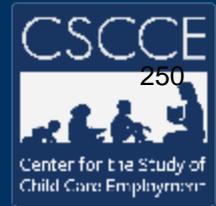
Friend, Family, Neighbor, and Nanny Care Study

Parent Report Highlights

Dr. Lea J.E. Austin, Executive Director
Anna Powell, Senior Research & Policy Associate

July 13, 2023

Center for the Study of
Child Care Employment
University of California, Berkeley
cscce.berkeley.edu



Study Background

- Statewide survey sample of 1,310 parents - not a random sample, but weighted to align with the population of California parents by income and race/ethnicity. Includes 270 parents from LA County
- Implemented in partnership with the RAPID Project at Stanford
- Survey offered in both English and Spanish
- R&R Network was our primary source of outreach, along with Parent Voices, PIQE, and others
- Parents could participate if they had one or more children under age 6 & lived in California

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TABLE A5.1. USE OF CHILD CARE, BY REGION

California Parents, 2022

	Northern	Bay Area	Central	Los Angeles	Southern	Statewide
Parents with children under age 3						
Family, friend, or neighbor care	21%	23%	30%	32%	24%	26%
Nanny care	2%	17%	7%	20%	10%	12%
Family child care provider	17%	14%	8%	27%	23%	18%
Child care center	34%	27%	15%	37%	36%	29%
Parental care only	37%	29%	59%	22%	23%	34%
<i>N</i>	<i>72</i>	<i>150</i>	<i>144</i>	<i>113</i>	<i>130</i>	<i>612</i>
Parents with children age 3 to 5						
Family, friend, or neighbor care	29%	28%	32%	28%	26%	29%
Nanny care	5%	15%	5%	15%	7%	9%
Family child care provider	12%	19%	4%	18%	21%	14%
Child care center	52%	58%	37%	50%	43%	46%
Parental care only	26%	16%	45%	20%	28%	29%
<i>N</i>	<i>96</i>	<i>202</i>	<i>281</i>	<i>194</i>	<i>198</i>	<i>975</i>

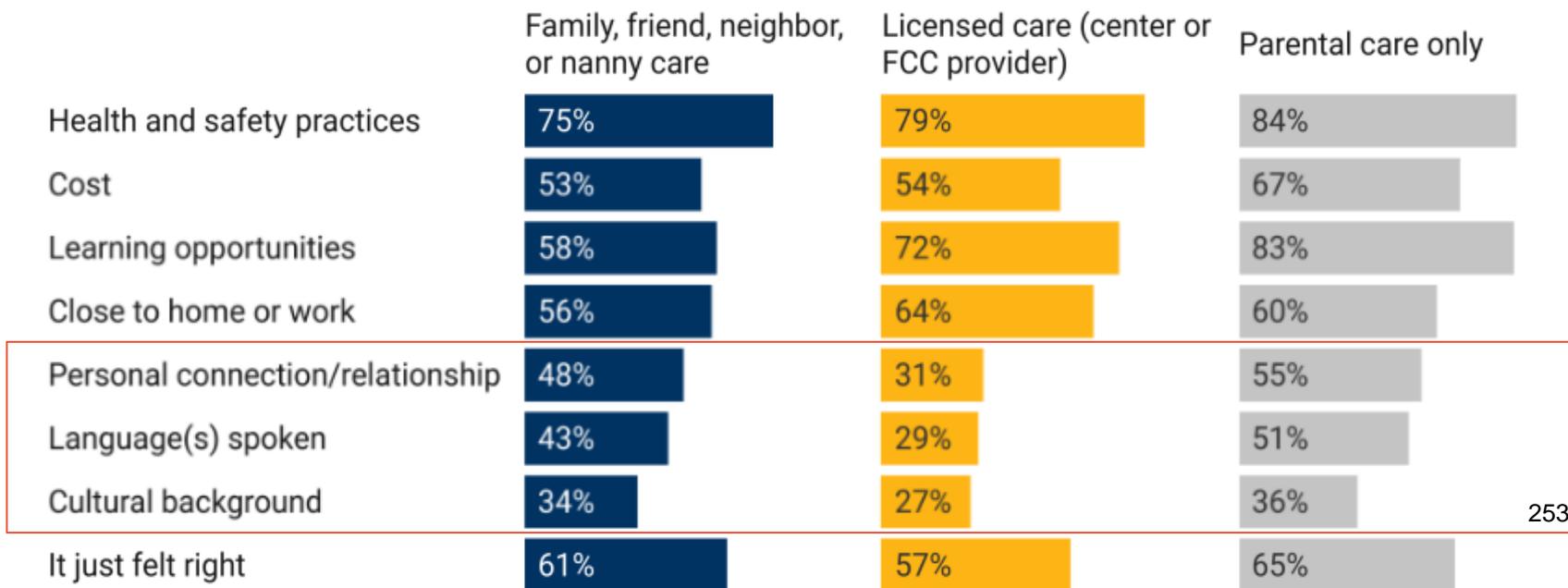
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FIGURE 5. “VERY IMPORTANT” DECISION FACTORS, BY CARE ARRANGEMENT

California Parents, 2022

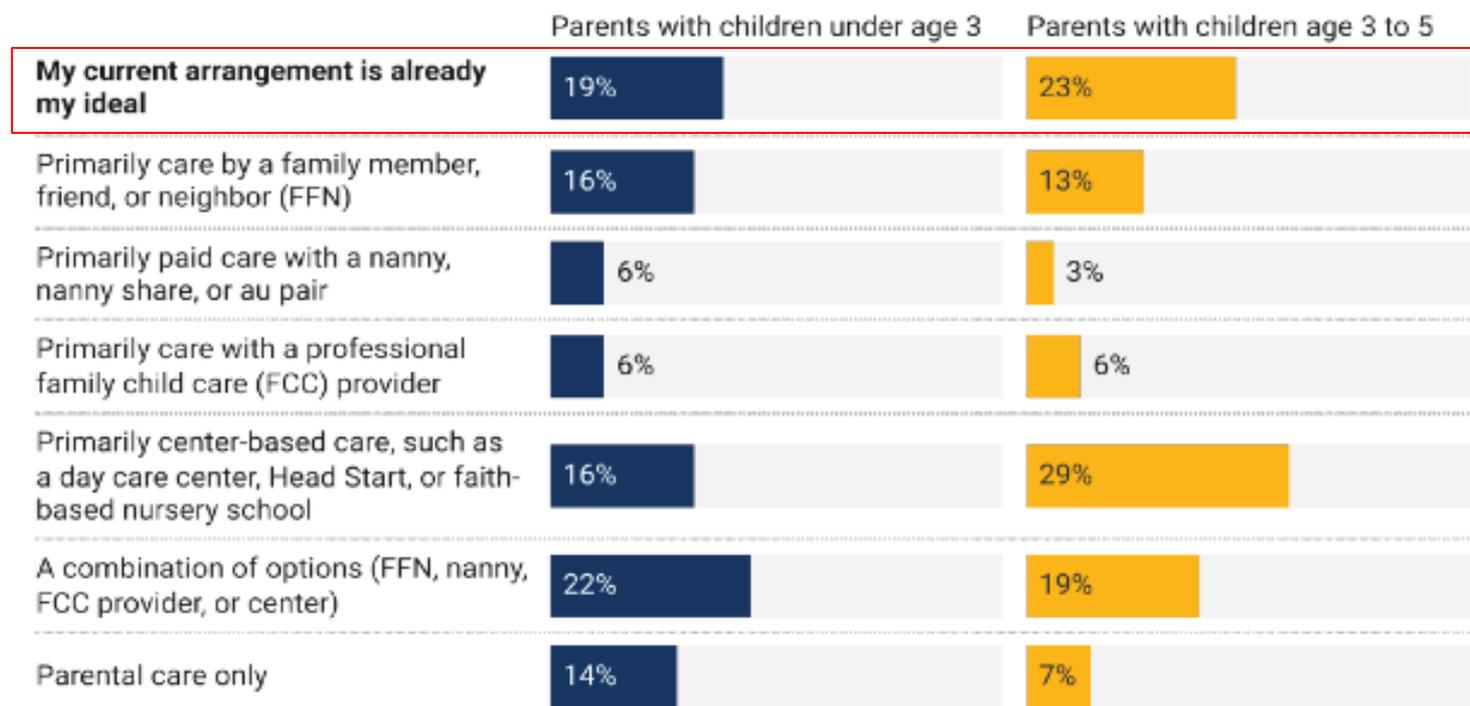
Parents with children age 3 to 5



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FIGURE 6. IDEAL EARLY CARE AND EDUCATION ARRANGEMENTS

California Parents, 2022



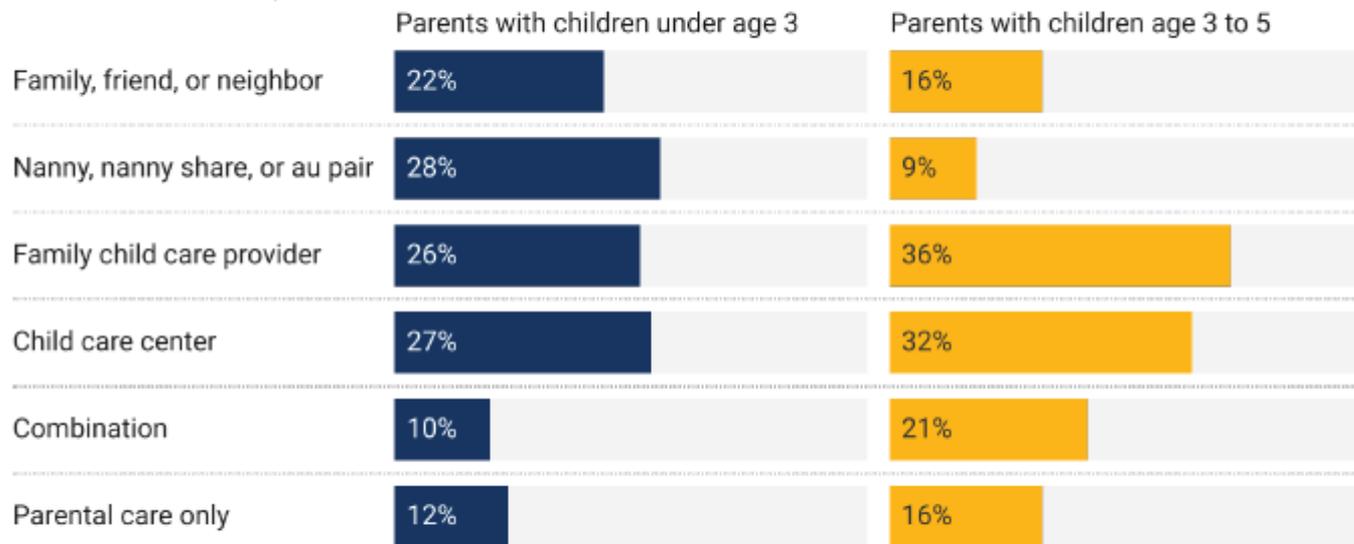
Source: Center for the Study of Child Care Employment, University of California, Berkeley

Note: Participants could select only one option.

N=607 (parents with children under age 3), 969 (parents with children age 3 to 5)

FIGURE 7. PROPORTION OF CURRENT CARE ARRANGEMENTS RATED AS IDEAL, BY CURRENT UTILIZATION TYPE

California Parents, 2022



Source: Center for the Study of Child Care Employment, University of California, Berkeley

Note: The percentages in **Figure 7** reflect the current arrangements of parents who selected “my current arrangement is already my ideal,” as shown in **Figure 6**. Most combinations include a license-exempt caregiver.

N=607 (parents with children under age 3), 969 (parents with children age 3 to 5)

Open-ended response data: themes from parent comments

Best environment for the child

“It seemed like the best option for my son, he needed more time for personal growth prior to entering kindergarten. Not all children are ready for kindergarten at age five.”

— A White parent in Fresno County in a household earning more than \$150,000

“Only family can handle the care of my autistic son. The local day care mistreated him when he previously attended.”

— A Latina parent in Riverside County in a household earning \$25,000 to \$50,000

Open-ended response data: themes from parent comments

Culture and Language

“We have a nanny who is bilingual, and we have a bilingual household. Exposure to cultures is important to our family since we come from a multiple cultural background.”

— An immigrant parent in San Diego County in a household earning \$75,000 to \$100,000

“My mother raised five children, including me. Her home is on the way to both my husband’s and my job, and I feel absolutely safe with my daughter in her care. She is also the only child in her care, and we share the same culture. My daughter is biracial (my husband is White, and I am Black), and it was really important for me to make sure that she is cared for by someone who has a cultural connection to her.”

— A Black parent in Solano County in a household earning \$100,000 to \$150,000



**Read the full report,
including LA-specific tables**

Questions? Comments? Get in touch:

Anna Powell

anna_powell@berkeley.edu

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Themes Across these Presentations

- Families have a reliance on and preference for home based care for infants and toddlers.
- Families select home based care for the personal connection and relationship, languages spoken, and cultural background.
- Parents felt special needs children receive better care and attention in home based settings.
- Early educators are not being paid for the true cost of care.
- Families want access to quality child care, and early educators want to provide quality child care. Both are experiencing barriers.
- Children and early educators have inequitable experiences due to structural racism.

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Discussion

- What are the opportunities for First 5 LA and partners to better support children in home based settings?
- What do early educators need? How can they be supported?
- How can this presentation inform our Strategic Plan reset?



First 5 LA

SUBJECT:

Strategic Plan Reset: Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

BACKGROUND:

During the June 2023 Board of Commissioners meeting, staff presented the findings from a landscape analysis to understand shifts in the internal and external context in which First 5 LA does its work. The landscape focused on five areas:

- **Conditions of Young Children and Their Families** to understand the post-pandemic conditions of children and families in LA County, where the most recent data is available.
- **Public Policy Opportunities** with particular emphasis those that have a direct impact on children prenatal to 5 in Los Angeles County that can benefit from F5LA unique vantage point.
- **Analysis of Seven First 5 LA Initiatives** to highlight what we have learned from implementation experience.
- **Analysis of First 5 LA Operations** to glean lessons learned from how we operate as an organization.
- **Insights and Lessons from the Field** to gather learning from other public agencies, philanthropy, nonprofit organizations, and researchers.

During the June 2023 Program and Planning Committee meeting, staff shared additional data on the conditions of children and families with emphasis on demographics, health and safety, basic needs, and access to services and supports. Staff also shared an update on the current policy and advocacy context as well as state and federal budget and legislative priorities for 2023.

DISCUSSION:

Commissioners and staff were invited to share their perspectives on the landscape analysis findings. A synthesis of their observations and insights is included in the attachment to inform Commissioners' thinking about First 5 LA's strengths, weaknesses, opportunities, and threats (SWOT) during the July Board of Commissioners meeting – with a particular focus on "Opportunities".

NEXT STEPS:

Data from the landscape and SWOT will be synthesized to inform goals, objectives, and strategies developed as part of the Strategic Plan Reset over the Summer/Fall 2023.

FIRST 5 LOS ANGELES: STRATEGIC RESET

SWOT Exercise

July 13, 2023

PURPOSE

On July 13, 2023, the consultants facilitating the Strategic Reset process will conduct a SWOT (Strengths, Weaknesses, Opportunities, Threat) exercise focusing on ‘opportunities.’ The purpose of the exercise is to identify major opportunities in the external environment and potential pathways to inform First 5 LA’s Goals, Objectives, and Strategies so that ‘Every child in Los Angeles County reaches their full developmental potential throughout the critical years of prenatal to age 5.’

INSTRUCTIONS

STEP 1: BRAINSTORM (INDIVIDUALLY)

Think broadly about all the opportunities in the environment (i.e., social, technological, environmental, political) at the national, state, or local level that can support First LA’s efforts to achieve its North Star.

Level	Opportunities
Local	
State	
National	

FIRST 5 LOS ANGELES: STRATEGIC RESET

SWOT Exercise

July 13, 2023

STEP 2: ANALYSIS (AS A GROUP AT THE MEETING)

1. What patterns do you see?

2. What connections do you see?

3. Other thoughts?

STEP 3: SYNTHESIS (AS A GROUP AT THE MEETING)

1. How can First 5 LA harness these opportunities? (NOTE: Consider the First 5 LA's commitment to racial justice & equity and its interest in systems-, policy-, and community-level change)

First 5 LA Strategic Reset:

SWOT EXERCISE

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First 5 LA Board Meeting

Chrissie M. Castro & Associates

July 13, 2023

SESSION PURPOSE

Identify **major opportunities** in the external environment and **potential pathways** to inform First 5 LA's Goals, Objectives, and Strategies (GOS), so that

'Every child in Los Angeles County reaches their full developmental potential throughout the critical years of prenatal to age 5.'

BACKGROUND: STRATEGIC RESET

Proposition 31: Further revenue decline for First 5 LA.



COVID-19: Impact on families with children under the age of five.



First 5 LA:
Strategic Reset

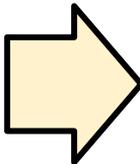
First 5 LA Board Meeting (7/13)

- Brief RBA Overview
- Planning Calendar
- SWOT Exercise to Identify Major Opportunities & Potential Pathways to Inform Goals, Objectives & Strategies (GOS) ²⁶⁶

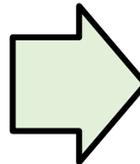
- February: First 5 LA staff began landscape analyses.
- March-June: Themes/learnings from landscape analyses presented to First 5 LA Board (including Program & Planning meeting)

AGENDA

INTRODUCTION:
CMC&A + RBA +
Planning Calendar



SWOT:
Opportunities +
Pathways



CLOSING:
Reflections & Next
Steps

INTRODUCTION

CHRISSIE M. CASTRO & ASSOCIATES

- **Practitioners** of Results-Based Leadership, **facilitators** of systems change processes, and social change **agents**.
- Our work is anchored in **racial justice**, **community organizing**, and **power building** in the pursuit of policy and structural change.

CHRISSIE M. CASTRO & ASSOCIATES

- **Passionate about achieving positive outcomes for young children and their families:** *First 5 LA plays a critical role in the early childhood ecosystem in Los Angeles County.*
- **Aligned with First 5 LA's focus on systems change for better results:** *Strong systems lead to better results for communities most impacted by structural racism.*

RESULTS-BASED ACCOUNTABILITY

A disciplined and common-sense way of thinking and taking action to improve:

- The quality of life in communities, cities, and counties.
- The performance of programs, agencies, and service systems.

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RESULTS-BASED ACCOUNTABILITY

Starts with **ENDS** and works backwards to identify the **MEANS** to achieve the ends. **ENDS** refer to the **conditions of well-being** for:

- **A POPULATION:** *Every child in Los Angeles County will reach their full developmental potential throughout the critical years of prenatal to age 5.*
- **PROGRAM PARTICIPANTS:** *80% of job training participants obtain a well-paying job within 12 months.*

RBA: BUILD POWERFUL STRATEGIES

MEANS

ENDS

NOTE: For RBA, strategies and tactics are means to achieve ends. F5LA has expressed strong interest in strategies that change systems and policies, shaped via stakeholder engagement.

First 5 LA

- Organizational Culture & Structure
- Resources
- Racial Justice + Equity

STRATEGIES

Tactics

- Action 1A
- Action 1B
- Action 1N

Strategy 1



Tactics

- Action 2A
- Action 2B
- Action 2N

Strategy 2



Tactics

- Action 3A
- Action 3B
- Action 3N

Strategy N

Measurable

- Objective X1
- Objective X2
- Objective XN

GOAL X

Measurable

- Objective Y1
- Objective Y2
- Objective YN

GOAL Y

Measurable

- Objective Z1
- Objective Z2
- Objective ZN

GOAL Z

NORTH STAR

'Every child in Los Angeles County will reach their full developmental potential throughout the critical years of prenatal to age 5.'

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EXTERNAL CONTEXT: Fiscal Realities + COVID-19 Impact + Opportunities + Other

NOTE: From an RBA perspective, First 5 LA's North Star, goals, and objectives together constitute the 'ends' for strategy development, implementation, and accountability. The North Star is the broad population-level result (i.e., all children 0-5). Goals are more concrete results targeting specific developmental domains (e.g., safety, health, physical etc.), and/or sub-populations (children 0-3, racial/ethnic groups, etc.), and/or sub-populations within certain systems (e.g., early care and education, child welfare, mental health, etc.). Objectives articulate the measurable change over time: e.g., By 2028, increase the # and % of children 0-3 in subsidized care from X (current) to Y (future).

PLANNING CALENDAR

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

Landscape
Analyses + Data
Review + SWOT

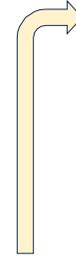
F5LA Board
SWOT
(7/13)

F5LA Board
No Meeting

F5LA Board
Review
(9/14)

F5LA Board
Review
(10/12)

F5LA Board
Approval
(11/9)



Document
Analysis + Staff
Interviews

INTERNAL ENGAGEMENT: Strategic Reset Team, Senior Leadership Team + Leadership Team
+ All Staff + Workgroups: *Critical Questions*



Inventory

COMMUNITY ENGAGEMENT: Inventory & Additional Points of Engagement

Strengths, Weaknesses
Opportunities & Threats²⁷⁵

TODAY'S TASK

Identify **major opportunities** in the external environment and **potential pathways** for First 5 LA, so that

‘Every child in Los Angeles County reaches their full developmental potential throughout the critical years of prenatal to age 5.’

First 5 LA

- Systems + Policy Change+ Racial Equity

ENVIRONMENT

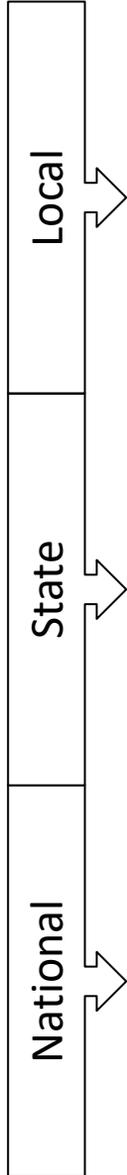
Major opportunities (Social, Technological, Economic, Environmental, Political)?

PATHWAYS

Harnessing opportunities

NORTH STAR

'Every child in Los Angeles County will reach their **FULL DEVELOPMENTAL POTENTIAL** throughout the critical years of **PRENATAL TO AGE 5.**'



First 5 LA

- Systems + Policy Change+ Racial Equity

ENVIRONMENT

Major opportunities (Social, Technological, Economic, Environmental, Political)?

PATHWAYS

Harnessing opportunities

NORTH STAR

'Every child in Los Angeles County will reach their **FULL DEVELOPMENTAL POTENTIAL** throughout the critical years of **PRENATAL TO AGE 5**.'

INSTRUCTIONS

STEP 1: BRAINSTORMING

Think broadly about all the opportunities in the environment (i.e., social, technological, environmental, political) at the national, state, or local level that can support First LA's efforts to achieve its North Star.

Write these opportunities on a sheet of paper, label it (L=Local, S=State; N=National), and share it with the facilitators.

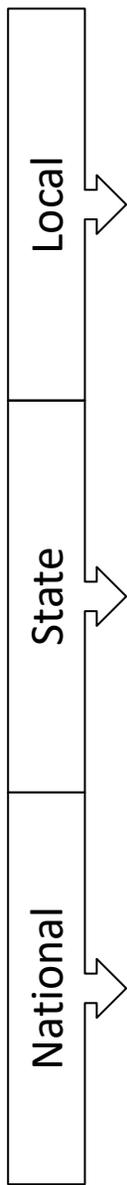
STEP 2: ANALYSIS

1. What patterns do you see?
2. What connections do you see?
3. Other thoughts?

STEP 3: SYNTHESIS

1. How can First 5 LA harness these opportunities?

(NOTE: Consider the First 5 LA's commitment to racial justice & equity and its interest in systems and policy change)



CLOSING

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REFLECTIONS

- What stood out to you about this SWOT exercise?
- Any questions OR suggestions?

NEXT STEPS

- Consultant interviews with First 5 LA Board
- Strategic Reset Team Session

Attachment:
Landscape Analysis Sensemaking and Synthesis

During the June 8th Board of Commissioners meeting, staff shared findings from the landscape analysis, which were organized in five sections:

- Conditions of Young Children and Their Families
- Public Policy Opportunities
- Analysis of First 5 LA Initiatives
- Analysis of First 5 LA Operations
- Insights and Lessons from the Field

Commissioners were asked to make meaning of the landscape analysis findings based on their respective vantage points. Likewise, during the month of June, staff across the organization were asked to share their perspectives on the landscape analysis findings. Commissioners and staff shared their observations and insights as well as implications for the roles that will best position First 5 LA success now and in the years ahead. This document provides a synthesis of Commissioner and staff feedback.

Observations and Insights

#1. Use data to galvanize a shared vision and commitment with partners and communities.

The data presented in the landscape highlighted conditions of children and families and prompted a deeper commitment to improve outcomes. Commissioners and staff acknowledged the critical window of early childhood and noted significant disparities among Black, Indigenous, and Pacific Islander populations as well as language barriers limiting access to vital resources. Both groups uplifted diversity within racial groups and the need to look more closely at populations in LA County, disaggregating data specifically for populations where data is limited (e.g., indigenous, Southeast Asian, LGBTQ+ identifying people, etc.). In addition, staff noted data needs around understanding the conditions of the systems we seek to change. Convening conversations about data to catalyze collective action was a role called out for First 5 LA given its relationships, positioning, and capacity to acquire multiple data sources across systems.

#2. Ensure the geographic distribution of resources matches the geographic distribution of children, particularly those who experience the greatest inequities.

Children, ages 0-5, are evenly distributed across LA County supervisorial districts. However, Commissioners and staff noted what appears to be a mismatch between the concentration of children within these geographic areas and the distribution of resources, providers, and workforce. It is important to understand the extent to which this may be occurring to provide a range of consistent and reliable services and supports where children and families are.

#3. Address systems and structures that perpetuate harmful practices and poor outcomes for young children and their families.

Commissioners and staff reinforced the importance of being explicit about addressing the harmful practices within institutions and organizations that consistently produce adverse experiences and poor outcomes for children and families. Staff underscored how important it is to change the narrative from a deficit orientation – putting the onus or blame on families and communities – to an asset-based, community and people-centered narrative that also calls out the systems and structures designed to benefit or exclude certain populations. Likewise, Commissioners discussed the implicit bias and

racism built into policies, decision-making processes, and implementation procedures, leading systems to target families instead of supporting them. Both groups emphasized understanding the experiences, perspectives, and interests of communities as a pathway to build trust. And they stressed the importance of partnering with communities to identify legislative priorities and shape equitable strategies that meet family needs and address systemic inequities.

#4. Work across systems and issue areas to meet the basic needs of families while working to address systemic issues.

Commissioners and staff understand the importance of *both* direct services *and* systems change. Discussions revealed important interdependencies between the two. Though First 5 LA has declining revenue, there are several public policy opportunities at the federal, state, and local levels that can be leveraged to address the immediate needs of children and families. Commissioners and staff noted different requirements and priorities and an inability to weave together basic needs (e.g., food, income, housing, transportation, health care, childcare) make seamless integration of resources challenging. However, there are opportunities to influence – through data and partnerships with public agencies and communities – where resources are targeted and how communities are engaged to develop effective implementation strategies to maximize available resources.

#5. Strengthen partnerships with communities, institutions, and organizations across issue areas.

Given the scale of change sought to improve conditions for children and families, no single organization should work alone. Commissioners and staff acknowledge the inter-relationships between the data on conditions of children and families, the importance of partnerships and forging new connections, integration within and between institutions, and the role of First 5 LA in playing an organizing function to broker relationships across agencies and between agencies and communities. This requires an ecosystem mindset – i.e., the ability to see the whole of a system, connecting disconnected parts, and cultivating relationships to catalyze joint action for results. Commissioners and staff are interested in building more authentic partnerships across issue areas that impact child development and family well-being (e.g., food security, economic opportunity, housing, transportation, physical and mental health, childcare, park/open space, child welfare) and working together with partners toward a common vision for children and families.

Commissioners are curious about what partnership looks like tangibly (e.g., collaborative funding, intentional joint efforts, etc.). Staff uplifted the implications of working in partnership with others such as the continued evolution away from traditional grantmaking roles and a different approach to accountability and measurement to capture qualitative levers of change (e.g., relationship and network building) in addition to quantitative measures. Staff also acknowledged the need to reconsider First 5 LA's operations and investment in organizational culture and staff development to strengthen First 5 LA's ability to lean more fully into the types of roles that cultivate partnerships and influence change.

Emerging Consensus on Roles

Commissioners and staff acknowledge the resources and mandates of Proposition 10 that position First 5 LA as a vital contributor supporting early childhood development and family well-being in Los Angeles County. In the context of declining revenues in relation to the scale of change, both groups identified more impactful roles for First 5 LA:

- **Advocate:** Gather and share data and knowledge to influence resource distribution, policy and practice changes, and implementation of public policy.
- **Convener:** Bring together key stakeholders (public agencies, philanthropy, nonprofit organizations, and communities) to share data, access and learn from new and diverse perspectives, and build collective capacity to achieve a common purpose.

- **Connector:** Cultivate existing and new relationships to improve collaboration among public agencies and between public agencies and communities; coordinate across multiple public and philanthropic disciplines and issue areas to maximize and leverage various resources.
- **Subject Matter Expert:** Serve as a trusted thought partner and go-to resource on early childhood; bring an early childhood perspective in spaces where children, prenatal to 5, are not typically considered as a special population that warrants attention.