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Family Child Care Providers' Experiences of California's Quality Rating Improvement System

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Walden University
2022

Abstract

Family Child Care Providers' Experiences of California's Quality Rating Improvement System

by

Ansina Shante' Green

MA, Pacific Oaks College, 2014

BA, University of LaVerne, 2002

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Education

Walden University

May 2022

Abstract

U.S. policy makers continue to struggle with identifying inclusive strategies that effectively support the needs of individual family child care (FCC) providers, who tend to have low quality rating improvement systems (QRIS) scores. To ensure program quality, there is a need to identify supportive strategies and evidence-based practices that build on FCC programs' strengths and learning contexts. The purpose of this basic qualitative study was to explore the perspectives of FCC providers about the factors that contribute to the number of low-quality, low-tier rated FCC programs that are part of California's QRIS initiative. The conceptual framework was based on Blasberg's model for quality in home-based child care. Semistructured interviews were conducted with 10 current Quality Start California participants who were licensed operators of an FCC program in California. Participants responded to questions about the factors that contributed to the number of low-quality, low-tier rated programs, the challenges they experienced, and suggestions they had to improve program delivery. Data analysis involved open coding and categorization to identify patterns and themes. Results revealed that participants faced many challenges within the QRIS system. Individualized supports such as professional development opportunities, financial incentives, relational-based approaches, and parent engagement strategies may improve quality and tier ratings in FCC programs. This study may contribute to positive social change in the early care and education field by providing a better understanding of how FCC providers can be supported, which may help to improve the quality of care they provide to young children.

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Dedication

This dissertation is dedicated to my supportive family. To my husband, thank you for all the sacrifices you have made to support me in achieving this milestone. To my children, Christian, Clement, and Cameron, you have been the reason for everything I do. With great hopes, this achievement serves as a reminder that you can accomplish anything you put your mind to with hard work and dedication. To my parents, Linda Smith and Johnny Green, thank you for instilling in me that nothing is impossible. Your words of encouragement have carried me through this process, and I thank you. My sister Shantel and brother-in-love Joseph Barnes, you have always had my back and took the load during times when it became too heavy for me to bear. The many sacrifices you have made for me are not unnoticed, and I can never thank you enough for all you have done for me.

Acknowledgments

When I first embarked on this journey, I was filled with many doubts and often questioned if I could complete this task. In times of uncertainty, I often thought of the impact of attaining a higher ed degree, my ability to influence change in creating equitable, high-quality opportunities for children, and the benefit of my services as the owner of Green Tree Community School. My perception changed quickly, and my desire to be the best caregiver to young children and future teachers became my motivation to succeed. To my current and former children and families of Green Tree Community School who have been on this journey with me, thank you for your support and understanding. To my dear friend and mentors, Jocelyn Tucker and Michelle Harper, you have always pushed and encouraged me past what I imagined possible. Thank you for your words of wisdom and for helping me become the brilliant educator to the children and adults I am today. Your guidance and networks have allowed me to obtain the professional career of my dreams, and I could never thank you enough. To my Walden peer support group and friends, Desiree, Renee, Sandra, and Taylor, we did it! To my extended family and friends, your words of encouragement and praises helped me more than you will ever know.

To Dr. Lappin, Dr. Aucoin, Dr. Gonzalez, and Dr. Redden, thank you for your leadership and guidance in ensuring a high-quality study that fulfills the mission of Walden University of promoting social change. Through many moments of disequilibrium, your faith in me and your encouragement helped me complete the task. I can never thank you enough for all you have done for me.

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Chapter 1: Introduction to the Study

Family child care (FCC) homes, also referred to as FCC programs, providers, and settings, are licensed, noncustodial caregivers who provide services to children within the parameters of a home residence (Ang et al., 2017; Douglass et al., 2017; National Center on Early Childhood Quality Assurance, 2017a). FCC homes offer various services to infants, toddlers, and preschool and school-age children, including transportation to and from school. Research indicates that the majority of FCC programs are of lower quality compared to other caregiving contexts; the National Center on Early Childhood Quality Assurance (2017a) found over 60% of FCC homes to be of low quality (see also Hooper & Hallam, 2019).

According to the California Child Care Resource and Referral Network Data Tool (2019), there were 26,173 licensed FCC homes in California in 2019. Due to the large number of low-income families and infants and toddlers served in these homes, local stakeholders and early childhood policy makers in California have shifted their focus to developing a strength-based approach to support quality improvement in FCC homes (National Center on Early Childhood Quality Assurance, 2017b). The quality rating improvement system (QRIS) is a five-tier system-based approach designed to increase the provision of high-quality care to U.S. children (National Center on Early Childhood Quality Assurance, 2017a). The California Department of Education governs and regulates the state's QRIS. The QRIS piloted in California in 2012 was later adopted and recognized as an evidence-based approach to measure the quality of care and education (Quality Counts California [QCC], n.d.).

To address the quality improvement needs in homes, policy makers included FCC providers in the QRIS. However, the design and services offered in FCC homes vary in context and program design, creating barriers to developing a system that addresses the provider's individual needs (Bromer & Korfmacher, 2017; Tonyan et al., 2017a). The wide variation in provider characteristics, such as years of experience and educational level, has created many challenges in using a single approach to FCC quality improvement. Policy makers and stakeholders have struggled to measure and assess overall quality (Bromer & Weaver, 2016; Falenchuk et al., 2017; Hooper, 2020; Hooper et al., 2019b).

Tonyan et al. (2017a) noted that the design of the QRIS is the same for both FCC homes and child care centers. According to Hooper et al. (2019a), the needs of an FCC provider differ significantly from those of child care centers in a variety of areas. These needs include assistance in managing their multiple roles and differences in the amount of space used in their home, the age range of children served, and the experience levels of each FCC provider. Teacher-child interactions, evidence-based curricula, assessment implementation, and developmentally appropriate outdoor and indoor environmental designs are also different for FCC providers. These wide ranges of differences have resulted in limited resources and support for FCC homes (National Center on Early Childhood Quality Assurance, 2017b; Tonyan et al., 2017a). The lack of support has contributed to the low success rates of FCC participants in state QRIS initiatives (Tonyan et al., 2017b).

According to Tonyan et al. (2017a), policy makers did not consider FCC providers' perspectives of the QRIS during its initial development. I conducted this study to provide insight on how California FCC providers perceive the state's QRIS initiative. With greater understanding of the vast differences in the caregiving context, QRIS program developers, policy makers, and other stakeholders, in California and other parts of the United States, may be able to continue improving the early learning services provided to children. The study may reveal supportive strategies and evidence-based practices that stakeholders can use to build on the strengths of, and learning contexts offered in, FCC programs.

In this chapter, I lay the foundation for this inquiry, beginning with the purpose, problem statement, and relevance of this study. The conceptual framework, nature of the study, and defined terms provide clarity to ensure that the reader understands the context of this study. I then discuss the assumptions, scope and delimitations, limitations, and significance of the study. A summary of the main points concludes the chapter.

Background

FCC programs are unique in design but were not included in the adopted assessment tools used to measure quality within the rating standards of the QRIS (Blasberg et al., 2019), therefore increasing the accessibility of high-quality FCC programs is essential to foster optimal growth and development across all domains: cognitive, language, physical, and socio-emotional development (Rusby et al., 2017). Previous researchers have identified common misconceptions about FCC homes; caregivers' perspectives of their role, FCC programs, and the impact on child outcomes;

and strategies for improving FCC (Buell et al., 2018; Hooper, 2019; National Center on Early Childhood Quality Assurance, 2017a). In spite of the number of children served n FCC homes, few researchers have focused primarily on FCC providers' perspectives of California's QRIS.

A review of the literature regarding participants of the QRIS indicated a gap wherein research was needed to develop additional strategies that address the diverse needs of FCC providers intending to improve quality (Ang et al., 2017; Bromer & Korfmacher, 2017; Hallam et al., 2019; Hooper & Hallam, 2019; Rusby et al., 2017). Previous research exists on various topics regarding the perception of quality measured in FCC programs (Douglass et al., 2017; Hooper & Hallam, 2019; Tonyan et al., 2017b). Researchers have identified the benefits to children having access to high-quality early learning programs (Fernandez et al., 2018; Jeon et al., 2018; Schaack et al., 2017). There is a gap in the literature regarding the experiences and perspectives of FCC providers. Stakeholders need this knowledge to design a support system to reach quality goals for FCC programs (Bromer & Korfmacher, 2017).

Countywide agencies that managed the operation and implementation of QRIS have conducted early research and suggested that the assessment tools used to measure structural and process quality were not reliable or valid enough to support FCC programs (Brown et al., 2019; Clifford et al., 2020; Curenton et al., 2019; Early et al., 2018; Setodji et al., 2018). Hartfield et al. (2015) indicated inconsistencies with the QRIS model, including poor implementation, little to no individualized support to FCC providers, and possible variation in the adopted assessment tools used to rate structural and process

quality depending on the assessor's knowledge of FCC program design. However, stakeholders did not include or consider FCC providers' perspectives when making revisions. Therefore, many FCC programs have not improved the quality of care provided to children and have continued to receive lower tier ratings as participants of the QRIS (Hartfield et al., 2015).

This study may contribute to positive social change by adding to the literature on FCC homes and the importance of including FCC providers' perspectives to ensure they have access to resources and individualized supports needed to improve the quality of care as a QRIS participant. The results from this study may be helpful to policy makers, program developers of QRIS, and local stakeholders in developing systems that include FCC providers' needs. This study's results may provide a better understanding of how the needs of FCC providers may be supported to close the quality achievement gaps evident in FCC programs.

Problem Statement

The problem was that little was known from the perspective of FCC providers about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. FCC programs are rated at lower levels and make minimal progress towards achieving higher quality ratings as part of California's QRIS initiative (National Center on Early Childhood Quality Assurance, 2017b). The QRIS is a five-tier, system-based approach designed to increase children's access to high-quality care (National Center on Early Childhood Quality Assurance, 2017a). Hooper (2019) and The National Center on Early Childhood Quality Assurance

(2017b) indicated that the inclusion of FCC providers' perspectives and experiences during the developmental stages of improvement strategies can ensure that the revised approaches meet their needs. Hallam et al. (2017) also noted that consideration of FCC providers' perspectives and experiences helps stakeholders to develop better practices to improve quality.

Purpose of the Study

The purpose of this basic qualitative study was to explore the perspectives of FCC providers about factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. The narrative experiences shared by FCC providers offered new perspectives that may not have been considered or addressed during the initial development and modification of QRIS. High-quality early learning experiences contribute to school readiness and later adult outcomes (Han et al., 2021). Increasing the accessibility of high-quality FCC programs is essential for children to thrive and achieve optimal growth and development (Rusby et al., 2017).

Research Questions

I sought to answer one research question (RQ) and two subquestions (Sub Q1 and Sub Q2):

RQ: What do FCC providers believe are factors that lead to the number of low-quality, low tier rated FCC programs that are part of California's QRIS initiative?

Sub Q1: According to FCC providers, what factors might improve their ratings as part of California's QRIS initiative?

Sub Q2: According to FCC providers, what are the challenges in improving low tier ratings as part of California's QRIS initiative?

Conceptual Framework

I based the framework for this study on Blasberg et al.'s (2019) conceptual model for quality in home-based programs. Blasberg et al. identified that, compared to other QRIS program types, more than half of FCC programs experienced challenges that resulted in lower participation in QRIS (Blasberg et al., 2019). This conceptual model provides a foundation for improving the delivery of services offered to FCC participants and for understanding the unique features necessary to revise quality rating standards to be inclusive of FCC needs.

The conceptual model includes three components unique to home-based programs: (a) foundations for the sustainability of care, (b) lasting relationships, and (c) opportunities for learning and development (Blasberg et al., 2019). The research-based elements identified by the National Association for family child care (NAFCC) address a specific condition needed for FCC providers to maintain a high-quality early learning setting, continuity of relationships, and implementation of best practices for children's growth and development. I used these components to explore FCC providers' perspectives about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative.

Nature of the Study

I conducted a basic qualitative study. Kvale (2007) defined interviews as conversations that a researcher uses to understand the viewpoints of participants

regarding the research phenomenon. Interviews offer a practical approach to capturing detailed real-life experiences, and participants' perspectives contributed new knowledge to the field (Kvale, 2007). No specific number of participants interviews were needed to achieve data saturation in this study; however, Brinkmann and Kvale (2018) suggested that most interview studies consist of 10 to 15 participants. I conducted semistructured interviews with 10 FCC QRIS participants for this study. Participants were selected based on their current tier levels, where 1 indicated the lowest and 5 indicated the highest. Participants were selected from Tier Levels 1-3. By answering a series of open-ended questions, each participant provided a descriptive account of the experiences they have faced in the QRIS initiative. Member checking during the interview and at the end of the study provided increased credibility and validity. In this study, I explored the perspectives of FCC providers about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. The qualitative method was the best approach to obtain knowledge constructed through interviews with FCC providers (Brinkmann & Kvale, 2018).

Definitions

The following key concepts provide concise definitions and context to the reader for the overall study.

Classroom Assessment Scoring System (CLASS): An evidence-based tool that measures the quality of teacher-child interactions (Esplin et al., 2019).

Family Child Care Environment Rating System (FCCERS): An evidence-based tool that measures an FCC program's structural and process quality (Esplin et al., 2019).

Family Child Care Homes (FCCH): Licensed or regulated child care that takes place in a home setting where one provider (with or without staff) cares for multiple children and receives payment (Blasberg et al., 2019).

Family Child Care Program (FCCP): Licensed or regulated child care that takes place in a home setting where one provider (with or without staff) cares for multiple children and receives payment (Blasberg et al., 2019). The abbreviation "FCCP" also refers to family child care providers.

Process quality: Daily events that occur in a classroom setting (Lin & Magnuson, 2018).

Quality Counts California (QCC): The name of California's QRIS. QCC is a statewide effort to strengthen California's early learning and care system (QCC, n.d.).

Quality Rating Improvement System (QRIS): A market-based strategy for improving the quality of child care and an accountability tool used to measure child outcomes (Esplin et al., 2019).

Quality Start Los Angeles (QSLA): A voluntary quality rating and improvement system designed to help parents select high-quality programs (Quality Start Los Angeles, 2020).

Structural quality: The program and classroom-built environment, which includes group size, child-teacher ratios, staff education, and other program policies (Lin & Magnuson, 2018).

Assumptions

In this study, I assumed that participating FCC providers were open and honest in sharing their personal experiences related to their participation in the QRIS. I assumed that participants would provide in-depth, detailed, descriptive narratives to answer the RQs using the interview questions provided. It was also assumed that the overall interviewing approach would allow the participants to feel safe, invulnerable, and free to share any challenges they faced in improving the quality of care provided to children. I assumed that the participating FCC providers would be motivated and willing to participate in the study and tell their story because of their interest in the study topic. This support improved the caregiving practices provided to young children. Finally, I assumed that the selection criteria would result in participants who varied across different program tier levels.

Scope and Delimitations

This study included the perspectives of FCC providers about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. I selected FCC programs for inclusion in the study because of the gap identified in the research of this underserved caregiving context. Most of the current and past data reflect the viewpoints from stakeholders, teachers who work in a child care center, and policy makers; the voices of FCC providers are often misrepresented or omitted (Rusby et al., 2017). The data collected from the FCC participants in this study offered a different perspective, contributing additional research to the existing literature.

The study findings are delimited to California. Therefore, the findings may not represent the perspectives of all FCC providers who participated in the QRIS. I selected the research site because of the large number of FCC participants in the QRIS, which provided an array of providers who ranged in lower Tier Levels 1-3, including education and work experience. The data for this study were collected from participants in California and may not be representative of all FCC providers. Each county in California has a different approach to implementing QRIS (Quality Start Los Angeles, 2020); therefore, results should be considered in the context of each QRIS agency's delivery model.

Limitations

As a result of the COVID-19 pandemic, Community Care Licensing, the state licensing agency that governs FCC programs in California, placed strict guidelines to ensure the health and safety of all staff and children. State-licensed FCC providers agencies refrained from having outside visitors who were not direct employees or family members of the FCC program. Because of the pandemic, I was unable to conduct face-to-face interviews. The increased cleaning protocols required by the Centers for Disease Control and Prevention and state licensing limited participants' accessibility and availability, resulting in scheduling and recruitment issues. In addressing these limitations, I utilized all my networks and collaborative partner agencies to support the recruitment efforts in disseminating my request for FCC participants. Twenty midsized agencies were selected across California.

I am an FCC provider and a current participant of the QRIS program but do not believe that my profession posed any challenge to the study. However, due to my close relationship with the research topic and to avoid potential interference, I developed positionality memos in which I reflected on and documented my thoughts, feelings, and questions as I navigated through each stage to completion. This process allowed me to address my personal biases and maintain objectivity. A relational approach was critical to ensuring each participant felt comfortable sharing their experiences confidentially without fear or judgment. If trust is not established early on, it could limit the amount of shared information and potentially affect the reliability and results of this study (Burkholder et al., 2016).

Significance

This study addressed an under-resourced caregiving context in the early childhood field. Results fill a gap in understanding regarding the perspectives of FCC providers about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. I focused on a caregiving context that provides early learning services to many children from birth to five years old. Understanding the differences in FCC programs may provide a foundation for stakeholders to develop supports that are aligned with the providers' individual needs and interests. As policy makers and program developers evaluate the infrastructure of the QRIS, they may be able to use the results provided in this study to better support FCC providers. Providing better supports to FCC providers may bring about positive social

change in the early care and education field by closing the quality achievement gaps evident in FCC programs.

Summary

In this chapter, I provided an overview of this basic qualitative study, including the background, problem, purpose, RQs, conceptual framework, and methodology. I also provided operational definitions and discussed the assumptions, scope and delimitations, limitations, and significance of the study. Chapter 2 includes a review of current literature that supports the relevance of the study in addressing the identified gap and problem.

Chapter 2: Literature Review

In this basic qualitative study, I explored the perspectives of FCC providers about the factors that contributed to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. In this chapter, I review key literature review related to the research problem. The literature review starts with historical context and includes an overview of FCC programs, including the role of programs, unique feature, provider qualifications, and child outcomes. The landscape of the early care education system and the needs and benefits for increased accessibility to high-quality caregiving programs are discussed. I also explain perceptions of quality in FCC programs and reasons why quality can be misrepresented based on the stakeholder's understanding. After providing an overview of the QRIS and FCC programs, I discuss the implementation of QRIS in California. A section on the engagement of FCC programs in QRIS and support services offered to FCC, along with the inequities, barriers, and challenges that FCC program providers in achieving higher quality measures, follows. The literature review concludes with a discussion of reliability and validity issues. I begin the chapter by providing an overview of the literature search strategy and conceptual framework.

Literature Search Strategy

I conducted a thorough literature review using multiple databases and search engines, including Education Source, ERIC, SAGE, and Google Scholar. A combination of words and word phrases was used to search for peer-reviewed scholarly journal articles and other resources relevant to the current study. Key search terms used were

family child care, family child care programs, family child care homes, home-based child care, home-based caregivers, friend, family and neighbor caregivers, trust-line caregivers, daycare providers, daycare programs, perspectives, perceptions, barriers, challenges, equitable, quality rating improvement programs, QRIS, quality initiatives, quality indicators, Race to the Top-Early Learning Challenge, effectiveness, quality supports, professional development, a community of practice, financial incentives, effects, accessibility, assessment, engagement, early learning, high-quality, inclusion, accessibility to high-quality care, teacher qualifications, perception of quality, misconceptions of quality, child outcomes in family child care programs, Classroom Assessment Scoring System, Environmental Rating Scale, assessment tools, and *reliability of QRIS assessment tools.*

I reviewed approximately 250 sources to include government and other organizational research publications and reports on the historical progression of the early childhood field and the development of quality improvement initiatives was essential to this study. I accessed information from the following agencies: The Department of Education Office of Early Learning, the California Department of Education, Child Care Resource Center, the National Administration for Children & Families, California Surgeon General's Report, and the National Research Council Reports on Early Childhood. Additional literature was identified by analyzing the reference lists of current peer-reviewed articles published within the past five years.

Conceptual Framework

The conceptual model for quality in home-based child care developed by Blasberg et al. (2019) offers an approach to define, understand, and support quality in the context of FCC programs. This model highlights evidence-based features that positively impact FCC providers, children, and families. The framework consists of components not considered by existing measures captured in quality rating models (Blasberg et al., 2019). The quality features in the framework according to Blasberg et al. (2019) were identified by the NAFCC accreditation standards, are divided into three components unique to home-based programs:

(a) foundations for the sustainability of care,

(b) lasting relationships, and

(c) opportunities for learning and development (Blasberg et al., 2019).

Each component is supported by research-based elements that address a specific condition needed for providers to maintain a high-quality early learning setting, continuity of relationships, and implement best practices for children's optimal growth and development (see Table 1). The elements featured within the conceptual model are not currently captured within the adopted tools used to measure quality in FCC programs.

Table 1

Conceptual Model for Quality in Home-Based Child Care

Foundations for sustainability of care	Lasting relationships	Opportunities for learning and development
Creating and maintaining a safe environment Promoting provider's self-health and wellness Identifying and engaging with community resources, including other caregivers Accessing supports for caregiving and teaching Managing business and finances Demonstrating reflection and openness to change	Developing nurturing relationships with children Facilitating children's relationships with each other Building responsive relationships with families Maintaining healthy relationships with other adults/family members in the home Fostering relationships in the community	Promoting children's well-being Capitalizing on available materials, equipment, and other resources Supporting each child's development through stimulating, responsive activities, including routines Building on children's everyday familiar and culturally relevant experiences to promote learning Supporting children to learn with and from each other

Note. From *A Conceptual Model for Quality in Home-Based Child Care* (p. 4), by A. Blasberg, J. Bromer, C. Nugent, T. Porter, E. M. Shivers, H. Tonyan, K. Tout, and B. Weber, 2019, U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research, and Evaluation; Child Trends (https://www.acf.hhs.gov/sites/default/files/documents/opre/cceepra_hbcc_conceptual_model_508b.pdf). In the public domain.

Foundations for Sustainability of Care

The foundations for care sustainability are conditions that support high-quality caregiving practices. Hooper (2018) indicated that the motivation level of the caregiver contributes to the manner in which they view their role as a profession. It entails their

willingness to participate in ongoing professional development training and their motivation to stay current with emerging theories and child development trends. It also involves implementing excellent business practices, providing meaningful learning experiences, and fostering strengths-based relationships with children and families. Blasberg et al. (2019) identified these quality indicators in an effort to improve the overall quality in FCC programs. FCC providers typically work in isolation, and their ability to network with other caregivers does not occur consistently. Research suggests that professional engagement with other caregivers may provide peer-to-peer assistance in improving the instructional practices provided to children (Bromer & Korfmacher, 2017; Hallam et al., 2019; Schaack et al., 2017; Tonyan et al., 2017b). These practices are also linked to quality improvement resulting in positive child outcomes.

Lasting Relationships

FCCs can provide continuity of care and ongoing support to families after a child transitions out of the program. Family relationships developed in FCC programs increase the network of family supports beneficial to underserved, high-risk, high-need families (Ang et al., 2017). The teacher-child interactions that children encounter in FCC programs have long-lasting effects on a child's social-emotional, cognitive, and language development (Ansari & Pianta, 2018; Vitello et al., 2018). Compared to other caregiving contexts, FCC programs have greater ability to build community linkages and collaborations with local organizations such as libraries, schools, restaurants, and grocery stores. These links may provide financial resources to child care programs and donations for special events that can support the instructional practices offered in an FCC program.

Research suggests that regular contact with community members creates additional opportunities for children to develop positive relationships with others and build on the connections made within their neighborhoods (Blasberg et al., 2019; Hallam et al., 2019; Hooper & Hallam, 2019).

Opportunities for Learning and Development

High-quality early learning experiences are contingent upon the FCC providers' willingness, dedication, and desire to learn and grow professionally. Frequent adult-child interactions positively affect child outcomes (Ansari & Pianta, 2018; Lin & Magnuson, 2018; Schaack et al., 2017). Teachers who create a classroom environment that provides hands-on experiences, inquiry-based approaches, and collaborative peer opportunities set the foundation for a child's early learning (Ansari & Pianta, 2018). These early experiences have long-lasting effects that follow the child as they enter primary grade school, secondary school, and adulthood. Higher education levels and specialized training on child developmental competencies have been linked to quality instructional practices (Lin & Magnuson, 2018). The knowledge gained from higher education and professional engagement opportunity equips the FCC provider with the necessary skills to implement developmentally appropriate practices and provide quality learning experiences to children at different developmental levels (Ansari & Pianta, 2018; Blasberg et al., 2019).

Literature Review Related to Key Variables and/or Concepts

History of Family Child Care

The development of FCC, commonly known as home-based child care, began as a result of working parents' desire to locate an affordable, safe place for their child(ren),

according to the National Center on Early Childhood Quality Assurance (2017a). FCC providers are licensed and regulated at the state level. Other types of care are provided in-home programs that are not licensed and regulated by the state, including family, friend, and neighbor care or license-exempt care provided by a relative (Hooper, 2019). In most cases, child care is provided directly by a family member, friend, or neighbor in a parent's residence or community. FCC has become the most popular option for most families due to a variety of factors, including (a) flexibility in schedules for individuals who work evening and night shifts, (b) close location to parents' homes, (c) lower tuition costs in comparison to center-based programs, (d) small group sizes, (e) home programs, (f) reflections of the diverse cultures in the community, (g) trust, (h) continuity of care, (i) culturally responsive practices, and (j) home language (Hooper, 2019; National Survey of Early Care and Education, 2015; Tonyan et al., 2017b). Licensing regulations and health and safety mandates vary by state, including the maximum number of children served in an FCC program. In California, large-licensed FCC programs can have a maximum of 14 children, and small FCC programs can have up to eight children (California Department of Social Services Licensing Division, n.d.).

Research indicates that there are 1 million FCC programs in the United States (Tonyan et al., 2017b). Compared to the level of quality care provided in center-based programs, FCC programs' level of quality care has been assessed as very low. Nonetheless, the quality measures currently in place do not reflect the strengths of this diverse population (Rusby et al., 2017). The National Survey of Early Care and Education Project Team (2015) suggested that many low-income families with infants

and toddlers choose FCC programs. Also, Hooper (2018) indicated that many children in low-income households, dual language learners, and single-parent families choose FCC programs. Increasing access to high-quality FCC programs is essential to improving the socioemotional, developing cognitive, and language development in children and contributing to their school success during the preceding years (Hooper, 2019). Early care and educational policy makers should therefore include the perspectives of FCC providers in developing quality-improvement initiatives.

The Role of a Family Child Care Provider

The role of the FCC provider is complex. FCC providers are often the only adult presence in the home-setting, which can result in the care provider taking on several duties: business administration tasks, such as accounting, bookkeeping, and program operations; curriculum development and implementation; provision of direct care to children; cooking; custodial duties; and development of trusting relationships with the families through the use of strength-based approaches (Douglass et al., 2017; Hooper, 2020). Hooper (2020) conducted a study to understand how FCC providers view their role and found wide variation in how providers viewed themselves. The three most categories were (a) their role in performing the duties, such as cooking and cleaning, needed to operate their program, (b) their role in developing positive relationships with children and families, and (c) their role as a business owner or professional (Hooper, 2020; Shdaimah et al., 2018). The identified roles provided some context to the complexities of the day-to-day operations of an FCC program, as well as the differences in services offered in FCC programs (Hooper, 2020).

Family Child Care Provider Qualifications

No teacher qualifications are needed to open and operate a licensed FCC or unlicensed home (California Department of Social Services Licensing Division, n.d.). In the state of California, a potential FCC applicant must attend and complete an FCC licensing orientation before applying for a license. The direction guides the applicant through the entire process of all mandated health and safety regulations, including home inspection protocol and procedures, criminal background clearance checks for any adult 18 years or older, adult child and CPR certifications, first aid certifications, and immunization clearances (California Department of Social Services Licensing Division, n.d.). Providers who view themselves as teachers exceed the essential health and safety requirements set by state licensing mandates. These mandates include taking early childhood courses, obtaining a child development permit, attending educator workshops for professional development, networking with other early childhood professionals, and active involvement with professional organizations (Douglass et al., 2017).

Family Child Care Unique Programs

FCC programs are unique in context and offer a variety of outdoor and indoor environmental aesthetics to include child-sized furniture, developmentally appropriate materials, and a variety of meal options (Tonyan et al., 2017a). Additionally, the variations in design are determined by the provider's experience working with children, knowledge, and understanding of best practices for young children, educational attainment levels, and the accessibility to strength-based resources such as professional growth workshops and training. FCC providers are not required to adopt an evidence-

based curriculum; however, the FCC provider selects the philosophical approach and reflects the beliefs or viewpoints they feel are the most effective ways for children to learn (Rusby et al., 2017). FCC programs provide strength-based approaches that build upon relationships with children and families, including special outings and field trips. FCC programs participated in community events that provided opportunities to network with other small businesses and develop collaborative partners throughout the community. These community linkages aides in providing access to resources that may be unattainable otherwise.

Child Outcomes in Family Child Care Programs

FCC programs can offer developmentally appropriate learning opportunities for children to thrive and reach all developmental milestones needed to succeed in primary grade school. The wide array of design and environmental aesthetics variations offered in FCC programs has created challenges in collecting evidence-based data identifying specific child outcomes of children cared for in FCC programs (Rusby et al., 2017). Hooper (2018) examined one construct of quality that contributed to positive results for children. This study indicated that FCC provider educational levels, caregiving beliefs, and access to professional development networking opportunities increased the quality of instructional practices.

Comparisons Between Family Child Care and Center-Based Teachers

FCC providers and center-based teachers have similar roles related to maintaining the health and safety of all children in care. Curriculum implementation, lesson planning, and assessments vary in context and program delivery types. It is common for FCC

programs not to implement an evidence-based curriculum, and the learning activities provided are fewer than center-based programs (Hallam et al., 2019). The differences in instructional practices are based on the beliefs of the FCC provider. Hooper (2019) indicated that FCC providers who believed in providing child-centered approaches were more invested in continuing their education and professional growth-related activities. Center-based teachers traditionally have higher education and unlimited access to professional development opportunities. State licensure does not require FCC programs to have an educational background. However, center-based teachers must have a minimum of 9 early childhood units and an Assistant Teacher Level Permit or higher to work in a center-based program. Center-based teachers have minimal responsibilities in comparison to FCC providers. For example, center-based teachers are supported by the site director or program director and are assigned to one classroom to work with one age group. They are responsible for their assigned classroom's day-to-day operations, including child supervision, curriculum planning implementation and assessment, classroom management duties, daily communication with families, and collaboration with co-teachers or teacher aides (Lin & Magnuson, 2018). FCC providers work alone with mixed age groups of children and manage multiple roles far beyond providing direct supervision and instruction to children (Hooper, 2020).

Although these child care delivery models may vary in context, they are perceived and treated significantly. There are many misconceptions of FCC, its value to children and families, and the communities they serve. FCC is often referred to as babysitters, and the respect for the services they provide is often unnoticed or ignored (Rusby et al.,

2017). While the educational requirements for center-based teachers and FCC providers are different, there are scenarios where the educational credentials can be higher or the same in both programs. Yet, FCC providers are paid a lower wage than center-based teachers (Johnson et al., 2019). FCC programs are diverse and difficult to categorize into one group. The individual designs of FCC providers and limited available research created challenges in providing individualized resources and support strategies unique to FCC programs (Douglass et al., 2017). Early childhood teachers who work in center-based programs have access to various professional development opportunities on-site and off-site. Additionally, they are paid to attend training. In contrast, FCC providers are not offered the same privileges because they are categorized as small business owners and required to assume all financial responsibilities regarding professional development (Orfali et al., 2018).

Investments in Early Care and Education Quality Improvement

Over the last decade, the landscape of the early childhood field has changed. These changes influence the types of investments provided to ensure that children from birth through 5 years old have equal access to high-quality early learning experiences. Investments at the local, state, and federal levels have been made to improve access to high-quality child care (Hallam et al., 2017; Hooper & Hallam, 2019). Most of the investments contributed to only child care centers with little to no efforts to include FCC programs (Hooper & Hallam, 2019). Ensuring quality across all educational programs has become the primary focus of improving the accessibility of high-quality early childhood programs globally (Bassok & Galdo, 2016; Eckhardt & Egert, 2020).

Accessibility to High-Quality Care

Access can be defined in various ways depending on the context and manner in how it is used. Traditionally, access has been directly related to the availability of high-quality programs, usage of care, and cost to families to receive high-quality care (Thomson et al., 2020). High-quality early learning experiences provide the foundation for school readiness skills and contribute to children's cognitive, language, and social-emotional development (Anderson & Mikesell, 2019; Vitello et al., 2018). According to the Office of the Surgeon General (2020), high-quality care reduces the likelihood of the development of toxic stress. The early childhood sector has resources to provide positive experiences beneficial to high-risk or under-resourced children. From the family's perspective, access is the ability to obtain affordable, high-quality early learning services that meet the needs of both the child and parents (QCC, n.d.).

Families choose child care based on three factors: cost, location, and quality. In most cases, high-quality care is more attainable to children and families that live in middle to upper-class neighborhoods. Research indicates that children who come from low-income families do not have the resources to access high-quality programs located within or outside of their neighborhoods, nor does it meet the financial needs of the parents (Anderson & Mikesell, 2019). Additionally, most high-quality programs can only accommodate a small number of infants and toddlers, resulting in the parent selecting a program based on availability and lower quality. According to Buell et al., 2018; Rusby et al., 2017; Schaack et al., 2017; Shdaimah et al. (2018), these disparities between low and higher-income households can be detected in children as early as nine months.

Access to quality early learning experiences is critical to closing the achievement gaps across K-12 school systems (Bassok & Galdo, 2016).

Need for High-Quality Family Child Care Programs

FCC programs provide services to many children 0-5 years old. FCC has become the favorable option for families due to the low-cost associations, flexible schedules, smaller group sizes, and parents' preference in caring for infants and toddlers (Bromer & Weaver, 2016; Hooper et al., 2019b; Schaack et al., 2017). This demand has increased the number of FCC programs; however, the quality remains low. Hooper and Hallam's (2019) indicated that FCC programs could provide high-quality care to children. However, due to little information about their unique practices, stakeholders have struggled to develop quality improvement initiatives to support differences demonstrated in FCC programs.

Perception of Quality

Quality is defined in various ways depending on the context of the consumer. Hooper et al. (2019b) expanded on another framework identified by Katz (1994) to understand how quality is conceptualized from the stakeholder position. There are five definitions of quality that were developed based on the following viewpoints:

(1) individuals who are not directly impacted by early childhood policies and practices and do not provide direct service to children, such as policy makers and researchers,

(2) viewpoints from the child's perspective,

(3) families,

(4) society, and

(5) teachers who provide direct services to children and families.

The design and implementation of quality improvement initiatives were developed from the perspective of the policy maker and researcher viewpoints which affects the teaching practices provided to children. From the policy maker/researcher perspective, quality is measured based on structural and process indicators. These indicators are easier to identify, measure and regulate according to governmental policies and practices that are currently in place (Falenchuk et al., 2017). Despite the investments made to improve access to high-quality early learning services, there is a lack of clear evidence to determine the best approach to define and measure quality within FCC programs (Bromer & Korfmacher, 2017; Hooper et al. 2019b; Tonyan et al., 2017b). The mixed results have affected how programs are evaluated as a participant of the QRIS (Pianta et al., 2020).

From a global perspective, quality is measured using evidence-based observational tools such as the Environmental Rating Scale (ERS) or the CLASS (Buell et al., 2018). These tools were adopted as part of the QRIS in defining the overall quality of an early childhood program. FCC programs have various characteristics that differentiate them from other early childhood programs. Mixed-age group environments, parent-teacher relationships, and sociocultural factors are a few examples of quality indicators that were not represented in the two quality measures (Curenton et al., 2019; Hooper et al., 2019b). The missing quality measures may lower the overall quality represented in FCC programs.

The Family Child Care Environment Rating Scale-Revised (FCCERS-R) is an ERS assessment tool specifically designed to measure FCC programs. The Business Administration Scale (BAS) was developed by the McCormick Center for Early Childhood Leadership at National Louis University to measure the overall quality of business practices in FCC programs. FCC child care providers with good professional business practices are more likely to provide a high-quality learning environment (Eckhardt & Egert, 2020). The CLASS tool is also utilized to evaluate teacher-child interactions and relationships. Pianta et al.'s (2020) research indicated that teacher-child interactions influence child outcomes and higher quality delivery systems.

Observable Quality Types: Structural and Process Quality

Structural quality is defined as processes within the early childhood educational setting (Eckhardt & Egert, 2020; Hallam et al., 2019; Hooper et al., 2019a). Examples of structural quality include the physical environment, developmentally appropriate furniture and materials, teacher-child relationships, caregiver education level, experience, program philosophical approach, business practices, curriculum development implementation and assessment, and the caregivers' willingness to seek annual professional development opportunities.

The education and experience level of the caregiver becomes the driving force that contributes to the overall design and environmental aesthetics needed to provide high-quality teaching to children (Falenchuk et al., 2017). For example, a provider's knowledge of best practices for young children contributes to the arrangement of the

child care space, the type of materials offered, and the fostered relationships that allow the child to feel a sense of belonging to the classroom community.

A good organizational structure is needed to sustain a high-quality FCC program. The provider's initiative in attending regular professional growth training assists with building relationships with other FCC providers within their network and establishing community collaborations that contribute to relationship-based approaches to families (Eckhardt & Egert, 2020; Falenchuk et al., 2017). Professional engagement has been linked to increased language, literacy, and cognitive development (Bromer & Korfmacher, 2017; Hallam et al., 2019; Hooper, 2018; Tonyan et al., 2017b).

The learning experiences that are provided within the constructs of the classroom setting are described as process quality. These experiences include the teacher-child relationships, collaboration with peers, child-led learning experiences, and daily routines (Lin & Magnuson, 2018). When teachers foster a favorable climate, they integrate effective teaching modalities and behavior management strategies, contributing to the overall relationships developed with each child and their family (Eckhardt & Egert, 2020; Hallam et al., 2019). Process quality describes how the teacher implements culturally responsive practices, supports the child's emerging interests, can modify and individualize curricula to meet diverse learning needs, and is knowledgeable of best practices to ensure the health and well-being of the children (Eckhardt & Egert, 2020).

Quality Rating Improvement System

The Race to the Top-Early Learning Challenge (RTT-ELC) was established in 2011, becoming the first inclusive model to address quality issues across all contexts

(Orfali et al., 2018). The theory behind this model was to increase parents' knowledge of high-quality indicators, which would encourage early childhood programs to improve the level of services provided to children and families (Jenkins et al., 2021). The primary focus of this initiative was to (a) increase accessibility of high-quality early learning services to under-resourced infants, toddlers, and preschoolers, (b) develop a streamlined system of high-quality early learning services, and (c) ensure the tools utilized to measure quality is consistent with recommendations set forth by the National Research Council's Report on Early Childhood (National Center on Early Childhood Quality Assurance, 2017b). These steps decreased the disproportionate gaps evident amongst low-income and high-risk families.

The RTT-ELC model addressed five areas of reform. The first area that was addressed expanded on existing strengths and progress with the state's early learning and development plan. This approach helped ensure consistency across agencies and sustainability of program quality beyond the grant period. The second area defined high-quality accountable programs by developing a statewide streamlined tiered quality rating and improvement system to improve program performance and educate parents on criteria for program quality. The third area focused on developing common standards-aligned with state assessments to measure child outcomes, address behavioral and health needs, and inform, engage, and support families. The fourth area focused on the early childhood education workforce by providing professional development, career advancement opportunities, and financial compensations. The last area consisted of

measuring the outcomes and progress of this model to identify if children are successful once they transition to primary grade school (Pianta et al., 2020).

Program standards assign ratings to programs that participate in QRIS and provide parents and the public with information about each program's quality. California and most states use licensing standards as the starting point, which indicates they have met minimum requirements. Every QRIS contains a minimum of two additional levels a program can reach to achieve the highest quality level overall. In California, a QRIS site can increase four levels completing a five, which indicates the program has exceeded minimum requirements.

Supports for programs and practitioners for QRIS include provider supports, such as training, mentoring, and technical assistance to promote participation and help programs achieve higher levels of quality. Each county has access to professional development opportunities, one-on-one coaching, peer mentoring, and community practice opportunities to improve quality and QRIS ratings in California. A coach is assigned to each program participant to provide individualized support based on program needs. Partnerships are formed with the local child care resource and referral agencies. Access to this training is at no cost to QRIS recipients, and they have priority to these resources. California's QRIS invests in other specialized technical assistance based on county needs assessments. These supports can be early self-reflective practices, childhood trauma, adverse childhood experiences, and special needs inclusion. Collaboration with local community colleges allowed practicum teachers to have hands-on experiences in improving children's instructional practices and daily experiences.

Financial incentives are used to assist early learning and care providers with improvements to outdoor and indoor learning environments, achieve higher tier ratings and sustain the quality care offered on a long-term basis. Financial incentives also serve as an effective strategy to encourage and motivate program participation in QRIS. The types of financial incentives may include (a) increased child care subsidy reimbursements over the regional market rates, (b) incentives for high-quality achievements, (c) grants, (d) awards, or (e) other professional development supports.

Quality assurance and monitoring protocols how well programs meet QRIS standards, assign ratings and verify ongoing compliance. Monitoring also provided a basis of accountability for programs, parents, and funders by creating benchmarks for measuring quality improvement. The licensing agency alone, or partnership with the subsidy agency or a private entity, monitors the QRIS. States use a variety of approaches (alone or in combination) to monitor QRIS standards, such as onsite coaching visits, program self-assessments, document reviews, and verifications. In California, licensing reports are also gathered to ensure each QRIS site has met all health and safety regulations as indicated by Community Care Licensing Division.

Additionally, each agency has an identified workforce registry number that documents the completed specific training requirements. The annual professional growth and development hours are accessible to QRIS program data managers, and this system recognizes if a program has met the required 21 professional growth hours yearly.

Consumer education provides a framework for educating parents about the importance of quality in early care and education. The QRIS in California utilizes a five-

star system to indicate the level of quality a program has achieved and inform and educate parents on the criteria of each star, beginning with one star indicating the program has met minimum health and safety requirements. Each rating agency provides resources to families to help parents select the best program in terms of quality. The ratings are posted on the licensing agency's website and other forms of media to include social media such as Facebook, posters, banners, certificates, awards, t-shirts, decals, pins, and other promotional items displayed by rated programs. Each local resource and referral agency that provides child care subsidies to families plays a vital role in adequately educating parents on selecting high-quality programs for their children. Parents also receive a link to view the ratings of programs they may be interested in before final selection.

Quality Counts California

QCC is the name of the QRIS that is implemented statewide in California. California was selected and awarded federal funding during phase one of the RTT-ELC. The budget received contributed to the development of QCC. To maintain the integrity and stability of QRIS after the initial funding ended, California transitioned into QCC with funding from the California Department of Education (CDE), QRIS block grant. First, Five California Improve and Maximize Programs, so All Children Thrive (IMPACT) initiative (QCC, n.d.). The state investments allowed QCC to expand the services to all early childhood delivery systems increasing the accessibility of high-quality programs statewide. QCC focuses on the following: (a) provide support to 48 counties QRIS consortia, (b) educate families on how to identify and select high-quality

programs that best fit their needs, and (c) provide access to resources to QRIS administrators, coaches, higher education faculty members, and other quality partners (QCC, n.d.).

QCC collaborates with the First Five California IMPACT initiative and the California Department of Education, Early Learning Division. QCC focuses on improving the quality of early learning experiences provided to children. QCC is implemented in 48 out of 58 counties in California through local QRIS systems at the county or regional level (QCC, n.d.). Support is provided to each local agency to include funding program implementation and guidance. Each local QRIS agency works with early learning providers to support their quality improvement goals and overall growth as a participant of this initiative.

Five Quality-Rated Indicators

According to the California QRIS Matrix (QCC, n.d.), the matrix consists of seven elements used to determine the tier rating number a program has achieved. FCC programs are rated only using five of the seven qualities because the other two qualities are specific to center-based program designs. The ratings are assigned based on a cumulative score of all five elements. An FCC provider may earn a total of 25 points. Table 2 describes the seven quality elements used to rate FCC programs.

Table 2

Quality Elements and Descriptions

Element	Description
1: Child Observation	Consists of direct observation of children's daily experiences to include anecdotal notes, videos, photos, and detailed descriptions that can be used for individualized planning, curriculum implementation, and assessment.
2: Developmental and Health Screenings	A questionnaire completed by either the parent or the teacher helps track a child's progress through early childhood developmental milestones.
3: Minimum Qualifications for Lead Teacher/Family Child Care Home (FCCH)	This element measures the educational level and professional development hours a family child care owner has achieved, as indicated in the matrix.
4: Effective Teacher-Child Interactions	The Classroom Assessment Scoring System (CLASS) is an evidence-based tool used to measure the effectiveness of teacher-child interactions within an FCC program.
5: Ratios and Group Size (centers only)	This element measures the child-to-teacher ratio in each classroom setting.
6: Program Environment	The Family Child Care Environmental Rating Scale (FCCER) is an observational assessment tool used to measure the overall environmental design and teacher-child interactions (process quality indicators).
7: Element 7: Director Qualifications (centers only)	This element measures the educational level and professional development completed as a program director of a center-based program.

Note. From *Rating Matrix with Elements and Points for Consortia Common Tiers 1, 3, & 4.* Quality Counts California (QCC*)*. (n.d.). Quality Rating and Improvement System https://qualitycountsca.net

Family Child Care Recruiting and Rating Process

Participation in the QRIS is a voluntary program. Eligible participants must be located within the county they are applying to, licensed, service children birth through 5 years old, and maintain an excellent standing licensing report for a minimum of six months. Once an agency decides to join, the next step is to submit the application. Upon acceptance, a technical assistant (TA) is assigned. A meeting is scheduled with a TA to provide one-on-one support and develop a customized quality improvement plan that consists of small attainable goals that will aid in the sustainability of continuous program development improvement (QCC, n.d.). The FCC provider will work with the TA for a minimum of three months in preparation for the initial rating. During the three months before the assessment, the TA works one-on-one with the FCC provider and goes through each element indicated in the California Rating Matrix. The primary role of the TA is to provide a detailed explanation of what they can expect on the day of their assessment to ensure they are adequately prepared and minimize observer anxiety. The TA assists the FCC provider with obtaining a workforce registry number to track professional development progress and submit documentation.

The rating process consists of a portfolio approach-based model for an FCC program to implement self-reporting practices on quality elements and a file review conducted by administrative personnel (Quality Start Los Angeles, 2020). Elements four and six consist of two assessments used to measure structural and process quality, ERS and CLASS. These assessments are conducted onsite, and the providers are given a two-week time frame to expect an unannounced visit from a reliable observer. These

assessments require an external assessor to capture a snapshot of the quality of care provided to children in a two-three-hour timeframe.

Self-reporting documents are reviewed and verified to determine the level of quality. This process consists of a random selection of two children's files, including a review of child portfolios, developmental health screening, the Ages and Stages Questionnaire (ASQ), curriculum development, planning, and assessments. All QRIS participant documents are maintained through a data management system called Ipinwheel. These documents are verified during an on-site visit or uploaded into Ipinwheel and confirmed according to each level of quality indicated on the QRIS matrix. Each county program agency identifies the preferred data collection and submission method.

Once the assessment and rating have been completed, the TA explains the results to the provider and submits the information to the assigned coach. The coach collaborates with the FCC provider in determining the next steps. An individualized quality improvement plan is developed, implemented, and focused on data results from the FCCERS, CLASS, Desired Results Developmental Profile (DRDP), and ASQ. The assigned coach works with the FCC provider a minimum of once per month to ensure all goals indicated are met before re-tiering. All FCC ratings are published and made available to include local stakeholders and parents. Table 3 below depicts the rating guidelines used to calculate the final scores to the tier ranking.

Table 4 depicts the tier rating on the final program quality score based on the seven quality indicators. A score that ranges from 1-3 is classified as a low tier rating, and a score of four or higher is classified as a high tier rating.

Table 3

Rating Guidelines Used to Calculate Final Score

Element	Point Value 1-5
1. Child Observation/Assessment	File review at all levels
2. Developmental and Health Screening	File review at all levels
3. Lead Teacher Qualification and Professional Development	Self-report at all levels
4. CLASS Assessment	Self-report/external assessment
5. Ratios and Group Size	Self-report/verify by the assessor

Note. From *Rating Matrix with Elements and Points for Consortia Common Tiers 1, 3, & 4.* Quality Counts California (QCC*)*. (n.d.). Quality Rating and Improvement System https://qualitycountsca.net

Table 4

Tier Ratings Chart Based on the Final Program Quality Score

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Centers	Block	8 – 19 pts	20 – 25 pts	26 – 31 pts	32 +pts
FCC Homes	Block	6 – 13 pts	14 – 17 pts	18 – 21 pts	22 + pts

Note. From *Rating Matrix with Elements and Points for Consortia Common Tiers 1, 3, & 4.* Quality Counts California (QCC*)*. (n.d.). Quality Rating and Improvement System https://qualitycountsca.net

Financial Incentives

Financial incentives have been one of the key motivations that have encouraged program participation in the QRIS (Jenkins et al., 2021). Although the initial goal was to educate families on quality markers in early childhood programs, policy makers recognized the need to provide financial incentives to sustain program quality. Incentives are developed based on each county's needs assessment, making various options accessible to QRIS participants. QCC has developed a system that awards FCC programs based on their Tier Levels 3-5. These stipends are awarded annually and range from $1000-to $7000. Tiers four and five-level programs also receive up to 10 percent above the allocated reimbursement rate for families who receives state funding to pay for child care.

Family Child Care Engagement in Quality Rating Improvement System

Research indicated that FCC programs that participate in QRIS had been rated at lower levels than center-based programs. These programs do not achieve higher ratings with the current design of this model (Bromer & Korfmacher, 2017; Dipti et al., 2020; Hallam et al., 2017; Tonyan et al., 2017b). Understanding how to engage FCC programs in QRIS initiatives has become a top priority to decreasing the quality improvement gaps evident within this system. Hallam et al. (2017) conducted a mixed-methods study to investigate FCC engagement in QRIS systems in two different states. The results indicated that the QRIS model has great potential to offer practical strategies that will meet the needs of this diverse population. However, additional research is needed to adequately identify other factors contributing to higher participation and engagement in

QRIS. More research is also required from the perspectives of FCC providers to effectively develop a transparent model that is inclusive to the individual needs of FCC programs (Hallam et al., 2017).

Agency Staff and Quality Improvement Support Services to Family Child Care Programs

QRIS agency staff plays a significant role in supporting FCC programs. Their responsibilities include hiring qualified coaches, disseminating quality improvement resources, developing professional development opportunities, conducting needs assessments, and developing program revisions to improve the number of high-tiered sites. FCC programs are unique and diverse, requiring a well-trained professional who has either been a former FCC provider or has experience working with FCC providers (Hallam et al., 2019).

High-quality supports offered to FCC programs have positively impacted the daily learning experiences provided to children (Bromer & Korfmacher, 2017; Tonyan et al., 2017b). FCC programs are unique in design and offer various services, including non-traditional hours of care and mixed age group programs. FCC providers experience several challenges such as managing multiple roles, working in isolation, and little to no access to professional growth and development resources and training that contributes to their abilities to improve quality (Bromer & Korfmacher, 2017; Bromer & Weaver, 2016; Dipti et al., 2020; Hallam et al., 2017). Bromer and Korfmacher (2017) developed a conceptual model that identified two central tenets of high-quality support in FCC programs, including quality caregiving supports and implementing best practices for

children. The results from this study indicated a variety of support services that may contribute to positive outcomes in FCC programs. Hallam et al. (2019) conducted quantitative research to examine which support services provided to FCC programs were most effective in increasing the success rate as a participant of the QRIS. The results indicated that FCC programs could improve when the support services coincide with the needs of the caregivers. Research conducted by Tonyan et al. (2017b) found that when the quality improvement supports fit the provider's condition, it increased engagement and participation. Individualizing quality improvement supports is a crucial indicator to increasing FCC participation in the QRIS and their overall progress within this system. As policy makers continue to make modifications and revisions to the QRIS, it is valuable to consider the variables that best support FCC programs to strengthen the early childhood field as a whole and to ensure all children have access to high-quality early learning environments.

FCC providers who participate in QCC can attend monthly community of practice (COP) meetings. These meetings are designed to offer peer support, networking opportunities, shared resources, and valuable improvement services to children and families. Professional development opportunities are available to each FCC provider and staff member, and each county agency identifies the type of professional development training offered to FCC providers (Quality Start Los Angeles, 2020).

Professional supports have been linked to higher quality FCC programs (Jeon et al., 2018; Pianta et al., 2017; Tonyan et al., 2017b). Research has indicated that FCC providers experience high levels of stress due to managing multiple roles and balancing

the needs of the children and families they serve with their own family needs (Jeon et al., 2018). Hallam et al. (2019) conducted a quantitative study to examine the quality improvement supports provided to QRIS participants and compared them to FCC programs that did not participate. The findings indicated that most state QRIS systems implement a one-approach type system to quality improvement supports provided to FCC programs. FCC providers have different support needs based on their education and experience levels. Little attention or support has been made to address this issue. Since FCC programs currently rank the lowest in overall quality, addressing this issue may change the landscape of FCC programs and child outcomes for low-income high-risk children and families.

According to Rojas et al. (2019), coaching is a method used to develop relationship-based approaches proven to be one of the most effective practices contributing to improved quality outcomes in FCC programs. FCC programs spend a lot of time working in isolation and provide care to families that do not have traditional work schedules. In California, QCC focuses on collaboration and relationship-based approaches to ensure the providers feel supported, respected, and connected to their coach (QCC, n.d.; Rojas et al., 2019). Providing onsite one-on-one coaching assistance has been an effective strategy that has provided linkages to resources needed to support their quality improvement goals. Emerging evidence suggests that coaching improves classroom quality and child outcomes. However, there is insufficient evidence to determine which specific aspects of coaching are most effective such as the number of hours per session or the content provided to the consumer (Pianta et al., 2017). Research

conducted by Tonyan et al. (2017b) found that coaching support focused on the provider's specific training and immediate needs contributed to higher engagement in quality improvement support and motivation to improve quality. When the provider-coach relationship is not a good fit, it could hinder the progress or the provider's motivation or willingness to improve. Matching the needs of the FCC provider to the expertise and skill level of the assigned coach is critical to ensuring goodness of fit and overall support to increase program quality.

Family Child Care Provider Stress and Burnout

FCC providers experience high stress and burnout due to the vast array of responsibilities required to maintain and operate a successful business. FCC providers allocate areas of their home dedicated to the children and families in care, reducing the amount of personal space needed to care for their own families. In some cases, sacrifices are made to accommodate the needs of families' diverse work schedules, which creates conflicts between supporting their children in school-related and extra-curricular activities (Jeon et al., 2018). Balancing work, home, and family duties becomes a challenge when managing enrollment, business administration duties, and overall management of daily program operations. Limited studies have found associations of caregivers' high stress and lower quality teacher-child interactions, low teacher sensitivity, and responsiveness to children (Fernandez et al., 2018; Hooper, 2019; Jeon et al., 2018). Jeon et al. (2018) collected data from 888 FCC providers across 40 states. A questionnaire was administered to examine how professional support and personal stress were associated with their responsiveness towards children. The results indicated that

providers who had access to more professional resources and strong relationships with families had positive interactions and responsiveness with the children. FCC providers' high-stress levels were significantly associated with their responsiveness toward distressed children (Jeon et al., 2018). Adhering to additional mandates as part of the QRIS initiative, combined with balancing other roles required to operate an FCC program, has discouraged FCC providers from participating in this initiative. Understanding the specific triggers that result in high stress would be helpful to identify resources and training that can be used to support their abilities in stress management.

The professional identity of FCC providers is sometimes referred to as babysitters, which is an additional factor related to high stress (Hooper, 2020). The lack of respect for their profession and how they perceive themselves as teachers or caregivers contributes to the quality of instructional practices provided to children. A study conducted by Fernandez et al. (2018) conducted focus groups and interviews with 22 FCC providers. The results indicated that the identified stressors were related to conflicts within the role of teacher, caregiver, social worker, and business owner (Fernandez et al., 2018). FCC providers struggled with managing multiple functions, and parents' lack of respect for their profession contributed to high-stress levels. This finding highlights the need for additional support to maintain professional boundaries with parents. Equipping FCC caregivers with the supports that are inclusive to their needs reduces stress and the likelihood of lower quality of care provided to children.

Reliability and Validity Issues with Assessment Tools

The CLASS and Early Childhood Environment Rating Scale (ECERS) assessment tools are the only adopted measurements used to evaluate structural and process quality in the QRIS model. Researchers have begun to question the validity of these tools to measure high-stakes contexts. This concern is due to the fact the design of these tools was developed as part of a self-assessment in preparation for accreditation programs such as the National Association for Education of Young Children and the NAFCC (Clifford et al., 2020; Curenton et al., 2019; Setodji et al., 2018). Recent studies conducted by Setodji et al. (2018) and Early et al. (2018) examined specific indicators of ECERS and the relation to pre-school-aged children's cognitive and social development. The results indicated that if a program received an average score of 3 or the highest score of 7 resulted in the same level of improvements to children's language, social-emotional and cognitive development (Campbell & Ronfeldt, 2018; Early et al., 2018; Setodji et al., 2018). Although both the ECERS and FCCERS have similar indicators, there has not been any research examining the FCCERS' effectiveness in evaluating FCC programs' quality. This study explained why FCC programs score lower with this tool and the overall performance of the QRIS.

The disparities evident within the early childhood system continues to be a significant concern. Although federal and state funding has made considerable investments to close the achievement gaps amongst students of color, many at-risk children are still cared for in low-quality programs (Bassok & Galdo, 2016). Teacher-child interactions have been linked to positive learning environments and child outcomes

(Bassok & Galdo, 2016; Curenton et al., 2019; Vitello et al., 2018). Research has examined substantial differences in the level of quality care provided to children based on their geographic location (Bassok & Galdo, 2016; Curenton et al., 2019; Jenkins et al., 2021). Many studies have evaluated the likelihood of low-income children having access to high-quality programs; however, a recent survey conducted by Jenkins et al. (2021) indicated that programs that serve a high proportion of children of color are less likely to participate in QRIS. According to Bassok and Galdo (2016), teachers with little to no experience are more likely to work in programs that serve a high number of children of color, resulting in lower teacher-child interactions and inequitable learning opportunities. Additionally, Curenton et al. (2019) indicated that the CLASS and ECERS do not include sociocultural indicators used to measure sociocultural interactions in early childhood programs. The results from these studies implied that QRIS might contribute to additional racial inequities and justifies the need to add culturally relevant approaches to the QRIS model that addresses the services implemented in diverse communities.

Strengths and Weaknesses of Literature Related to the Research Problem

Researchers have explored similar topics related to my research problem; however, no research has been conducted identically to my proposed research topic. Previous studies examined the perceptions of teachers who work in center-based programs; however, due to insufficient information from the context of the FCC provider, their findings would not be reliable to generalize all FCC programs (Lin & Magnuson, 2018). To identify what research has been previously conducted on FCC programs that

participate in QRIS, the selection of evidence-based literature had to include evidence-based research in FCC programs.

Summary

Understanding the origin of FCC program supports, unique features, and child outcomes concerning the QRIS implementation provides context to the current study. The quality features identified within Blasberg et al. (2019) conceptual framework was consistent with the presented research findings. Past studies indicated how the current design of the QRIS has negatively affected FCC programs (Bromer & Korfmacher, 2017; Hallam et al., 2017; Hooper, 2019, 2020; Tonyan et al., 2017b). According to Douglass et al. (2017), Hooper (2020), Rusby et al. (2017) Shdaimah et al. (2018), FCC providers' perception of their role as an educator contributed to their willingness to participate in QRIS. High stress and teacher burnout were contributing factors that led to low teacher-child interactions, developmentally appropriate instructional practices, and responsiveness to children's emotional needs (Fernandez et al., 2018; Hooper, 2019; Jeon et al., 2018). The inequities within the current educational system resulting in significantly lower wages and less access to available resources and supports were found to contribute to lower quality in FCC programs (Bassok & Galdo, 2016; Curenton et al., 2019; Han et al., 2021). Past studies indicated that the perception of quality varies from the stakeholder, policy maker, parent, and teacher. These differences resulted in missing quality features not represented in the current QRIS model. These features have contributed to low-quality ratings in FCC programs (Bromer & Korfmacher, 2017; Falenchuk et al., 2017; Hooper et al., 2019b; Pianta et al., 2020; Tonyan et al., 2017a).

Previous research that evaluated the validity of the assessment tools used to measure process and structural quality as part of the QRIS did not indicate high associations that contribute to positive child developmental outcomes (Clifford et al., 2020; Curenton et al., 2019; Early et al., 2018; Setodji et al., 2018). Past research indicated that children in low-income communities have limited access to high-quality early learning experiences. These conditions result in receiving caregiving services in low-quality FCC programs (Bromer & Weaver, 2016; Douglass et al., 2017; Hooper et al., 2019b; Hooper & Hallam, 2019; Schaack et al., 2017). Past studies indicated that the motivation level of the FCC provider contributes to their willingness to continue their education, improve their instructional practices, and are rated at higher tier levels in comparison to providers who have little to no motivation (Hooper, 2019; Johnson et al., 2019; Lin & Magnuson, 2018). Past studies indicated elements needed to develop clear pathways that may support the diverse needs of FCC caregivers; however, the perspectives of the FCC providers have yet to be addressed (Bromer & Korfmacher, 2017; Tonyan et al., 2017a).

A gap in the literature exists in research pertaining to FCC providers' perspectives regarding California's QRIS. Although research has indicated some quality supports linked to quality outcomes, limited studies have allowed FCC providers to share their experiences and provide feedback for improvement. Previous studies suggested that one-size-fits-all models or approaches would not support FCC providers due to the wide range of experience and educational levels. More research is needed to develop a support system that meets the need of FCC programs based on years of experience, tier levels, degree levels, expertise levels, and culturally relevant approaches. Additional research is

needed to determine which elements rank higher in need from the FCC perspective and the best way to approach them. I will address the gap in the literature by exploring the perspectives of FCC providers about the factors that contribute to the high number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative.

I presented the literature review that supported the gap in my study. I began with an introduction to the literature review and a literature search strategy. The conceptual frameworks that guided the study, followed by an analysis of the empirical literature about crucial factors of the study, were explained. Then, the gap in the literature was identified and described to examine further how this study could fulfill a gap in the research. Finally, Chapter 3 included a complete description of how the literature gap was investigated with a basic qualitative research design.

Chapter 3: Research Method

Introduction

In this chapter, I provide a detailed explanation of the methodology and describe the design and rationale and role that I played in conducting the study. The overview of methodology includes discussion of the participant selection logic; instrumentation; procedures for recruitment, participation, and data collection; and the data analysis plan. Issues of trustworthiness and a summary of the chapter's main points follow. In this basic qualitative study, I explored the perspectives of FCC providers about the factors that contribute to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative.

Research Design and Rationale

The RQ and subquestions for this study were

RQ: What do FCC providers believe are factors that lead to the number of low-quality, low tier rated FCC programs that are part of California's QRIS initiative

Sub Q1: According to FCC providers, what factors might improve their ratings as part of California's QRIS initiative?

Sub Q2: According to FCC providers, what are the challenges in improving low tier ratings as part of California's QRIS initiative?

I used a basic qualitative approach to understand the perspectives of FCC providers. Patton (2015) and Burkholder et al. (2016) defined qualitative research as a personal inquiry involving exploration of human being viewpoints, lived experiences, and perspectives to understand and identify phenomena of interest. Qualitative research is

exploratory and focuses on one central idea or concept observed in a naturalistic setting (Patton, 2015). Researchers use quantitative analysis to examine the relationships between two variables measured in numbers using statistical approaches (Creswell, 2009). The researcher collects data from controlled experiments, surveys, or questionnaires that they then group into numerical categories.

The role of the qualitative researcher is to make meaning of the participant's perspective to better understand the phenomenon. The participants' responses are authentic, not prescribed, and are reflective of their interpretations (Rubin & Rubin, 2012). I concluded that a quantitative approach would not capture the in-depth experiences of FCC providers; therefore, it would not be suitable for the goals of this study. A basic qualitative approach was the appropriate method to explore the perspectives of FCC providers. Creswell (2014) reiterated that researchers using a basic qualitative research design give a voice to groups or populations who are often not represented within evidence-based literature. Furthermore, qualitative researches do not base their studies on a specific philosophical assumption; rather, they focus on a particular problem or issue (Dworkin, 2012).

I considered conducting focus groups to support the goals of this study. This strategy could have been a way to bring FCC providers together in one space and could produce similar outcomes to individual interviews (Ravitch & Carl, 2016). Focus groups work best with a researcher who has experience with this format because, in some cases, dominant speakers typically control the conversation; therefore, a researcher conducting a focus group needs to have a specific skill set to redirect the dialogue to allow other

speakers the opportunity to voice their perspectives (Rubin & Rubin, 2012). Due to my lack of knowledge of focus group interviews, I opted against using this data collection method.

Qualitative data collection consists of documenting observations, performing fieldwork, conducting interviews, and analyzing documents (Patton, 2015). To collect data for this study, I conducted 10 interviews with FCC providers who are current participants in the QRIS. Kvale (2007) defined interviews as a means to obtain information to understand the viewpoints centered around a common interest between the researcher and participant. Interviews serve as a practical approach to capture detailed, real-life experiences of the participants, whose perspectives can contribute new knowledge to the field (Kvale, 2007). Interviews offer insight into the thought processes of others, which allows the researcher to probe the underlying meaning of the demonstrated behavior (Seidman, 2012). Inductive data analysis is used to identify, categorize, and transcribe data into emergent themes (Creswell, 2009). Inductive data analysis is a common approach used in basic qualitative studies. I used this an inductive approach to identify common phrases consistent with the FCC participant responses, categorized the phrases, and developed themes based on the determined categories.

Role of the Researcher

The researcher is the main instrument in a qualitative study. The role of a qualitative researcher includes the development of RQs, the interview protocols, and procedures and the analysis of all transcribed data (Burkholder et al., 2016). As a current FCC provider with 26 years' experience and a participant of the QRIS over the last 5

years, I recognize that my personal biases may have influenced my understanding and interpretations throughout the research process. Given my personal and professional interests in this research, I used field notes and self-reflective journals to examine my personal biases, assumptions, experiences, values, and individual beliefs throughout the study. Excerpts from my self-reflective journals are included in the findings to make my thoughts and experiences visible to the reader to maintain transparency.

My role as the researcher included developing relationships of trust with FCC providers I have never met or worked with before in any capacity. This approach allowed me to build positive rapport with the participants and reduced possible feelings of discomfort they had sharing personal experiences, thoughts, feelings, and perspectives as a QRIS participant. To avoid any conflicts of interest resulting from my professional role as an FCC provider, I interviewed FCC providers who live within a different county. I was clear and transparent with the participants in each interview process step. I explained the purpose of the study, my expectations of them as participants, and their role and responsibilities in this process. I reminded them of their right to withdraw from the interview process and confidentiality procedures. They were allowed to review their transcripts to make changes to maintain credibility (Rubin & Rubin, 2012). I adhered to all ethical standards indicated by the Walden University Institutional Review Board (IRB) by obtaining their approval before recruiting participants. Participants were treated with respect, and I honored the confidentiality of all information shared during each interview. During the interview process, I maintained a neutral tone. I reiterated participants' right to withdraw from the interview process at any time to ensure that no

participant felt pressured or influenced in any way to respond to the interview questions presented. I also emphasized that their decision to withdraw would not affect their participation in the Quality Start program.

Methodology

Participant Selection Logic

The sample included 10 FCC providers who were part of California's QRIS, QCC, at the time of the study and were located within one of the state's 58 counties. Basic qualitative studies are much smaller than quantitative studies because researchers use a basic qualitative study to develop an in-depth comprehension of a specific phenomenon (Burkholder et al., 2016; Dworkin, 2012). Sample size depends on the in-depth knowledge and experience gathered during the interviews and the competence of the data to answer the RQs (Burkholder et al., 2016).

I used purposeful sampling to select FCC providers who have extensive knowledge and experience as a participant in the QCC program. Purposeful sampling is a selection strategy for identifying participants who assist the researchers' understanding of the problem and RQs (Creswell, 2007). The participant selection criteria were licensed FCC providers who were currently rated at Tiers 1-3 and had completed the rating process as a participant of the QCC and who provide care within California. Selecting participants from counties in California helped to avoid conflicts of interest due to my professional role as an FCC provider. I excluded from the study FCC programs that were not within the state of California as well as non-licensed caregivers, such as family friend and neighbor caregivers. Licensed caregivers who were not current QRIS participants and

FCC programs who were not rated and had recently joined the QRIS program were also excluded.

Instrumentation

Patton (2015) suggested that in-depth interviews allow the researcher to access participants' worldviews or perspectives and convey a message that the participants' contributions are valued and meaningful. Maxwell (2009) recommended that interview questions be open-ended to allow the participant flexibility in responding, how their words could influence their answers, and how their wording avoids confusion. To explore the perspectives of FCC providers regarding California's QRIS initiative, I asked participants semistructured and open-ended questions.

The data collection instrument consisted of semistructured interview questions (see Appendix). Probing questions were used to increase the depth of information provided by each participant. The research and probing questions guided the interview protocol. The literature review analysis, Blasberg et al.'s (2019) conceptual model for quality in home-based child care, and the RQs served as the foundation for developing the interview questions.

I used the interview and probing questions to explore the perspectives of FCC providers about the factors that contribute to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. To maintain consistency in how I asked each question, I used a neutral tone and remained aware of the participant's nonverbal cues that could affect the credibility of responses was maintained. I also used member checking to improve the accuracy and validity of data.

Procedures for Recruitment, Participation, and Data Collection

Recruitment

After obtaining approval from Walden's IRB (approval no. 09-14-21-0746083), I contacted QRIS partner organizations responsible for overseeing QRIS implementation for FCC programs. I emailed 20 midsized agencies within a 20-mile radius requesting their permission to disseminate my letter of invitation and recruitment flyer. Two social media platforms, Facebook and Instagram, were used to post the recruitment flyer with FCC networks and QCC affiliate groups.

I contacted FCC providers who provided care within the state of California. The first 10 providers who met the inclusion criteria stated that providers are licensed and currently rated at Tiers 1-3 as participants of the QCC were selected. I emailed the invitation letter to the first 10 participants who met the selection criteria. I identified participants rated at Tiers 1-3 to be a part of this study. Participants were requested to respond to the invitation letter to schedule the interview with their availability. A letter of informed consent was emailed to each participant. The participants were instructed to respond to the letter of consent form agreeing to the study and its procedures with "I consent." I called the selected participants to confirm the scheduled interview conducted via Zoom and Microsoft Teams teleconferencing software.

Before the interview, I confirmed that the consent form was received with each participant. I asked their permission to record the meeting and contact them by telephone if I have any additional questions or clarifications based on their responses. The interview began with a brief introduction. Participants were informed about the purpose of the

interview, confidentiality of their responses, and their right to end the interview of their choosing. I confirmed that the participant did not have any further questions, so I requested their permission to proceed with the interview. Field notes were used to document non-verbal facial expressions, break-in responses, and other important observations to the interview process. At the end of the interview, I will thank them for their participation and ensure the confidentiality of their responses.

I shared my perspective of their experience and allowed the participant to confirm accuracy, provide clarification, add additional information, and ask questions. After each interview, I used reflexivity to reflect on my experiences, thoughts, challenges, biases, and questions by using a reflection journal. I then emailed a thank-you letter and a $25 e-gift card for their participation.

I continued to distribute the recruitment flyer to recruit additional participants. Since there were not enough participants, I applied the snowball strategy. I asked the participants if they knew of any additional FCC providers interested in sharing their experiences to be a part of this study. Once those participants responded, I sent an invitation letter and consent form to those who agreed to participate in the study. I set up an interview with those participants.

Participation

To be included in this study, each participant needed to have knowledge and experience in the QCC program. I emailed the program directors responsible for overseeing FCC providers at 20 midsize agencies requesting their permission to disseminate the invitation letter, recruitment flyer, and consent form. The email included

the inclusion criteria. I used social media platforms, including Facebook and Instagram, to post the recruitment flyer within a 20-mile radius in California. Before proceeding to the next step, each participant replied by email and typed "I consent," indicating their consent to participate in the study. Once I received the consent reply, I contacted participants by phone or email and scheduled a day and time to conduct the interview, requested their permission to record the interview through the Zoom platform, and answered any questions they had. I conducted interviews via teleconferencing software (i.e., Zoom or Microsoft Teams) due to in-person restrictions of the COVID-19 pandemic.

Data Collection

The interview began with a brief introduction. Participants were informed of the purpose of the interview, confidentiality of their responses, and the right to end the interview at any time. Once these matters were confirmed and participants did not have further questions, I proceeded with the interview.

During each interview, field notes were noted to document nonverbal facial expressions, breaks in responses, and other observations that are important to the interview process. At the end of the interview, participants were thanked for their participation and ensured confidentiality of their responses. Interviews were transcribed, and a copy was sent to each participant. They were asked to provide feedback, clarity, and additional information about their interviews if they chose to do so. Reflexivity was used to reflect on the reflection journal's experiences, thoughts, challenges, biases, and questions.

Snowball sampling is the process of asking interview participants for additional contacts who can provide rich-detailed responses and meet the participant criteria identified in a research study (Ravitch & Carl, 2016). The snowball sampling was used to recruit additional participants. Participants were asked if they knew of other FCC providers who met the inclusion criteria. I reached out to those leads and informed them that a colleague suggested contacting them to participate in the study, after which the consent form was emailed. Once their replies were received, a meeting was scheduled, indicating their consent to participate. A thank you letter, and a copy of their consent forms were emailed to each participant to complete the interview process. A $25 gift card was given to each participant to purchase items for their FCC program.

Data Analysis Plan

The researcher serves as a vital instrument of the interview process and analyzes all transcribed data, field notes, and reflective journals (Burkholder et al., 2016). The analysis process allows the researcher to become fully immersed in the data and develop a deeper connection to the participants, analysis, and overall understanding of what meaning lies behind the identified themes (Caelli et al., 2003). Qualitative data analysis is an ongoing process that consists of interactive cycles of reflection, including the evaluation of field notes and memos (Creswell, 2007). Semistructured and open-ended interviews questions were used as the data collection method for this study. The participants' responses were analyzed and used to explore the perspectives of FCC providers about the factors that contribute to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative.

All 10 interviews were audio-recorded using the Zoom platform, imported into Otter.ai transcription services, and transcribed verbatim before data analysis began. Transcripts are stored on a Microsoft Word document, saved on a password-protected and an external hard drive. The physical copies of the transcripts are locked physically in a safe or filing cabinet within my home office. Participants' names were removed from the transcripts and replaced with three-digit pseudonyms to maintain confidentiality.

Step 1

The analysis process began by organizing the data. The audio recordings were imported into Otter.ai transcription services, transcribed, and uploaded into the NVivo software. To ensure the accuracy of transcripts, I re-read them as I follow along with the audio recordings and make corrections to any grammatical errors. Participants' names and significant events from the transcripts were removed to ensure the participants were not identified from the information shared during the interviews.

Step 2

Each participant was contacted via email and provided with a verbal transcript. They were asked to confirm their responses for accuracy and provide any feedback. If a participant included inaccurate information, their transcript was omitted from data analysis and documented as part of the findings. I typed and scanned the field notes onto an external hard drive and sorted them according to each interview question. Data was collected and arranged by a source of information, field notes, reflection journals, and participant responses. I carefully read transcripts to reflect on the participants' overall meaning, ideas, and credibility. I made notations regarding my initial thoughts and

indicated their date of entry. This process continued by highlighting or underlining words or phrases that grasped my attention. I organized each phrase by similarity and looked to see any connections across transcripts. This process allowed me to begin evaluating the underlying meaning of the data.

Step 3

Initial coding, also known as open coding, breaks down qualitative data into categories or themes and allows the researcher to examine the data closely to identify how they are interrelated, the same, or different (Saldana, 2016). Transcripts were re-read and reviewed, phrases organized and recognized during the precoding stage. I looked for other expressions and assigned descriptive codes using different colors. I recorded my thought process using reflective journals to reflect on the deeper meaning, insights, and discoveries to allow myself the mental space needed to make meaning of this process. Once this process was completed, I created a list of the initial categories/themes to visualize my progress and avoid duplicating groups (Saldana, 2016).

Step 4

A second coding cycle was conducted using axial coding to determine which codes are more fluent than others and reorganize the data set (Saldana, 2016). Codes were reviewed, and similar-coded data were grouped into categories and subcategories. I continued to reflect on this process and record my thoughts and ideas as they emerged within my analytic memo.

Step 5

The categories were reviewed, and changes were made to combine similar categories. All repeated categories were removed, which then emerged into a theme. Once the themes were identified, they were further categorized. This process was repeated until no additional themes emerged, indicating that saturation had been reached.

Step 6

The final step consisted of interpreting, understanding, and meaning the data. The themes were part of the findings to describe the phenomena and answer both RQs. Member checking was used to ensure the credibility of the results, and a summary was submitted by email to check for accuracy. Participants were asked to affirm the presented findings by replying to the email or providing additional feedback if the results did not accurately reflect their perspectives. Participants' feedback was documented, and the findings were reviewed again for further analysis to ensure accuracy.

Issues of Trustworthiness

According to Burkholder et al. (2016), trustworthiness reflects the truth or accuracy represented in a qualitative study. It includes the entire framework and justifies all study components addressing the RQs. Qualitative researchers comply with trustworthiness criteria to increase the rigor of a study (Ravitch & Carl, 2016). The standards used to assess and evaluate the accuracy of a given study are credibility, transferability, dependability, and confirmability. Credibility focuses on the quality of the research design, instruments, and richness of data (Ravitch & Carl, 2016). Reliability is met when two researchers yield the same results after following the same data collection

protocol and analysis (Burkholder et al., 2016). Reliability is necessary to achieve a valid study but cannot be used independently to measure quality (Burkholder et al., 2016).

Credibility

Credibility is critical to a qualitative research design (Ravitch & Carl, 2016). It is the process of ensuring the findings and results presented in a study reflect true accounts of lived experiences (Burkholder et al., 2016). Member checking, triangulation, and reflexivity are used to establish credibility. Member checking is a strategy implemented to improve the quality of collected data (Shenton, 2004). It is a systematic process that allows the participant to confirm and review their interview transcript and provide feedback on findings as they emerge (Burkholder et al., 2016).

Interview transcripts were sent to each participant to review for accuracy. Preliminary results were submitted to each participant to determine whether my interpretations reflected their perspectives. The feedback provided from the participants was documented, and the findings were reviewed once more for further analysis to ensure accuracy.

A qualitative researcher's bias should be identified and addressed (Bell, 2015). As a researcher, I have been in the early childhood field for 28 years and am a part of this population as a current FCC quality-rated program operator. My experiences as an FCC provider added credibility to the findings. Patton (2015) described reflexivity as an approach that allows the researcher to be consciously aware of their perspectives in understanding the worldviews of others. Reflexivity was used to document the thoughts and feelings that arose. Field notes were used to indicate verbal and non-verbal actions

and reflective journals to document my experiences, thoughts, challenges, biases, and any modifications made to the analysis process.

Triangulation uses more than one theoretical perspective or method to justify an interpretation or conclusion of data analysis (Burkholder et al., 2016). According to Shenton (2004), data triangulation involves a wide range of participants that vary in experience and perspectives to form categories and themes in a study. I used field notes, self-reflective journals, and participant interview transcripts to interpret the data findings to enhance the study's credibility.

Transferability

Transferability transfers some aspects of the research design to different contexts without replicating the design and findings (Ravitch & Carl, 2016). Detailed descriptions were provided of the setting, participants in the study, and evidence-supported research and offered other researchers or stakeholders the opportunity to compare their context (Ravitch & Carl, 2016). A variation in participant selection ensured participants were knowledgeable about the QRIS process and working knowledge of the quality indicators used to evaluate program quality in FCC programs. Field notes were used to capture detailed descriptions of each participant’s experiences, inspirations, motivations, barriers, challenges, and accomplishments to build a clear picture of their contexts.

Dependability

Consistency in data collection, reporting, and analysis, are characteristics used to determine a qualitative study has met the dependability standard (Burkholder et al., 2016). To ensure dependability, I used a sampling method to recruit FCC participants

from six different agencies that govern the program implementation. Similar results around various sites can produce more credibility (Ravitch & Carl, 2016). I documented my thoughts during the interview using field notes and a reflective journal after each interview. These documents provided detailed steps of the data collection and analysis process.

Confirmability

Confirmability establishes that the research findings do not reflect the researcher's bias (Burkholder et al., 2016). The researcher is the key instrument and brings their perspective to the study, and therefore an audit trail served as the primary strategy to establishing confirmability. Field notes, reflection journals, and memos to document detailed accounts of the data collection process were used. Also, the development of all categories and themes and how each decision was made throughout the inquiry process were documented. I journaled my experiences as I reflected upon the interview process with each participant to eliminate any bias that may evolve. Each interviewee was given a consent form to confirm their agreement to participate in the study and informed of their role and right to withdraw from this study.

Ethical Procedures

The responsibilities of the IRB consisted of ensuring Walden University research meets compliance guidelines with the universities ethical standards and meets all U.S. federal regulations. An approval letter indicating the approval number and expiration date from IRB must be granted before collecting any data can be conducted. Failure to adhere to these requirements will result in the student receiving zero credit for any work that did

not comply with the ethical policies and procedures in accordance with IRB. IRB required that each application be completed by the students and faculty members who plan to conduct research projects involving the collection or analysis of data. I have complied with all requirements set forth by Walden IRB to ensure that the study met all ethical standards, the correct methodology was used, and all participants were protected in this research study. Before proceeding with data collection, all documents were submitted, which included the letter of invitation and recruitment flyer, to the QCC requesting permission to disseminate the letter of invitation and recruitment flyer to obtain participants for the study. The consent form, which included: the identification of the researcher, purpose of study, benefits for participating, risks to participants, the confidentiality of the participant, confidence that the participant can withdraw at any time during the interview process, and their relationship with QCC, would not affect their decision.

As the primary researcher, I ensured that all data was kept confidential. Each interview was transcribed using Otter.ai transcription services. The transcripts were uploaded and stored on a secure vault on a Microsoft One drive and saved on a password-protected computer within my home office. Each transcript was emailed to the participant to confirm that it reflected their lived experiences. An additional layer of protection included a PDF format of the transcribed interviews emailed and encoded with a password that can only be accessible to the researcher and the participant. At the end of the fifth year, the data would be deleted. All participant names were removed from the transcripts and replaced with 3-digit pseudonyms to maintain confidentiality. However,

contact information such as email was retained for member checking purposes only. The contact information (email address) remained confidential in a separate google email account used for this study and accessible only to the researcher. Before the interview began, each participant was aware of their voluntary right to participate. At any point during the interview process, they were able to stop or refuse to answer any question they were not comfortable answering. Lastly, I emphasized my role and responsibility to protect their privacy by adhering to a strict code of ethics, including all social responsibilities related to the design and data collection process.

Summary

In this chapter, a description of the research design and rationale for selecting a basic qualitative approach was provided. I also provided a detailed explanation of my role as the researcher and addressed how biases were managed. I included the participant selection criteria, a description of the sampling strategy, a detailed description of the interview guide, and the data collection method. I addressed trustworthiness issues, including strategies for ensuring credibility, transferability, dependability, and confirmability. Chapter 4 presented the findings and a description of FCC demographics, data collection and analysis methods, evidence of quality, results, and an overall summary.

Chapter 4: Results

The purpose of this basic qualitative study was to explore the perspectives of FCC providers about the factors that contribute to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. In this chapter, I discuss the setting, participant demographics, and data collection and analysis and present evidence of trustworthiness. The results of the data using thematic analysis are presented. The RQs were as follows:

RQ: What do FCC providers believe are factors that lead to the number of low-quality, low tier rated FCC programs that are part of California's QRIS initiative

Sub Q1: According to FCC providers, what factors might improve their ratings as part of California's QRIS initiative?

Sub Q2: According to FCC providers, what are the challenges in improving low tier ratings as part of California's QRIS initiative?

Setting

This study took place in California. The counties included in the study are supported by QCC, a statewide, locally implemented QRIS that funds and guides local and regional agencies. The QRIS helps improve the quality of early learning experiences provided in centers and FCC homes. This organization also supports other quality partners to enhance their support of early learning and care providers. One of its primary purposes is to inform parents and families on what quality looks like and why it is vital for young children. It also allows programs and professionals to have a streamlined set of standards connected to support and financial incentives to help programs meet and

maintain quality standards. Providers involved in continuous program improvements can receive feedback on their efforts.

QCC collaborates with First 5 California and the California Department of Education, Early Learning and Care Division, and is implemented at the county or regional level through a locally operated QRIS. Each QRIS in the selected counties engages and supports voluntary participation of programs in its geographic area. Administrators in these counties use a common set of early learning and care program standards and general guidance developed collaboratively through a state and local partnership. These counties are unique because they help families understand and choose a quality level of early childhood services.

During the study, California authorities enacted strict COVID-19 pandemic restrictions. These restrictions prevented the desired face-to-face contact with participants, which would have allowed the personal delivery of documents to FCC providers to assist with recruiting participants. It was difficult to recruit providers willing to consent to an interview using the Zoom platform. However, after 3 weeks of recruitment, 10 participants volunteered. Participants were recruited via LinkedIn, Facebook, posted flyers, and the snowball technique. All participants met the inclusion criteria, which stated that they must be licensed FCC providers and currently rated at Tiers 1-3 as participants of the QRIS initiative.

Demographics

The methodology consisted of interviewing 10 FCC participants. Each participant consented to participate by returning the emailed consent form. I used the snowballing strategy to recruit enough FCC participants. Some FCC participants informed me that they had other friends who wanted to participate in my study. Others forwarded my contact information and recruitment flyer to other providers who met the inclusion criteria. As shown in Table 5, eight FCC providers had a current tier rating of 3, and two FCC providers had a current tier rating of 2.

Table 5

Participant's Identification and Current Tier Ratings

Participants identification	Current Tier Ratings
Participant 001 (P001)	Tier 3
Participant 002 (P002)	
Participant 003 (P003)	
Participant 004 (P004)	
Participant 005 (P005)	
Participant 008 (P008)	
Participant 009 (P009)	
Participant 010 (P010)	
Participant 006 (P006)	Tier 2
Participant 007 (P007)	

As a part of the ethical procedures, I used three-digit pseudonyms to identify participants and did not identify business names or locations. All participants who agreed to participate met the inclusion criteria. Participants confirmed their desire to participate in the study by returning the consent form with "I consent" marked. However, the exclusion criteria were those who did not meet the inclusion as being a Tier 1 to 3

provider. Purposeful sampling was used to select participants who had relevant experience to answer the RQs. I began the recruitment process by contacting 20 midsized agencies by email, requesting their permission to disseminate my flyer. These 20 midsized agencies service many early childhood educators and caregiving contexts, including FCC providers. These agencies were selected due to their access to all licensed FCC providers who were current participants of the QRIS. All 10 participants resided in California and had been through the rating process at least once. Their years of experience ranged from 5 years to 26 years as an FCC provider. Before becoming an FCC provider, one provider had been a teacher in a Head Start program for 10 years.

Data Collection

Data collection began in October 2021 and was completed within 3 weeks. As the sole researcher, I recruited and interviewed 10 participants, and I developed seven interview and probing questions with the help of my dissertation committee. During the time of recruitment, the selected QRIS agencies had transitioned to a virtual work setting in response to COVID-19 and the new Delta variant. The virtual work setting hindered my ability to deliver information face-to-face, resulting in emails only. Only two out of 20 midsized agencies responded, informing me that they could not assist me due to other priorities that revolved around supporting early childhood programs through a pandemic. Staff at one agency responded that they felt my request would be too much to burden FCC providers. Additionally, they were in the middle of conducting a study to evaluate the impact COVID-19 placed on FCC programs that was their focus. The remaining agencies never responded. This unresponsiveness meant that I could not pursue my

original recruitment plan efforts of contacting FCC programs and alternative agencies within only one county. I submitted a new request to Walden's IRB to recruit FCC providers from all QRIS counties within California. I received approval from Walden's IRB within two days of submitting a written request.

Recruitment Process

I sent out an invitation letter to other QRIS agencies in California, and I also posted the invitation on Facebook and LinkedIn. One QRIS agency acknowledged my request and agreed to email my flyer to all QRIS participants within their database. The agency also invited me to attend their commission meeting to present my findings once the research has been completed. One participant responded the first day after seeing the posting on Facebook. Five additional participants responded to an email received from a QRIS partner agency. Two participants recommended four other FCC providers who wanted to share their experiences with me. I received two additional responses from the Facebook posting who expressed an interest but never responded to confirm the interview or return the consent form.

I emailed a consent form to each participant. If they agreed to move forward with the interview, they were instructed to reply with the words "I consent." After the consent form was sent back, an interview was scheduled with each participant. Interviews were held during the participants' lunch break or after business hours. All interviews were conducted using Zoom software to adhere to state licensing mandates. This alternative platform enabled a virtual face-to-face and audio interview.

Confidentiality

In building mutual trust with all participants, I provided a short introduction to introduce myself and the purpose of the research study. I briefly went over the consent form and asked if they had any additional questions or concerns before we began. I requested their permission to record the video and reassured them that the identity of their FCC home or location would not be identified and would be kept confidential. The participants shared their journey to becoming an FCC provider and their hopes and aspirations to provide high-quality services to young children. I informed each participant of the following steps once all interviews were conducted and how their personal information would be safely secured and not used for any purposes other than this research study. Each participant was made aware that a three-digit pseudonym would be used to identify them. Participants were informed that their identities would not be revealed in any study reports shared with stakeholders or other community members. All participants were thanked for their time and willingness to share their experiences.

Transparency

To maintain transparency, I reiterated the study's purpose, the expectations, and the process once each interview was completed. I anticipated that the interviews would last approximately 45 minutes; however, most of them lasted for 30 minutes. Participants were informed that I would take notes and look down frequently to assure them that I valued what they had to say. Each interview concluded with an expression of gratitude for the participant's time and contributions on behalf of the study. Each participant expressed how happy they were to be a part of my study and said they looked forward to

learning more about the results and next steps with local stakeholders. They also expressed how it was not common for them to partake in a study of such a nature and that they were happy for the opportunity to voice their opinions. I thanked each FCC for their participation and informed them that following the interview, I would reflect in my journal, transcribe the recording, and send them a copy of the transcript to review for accuracy. Upon receiving an email affirming accuracy or adding additional information, I sent a $25 gift e-gift card to each participant as a small token of my appreciation. After each interview, I reflected in my journal and utilized Otter.ai software to transcribe all 10 interviews.

Data Analysis

Immediately following each interview, I imported the audio recordings into Otter.ai transcription services and transcribed them verbatim. I read each interview and followed along with the audio recordings to ensure the accuracy of each participant. I removed the names and any significant events that could compromise the confidentiality of their identity. I made additional notes within the margins of the transcript. I recorded my thoughts in my reflection journal to ensure my personal bias did not affect my interpretations of the data. Upon completing each transcribed interview, I emailed participants a copy of the transcript, and I requested that they confirm that their accurate were responses and add additional information if clarification was needed.

I coded each interview both manually and with NVivo software. Firstly, I read through each transcript line by line and began coding the data, highlighting specific words or phrases that answered the questions. Secondly, axial coding was conducted to

identify similar word phrases grouped into categories. I recorded my thought process to reflect on the more profound meaning and document emerging theories as I reviewed the highlighted words and phrases. I uploaded the 10 transcribed interviews into NVivo Mac software. I auto coded and organized the transcripts in a paragraph style that assigned a number to identify each node's creation. After I auto coded the 10 transcripts, a total of 33 nodes were generated using NVivo software. Lastly, I grouped the nodes into similar categories, as shown in Table 6. There are six categories of relevant nodes.

Table 6

Categories of Relevant Nodes

Category 1	Category 2	Category 3	Category 4	Category 5	Category 6
Family child care programs	Quality rating system	Teacher/ Director	Trainings	Assessment	Quality
Food program analyst	Scoring System	Preschool teacher status	Opportunity	Great tools	Increasing quality
Assist family child care	Mentoring program	Associate teacher	Access to trainings	CLASS scores	DRDP stuff
Child care center	Current tier rating	Program director status	Taking classes		Child care center
Home language	CLASS scores		In-person class		Diversity stuff
Child care provider perspectives	Quality start				Play materials
Family child care participant	Rating process				Real things
	pandemic				

Interviews were manually coded to ensure that all possible categories were retrieved. I identified which interview question best answered my research and subquestions. Data were organized based on each interview question and categorized based on the highlighted words or phrases identified during my initial coding. Codes were developed based on participants' responses and grouped based on similarity. All redundant codes were deleted. Once codes were generated, I reviewed all my notes, transcripts, journal notes and read each transcript once more for accuracy. I continued this process until no new themes or categories emerged, indicating that data saturation was reached. An overview of the thematic findings shown in Table 7 below identified the themes, subthemes, and a few examples of codes used to identify the emerging patterns throughout the data sets. One theme and two subthemes addressed the RQ, two themes and three subthemes addressed Sub Q1, and one theme and one subtheme addressed Sub Q2.

Table 7

Overview of Thematic Findings

Question Number	Theme	Subtheme	Examples of Codes
RQ1	Factors that contribute to low-quality ratings	*Inadequate supports*	Poor mentoring, need more support in the Spanish language,
		Unrealistic expectations	Not right for daycare home providers, time consuming
SubQ1	Individualized support to FCC providers	*Goodness of fit with assigned coaches'*	Too many changes with coaches, miscommunication
			Coaches act like licensing; it kind of scared providers away.

		Relational/Strength based supports	Coaches never looked at what resources I needed
SubQ1	Collaboration with policy makers	*Consideration of QRIS program revisions from provider perspective*	They need to consider we are a home program; we service different age groups of children, reduce the amount of paperwork
SubQ2	Roadblocks to Success	*Re-defining the meaning of quality*	Improve the outdoor environment; define areas that will bring my points up.

Evidence of Trustworthiness

Credibility

Credibility is a process to ensure all findings and results presented in a study best reflect the lived experiences of the participants involved (Burkholder et al., 2016). The interview transcripts were emailed to each participant to affirm accuracy, and each participant responded by email confirming receipt and correctness. One participant included additional information that was added to the transcript. Preliminary findings were emailed to each participant to determine whether the interpretations best reflected their perspectives. Each participant responded with "I agree," indicating they all agreed with the findings. I reviewed the results again to ensure accuracy.

Being the primary researcher in this study, my experience in the early childhood field for almost 30 years and as an FCC operator for over 28 years provided credibility to the results. The reflective practice was used to document my thoughts and feelings. During each interview, field notes were used to document each participant's verbal and

non-verbal actions and additional questions that were pondered upon during the data interpretation processes. I utilized a reflective journal to document my challenges, experiences, thoughts, biases, and any modifications during my analysis process.

Data triangulation involves a wide range of participants that vary in experience and perspectives to form categories and themes in a study. To enhance the credibility of this study, my field notes, reflective journals, and interview transcripts were used to interpret the data findings and the development of all themes and subthemes identified during the analysis process.

Transferability

Transferability is the process of transferring specific aspects of the research design and applying them to different contexts without replication of the findings (Ravitch & Carl, 2016). Detailed descriptions of the setting and supported research have been provided. The variations in participant selection ensured competency with QRIS and a working knowledge of all quality indicators used to evaluate program quality in FCC programs. Field notes were used to capture each participant's experience and motivations challenges and build a clear picture from their perspectives.

Dependability

A sampling method was used to recruit FCC participants from twenty QRIS agencies in California. All 10 selected participants represent eight counties across these regions. This process can produce more credible results than collecting data from a single site. Each participant provided rich, detailed accounts and descriptions of their lived

experiences in the study. The data analysis process used to interpret the overall meaning and the development of themes are included in this study.

Confirmability

Confirmability ensures that the research findings do not reflect the researcher's bias (Burkholder et al., 2016). As the primary researcher, I utilized field notes and reflection journals to document the data collection process and the categories and themes throughout the analysis process. My thoughts and personal experiences were documented during the entire data collection and analysis process to ensure my biases did not interfere with my interpretations of the data. Each participant was given a consent form before the interview, and their rights to withdraw from the study were also disclosed.

Results

The analysis of the findings from the study is discussed in this section. Codes were identified using a thematic data analysis approach, data were coded, and themes were generated. Participants were excited to share their opinions and experience about the interview questions. Most participants followed the interview flow, while a few veered off to other areas not connected to the interview. It was necessary to follow the flow of their thinking rather than try to stick rigidly to the order of the interview questions. Probing questions were also used to allow participants to get back on track with the interview flow.

Themes and Subthemes Aligned to the Research Question

I used thematic analysis to identify repeated patterns, codes, and the construction of themes. One theme and two subthemes aligned with the RQ; What do FCC providers

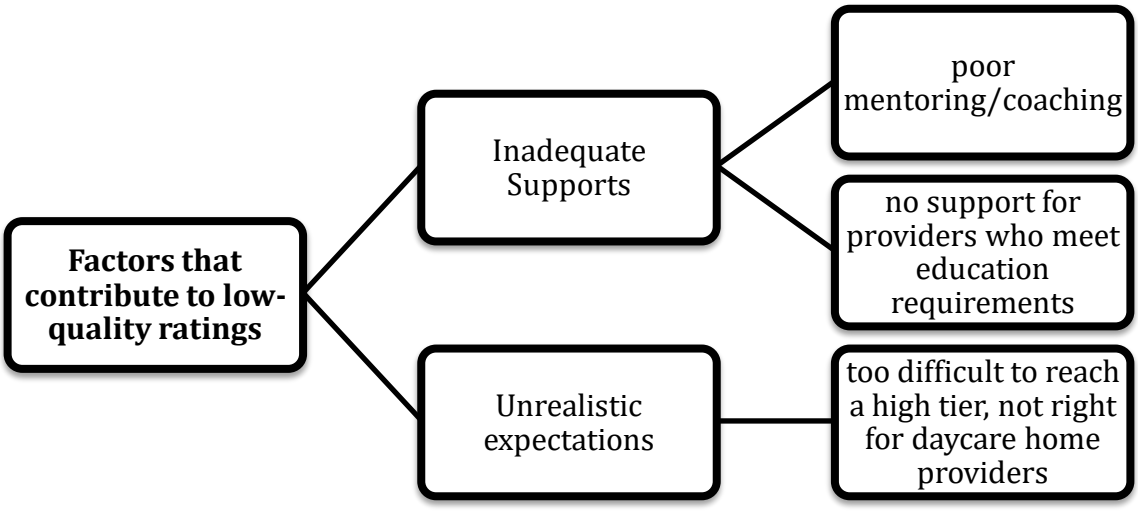
believe are factors that lead to the number of low-quality, low tier rated FCC programs that are part of California's QRIS initiative? The theme and two subthemes that emerged were contribute to low-quality ratings, inadequate support, and unrealistic expectations.

Theme 1: Factors That Contribute to Low-Quality Ratings

The first theme that emerged from the data analysis process was contributing factors to low-quality ratings. The first theme identified several factors the FCC providers felt contributed to their low tier rating. Participants were asked what factors they have encountered that contributed to the QRIS initiatives. Probes were used to obtain clarification, extend their conversation, and aid in the participant's recall of additional information regarding their experiences. Two subthemes shown in Figure 1 reflect how the providers felt regarding their ability to increase tier level.

Figure 1

Factors That Contribute to Low Quality Ratings



Participants mentioned factors that affected their ability to increase tier rating. Many participants noted that the support obtained from the assigned coaches was

insufficient to support needed to improve tier and provide one-on-one technical assistance they needed on an ongoing basis. Participant 001 stated that the coaches who made the initial contact only assisted with essential support to help with the assessment; however, the mentoring component to this program was inferior. Participant 003 stated that the coaches did not adequately guide the assessments and the second paperwork review to include child development portfolios and health screening forms. P006 indicated a low score was given due to the indoor child care environment. It was suggested that changes be made to the indoor spaces, but there was no guidance on the best way to begin making those improvements in accordance with the assessment process.

Subtheme: Inadequate Support. This subtheme emerged as participants were asked to elaborate on the support received as participants in the program. P005 and P007 stated that large Spanish-speaking providers preferred to receive resources and training in Spanish. They stated that they have only had access to maybe two out of 10 trainings that were in Spanish offered within the past year. They indicated that although they understand most English, they feel more comfortable communicating and receiving information in their native language. They acknowledged that they had attended the English trainings; however, little information was retained due to their inability to comprehend.

P004 mentioned that although some supports were offered, they were not enough to achieve a high tier level. P008 expressed feelings of being overwhelmed due to the workload placed on one person and commented as follows:

> I would say pretty much the main issue has been the DRDP. Because I feel like I'm not sure, but I have a little anxiety about it. Because I feel like it's very time-consuming. And I'm envisioning myself, like getting off of work and then having to work on that. And it's a lot of work. And, you know, from what I understand, you have to be specific as to what the children are doing. You have to write notes. You have to take pictures. And, you know, so all of that was it just seemed overwhelming.

P003, P004, P008, and P010 acknowledged that the program is geared towards someone new to becoming an FCC provider. They all felt that much of the focus had been placed on helping brand new providers versus providers who had been in the field for three years or more. Participant 003 stated:

> If you're educated in the field and understand the area, the resources are helpful, you know, but I think I'm already there. You know, you're already doing your 21 hours of training. So, you're probably already getting that training in. So, it likely is focused on, I see where it's what it's meant for, … it's to take those providers that again, just came in, from just a basic home, just at home, very much babysitting and beginning stages of learning about high-quality early childhood education.

Subtheme: Unrealistic Expectations. This subtheme emerged from probes aligned with the first theme associated with RQ. Participants were asked to provide an example of what part of the QRIS contributed to their low tier rating. Several participants

revealed additional factors that they felt were unrealistic for FCC providers who work alone. P004 acknowledged that:

> I run my business by myself. I don't get any extra help or anything else. It makes it very difficult to write the evaluations for a DRDP properly. Um, just because I am the person that's evaluating, plus I got to interact with the kids and deal with everything else. So, and I think it's very time-consuming as a child care home provider because you have to get your notes together, put them together, and put them in the thing. And just for me, personally, I have three kids, and I'll go to school, all involved in sports, and to sit there and put that extra effort in like that. I feel like it's not right for daycare home providers to have to do those to move on to the next level. I feel like doing away with DRDP or doing something else will be a great way to help change child care, child care homes. Umm, if access was updated. I mean, a little bit more. I know; it's been a while since that book was released. So, it needs to be updated to accommodate, I feel to accommodate more, today's time and age.

P004 believed that the policy makers should consider an alternative tool to assess structural and process quality. P008 expressed how overwhelmed it has been trying to understand how to complete individual child assessments. P004 stated:

> I feel like it's hard for the providers to get five. I don't know how many providers, like family child care providers, have a five. Still, I feel like we do so much. I've been going to trainings every night, like this week, I just had one last night on the topic was anti-bias, anti-racism, you know, resilience, um, I was on self-care, like

> the previous two, three weeks, like, when I get off, I've been on zooms from six to eight. So, I'm like, that's my whole day from like, six in the morning to eight, nine o'clock at night. It's just like, the child care and then going to sleep. And then that doesn't even include classes for the DRDP or the ASQs.

P002 stated that policy makers do not recognize that FCC does not have the same staffing as center-based teachers have. It was indicated that hiring an additional full-time teacher was challenging as a small business, which puts most of the other responsibilities of being a QRIS program on the owner.

Themes and Subthemes Aligned to Subquestion 1

Two themes and three subthemes aligned with SubQ1which asked, according to FCC providers, what factors might improve their ratings as part of California's QRIS? The two themes and subthemes are individualized support to FCC providers, the goodness of fit with assigned coaches', relational/strength-based supports, collaboration with policy makers, and consideration of QRIS program revisions from provider perspective.

Theme 1: Individualized Supports to FCC Providers

Sub Q1 asked what factors might improve their ratings. From this question, two themes and three subthemes were created. The first theme for this RQ was individualized supports to FCC providers. Two subthemes emerged after participants were asked to identify the types of supports needed to increase their current tier level. Six out of 10 indicated that FCC programs are very diverse and unique. All ten participants suggested that FCC providers are lumped together and that the supports they receive are rarely

based on individual needs. Instead, the supports focused on the highest need indicated by the assigned coaches. P003 emphasized the importance of support when a FCC provider is new to the program. P003 stated,

> The beginning support, I think, is that is the key is that you know, it's a terrifying process for providers, especially new providers, it could be a scary process. And if you don't understand what you're doing, then you have to have somebody come in, observe you, and watch you and you've never been observed before. That is, is it's scary. So, I think it's just that support, it's having your coach come in, but then also having somebody else come and you know, and then kind of walking the person through like, okay, you're doing great here, you know, maybe try this or try that, like I didn't get that support.

Subtheme: Goodness of Fit With Assigned Coaches. Several participants identified miscommunications with their assigned coaches and inconsistencies in the information relayed to each FCC provider. Additionally, P003 felt that: “Coaches acted more like licensing and policing the providers were doing wrong. You know, like, Oh, you can't do this. And I think it bothered them and kind of scared providers away.”

P009 stated that it is crucial when coaches build a trusting relationship with the provider aides in developing a good relationship or team. P009 felt that the coach was intimidating and did not think they fit well. P004 stated that the coaches would often demand their requests for FCC providers to change their environment. P004 stated:

> I know what’s best for my program, and I have to advocate for what I know is best for my schedule.

Subtheme: Relational/Strength-Based Supports. This second subtheme emerged when participants identified the types of support they felt may have contributed to a higher tier rating. Two themes were combined into one because the concepts are similar in context. Several participants expressed their desire to have a good working relationship with their assigned coaches. They felt that when the coaches only addressed what they were doing wrong contributed to feelings of discouragement. P001 stated that:

> The mentoring program was inferior because it's not as somebody helping you guiding you, you know what, you should have this form instead, or let me model for you. Nothing, he was no help. They just got their score. And now, because of their evaluation, I have a low rating.

P009, P008, P001, P002, and P007 mentioned that educating parents on the QRIS would better assist them in ensuring they meet all program guidelines before tiering assessment. Several assessments and a physical form are required to receive a high score. The participants stated that it was challenging to encourage the families to complete the assessments and return the necessary paperwork. P009 indicated that:

> It was out of my hand is out of my control if a parent doesn't want to bring you the paper for whatever reason.

Additional trainings that focused on indoor and outdoor environment improvements, parent involvement, and utilization of assessment tools were mentioned by participants. Most of them felt that they lacked in one or more of those areas, and additional support was needed to improve the overall quality of their programs and increase tier the next rating cycle.

Theme 2: Collaboration With Policy Makers

This theme emerged from the interview question, which asked participants if they would like to add any additional information regarding this initiative. All 10 providers expressed how the policies for FCC programs to follow were created by policy makers who may not have a working knowledge of the vast differences in FCC programs. P006 expressed that:

> One of the things that other providers and I have talked about that have different aged children is that they need to consider that we are at home and have different age groups of children.

P009 stated, “I was one point away from receiving a four. I went through numerous appeal processes, and my concerns were denied.” I felt that revisions needed to be made in such circumstances.

P004 shared the frustrations with meetings conducted during the day, limiting the ability to share experiences with policy makers. P004 stated,

> They do meetings, but they do the meetings, not um to the point where they're accessible to daycare home providers. They do the meetings, like at two o'clock in the afternoon. And a lot of times, many daycare home providers cannot make those meetings because, um, we are still working, we still have families, and it's kind of hard to tell families that we need to close at this time everything else. They cater more to the centers than the actual daycare homes. I wish we could attend those meetings because child care homes need a voice of what works for

> us, what doesn't, and everything else. Many of the regulations come from those meetings that we cannot attend.

P008 and P003 mentioned the need for additional financial incentives that can be used to improve outdoor environments that have eliminated their abilities to increase tier levels. They stated that they had received some incentives but not enough to repair structural changes needed to increase tier.

The FCC participants expressed their concerns to be heard and considered. They all expressed how much they want to improve the quality of their programs which will ultimately enhance the level of services they provide to the children and families in care. P001 stated that:

> I'm very open to doing and improving and making changes. I am a person who likes to learn, and I am also excited about applying what I know in my setting. I want the opportunity to showcase my hard work and dedication to the children and families.

Theme and Subtheme Aligned to Subquestion 2

One theme and one subtheme aligned with SubQ2, which asked, according to FCC providers, what are the challenges in improving low tier ratings as part of California's QRIS initiative? The theme and subtheme are roadblocks to success and redefining the meaning of quality.

Theme 1: Roadblock to Success

This theme emerged when participants were asked what challenges they had encountered in improving their tier rating. Many of them identified several barriers that

contributed to their low-tier rating. One major challenge several providers expressed was how quality was defined across caregiving contexts and used to develop the point system of the QRIS matrix. P008 felt discouraged because of not achieving a tier 4 due to a missing physical form from a child's file, and P008 believed that missing a piece of paper should not determine the program's quality.

Subtheme: Redefining the Meaning of Quality. This subtheme emerged after the participants were asked to identify what specific challenges they experienced in response to the current design of QRIS. The indicators that each participant acknowledged were focused on how quality is defined from the perspective of the policy maker and FCC provider. P006 stated that the educational credits and professional growth hours should be counted instead of two separate indicators. P010 indicated that as a provider for over 30 years, there is no desire to attain a higher degree. P010 also mentioned that the quality demonstrated should not be considered low-quality if the learning experiences were developmentally appropriate and met the other high-quality markers. P002 stated that they focus too much on the "points" versus examining all the positive attributes FCC offers.

Several participants identified the need for additional considerations regarding providing care for multi-age children. P004 felt that there are some inequities in how FCC providers are treated compared to center-based programs. P004 stated,

> When decisions are made on behalf of both center-based programs and FCC programs, no one is present to voice the child care homes. And so, with us not having a voice, the decision for all programs to complete DRDPs (individual child

assessments) was based on the fact that it's already a requirement for centers to conduct individual assessments. This placed additional workloads on us, and we are already stretched very thin. We are only one person, and it should not be a factor in determining the quality of services we provide.

Summary

Four themes and six subthemes were identified in this chapter. These are factors that contribute to low-quality ratings, inadequate supports, unrealistic expectations, individualized support to FCC providers, the goodness of fit with assigned coaches, relational/strength-based supports, collaboration with policy makers, roadblocks to success, and re-defining the meaning of quality. Using these themes and subthemes and understanding the challenges FCC providers experienced, their perspectives of how the program may be improved, and the factors contributing to low-quality, low tier ratings may be addressed to improve the current practices implemented in this caregiving context.

Participants expressed their motivation to provide adequate child care to children; however, they also expressed frustration and the lack of support within the system due to the many challenges encountered. FCC providers are essential to the community as they assist in a critical part of parenting. All guidelines must be followed to improve a system that is necessary to the community. To be a high-quality FCC provider, the required tools must be available for providers to perform. These would include sufficient professional development opportunities, financial support, mentoring, and parental involvement, among others. It was evident that changes are necessary for providers to help implement

meaningful child care programs. Chapter 5 provided an interpretation of the findings using the conceptual framework and literature reviewed in Chapter 2, along with the study's limitations, recommendations for future research, and implications for social change.

Chapter 5: Discussion, Conclusions, and Recommendations

The purpose of this basic qualitative study was to explore the perspectives of FCC providers about the factors that contribute to the number of low-quality, low-tiered rated FCC programs that are part of California's QRIS initiative. In the study, I explored the following RQ and subquestions:

RQ: What do FCC providers believe are factors that lead to the number of low-quality, low tier rated FCC programs that are part of California's QRIS initiative

Sub Q1: According to FCC providers, what factors might improve their ratings as part of California's QRIS initiative?

Sub Q2: According to FCC providers, what are the challenges in improving low tier ratings as part of California's QRIS initiative?

Four themes and six subthemes presented in this chapter emerged from analysis of the participants' accounts of their experiences as a low-tier rated FCC provider. The identified themes are, factors that contribute to low-quality ratings, inadequate supports, unrealistic expectations, individualized support to FCC providers, the goodness of fit with assigned coaches, relational/strength-based supports, collaboration with policy makers, roadblocks to success, and re-defining the meaning of quality. In this chapter, I address how the four themes and six subthemes are connected to the literature review. I discuss the limitations of this study, offer recommendations for stakeholders and suggestions for future research and consider the study's social change implications.

Interpretation of the Findings

Factors That Contribute to Low-Quality Ratings

Each FCC participant identified at least one missing support that contributed to their inability to achieve a high tier rating. The responses consisted of lack of support to include access to professional development opportunities, lack of parent support, poor mentoring, and the need for additional financial incentives. According to Bromer and Korfmacher (2017), professional engagement is linked to increased language, literacy, and cognitive development. When providers have access to regular professional growth opportunities, they build relationships with other FCC providers within their network and community collaborations that extend to relational approaches with families. The results from a study conducted by Jeon et al. (2018) indicated that providers who had access to more professional resources and strong relationships with families resulted in positive interactions with children. FCC participants in the present study revealed that lack of financial resources affected their ability to make environmental changes needed to improve quality and their motivation to stay in the program. This finding is supported in the literature by Jenkins et al. (2021), who stated that financial incentives are not only a motivating factor but aid in providers willing to make improvements and increase participation as QRIS participants.

P002, P004, and P008 indicated that some of the expectations required of them are not realistic for one person to handle without struggle. Some providers mentioned the extra added stress that has been placed on them as a participant of QRIS. This finding aligns with Hooper (2020), who indicated that the role of FCC providers far exceeds

caring for multiple age groups and providing direct supervision and instruction. Balancing family life and work and managing the day-to-day operations is often a challenge in FCC programs. Fernandez et al. (2018) found some associations of high stress and low-quality teacher-child interactions and responsiveness to children.

Six out of 10 participants expressed how the adopted assessments were a considerable challenge to complete. Some providers mentioned that whoever designed this tool did not have an excellent working knowledge of the uniqueness of design in FCC programs. This finding aligns with research conducted by Curenton et al. (2019) and Hooper et al. (2019b), who indicated that the two measures do not address parent-teacher relationships, mixed-age groups, and sociocultural indicators used to measure sociocultural interactions. The lack of connection may therefore contribute to why FCC programs score lower on this assessment than other caregiving contexts.

Individualized Supports for FCC Providers

Tonyan et al. (2017b) indicated that when the quality improvement supports are based on the individual needs of the provider, they contribute to increased engagement, participation, and progress in QRIS. Tonyan et al.'s research is consistent with the responses from the participants in this study indicating their desire to receive trainings based upon their diverse needs. Six FCC providers expressed how they were discouraged and not motivated because they felt misunderstood, and all FCC providers stated that they were given the same attention despite their differing needs. Four FCC providers indicated that they had outgrown the program, which they perceived as focusing more on new providers who are new to the field. This finding is consistent with Tonyan et al.'s finding

that most QRIS programs implement a one size fits all approach when providing support to FCC programs.

One-on-one coaching has been an effective strategy in supporting FCC providers' quality improvement goals. Tonyan et al. (2017b) found that when the coaching support is focused on the provider's needs, it contributed to quality improvement. P003, P004, and P009 claimed that the assigned coaches were not a good fit and contributed to low tier ratings due to the lack of support. This finding is also aligned with Rojas et al.'s (2019) research findings, who mentioned that relationship-based approaches are one of the most effective practices contributing to improved quality outcomes in FCC programs.

Collaboration With Policy Makers

All FCC participants expressed their frustrations on being misunderstood, referred to as babysitters, and never invited to share their experiences in hopes of improving the delivery of services based on their individual needs. This theme aligns with research conducted by Hallam et al. (2019), who indicated that additional research is needed to design a clear model inclusive of the diverse needs of FCC programs. This finding also aligns with Hooper (2020), who indicated that professional identity contributes to additional stress and the quality of instruction provided to children. Research by Tonyan et al. (2017a) also aligns with this theme; the researchers indicated that FCC provider perspectives are valuable to identify supportive strategies that build on the strengths of each FCC provider.

Roadblocks to Success

Eight out of 10 FCC participants revealed several issues they had experienced that contributed to their low tier rating. Two common issues involve the meaning of quality and the design and implementation of QRIS initiative from the stakeholder's position. P001, P008, and P009 received a low score due to one missing piece of paper, which they all felt should not have been a determining factor in overall rating quality. This finding is consistent with Bromer and Korfmacher's (2017) conclusion that measuring structural and process quality may be challenging because FCC program is unique.

Findings in Relation to the Conceptual Framework

The conceptual model for quality in home-based child care developed by Blasberg et al. (2019) identifies evidence-based quality features that contribute to positive outcomes for FCC providers, children, and families. As indicated in Table 1, the quality features are divided into three components that are unique to FCC. The three components are (a) for the sustainability of care, (b) lasting relationships, and (c) opportunities for learning and development (Blasberg et al., 2019). Each component consists of research-based elements needed for providers to maintain high quality, maintain relationships, and implement best practices. The findings from the study aligned with the three components required for FCC programs to provide high-quality early learning experiences to children. The results from this study revealed that the identified supports, challenges, and improvement recommendations were consistent with the three evidenced based quality components identified in the conceptual model for quality in home-based child care shown in Table 1.

Limitations of the Study

The purpose of this study was fulfilled, but the following five limitations could affect the interpretation of the results. The first limitation came as a result of the COVID-19 pandemic. Community Care Licensing mandated that all licensed facilities limit on-site visits except for staff personnel or individuals who reside in the home. This mandate eliminated the possibility of conducting face-to-face interviews as part of the original plan. The extra added stressors of ensuring the safety of all children and adults in care posed a challenge. Many FCC providers were overwhelmed, and many delegate agencies were unwilling to assist in the recruitment efforts.

The second limitation came as a direct result of the first limitation. Many FCC programs closed permanently due to financial hardships of not having children in care or access to additional financial resources needed to sustain their programs (California Department of Social Services Licensing Division, n.d.). However, this challenge limited my ability to recruit FCC providers. As a result, I relied on FCC providers to share the requests with other providers who met the inclusion criteria. Providers helped in the recruitment process by displaying flyers on their social media outlets, websites, colleagues and forward to other community stakeholders.

The third limitation came as a result of the language barrier. Many Spanish-speaking only FCC providers wanted to share their experiences and met the inclusion criteria. Due to the language barrier, I could not identify a translation tool to communicate effectively during the interview and transcribe with 100% accuracy. Alternative options such as hiring a transcriber were not cost-effective. Including only

participants who were English-speaking may have limited the study's broader applicability.

The fourth limitation occurred as a result of the inclusion criteria. The inclusion criteria for this study specified only FCC providers who had a current rating of 1-3. FCC providers who were a Tier 4 or 5 were not able to participate in this study. FCC providers traditionally do not start at a high tier rate, and most providers who are 4 or 5 have been through the rating process more than once (Quality Counts California, n.d.). Their experiences may have provided a different perspective.

The last limitation stemmed from my close relationship with the topic as a current FCC provider and participant in the QRIS program. My experience introduced the potential for bias that could have interfered with the study. I documented my thoughts, feelings, and questions during and after each interview and data analysis process to address this limitation. I reflected throughout this process to ensure that my personal bias did not affect my interpretations or research findings.

Recommendations

Recommendation for Future Research

The findings from this study highlight a variety of factors that limit FCC programs from improving quality and increasing tier rating, as indicated in the QRIS. Future researchers should consider a more extensive data pool to determine if the factors may vary across the 58 counties in California. A conclusion from the results of this study indicated that the perception of quality and definition in FCC programs contributes to the high number of low-quality FCC programs.

The second recommendation would be conducting additional research to identify which quality indicators best represent FCC caregiving contexts and contribute to high quality. The third recommendation would be conducting research to determine if Spanish-speaking FCC providers have additional needs due to the language barriers. This would aid in developing improved support systems and assessment tools for FCC to improve quality and increase tier rating as a participant of the QRIS.

Finally, future research on the missing indicators evident in FCCERS used to assess process and structural quality would be helpful to explore further if those features would change the trajectory of the results. The findings could develop a new evidence-based assessment tool reflective of the diverse FCC designs.

Recommendations for Action

FCC programs account for many children from zero through 5 years old. Strengthening FCC is critical to address the quality gaps evident within the early childhood field. Improving the quality of FCC programs is essential in ensuring equity across all caregiving contexts, and children have equal opportunities to thrive in all early childhood settings. Designing programs that address the diverse needs of FCC programs is very challenging; however, it is possible with the consumers' feedback. The purpose of my study was to explore the perspectives of FCC providers to identify the factors that contribute to low-quality low tier ratings as a participant of QRIS. As a result of the current research findings, I recommend that local policy makers and stakeholders consider the following three recommendations to employ effective solutions that will improve the delivery of the QRIS initiative.

The first recommendation would be to gather feedback from providers about their needs and use the data to develop workshops and trainings that would address those individual needs and share with networks that work directly with FCC providers. The data can be gathered in various ways to include surveys, focus groups, phone calls, and provider forums and make accommodations for providers who speak another language other than English. This recommendation is consistent with the research findings that indicated FCC providers desire to collaborate with their local policy makers.

The second recommendation would be the need for professional development opportunities and continuing education options that work within the confinements of FCC providers' availability. Professional development opportunities based on the provider's needs contribute to high quality and have been cited in the current literature review and a request by the FCC participants. The workshops would address the existing language barriers and offer after business hours during the evenings and weekends. This would prevent providers from closing their business and increasing the participation and engagement rate. Professional development should address all learning levels, including beginning, intermediate, and advanced learners. The content should be culturally relevant and include various teaching modalities to address individual learning styles and needs. The selected presenters or trainers should have an extensive knowledge base of FCC programs or a current FCC. Policy makers could partner with community colleges to develop a pathway for FCC providers to complete coursework online evenings or weekends.

I would recommend redesigning the program that builds upon the strengths of the FCC provider instead of highlighting what the provider has yet to achieve. This would include eliminating the current adopted assessment tools that have validity issues and are not reflective of the strengths evident in FCC programs. Restructuring the point value system would be needed to develop equivalent but not identical to child care centers. Strength-based approaches put the power in the hands of the FCC to highlight their strengths and identify areas of focus and submit examples over time. When a provider is rated based on a four-hour window may not be representative of the quality that occurs daily. The participants acknowledged that the current design of QRIS is geared towards child care centers, and consideration needs to be made based on the design of FCC programs.

Implications

As policy makers and program developers continue to evaluate the effectiveness of QRIS in FCC settings, the results from this study may offer a new perspective in reshaping the way FCC providers are supported. Results from this study have identified barriers that have contributed to low-quality, low tier ratings as a participant of QRIS; however, with the right support system in place, FCC providers could improve quality and increase tier level. The findings identified that all FCC participants desire to enhance the learning experiences of the children and families in their care; however, they have not been successful due to a lack of inclusive support to their individual needs. This research study has filled a gap in understanding the perspectives contributing to the number of low-quality, low-tier rated FCC programs that are part of California's QRIS initiative.

The results from this study have identified additional supports that are needed to create conditions for FCC programs to thrive. This will provide FCC programs with the opportunity to expand on their existing knowledge and use those skills to improve developmentally appropriate practices that contributes to language, cognitive, and social-emotional development. Applying these new skills will enhance the quality achievement gaps evident in FCC programs.

It was recommended that local policy makers consider the needs that have been expressed by the FCC participants and allow them to be a part of policy changes. This will ensure low-income families, specifically infants, toddlers, and children of color, have equitable opportunities to access high-quality early learning FCC programs and access to the same resources available in other caregiving contexts. This will aid in positive child developmental outcomes for all children and increase the success rates when children transition to primary grade school.

Conclusion

In this basic qualitative study, I explored the perspectives of FCC providers about the factors that contribute to the number of low-quality, low tier, rated FCC programs that are part of California's QRIS initiative. I wanted to explore this topic because, as a current FCC provider and QRIS participant, I have experienced many struggles throughout the years and wanted to understand the perspectives of other FCC providers. In my 27 years of experience as an FCC provider, I have seen the inequities evident within the early childhood system, specifically supporting FCC programs. I wanted to

conduct a study that could assist policy makers with designing a system that is individualized based on the diverse needs in FCC programs quality FCC programs.

Based on the results of this study, it is evident that there are a variety of factors that have contributed to the number of low-quality, low tier, rated FCC programs. All 10 FCC participants interviewed for this study identified at least two or more factors that hindered their ability to improve quality. Each county QRIS agency assesses the program delivery and child outcomes each fiscal year to determine their next steps. However, FCC programs have yet to be included in those discussions. QRIS county agencies must consider the perspectives of FCC providers to improve the delivery of early learning services. Participants allowed us to understand some of the challenges faced when becoming an FCC provider.

The results indicated that providers are not getting regular ongoing coaching support to improve their tier ratings. Participants revealed that coaches are present only at the assessment time and often are quick to judge minor offenses. Results also indicated that providers are challenged with the language barrier, and they expressed the need for information to become accessible in languages native to the providers. Due to this barrier, participants have limited access to essential resources needed to enhance quality child care programs. Also, participants believed that the policy makers should consider an alternative tool to assess structural and process quality. Participants often become overwhelmed with understanding guidelines and providing the necessary paperwork needed. Considering that FCC providers operate on a meager budget, it is challenging to afford the costs associated with hiring an additional staff member.

FCC providers who are new to the program are tasked with various challenges. They understand the importance of building a trusting relationship with their coaches or team. Several participants identified miscommunications with their assigned coaches and inconsistencies in the information relayed to each FCC provider. While the coaches are the first contact, the result revealed that they often yielded little or no assistance to the provider. Participants expressed concerns that policy makers may not know the vast differences in FCC programs, which can be problematic.

The study revealed that providers are motivated and strive to advance their tier ratings but encounter many barriers. One such barrier pertains to the inconsistency in how quality was defined across caregiving contexts and used to develop the point system used in the QRIS matrix. Participants felt that this system was inadequate and should undergo revision. They felt that other factors such as experience, education, and professional growth hours should be primary indicators.

Furthermore, providers would benefit from workshops and trainings to address their individual needs and share with networks that work directly with FCC providers. They would also benefit from continuing professional development opportunities and education options based on the provider's needs. Action is required to redesign the program that builds upon the strengths of the FCC providers instead of highlighting what the provider is not doing and the restructuring of the points system.

My goal in this study is to make aware of the challenges faced by an FCC provider and identify ways to improve the system. My research is one step closer to identifying the diverse needs of FCC providers to develop a clear pathway that would be

most effective in supporting the needs of FCC providers. When providers are given critical support, they are equipped to provide quality child care to future leaders.

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Appendix: Interview Questions

1. What is your current tier rating based on the California's QRIS initiative?

   Possible probe: At what tier rating did you start?

2. What factors have you encountered in your FCC program that contributed to the QRIS initiatives?

   Possible probes: (a) Have you encountered any issues with your current tier rating? and (b) If so, what are some of those issues?

3. What changes do you see can improve the QRIS initiative?

4. What factors do you think might improve the ratings as part of the QRIS California initiative?

5. What challenges have you encountered in improving your rating as part of California's QRIS initiative?

   Possible probes: (a) If so, can you describe? and (b) If not, why do you think that is so?

6. What do you think about the overall QRIS rating system?

7. Do you have anything else you would like to add regarding California's QRIS initiative?